

Itiliti Health Enables Full CMS Prior Authorization Compliance for Large Blues Payer

EDEN PRAIRIE, MN, UNITED STATES, October 15, 2025 /EINPresswire.com/ -- [Itiliti Health](#), a leader in payer-focused [prior authorization](#) solutions, announced that a large regional Blues plan is now live with all three Centers for Medicare & Medicaid Services (CMS) electronic prior authorization



Itiliti Health logo

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transactions that meet CMS 0057 requirement: Coverage Requirements Discovery (CRD), Documentation Templates and Rules (DTR), and Prior Authorization Support (PAS).

These transactions are currently managed through a portal submission process and are prepared for integration via API with electronic medical record (EMR) platforms when vendors are ready. This achievement positions the health plan as the first in the nation to achieve full CMS-0057 compliance at scale, marking a significant step forward in streamlining the prior authorization process and advancing interoperability between payers and providers.

“This achievement underscores the importance Itiliti Health places on helping our clients meet this key compliance requirement,” said Michael Lunzer, CEO and Founder of Itiliti Health. “Our modular, standards-based solution supports full CMS compliance while also creating a foundation for touchless automation and administrative cost reduction.”

As part of the CMS Interoperability and Prior Authorization Final Rule, impacted health plans are required to implement CRD, DTR, and PAS by January 1, 2027. Itiliti Health’s CMS solution is FHIR-native and built to integrate into existing health plan workflows. It allows payers to phase in components of the solution—CRD, DTR, or PAS—as they evolve their infrastructure and capabilities. The solution also supports non-CMS plans seeking to streamline operations, significantly decrease costs, reduce administrative burden, and improve provider satisfaction.

Itiliti Health continues to work with regional and national health plans, managed care organizations and state Medicaid agencies to deploy its full suite of prior authorization solutions.

For more information or to schedule a demo, visit www.itilitihealth.com.

About Itiliti Health

Itiliti Health is transforming the prior authorization process with smart, scalable solutions built specifically for health plans. Designed to reduce administrative burden, improve provider collaboration, and enhance compliance, Itiliti Health's platform enables automation and real-time decision support. Itiliti's solutions are used by leading health plans to digitize medical policies, eliminate unnecessary manual reviews, and comply with evolving CMS interoperability standards. Itiliti Health partners with payers nationwide to deliver smarter utilization management and accelerate the shift to automated, transparent healthcare operations.

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