

Q3 2026
FHIRplace Testing Report

Electronic Prior Authorization Interoperability Testing with Intermediary Development

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Executive Summary

FHIRplace is a Drummond-managed interoperability testing environment where HL7® FHIR® developers, providers, payers, and intermediaries validate real-world ePA workflows together at scale. Q3 2026 extended the CRD testing program established in Q2, running June 17 through September 29, 2026 — 15 weeks of structured, multi-party prior authorization interoperability testing across the full FHIRplace participant matrix.

Provider-facing and payer-facing participants executed CRD test cases across M1 Order-Sign, M2 Order-Dispatch, and M3 Appointment-Book hooks, with primary emphasis on M1 as the basis for Drummond Validated - FHIRplace status evaluation. KONZA Health joined the active test matrix as the intermediary pilot implementer, extending validation to the full provider–intermediary–payer exchange chain through the FHIRplace Intermediary Connector.

Q3 2026 marked a significant expansion of the FHIRplace program across three dimensions: deepened CRD ePA interoperability testing with nine active organizations across 11 roles; a live pilot of the FHIRplace Intermediary Connector, demonstrated publicly at the HL7 FHIR Fall Connectathon in Rockville, Maryland; and the launch of two Automated Testing Workgroups developing the infrastructure for scalable, hands-off ePA testing in Q4 2026 and beyond.

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Q3 2026 FHIRplace Testing Overview

The Q3 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. Q3 2026 testing continued the same test case scope established in Q2, applying the five-scenario model (SA1–SA5) across three CRD modules: M1 Order-Sign, M2 Order-Dispatch, and M3 Appointment-Book. The primary focus for interoperable achievement this quarter was the M1 Order-Sign hook, which formed the basis for Drummond Validated - FHIRplace status evaluation. Full metric definitions, module descriptions, and test case structure are detailed in the FHIRplace Program Testing Report Q2 2026.

9 **Test Participants** Active testing organizations (15 weeks)	**6** **Provider Roles Tested** Provider-facing configurations (15 weeks)	**5** **Preparing to Test** Organizations in pre-testing status
5 **Payer Roles Tested** Payer-facing configurations (15 weeks)	**46** **Maximum of Total Test Cases per Payer/Provider Testing Pair** CRD scenarios including Discovery	**1,252** **Interoperable Matrix** Total test case connections (15 weeks)

Figure 1

The metrics above, in Figure 1, provide a high-level quantitative summary of the Q3 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 15 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 15 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 across all participating organizations and all applicable test cases. The Q3 2026 active

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interoperable matrix reached 1,252 unique provider-payer pairs, reflecting the range of multi-party interoperability validation achieved this quarter.

- **Preparing to Test** status identifies organizations that are enrolled in the FHIRplace program in onboarding and pre-test readiness activities in preparation for a future verified interoperable status.

FHIRplace CRD Testing Summary

Metric	Result
Total Testing Participants	9 organizations
Roles Tested	6 provider-facing (EHR/SMART), 5 payer-facing
Total CRD Test Cases	46 CRD scenarios (including Discovery)
FHIRplace Interoperable Matrix	1,252 interoperable test case connections (active unique provider-payer pairs, Q3 sprint)
CRD Module Coverage	M1 (order-sign), M2 (order-dispatch), M3 (appointment-book)
CRD Testing Duration	15 weeks (June 17 – September 29, 2026)
Cumulative Interoperable Issues Uncovered	311 interoperable issues uncovered
Cumulative Testing Attempts	2266 attempted across all roles (Q2-Q3 2026)
Cumulative Test Case Coverage Percentage	43% [(Success + Failed) ÷ 1,252 Matrix test cases] Test Cases Tested Q2-Q3 2026
Q3 Testing Attempts	1132 tests attempted across all roles (6/17 – 9/18/2026)

Table 1

The metrics in Table 1 reflect results captured through structured provider-payer test exchanges conducted across all supported CRD modules during Q3 2026. Two data elements referenced in the table are defined below.

