WHITE PAPER

DESIGNING A CHANGE READINESS PLAN

Getting Ready for CMS-0057-F

The next step after mapping stakeholders is preparing them to change.

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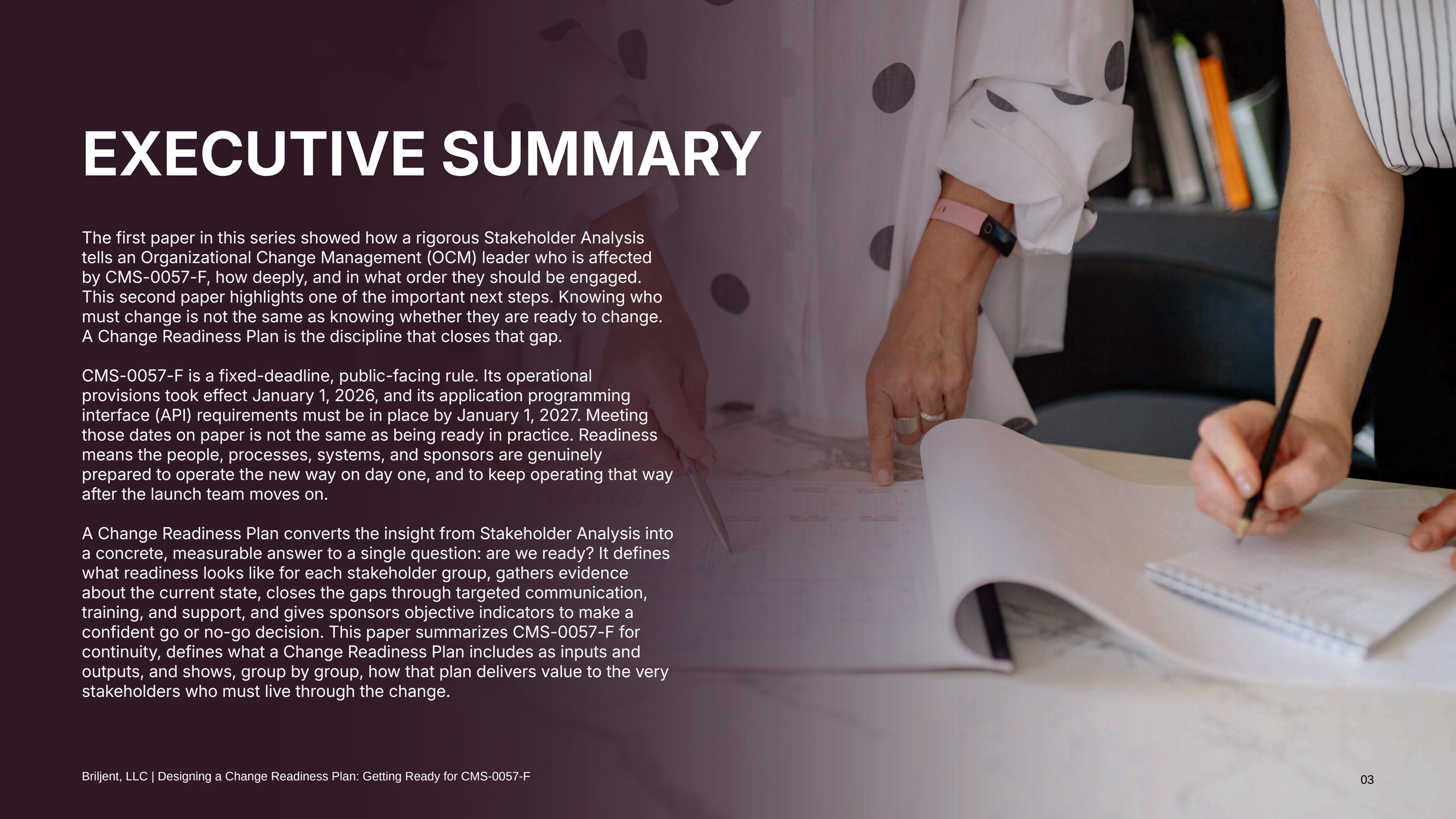
EXECUTIVE SUMMARY



The first paper in this series showed how a rigorous Stakeholder Analysis tells an Organizational Change Management (OCM) leader who is affected by CMS-0057-F, how deeply, and in what order they should be engaged. This second paper highlights one of the important next steps. Knowing who must change is not the same as knowing whether they are ready to change. A Change Readiness Plan is the discipline that closes that gap.

