Q2 2026
FHIRplace Testing Report

Coverage Requirements Discovery Testing & Intermediary Development

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Executive Summary

FHIRplace is a Drummond-managed virtual environment where HL7® FHIR® developers, providers, payers and intermediaries test real-world interoperability use cases together at scale. The Q2 2026 FHIRplace testing for the Coverage Requirements Discovery (CRD) Module ran from April 7 to June 17.

Four provider-facing participants partnered with five payer-facing participant organizations to test with one another in a simulated production environment across the full matrix of the electronic prior authorization (ePA) FHIR ecosystem: providers submitting prior authorization requests and payers processing and responding to those requests.

Unlike conformance tools, FHIRplace enables end-to-end testing of multi-party, multi-step FHIR workflows as they would function in production. Participants can identify and resolve defects at any stage of the development lifecycle, before issues reach real trading partners. This quarter marked significant program advancement, including the initiation of CRD interoperability testing and active development to extend full-matrix testing to intermediary participants.

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Q2 2026 FHIRplace Testing Overview

The Q2 emphasis centered on HL7 Da Vinci Coverage Requirements Discovery (CRD) testing, enabling healthcare providers and payers to exchange coverage and prior authorization information in near real time. All participants tested (in either provider and/or payer roles) and conducted full-matrix interoperability validation.

7 **Test Participants** Active testing organizations (10 weeks)	**4** **Provider Roles Tested** Provider-facing configurations (10 weeks)	**6** **Preparing to Test** Organizations in pre-testing status
5 **Payer Roles Tested** Payer-facing configurations (10 weeks)	**46** **Maximum of Total Test Cases per Payer/Provider Testing Pair** CRD scenarios including Discovery	**695** **Interoperable Matrix** Total test case connections (10 weeks)

Figure 1

The metrics above, in Figure 1, provide a high-level quantitative summary of the Q2 2026 FHIRplace testing phase. Each figure represents a distinct dimension of program participation and testing scale.

- **Test Participants** refer to the number of active testing organizations that executed test cases against other participants throughout the full 10 weeks of testing.
- **Provider Roles** and **Payer Roles Tested** reflect the number of distinct functional roles tested. A single organization may participate in both a provider and payer capacity throughout the full 10 weeks of testing.
- **Maximum of Total Test Cases per Payer/Provider Testing Pair** indicates the total number of standardized Coverage Requirements Discovery (CRD) scenarios available for execution, including CRD Module-specific scenarios and Discovery endpoint validation. Not all testing participants support all available test cases.
- **Interoperable Matrix** represents the total number of unique payer-provider test case connections possible across all participating organizations and all applicable test cases, reflecting the breadth of multi-party interoperability validation achieved this quarter. This value demonstrates the participants and roles tested throughout the full scope of the 10 weeks of testing. **It does not account for one newly onboarded provider-role tester.*
- **Preparing to Test** status identifies organizations that are enrolled in the FHIRplace program and actively progressing through onboarding and pre-test readiness activities in preparation for a future verified interoperable seal. It includes newly onboarded participants that started active testing during the testing period.

CRD Module Coverage by Participant Role (Payer/Provider/Dual)

Figure 2

The chart above (Figure 2) illustrates the extent of Coverage Requirements Discovery (CRD) Modules supported across all active testing (Payer and Provider Roles or dual Roles). There were nine total Roles tested across seven organizations included in the test matrix during the full 10 weeks of testing. Each CRD Module corresponds to a distinct clinical workflow trigger point in the HL7 Da Vinci CRD specification.

- **CRD M1 (Order-Sign)** is triggered when a clinician electronically signs an order, prompting the payer system to return real-time coverage and prior authorization information.
- **CRD M2 (Order-Dispatch)** activates when a provider dispatches an order to an external performer such as a laboratory or imaging center.
- **CRD M3 (Appointment-Book)** fires when an appointment is scheduled, allowing coverage determination to account for facility type or visit context.
- **The Discovery Endpoint** is the foundational configuration step in which each payer publishes the CRD services it supports, allowing providers to confirm compatibility before testing begins.
- **The percentages** in parentheses represent the proportion of test participants who are working to test against each CRD Module, indicating the depth of interoperability coverage validated in Q2 testing. A 100% result confirms that every active testing role engaged with that workflow, establishing a broad, production-representative baseline for that capability.

