Open@Epic CONFERENCE

FHIR Prior Authorization

CMS-0057

Presenters



Kyle Gleason

Epic

Health Plan

Technical Services



Mason Beaker

Epic

Prior Auth

Technical Services

Agenda

01 Industry Direction

02 Common Terminology

03 Prior Auth Overview

04 Implementation Roadmap

05 Wrap Up

Industry Direction

What is Prior Authorization?

Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan. [1]

[1] HealthCare.gov Glossary, "Prior Authorization," Centers for Medicare & Medicaid Services. https://www.healthcare.gov/glossary/prior-authorization/

Outcomes

AMA

13 hrs/week

is spent on prior authorization by clinicians and staff

Health Affairs

$35B

is spent on prior auth administration each year

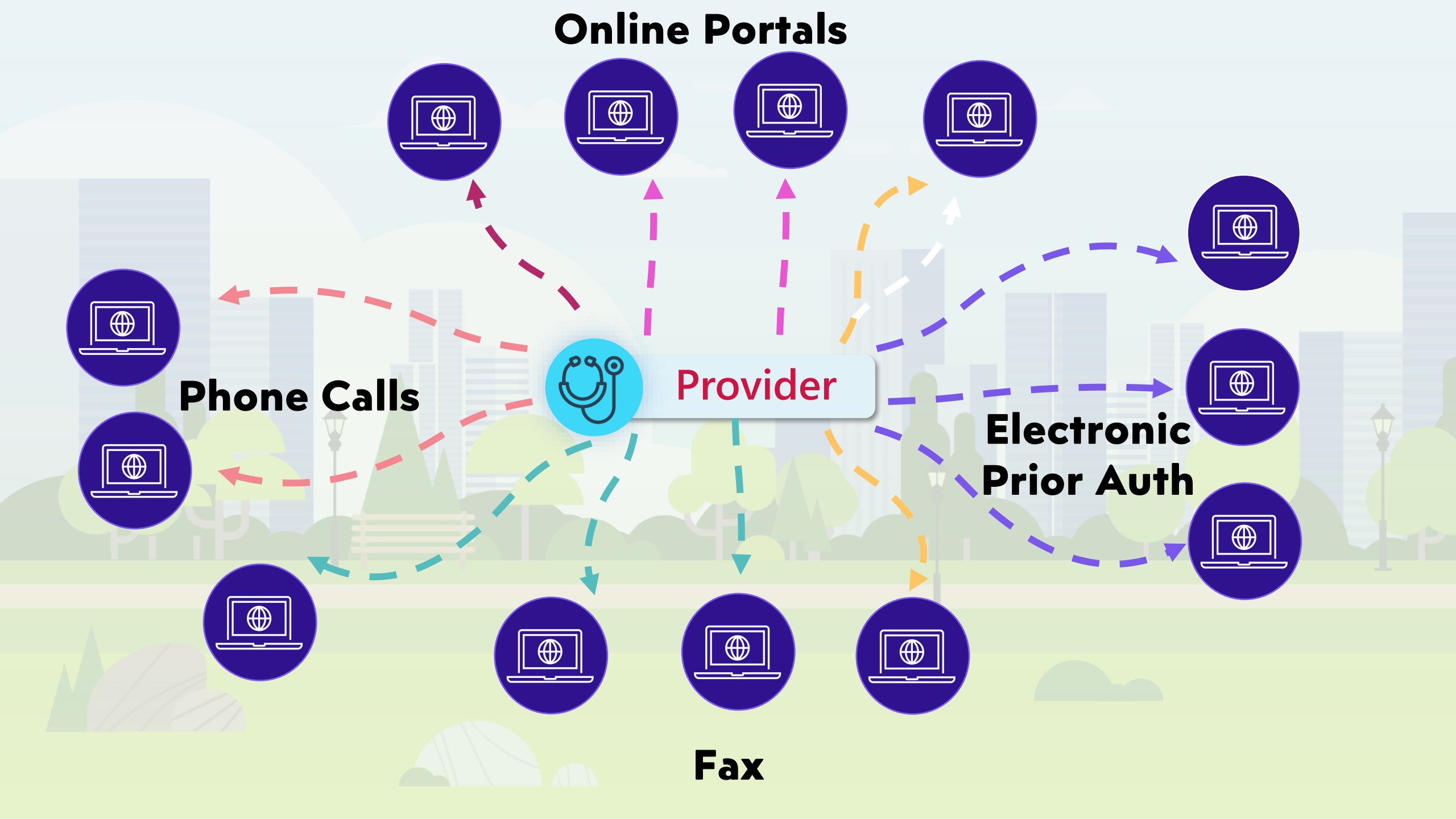
MGMA MEDICAL GROUP MANAGEMENT ASSOCIATION

