

CMS-0057 Provider Education Guide

Provider Access API & Electronic Prior Authorization (ePA)

Purpose

This page explains what **CMS-0057** means for providers and care coordinators and how **BCBSRI** supports providers through **Provider Access APIs** and **Electronic Prior Authorization (ePA)**. This information is for awareness only. Business process and technical details are available separately in the **Provider Onboarding Guide** for organizations that choose to get started.

What Is CMS-0057?

CMS-0057, the *Interoperability and Prior Authorization Final Rule effective 1/1/27*, is a federal CMS mandate designed to improve interoperability and reduce administrative burden between payers and providers. The rule promotes secure, standardized electronic data exchange to replace manual processes such as fax and phone calls.

What this means for providers:

- Easier access to payer-held patient information
 - More efficient prior authorization workflows
 - Less administrative work and better care coordination
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What BCBSRI Is Offering

To align with CMS-0057, BCBSRI offers two capabilities for providers:

- **Provider Access API** – Electronic access to certain payer-held patient data
- **Electronic Prior Authorization (ePA)** – Standardized electronic prior authorization workflows

Both are designed to integrate with existing EHR workflows, where supported.

Provider Access API (What Providers Should Know)

The **Provider Access API** allows providers to electronically retrieve **available claims encounters, and certain clinical data** maintained by BCBSRI for patients they are treating.

How Access Works

- Access is based on an **established treatment relationship**
- Data may be used for **treatment, payment, and healthcare operations**

What Is Allowed

- Accessing data for patients you are actively treating
- Using data to support care coordination and clinical decision-making

What Is Not Allowed

- Accessing data for patients without a treatment relationship
- Using data for non-care-related or non-HIPAA-permitted purposes

- Bulk data extraction unrelated to patient care

Treatment Relationship

Providers may only access data for patients with whom they have a **treatment relationship**. BCBSRI determines this using information such as:

- Recent visits or claims
- Scheduled or completed appointments
- Primary care provider (PCP) assignment

This ensures providers receive the **right data for the right patients**.

Electronic Prior Authorization (ePA) allows prior authorization requests to be submitted and tracked electronically instead of using fax or phone calls.

How ePA helps:

- Reduces manual paperwork
- Improves visibility into authorization status
- Supports faster decisions where possible
- Aligns with CMS timelines for prior authorization responses

Electronic Prior Authorization (ePA) is offered as an additional capability and does not replace existing prior authorization submission methods, such as fax, payer portals, or other established channels.

What Providers are required to do to get started:

Providers who choose to use Provider Access APIs or ePA may:

- Confirm EHR vendor support
- Identify clinical/operational and IT contacts
- Review the BCBSRI Provider Onboarding Guide

 [Provider Access API & ePA Onboarding Guide](#)

 For onboarding support contact us at interop-onboarding@bcbsri.org

FAQ

1. What is electronic prior authorization (ePA)?

Electronic prior authorization, or ePA, allows providers to submit medical service prior authorization requests and receive information electronically through supported EHR workflows.

2. How can ePA improve the prior authorization process?

ePA can make the prior authorization process more efficient by helping providers identify prior authorization requirements, submit requests and supporting information electronically, and receive status or decision information within their workflow.

3. Do I need to change my current workflow to use ePA?

Not necessarily. When supported by your EHR, ePA is designed to work within your existing clinical workflow and reduce the need to move between separate systems.

4. What if my EHR does not support ePA?

If your EHR does not currently support ePA, you may continue using available BCBSRI prior authorization submission channels, such as the Provider Portal.

You may also contact your EHR vendor to ask whether ePA functionality is available or planned.

5. What types of prior authorization requests can be submitted through ePA?

ePA can support applicable **medical service prior authorization requests** available through the BCBSRI electronic prior authorization workflow.

Some medical services or request types may continue to use another BCBSRI submission channel.

6. How will I know if prior authorization is required?

When supported by your EHR, ePA can provide prior authorization requirement information within your workflow based on the member and requested medical service.

7. What happens after I submit an ePA request?

Depending on the request, you may receive a response showing that the request is:

- Approved
- Pending
- Pending additional information
- Denied, with the applicable reason
- prior authorization not required

8. What if BCBSRI needs additional clinical information?

If additional information is needed, the ePA workflow may identify the documentation or clinical information required to continue reviewing the request.

Where supported by your EHR, the requested information may be submitted electronically.

9. Can I check the status of my prior authorization request through ePA?

Where supported by your EHR, prior authorization status and updates may be available electronically within your workflow.

10. What should I do if ePA is not working or I need help?

If ePA is temporarily unavailable, you may use an available BCBSRI submission channel, such as the Provider Portal/Fax.

For technical issues or ePA support, contact cms0057-support@bcbsri.org