

Why the CY 2027 PFS Rule Gives Shared Savings ACOs Several Digital On-Ramps Instead of One ePA Mandate: APP Plus Medicare eCQMs, the 95/75 Gates, Three CEHRT Paths, and the FHIR dQM Roadmap

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The most expensive misread of the CY 2027 PFS rule: people see 'ePA' near 'ACO' and think CMS just mandated electronic prior auth for Shared Savings orgs. It did not. Here is what actually happened...

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Podcast).

Abstract

- The CY 2027 PFS proposed rule, CMS-1848-P (RIN 0938-AV82), does not mandate electronic prior auth for Shared Savings ACOs in 2027. It proposes quality and health-IT changes, and separately asks about future ePA and a full FHIR digital-measure transition. Several on-ramps, not one gate.
- First survival skill: sort the pile. There are actual Shared Savings proposals, Shared Savings RFIs, look-alike proposals in other programs (MIPS, the Ambulatory Specialty Model), and one already-final payer rule (CMS-0057-F). They are not the same thing and carry different force.
- The quality set: an eight-measure APP Plus (five ACO-reported clinical measures, two admin-claims measures, CAHPS), dropping two prior measures.
- Legacy MIPS CQM reporting survives on purpose. Only 140 of 472 reconciled ACOs reported a MIPS CQM in preliminary PY 2025, up from 33 of 453 in 2023. Forcing a cutover now would strand investment.
- Medicare eCQMs are a scoped bridge: full electronic logic, but the population limited to assigned Medicare beneficiaries, so multi-TIN ACOs don't have to aggregate all-payer data they can't reliably dedupe.
- Two separate gates people constantly merge: a 95 percent TIN-coverage test and 75 percent measure-completeness test.
- CEHRT proof collapses from "report every PI measure" into one of three paths. ePA is an RFI for CY 2028, not a rule. And the ASM category-zeroing consequence is not Shared Savings policy.

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CMS built several doors into digital ACOs, not one switch

The most common way to misread the CY 2027 Physician Fee Schedule rule is to see the letters “ePA” near the letters “ACO” and conclude that CMS just told Shared Savings organizations to start doing electronic prior auth. It did not. What CMS actually did is more interesting and much easier to get wrong: it built several sequential on-ramps into a digital operating model, some of them concrete proposals for 2027, some of them questions about 2028 and beyond, and it laid them out in a document large enough that the proposals and the musings are easy to blur together.

The right mental model is a set of doors, not a switch. There is a door for quality reporting that quietly shifts toward electronic measures without forcing anyone through it yet. There is a door for satisfying the certified-EHR requirement that used to be one heavy obligation and is now a choose-one-of-three affair. And there is a door for labeled prior auth that is, for Shared Savings, still just a question mark. The threshold anyone has to clear. Whether those doors eventually converge into a single mandatory path is a real possibility CMS is clearly steering toward, but steering

toward something and requiring it are different verbs, and the whole art of reading this rule is keeping them straight.



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