FHIRplace CRD Testing Summary

Metric	Result
Total Testing Participants	7 organizations
Roles Tested	4 provider-facing (EHR/SMART), 5 payer-facing
Total CRD Test Cases	46 CRD scenarios (including Discovery)
FHIRplace Interoperable Matrix	695 interoperable test cases per payer/provider partnership (*excludes new active tester)
CRD Module Coverage	M1 (order-sign), M2 (order-dispatch), M3 (appointment-book)
CRD Testing Duration	10 weeks 3 days (April 7 – June 17, 2026)
Cumulative Interoperable Issues Uncovered	336 interoperable issues uncovered (311 categorized)
Cumulative Testing Attempts	1,134 attempted across all roles
Test Case Coverage Percentage	32% [(Success + Failed) ÷ 695 Matrix test cases]

Table 1

The metrics in Table 1 reflect results captured through structured provider-payer test exchanges conducted across all supported CRD modules during Q2 2026. Two data elements referenced in the table are defined below.

- **The FHIRplace Interoperable Matrix:** represents every possible provider-payer test case pairing for Q2 tests across all supported CRD test cases.
- **Cumulative Interoperable Issues Uncovered:** discrete, documented findings captured by the FHIRplace platform during structured provider-payer test exchanges, identifying the specific steps within a transaction where interoperability requirements were not met.
- **The Cumulative Testing Attempts:** presents a breakdown of all test executions by outcome (attempted, successful, failed, and error). Each outcome carries a specific meaning in the context of production-readiness.

- **Success response** indicates that both the provider and payer systems exchanged data correctly, and the transaction conformed to the applicable HL7 Da Vinci CRD Implementation Guide requirements.
- **Failure response** indicates a transaction that was completed but did not meet the expected conformance criteria, representing a specific interoperability gap available for remediation.
- An **error** indicates a transaction that was not completed due to a technical or configuration issue, each of which was captured, diagnosed, and addressed during testing.

- The **Coverage Percentage** expresses the percentage of the total possible matrix connections that have reached a definitive test outcome (success or failure) and serves as the primary indicator of testing progress relative to the full scope of available interoperability validation.

FHIRplace CRD Preparing for Future Testing

Metric	Result
Preparing for Future Testing	6 organizations
Engaged Intermediaries	2 organization (KONZA) (ZeOmega)