CMS-0057-F is a fixed-deadline, public-facing rule. Its operational provisions took effect January 1, 2026, and its application programming interface (API) requirements must be in place by January 1, 2027. Meeting those dates on paper is not the same as being ready in practice. Readiness means the people, processes, systems, and sponsors are genuinely prepared to operate the new way on day one, and to keep operating that way after the launch team moves on.

A Change Readiness Plan converts the insight from Stakeholder Analysis into a concrete, measurable answer to a single question: are we ready? It defines what readiness looks like for each stakeholder group, gathers evidence about the current state, closes the gaps through targeted communication, training, and support, and gives sponsors objective indicators to make a confident go or no-go decision. This paper summarizes CMS-0057-F for continuity, defines what a Change Readiness Plan includes as inputs and outputs, and shows, group by group, how that plan delivers value to the very stakeholders who must live through the change.

INTRODUCTION

Regulatory deadlines create a dangerous illusion: that hitting the date is the same as succeeding. The organization can stand up the required APIs, publish the required metrics, and update its policies, yet still fail if operational staff does not trust the new turnaround process, if call center agents cannot answer member questions, or if providers do not understand the new data flows. Compliance is delivered by systems; success is delivered by people who are ready to use them.

This paper is written for OCM practitioners, project sponsors, and program leaders accountable for the human side of CMS-0057-F. It assumes the reader has completed, or is completing, a Stakeholder Analysis of the kind described in the first paper and now needs a practical structure for assessing and building readiness across those stakeholders. The goal is not theory. It is a plan an OCM leader can start using immediately, sequenced against the rule's real deadlines.

UNDERSTANDING CMS-0057-F

Background

CMS released the Interoperability and Prior Authorization Final Rule (CMS-0057-F) on January 17, 2024. It builds on the 2020 CMS Interoperability and Patient Access Final Rule (CMS-9115-F) and aims to reduce the burden prior authorization places on patients, providers, and payers by moving the industry toward standardized, electronic data exchange.

Who Must Comply

The rule applies to Medicare Advantage organizations, state Medicaid fee-for-service (FFS) programs, state Children's Health Insurance Program (CHIP) fee-for-service programs, Medicaid managed care plans, CHIP managed care entities, and Qualified Health Plan (QHP) issuers on the Federally-Facilitated Exchanges (FFE). Providers do not carry a direct compliance mandate, but their systems must interact with payer-side APIs, which makes them a critical audience for any engagement effort.

What Changes & When*

Faster Decisions

72 hours for expedited requests and 7 calendar days for standard requests, effective generally January 1, 2026 (this decision-timeframe requirement excludes QHP issuers on the FFEs).

Specific Denial Reasons

Beginning January 1, 2026, payers must provide a clear, specific reason for any prior authorization denial, regardless of submission method.**

Public Reporting

Payers must publicly report prior authorization metrics beginning March 31, 2026 (covering CY 2025), including approval and denial rates, appeal outcomes, and average decision times.

API Build-Out

In response to stakeholder comments on the proposed rule, CMS extended the deadline for the API development requirements to January 1, 2027.***

*Dates vary by program type. FFS/MA dates are fixed; Managed Care/QHP timing is cycle dependent.
**PA decision/denial-reason requirements do not apply to drugs.
***CMS-0062-P, a proposed rule (April 2026), would extend the prior authorization interoperability requirements for prescription drugs to a proposed compliance date of October 1, 2027. As a proposed rule, its provisions and dates are not final.

The Four FHIR APIs

1

Patient Access (enhanced)

Expands the data patients can access about their own claims, encounters, and prior authorizations.

2

Provider Access (new)

Lets in-network providers retrieve patient data payers already hold, with a patient opt-out process required.

3

Payer-to-Payer (new)

Requires payers to exchange claims, encounter, and prior authorization data when a member changes plans, so history follows the patient.

4

Prior Authorization (new)

Supports the full workflow including discovery of what requires prior authorization (PA), submission, tracking, and final determination.

FROM ANALYSIS TO READINESS

The first paper answered the questions "who?" and "how deeply?" The Change Readiness Plan answers a different set of questions: "Are they ready?" and, "If not, what will make them ready?" The two are sequential and complementary. Stakeholder Analysis is the diagnosis; the readiness plan is the treatment and the follow-up check.