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Q3 Test Results and Achievements

Drummond Validated™ - FHIRplace (ePA Interoperability)

Nine FHIRplace members received FHIRplace participant status (Image 1) for FHIRplace Q3 2026 by actively testing across their supported CRD Modules with test partners. Drummond Validated™ - FHIRplace ePA Interoperable status. Based on Q3 2026 testing results, Drummond applied the CRD Seal framework to evaluate each active participant's test record. Three organizations — Medplum, MIE, and ZeOmega — met the criteria for the Silver tier, the highest level achievable under the CRD test plan. Three organizations achieved Bronze. These represent the FHIRplace program's first participants to achieve a Drummond Validated - FHIRplace status.

Drummond Validated - FHIRplace Silver (CRD)



Drummond Validated - FHIRplace Bronze (CRD)



FHIRplace Participant



Drummond Validated™ - FHIRplace (CRD) — Q3 2026

The Drummond Validated - FHIRplace (CRD) seal is a visual representation of the status organizations earn by demonstrating confirmed interoperability across multiple test partners in a structured, production-representative FHIR testing environment. CRD has two status levels: **Bronze** confirms successful interoperability with two or more test partners for M1 Order Sign Module. **Silver** requires broader partner coverage or clean execution at or above the M1 threshold across adjacent CRD modules (M2 and M3). Drummond Validated – FHIRplace status is not self-reported; it is independently awarded by Drummond following review of test records. Silver is the highest tier Drummond certifies under the CRD test plan; Gold is reserved for the full ePA workflow and requires the Drummond Validated ePA Interoperable Seal, a separate program covering CRD, DTR, PAS, and Intermediary Connect.

In Q3 2026, three organizations received the Drummond Validated – FHIRplace Silver (CRD) status. Three Organizations received the Drummond Validated - FHIRplace Bronze (CRD) seal.) Looking ahead, **Q4 2026 FHIRplace testing will extend to the full ePA workflow**, adding DTR (Documentation Templates and Rules), PAS (Prior Authorization Support), and Intermediary Connection validation to the test scope.

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Provider Role and Payer Role FHIRplace Participants- Q3 2026 Testing Achievements

Participant	Testing Role	CRD Modules	Product / Version	Status
Medplum	Provider-facing (EHR/SMART)	M1, M2, M3	Medplum v5	Drummond Validated – FHIRplace (CRD) Silver
Nucural	Provider-facing (EHR/SMART)	M1, M2, M3	Affosoft Inc.	Drummond Validated – FHIRplace (CRD) Bronze
Medical Informatics Engineering (MIE)	Provider-facing (EHR/SMART)	M1, M2, M3	WebChart EHR v8.4	Drummond Validated - FHIRplace (CRD) Silver
Mesh Health Solutions	Provider-facing (EHR/SMART)	M1	Mesh Connect v1	Drummond Validated - FHIRplace (CRD) Bronze
Medplum	Payer-facing	M1, M2, M3	Medplum v5	Drummond Validated - FHIRplace (CRD) Silver
Nucural	Payer-facing	M1, M2, M3	Affosoft Inc.	Drummond Validated - FHIRplace (CRD) Bronze
ZeOmega	Payer-facing	M1, M2, M3	HealthUnity Smart Authorization Gateway ver. 3.4	Drummond Validated - FHIRplace (CRD) Silver
Smile Digital Health	Payer-facing	M1, M2, M3	Smile CDR Inc.	Drummond Validated - FHIRplace (CRD) Bronze
Itiliti Health	Payer-facing	M1, M2, M3	PA Checkpoint	FHIRplace Participant
Comtron Inc.	Provider-facing (EHR/SMART)	M1	Medgen EMR Version 9.x	FHIRplace Participant
medent	Provider-facing (EHR/SMART)	M1	medent v23.9	FHIRplace Participant

Table 2

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Member Spotlight: Medical Informatics Engineering (MIE)

Medical Informatics Engineering (MIE) achieved the highest volume of M1 passed interoperable test scenarios across the FHIRplace Q3 2026 testing period, executing successfully against the broadest set of payer partners in the program. MIE's Provider-facing configuration demonstrated consistent, high-fidelity execution across the Order-Sign hook, producing a 98% M1 pass rate across four qualifying partner sets — all four confirmed clean. MIE also engaged across M2 and M3 modules, achieving Silver standing under the Drummond Validated - FHIRplace (CRD) framework. The depth of MIE's test coverage, partner reach, and execution quality across the full CRD module set positions MIE as the highest-performing provider system in the Q3 2026 FHIRplace program cohort.