Table 2

FHIRplace Transaction Volume — Cumulative Test Attempts by Week

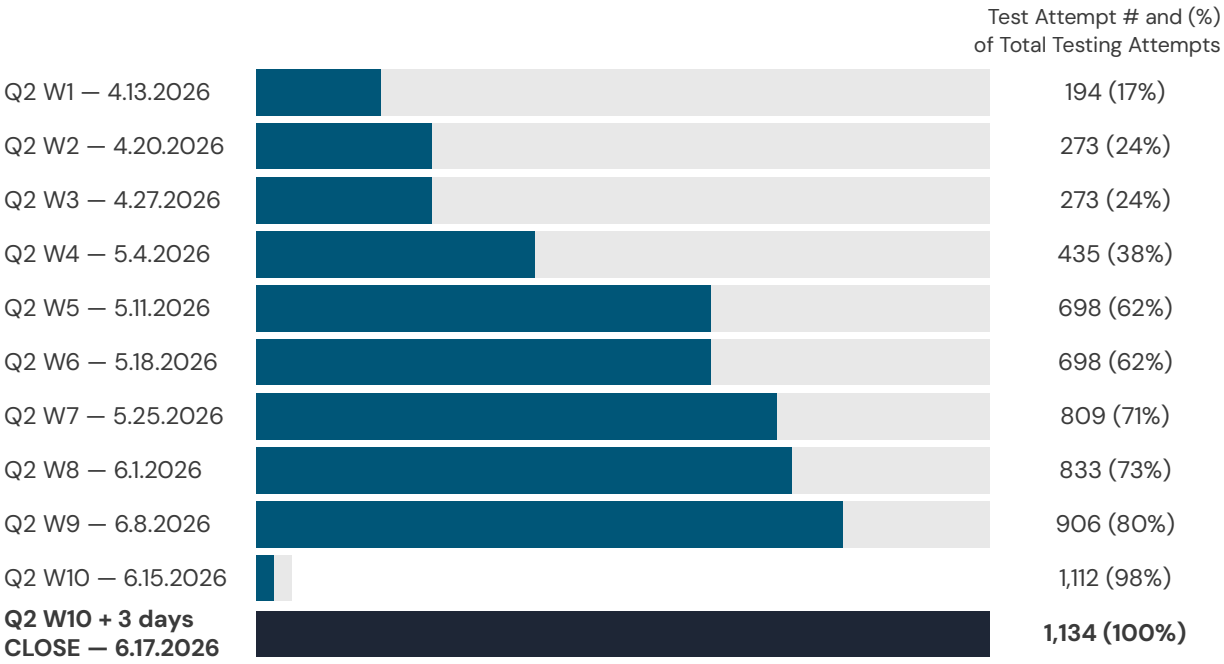

Figure 3 - Transaction Volume: W1 to W10 CLOSE growth of +484% cumulative across the testing. The number represents the count of testing volume for each associated week across all FHIRplace Participant active testers. This includes newly onboarded participants that successfully connected and started active testing near the end of the testing period.

Q2 Test Results and Achievements

FHIRplace Validated - ePA Interoperability

Seven FHIRplace members received FHIRplace participant status (Image 1) for FHIRplace Q2 2026 by actively testing across their supported CRD Modules with test partners. This provides a baseline and path towards a Drummond Validated seal.

Image 1

Q2 2026 FHIRplace Participant status granted to: Medplum, Nucural, Smile Digital Health, ZeOmega, MEDITECH, Firely, Itiliti Health, and Comtron Inc.

Drummond FHIRplace Participant Emblem Path to Drummond Validated Seal

Drummond FHIRplace recognizes the active testers with a FHIRplace participant emblem. As active testers resolve outstanding interoperable issues, a Drummond Validated™ seal can be granted based on measured success in interoperability. The FHIRplace participant emblem signifies that organizations are actively pursuing the path toward validated interoperability. The Drummond Validated seal recognizes a tiered approach demonstrating the participant's success to not only testing interoperability but defining a level of success in resolution of outstanding interoperability issues, and test case coverage.

Participants who achieve Validated Interoperable status receive a Drummond Validated seal. This recognition is awarded to organizations that have demonstrated successful end-to-end interoperability across the multi-party testing matrix for the designated testing scope, validated by Drummond as a third-party testing authority.

The Drummond Validated seal demonstrates to the industry that the organization has completed structured, production-representative FHIR interoperability testing at scale successfully. Both **FHIRplace Participant** emblem and **Drummond Validated** seal recipients are listed in the FHIRplace Testing Report registry and are authorized to display them in accordance with Drummond's marks and usage guidelines.

*Not every participant will earn a seal if actively testing. FHIRplace operates as a continuous testing program. Organizations that have not received a seal retain full access to the testing environment and may continue working toward the achievement at their desired pace. The program is structured to support participants at each stage of their interoperability maturity and support ongoing product development across the continuous testing methodology and structure.

Provider Role and Payer Role FHIRplace Participants-On track to Validated Interoperable

Participant	Testing Role	CRD Modules	Product / Version	Status
Medplum	Provider-facing (EHR/SMART)	M1, M2, M3	Medplum	FHIRplace Participant
Nucural	Provider-facing (EHR/SMART)	M1, M2, M3	Affosoft Inc.	FHIRplace Participant
MEDITECH	Provider-facing (EHR/SMART)	M1, M3	MEDITECH Expanse	FHIRplace Participant
Firely	Provider-facing (EHR/SMART)	M1	Firely PAROD	FHIRplace Participant
Medplum	Payer-facing	M1, M2, M3	Medplum	FHIRplace Participant
Nucural	Payer-facing	M1, M2, M3	Affosoft Inc.	FHIRplace Participant
ZeOmega	Payer-facing	M1, M2, M3	HealthUnity Smart Authorization Gateway	FHIRplace Participant
Smile Digital Health	Payer-facing	M1, M2, M3	Smile CDR Inc.	FHIRplace Participant
Itiliti Health	Payer-facing	M1, M2, M3	Itiliti Health	FHIRplace Participant

Table 3

Member Spotlight: Medplum

Medplum has received the FHIRplace Participant status and remains on track to achieve Validated Interoperability for CRD. During the Q2 testing, Medplum extended its test scope beyond its initial provider testing role to include a secondary payer testing role, achieving M1 through M3 coverage across both participant role types. This dual-role testing configuration enables end-to-end CRD testing across ordering, dispatch, and scheduling workflows from two distinct perspectives of data exchange. Medplum's results across test coverage volume, testing velocity, and issue resolution establish a performance reference point for dual-role participation in the FHIRplace program.

