

**KMAP GENERAL BULLETIN 25301**

## **Centers for Medicare and Medicaid Services (CMS) Interoperability and Prior Authorization Final Rule**

Effective on and after January 1, 2026, for all non-pharmacy Prior Authorization (PA) requests, the provider will have the ability to request an expedited review. The request must meet criteria for expedited as defined by CMS. Providers must send an email to the KS Expedited Prior Authorization Request team to request an expedited review and decision of their PA request.

**Email:**

[KSExpeditedPriorAuthorizationRequest@gainwelltechnologies.com](mailto:KSExpeditedPriorAuthorizationRequest@gainwelltechnologies.com)

**Note: This email address is ONLY used for requesting an expedited review. The submission of the PA Request Form should follow the standard process.**

PA requests must match the following definition to be considered expedited.

**Definition:** An expedited PA is required only when the standard timeframe could seriously jeopardize the beneficiary's life, health, or ability to attain, maintain, or regain maximum function.

**KMAP**

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**Customer Service**

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.

*Monday - Friday*

For changes resulting from this bulletin, view the updated *General Special Requirements Fee-for-Service Provider Manual*, page 4-6.