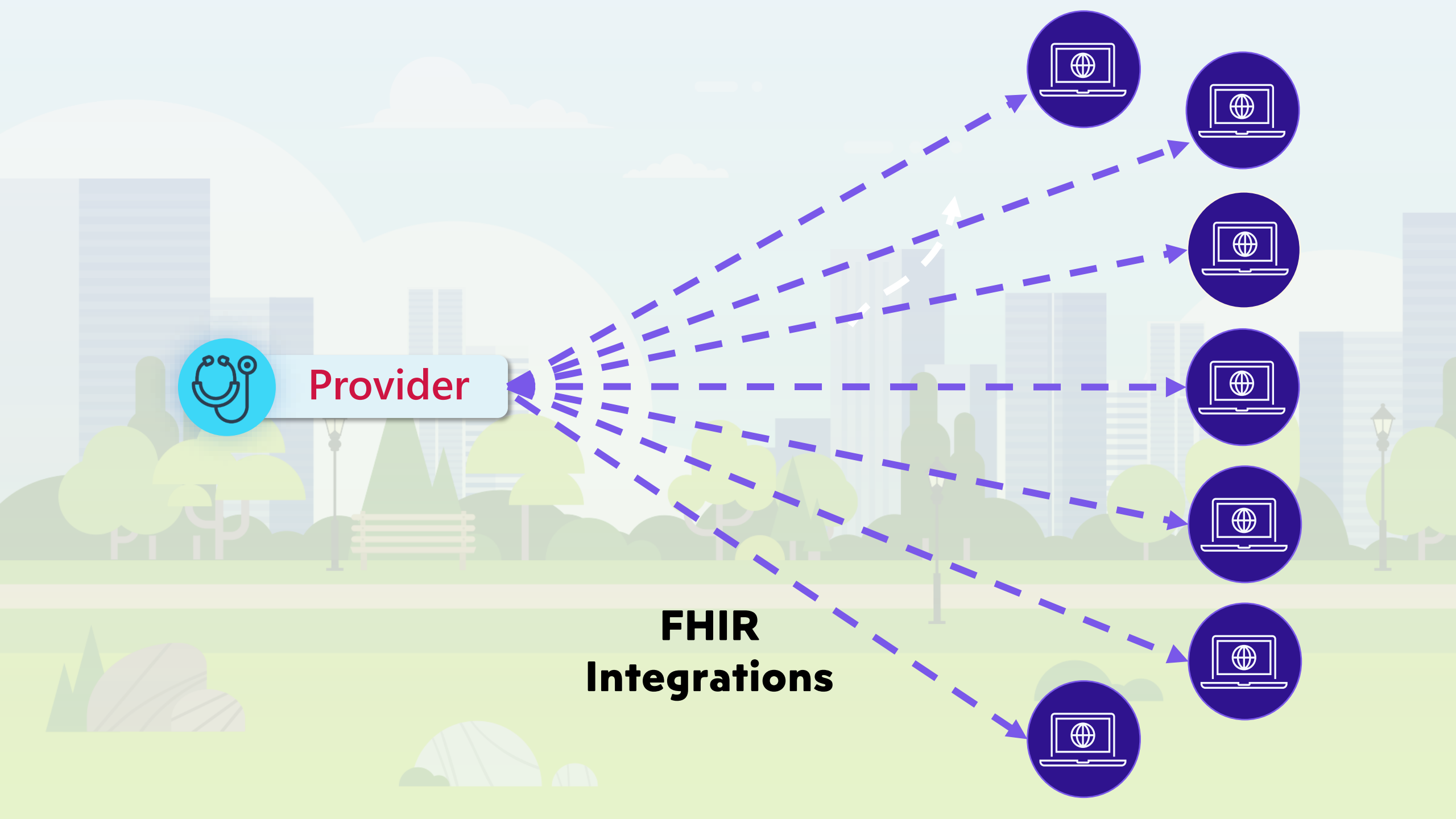
82%

of providers

cited prior auth as their top burden

[1] AMA 2024 Prior Authorization Physician Survey. ama-assn.org/prior-auth, [2] Health Affairs Scholar, 2024. doi:10.1093/haschl/qxae096 , [3] MGMA Annual Regulatory Burden Report, 2022. mgma.com


Online Portals
Phone Calls
Provider
Electronic
Prior Auth
Fax


Provider
FHIR
Integrations

Industry and Government Focus on Simplifying Prior Auth

CMS 0057 Final Rule:

Require FHIR prior auth APIs by Jan 2027

CMS 0062 Proposed Rule:

Require FHIR prior auth APIs support to drugs on the medical benefit

Health Plans Pledge to HHS to **Simplify Prior Authorization**

Reducing the Volume of Services Needing Auth

Expanding Real-Time Responses (80% when needed clinicals provided)

HTI-4 Final Rule: Real-Time Prescription Benefit and Electronic Prior Authorization

Requirement on certified EHRs to support FHIR APIs

New Age of eMPA Burden Reduction *with Da Vinci FHIR Implementation Guides*

Coverage Requirement Discovery (CRD)

Is Prior Auth Needed?

Answer whether a service requires prior authorization in real time, while you're ordering or scheduling it.

Documentation Templates and Rules (DTR)

What Info Is Needed?

