Electronic Prior Authorization

Simplify prior authorization with fewer steps and faster turnaround times.

Submit, track, and receive prior authorization decisions directly in your EHR without relying on manual processes.

A Better Way to Manage Prior Authorization

Prior authorization has traditionally required phone calls, faxes, and manual follow-up, slowing care and increasing administrative burden.

Electronic Prior Authorization replaces these manual processes with a streamlined, digital workflow built directly into your EHR or provider portal.

The result:

- Fewer steps
- Faster turnaround times
- More predictable outcomes for you and your patients

Why This Is Changing

The new CMS-0057-F Prior Authorization Rule is modernizing how prior authorizations are submitted and processed across the healthcare ecosystem.

Applies to: Medicare Advantage, Medicaid, CHIP, and QHPs on the federal exchange

Key updates:

- **By Jan 1, 2026**: Payers must make faster decisions (72 hours for expedited, 7 days for standard), provide clear denial reasons, and publicly report prior authorization metrics.
- **By Jan 1, 2027**: Payers must provide standardized FHIR® APIs that allow providers to check prior auth requirements, submit requests, and receive decisions directly within their EHR.

To meet these requirements and deliver a better experience for you and your patients, we've partnered with 1upHealth, a leader in healthcare interoperability, to power our new Electronic Prior Authorization capabilities.

Why Use Electronic Prior Authorization

- **Faster Decisions**
  Get determinations more quickly with complete, digital submissions.
- **Less Administrative Work**
  Eliminate phone calls, faxes, and manual follow-up.
- **Fewer Delays**
  Avoid missing documentation by surfacing requirements up front.
- **Better Patient Experience**
  Help patients receive care sooner with faster, more predictable decisions.

How Electronic Prior Authorization Works

A simple, integrated workflow:

1. **Order Creation**
   Start an order in your EHR or provider portal, as you do today.
2. **Automatic Policy Check**
   Requirements are checked in real time through 1upHealth's secure API.
3. **Documentation Guidance**
   Coverage details and questionnaires appear automatically to ensure complete submissions.
4. **Electronic Submission**
   Submit complete requests digitally.
5. **Routing & Review**
   Requests are securely routed to the appropriate UM system for review.
6. **Real-Time Updates**
   Track status and receive decisions directly in your EHR or portal.

What This Means for You

- Stay in your existing workflow, no new systems to learn
- Submit complete requests with fewer errors
- Reduce back-and-forth and resubmissions
- Spend less time on administrative tasks
- Focus more on patient care

How to Prepare

Electronic Prior Authorization will be rolled out in phases. Taking a few steps now will help ensure a smooth onboarding experience.

Next Steps:

1. **Check your EHR readiness**
   Confirm your system will support the required FHIR-based APIs (CRD, DTR, PAS)
2. **Stay in touch**
   We're partnering with 1upHealth to make this available and will share updates on timing and onboarding.
3. **Plan for onboarding**
   Self-registration through the 1upHealth Developer Portal will be available soon.
4. **Interested in early testing?**
   Contact **customer-engagement@1up.health** to get started.

Frequently Asked Questions

- **Do I need a new system?**
  No. It works within your existing EHR or provider portal workflow.
- **What happens to fax and phone workflows?**
  You can continue using them, but Electronic Prior Authorization offers a faster, digital alternative.
- **What if my EHR or provider portal isn't ready yet?**
  You can continue using existing workflows while preparing for Electronic Prior Authorization.
- **How do I get support?**
  Our partner, **1upHealth**, is available to help with onboarding and integration.