NEW YORK STATE | Department of Health

CMS Interoperability and How the New Rule Will Change Prior Approval, Effective January 1, 2027

What is the new rule?

On January 17, 2024, the Centers for Medicare and Medicaid Services (CMS) released the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F). The rule requires state Medicaid programs to implement a change to determination timelines. NYS was granted an extension to implement the new timelines and will be effective January 1, 2027, to align with federal guidelines.

Providers:

Providers are encouraged to enroll in ePACES and eMedNY eXchange to allow for real-time claim submission, eligibility verification, and prior approval requests. Instructions to enroll in ePACES are found here.

Regulatory change: To align with the federal changes, Section 85.37 of Title 10 NYCRR will be amended to replace the existing 21-day timeframe with the revised timelines.

Where to find the rule?

CMS Interoperability Page:

Federal Register:

Contact Information

Questions related to policy and coverage guidelines, please contact the Office of Health Insurance Programs at 1-800-342-3005 or OHIPMedPA@health.ny.gov.

For questions related to dental coverage contact dentalpolicy@health.ny.gov.

For questions related to billing contact eMedNY at 1-800-343-9000.

What are the timeline changes?

Prior Approval (PA) Requests will be broken down into two types:

- Standard
- Expedited

For a **standard** request, determinations will be made within 7 days of when the request is received. Standard requests can be extended for an additional 14 days if more information is needed. A determination will be made on or before the 14th day of the extension. Failure to submit requested information within these timelines will result in a PA denial.

Determinations for **expedited** requests will be made within 72 hours of receiving the request. If it is determined that the request does not meet the definition of an expedited PA request, it will be converted to a standard request.