



CMS ACCESS

The Platform Age of Healthcare Is Here

The [CMS ACCESS final rule](#) (“Advancing Interoperability and Improving Prior Authorization Processes”) is arguably the most ambitious and transformative regulatory advance in U.S. healthcare IT in over a decade. Unlike prior efforts, ACCESS doesn’t simply require “digitization,” it compels payers and providers to re-architect how information, decisions, and workflows move through healthcare. ACCESS isn’t a compliance exercise; it’s a catalyst for platform-driven transformation, shifting the industry from closed, incremental middleware to a real-time, open technology ecosystem.

For healthcare leaders, organizations best positioned for the ACCESS era will be those who embrace marketplace models, intelligent automation, and frictionless, embedded infrastructure. The rule redefines how every payer, provider, developer, and technology vendor must operate by creating new urgency, encouraging strategic vision, and supporting future-ready partnerships.

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ACCESS In Context

The ACCESS rule lands at an inflection point:

Healthcare [Platformization](#): Healthcare is moving from fragmented, point-to-point connections to open platforms and app marketplaces, enabling modular innovation, reusable APIs, and rapid scale, mirroring what companies such as Plaid, Stripe, and Shopify have accomplished in financial services and e-commerce.

Value-Based and Risk-Bearing Models: Around [60% of healthcare payments](#) are now tied to value and quality, shifting financial accountability to providers and payers. Succeeding in these models requires real-time, accurate data sharing and embedded analytics, as timely insights are essential for tracking outcomes, managing risk, and optimizing performance under value-based contracts.

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Administrative Burden & AI: An [AMA survey](#) found that physicians and their staff spend an average of 12 to 13 hours per week on prior authorization tasks, completing 40+ requests weekly, which can be a significant drain on clinical resources and a driver of burnout. Prior auth and other administrative burdens can be significantly reduced through AI-enabled automation, which has delivered dramatic operational improvements. For example, one payer reported that 78% of prior authorizations were approved in [under 90 seconds](#) using AI-enabled automations, drastically reducing turnaround time and administrative workload.

Regulatory Acceleration: CMS Interoperability and Prior Authorization Final Rule ([CMS-0057-F](#)), finalized in January 2024, requires payers to provide FHIR-based APIs, real-time prior authorizations, and workflow integration by 2027.

~13 hrs

physicians spend on prior authorization tasks weekly



ACCESS Rule

What's new and why it matters

ACCESS does more than mandate interoperability. It compels the entire industry to redesign how information, decision logic, and administrative processes move through healthcare.

Why This Is Transformative

No more incrementalism: CMS explicitly states that batch file exchange, delayed responses, and opaque “middleware” are no longer compliant.

The platform model becomes the standard: The rule's architecture aligns directly with how cloud-native, app-driven marketplaces already function.

Key Requirements:



Real-time, automated prior authorization: Payers must return prior auth decisions in “near real-time” via FHIR APIs, drastically reducing manual fax, phone, and portal-based workflows.



Standardized data exchange: Clinical, claims, and prior auth data must flow seamlessly between payers, providers, and third-party apps using HL7 FHIR, eliminating proprietary interfaces and information blocking.



Embedded workflow integration: APIs must deliver data directly into clinical workflows (not standalone portals), forcing an architectural shift toward native, real-time orchestration.



Expanded scope: The ACCESS rule now covers nearly all major health programs, including Medicare Advantage, Medicaid, CHIP, ACA marketplace plans, and all healthcare providers who work with these plans, making the new requirements mandatory for a broader portion of the industry.



Stakeholder Implications



Payers

Real-time data access is now table stakes:

Must expose real-time data and prior auth APIs or risk noncompliance and market share loss. Value-based performance now depends on instant, workflow-native connectivity.



Providers

Streamlined prior authorization unlocks major savings and efficiency:

CMS estimates that reforms to the prior authorization process will save physician practices an estimated [\\$15 billion](#) over the next 10 years by reducing care delays and streamlining electronic workflows for providers. Competitive advantage shifts to organizations, enabling clinicians to work within unified, context-rich workflows, eliminating portal fatigue.



Digital Health & Developers

Open APIs are mainstream: [69%](#) of U.S. non-federal acute care hospitals reported using FHIR-based or standards-based APIs to enable patient access and data exchange via apps, and about 80% reported using APIs to read and write EHR data, highlighting widespread adoption of interoperable interfaces rather than bespoke integrations.

