



TriZetto Payer Prior Authorization Solution

Helping achieve efficiency, accuracy and compliance with the CMS Interoperability and Prior Authorization Final Rule

Prior authorization is an important utilization management function, yet its processes often are an expensive administrative burden and a source of friction for providers, payers, and members. The Centers for Medicare & Medicaid Services (CMS) is tackling that burden, the latest effort being the Advancing Interoperability and Prior Authorization Processes Final Rule (CMS-0057). Beginning January 1, 2026 and continuing to January 1, 2027, payers offering various government/public health plans will be expected to enhance existing APIs and support new APIs for more efficient prior authorization workflows.

The TriZetto® Payer Prior Authorization Solution can help your organization comply with these requirements. The solution is designed to deliver accuracy while streamlining the prior authorization processes of validating eligibility, identifying authorization requirements, facilitating additional information gathering and authorization submission to help patients receive appropriate care more quickly.

Streamlining prior authorization communications

Using the recommended Da Vinci implementation guides, the TriZetto Payer Prior Authorization Solution orchestrates the exchange of data between authorization requests initiated by providers from their EHR and a health plan's systems. Our solution will help your organization to comply with CMS-0057 with these capabilities:

- Inform providers about prior authorization requirements based on your health plan's specific requirements within the recommended timeframe specified by CMS.
- Identify required supporting documentation and help to gather additional information more easily from providers.
- Accept authorization requests from providers and ensure the correct end system within your ecosystem receives the request.

In addition, providers who subscribe to the payers' prior authorization status publish process will be able to receive push notifications when the status of their prior authorization submission has changed, to give them better visibility into the decision process.

Orchestrating data flows with HL7® FHIR® standards and Da Vinci guides

Our SaaS-based solution is designed to follow implementation guides for prior authorization processes developed by Da Vinci. The TriZetto Payer Prior Authorization Solution sits between your systems and providers' EHRs/EMRs. Acting as single entry-point, our solution will route requests and responses and translates data into the HL7 FHIR standard when necessary. The TriZetto Payer Prior Authorization Solution will help your organization comply with these key guidelines:

- **Coverage Requirements Discovery (CRD).** A physician wants to order a head and spine MRI for suspected nerve damage but isn't sure whether her patient's health plan requires prior authorization for that procedure. She enters an order request for the MRI in her health system's EHR. This triggers a coverage check workflow in the TriZetto Payer Prior Authorization Solution in the background.

The solution will deliver the query to the health plan's designated system which executes its processes. The TriZetto Payer Prior Authorization Solution will return the response to the EHR that yes, the payer requires prior authorization for the MRI.

- **Documentation Templates and Rules (DTR).** The response also says the payer requires additional information to consider whether to authorize the head and spine MRI. The TriZetto Payer Prior Authorization Solution will help the physician gather the required details using FHIR questionnaires, attachments, and more.
- **Prior Authorization Support (PAS).** The physician has prepared the authorization request for the MRI and the relevant supporting information and submits these to the TriZetto Payer Prior Authorization Solution. Our solution will route the request to the appropriate payer defined system where the prior authorization decision-making process is executed. Our solution will return a response to the provider within the recommended timeframe specified by CMS.

Automating prior authorization decisions

As an optional component, the TriZetto Prior Authorization Decision Automation is designed to further streamline and enhance the efficiency of prior authorization processes for your health plans. This module empowers you to seamlessly execute administrative decisions on incoming Prior Authorization Support (PAS) transactions as an extension to your existing utilization management workflows. It allows you to configure specific rules and guidelines tailored to your medical policies, accommodates complex criteria for prior authorization determination, and provides an audit trail to track changes for transparency and accountability.

Combining prior authorization, interoperability and regulatory expertise to deliver exceptional value

Our dedicated team of regulatory specialists understands interoperability and the HL7 FHIR standards inside and out. We also have a long history of automating prior authorizations. We bring all this expertise together in the TriZetto Payer Prior Authorization Solution to help your organization's compliance with CMS-0057, deliver real benefits, and avoid the pitfall of less comprehensive solutions.

- **Reducing the costs and burden of unnecessary prior authorization requests.** With clear guidance within seconds about whether a procedure requires a prior authorization, providers will have the ability to submit PAS requests only when necessary. That should free payer resources to manage more complex prior authorizations and prevent spending time on unnecessary authorizations.
- **Enhance accuracy of prior authorization responses.** Capitalizing on your current investments, our solution will utilize the configurations in your payer applications to validate patient eligibility and prior authorization requirements, such as what type of provider is requesting the service, the member's current status with the plan, etc. Granular accuracy like this helps avoid "pends," "unable to determine" and inaccurate yes/no responses. These responses could actually increase prior authorization volume, increasing costs and hurting provider and member satisfaction and timeliness of care.
- **Faster speed to care.** Streamlining prior authorization will help providers and members get answers faster so they can take next steps sooner.

A comprehensive compliance solution that's ready now

At Cognizant TriZetto, we anticipate regulatory movements and begin scoping compliance solutions long before rules are finalized. While other service providers are still developing their strategies, we're ready to help you begin delivering streamlined prior authorizations ahead of your competitors. Learn more about the TriZetto Payer Prior Authorization Solution and how it will help streamline your authorization workflows. Contact us to learn more visit www.cognizant.com/trizetto.



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