FHIRplace Participants Preparing for Future Testing

Six organizations are in various stages of preparation for FHIRplace testing. Preparing for Future Testing is a status for members that are: in the onboarding stages that precede active testing, in the initial stages of active testing (joining mid testing), or are temporarily inactive testing status. These organizations are actively advancing and remain candidates for a future Drummond Validated seal.

Participant	Role	Status
Comtron Inc	Provider-facing (EHR/SMART)	Preparing for Future Testing- *FHIRplace Participant Emblem*
Medical Informatics Engineering (MIE)	Provider-facing (EHR/SMART)	Preparing for Future Testing
medent	Provider-facing (EHR/SMART)	Preparing for Future Testing
Mesh Health Solutions	Provider-facing (EHR/SMART)	Preparing for Future Testing
Modmed	Provider-facing (EHR/SMART)	Preparing for Future Testing
OnyxHealth.io	Provider-facing (EHR/SMART)	Preparing for Future Testing

Table 4

Member Spotlight: Comtron Inc

Comtron Inc established connectivity with 40% of FHIRplace matrix testing partners while completing onboarding and moved directly into active CRD testing without delay. Comtron Inc received the FHIRplace Participant Emblem in recognition of its rapid progression to active testing status in Q2 2026 for their products Medgen EMR & Medgen FHIR.

Q2 Interoperability Testing Issue Metrics

FHIR Interoperability Issue Classification Methodology

Each test case represents a structured exchange between a provider system and a payer system. The FHIRplace platform records every step of that exchange, capturing what was sent, what was returned, and whether each step passed or failed. Steps were grouped by test case to produce a single, complete execution record, showing what the test required alongside what the system produced. Each execution was then classified using a two-pass process.

Pass One: Automated Rule Application

Where the cause of the result was unambiguous, a fixed rule applied directly, with no interpretive judgment required:

- If all expected steps occurred and no failures were flagged, the execution passed with no issue recorded.
- If the platform's own infrastructure prevented message delivery (for example, the proxy could not reach a partner server), the execution was classified as a platform issue, not an interoperability defect.
- If the exchange terminated early and the final response contained a recognized HTTP error code, that code determined the category directly: 401 Unauthorized indicates an authorization failure, 404 Not Found indicates an endpoint resolution failure, and a timeout indicates a payer system response delay.
- Any execution that did not meet a clear-cut automated rule was forwarded to the second pass.

Pass Two: Guided Analytical Review

- For ambiguous cases, an automated reviewer analyzed the full exchange record, including message content and evaluator failure notes.
- The reviewer selected the single best-fitting issue type from the official issue taxonomy, shown in the Issues by Category section of this report.
- The reviewer was provided with the complete list of issue types and their descriptions and was required to select from that list only — no category could be invented or inferred outside the documented taxonomy.
- Reviewers were required to cite the specific evidence from the recorded exchange supporting their classification and to assign a confidence rating to each determination.

- The taxonomy descriptions define the distinctions between adjacent issue types, such as a payer returning an incorrect coverage decision versus returning no decision, or a genuine data defect versus an infrastructure failure surfaced through the platform.

Integrity Controls

Before any classification was accepted, three conditions had to be met:

- The selected issue type had to exist in the official taxonomy
- The reviewer's confidence had to meet the minimum threshold
- The cited evidence had to be traceable to the recorded exchange.

This means the automated reviewer could not invent a category, and any quoted evidence had to appear verbatim in the recorded messages. Any classification that failed one or more of these conditions, or that could not be determined with sufficient confidence, was escalated for manual review rather than assigned a category.

The classification framework applied in this report represents the baseline taxonomy for FHIRplace CRD testing. It will be refined with each subsequent testing report as the program expands to include additional implementation guides, workflows, and participant configurations. The taxonomy is designed to grow in precision over time, not remain static. Twenty-five issues from this testing period could not be assigned to an existing issue type under the current classification scale. These cases are under active manual review by the FHIRplace program team and the relevant participants to determine the correct typology of placement. Their exclusion from the current category counts reflects the integrity of the classification process: an unverifiable assignment is not made. Those 25 cases will be resolved, reported, and incorporated into the taxonomy refinement that follows. As testing volume increases and the framework matures, the classification process will continue to produce a complete and more precise picture of interoperability across the participant ecosystem.

FHIRplace Q2 2026 CRD testing identified 336 interoperability issues across two taxonomy scope categories. These categories reflect the dual focus of CRD testing: Issues related to the conformance of the HL7 Da Vinci CRD Implementation Guide specifically, and adherence to foundational FHIR interoperability requirements more broadly. The Issues by Taxonomy Scope table below shows the distribution across those two scopes.