Standards adoption driving integration: A national survey found [73% of digital health companies](#) now use standards-based APIs (primarily FHIR) for EHR integration, demonstrating that native interoperability via open APIs has become the dominant integration approach for digital health solutions.



EHRs & Infrastructure Vendors

FHIR adoption is accelerating industry-wide:

By 2025, nearly [90% of health systems](#) globally are expected to implement FHIR APIs as core interoperability infrastructure, signaling that open, standardized APIs are rapidly becoming the baseline for data exchange and platform connectivity.

Vim: Real-Time Infrastructure for the ACCESS Era

Vim's platform and marketplace already embody the architecture ACCESS envisions and enable organizations to outperform in the new regulatory and market environment:

- **API-native, real-time orchestration:** Vim provides a unified, secure platform for surfacing payer, clinical, and third-party application data instantly at the point of care, directly within existing workflows.
- **Marketplace for innovation:** Vim's marketplace allows developers, payers, and providers to build, deploy, and scale new solutions without burdensome point-solution integration projects for every solution.
- **Embedded AI and context-awareness:** Vim's infrastructure delivers proactive, context-aware recommendations, aligning with CMS goals for decision support and automation.
- **Security and compliance by design:** All integrations are built to meet CMS, ONC, HIPAA, HITRUST, and SOC 2 requirements, enabling organizations to be compliant with ACCESS mandates as they are published, without costly retrofits.
- **Performance at scale:** Provider organizations using Vim report significant reductions in onboarding time and measurable improvements in provider satisfaction.

The screenshot displays the Vim user interface for a user named Emma Smith (Feb 01, 1955 / 70 yr, SecureLife A-60 Plus). The interface is titled "User Center" and is associated with Dr. John Smith. A prominent banner reads "Supercharge Your EHR With Apps That Help You Save Time". Below this, there is a section for "Applications (15)" with a search bar and filters for "All organizations". A navigation bar shows various app categories: All (15), Free/Free trial (8), AI scribe (7), RCM (2), Medications (1), Referral (2), Vim apps (4), and Installed apps (4). The main content area features six application cards, each with a preview image, name, and "Add now" button. The cards are: 1. RCM Defender (Added), described as "Free with paid in-app upgrades" and "MediScribe listens, transcribes and writes medical notes for you", with a 4.6 rating and 1.2K users. 2. Rx Coupons (Add now), described as "Free with paid in-app upgrades" and "MediScribe listens, transcribes and writes medical notes for you", with a 4.6 rating and 3.2K users. 3. DocuMed AI Scribe (Add now), described as "Free with paid in-app upgrades" and "MediScribe listens, transcribes and writes medical notes for you", with a 4.1 rating and 2K users. 4. 360 Patient Insights (Add now), showing a patient summary chart. 5. MediScribe (Add now), showing a recording interface. 6. Care Insights By Vim Inc. (Add now), showing a patient care insights dashboard. At the bottom, there are links for "Terms of Service", "Privacy Policy", and "Need help?".

Leadership Recommendations

Action for the ACCESS Era

- **Embrace a platform mindset:** Treat ACCESS not as a checkbox, but as a strategic opportunity to re-architect for openness, scale, and resilience.
- **Prioritize ecosystem partners:** Evaluate vendors on real-time, FHIR-based, workflow-embedded APIs and proven marketplace capabilities.
- **Drive integration, not add-ons:** Choose solutions that deliver intelligence inside core clinical and administrative workflows, not as external portals or applications.
- **Invest in network effects:** Use platforms that create compounding value as more stakeholders (apps, payers, providers, etc.) join, future-proofing your infrastructure for ongoing innovation.
- **Lead with security & compliance:** Select platforms with robust, certified compliance controls, reducing downstream risk and accelerating CMS attestation.

Conclusion

Real-Time, Platform Healthcare is Here

CMS ACCESS marks a tipping point. The organizations that thrive will be those that embrace platform-native, real-time infrastructure. By doing so, they can turn compliance into a competitive advantage and move beyond incremental integration by adopting orchestrated, marketplace-driven innovation. Platforms like Vim are not just ready for ACCESS, they're already making it possible.

