TOP HEALTHCARE INTEROPERABILITY SOFTWARE & SERVICES VENDORS

FHIR-Based Payer Interoperability & ePA Solutions

Comparative Performance Results

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Survey Participation and Data Capture

Table 1: Survey participation and data capture plan	
Data capture item	**Survey question or evidence request**
Vendor identity	Which vendor/platform is live in production for payer interoperability or PA/UM workflows?
Current user validation	Confirm respondent role, line of business, implementation status, go-live date, and production scope.
API proof	Which APIs are live, how many apps/providers use them, and what are monthly transaction volumes/error rates?
Prior authorization proof	Measure PA request volume, decision timing, denial reason capture, documentation completeness, resubmission handling, and provider adoption.
Business impact	Estimate administrative savings, reduced manual touches, provider satisfaction, speed to decision, fewer escalations, and audit readiness.
Satisfaction	Score each of the 18 KPIs and capture narrative justification for scores below 7.33 or above 8.70.
Reference validation	Ask for permissioned follow-up reference checks and artifact review: dashboards, reports, logs, or implementation scorecards.

- Specialized categories use at least 10 unique client responses for top-tier ranking eligibility; broad categories use at least 20 unique client responses.

2026 Black Book Methodology

Black Book collects client experience ballot results on 18 performance areas of operational excellence. For this report, the KPI set has been specialized for payer FHIR interoperability and electronic prior authorization while preserving the familiar comparative report sequence.

Methodology controls	
Audit control	**Methodological requirement**
Current-user validation	Confirm respondent role, organization type, line of business, implementation status, and production scope.
Score comparability	Use the same 18 KPI scale across vendors and normalize by eligible buyer/user subsets.
Evidence capture	Attach open-text justification and source artifacts for scores below 7.33 or above 8.70.
Data confidence	Apply unique-client thresholds and exclude below-threshold vendor samples from ranked tables.

Survey Participation, Transparency, Coverage, and Confidence

Black Book Market Research evaluates vendors using validated customer and end-user experience rather than vendor submissions, sponsorships, paid participation, analyst opinion, or product demonstrations. Vendors cannot purchase placement, influence rankings, review findings before publication, or suppress unfavorable results. Published scores reflect qualified respondents with direct involvement in live payer interoperability, FHIR API, electronic prior authorization, utilization management, compliance, implementation, or operational oversight.

The 2026 FHIR-Based Payer Interoperability and Electronic Prior Authorization survey included 764 qualified respondents across commercial health plans, Medicare Advantage plans, Medicaid managed care organizations, state Medicaid agencies, government payer programs, health systems, hospitals, physician organizations, and payer-adjacent technology operations. Participants represented executive, technical, clinical, compliance, utilization management, developer, provider-network, procurement, and vendor-management functions.

The evaluated market includes platforms supporting CMS-0057-F readiness, Patient Access, Provider Access, Payer-to-Payer exchange, Prior Authorization APIs, Da Vinci workflows, FHIR infrastructure, clinical data normalization, API operations, developer onboarding, provider activation, consent and identity controls, analytics, and audit-ready reporting.

Respondents were required to verify their organization, role, implementation status, production scope, line of business, and direct familiarity with the evaluated platform. Black Book reviewed submissions for completeness, duplicate participation, organizational overrepresentation, inconsistent scoring, current-user status, and relevance to the solution category. Responses that did not meet qualification or validation requirements were excluded.

Additional evidence may be requested for unusually high or low scores, including dashboards, API logs, implementation reports, decision-time metrics, audit records, and operational scorecards. Vendor claims, public-source information, and marketing materials are not treated as customer satisfaction evidence unless supported by verified user ballots. At the total survey level, the 764 respondents support aggregate category findings at a 95% confidence level, with an estimated maximum sampling error of approximately ±3.5 percentage points under a conservative maximum-variance assumption. Subgroup and vendor-level findings may carry wider variation depending on respondent volume and unique-client representation. For ranking eligibility, Black Book requires sufficient participation from distinct client organizations. Broad comparative categories generally require at least 20 unique client organizations, while specialized or emerging categories may qualify with at least 10. Vendors falling below the applicable threshold are excluded from ranked tables and award designations.

Black Book applies the same survey instrument, scoring scale, qualification requirements, and audit controls across all evaluated vendors. Final rankings therefore represent independently validated current-user experience intended to support procurement, implementation, governance, and strategic planning decisions.

Who Participates and Statistical Confidence

SURVEY PARTICIPATION:

FHIR-BASED PAYER INTEROPERABILITY & ELECTRONIC PRIOR AUTHORIZATION SOLUTIONS

This segment of the Black Book™ payer interoperability and electronic prior authorization survey included insights from 764 qualified respondents across health plans, Medicaid agencies, government payer programs, provider organizations, and payer-adjacent technology users. Respondents were selected for their direct involvement in CMS interoperability readiness, FHIR API implementation, electronic prior authorization workflows, utilization management operations, compliance oversight, provider-network activation, developer/API operations, and payer-provider data exchange.

Respondent Title Category

Respondent Title / Role Category	Respondents	% of Total
Payer Interoperability, FHIR, API, and Platform Leaders	118	15.4%
Health Plan CIO, CTO, IT, and Enterprise Platform Executives	96	12.6%
Utilization Management and Prior Authorization Executives	112	14.7%
Compliance, Regulatory, Privacy, and Security Officers	74	9.7%
Data Operations, Quality, Risk Adjustment, and Care Management Leaders	82	10.7%
Developer Experience, API Product, and App Onboarding Managers	58	7.6%
Provider Revenue Cycle and Prior Authorization Operations Leaders	92	12.0%
Provider Clinical, Utilization Review, and Care Management Users	56	7.3%
Medicaid Agency and Managed Care Program Directors	42	5.5%
Executive Sponsors, Strategy, Procurement, and Vendor Management Leaders	34	4.5%
TOTAL	**764**	**100.0%**

Respondent Organization Type

Organization Type	Respondents	% of Total
Commercial Health Plans	198	25.9%
Medicare Advantage Plans	92	12.0%
Medicaid Managed Care Organizations	110	14.4%
State Medicaid Agencies and Government Payer Programs	62	8.1%
Blues Plans, Regional Integrated Payers, and Payviders	72	9.4%
Health Systems and IDNs Using Payer APIs	104	13.6%
Community and Academic Hospitals	54	7.1%
Physician Groups, MSOs, and Ambulatory Provider Organizations	44	5.8%
PBM, Pharmacy Benefit, and Medication Prior Authorization Stakeholders	28	3.7%
TOTAL	**764**	**100.0%**

The respondent pool was structured to reflect the operational buying committee for payer interoperability and electronic prior authorization platforms. Participation was weighted toward current users and implementation evaluators responsible for CMS-0057 readiness, Patient Access APIs, Provider Access APIs, Payer-to-Payer data exchange, Prior Authorization API workflows, FHIR data normalization, API governance, provider adoption, audit-ready reporting, and measurable administrative-burden reduction.

UNDERSTANDING THE STATISTICAL CONFIDENCE OF BLACK BOOK DATA

Statistical confidence for each Black Book™ performance rating is based on verified respondent qualification, current-user validation, unique client organization representation, and vendor-specific ballot volume. This 2026 Black Book™ survey of FHIR-based payer interoperability and electronic prior authorization solutions includes 764 qualified respondents, representing the final respondent count for this survey segment. At the total survey level, the respondent base supports category-level findings at a 95% confidence level. Using a conservative maximum-variance assumption for survey proportions, the full respondent base of n = 764 produces an approximate maximum sampling error of ±3.5 percentage points for aggregate category-level findings. Subgroup findings by title category, organization type, vendor, line of business, or implementation status may carry wider variation depending on the number of qualified respondents and unique client organizations represented in each segment.

Black Book applies audit and confidence controls to ensure that reported results reflect validated user experience rather than vendor claims, public-source research, analyst opinion, or unverified market perception. Survey responses are reviewed for respondent eligibility, completeness, duplicate participation, organizational representation, current vendor use, and direct relevance to the evaluated solution category.

Qualified respondents for this survey include individuals with direct involvement in CMS interoperability readiness, FHIR API implementation, Patient Access APIs, Provider Access APIs, Payer-to-Payer exchange, Prior Authorization API workflows, utilization management operations, payer-provider data exchange, API governance, compliance reporting, provider activation, and administrative-burden reduction.