List out what supporting evidence you need to give for prior auth to reduce back-and-forth.

Prior Authorization Support (PAS)

Submit Authorization

Submit authorizations and obtain updates on the status of the auth.

Feb 2026

Who's Live Today



Live on CRD, PAS, and DTR



Live on CRD

Terminology Overview



Health System

Epic

Health Plan

Tapestry

Delegate

Tapestry



Health System

Intermediary

Health Plan

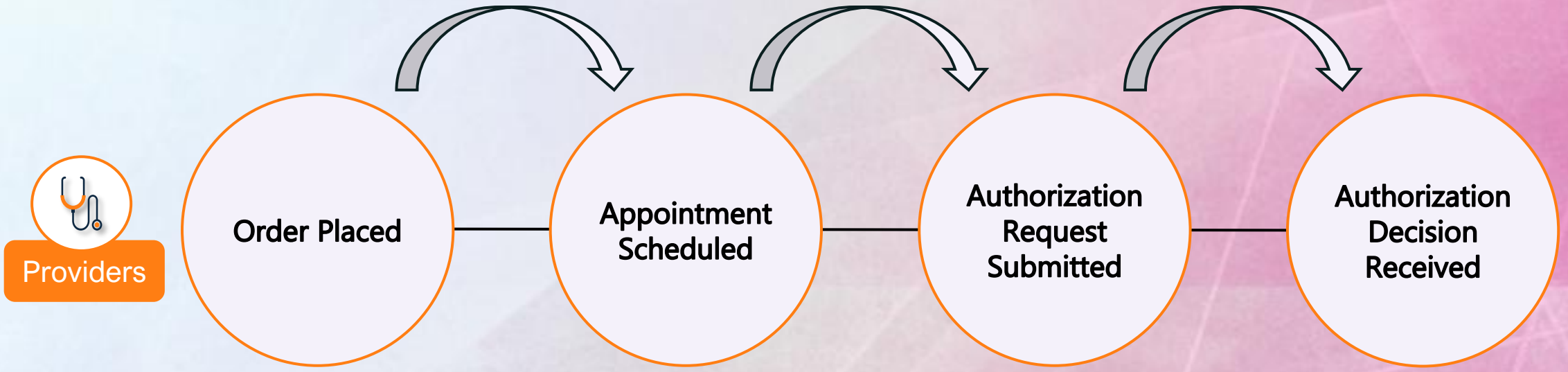
Intermediary

Delegate

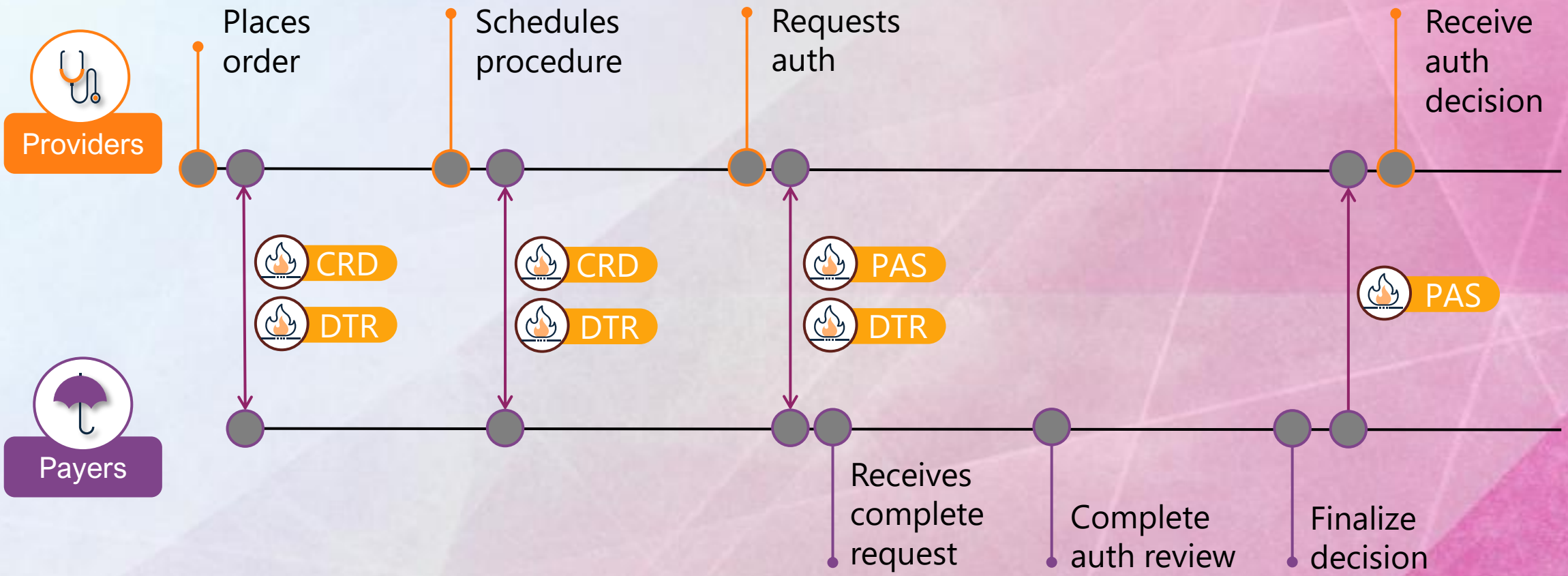
Prior Auth Overview

Expected workflows and Epic integration specifics

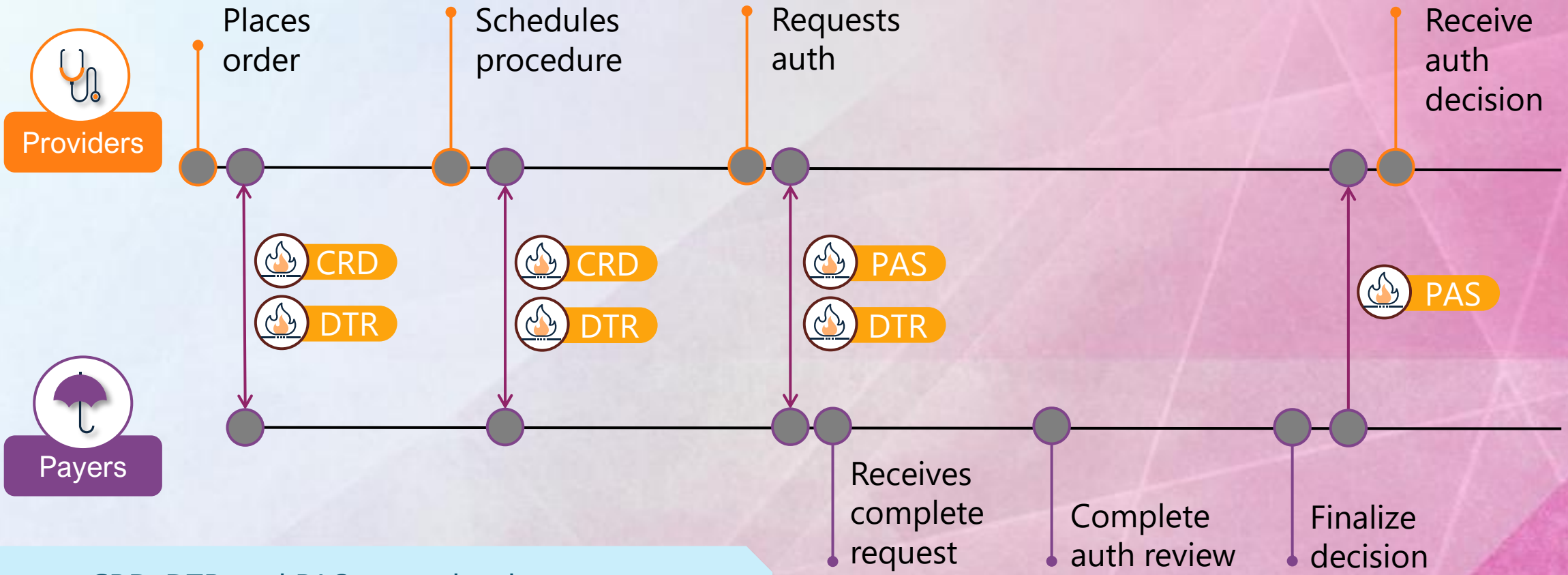
Authorization Request Workflow



Authorization Request Workflow



Authorization Request Workflow



CRD, DTR and PAS open the door to new opportunities for AI integration

CRD, DTR, and PAS Support

- Available starting in Epic version Feb 2026
- All 3 APIs have support for their 2.1 versions
  - Support for 2.2 will be available in 2027

CRD Expectations

Order-sign

At the time of the provider signing the order it is unlikely that you will have a full data set.

Included data:

- Ordering provider
- Coverage information
- Patient demographics

Appointment-book

When the appointment is scheduled, you have access to the full set of location and provider information.

Included data:

- Ordering & servicing provider
  - Radiology services will usually not include a servicing provider
- Servicing location
- Coverage information
- Patient demographics
- Appointment information

If an appointment has been scheduled appointment-book will always be used

DTR Expectations

- Light DTR SMART apps are not supported
- CQL automated population is not supported

