InterSync Health

CMS-0057-F FOR SMALL AND REGIONAL HEALTH PLANS

Compliant in weeks, not quarters.

Every API the CMS Interoperability and Prior Authorization Final Rule requires, hosted and run for you, at a flat monthly price built for plans without a large interoperability team.

JANUARY 1, 2027

API deadline

Provider Access, Payer-to-Payer, Prior Authorization and the expanded Patient Access API.

NO EXTENSION

MA and Medicaid managed care

CMS declined extensions, including for very small organizations and SNPs.

PROPOSED: OCT 1, 2027

The next round

Drug prior authorization and newer guides (proposed rule, not final). Updates included.

One hosted suite covers the rule

Patient Access API

CARIN Blue Button · PDex · US Core · SMART

Members' apps get claims, clinical data and prior authorization decisions.

Provider Access API

Bulk FHIR · PDex · attribution

In-network providers pull data for attributed patients; opt-out handled.

Payer-to-Payer API

PDex · $member-match · consent

Five years of data when members switch plans, with consent built in.

Prior Authorization API

Da Vinci CRD · DTR · PAS

Requirements, documentation and requests straight from provider systems.

Provider Directory API

Da Vinci Plan-Net

Your public network directory, required since 2021, included.

Audit trail and BAA

HIPAA · minimum necessary

Every disclosure logged; Business Associate Agreement signed online.

How going live works

1. **Sandbox the same day.** Your team and app developers test against our sandbox plan with fictional data.
2. **Your private plan.** Your own copy of only the APIs you buy, in sandbox mode, with the BAA signed.
3. **Load and test your data.** Claims, clinical, provider and prior authorization data, in standard formats or files you already produce.
4. **Switch to production.** When testing passes. The APIs are already built, so there is no software project.

Security

- ✓ Hosted on Microsoft Azure in the United States, in a private network
- ✓ Encryption in transit and at rest; tamper-evident audit trail
- ✓ OAuth 2.0, SMART on FHIR, multi-factor sign-in for staff
- ✓ Each plan isolated: one plan's tokens are refused by every other plan

Simple pricing

$3,500 / month per plan + usage

All four CMS-0057-F APIs plus the directory, Member Match and Consent. No setup fee, no percentage of claims, one monthly invoice.

Prior authorization requests	2,000 free, then $0.40 → $0.22
Members using apps	1,000 free, then $0.08
Provider Access requests	2,000 free, then $0.04
Payer-to-Payer exchanges	$0.25 ($250 minimum)

Built for plans like yours

- ✓ A few thousand to a few hundred thousand members
- ✓ Medicare Advantage, special needs and provider-sponsored plans
- ✓ Medicaid managed care and Marketplace issuers
- ✓ Already have a Patient Access API? We add the rest alongside it

Free CMS-0057-F readiness check

We test your public Patient Access API against the 2027 requirements and send a one-page gap report. No access to your systems, no obligation.

hello@intersynchealth.com
(513) 286-7314
intersynchealth.com/payers

InterSync Health · 250 East 5th Street, 15th Floor #7020, Cincinnati, OH 45202

Dates from 89 FR 8758 (CMS-0057-F) and proposed rule CMS-0062-P. Prices as of November 2026.