Confidence Level and Publication Treatment

Result Type	Confidence Level / Treatment
Total survey findings: n = 764	Reportable at a 95% confidence level for aggregate category-level findings
Maximum aggregate sampling error	Approximately ±3.5 percentage points at the total respondent level
Title-category and organization-type breakouts	Reportable as validated descriptive segments; subgroup variation depends on segment size
Vendor-level rankings with 20+ unique client organizations represented	Eligible for full ranking consideration in broad comparative categories
Vendor-level rankings with 10+ unique client organizations represented	Eligible for ranking consideration in specialized or emerging solution categories
Vendor results below minimum unique-client thresholds	Excluded from ranked tables and award designations
Vendor claims, marketing materials, or public-source findings	Not accepted as Black Book satisfaction scores without verified user ballots

The 764 qualified respondents provide a stable and statistically supportable basis for evaluating market direction, buyer priorities, implementation readiness, vendor-selection criteria, and user experience patterns across FHIR payer interoperability and electronic prior authorization solutions. Final vendor rankings, however, require sufficient vendor-specific response volume, adequate unique-client representation, and successful Black Book audit validation. Black Book results distinguish between category-level findings, which are supported by the full respondent base at the 95% confidence level, and vendor-level rankings, which require each vendor to meet minimum client-response and audit standards. Raw satisfaction scores, stoplight designations, ordinal ranks, and “top vendor” claims are based on vendor-specific results that satisfy Black Book’s validation requirements.

Market Scope and Category Definition

The relevant market is payer-facing FHIR interoperability and electronic prior authorization infrastructure. The category includes platforms that help health plans, Medicaid agencies, and payer-adjacent organizations implement CMS-aligned APIs, transform payer data into FHIR, manage patient/provider/payer access, and embed clinical data exchange into PA, UM, risk adjustment, quality, and care coordination workflows.

Market scope and inclusion criteria		
Included capabilities	**Examples in scope**	**Excluded or secondary**
Regulatory APIs	Patient Access, Provider Access, Payer-to-Payer, Prior Authorization, Provider Directory, FHIR capability statements.	Generic data warehousing without regulated API exposure.
Prior authorization exchange	Coverage requirements discovery, documentation templates, PA request/response, status, denial reason, resubmission support.	Manual UM portals without standards-based integration.
Payer data operations	Claims, encounter, pharmacy/formulary, provider directory, clinical records, C-CDA, CDEX and FHIR normalization.	Standalone analytics that do not activate data exchange.
Adoption enablement	Developer portals, consent/authorization, app onboarding, API monitoring, provider activation, audit reporting.	Point solutions without payer-scale governance.

2026–2027 Trends: FHIR-Based Payer Interoperability and ePA

2026–2027 sector trends	
Trend	**Implication for vendor evaluation**
1. Compliance becomes production operations, not a project plan	CMS-0057-F moved operational and reporting provisions into effect in 2026; most new API implementation requirements are due primarily in 2027.
2. Prior Authorization API readiness becomes the forcing function	ePA connects benefit logic, documentation rules, provider workflows, denial reason transparency, and response timeframes.
3. Drug prior authorization and pharmacy-benefit interoperability move into active rulemaking	CMS-0062-P proposes drug ePA, updated NCPDP/FHIR standards, shorter decision timeframes, and additional API endpoint and usage reporting, with proposed dates generally beginning in 2027.
4. Payer interoperability data becomes a business asset	Plans are shifting from compliance-only API deployments toward data reuse in risk adjustment, HEDIS/digital quality, care management, network performance, and UM.
5. Provider activation becomes a competitive differentiator	Compliant APIs do not create value unless providers, apps, and developer ecosystems transact through them.
6. AI shifts from marketing language to governed clinical-document operations	Buyers will demand human-in-the-loop controls, traceability, bias/error monitoring, and defensible audit logs.
7. Cloud-native FHIR services become table stakes but not sufficient	Managed FHIR infrastructure must be paired with packaged compliance logic, data mapping accelerators, and domain implementation governance.
8. Consolidation and partnership models accelerate	The market is forming alliances across FHIR platforms, payer networks, UM automation, cloud providers, EHR vendors, clearinghouses, and exchange networks.

The U.S. payer interoperability market has entered a new phase of maturity. Throughout the initial implementation period, health plans focused primarily on achieving regulatory compliance by deploying Patient Access, Provider Access, and Payer-to-Payer APIs that satisfied minimum CMS requirements. As organizations move through 2026 and prepare for the next wave of interoperability mandates, market priorities are shifting from implementation to sustained operational performance. Technology buyers are increasingly evaluating vendors on their ability to deliver measurable improvements in prior authorization efficiency, provider adoption, data quality, compliance reporting, and operational scalability rather than simply demonstrating standards conformance.

Compliance transitions from implementation projects to operational excellence. With the operational provisions of CMS-0057-F now taking effect, payer organizations are moving beyond project-based deployments into enterprise governance, monitoring, reporting, and continuous improvement. Vendors are expected to support ongoing API performance management, audit readiness, version control, security, and regulatory reporting. Future purchasing decisions will increasingly favor platforms that reduce long-term operational burden rather than merely accelerate initial implementation.

Electronic Prior Authorization becomes the center of interoperability strategy. While Patient Access and Provider Access APIs established foundational interoperability capabilities, electronic prior authorization has emerged as the most operationally complex and strategically important component of CMS interoperability requirements. Effective ePA requires integration across utilization management systems, benefit configuration, clinical documentation, workflow automation, provider communication, decision support, and regulatory reporting. Buyers increasingly view ePA performance—including turnaround times, transparency, automation rates, and provider experience—as a primary differentiator among interoperability vendors.

Pharmacy interoperability expands the scope of compliance. Proposed CMS-0062-P requirements signal the next stage of interoperability by extending electronic prior authorization requirements into pharmacy benefit workflows. Organizations are preparing for expanded adoption of updated NCPDP and FHIR standards, additional API reporting obligations, shorter response timeframes, and greater integration between medical and pharmacy authorization processes. Vendors capable of supporting both medical and pharmacy interoperability within a unified architecture will likely gain competitive advantage as these requirements move toward implementation.

Interoperability data becomes an enterprise strategic asset. Early interoperability initiatives frequently focused on regulatory compliance alone. Increasingly, payer organizations are leveraging FHIR-enabled data across broader business functions including risk adjustment, digital quality measurement, HEDIS reporting, care management, provider performance analytics, population health initiatives, and utilization management optimization. As executive leadership seeks greater return on interoperability investments, buyers increasingly favor vendors that provide reusable data architectures, advanced analytics, and governance capabilities rather than isolated compliance solutions.

Provider engagement becomes a competitive differentiator. Regulatory compliance alone does not ensure successful interoperability adoption. APIs generate value only when providers, health systems, third-party applications, and developer communities actively integrate them into routine clinical workflows. Vendors that simplify provider onboarding, offer mature developer resources, reduce implementation complexity, and demonstrate sustained provider utilization are increasingly distinguished from competitors whose implementations remain technically compliant but operationally underutilized.

Artificial intelligence shifts from innovation messaging to governed operational support. AI capabilities are becoming increasingly integrated into documentation review, clinical summarization, workflow orchestration, authorization preparation, and exception management. However, payer organizations now expect these capabilities to operate within established governance frameworks emphasizing human oversight, explainability, traceability, bias monitoring, and comprehensive audit documentation. Rather than evaluating AI as a standalone feature, buyers increasingly assess how effectively it supports compliant, transparent, and defensible operational workflows.

Cloud-native FHIR infrastructure becomes an expected baseline capability. Modern cloud-native FHIR platforms have become widely available across the market, reducing infrastructure as a primary source of competitive differentiation. Evaluation emphasis is therefore shifting toward implementation accelerators, packaged regulatory content, terminology management, workflow orchestration, security controls, governance frameworks, operational analytics, and ongoing compliance support. Organizations increasingly seek partners capable of delivering complete interoperability operating environments rather than infrastructure alone.