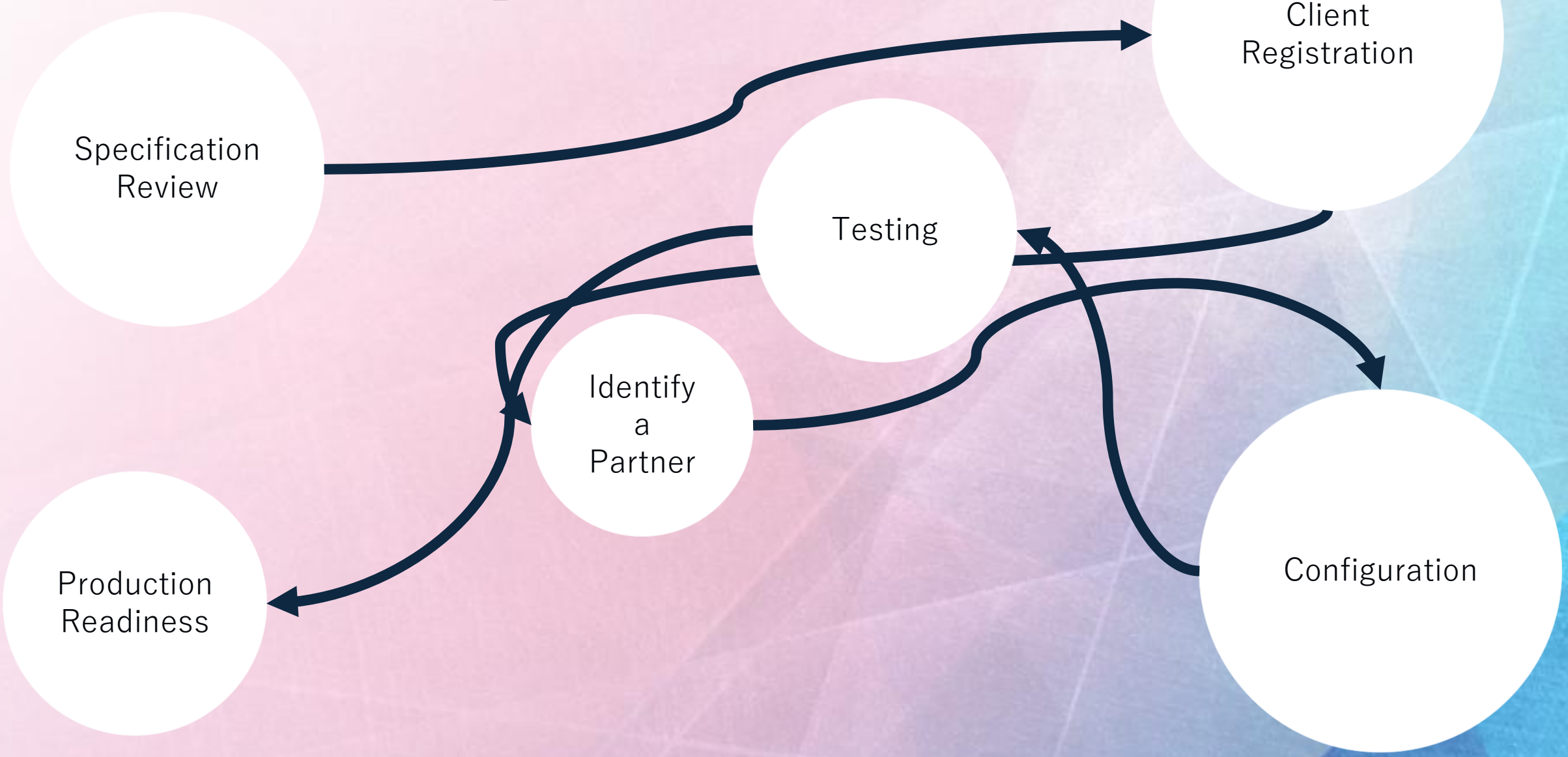
PAS Expectations

- Updates ($notify) outside of the initial transaction should be pushed asynchronously
  - Always assume a subscription
  - $inquiry is supported in a limited scope
    - Matching uses reference numbers or authorization numbers
- Full references are required for any resources

