



Connect to the Smart Health Network

Keep the systems and CMS-0057 APIs you are already building. Add one standard network connection that makes them reachable across the market.

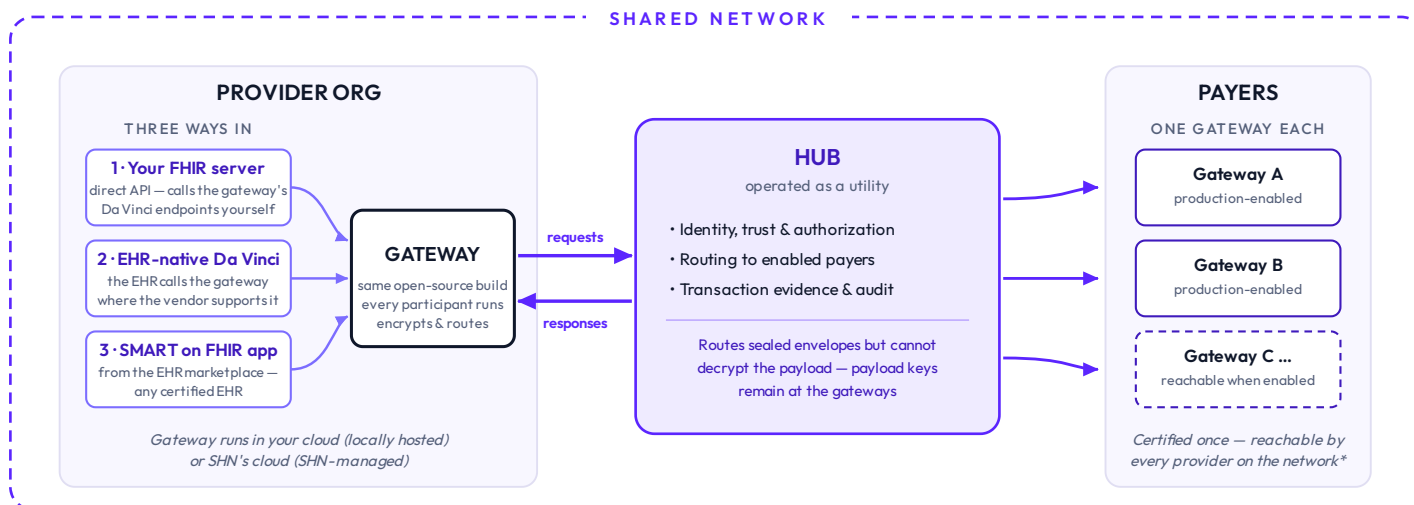
Connect once. Reach every enabled counterparty on the network.

One network connection replaces separate technical connectivity to each counterparty. Production participants connect through the **same open-source gateway build**, self-hosted or SHN-managed.

The shared network routes encrypted transactions among authorized participants and **cannot decrypt the clinical or administrative payload** — payload keys remain at the gateways.

Prior authorization is the first production use case; eligibility, attachments, and additional transactions follow on the same connection as they are enabled.

Cost. Providers: no SHN connection, onboarding, or conformance-testing fees, and no SHN provider network fees through 2028; later transaction fees follow the published schedule. Payers: published flat PMPM membership pricing for network participation — SHN does not separately meter or add transaction fees for onboarding, conformance testing, eligibility, or the CMS-0057 API categories. Full pricing: published network terms.



If a provider system speaks supported Da Vinci transactions and supplies a resolvable payer identifier, the gateway can route them; most deployments require outbound connectivity only. *Reachability is subject to participant authorization, supported transactions, and production enablement.

Decision 1 — Who hosts the gateway?

Locally hosted (you host)

A standard container in your own cloud tenancy — your keys, your logs. Using your own IT vendor or systems integrator to run it is still you hosting.

SHN-managed

SHN operates the gateway as a managed service — the lightest operational burden, typical for independent practices and smaller organizations.

Decision 2 — How does your clinical system reach the gateway? (in order of directness)

1 • Your FHIR server → direct API

Your existing FHIR infrastructure calls the gateway's Da Vinci endpoints directly. The richest available data path; reduces dependence on the EHR vendor's native Da Vinci release timeline.

