

# Unified Interoperability Gateway

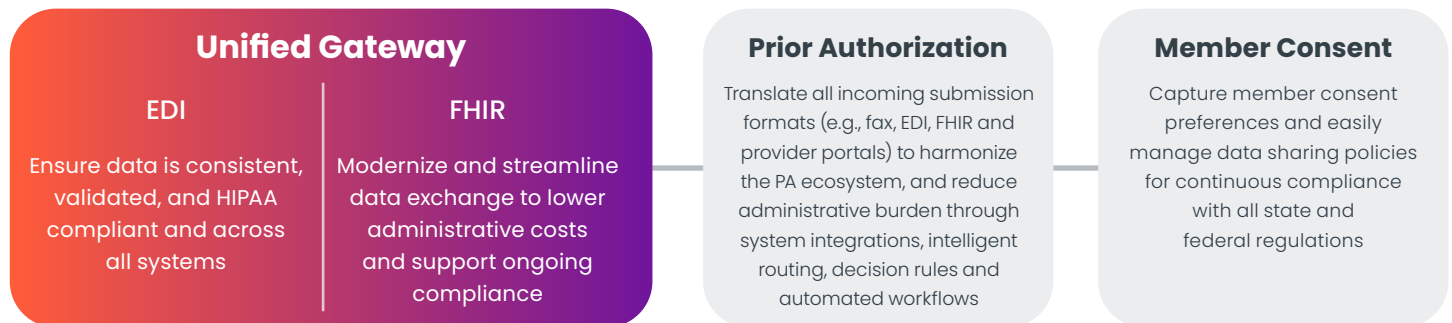
Harmonize data exchange, reduce administrative burden, and support evolving compliance obligations

Healthcare interoperability has become increasingly complex with evolving regulations, multiple standards, and disconnected workflows, all straining payer and provider ecosystems. Payers are navigating unprecedented interoperability and prior authorization requirements driven by CMS-0057-F and CMS-9115-F—often across fragmented systems and disconnected workflows.

**The Unified Interoperability Gateway simplifies it, delivering an efficient single, modular gateway to orchestrate FHIR, EDI, prior authorization, attribution, and consent management—without requiring replacement of existing core systems.**

Designed for government and commercial payers, the gateway supports a shift to real-time data exchange and helps organizations address applicable CMS mandates with configurable, standards-based workflows that support today’s requirements while remaining flexible for what’s next.

## Solution Overview



## Solution Benefits

- **Harmonize data exchange for end-to-end interoperability in a single ecosystem**
  - Support alignment of prior authorization logic (non-FHIR and FHIR) under one operational platform
  - Support integration of CMS-0057-F APIs (including CRD, DTR, PAS, Provider Access and Patient Access)
- **Streamline complex prior authorization workflows**
  - Support ingestion of multiple prior authorization channels (e.g., fax, PDF, and EDI 278/275) into a FHIR-based workflow
  - Help reduce audit burden, appeals, and follow-up processes by supporting utilization management (UM) decision workflows, as configured by the payer
- **Reduce operational costs**
  - Automate deployment and management of interoperability solutions
  - Minimize the need for system updates with FHIR-enabled legacy systems
- **Improve processes with legacy systems**
  - Support reliable third-party integration with existing policy and UM systems to improve efficiency while maintaining operational continuity
  - Ensure consistent data quality and accuracy across all systems with mapping for terminology-specific service codes
- **Support ongoing regulatory compliance**
  - Generate prior authorization metrics reports, e.g., monitoring of CMS SLA requirements
  - Support administration of payer-to-payer opt-in and provider opt-out consent requirements, subject to applicable law and customer configuration

## Key Capabilities

### What We Solve

### How We Do It

#### Prior Authorization

*Streamline prior authorization workflows*

- **Fax to FHIR conversion:** Supports consolidation of incoming, low-tech prior authorization submissions such as fax, PDFs and provider portals, into a single automated workflow without disrupting providers.
- **Endpoint library:** Verified connections to third-party systems, delegated vendors, and specialists used to effectively route prior authorization (PA) requests across the ecosystem.
- **Intelligent routing:** Routes requests to third-party medical policy and utilization management systems based on pre-built triggers such as procedures, diagnosis codes, lines of business, and more.
- **Customizable, automated decision rules:** A user-friendly interface enables the configuration of routine, plan-specific business rules to support coverage requirements discovery (CRD) workflows, subject to customer-defined criteria and clinical review policies.
- **Reporting and metrics dashboard:** Configurable analytics that incorporate CMS-0057-F requirements for denial reasons and decision timelines.

#### Member Consent Management

*Easily and effectively manage consent and policies*

- **Federal- and state-level compliance support:** Supports compliance efforts related to CMS-0057-F opt-in and opt-out data sharing requirements, 42 CFR Part 2 (substance abuse disorder confidentiality), as well as more complex state policies.
- **Consent preference management:** A web-based portal for members and authorized representatives to manage consent preferences easily and securely.
- **Built-in attribution and security:** Provider Access API endpoints include built-in attribution logic and consent enforcement to help ensure member data remains protected and accessible only by authorized providers.

#### Unified EDI and FHIR Gateway

*Modernize data exchange at scale for end-to-end interoperability*

- **Secure, standards-based data exchange:** Designed to support alignment with HIPAA, FHIR, HL7 and other industry standards to support secure, interoperable data exchange.
- **Reusable integrations:** Enable the creation of out-of-the-box integrations with third-party vendors such as InterQual, MCG, GuidingCare, and more.
- **Flexible deployments:** Supports continuous performance across SaaS, hosted, and on-premises deployment models.
- **Reliable, scalable infrastructure:** Provides a resilient foundation that supports long-term strategic interoperability.

## Edifecs Differentiators

- **Interoperability market leader:** Recognized as **2026 Best in KLAS® for CMS Payer Interoperability** solutions, earning the highest overall performance score (91.9). This recognition marks the third time in the past four years that Edifecs has been recognized by KLAS for CMS Payer Interoperability, with prior awards in 2023 and 2024.
- **Performance at scale:** The Edifecs EDI platform supports transactions representing approximately 88% of U.S. covered lives and handles millions of external API calls daily, demonstrating reliability and scalability across the healthcare ecosystem.
- **Extensive FHIR experience:** FHIR-based APIs deployed at 50+ organizations including national, Blue Plans, and state Medicaid agencies.
- **EDI excellence:** Consistently delivers high claims validation accuracy with minimal transaction errors.
- **Domain Expertise:** Decades of healthcare data experience and commitment to the creation and adoption of industry standards.