Strategic partnerships reshape the competitive landscape. The market continues to consolidate around integrated ecosystems linking interoperability platforms with utilization management vendors,

cloud providers, electronic health record developers, clearinghouses, provider networks, and health information exchanges. Successful interoperability programs increasingly depend upon coordinated partnerships that simplify implementation, reduce integration complexity, and accelerate provider connectivity. Buyers therefore place growing importance on vendors' ecosystem maturity, interoperability partnerships, and demonstrated ability to operate across diverse healthcare technology environments.

Collectively, these trends indicate that the next phase of payer interoperability will be defined less by regulatory compliance and more by measurable operational performance. Vendors that combine mature FHIR infrastructure with strong governance, provider engagement, workflow automation, analytics, and scalable implementation services are positioned to deliver greater long-term value as interoperability becomes embedded within routine payer operations rather than treated as a discrete compliance initiative.

Regulatory Timing and Sector Readiness Checklist

As of July, 2026, CMS-0057-F operational and reporting provisions are in effect, including 2026 reporting of 2025 Patient Access API use and prior authorization metrics; most new API requirements are due primarily January 1, 2027. CMS-0062-P proposes extending prior authorization interoperability to drugs, updating required standards, shortening decision timeframes, and expanding endpoint and API-use reporting. Its comment period closed June 15, 2026; proposed compliance dates generally begin in 2027 and remain subject to final rulemaking.

Table 2: Regulatory timing and readiness checklist

Readiness area	2026–2027 buyer test	Evidence collected by Black Book
API inventory	Can the payer expose and monitor each required interoperability API with up-to-date capability statements?	API endpoint list, uptime, usage metrics, error logs, registration process.
Prior authorization workflow	Can the platform support covered-items lookup, documentation requirements, request/response, denial reason, and status?	Demo scripts, sample FHIR bundles, denial reason audit logs, SLA dashboards.
Decision-timeframe accountability	Can operational teams measure expedited and standard decision timing by line of business and request type?	Public metrics reports, operational dashboards, exception reports.
Data quality	Can claims, encounter, clinical, formulary, and provider data be mapped to FHIR consistently?	Mapping guides, validation reports, conformance tests, reconciliation logs.
Adoption	Are providers, developers, and apps successfully transacting through production APIs?	App registrations, transaction volume, provider support records, adoption analytics.
Governance	Can the payer prove privacy, consent, authorization, and AI-assisted workflow controls?	RBAC matrix, consent policy, audit trail, model governance documents.

Functional Scope Model for Evaluated Platforms

Figure 1: Evaluated payer interoperability operating model			
Input data layer	**FHIR/data platform layer**	**Regulated API layer**	**Workflow activation layer**
Claims, encounter, clinical, pharmacy/formulary, provider directory, C-CDA, prior auth history, benefit rules.	Mapping, validation, terminology, consent, authorization, developer management, audit logs, app registration.	Patient Access, Provider Access, Payer-to-Payer, Prior Authorization, Provider Directory, capability statements, usage metrics.	PA/UM, risk adjustment, quality/HEDIS, care management, provider communication, public metrics, operational dashboards.

Black Book survey segmentation captures buyer operating model: health plan vs Medicaid agency, commercial vs MA/Medicaid/QHP, internal vs outsourced implementation, existing cloud/FHIR stack, PA/UM maturity, and provider-network integration model.

Four Functional Client-Type Groups

Functional client-type group	Table label	Evaluation relevance
Commercial, Medicare Advantage, and regional health plans	Health Plans	Core payer buyers of CMS API compliance, payer FHIR platforms, Provider Access, Patient Access, Payer-to-Payer exchange, and PA API operations
Medicaid managed care, state Medicaid agencies, and government payer programs	Medicaid / Government Payers	Critical for CMS-0057 compliance, Medicaid interoperability, implementation governance, and public-program reporting
Payer IT, interoperability, API, data, compliance, and platform operations users	Payer Technology & Compliance Operations	Best positioned to evaluate FHIR conformance, security, API reliability, data quality, audit readiness, developer operations, and implementation performance
Provider-side users, health systems, IDNs, UM/PA teams, and payer-provider workflow users	Provider / PA Workflow Users	Needed to validate provider adoption, prior authorization usability, documentation workflows, denial/status transparency, and administrative burden reduction

STOPLIGHT SCORING KEY

Figure 2: Key to raw scores			
0.00 - 5.79	5.80 - 7.32	7.33 - 8.70	8.71 - 10.00
Deal-breaking dissatisfaction Does not meet expectations Cannot recommend vendor	Neutral Meets expectations inconsistently Would not likely recommend vendor	Satisfactory performance Meets expectations Recommends vendor	Overwhelming satisfaction Exceeds expectations Highly recommended vendor

Source: Black Book Market Research.

STOPLIGHT SCORING KEY

Figure 3: Color-coded stoplight dashboard scoring key		
Band	Interpretation	Raw score
Green	Top-tier satisfaction; score better than most evaluated vendors; strong current-user recommendation evidence.	8.71+
Clear	Well-scored vendor; generally satisfactory but not consistently top-tier across all criteria.	7.33 to 8.70
Yellow	Cautionary performance; material improvement opportunities or uneven execution.	5.80 to 7.32
Red	Lowest satisfaction band; potential risk of churn, service escalation, or contract review.	0.00 to 5.79

STOPLIGHT SCORING KEY

Figure 4: Raw score compilation and scale of reference

Black Book raw score scales

0 = Deal-breaking dissatisfaction | 10 = Exceeds all expectations

Individual vendors are examined by the 18 qualitative indicators. Each score is a client-validated satisfaction and performance score on a 0.00 to 10.00 scale.

OVERALL KPI LEADERS

Figure 5: Scoring key

OVERALL RANK	Q6 CRITERIA RANK	VENDOR	HEALTH PLANS	MEDICAID AGENCIES	PAYER IT / COMPLIANCE	UM / PA OPERATIONS	MEAN
1	1	PAYER FHIR FIRM Z	9.60	9.74	9.46	9.94	9.69

- Overall rank references the final position of all 18 criteria averaged by mean score collectively.
- Criteria rank refers to the surveyed question or KPI for which the vendor ranked first.
- Subsections reflect buyer and user groups relevant to payer interoperability and ePA operations.
- Mean is the calculation across eligible subsections and is populated from audited current-user scores.

TOP SCORE PER INDIVIDUAL CRITERION

FHIR-BASED PAYER INTEROPERABILITY & ELECTRONIC PRIOR AUTHORIZATION SOLUTIONS

Table 3: Top score per individual criterion

KPI	Criteria	Vendor	Overall Rank
1	Regulatory Alignment and CMS-0057 Execution Readiness	ONYX	1
2	Prior Authorization API Orchestration and Da Vinci Workflow Readiness	AVAILITY	3
3	Patient, Provider, and Payer-to-Payer API Coverage	ONYX	1
4	FHIR, USCDI, and Implementation Guide Conformance Discipline	SMILE DIGITAL	2
5	Clinical Data Acquisition, Normalization, and Quality	ONYX	1
6	Workflow Integration Across UM, Risk, Quality, and Care Management	ONYX	1
7	Provider Network Activation and Adoption	ONYX	1
8	Security, Privacy, Consent, and App Governance	ONYX	1
9	Scalability, Uptime, and Operational Resilience	AVAILITY	3
10	Implementation Quality and Time-to-Compliance	SMILE DIGITAL	2
11	Support, Customer Success, and Proactive Guidance	SMILE DIGITAL	2
12	Analytics, Operational Metrics, and Audit-Ready Reporting	ONYX	1
13	AI-Enabled Clinical Document Intelligence and Automation Governance	ONYX	1
14	Partner Ecosystem and Deployment Flexibility	ONYX	1
15	Developer Experience, App Onboarding, and API Operations	ONYX	1
16	Value Realization and Administrative-Burden Reduction	AVAILITY	3
17	Roadmap Credibility and Standards Upgrade Discipline	ONYX	1
18	Strategic Partnership Quality and Long-Term Alignment	EDIFECS	5

2026 INDIVIDUAL KEY PERFORMANCE: FHIR-BASED PAYER INTEROPERABILITY & ELECTRONIC PRIOR AUTHORIZATION SOLUTIONS

VENDOR PERFORMANCE RESULTS

Individual Key Performance: Payer Interoperability & ePA Solutions

OVERALL KEY PERFORMANCE INDICATOR LEADERS

SUMMARY OF CRITERIA OUTCOMES

Table 4: Summary of criteria outcomes

FHIR-BASED PAYER INTEROPERABILITY & ELECTRONIC PRIOR AUTHORIZATION SOLUTIONS VENDORS

Total number one criteria ratings	Vendor	Overall rank
11	ONYX	1
3	SMILE DIGITAL	2
3	AVAILITY	3
1	EDIFECS	5

2026 Black Book Qualitative KPI Framework

The 18 KPIs below are tailored to FHIR payer interoperability and ePA vendors while preserving score comparability across Black Book reports.