Taxonomy Scope	Count	Share
HL7 Da Vinci CRD Related-specific issues	211	62.8%
General FHIR interoperability issues	125	37.2%
Total	336	100%

Table 5- Q2 2026 Interoperable Issues by FHIRplace Taxonomy Scope (336 total)

Interoperable Issues by Category

The 336 issues identified during Q2 2026 CRD testing are grouped into eight high-level categories, each subdivided by issue type. Categories provide a broad classification that allows for comparison across test events. Issue types provide the engineering-level detail needed to identify and address specific issues. The detailed review of these interoperable issues will be reviewed internally amongst the FHIRplace members.

During the Q2 2026 testing period, **89.2%** of the 222 actively executed test scenarios reached a confirmed successful or actively remediated state, indicating that the majority of interoperability issues uncovered were resolved within the testing period. FHIRplace gives participants a structured path to resolve issues. Any scenarios not yet attempted represent a testing queue; participants continue testing and closing gaps on a rolling basis throughout the year.

	Category	Count	Description
1	Technical & Transport Layer Issues	46	Issues in the underlying network, HTTP protocol, and payload formatting.
	Server-Side / Backend Errors	44	The partner's OWN FHIR application returns an internal server error (HTTP 5xx) while processing an otherwise well-formed request - e.g. an unhandled exception in the payer's CRD service.
	Payload Formatting	2	JSON vs. XML parsing errors, incorrect character encoding (e.g., UTF-8 issues), or malformed JSON/XML structures.
2	Structural & Conformance Issues	53	Issues with the FHIR data model, resource definitions, and Implementation Guide profiles.
	Cardinality Violations	21	Missing mandatory elements or exceeding maximum cardinality limits.
	Reference Integrity	20	Broken references, absolute URLs where relative IDs are expected, or circular references.
	Profile Non-Conformance	11	Failing to meet the specific constraints of a required profile (e.g., US Core Patient profile) defined in an Implementation Guide.
	Extension Misuse	1	Using unsupported extensions, incorrect extension URLs, or failing to process required extensions (modifier extensions ignored).
3	Semantic & Terminology Issues	1	Issues with clinical meaning, vocabulary, and units of measure in the data.

	Terminology Binding Failures	1	Incorrect or outdated coding systems, or failure to bind to required ValueSets.
4	Security, Privacy & Authorization Issues	25	Issues with identity, access management, and patient privacy.
	OAuth2/OIDC Errors	25	Invalid client credentials, expired tokens, or incorrect grant types.
5	Coverage & Payer Matching Issues	9	Issues where required patient coverage information is missing or cannot be matched to the correct rules.
	Missing or Inactive Coverage	5	The EHR fails to provide an active Coverage resource, or coverage status is cancelled or pending.
	Plan/Product Mismatch	4	The Coverage resource references a plan or product the payer cannot match its benefit configuration.
6	Trigger & Context Discovery Issues	6	Issues in how the EHR initiates the CRD request and passes clinical context to the payer.
	CDS Hooks Context Failures	6	Missing the required hook context, such as a draft order omitted from the request.
7	Rule Evaluation & Coverage Determination Issues	189	Issues in how the payer evaluates coverage rules and returns a coverage determination — e.g. the wrong decision, or no decision at all.
	Incorrect Coverage Determination Outcome	106	A valid response was returned, but the coverage decision did not match the expected outcome.
	Empty/Absent Coverage Determination	83	The CRD service responded but returned no coverage determination at all.
8	Endpoint & Network Specific to CRD	7	Endpoint discovery and network issues specific to the CRD exchange.
	Timeout/Latency in Rule Evaluation	7	Rule evaluation or questionnaire generation is too slow, timing out the CDS Hook card in the EHR.
TOTAL — 336 Interoperable Issues (Q2 2026 CRD Testing)		336	