FHIRplace Participants Preparing for Future Testing

Five 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 - FHIRplace seal.

Participant	Role	Status
Modmed	Provider-facing	Preparing for Future Testing
Smile Digital Health	Provider-facing	Preparing for Future Testing
Retinex	Provider-facing	Preparing for Future Testing
ZeOmega (Intermediary)	Intermediary	Preparing for Future Testing
KONZA Health	Intermediary	Preparing for Future Testing

Table 3

Two new participant roles have joined the FHIRplace program during this period. Retinex has been onboarded in a Provider-facing role. Smile Digital Health has been confirmed in a Provider/Payer dual role and is actively configuring within the FHIRplace testing environment to test as a Provider-facing role.

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Member Spotlight: ZeOmega

ZeOmega has expanded its testing footprint beyond its established Payer-facing role, taking on configuration and onboarding as an intermediary participant. This milestone marks completion of initial integration with FHIRplace's new Intermediary Connector, positioning ZeOmega to validate interoperable intermediary workflows alongside an expanded set of product features in future quarters.

Q3 Interoperability Testing Issue Metrics

Issue classification follows the FHIRplace Interoperability Issue Classification Methodology, detailed in the FHIRplace Interoperability Issue Classification Standard. FHIRplace Q3 2026 CRD testing identified 311 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.

Interoperable Issues by Category

The 311 issues identified during Q3 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 Q3 2026 testing period, 69% of the 994 actively executed tests reached a confirmed successful or 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.

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	Category	# Issues	Description	Q2-Q3 Point Shift	Q3 % of Total Issues
1	Technical & Transport Layer Issues	10	Issues related to the underlying network, HTTP protocol, and payload formatting.	-9.8	3.2%
	HTTP Protocol Errors	10	Incorrect use of HTTP verbs (e.g., using POST instead of PUT for updates), improper HTTP status code handling (e.g., client treating a 201 Created as an error), or missing required HTTP headers (e.g., Content-Type: application/fhir+json).		
2	Structural & Conformance Issues	88	Issues related to the FHIR data model, resource definitions, and Implementation Guide (IG) profiles.	+13.6	28.3%
	Cardinality Violations	29	Missing mandatory elements (e.g., 0..1 or 1..1 elements missing) or exceeding maximum cardinality limits.		
	Profile Non-Conformance	5	Failing to meet the specific constraints of a required profile (e.g., US Core Patient profile) defined in an Implementation Guide.		
	Reference Integrity	50	Broken references (e.g., Patient/123 does not exist), using absolute URLs when relative IDs are expected, or circular references.		
	Data Type Mismatches	4	Using the wrong FHIR data type (e.g., passing a string where a CodeableConcept is required).		
3	Semantic & Terminology Issues	5	Issues related to the clinical meaning, vocabulary, and units of measure within the data.	+1.3	1.6%
	Terminology Binding Failures	5	Using incorrect coding systems (e.g., using ICD-9 instead of ICD-10), outdated code system versions, or failing to bind to the required “extensible” or “required” ValueSets.		
4	Security, Privacy & Authorization Issues	28	Issues related to identity, access management, and patient privacy.	+2.1	9.0%
	OAuth2/OIDC Errors	28	Invalid client credentials, expired access/refresh tokens, or incorrect grant types (e.g., using Authorization Code flow when Client Credentials is required for backend systems).		
6	Trigger & Context Discovery Issues	112	Issues related to how the EHR initiates the CRD request and passes the necessary clinical context to the payer.	+27.7	36.0%
	CDS Hooks Context Failures	34	Missing required hook context (e.g., the order-select hook is fired, but the draft MedicationRequest or ServiceRequest is not included in the context).		