Table 5: Qualitative KPI framework

KPI	Qualitative performance indicator	Evaluation focus
1	**Regulatory Alignment and CMS-0057 Execution Readiness**	Assesses whether the vendor operationalizes CMS interoperability requirements into production workflows, governance routines, and compliance evidence.
2	**Prior Authorization API Orchestration and Da Vinci Workflow Readiness**	Evaluates ability to support coverage requirements discovery, documentation templates, PA request/response, status, denial reason, and resubmission workflows.
3	**Patient, Provider, and Payer-to-Payer API Coverage**	Measures breadth and maturity across required payer APIs, attribution/consent logic, opt-in/opt-out processes, and data availability.
4	**FHIR, USCDI, and Implementation Guide Conformance Discipline**	Assesses conformance testing, IG version management, capability statements, data element completeness, validation tooling, and standards upgrade discipline.
5	**Clinical Data Acquisition, Normalization, and Quality**	Evaluates how well claims, encounter, clinical, pharmacy/formulary, provider directory, C-CDA, and FHIR resources are ingested, mapped, validated, and reconciled.
6	**Workflow Integration Across UM, Risk, Quality, and Care Management**	Measures whether interoperability data is usable in payer operations rather than isolated in an API layer.
7	**Provider Network Activation and Adoption**	Assesses provider onboarding, EHR/app integration, developer enablement, training, support, transaction volume, and provider satisfaction.
8	**Security, Privacy, Consent, and App Governance**	Measures RBAC, consent/authorization, monitoring, incident readiness, API app review, data minimization, and revocation controls.
9	**Scalability, Uptime, and Operational Resilience**	Evaluates performance, uptime, queue resilience, burst handling, disaster recovery, observability, and incident communications.
10	**Implementation Quality and Time-to-Compliance**	Assesses implementation governance, data mapping, conversion quality, training, go-live support, stabilization, and schedule predictability.
11	**Support, Customer Success, and Proactive Guidance**	Measures responsiveness, escalation, root-cause resolution, regulatory advisories, adoption coaching, and executive governance cadence.

12	**Analytics, Operational Metrics, and Audit-Ready Reporting**	Evaluates dashboards for API usage, PA decision timing, denial reasons, data errors, adoption metrics, public reporting, and audit evidence.
13	**AI-Enabled Clinical Document Intelligence and Automation Governance**	Assesses safe AI use for document classification, extraction, summarization, routing, and PA support with traceability and human review.
14	**Partner Ecosystem and Deployment Flexibility**	Measures EHR, clearinghouse, cloud, UM, criteria, data-exchange, and implementation partner breadth without brittle customization.
15	**Developer Experience, App Onboarding, and API Operations**	Evaluates developer portals, sandboxing, test data, app approval, documentation, API lifecycle management, and production support.
16	**Value Realization and Administrative-Burden Reduction**	Measures realized impact on PA cycle time, manual touches, provider escalations, rework, avoided denials, and compliance cost.
17	**Roadmap Credibility and Standards Upgrade Discipline**	Assesses release cadence, regulatory update timeliness, IG transition management, customer communication, and low-disruption upgrades.
18	**Strategic Partnership Quality and Long-Term Alignment**	Evaluates whether the vendor operates as a trusted partner with transparent commercials, accountable governance, and credible payer-market strategy.

2026 Overall Key Performance: FHIR-Based Payer Interoperability & ePA Solutions

Table 6: Top-ranked vendors — raw scores | 2026 FHIR-Based Payer Interoperability & ePA Solutions

Rank	Vendor	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Mean
1	ONYX	9.82	9.44	9.64	9.24	9.78	9.69	9.81	9.70	9.47	9.49	9.21	9.75	9.75	9.66	9.45	9.49	9.81	8.94	**9.56**
2	SMILE DIGITAL	8.93	9.37	9.30	9.29	9.25	9.50	9.04	9.30	9.26	9.60	9.56	9.22	9.28	9.46	9.25	8.91	9.42	9.22	**9.29**
3	AVAILITY	9.26	9.59	9.22	9.27	9.32	9.04	8.87	9.17	9.52	9.07	9.04	9.46	8.86	9.24	9.44	9.50	9.39	9.17	**9.25**
4	1UPHEALTH	9.14	9.17	9.38	9.03	8.80	9.50	8.61	9.51	8.66	9.37	8.90	9.32	8.41	9.07	8.45	9.24	8.53	9.14	**9.01**
5	EDIFECS	8.76	8.96	8.40	8.88	9.06	8.36	8.28	8.64	8.72	8.96	9.00	8.30	6.04	8.31	7.15	8.56	8.70	9.74	**8.49**
6	COHERE	8.26	8.28	9.19	8.43	5.75	7.96	7.90	8.70	8.84	9.43	8.03	7.91	8.55	7.11	8.69	8.67	8.72	8.90	**8.30**
7	MCG HEALTH	8.65	7.69	8.75	8.77	9.05	8.80	8.45	7.93	6.20	7.55	8.74	6.35	8.31	6.95	7.88	8.93	8.08	8.67	**8.10**
8	OPTUM	8.01	8.97	7.84	7.15	7.46	6.03	8.79	7.17	5.84	8.26	8.00	7.10	9.28	8.94	7.55	8.94	8.12	8.64	**7.89**
9	RHAPSODY	8.57	8.29	7.20	8.06	8.32	5.75	8.39	6.07	8.99	7.63	8.19	7.05	8.18	8.03	7.99	8.81	7.45	7.17	**7.79**
10	REDOX	8.42	8.25	5.41	7.51	5.72	7.24	8.12	7.85	8.63	7.19	8.02	7.91	7.10	8.88	8.31	8.00	8.58	8.44	**7.75**
11	INOVALON	7.70	8.06	8.13	7.02	8.35	5.80	8.20	7.29	7.91	7.20	7.64	8.62	6.81	7.58	8.47	8.15	8.11	7.36	**7.69**
12	INTERSYSTEMS	7.47	8.00	8.66	8.40	8.80	7.96	7.00	7.01	5.18	8.10	8.86	5.23	6.02	7.79	7.80	8.68	7.68	8.38	**7.61**
13	HEALTH GORILLA	7.77	7.95	7.00	7.80	7.66	8.63	8.78	7.53	4.21	7.60	8.66	7.11	5.93	8.24	7.65	8.53	8.07	7.20	**7.57**
14	AWS HEALTHLAKE	7.20	8.03	8.52	7.73	7.42	8.12	5.51	8.73	7.35	4.20	6.07	6.29	7.50	8.69	7.99	8.88	9.21	7.40	**7.49**
15	ORACLE HEALTH	6.90	7.34	7.11	7.06	5.39	9.00	6.33	7.89	5.33	8.34	5.33	8.61	8.24	7.21	6.89	8.88	7.35	7.06	**7.24**
16	HEALTHEDGE	6.02	7.39	7.01	7.58	6.15	5.40	6.39	7.06	6.25	4.57	6.57	8.13	7.33	7.75	7.61	8.22	6.54	7.18	**6.84**
17	ZEOMEGA	7.56	6.06	6.66	5.58	7.65	7.40	5.25	5.66	5.90	7.09	6.06	6.20	8.05	8.23	6.28	8.54	6.26	7.13	**6.75**
18	SURESCRIPTS	5.99	6.10	8.77	5.66	6.11	7.60	4.05	7.42	8.62	5.96	5.10	6.56	5.98	5.76	7.64	8.06	7.01	6.68	**6.62**
19	GOOGLE CLOUD	5.76	5.69	8.40	5.25	6.01	5.75	7.10	5.17	6.75	5.32	5.16	8.48	5.48	6.35	6.27	7.39	8.33	7.10	**6.43**
20	MICROSOFT AZURE	5.67	5.75	6.20	5.75	6.52	5.33	5.56	7.22	8.22	5.91	4.50	3.99	5.95	6.20	6.71	7.86	6.29	5.28	**6.05**