Table 6

Interoperable Issues by Category

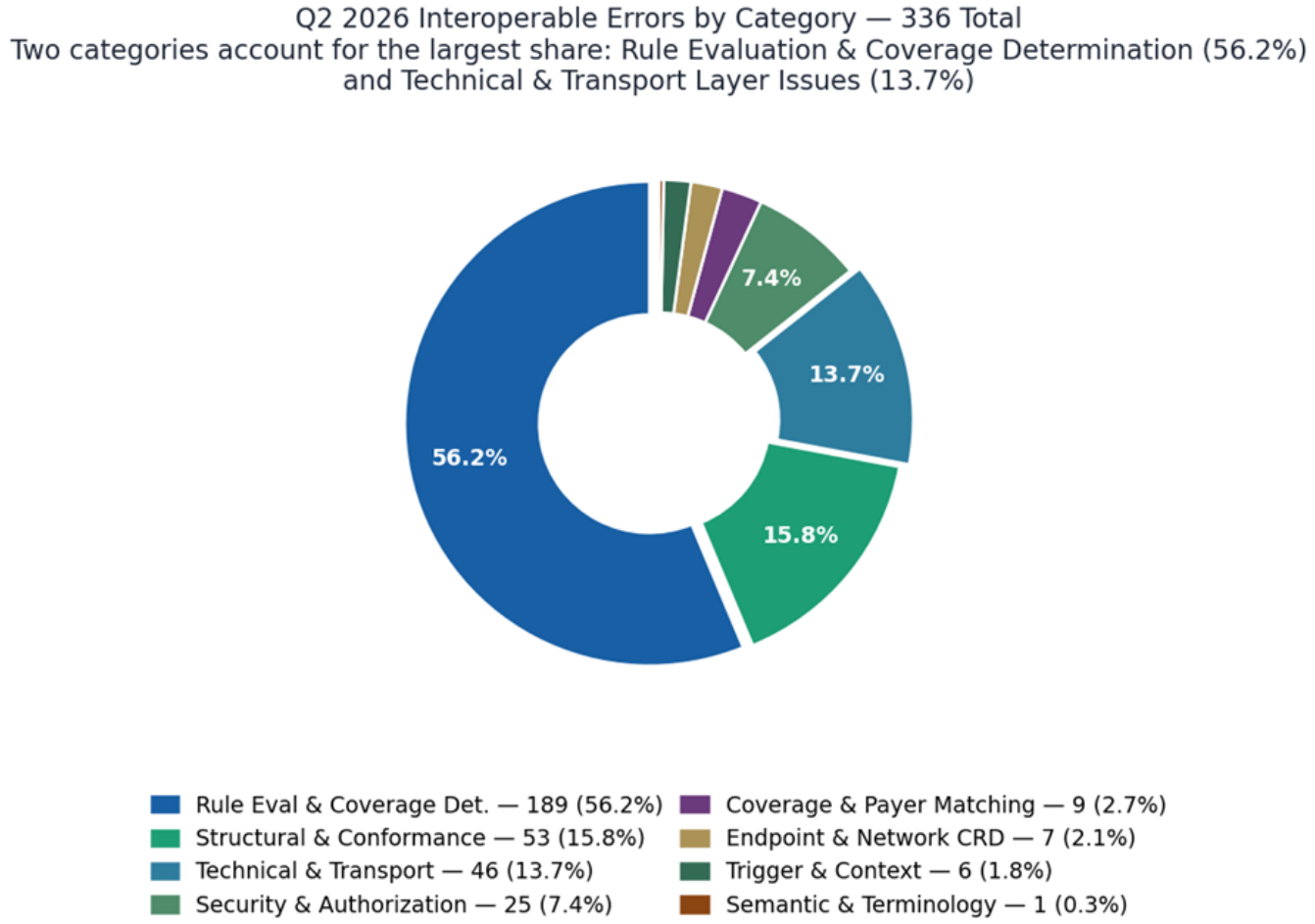

Figure 4 -Q2 2026 Interoperable Issues by Category — Distribution (336 total). Two categories account for the largest share: Rule Evaluation & Coverage Determination Issues (56.2%) and Technical & Transport Layer Issues (13.7%).

The distribution chart illustrates the issue type distribution across all eight categories. Two categories account for the largest share of identified issues: Rule Evaluation and Coverage Determination, reflecting 56% of interoperable issues, and Structural and Conformance, reflecting 16% of interoperability issues. Together these two categories represent the primary areas of remediation focus for many FHIRplace program participants.

Coverage Requirements Discovery (CRD) Testing Framework

The Q2 2026 CRD testing established the first formalized execution of a standardized CRD testing framework designed to validate real-world interoperability scenarios across participating organizations. All testing followed a consistent five-scenario model addressing common clinical coverage and authorization workflows. FHIRplace participants used this framework to test and validate their systems' ability to execute compliant CRD transactions in a production-aligned environment.

This Q2 2026 testing marks the program's initial structured baseline for CRD testing. The five-scenario model reflects the scope appropriate for this phase. The framework is designed to expand subsequent testing, with additional scenario coverage, increased workflow complexity, and broader participant representation incorporated as the program scales.