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	Patient/Practitioner Context Missing	36	Failure to pass the patient ID or user (provider) ID in the CDS Hook payload, preventing the payer from personalizing the rules.		
	CDS Hooks Discovery Response Incomplete	42	The payer's /cds-services discovery response advertises fewer hooks than the IG requires for the scenario under test, a conformance defect on the payer's discovery endpoint.		
7	Coverage & Payer Matching Issues	19	CRD requires knowing what the patient is covered for in order to apply the correct rules.	+3.6	6.1%
	Missing or Inactive Coverage	5	The EHR fails to provide an active Coverage resource, or the Coverage.status is cancelled or pending.		
	Plan/Product Mismatch	14	The specific Coverage.class (e.g., Plan Name, Group Number) is missing, preventing the payer from determining if the specific benefit applies.		
8	Rule Evaluation & Coverage Determination Issues	42	Issues in how the payer evaluates coverage rules and returns a coverage determination — e.g. the wrong decision, or no decision at all.	-38.9	13.5%
	Incorrect Coverage Determination Outcome	11	A structurally valid, non-empty response carried a coverage decision, but that decision did not match the expected outcome.		
	Empty/Absent Coverage Determination	31	The CRD service responded but returned no coverage determination at all — empty cards and empty systemActions, or an explicitly Unknown/absent outcome.		
11	Endpoint & Network Specific to CRD	7	Endpoint discovery and network issues specific to the CRD exchange.	+0.3	2.3%
	Timeout/Latency in Rule Evaluation	7	CQL evaluation and Questionnaire generation at the payer side take too long, causing the CDS Hook card to time out in the EHR UI.		
TOTAL — 311 Interoperable Issues (Q3 2026 CRD Testing)		311		—	100%

Table 4

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Top Interoperable Issues Category Shift

Q3 2026 testing shows the program's continuous-testing model at work: the largest failure mode from Q2, Rule Evaluation & Coverage Determination, fell from 52.4% to 13.5% of net new Q3 issues, while testing sharpened its ability to catch earlier-stage gaps. Trigger & Context Discovery rose from 8.3% to 36.0% and Structural & Conformance from 14.7% to 28.3% - exactly the kind of quarter-over-quarter visibility into shifting failure patterns that sustained FHIRplace active testing participation delivers for member organizations.

A large positive shift (e.g. +25 pts) means that the issue category went from a minor slice of the findings to a dominant one. A large negative shift means the opposite: that category used to dominate the findings and now makes up a much smaller slice — usually a sign that failure mode is being resolved faster than others.