Source: Black Book Market Research

Table 7: Regulatory Alignment and CMS-0057 Execution Readiness

OVERALL RANK	**Q1 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
1	1	ONYX	9.97	9.84	9.78	9.89	9.82
3	2	AVAILITY	9.25	8.88	9.44	9.47	9.26
4	3	1UPHEALTH	9.30	9.10	9.18	8.97	9.14
2	4	SMILE DIGITAL	8.94	9.35	8.20	9.09	8.93
5	5	EDIFECS	8.09	9.35	8.31	9.30	8.76
7	6	MCG HEALTH	9.06	8.32	9.02	8.21	8.65
9	7	RHAPSODY	8.74	8.28	8.91	8.37	8.57
10	8	REDOX	8.08	7.72	9.07	8.79	8.42
6	9	COHERE	8.14	8.12	8.45	8.32	8.26
8	10	OPTUM	8.01	8.27	7.38	8.37	8.01

Source: Black Book Market Research

Table 8: Prior Authorization API Orchestration and Da Vinci Workflow Readiness

OVERALL RANK	**Q2 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
3	1	AVAILITY	9.69	9.49	9.40	9.77	9.59
1	2	ONYX	9.05	9.65	9.50	9.58	9.44
2	3	SMILE DIGITAL	9.36	9.10	9.37	9.77	9.37
4	4	1UPHEALTH	9.44	9.24	8.56	9.45	9.17
8	5	OPTUM	8.86	9.35	8.64	9.04	8.97
5	6	EDIFECS	9.29	8.97	9.49	8.09	8.96
9	7	RHAPSODY	7.87	8.52	8.83	7.95	8.29
6	8	COHERE	7.96	8.55	8.31	8.28	8.28
10	9	REDOX	8.61	8.50	7.67	8.22	8.25
11	10	INOVALON	7.84	7.10	9.17	8.54	8.06

Table 9: Patient, Provider, and Payer-to-Payer API Coverage

OVERALL RANK	**Q3 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
1	1	ONYX	9.90	9.48	9.36	9.70	9.64
4	2	1UPHEALTH	9.26	9.64	9.16	9.45	9.38
2	3	SMILE DIGITAL	9.20	9.44	9.50	9.06	9.30
3	4	AVAILITY	8.81	9.09	9.62	9.37	9.22
6	5	COHERE	9.53	8.96	9.69	8.58	9.19
18	6	SURESCRIPTS	8.44	9.63	8.42	8.59	8.77
7	7	MCG HEALTH	8.55	9.28	8.43	8.74	8.75
12	8	INTERSYSTEMS	9.10	9.61	7.73	8.19	8.66
14	9	AWS HEALTHLAKE	8.90	9.13	7.48	8.53	8.52
19	10	GOOGLE CLOUD	8.58	8.29	9.08	7.65	8.40

Table 10: FHIR, USCDI, and Implementation Guide Conformance Discipline

OVERALL RANK	**Q4 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
2	1	SMILE DIGITAL	8.91	9.31	9.50	9.42	9.29
3	2	AVAILITY	9.67	9.04	8.57	9.81	9.27
1	3	ONYX	9.02	9.13	9.41	9.40	9.24
4	4	1UPHEALTH	9.14	8.56	9.35	9.05	9.03
5	5	EDIFECS	8.66	8.94	8.46	9.46	8.88
7	6	MCG HEALTH	8.40	8.87	9.05	8.76	8.77
6	7	COHERE	8.92	7.99	8.41	8.38	8.43
12	8	INTERSYSTEMS	7.15	9.19	8.60	8.67	8.40
9	9	RHAPSODY	8.12	7.82	8.16	8.12	8.06
14	10	AWS HEALTHLAKE	8.15	7.68	8.01	7.07	7.73

Table 11: Clinical Data Acquisition, Normalization, and Quality

OVERALL RANK	**Q5 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
1	1	ONYX	9.60	9.95	9.76	9.80	9.78
3	2	AVAILITY	9.79	9.54	9.02	8.92	9.32
2	3	SMILE DIGITAL	8.94	9.44	9.56	9.08	9.25
5	4	EDIFECS	8.43	9.12	9.19	9.48	9.06
7	5	MCG HEALTH	8.27	9.20	9.71	9.03	9.05
4	6	1UPHEALTH	8.64	9.11	8.48	8.97	8.80
12	7	INTERSYSTEMS	9.18	8.75	9.00	8.26	8.80
11	8	INOVALON	8.69	9.16	7.66	7.88	8.35
9	9	RHAPSODY	8.13	8.79	7.98	8.36	8.32
8	10	OPTUM	8.39	7.26	7.14	7.04	7.46

Table 12: Workflow Integration Across UM, Risk, Quality, and Care Management

OVERALL RANK	**Q6 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
1	1	ONYX	9.60	9.74	9.46	9.94	9.69
2	2	SMILE DIGITAL	9.83	9.19	9.22	9.75	9.50
4	3	1UPHEALTH	8.98	9.49	9.89	9.65	9.50
3	4	AVAILITY	9.16	8.55	9.13	9.34	9.04
15	5	ORACLE HEALTH	8.31	8.37	9.79	9.52	9.00
7	6	MCG HEALTH	9.68	8.54	8.11	8.87	8.80
13	7	HEALTH GORILLA	8.96	9.06	8.47	8.02	8.63
5	8	EDIFECS	8.28	8.58	8.56	8.02	8.36
14	9	AWS HEALTHLAKE	8.36	8.77	7.00	8.35	8.12
6	10	COHERE	7.08	7.46	8.08	9.17	7.96

Table 13: Provider Network Activation and Adoption

OVERALL RANK	**Q7 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
1	1	ONYX	9.88	9.80	9.67	9.88	9.81
2	2	SMILE DIGITAL	8.90	8.71	9.53	9.03	9.04
3	3	AVAILITY	9.06	8.68	8.77	8.97	8.87
8	4	OPTUM	8.84	9.25	7.86	9.20	8.79
13	5	HEALTH GORILLA	9.32	8.96	7.78	9.06	8.78
4	6	1UPHEALTH	8.55	8.03	9.30	8.57	8.61
7	7	MCG HEALTH	8.82	8.71	9.24	7.03	8.45
9	8	RHAPSODY	7.99	9.10	8.53	7.92	8.39
5	9	EDIFECS	8.30	8.17	8.44	8.21	8.28
11	10	INOVALON	8.73	8.87	7.38	7.81	8.20

Table 14: Security, Privacy, Consent, and App Governance

OVERALL RANK	**Q8 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
1	1	ONYX	9.82	9.72	9.74	9.51	9.70
4	2	1UPHEALTH	9.55	9.59	9.41	9.47	9.51
2	3	SMILE DIGITAL	9.37	9.70	9.34	8.76	9.30
3	4	AVAILITY	9.34	9.14	8.88	9.30	9.17
14	5	AWS HEALTHLAKE	8.48	8.99	8.57	8.87	8.73
6	6	COHERE	8.73	7.80	9.15	9.13	8.70
5	7	EDIFECS	9.20	8.29	9.01	8.05	8.64
7	8	MCG HEALTH	6.95	8.62	8.38	7.77	7.93
15	9	ORACLE HEALTH	7.87	7.06	8.73	7.90	7.89
10	10	REDOX	8.11	7.39	7.74	8.86	7.85

Table 15: Scalability, Uptime, and Operational Resilience

OVERALL RANK	**Q9 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
3	1	AVAILITY	9.05	9.57	9.81	9.63	9.52
1	2	ONYX	9.33	9.54	9.55	9.41	9.47
2	3	SMILE DIGITAL	8.98	9.31	9.29	9.44	9.26
9	4	RHAPSODY	8.42	8.88	9.19	9.47	8.99
6	5	COHERE	9.09	9.11	8.18	8.99	8.84
5	6	EDIFECS	9.08	8.15	9.11	8.54	8.72
4	7	1UPHEALTH	8.27	9.33	8.89	8.15	8.66
10	8	REDOX	8.31	8.35	9.07	8.77	8.63
18	9	SURESCRIPTS	8.22	8.19	9.39	8.68	8.62
20	10	MICROSOFT AZURE	8.28	8.29	8.16	8.15	8.22