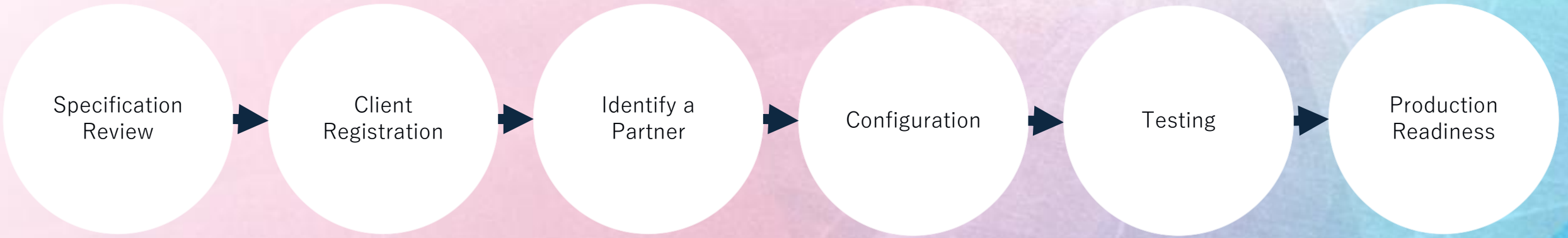
Implementation Road Map

Your guide to a successful implementation

Implementation Process



Implementation Process



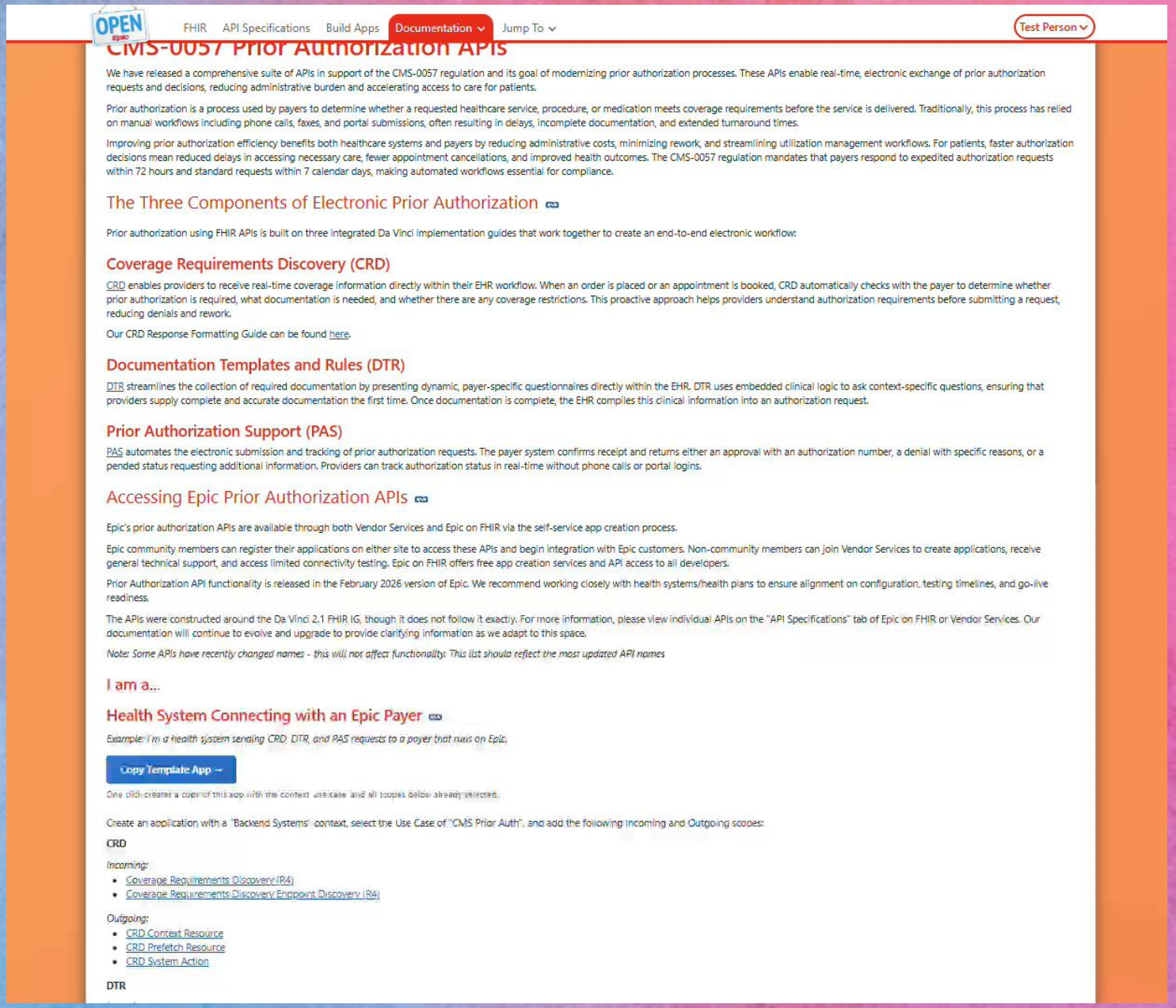
Specification Review

- All Epic APIs have released resources to review
  - Provides an understanding of formatting for responses and requests
- CRD, PAS and DTR all have room for interpretation
  - More alignment means faster installs
  - Full reference requirements, providers & location availability, etc

Client Registration

- Create the relevant clients in open.epic
  - One clients for CRD
  - One clients for PAS & DTR
- Use the available templates in the CMS Prior Auth Playbook to get started

Client Registration



FHIR API Specifications Build Apps Documentation Jump To Test Person

CMS-0057 Prior Authorization APIs

We have released a comprehensive suite of APIs in support of the CMS-0057 regulation and its goal of modernizing prior authorization processes. These APIs enable real-time, electronic exchange of prior authorization requests and decisions, reducing administrative burden and accelerating access to care for patients.

Prior authorization is a process used by payers to determine whether a requested healthcare service, procedure, or medication meets coverage requirements before the service is delivered. Traditionally, this process has relied on manual workflows including phone calls, faxes, and portal submissions, often resulting in delays, incomplete documentation, and extended turnaround times.

Improving prior authorization efficiency benefits both healthcare systems and payers by reducing administrative costs, minimizing rework, and streamlining utilization management workflows. For patients, faster authorization decisions mean reduced delays in accessing necessary care, fewer appointment cancellations, and improved health outcomes. The CMS-0057 regulation mandates that payers respond to expedited authorization requests within 72 hours and standard requests within 7 calendar days, making automated workflows essential for compliance.