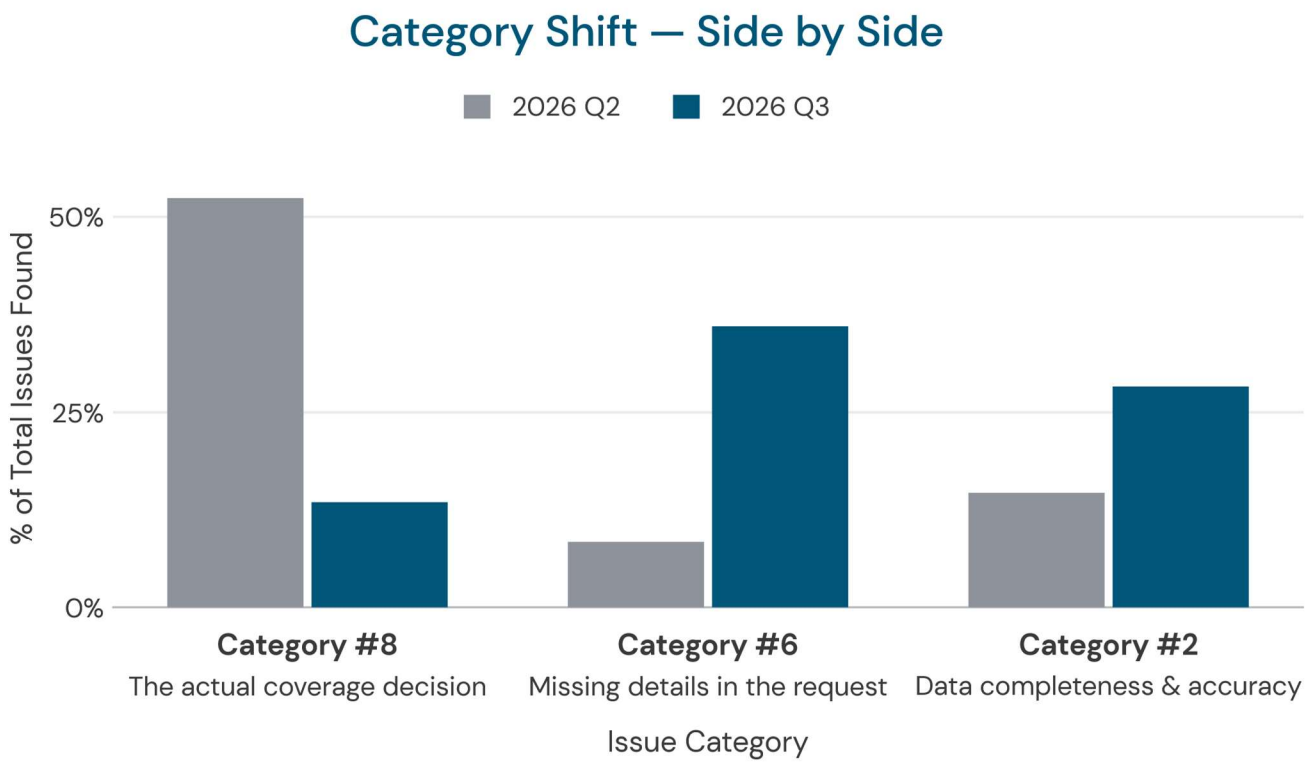


Figure 2 — Q2 to Q3 2026 Issue Category Shift, Top 3 Categories by Point Change. Rule Evaluation & Coverage Determination fell 39 points (52.4% to 13.5%); Trigger & Context Discovery rose 28 points (8.3% to 36.0%); Structural & Conformance rose 14 points (14.7% to 28.3%).

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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 into 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. KONZA Health worked with the Drumond FHIRplace tool development team to integrate with the FHIRplace platform for the pilot connector build, advancing the program toward live intermediary-routed interoperability testing. Technically, the intermediary sits between each provider's CRD Coordinator and the payer's CRD service: it does not initiate transactions but receives the inbound CDS Hooks discovery request and routes it to the correct payer-specific endpoint, then relays the resulting prefetch data exchange and coverage determination back to the originating provider.

Q3 2026 marked the first successful execution of the FHIRplace Intermediary Connector framework. Five FHIRplace participants completed live pilot intermediary connect testing this quarter, validating end-to-end ePA transactions routed through a real-world intermediary. Each organization demonstrated the ability to exchange FHIR transactions across the full provider-intermediary-payer chain — a production-representative configuration. These participants are confirmed ready for Q4 intermediary interoperability testing at scale.

Participant	Testing Role	Intermediary Connect Status
Medplum	Provider-facing (EHR/SMART)	Intermediary Connection Success
Medplum	Payer-facing	Intermediary Connection Success
Medical Informatics Engineering (MIE)	Provider-facing (EHR/SMART)	Intermediary Connection Success
Mesh Health Solutions	Provider-facing (EHR/SMART)	Intermediary Connection Success
Itiliti Health	Payer-facing	Intermediary Connection Success

Table 5 — FHIRplace Participants Confirmed for Q4 Intermediary Interoperability Testing (Intermediary Connect via KONZA Health Q3 2026)

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SPOTLIGHT: KONZA Health — Intermediary Connect Partner

KONZA Health's engagement in Q3 2026 was foundational to FHIRplace's ability to deliver live intermediary-routed ePA testing. KONZA Health brought production-grade intermediary infrastructure to the FHIRplace testing environment, enabling real transaction routing across the provider-intermediary-payer chain for the first time in the program's history. KONZA's technical collaboration with the Drummond FHIRplace tool development team directly shaped the Intermediary Connector framework that underpins all future intermediary testing in the program. KONZA Health is recognized as a program leader and essential member in FHIRplace's advancement toward complete (CRD-DTR-PAS) ePA interoperability certification.