The relationship is direct. Each output of the Stakeholder Analysis feeds an input of the readiness plan. The **stakeholder register** tells the readiness plan whose readiness to assess. The **change impact assessment** defines what readiness even means for each group, because you cannot measure readiness for a change you have not specified. The **influence/interest map** tells you where to spend limited readiness effort. Skipping the analysis and jumping straight to a readiness plan produces a checklist with no foundation; skipping the readiness plan after a good analysis produces insight that never turns into a prepared organization.

For a rule as public-facing as CMS-0057-F, this second step is where the risk concentrates. A workflow that is technically live but not truly adopted will surface as slow turnaround times, inconsistent denial reasoning, or provider confusion, all of which are now visible in publicly reported metrics. Readiness is what stands between a compliant build and a successful launch.

What a Change Readiness Plan Is (and Is Not)

A Change Readiness Plan is a structured approach to defining what readiness looks like, measuring the current state against it, closing the gaps, and confirming, with evidence, that the organization is prepared to adopt and sustain the change. It spans the people, processes, systems, and sponsorship needed for the change to work, not just to launch.

It is not a project plan (which tracks tasks and dates), a communication plan (one input to readiness), or a training schedule (another input). It is not a one-time survey. Readiness is assessed repeatedly as the program moves toward each deadline, because a group that is ready in October may not be ready in January if scope, staffing, or systems change. A readiness plan is also not a rubber stamp: its value depends on being willing to report that a group is not ready when that is what the evidence shows.

ANATOMY OF A CHANGE READINESS PLAN

Inputs

A readiness plan is only as good as what feeds it. For CMS-0057-F, OCM leaders should assemble the following before assessing readiness:

STAKEHOLDER ANALYSIS OUTPUTS

The stakeholder register, influence/interest map, and change impact assessment from the first phase, which define whose readiness matters and what they must be ready for.

A CLEAR DEFINITION OF THE FUTURE STATE

A concrete description of how each affected process will work once CMS-0057-F is live, so readiness can be measured against something specific rather than a vague goal.

READINESS CRITERIA BY DIMENSION

Agreed standards for what "ready" means across awareness, knowledge and skills, systems and access, process and workflow, and sponsorship.

CURRENT STATE EVIDENCE

Results from readiness assessments, surveys, interviews, training completion data, and system or user-acceptance test results that show where each group stands.

SPONSOR & GOVERNANCE COMMITMENTS

Confirmation of who owns the go/no-go decision, how often readiness is reviewed, and what authority exists to delay a launch if a group is not ready.

TRAINING & ENABLEMENT INVENTORY

The curricula, job aids, frequently asked questions, and support channels available, mapped to the groups that need them.

MILESTONES & DEPENDENCIES

The operational (2026) and API (2027) deadlines, plus internal dependencies such as system freeze dates, that anchor when readiness must be achieved.

CAPACITY & CHANGE SATURATION DATA

An honest view of competing initiatives in the same departments, since a saturated team cannot absorb a new way of working no matter how good the training.

This is a sample list. A full list of Inputs must be created and reviewed based on project needs.

ANATOMY OF A CHANGE READINESS PLAN

Outputs

Those inputs are turned into a small set of concrete, reusable artifacts:

READINESS CRITERIA & SCORECARD

A defined, measurable standard of readiness for each stakeholder group and dimension with a simple rating that anyone can read at a glance.

READINESS ASSESSMENT RESULTS

The current-state rating for each group against the criteria, with the evidence behind each score.

GAP ANALYSIS & ACTION PLAN

The difference between current and required readiness for each group, with named owners, actions, and due dates to close each gap.

TARGETED ENABLEMENT PLAN

The communication, training, and support activities sequenced to move each group from its current rating to "ready" before its deadline.

GO/NO-GO CRITERIA & CHECKLIST

The conditions that must be met to launch, agreed upon with sponsors in advance, so the decision is not made on gut feel under pressure.

READINESS DASHBOARD

A recurring, sponsor-facing view of readiness by group over time, showing whether the organization is trending toward or away from ready.

SUSTAINMENT & REINFORCEMENT PLAN

The mechanisms (coaching, metrics, refreshers, feedback loops) that keep the change in place, so readiness does not decay once attention shifts.

RISK & CONTINGENCY LOG

Readiness risks tied to specific groups, with mitigation actions and fallback plans if a group is not ready in time.