Table 16: Implementation Quality and Time-to-Compliance

OVERALL RANK	**Q10 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
2	1	SMILE DIGITAL	9.62	9.62	9.98	9.16	9.60
1	2	ONYX	9.57	9.45	9.54	9.40	9.49
6	3	COHERE	9.92	8.88	9.74	9.16	9.43
4	4	1UPHEALTH	9.32	9.76	9.45	8.93	9.37
3	5	AVAILITY	9.28	8.93	9.12	8.94	9.07
5	6	EDIFECS	8.90	8.98	9.45	8.50	8.96
15	7	ORACLE HEALTH	7.81	8.67	8.39	8.50	8.34
8	8	OPTUM	7.53	9.21	8.56	7.73	8.26
12	9	INTERSYSTEMS	7.95	7.59	9.10	7.76	8.10
9	10	RHAPSODY	8.53	6.91	7.70	7.37	7.63

Source: Black Book Market Research

Table 17: Support, Customer Success, and Proactive Guidance

OVERALL RANK	**Q11 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
2	1	SMILE DIGITAL	9.37	9.85	9.20	9.82	9.56
1	2	ONYX	9.0	9.38	9.07	9.34	9.21
3	3	AVAILITY	9.54	9.59	8.03	8.99	9.04
5	4	EDIFECS	8.79	9.12	9.45	8.63	9.00
4	5	1UPHEALTH	9.01	9.42	8.33	8.83	8.90
12	6	INTERSYSTEMS	8.64	8.75	9.14	8.90	8.86
7	7	MCG HEALTH	9.14	8.22	8.94	8.64	8.74
13	8	HEALTH GORILLA	8.87	8.61	8.35	8.81	8.66
9	9	RHAPSODY	8.78	8.05	8.11	7.83	8.19
6	10	COHERE	8.66	8.00	6.89	8.58	8.03

Table 18: Analytics, Operational Metrics, and Audit-Ready Reporting

OVERALL RANK	**Q12 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
1	1	ONYX	9.81	9.90	9.61	9.69	9.75
3	2	AVAILITY	9.32	9.36	9.66	9.51	9.46
4	3	1UPHEALTH	9.75	9.46	9.06	9.01	9.32
2	4	SMILE DIGITAL	9.54	9.80	8.47	9.07	9.22
11	5	INOVALON	8.57	8.90	7.99	9.05	8.62
15	6	ORACLE HEALTH	8.86	8.31	7.92	9.35	8.61
19	7	GOOGLE CLOUD	8.79	9.24	7.15	8.75	8.48
5	8	EDIFECS	8.46	8.01	7.70	9.05	8.30
16	9	HEALTHEDGE	8.09	8.67	8.26	7.51	8.13
6	10	COHERE	8.55	7.72	7.61	7.74	7.91

Table 19: AI-Enabled Clinical Document Intelligence and Automation Governance

OVERALL RANK	**Q13 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
1	1	ONYX	9.78	9.84	9.59	9.77	9.75
2	2	SMILE DIGITAL	9.07	9.10	9.70	9.25	9.28
8	3	OPTUM	8.83	9.55	9.57	9.16	9.28
3	4	AVAILITY	9.03	8.64	8.96	8.82	8.86
6	5	COHERE	8.10	8.67	9.06	8.36	8.55
4	6	1UPHEALTH	8.47	7.68	7.93	9.56	8.41
7	7	MCG HEALTH	8.61	7.73	8.55	8.36	8.31
15	8	ORACLE HEALTH	7.29	8.25	8.84	8.57	8.24
9	9	RHAPSODY	9.39	7.48	8.23	7.65	8.18
17	10	ZEOMEGA	8.43	7.77	8.18	7.83	8.05

Table 20: Partner Ecosystem and Deployment Flexibility

OVERALL RANK	**Q14 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
1	1	ONYX	9.55	9.60	9.70	9.77	9.66
2	2	SMILE DIGITAL	9.86	9.28	9.51	9.19	9.46
3	3	AVAILITY	9.24	8.41	9.67	9.65	9.24
4	4	1UPHEALTH	9.48	9.11	9.03	8.65	9.07
8	5	OPTUM	9.30	9.21	8.47	8.80	8.94
10	6	REDOX	9.46	9.13	7.89	9.04	8.88
14	7	AWS HEALTHLAKE	8.36	9.41	7.55	9.43	8.69
5	8	EDIFECS	8.34	7.95	8.62	8.32	8.31
13	9	HEALTH GORILLA	8.93	8.73	7.75	7.55	8.24
17	10	ZEOMEGA	8.34	8.34	8.06	8.17	8.23

Table 21: Developer Experience, App Onboarding, and API Operations

OVERALL RANK	**Q15 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
1	1	ONYX	9.24	9.44	9.95	9.18	9.45
3	2	AVAILITY	9.95	9.06	9.04	9.71	9.44
2	3	SMILE DIGITAL	9.69	8.36	9.47	9.50	9.25
6	4	COHERE	8.18	8.13	9.60	8.86	8.69
11	5	INOVALON	8.14	8.65	8.60	8.49	8.47
4	6	1UPHEALTH	8.65	7.71	8.49	8.94	8.45
10	7	REDOX	8.34	7.88	8.75	8.28	8.31
9	8	RHAPSODY	8.22	7.51	8.85	7.38	7.99
7	9	MCG HEALTH	7.95	9.00	7.41	7.15	7.88
12	10	INTERSYSTEMS	8.31	7.78	6.86	8.25	7.80

Table 22: Value Realization and Administrative-Burden Reduction

OVERALL RANK	**Q16 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
3	1	AVAILITY	8.93	9.67	9.72	9.66	9.50
1	2	ONYX	9.27	9.67	9.54	9.47	9.49
4	3	1UPHEALTH	9.36	9.17	9.35	9.07	9.24
8	4	OPTUM	9.37	8.22	8.94	9.25	8.94
7	5	MCG HEALTH	8.67	9.26	8.96	8.83	8.93
2	6	SMILE DIGITAL	8.75	8.79	9.01	9.08	8.91
14	7	AWS HEALTHLAKE	9.09	8.71	8.67	9.06	8.88
15	8	ORACLE HEALTH	9.36	8.45	8.94	8.77	8.88
9	9	RHAPSODY	8.32	9.40	8.87	8.64	8.81
12	10	INTERSYSTEMS	8.88	8.77	8.47	8.61	8.68

Source: Black Book Market Research

Table 23: Roadmap Credibility and Standards Upgrade Discipline

OVERALL RANK	**Q17 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
1	1	ONYX	9.82	9.87	9.70	9.84	9.81
2	2	SMILE DIGITAL	9.50	9.62	9.53	9.02	9.42
3	3	AVAILITY	9.31	9.52	9.30	9.42	9.39
14	4	AWS HEALTHLAKE	9.32	9.07	9.28	9.17	9.21
6	5	COHERE	8.62	9.21	8.27	8.78	8.72
5	6	EDIFECS	8.70	8.10	8.96	9.03	8.70
10	7	REDOX	7.86	8.56	8.80	9.11	8.58
4	8	1UPHEALTH	9.21	7.92	8.09	8.89	8.53
19	9	GOOGLE CLOUD	8.27	8.04	8.41	8.59	8.33
7	10	MCG HEALTH	8.03	8.31	7.42	8.56	8.08

Table 24: Strategic Partnership Quality and Long-Term Alignment

OVERALL RANK	**Q18 CRITERIA RANK**	**FHIR-Based Payer Interoperability & ePA Solutions Company**	**Health Plans**	**Medicaid / Government Payers**	**Payer Technology & Compliance Operations**	**Provider / PA Workflow Users**	**MEAN**
5	1	EDIFECS	9.61	9.80	9.88	9.67	9.74
2	2	SMILE DIGITAL	9.53	9.01	9.33	9.02	9.22
3	3	AVAILITY	9.03	9.28	9.01	9.26	9.17
4	4	1UPHEALTH	9.53	9.26	8.73	9.05	9.14
1	5	ONYX	9.01	8.96	8.54	9.25	8.94
6	6	COHERE	8.95	9.46	8.03	9.17	8.90
7	7	MCG HEALTH	8.87	8.46	8.27	9.10	8.67
8	8	OPTUM	8.04	9.16	8.22	9.15	8.64
10	9	REDOX	9.07	8.41	7.79	8.48	8.44
12	10	INTERSYSTEMS	8.82	7.85	8.13	8.73	8.38

APPENDIX I

PUBLICATION NOTICE

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APPENDIX II

25-VENDOR DIRECTORY

FHIR-Based Payer Interoperability, CMS API Compliance, Electronic Prior Authorization, and Clinical Data Exchange Competitors

1upHealth

1upHealth is a FHIR-first payer interoperability platform focused on CMS API compliance, payer-to-payer data exchange, provider access, patient access, prior authorization readiness, and developer-facing FHIR infrastructure. Its competitive relevance is strongest where health plans need a dedicated interoperability vendor rather than a general integration engine or enterprise services contractor.