The Three Components of Electronic Prior Authorization

Prior authorization using FHIR APIs is built on three integrated Da Vinci implementation guides that work together to create an end-to-end electronic workflow:

Coverage Requirements Discovery (CRD)

CRD enables providers to receive real-time coverage information directly within their EHR workflow. When an order is placed or an appointment is booked, CRD automatically checks with the payer to determine whether prior authorization is required, what documentation is needed, and whether there are any coverage restrictions. This proactive approach helps providers understand authorization requirements before submitting a request, reducing denials and rework.

Our CRD Response Formatting Guide can be found here.

Documentation Templates and Rules (DTR)

DTR streamlines the collection of required documentation by presenting dynamic, payer-specific questionnaires directly within the EHR. DTR uses embedded clinical logic to ask context-specific questions, ensuring that providers supply complete and accurate documentation the first time. Once documentation is complete, the EHR compiles this clinical information into an authorization request.

Prior Authorization Support (PAS)

PAS automates the electronic submission and tracking of prior authorization requests. The payer system confirms receipt and returns either an approval with an authorization number, a denial with specific reasons, or a pended status requesting additional information. Providers can track authorization status in real-time without phone calls or portal logins.

Accessing Epic Prior Authorization APIs

Epic's prior authorization APIs are available through both Vendor Services and Epic on FHIR via the self-service app creation process.

Epic community members can register their applications on either site to access these APIs and begin integration with Epic customers. Non-community members can join Vendor Services to create applications, receive general technical support, and access limited connectivity testing. Epic on FHIR offers free app creation services and API access to all developers.

Prior Authorization API functionality is released in the February 2026 version of Epic. We recommend working closely with health systems/health plans to ensure alignment on configuration, testing timelines, and go-live readiness.

The APIs were constructed around the Da Vinci 2.1 FHIR IG, though it does not follow it exactly. For more information, please view individual APIs on the "API Specifications" tab of Epic on FHIR or Vendor Services. Our documentation will continue to evolve and upgrade to provide clarifying information as we adapt to this space.

Note: Some APIs have recently changed names - this will not affect functionality. This list should reflect the most updated API names

I am a...

Health System Connecting with an Epic Payer

Example: I'm a health system sending CRD, DTR, and PAS requests to a payer that runs on Epic.

Copy Template App →

One click creates a copy of this app with the context, use case, and all scopes below already selected.

Create an application with a "Backend Systems" context, select the Use Case of "CMS Prior Auth", and add the following Incoming and Outgoing scopes:

CRD

Incoming:

- Coverage Requirements Discovery (R4)
- Coverage Requirements Discovery Endpoint Discovery (R4)

Outgoing:

- CRD Context Resource
- CRD Prefetch Resource
- CRD System Action

DTR

Client Registration Process

- Clients allow your integration to have proper scoping
  - Connecting organizations have a clear understanding of the use case and data flow
  - Easy opt in when connecting throughout the whole Epic community
- Allows organizations to quickly understand and approve security
  - Creates a unique identifier for tracking data exchanges

Identify a Partner



Choose Partner

After completing test bench scripts, you need to see EHR specifics

Choosing a strong first partner is important to success



Set Appropriate Expectations

Clearly define project scope

- Are you testing all APIs?
- Any unique support considerations?

Understand timeline on all sides



Coordinate with ALL Parties

Async testing is always faster

Configuration

- Epic health systems and payer groups have checklists to assist with their configuration
  - Health systems should use Sherlock Checklist Template #2682
  - Payer groups will use Sherlock Checklist Template #1930
- Be prepared to provide:
  - Endpoint information (URL, OAuth2 URL, OAuth2 strategy, Client info)
  - Other information may be requested by your partner