This is a sample list. A full list of Outputs must be created and reviewed based on project needs.

VALUE FOR CMS-0057-F STAKEHOLDERS

A Change Readiness Plan earns its place only if each stakeholder group recognizes its value to them and customers, not just to the program office. The table maps what readiness requires of a representative set of stakeholder groups and the specific value a Change Readiness Plan delivers to each.

Stakeholder Group	What Readiness Requires of Them	Value Delivered by Change Readiness Plan
Executive sponsors & compliance leadership	Visibly own the change, remove barriers, and reinforce it through the 2026 and 2027 deadlines.	Go/No-go readiness indicators give sponsors an objective basis for launch decisions and a clear view of where their sponsorship is still needed.
IT/Interoperability & API teams	Adopt new build, test, and support routines for the four FHIR APIs, not just deliver code.	Readiness checks confirm environments, test data, and support processes are in place before go-live, reducing failed launches and rework.
Utilization management/Clinical reviewers	Work to new turnaround times (72 hours/7 days) and document specific denial reasons consistently.	Skill and confidence assessments surface training gaps early, so reviewers are ready before a missed turnaround becomes a public metric.
Provider network/ Provider relations	Understand and use new payer data flows and opt-out processes, despite having no direct mandate.	A readiness plan sequences provider communication and support so adoption is smooth rather than reactive.
Vendors & health IT partners	Deliver and validate FHIR-compliant functionality on the organization's timeline.	Shared readiness criteria and checkpoints keep vendor deliverables aligned to internal go-live gates.
Member services/ Call center	Answer new member questions about data access, prior authorization status, and opt-out.	Readiness verification (talking points, FAQs, practice scenarios) equips frontline staff before call volume rises.
Legal & regulatory affairs	Confirm public reporting and denial-reason practices meet the rule before they are visible.	A documented readiness sign-off provides audit-ready evidence that compliance obligations were verified, not assumed.
Patients/Members (external)	Recognize and act on new access to their own data and prior authorization information.	Readiness planning ensures member-facing materials and support are prepared for launch, not added afterward.

Illustrative mapping of CMS-0057-F readiness requirements to Change Readiness Plan value, by stakeholder group. Organizations should tailor groups and rows to their own structure.

A PRACTICAL METHOD

Building and Running the Plan

OCM leaders do not need to reinvent the wheel. A few well-established tools are enough to build and run a rigorous CMS-0057-F Change Readiness Plan.

A proven sequence applies: define the future state and readiness criteria, assess current readiness, analyze the gaps, close them through targeted enablement, verify readiness against go/no-go criteria, launch, and then sustain and re-check readiness as the program moves from the 2026 operational deadline toward the 2027 API deadline.

READINESS ASSESSMENT

Use short, repeatable surveys and interviews to score each group against the readiness criteria, and repeat them as the deadlines approach.

TRANSITION MANAGEMENT

Recognize that people move through endings, a neutral zone, and new beginnings, and time support accordingly rather than expecting instant adoption (Bridges).

URGENCY & REINFORCEMENT

Establish a clear reason for why the change matters now, and reinforce new behaviors after launch so they hold (Kotter).

MEASURING READINESS

The point of measurement is a defensible decision. Readiness indicators should be agreed with sponsors before launch, tracked over time, and simple enough to brief in minutes. Useful indicators for CMS-0057-F include the following.

Awareness & understanding

Each group knows the change is coming and can describe how it affects their work.

Skill & confidence

Training completion plus a demonstrated ability to perform the new task, not just attendance.

System & access readiness

Confirmation that the required systems, accounts, and test results are in place for the people who need them.

Process readiness

Evidence that new workflows (turnaround times, denial-reason documentation, opt-out handling) are practiced, not just documented.

Sponsorship strength

Active, visible sponsor engagement, which research repeatedly identifies as the top predictor of success.

These roll up into a go/no-go checklist. Because CMS-0057-F metrics are publicly reported, the cost of launching an unready workflow is external and visible, which is exactly why the decision deserves evidence rather than optimism.

RISKS OF SKIPPING OR RUSHING READINESS

LAUNCH-DAY SURPRISES

Gaps that a readiness assessment would have caught surface as failed transactions, missed turnarounds, or confused stakeholders

COMPLIANCE MISSES

Because PA metrics are publicly reported, poor adoption becomes visible to regulators and the public rather than staying internal.

FALSE CONFIDENCE

A technically complete build is mistaken for a ready organization, and the go decision is made without evidence.