Discovery and Prefetch Configuration

Before clinical testing, all payer participants establish a CRD Discovery Endpoint. Providers query this endpoint to identify supported hooks and retrieve prefetch templates. This baseline validation ensured that both parties agreed on the CRD services to be tested.

Three Core CRD Modules

CRD Module	Hook	Description
M1	Order-Sign Hook	Validates CRD behavior when clinicians sign orders, including coverage assertions and prior authorization status.
M2	Order-Dispatch Hook	Extends testing to order dispatch scenarios where providers dispatch orders to external performers (labs, imaging, DME). Reflects real dispatch context with performer/organization details.
M3	Appointment-Book Hook	Tests CRD in appointment-scheduling contexts where coverage assertions may depend on facility location or visit type.

Table 7

Five Standardized Scenarios per CRD Module

Scenario	Name	Description
SA1	Service Covered, No Prior Auth	Validates payer returns covered status with no authorization required.
SA2	Prior Authorization Required	Validates payer returns that prior authorization and documentation are needed. Includes embedded HTTP 412 error testing.
SA3	Prior Authorization Satisfied	Validates payer confirms prior authorization already satisfied for repeat or follow-up services.
SA4	Service Not Covered	Validates payer returns not-covered status with reason. Includes embedded HTTP 400 error testing.
SA5	Conditional Coverage	Validates payer returns conditional coverage based on site-of-service, network status, or facility type.

Table 8

Each scenario contained three distinct test cases, resulting in 15 test cases per CRD Module and 45 test cases across all three CRD Modules, plus the single Discovery test case — a total of 46 CRD test cases per provider-payer pairing for each participant supporting their applicable CRD hooks. Across the full test matrix spanning 7 participants and 9 roles and included 1,390 possible CRD Interoperable Test Case payer-provider connections.

Intermediary Tool Development and Premiere Framework

In parallel with CRD testing, the FHIRplace program advanced a new initiative: the incorporation of real-world intermediary products to the FHIRplace testing ecosystem. FHIRplace focuses on real-world, scalable testing. Because providers and payers exchange data through intermediaries in the real-world, testing them comprehensively is essential to the overall testing ecosystem. Two intermediary organizations, KONZA and ZeOmega, began working with the Drummond FHIRplace tool development team to integrate with the FHIRplace tool for future testing.

SPOTLIGHT: KONZA Health

KONZA Health's participation in Q2 planning and collaboration validated the intermediary framework developed in FHIRplace and positioned the organization for planned Q3 intermediary connect testing.

Key Discoveries and Interoperability Insights

Uncovered Interoperable Strategic Value

The following discoveries represent the core outcomes and improvements realized in Q2 testing. Each item reflects a technical discovery made through structured, multi-party FHIR testing and identifies the corresponding organizational value realized.

Authentication Requirements Validated
Ambiguities surrounding JWKS, client assertion, and mTLS configuration emerged as the most persistent technical barriers during Q2 testing. Organizations completing Q2 testing established a validated understanding of authentication requirements for FHIR-based CRD production environments. Identifying specification-level deviations in a structured testing meant engineering teams resolved them once, cleanly, without a production incident.

CRD Implementation Guide Conformance Confirmed
Testing surfaced a conformance issue where a trading partner system expected a data element not marked as mandatory under the HL7 Da Vinci CRD Implementation Guide. Participants identified and corrected an implementation assumption that would have produced interoperability failures in production, guiding internal organizational applied knowledge for documented evidence of conformance against the IG.

Intermediary Integration Pathway Scoped
Two intermediary organizations engaged in Q2 to explore connections into the FHIRplace testing environment. The technical discovery completed in Q2 directly informs how FHIRplace supports this connection model, and the organization enters Q3 with a defined integration approach and security method under evaluation.

Prefetch Template Variability Mapped
Participants observed meaningful variation in how each payer system implements prefetch templates. Testing against multiple payer implementations throughout testing enabled provider participants to update their systems to handle real-world format variability before reaching production.

Fixture and Response Logic Validated
Local identifier patterns used by Provider systems exposed gaps in Payer-side matching logic. Catching this during testing prevented participants from submitting incomplete or invalid CRD responses in a live environment, strengthening certification posture, and CRD response reliability.