Testing

Small Scale Testing

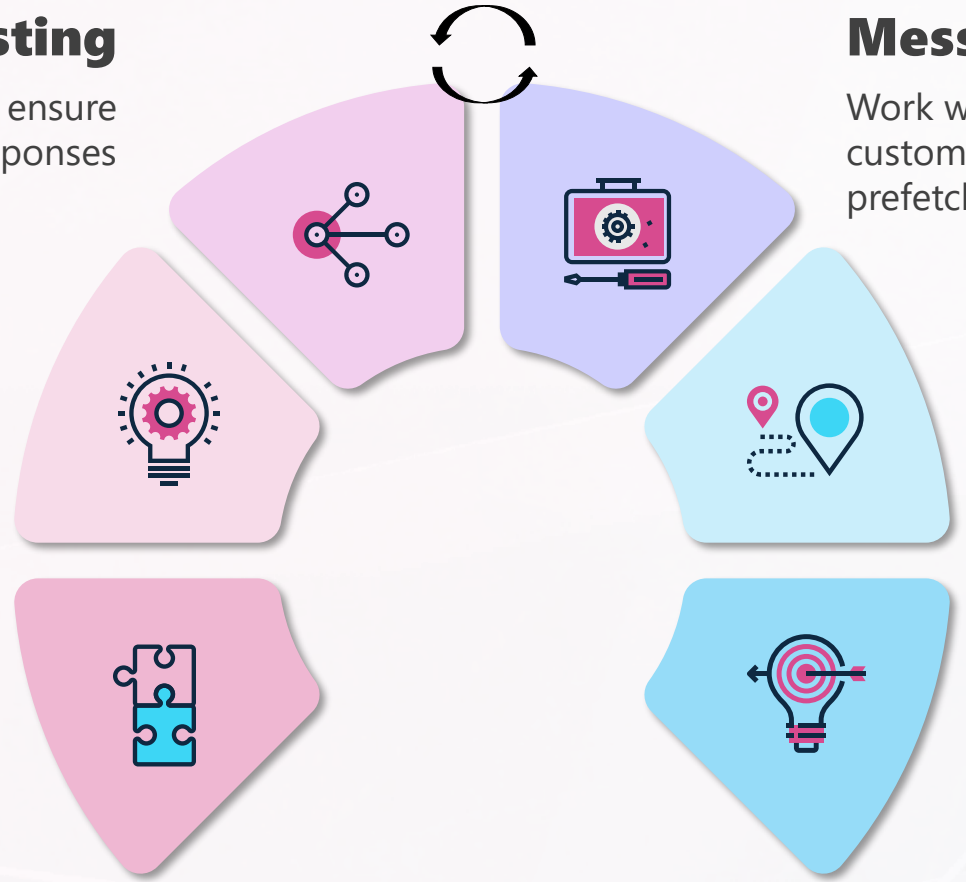
Isolation test each API to ensure proper message intake and responses

Establish Connectivity

Choose a workflow to begin sending first messages

Configuration

Before you can begin testing ensure that set up is complete for all APIs



Message Refinement

Work with the trading partner on customizations as needed (ex. prefetch or field adjustments)

Workflow Testing

Test full EHR workflows to understand data flow

End-to-end Testing

Complete full testing including all 3 APIs in workflow

Production Readiness



Initial Support

For each implementation that goes live in production, plan to be available to troubleshoot any issues that may occur in real time.



Weekly Check-ins

After initial support, plan out weekly meetings for the first 6-8 weeks to understand issues and assist in long term success.



Ongoing Support

Plan out long-term support structures and a workflow for issue triage.

Timelines

Connection & Build
2-3 weeks

API Isolation Testing
2-3 months

Workflow Testing
2-4 weeks

End-to-End Testing
1-2 weeks

Full Project – 3 to 6 months

Timelines

Data Availability
Data requirements can impact testing readiness

Development Adjustments
Changes after testing begins slow adoption

Required Testing Scope
Larger scope = more test scripts

First Implementation
Configuration and training (if necessary) will take longer if it is the partners first integration of this type

Wrap Up

1. Use the self-service materials on open.epic to get started
2. Identify integration partners early to set scope and expectations
3. Focus on the provider experience

Q&A

Kyle Gleason | kygleaso@epic.com

Mason Beaker | mbeaker@epic.com

© 2026 Epic Systems Corporation. All rights reserved. PROPRIETARY INFORMATION - This item and its contents may not be accessed, used, modified, reproduced, performed, displayed, distributed or disclosed unless and only to the extent expressly authorized by an agreement with Epic. This item is a Commercial Item, as that term is defined at 48 C.F.R. Sec. 2.101. It contains trade secrets and commercial information that are confidential, privileged, and exempt from disclosure under the Freedom of Information Act and prohibited from disclosure under the Trade Secrets Act. After Visit Summary, ASAP, Aura, Beacon, Beaker, Beans, BedTime, Best Care Choices for My Patient, Bones, Break-the-Glass, Bugsy, Caboodle, Cadence, Canto, Care Everywhere, Charge Router, Cheers, Chronicles, Clarity, Cogito ergo sum, Cohort, Comfort, Community Connect, Compass Rose, Cosmos, Cosnome, Cupid, Discovery, Epic, EpicCare, EpicCare Link, Epicenter, EpicShare, EpicWeb, Epic Earth, Epic Nexus, Epic Research, Garden Plot, Grand Central, Haiku, Happy Together, Healthy Planet, Hello World, Hey Epic!, Hyperdrive, Hyperspace, Kaleidoscope, Kit, Limerick, Lucy, Lumens, MyChart, Nebula, OpTime, Phoenix, Powered by Epic, Prelude, Radar, Radiant, Resolute, Revenue Guardian, Rover, Share Everywhere, SmartForms, Sonnet, Stork, System Pulse, Tapestry, Trove, Welcome, Willow, Wisdom, With the Patient at Heart, and WorldWise are registered trademarks, trademarks, or service marks of Epic Systems Corporation in the United States of America and/or other countries. Other company, product, and service names referenced herein may be trademarks or service marks of their respective owners. Patents Notice: www.epic.com/patents.