FAQs About
Streamlining Prior Authorization and Interoperability

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ForwardHealth is implementing changes in multiple phases to comply with the new CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) by 01/01/2027. This rule is aimed at streamlining prior authorization (PA) processes to improve outcomes for members and increase clarity around the prior authorization process.

ForwardHealth has developed this Frequently Asked Questions document to capture questions about the Prior Authorization and Interoperability changes and share answers. This document will be revised with new information as it is available. More information will be communicated in future ForwardHealth Updates.

Topic Category Guide

General Information

Question: What is interoperability?
Answer: Interoperability is the ability for computer systems/software to exchange and use data. In health care, this refers to the secure exchange, access, and use of electronic health information to support better informed decision-making and a more efficient health care system.

Question: What does the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) say about interoperability?
Answer: The CMS Final Rule requires Wisconsin Medicaid payers to implement PA Application Programming Interface (API) technology to facilitate real-time data exchange between payers and providers, as well as making PA information available to members. Interoperability allows providers to access and submit PA requests directly, enabling quicker decision-making and reducing the traditional administrative burden tied to faxes, phone calls, and manual document processing.

Question: What is prior authorization?
Answer: Prior authorization (PA) refers to the review process for certain services and products that must be approved before payment can be sent to providers.

Question: What does the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) say about prior authorization?
Answer: The CMS Final Rule aims to streamline the PA process by reducing PA decision response times to:

- Within 72 hours for urgent (expedited) requests
- Within seven calendar days for standard requests

Payers must provide explicit reasons for any denial. This transparency helps providers address denials more efficiently, either by submitting a new PA with corrected information or assisting the member with their appeal.

Question: What is the difference between an urgent PA request and a non-urgent PA request?
Answer: Non-urgent PA requests is the default request for providers. Urgent PA requests should only be made if:

- A non-urgent designation could result in seriously jeopardizing the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment.
- In the opinion of a practitioner with knowledge of the member's medical condition, it would subject the member to severe pain that cannot be adequately managed without the care or treatment in the request.

Question: Who is affected by the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F)?
Answer: The CMS Final Rule affects all Medicaid providers, including CHIP and managed care.

Question: What services are affected by the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F)?
Answer: The CMS Final Rule only applies to services that require PA. Drugs are excluded from the CMS Final Rule.

Question: Are these changes exclusive to ForwardHealth services and members?
Answer: CMS mandates that multiple payors (Medicare Advantage, Medicaid, CHIP) must implement systems to allow this data exchange for Medicaid members. Private insurance companies do not fall under the CMS Final Rule.

Question: How is ForwardHealth implementing the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F)?
Answer: ForwardHealth is implementing changes in multiple phases to comply with the CMS Final Rule. With each change, we will publish a ForwardHealth Update to explain how these changes will affect members and providers.

Member Impact

Question: Does the CMS Final Rule change what services ForwardHealth covers?
Answer: No, covered services are not changing. The CMS Final Rule will improve the accuracy of coverage submissions, which means a faster turnaround for PA requests.

Question: Where can I find all of the information ForwardHealth releases around the CMS Final Rule changes?
Answer: You can find all of the information regarding the CMS Final Rule changes in our ForwardHealth Updates, subscription emails/portal messages, and User Guides.
If you have any questions, contact Provider Services at 1-800-947-9627.

Application Program Interface

Question: What is an API?
Answer: An API is software that helps two unrelated applications work together to share data.

Question: How can providers use the new API technology?
Answer: Providers need to ensure that current electronic health record systems can interact with Wisconsin Medicaid's API.