Implications for Interoperability

These findings confirm that CRD interoperability is achievable in production-like environments, and that structured testing is an effective mechanism for surfacing real-world integration challenges before they reach production. Among the FHIRplace Q2 2026 testing participants, adherence to the HL7 Da Vinci CRD Implementation Guide supported robust information exchange across diverse provider and payer configurations. In-flight identification of prefetch requirements and issue-handling preferences enabled participants to refine system behavior prior to production deployment, reducing the risk of costly post-launch incidents.

Looking Forward: Q3-Q4 2026 FHIRplace Testing-Immediate Next Steps (2026)

Initiative	Description
CRD-PAS Direct	Test integration between CRD and prior authorization workflows using FHIR PAS protocols for direct CRD-PAS test cases.
Real-life Intermediary Connect Workflow	Deploy the Q2-designed intermediary framework with KONZA Health, ZeOmega and other intermediary candidates.
DTR Documentation Templates and Rules Top 10	Documentation Templates and Rules (DTR) and Prior Authorization Service expansion. Top-10 prior authorization service request types and top specialties with highest PA burden.
CRD-DTR-PAS Complete Workflow	Test the full clinical workflow chain across Coverage Requirements Discovery, Documentation Templates, and Prior Authorization Service.
Testing Automation Workgroup	FHIRplace Interoperable Prior Authorization industry leaders pursuing scalable testing in product development.

Table 9

Participating in FHIRplace

The FHIRplace program welcomes providers, payers, technology developers and intermediaries on a rolling basis throughout the year. There are no FHIR version requirements or product maturity thresholds to participate. Participant products and services registered in the FHIRplace testing program span FHIR Release 4 and Release 5, with CRD IG versions ranging from across 2.0.0, 2.1.0, and 2.2, reflecting the range of implementation configurations represented across the current participant base. Whether an organization is building toward an MVP or operating a full-scale live implementation, FHIRplace provides a continuous testing environment that meets participants where they are.

Interested in Joining FHIRplace?

Email fhir@drummondgroup.com to discuss integration timelines, testing requirements, and onboarding.

What FHIRplace Provides

Service	Description
Drummond-Managed Test Cases	Structured test cases for specific FHIR use cases, including electronic prior authorization workflows under Da Vinci CRD, DTR, and PAS.
Private Interoperability Testing Events	Curated testing events for selected partner groups, coordinated and managed by Drummond.
Continuous Interoperability Test Environment	A persistent testing environment that supports the full development of lifecycles across change control operations and a diverse ecosystem.
Operational Testing Metrics	Program-level metrics covering test execution, defect identification, and resolution throughout.
Strategic Testing Metrics	Executive-level metrics supporting program performance tracking, quarterly reporting, and roadmap validation.
Partner Matching and Coordination Services	Drummond manages partner identification and test coordination, removing the logistical burden from individual organizations.
Option Drummond Validated Seal	Participation pathways leading to the Drummond Validated Seal - for organizations seeking formal recognition of interoperability compliance.

Table 5

About Drummond

Founded in 1999, Drummond is a compliance testing and certification company with more than 25 years of continuous operation serving highly regulated industries. In Health IT, Drummond is the dominant Authorized Certification Body (ACB) for ONC Health IT certification, having issued more than 3,500 certifications — more than all other ACBs combined.

For more information about FHIRplace and Drummond's FHIR interoperability testing programs, visit: https://www.drummondgroup.com/services/fhirplace/.

Appendix A: Test Case Reference

For detailed test case specifications, scenario definitions, and step-by-step instructions, refer to the FHIRplace Test Plan documentation available on the Drummond FHIRplace Validated products webpage.

Test cases cover CRD Module-specific configurations, test patient profiles, expected payer responses, and embedded issue scenarios.

Appendix B: Glossary

Term	Definition
CRD	Coverage Requirements Discovery — HL7 Da Vinci specification for payer-provider discovery and coverage exchange
DTR	Documentation Templates and Rules — FHIR implementation standard for digital prior authorization forms
PAS	Prior Authorization Service — FHIR standard for submitting and managing prior authorization requests
FHIR	Fast Healthcare Interoperability Resources — modern API standard for healthcare data exchange
Hook	HL7 Da Vinci CDS Hook triggering point (e.g., order-sign, appointment-book)
Prefetch	Pre-configured FHIR data retrieval template sent with CRD requests to reduce roundtrips
Drummond Validated Seal	Participant seal received after successful completing active testing across CRD Modules
FHIRplace Participant Emblem	FHIRplace members that are in active testing status for over 10 weeks
Planning for future	Participant status indicating an organization is onboarding and advancing toward active testing status or actively testing for less than 10 weeks.

Table 6