Smile's Premium Applications are designed to enhance the payer-provider ecosystem, ensuring smooth prior authorization processes, and regulatory compliance. These solutions offer seamless data sharing, secure system integrations, and automated workflows for improved healthcare delivery and operational efficiency.

CMS Suite
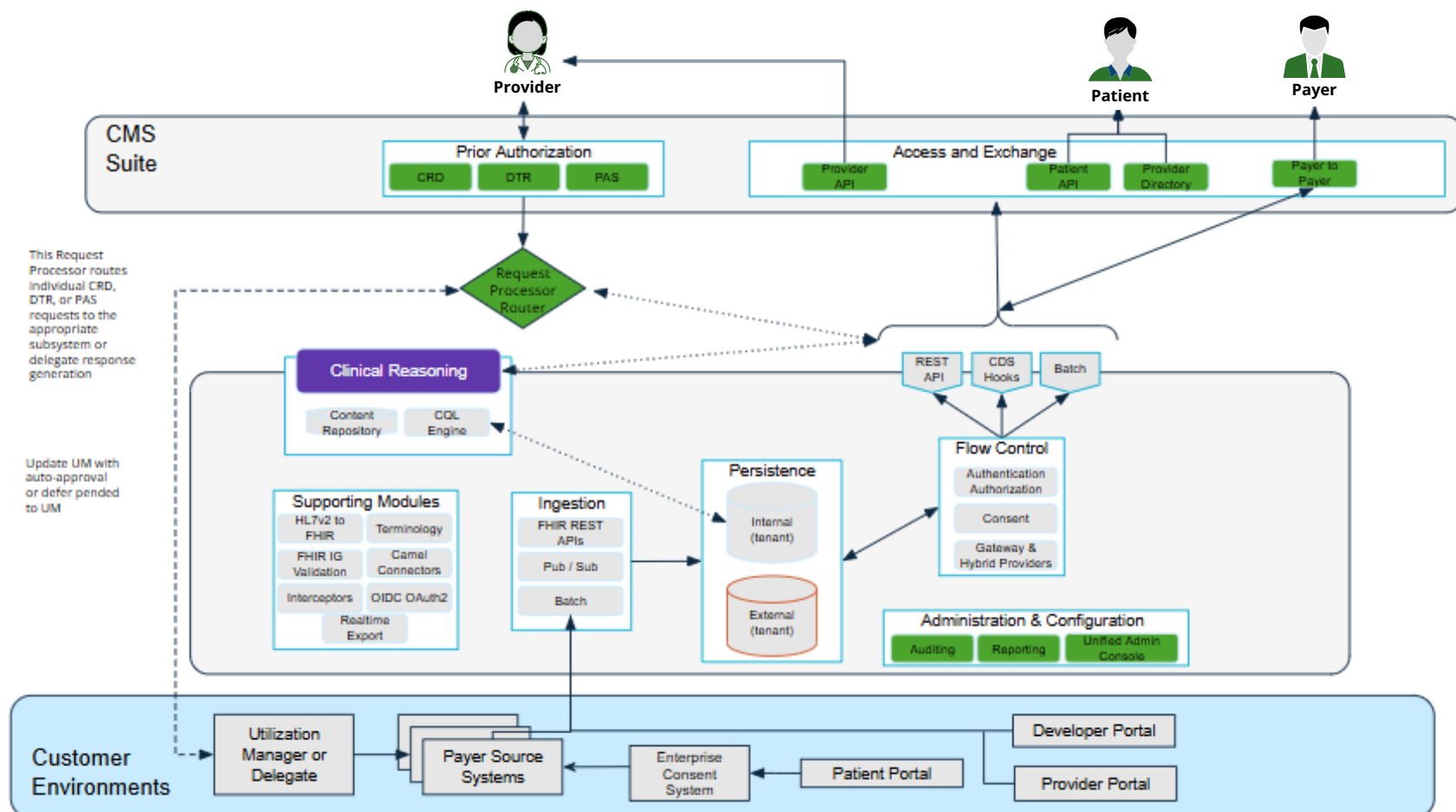
CMS Suite* - Achieving Compliance and Automation

Smile offers a comprehensive solution for the technical requirements of CMS-0057-F Interoperability and Prior Authorization Rule as well the capability to move beyond the mandate and deliver automation of the entire prior authorization workflow.

Access and Exchange:

Patient Access API, Provider Directory API, Provider Access API, Payer to Payer API and Prior Authorization APIs (consisting of the CRD, DTR, and PAS modules) all adhering to the CMS required standards and HL7 Implementation Guides.

Prior Authorization Automation through Clinical Reasoning:

For real-time coverage discovery, document requirements and adjudication, Smile's Clinical Reasoning component leverages a content repository which has the medical policies and clinical practice guidelines codified in FHIR and CQL. For Coverage Discovery, if a prior authorization is required, the response will be automatic and presented in the form of a CDS card (Clinical Decision Support) which contains a link to the required documentation. The documentation will then be pre-populated with relevant information from the EHR via the FHIR specification. For Prior Authorization submissions, the FHIR data will be presented to the Clinical Reasoning engine to run against the FHIR content (payer policies in a FHIR decision tree) in real-time for approval or denial.

Smile's Prior Auth solution can also integrate with existing downstream Utilization Management and Medical Necessity tools for review and approval.

Relevant System Components:

Request Processor Router - allows granular configuration to route requests to the Clinical Reasoning Engine for real-time adjudication or rerouted downstream Utilization Management or Delegate tools.

Consent Module - FHIR resource for tracking and implementing consent enforcement. Consent is an important aspect for the Payer to Payer and Provider Access APIs.

Unified Admin Portal - enables query, auditing, and reporting on all CMS related transactions for day-to-day needs for office administrators.

Transform Your Payer-Provider Workflows Today!

Schedule a consultation or request a demo to explore how the CMS Suite can drive better outcomes and operational excellence for your organization.

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