The company's software delivery model centers on FHIR-native APIs, payer data ingestion, API management, developer tooling, and operational support for CMS interoperability mandates. 1upHealth is positioned as a specialist in CMS payer interoperability, with emphasis on health-plan implementation support, subject-matter expertise, and long-term payer platform enablement.

Availity

Availity competes as a payer-provider network and interoperability execution layer. Its CMS-0057-F Interoperability Suite combines compliant FHIR APIs, workflow automation, FHIR server management, prior authorization connectivity, provider access, payer-to-payer exchange, patient access, provider directory APIs, and network-scale data orchestration.

Availity's primary advantage is not only software functionality but also live network reach. It positions its platform as a way to move beyond API compliance into real-world adoption by reducing point-to-point integrations and using its payer-provider network to accelerate provider onboarding and transaction volume. Availity is also relevant as both a competitor and ecosystem partner in payer interoperability because of its connectivity footprint and collaborative models with other interoperability vendors.

AWS HealthLake

AWS HealthLake is a managed FHIR data service positioned as cloud-native infrastructure for healthcare data storage, transformation, analytics, and AI use cases. It supports FHIR R4 data management, analytics-ready transformation, and integration with broader AWS analytics, machine learning, and cloud infrastructure services.

In this competitive set, AWS HealthLake is best understood as an enabling platform rather than a turnkey payer compliance or electronic prior authorization workflow vendor. Its relevance is highest for payers building their own interoperability architecture or using systems integrators to assemble CMS-0057 solutions on cloud infrastructure.

Cognizant / TriZetto

Cognizant, through its TriZetto healthcare portfolio, competes as both a payer technology platform provider and implementation services partner. TriZetto Unify and related FHIR-based payer-provider solutions address payer-provider collaboration, electronic prior authorization, clinical data exchange, provider access, care gaps, and quality-measure exchange.

Its delivery model combines SaaS, platform modules, integration services, payer operations expertise, and enterprise transformation support. Cognizant is strongest where payers need implementation scale, managed support, legacy modernization, and broad enterprise transformation rather than only a stand-alone API product.

Cohere Health

Cohere Health is an AI-enabled utilization management and prior authorization automation vendor focused on reducing administrative friction between payers and providers. Its competitive relevance is strongest in medical prior authorization, clinical intelligence, workflow automation, provider experience, and compliance support for CMS-0057 prior authorization requirements.

Cohere is less of a broad payer FHIR data-platform vendor than some interoperability-first competitors, but it is a strong workflow competitor where ePA execution, provider satisfaction, and clinical decision automation are central buying criteria. Its positioning emphasizes intelligent authorization workflows, automation governance, payer-provider coordination, and measurable reduction in administrative burden.

CoverMyMeds

CoverMyMeds competes primarily in medication prior authorization, medication access, and pharmacy-benefit workflow automation. Its solutions connect providers, pharmacies, payers, and life sciences stakeholders to streamline electronic prior authorization and reduce delays in therapy initiation.

CoverMyMeds' delivery model is network-based and workflow-embedded, with integrations across providers, pharmacies, EHRs, payers, and brand support programs. For this Black Book category, CoverMyMeds is most comparable in the medication ePA and patient-access subsegment, especially as drug prior authorization interoperability becomes more important.

Edifecs

Edifecs is one of the strongest payer-specific interoperability competitors in the panel. Its portfolio includes EDI gateway capabilities, FHIR gateway functions, interoperability infrastructure, consent management, prior authorization, payer data exchange, and compliance workflows designed for CMS-0057-F and related interoperability requirements.

Edifecs' software delivery model is enterprise payer-oriented, bridging legacy EDI and HL7 infrastructure with FHIR APIs, regulatory compliance logic, and operational payer workflows. It is a major benchmark competitor for Onyx because of its payer focus, implementation depth, interoperability specialization, and strong positioning in CMS payer interoperability.

Epic Payer Platform

Epic Payer Platform competes through its native provider-market footprint and payer-provider workflow integration capabilities. Epic's payer software supports payer-provider collaboration, medical management, claims, quality, chart exchange, prior authorization, and shared workflows inside provider environments where Epic is already deeply embedded.

Epic's primary advantage is workflow gravity: providers already using Epic can exchange clinical data and complete payer-related tasks in familiar systems. In this sector, Epic is less of a stand-alone payer CMS API compliance vendor but a major adoption competitor because of provider workflow reach, EHR footprint, and payer-provider collaboration use cases.

Google Cloud Healthcare API

Google Cloud Healthcare API is a managed healthcare data platform for storing, transforming, analyzing, and integrating healthcare data using FHIR, HL7v2, DICOM, and unstructured text. It is relevant to payers building cloud-scale interoperability infrastructure, data lakes, analytics applications, or AI-enabled health data services.

The platform is developer-oriented and cloud-native, with scalable data stores, identity and access management, bulk import/export, and integration with analytics and AI services. As with AWS and Microsoft, Google Cloud is best viewed as infrastructure rather than a packaged payer ePA vendor. Its value depends heavily on the implementation partner, payer operating model, and surrounding workflow applications.

HealthEdge

HealthEdge competes through GuidingCare and broader health plan operations software. GuidingCare Utilization Management supports authorization lifecycle management, utilization review, care management, appeals, grievances, clinical guideline integration, dashboards, correspondence, and health-plan workflow automation.

The platform is particularly relevant where prior authorization is evaluated as part of broader UM and payer operating infrastructure rather than as a stand-alone FHIR API. HealthEdge's competitive strength is health plan operations depth, utilization management maturity, and payer workflow integration. Its FHIR-based CMS-0057 API execution is evaluated in relation to native capabilities, partner integrations, and implementation model.

Health Gorilla

Health Gorilla is a national clinical data exchange network and interoperability platform with QHIN and QHIO positioning. For payers and payviders, Health Gorilla focuses on clinical data access, normalized data retrieval, risk adjustment, quality improvement, and care management use cases.

Its delivery model emphasizes network-based access to patient records, data normalization, deduplication, and secure exchange across providers and payers. Health Gorilla is strongest as a clinical data acquisition and exchange competitor rather than a full prior authorization orchestration platform.

InterSystems

InterSystems competes through HealthShare and InterSystems Payer Services, offering payer interoperability infrastructure for CMS-0057-F and broader longitudinal member health record use cases. Its payer services capabilities support Patient Access, Provider Access, Payer-to-Payer, and Prior Authorization APIs, with FHIR R4, Da Vinci implementation guide alignment, consent, governance, observability, and audit controls.

InterSystems' software delivery model is modular and enterprise-grade, with deployment options that can include on-premises, cloud, and managed service approaches. The company is especially relevant for payers seeking a high-performance healthcare-native data platform that can support regulated APIs, ePA workflows, longitudinal records, analytics, and AI foundations.

Inovalon

Inovalon competes as a payer data platform, analytics, interoperability, quality, and risk adjustment vendor. Its payer-oriented technology portfolio is relevant to FHIR-based data access, quality measurement, risk adjustment, payer analytics, and real-time patient-specific data exchange.

