



June 15, 2026

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0062-P
P.O. Box 8013
Baltimore, MD 21244-8013

Submitted Electronically

**Re: 2026 CMS Interoperability Standards and Prior Authorization for Drugs
Proposed Rule (CMS-0062-P)**

Thank you for the opportunity to respond to the Interoperability and Prior Authorization for Drugs Proposed Rule (CMS-0062-P). We appreciate the actions taken by the Centers for Medicare & Medicaid Services to extend interoperability, response, and transparency requirements to drugs covered under both the medical and pharmacy benefits and are pleased to offer brief supportive comments.

DataSpring, formerly CAQH, is the trusted data connector at the core of healthcare, powering the industry with accurate, authorized data from providers and payers to create a more connected ecosystem for all. For more than 25 years, the organization has supported the industry with the largest and most complete healthcare data foundation in the U.S. By improving how essential information flows across the system, DataSpring helps healthcare operate more efficiently and deliver better experiences and outcomes for providers, payers, and patients.

**Support for Prior Authorization for Drugs, Decision
Timeframes, and Transparency**

DataSpring supports the extension of CMS prior authorization requirements to drugs covered under both the medical and pharmacy benefits. We believe the proposed standards and decision timeframes are appropriate to advance the goals of this rule and represent a thoughtful expansion of the foundational requirements established in the 2024 Interoperability and Prior Authorization Final Rule (CMS-0057).

These requirements will help address persistent industry variability, reduce administrative burden for clinicians, and improve patients' timely access to care. As

implementations mature, we encourage CMS to further refine requirements to drive greater uniformity, particularly through standardized approaches to decision-reason code reporting, which would help reduce ambiguity and streamline exchange.

We also support CMS' efforts to enhance transparency and reporting requirements, providing the industry and patients with greater visibility into prior authorization practices. When fully leveraged, this transparency can inform more targeted refinement of prior authorization strategies and support efforts to reduce burden without erosion of an important utilization management tool through both emerging technologies and the intentional reassessment of existing requirements.

In addition, we support the expansion of API reporting as a means of evaluating the impact of policymaking and enabling continuous improvement of interoperability strategies across federal, state, and voluntary efforts. This capability is essential to establishing a clear measurement of value and return on investment. Over time, these reporting capabilities can support more rigorous evaluation of interoperability investments, including their impact on administrative efficiency, cycle times, and overall burden reduction.

Concluding Remarks

We are grateful for the opportunity to respond to this important proposal. We believe the march toward a more unified health IT ecosystem is critical, can reduce unnecessary administrative and clinical burden, and improve patient experience.

We welcome the opportunity to discuss our positions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Alex Ding MD".

Alexander Ding, MD
Chief Medical & Public Affairs Officer
DataSpring