

CMS-0057 Member FAQ

What is CMS-0057?

- CMS-0057 is a federal rule from the Centers for Medicare & Medicaid Services (CMS) that improves how health plans, providers, and patients share health information and manage prior authorizations. Its goal is to make healthcare more transparent, efficient, and patient-centered.

What is changing with the new CMS rule?

- CMS-0057 requires impacted health plans (Medicare Advantage, Medicaid/CHIP managed care, state Medicaid agencies, and many Marketplace plans) to make patient health information available through standardized APIs and improve prior authorization processes. The goal is to reduce administrative burden, improve care coordination, and give patients and providers better access to health information.

How does CMS-0057 benefit me as a patient?

The rule is designed to help you:

- Get faster prior authorization decisions.
- Have easier access to your health information.
- Better understand the status of authorization requests.
- Experience smoother transitions if you change health plans.
- Reduce delays in receiving needed care.

What is an API?

- An Application Programming Interface (API) is a secure, standardized way for different computer systems to exchange information electronically. In healthcare, APIs allow health plans, providers, and approved applications to securely access and share patient health information without relying on manual processes such as faxing or paper records.

What APIs will be available?

- Patient Access API – Allows you to view your health information through approved apps or digital tools.

- Provider Access API – Allows your healthcare providers to securely access relevant health information from your health plan to support your care.
- Payer-to-Payer API – Helps transfer your health information if you switch from one health plan to another.
- Electronic Prior Authorization API – Supports faster electronic processing of prior authorization requests and status updates.

What is prior authorization?

- Prior authorization is a process where your health plan reviews certain treatments, services, or medications before agreeing to cover them. CMS-0057 aims to make this process faster and more transparent.

Will I receive prior authorization decisions more quickly?

- Yes. The rule requires impacted health plans to streamline prior authorization processes and shorten response times, helping members receive decisions faster and begin treatment sooner.

Will I be able to see the status of my prior authorization request?

- Yes. CMS-0057 promotes greater transparency, allowing patients and providers to have better visibility into the status of prior authorization requests and understand the reasons behind decisions.

How will I access my health information?

- The rule expands the use of secure digital tools and APIs that allow members to access their health information through approved applications and technologies of their choice.

What information will I be able to see?

- Through the Patient Access API, you may be able to access:
 - Claims and encounter information
 - Clinical data held by your health plan
 - Prior authorization requests and decisions
 - Information related to covered services and care received
- This gives you greater visibility into your healthcare information and benefits.

Will all my information automatically appear in an app?

- Not necessarily. What you can see depends on what your health plan supports and whether you choose to use a third-party app.

Is my information safe if I use a third-party app?

- Health plans and providers must use secure methods to exchange health information.
- If you choose to use a third-party health app, it is important to:
 - Use trusted applications
 - Review privacy policies carefully
 - Understand how your information may be used or shared

Can I opt-out of sharing my health information?

- Yes. You have the right to opt-out of certain types of information sharing.
 - Sharing with Healthcare Providers
 - By default, your healthcare providers may access your information if they have an established treatment relationship with you.
 - You can choose to opt-out at any time.
 - You may opt-out of sharing your information with your provider by using your health plan's Consent Portal to change to an opt-out state. Your health plan uses your opt-out consent to block you from the Provider Access API's attribution list, preventing data sharing with your providers.
 - Sharing Between Health Plans
 - If you change health plans, you will be asked whether you want information shared between your previous and new health plans. You must give permission, or consent, for your new health plan to request your data from your prior or other health plan. You can change your mind at any time to start or stop sharing.
 - By default, you are asked to give permission. If you do not give permission, your new health plan will not be able to see your health information from your prior plan.
 - To share your health information with your new health plan, contact member services at your new insurance plan to request the data be shared from your prior insurance plan.

- You have the ability to start or stop permission at enrollment and re-enrollment. You can contact member services by logging in into your KYNECT account at (555) 555-5555. 855-459-6328

Will all my information automatically appear in an app?

- Not necessarily. What you can see depends on what your health plan supports and whether you choose to use a third-party app.

What happens if I switch health plans?

- CMS-0057 supports improved data sharing between participating health plans. This can help ensure your health history follows you when you change coverage, reducing the need to repeat information or undergo unnecessary duplicate services.

Does CMS-0057 change my health benefits?

- No. CMS-0057 does not change your covered benefits. Instead, it improves the way health information is shared and how prior authorization requests are processed.

Is my health information still protected?

- Yes. Health plans, providers, and technology partners must continue to follow federal privacy and security requirements when sharing health information electronically.

When will I start seeing these changes?

- Many of the rule's requirements are being implemented over the next several years, with key interoperability and API requirements generally taking effect by January 1, 2027 for impacted health plans.

What should I do now?

- Stay informed about updates from your health plan.
- Review any information your plan provides about new digital tools and apps.
- Learn about your options for sharing health information.
- Ask your healthcare providers how these changes may improve your care experience.

Key Takeaway

CMS-0057 is designed to make healthcare easier to navigate by giving you better access to your health information, increasing transparency around prior authorizations, and helping reduce delays in receiving care.