Inovalon's delivery model is cloud-based SaaS with large-scale payer data assets, analytics modules, and API-enabled connectivity. Its strongest fit in this competitive set is data reuse for quality, risk, compliance, analytics, and operational decision support rather than pure prior authorization workflow orchestration.

MCG Health

MCG Health competes through evidence-based utilization management, clinical criteria, and prior authorization automation. MCG AutoAuth supports guideline-driven prior authorization, automated criteria matching, provider documentation, and faster payer decisioning.

MCG's competitive strength is clinical criteria depth rather than broad payer interoperability infrastructure. Its software supports payers and providers by attaching relevant care guideline content to preauthorization requests and using customized rules to automate approvals when clinical criteria are met. MCG is most relevant where authorization decision quality, medical necessity criteria, and UM governance are primary buying requirements.

Microsoft Azure Health Data Services

Microsoft Azure Health Data Services is a managed cloud platform for health data management using FHIR, DICOM, and MedTech services. It is relevant for payers, providers, and health technology firms building interoperable data infrastructure, analytics environments, AI workloads, and FHIR-based applications on Azure.

Azure's model is infrastructure-first: managed FHIR APIs, DICOM services, MedTech ingestion, analytics connectors, de-identification support, and integration with Microsoft analytics and machine learning services. For payer interoperability, Azure is most often an enabling layer or hosting foundation rather than a full CMS-0057 operating solution. Buyer assessment includes the payer-specific compliance logic, workflow layer, and implementation partner wrapped around Azure services.

Moxe Health

Moxe Health competes as an EHR-agnostic clinical data exchange vendor for payers and providers. Its payer offering focuses on clinical data acquisition, discrete data delivery, risk adjustment, quality improvement, payment integrity, and workflow-ready data.

Moxe's delivery model emphasizes provider-network connectivity, enterprise EHR connections, precise extraction from source EHRs, and usable clinical data formatted for payer business needs. Moxe is best evaluated on clinical data quality, provider friction reduction, implementation reliability, and downstream payer reuse for risk, quality, care management, and payment integrity.

NantHealth NaviNet

NantHealth NaviNet is a payer-provider collaboration portal and network platform supporting eligibility, benefits, authorizations, referrals, claim status, claim submission, administrative exchange, and interactive payer workflows. It is relevant to this category because payer-provider engagement and authorization workflow adoption are central to CMS interoperability value realization.

NaviNet's delivery model is portal and network-based, with multi-payer provider access, payer-configurable workflows, bidirectional data flow, and administrative transaction support. In this market, NaviNet is strongest in provider engagement and payer-provider administrative workflows, while FHIR-native CMS API coverage is evaluated separately.

Optum

Optum competes through InterQual, Digital Auth Complete, Auth Accelerator, payer operations assets, and broader enterprise healthcare scale. Its strongest fit is clinical criteria-driven utilization management and digital prior authorization rather than pure FHIR interoperability infrastructure.

Optum is evaluated primarily for UM criteria depth, automation, clinical governance, payer footprint, and integration with broader payer operations. Its competitive strength is the combination of medical policy support, authorization workflow automation, and enterprise-scale payer relationships.

Oracle Health

Oracle Health competes in clinical data exchange, EHR interoperability, HIE, national exchange connectivity, payer-provider clinical data exchange, and developer-facing FHIR APIs. Its interoperability assets are positioned to centralize data exchange across clinical, financial, public health, laboratory, diagnostic, and benefits workflows.

Oracle Health's delivery model includes EHR APIs, FHIR APIs, HIE capabilities, national exchange connectivity, clinical data exchange, and developer tools. For payer CMS-0057 use cases, Oracle's strength is clinical data exchange and provider ecosystem connectivity rather than a narrowly packaged payer prior authorization API solution.

Particle Health

Particle Health is a clinical data API network that provides access to patient records through national health information exchange connectivity and developer-friendly APIs. Its competitive relevance is strongest for clinical data retrieval, longitudinal records, developer access, and workflow enrichment for digital health, providers, and payer-adjacent use cases.

Particle's delivery model centers on API-based clinical record access, C-CDA data, flat data, and FHIR-related data access workflows. Particle is a meaningful data-access competitor, though production requirements around data format, completeness, implementation speed, and payer-specific workflow support are evaluated.

Redox

Redox is a healthcare integration and API platform focused on connecting applications, providers, payers, and healthcare infrastructure through standardized integration workflows. In this peer set, Redox is relevant for FHIR API actions, payer-provider connectivity, prior authorization submission, and receive/respond workflows.

Redox's software delivery model is API-centric, supporting developers and product teams that need to embed interoperability into health technology products. Redox is best evaluated as an integration enablement layer rather than a complete payer compliance operations platform.

Rhapsody

Rhapsody competes as a healthcare integration, terminology, identity, and interoperability platform. It supports HL7, FHIR, APIs, integration engines, iPaaS-style deployment, and scalable connectivity across providers, health technology firms, public health, and payer-adjacent ecosystems.

Its delivery model emphasizes composable interoperability infrastructure that can be deployed in private cloud, public cloud, or iPaaS environments. Rhapsody has a strong reliability and customer-confidence profile in healthcare integration, although payer-specific CMS-0057 electronic prior authorization workflow depth is evaluated separately.

Smile Digital Health

Smile Digital Health is a FHIR-native enterprise health data platform vendor with payer, provider, public-sector, and health data infrastructure use cases. For payers, Smile's platform supports FHIR data ingestion, CMS-0057-F compliance, prior authorization automation, quality, risk adjustment, care management, CQL, governance, and scalable data modernization.

Smile's delivery model includes modular software, CMS Suite, FHIR-native data fabric, managed implementation services, and standards-aligned prior authorization workflows. Smile is one of the strongest FHIR-native platform competitors in the peer set because of its standards alignment, enterprise data architecture, and payer interoperability positioning.

Surescripts

Surescripts competes through its medication ePA network, prescription benefit intelligence, EHR workflow connectivity, PBM/health plan connections, and pharmacy-facing infrastructure. Its strongest fit is prescription prior authorization rather than medical-benefit prior authorization.

Surescripts' delivery model is national-network and workflow-embedded, supporting providers, EHR vendors, health plans, health systems, pharmacies, and PBMs. It is a major competitor in medication access and pharmacy-benefit interoperability, especially as drug prior authorization and pharmacy benefit standards become more important to payer interoperability strategy.

ZeOmega

ZeOmega competes through Jiva, HealthUnity Smart Authorization Gateway, Smart Auth Optimizer, care management, utilization management, risk, quality, and population health workflows. It is relevant to payer interoperability because its ePA offerings combine provider EMR integration, payer-provider workflows, medical policy integration, adjudication logic, administrative rules, and auto-approval rules.

ZeOmega's delivery model blends payer workflow software, FHIR-enabled ePA, machine learning, dashboards, and collaborative deployment. The company is strongest where payers need authorization workflow automation, UM operating infrastructure, AI-enabled optimization, and care management integration within a broader payer platform.

APPENDIX III

REGULATORY SOURCE REGISTER

Regulatory descriptions are current as of the publication date; proposed provisions remain subject to change.

Accessed July 13, 2026. Source: Centers for Medicare & Medicaid Services (CMS).

Table 25: Regulatory source register

Official CMS source	Publication / status	Relevance to this report
CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F)	Final rule; certain provisions began January 1, 2026; API requirements are due primarily January 1, 2027.	Regulatory timing, payer API scope, and implementation readiness.
Prior Authorization API — CMS FAQ	Current CMS FAQ; 72-hour expedited and seven-calendar-day standard decision timeframes; annual public metrics beginning in 2026.	Prior authorization operations, decision timing, and public reporting.
Patient Access API — CMS FAQ	Current CMS FAQ; Patient Access API use metrics are reported beginning in 2026 using 2025 data.	Patient Access API use measurement and reporting.
CMS Interoperability Standards and Prior Authorization for Drugs Proposed Rule (CMS-0062-P)	Proposed rule; comment period closed June 15, 2026.	Proposed drug ePA, updated standards, shorter decision timeframes, endpoint reporting, and API-use metrics.
Standards and IGs Index and Resources	Current CMS index of required and recommended technical standards and implementation guides.	FHIR R4, US Core, SMART, CARIN, and Da Vinci implementation guidance.