

Provider Notice: Prior Authorization (PA) Turnaround Time (TAT) Updates

Date: February 4, 2026

Subject: Required Updates Under the CMS Interoperability and Prior Authorization Final Rule

This notice provides important updates required under the CMS Interoperability and Prior Authorization Final Rule, effective January 1, 2026, including new shortened turnaround times for prior authorization (PA) submissions.

Updated Prior Authorization Turnaround Times

- Standard Requests: Reduced from 14 days to 7 calendar days
- Expedited Requests: Remain at 72 hours

Please review and update your internal procedures for submitting additional information promptly to avoid unnecessary delays in the prior authorization process. Blue Cross Blue Shield Health Choice, Blue Cross Blue Shield Health Choice Pathways, and ACA Standard Health with Health Choice are committed to meeting the new seven-day requirement and supporting providers through this transition.

Provider Manual Revisions

Blue Cross Blue Shield of Arizona Health Choice – Chapters 6 and 20

<https://www.azblue.com/medicaid/providers/provider-manual>

Blue Cross Blue Shield of Arizona Health Choice Pathway – Chapter 6

<https://www.azblue.com/health-choice-pathway/providers/provider-manual>

ACA Standard Health with Health Choice – Chapter 6

<https://www.azblue.com/aca-standardhealth-health-choice/providers/provider-manual>

Next Steps for Providers

Please take time to review the updated provider manuals to ensure your organization remains compliant with the new PA requirements.

Thank You

We appreciate your partnership and prompt attention to these regulatory updates.

To stay informed and access embedded educational materials, visit the “For Providers” section at:

<https://www.azblue.com/Medicaid>



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