



February 27, 2026

Welcome to America's Physician Groups' *California Update*. Each week APG reports the latest on health care happenings in the Golden State.

Here's what you'll find in this week's edition:

- **January 1, 2027 Deadline To Implement [FHIR-Based Prior Authorization APIs](#) Is Fast Approaching**
- **APG California Policy & Advocacy [2026 Meeting Dates](#)**
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January 1, 2027 Deadline To Implement FHIR-Based Prior Authorization APIs Is Fast Approaching

While many organizations are focused on more immediate operational demands, a significant federal compliance deadline is rapidly approaching. By **January 1, 2027**, California health plans—and importantly, their delegated entities—must implement a FHIR-based Prior Authorization Application Programming Interface (API) under federal rules applicable to Medicare Advantage and Medi-Cal managed care.

What is less widely recognized is that California legislation enacted in 2023 extends a similar requirement to the **commercial market**, meaning that fully insured commercial coverage will also be subject to comparable API implementation standards.

Under the federal rule, plans must deploy an automated, standards-based API that:

- Provides a list of covered items and services subject to prior authorization
- Identifies documentation requirements necessary for approval
- Supports electronic submission of prior authorization requests
- Delivers structured electronic responses indicating approval, denial, or the need for additional information

For delegated physician organizations, IPAs, MSOs, and other risk-bearing entities, this requirement carries significant operational and financial implications.

Two plans—UnitedHealthcare and L.A. Care—have already indicated that they will require their delegated entities to attest to or confirm adoption of FHIR-based APIs. Other plans have been less explicit regarding their expectations, creating uncertainty across the delegated model.

APG has convened a small member working group to assess implementation challenges and recently participated in a California Health Care Foundation–sponsored effort bringing together payers and providers to discuss statewide alignment. Based on those discussions, we are concerned that the scope and complexity of this mandate are not yet fully understood within many physician organizations.

Absent coordination, the prospect of multiple, payer-specific API solutions layered across Medicare, Medi-Cal, and commercial coverage could prove duplicative and inefficient—particularly for smaller and mid-sized provider organizations. To that end, APG has initiated outreach to the Qualified Health Information Organization (QHIO) community to explore whether shared or jointly sponsored API infrastructure could be developed to support smaller entities and avoid fragmentation.

This article is intended as an initial briefing only. We will continue to monitor regulatory guidance, payer communications, and collaborative infrastructure efforts and will provide more detailed implementation analysis as information becomes available.

Stay tuned.



2026 APG California Policy & Advocacy Meeting Dates

Members, please mark your calendars for APG's California Policy Forum and California Medi-Cal Forum meetings. You can download APG's 2026 events calendar [here](#).

California Policy Forum

2:00 - 3:00 pm

- April 9
- June 3
- December 3

California Medi- Cal Forum

4:00 - 5:00 pm

- March 10 - Register [here](#)
- April 14

- May 12
- June 9
- August 11
- October 13
- November 10
- December 8



APG California Advocacy Member Resources

- [2025 Legislative Implementation Guide](#)
- **Tracked Health Care Bills 2025-26:** bills we're following in the California State Legislature
- November 2025 IHA Provider Directory webinar [recording](#)
- **Office of Health Care Affordability** [regulations](#) and [explanatory slide deck](#)
- **DMHC Quality and Equity Reporting** program [All Plan Letter](#)

For more news and resources, please visit APG's [website](#) or contact a member of APG's California advocacy team.

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