Provider Bulletin

Molina Healthcare of California

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September 15, 2025

UM TAT and Prior Authorizations CMS-0057 – Interoperability and Prior Authorization Rule

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to all lines of business.

What you need to know:

CMS-0057 builds on the Interoperability and Patient Access Rule and focuses on improving prior authorization processes. It adds new application programming interfaces (APIs) and strengthens existing ones.

These include:

- Prior authorization APIs
- Provider access API
- Payer-to-payer API

Provider Action

How providers can support CMS-0057 implementation

1. Adopt new turnaround times (effective January 1, 2026).
2. Stay informed and attend training.
3. Monitor public dashboards.
4. Share feedback and report barriers.
5. Ensure data accuracy.

For more information, please see the attachment.

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What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias Elias Gomez Velma Castillo	562-233-1753 562-723-9760 626-721-3089	Clemente.Arias@molinahealthcare.com Elias.Gomez@molinahealthcare.com Velma.Castillo@MolinaHealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-783-0005	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi	916-268-1418	Johonna.Eshalomi@molinahealthcare.com
San Bernardino County	Luana McIver	909-454-4247	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-419-3026	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	951-447-7585	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Brigitte Maldonado	760-421-1466	Brigitte.Maldonado@MolinaHealthcare.com
San Diego County	Tan Do Rita Weldy	858-287-4869 619-403-7773	Tan.Do@molinahealthcare.com Rita.Weldy@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Los Angeles County	Melessa Belcher	714-813-8522	Melessa.Belcher@MolinaHealthcare.com
Imperial, San Diego & Sacramento	MiMi Howard Laura Gonzalez, Manager	562-455-3754 562-325-0368	Smimi.Howard@molinahealthcare.com Laura.Gonzalez3@molinahealthcare.com
Riverside & San Bernardino	MiMi Howard	562-455-3754	Smimi.Howard@molinahealthcare.com

If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email mhcproviderbulletin@molinahealthcare.com.

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

Molina Healthcare of California: 200 Oceangate, Suite 100, Long Beach, CA 90802

UM TAT and Prior Authorizations

CMS-0057 – Interoperability and Prior Authorization Rule (2026–2027)

What is it

CMS-0057 builds on the Interoperability and Patient Access Rule and focuses on improving prior authorization processes. It adds new application programming interfaces (APIs) and strengthens existing ones. These include:

- Prior authorization APIs
- Provider access API
- Payer-to-payer API

Goal: Improve access to prior authorization details by enhancing CMS interoperability rules

How providers can support CMS-0057 implementation

1. Adopt new turnaround times (effective January 1, 2026).

a. Urgent requests must be completed by Molina within 72 hours.
b. Standard requests must be completed by Molina within 7 calendar days.
c. *Support tip*: Review your workflows to **ensure all required clinical information is included with each request to avoid delays.**

2. Stay informed and attend training.

a. Join education sessions offered by health plans.
b. Encourage your billing and administrative staff to attend.
c. *Support tip:* Assign a staff lead to stay up to date on CMS interoperability requirements.

3. Monitor public dashboards.

a. Starting March 31, 2026, provider performance may appear in public dashboards.
b. *Support tip:* Review internal metrics now to identify areas for improvement.

4. Share feedback and report barriers.

a. Let your provider services representative know about any challenges.
b. *Support tip:* Use your provider portal or other support channels to report system issues or ask questions.

5. Ensure data accuracy.

a. Keeping provider and clinical data current helps reduce delays and denials.
b. *Support tip:* Regularly check your provider directory and documentation for accuracy.

We value your input

Your feedback helps us improve. Please contact your local provider representative with any questions or suggestions.

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