

Interoperability and Prior Authorization

Frequently Asked Questions About Data Sharing for Providers

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In 2024, the Centers for Medicare & Medicaid Services released the [Interoperability and Prior Authorization Final Rule \(CMS-0057-F\)](#) to improve data exchange, simplify prior authorization processes and expand access to care information for patients, health care providers and health plans.

To align with this new rule, we developed **application programming interfaces** – secure digital interfaces that allow us to share data more easily. The APIs include electronic prior authorization, which will give providers a single entry point for prior authorization requests on items and services, including those we delegate to third parties such as EviCore healthcare and Carelon. Following are FAQs for providers:

How does the Interoperability and Prior Authorization Final Rule benefit providers?

The final rule:

- Seeks to reduce administrative burden
- Improves transparency into payer requirements
- Accelerates prior authorization decisions
- Supports standardized electronic workflows

What are the different types of APIs?

There are five different types of APIs:

- Patient Access
- Provider Access
- Prior Authorization
- Payer-to-Payer
- Provider Directory

What APIs will I have access to?

As of Jan. 1, 2027, you'll be able to access the Prior Authorization API and Provider Access API through your electronic health records systems. Your group's application developers will need to connect your group EHR to the APIs to allow the electronic exchange of data. In order for you to access the Provider Access API, we'll also apply a process to determine which of our members have a treatment relationship with you and also have not opted out of this data exchange with you.

What is the Patient Access API?

The Patient Access API allows members to access their claims and encounter information, including cost, as well as a defined subset of their clinical information through third-party applications of their choice. Claims data, used in

conjunction with clinical data, can offer a broader view of members' interactions with the health care system, leading to better decision-making and better health outcomes.

What is the Provider Access API?

This API shares specific member information with in-network providers with whom the member has a treatment relationship. It provides a complete picture of the member's history by consolidating information so providers can better coordinate quality of care, including:

- Clinical information such as diagnoses, lab results and procedures
- Claims and encounter data, minus provider remittances and enrollee cost-sharing information
- Notes and other documentation to support care management, follow-up and gap closure efforts

What is the Prior Authorization API?

This API allows you to access a payer's system through your EHR to determine whether prior authorization is required for certain services and allow you to submit a prior authorization and exchange prior authorization decisions – such as approved, pending or denied.

What is the Payer-to-Payer API?

This API allows health plans to securely share a member's health information when the member switches to a new payer or is covered by more than one health plan.

What is the Provider Directory API?

This API shares data regarding the health plan's network of contracted providers and pharmacy directory information.

Where does the member information within the APIs come from?

Member information may come from various sources, including payers and providers. Depending on the API, members must provide consent for their health information to be shared. For the Provider Access API, we only share a member's data with contracted providers who have a current treatment relationship with the member and the member has not opted out of this data sharing. For the Payer-to-Payer API, members must opt into data sharing before their data is shared with the other health plan.

Do members have the right to opt in or opt out of sharing their health data?

Yes. Members have the right to opt in or out of sharing their health data.

Questions? Please contact your HealthSpring representative.