ADOPTION DECAY

Without a sustainment plan, new behaviors fade after launch and the organization quietly reverts, undoing the compliance gain.

LOST LESSONS

Without a living readiness plan, what was learned before the 2026 (operational) deadline is forgotten before the 2027 (API) one.

CONCLUSION

Stakeholder Analysis tells an OCM leader who must change and how deeply. A Change Readiness Plan answers the harder, more consequential question: are they actually ready, and what will make them so? For CMS-0057-F, where deadlines are fixed and performance is public, readiness is the difference between a build that is compliant on paper and an organization that operates the new way with confidence.

A thorough Change Readiness Plan, built on the right inputs and translated into a clear set of outputs, does more than satisfy a project template. It gives sponsors an evidence base for their go/no-go decision, gives frontline staff the preparation they need before the pressure arrives, and gives patients a launch that works the first time. Organizations that treat change readiness as a formality risk learning, in a publicly reported metric, that their people were never ready. Organizations that treat it as the bridge from insight to action give themselves the best chance of meeting both the 2026 and 2027 deadlines with a prepared, supported, and confident workforce.

GLOSSARY

- **Application Programming Interface (API)** – A standardized way for different computer systems to automatically share data with each other.
- **Centers for Medicare & Medicaid Services (CMS)** – The federal agency that runs Medicare, oversees Medicaid, and regulates the health insurance marketplaces.
- **Change Readiness** – The degree to which the people, processes, systems, and sponsors affected by a change are prepared to adopt and sustain it.
- **Fast Healthcare Interoperability Resources (FHIR)** – A common technical standard that lets different health IT systems exchange patient information in a consistent, computer-readable format.
- **Go/No-Go Decision** – A formal decision, made against pre-agreed criteria, on whether the organization is ready to launch a change.
- **Organizational Change Management (OCM)** – The structured process of helping staff and stakeholders adapt to new systems, policies, or workflows so a change sticks.
- **Prior Authorization (PA)** – A requirement that a provider get approval from a health plan before delivering certain services, to confirm they will be covered.
- **Qualified Health Plan (QHP)** – A health insurance plan certified to meet marketplace standards (like covering essential benefits) and sold through an exchange.
- **Sustainment** – The activities that keep a change in place after go-live so new behaviors do not fade over time.

REFERENCES

- Bridges, W. (2009). Managing Transitions: Making the Most of Change (3rd ed.). Da Capo Press.
- Centers for Medicare & Medicaid Services. (2024). CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F). https://www.cms.gov/newsroom/fact-sheets/cms-interoperability-and-prior-authorization-final-rule-cms-0057-f
- Centers for Medicare & Medicaid Services. (2024). CMS Interoperability and Prior Authorization Final Rule: Informational Session Slides, March 26, 2024. https://www.cms.gov/files/document/cms-interoperability-and-prior-authorization-final-rule-presentation-3-26-24.pdf
- Centers for Medicare & Medicaid Services. (2024). CMS-0057-F Final Rule Text. https://www.cms.gov/files/document/cms-0057-f.pdf
- Kotter, J. P. (2012). Leading Change. Harvard Business Review Press.
- Mendelow, A. L. (1981). Environmental Scanning: The Impact of the Stakeholder Concept. Proceedings of the International Conference on Information Systems (ICIS).
- Mitchell, R. K., Agle, B. R., & Wood, D. J. (1997). Toward a Theory of Stakeholder Identification and Salience. Academy of Management Review, 22(4), 853–886.
- Project Management Institute. A Guide to the Project Management Body of Knowledge (PMBOK Guide): Stakeholder Management knowledge area.
- Prosci. ADKAR Model for Individual Change. https://www.prosci.com/methodology/adkar
- Prosci. Change Readiness Assessment. https://www.prosci.com/resources/articles/change-readiness-assessment

Note: Regulatory references current as of August 2026. CMS-0057-F is a final rule; CMS-0062-P is a proposed rule and is subject to change.

ABOUT BRILJENT

Briljent is a **people-first** change management partner for public-sector transformation, helping agencies move through **people, process, and technology change** with clarity and lasting results.

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Make Your Next Change IDEAL

Briljent's IDEAL Change Approach is a five-stage framework for people-first transformation, scaled to fit each organization's complexity and pace. Certified Change Management Professionals guide every stage, from initial readiness through lasting, sustained change.