2 • EHR-native Da Vinci

The EHR calls the gateway where the vendor supports the Da Vinci prior-authorization workflow natively, keeping the workflow within the EHR.

3 • SMART on FHIR application

The broadest interim route for providers using certified EHRs whose native vendor path is not ready — subject to supported SMART capabilities, available data, and marketplace policies.

What payers do. Keep your CMS-0057 implementation — the network adds the shared distribution route. Connect the gateway, map your Coverage.payer identifiers, and complete network conformance. SHN handles network certification for additional counterparties, minimizing rather than recreating payer-specific technical onboarding. *Every routed transaction creates standardized status evidence — the foundation for prior authorization patients can eventually track through participating applications.*

Start testing today — most teams begin with the cloud sandbox

Validate Da Vinci **CRD, DTR, and PAS** using synthetic data without deploying local infrastructure. When you are ready to prove the complete EHR-to-gateway-to-network deployment, move to the locally hosted gateway. **No negotiated participation agreement is required**; standard test-environment registration and terms apply.

MOST TEAMS START HERE

Cloud sandbox

Validate CRD/DTR/PAS request construction and the behavior of available reference or participating-payer test routes. No preapproved developer-environment account or local deployment required — requests route by the payer identifier in `Coverage.payer`.

- 1 **Register an API client.** POST to `pa-test.shn-preview.org/register` — `private_key_jwt` (SMART Backend Services style) recommended.
- 2 **Discover authentication metadata.** Read `/.well-known/smart-configuration` for the token endpoint and supported methods.
- 3 **Obtain a bearer token.** Exchange a signed client assertion for a five-minute token with `system/Davinci.write` scope.
- 4 **Send CRD, DTR, and PAS.** Use the published test members and routes; chain DTR from the CRD response where required.
- 5 **Verify the expected result.** HTTP status, Da Vinci profile conformance, routing, CRD cards, DTR questionnaire package, and the PAS ClaimResponse.

Open test environment: sandbox/UAT only · synthetic data only · self-service registration · no identity verification, SLA, or production use.

NEXT — PROVE DEPLOYMENT & END-TO-END ROUTING

Locally hosted gateway

Validate the complete EHR → gateway → network integration: connectivity, configuration, routing, validation, and gateway operations. Your gateway holds your keys and exchanges sealed, authorized transactions through the SHN Hub.

- 1 **Request SHN developer access.** Submit the access form and sign in to the developer environment.
- 2 **Register a provider client.** The public SHN CLI generates your client keys locally and creates the secrets bundle your gateway mounts.
- 3 **Run the provider evaluation bundle.** Clone `shn-gateway`, build the reference requester, and start the Docker Compose eval stack.
- 4 **Connect your EHR sandbox.** Point the gateway at your US Core FHIR base URL, or enable native Da Vinci ingress and register the EHR's SMART client.
- 5 **Execute and verify.** Run the supplied scenarios or send CRD, DTR, and PAS from the EHR; inspect responses, routing, validation errors, and logs.

Prerequisites: test-environment registration · provider registration bundle · Docker/Compose · outbound network access · FHIR R4 sandbox or native Da Vinci client · FHIR \$validate service · synthetic data only during preview.

Payers — onboarding & testing

The same sequence, from the payer side: connect your CRD/DTR/PAS capability to a gateway, prove conformance with synthetic data, then validate end-to-end with provider counterparties before joining a named production cohort.

- 1 **Register a payer client.** Standard test-environment registration; the SHN CLI generates your keys locally — SHN never holds them.
- 2 **Connect your payer test endpoints to the gateway** (locally hosted or SHN-managed) and map your `Coverage.payer` identifiers to your routes.
- 3 **Run the Readiness Check and conformance engine** against the reference FHIR test cases for your transaction types — self-serve, synthetic data.
- 4 **Complete provider-payer end-to-end testing.** Validate CRD → DTR → PAS flows against the live hub with provider counterparty gateways — the gate into a named production cohort.

Not the technical lead? Forward this page to your EHR, interoperability, or API team — and contact Kyle Cobb, Chief Network Officer (kyle@smarthealthnetwork.org) to schedule an onboarding working session.



Start testing

smarthealthnetwork.org/start-testing



Developer portal

developers.shn-preview.org



Gateway docs & SDK

github.com/SmartHealthNetwork/shn-gateway