Key Discoveries and Interoperability Insights

Uncovered Interoperable Strategic Value

Q3 2026 testing covered the three core CRD modules — **M1 Order-Sign, M2 Order-Dispatch,** and **M3 Appointment-Book** — with primary emphasis on the **Order-Sign (M1) hook**, the foundational trigger for electronic prior authorization.

Incomplete Order Type Support in Payer Systems
Testing identified a payer system built to handle one order type that failed entirely when a different order type arrived alongside it — returning no coverage decision for any scenario, including straightforward cases. Finding this in a structured test environment means the misconfiguration can be corrected before it blocks a real patient authorization.

Generic Placeholders Substituted for Available Procedure Codes and Clinical Identifiers
Testing revealed a pattern where correct procedure codes and clinical identifiers were available but replaced with generic placeholders before the request was sent, preventing the payer from matching the request to a covered service. A side-by-side comparison of what was provided versus what was sent made the gap immediately visible.

Prefetch Completion as a Prerequisite for Coverage Decision Testing
When provider systems correctly complete the prefetch step — confirming what information the payer requires in advance — requests reach the payer's decision logic cleanly, and testing can focus on whether the right coverage decision comes back. When prefetch is skipped or done incorrectly, requests are blocked before any clinical information is considered, wasting test cycles on failures unrelated to coverage logic.

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Non-Functional Callback Addresses in Provider Requests
Testing found cases where the callback address included in a provider's request was a non-functional placeholder with no access credentials, preventing the payer system from retrieving additional information it needed to complete the determination. This gap only surfaces in multi-party testing because a real payer endpoint attempts the lookup.

Payer Configuration Document Gaps Affecting Downstream Requests
Before any requests are exchanged, the payer publishes a configuration document specifying what information to include and how to structure it. Testing found that gaps in this document can cause downstream failures across multiple cohorts — and catching them before a single request is sent protects both sides from avoidable delays.

Increase in Structural and Conformance Findings
Structural & Conformance Issues grew from 15% to 28% of all findings (53 → 88 instances). CRD depends on FHIR resources correctly referencing each other — a ServiceRequest pointing to the right Patient, Coverage, and Practitioner. When those references break, the payer's rules engine has nothing concrete to evaluate against. Every other CRD capability sits on top of this working correctly. As other issue types get resolved, this is where the next round of remediation focus is likely to pay off most.

HL7 FHIR Connectathon September 2026 — FHIRplace Participation

Drummond's FHIRplace program joined the HL7 FHIR Fall Connectathon as a dedicated testing room in Rockville, Maryland, September 19–20, 2026 — the program's first in-person Connectathon appearance. FHIRplace introduced real-time ePA interoperability testing through a live, production-grade intermediary, closing the gap between conformance testing and production deployment across the full provider-intermediary-payer chain and giving the broader HL7 community a workflow to what production-representative intermediary testing looks like at scale.

Finding mismatches in a structured environment with Drummond as a third-party observer eliminates remediation cycles that would otherwise surface in live operations.

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Recognized FHIRplace Participants — HL7 Fall Connectathon

Participant	Testing Role	Product / Version
Itiliti Health	Payer-facing	PA Checkpoint
Medical Informatics Engineering (MIE)	Provider-facing (EHR/SMART)	WebChart EHR v8.4

Table 6 — FHIRplace Members Participating in HL7 Fall Connectathon, September 19–25, 2026, Rockville, Maryland.

FHIRplace Automated Testing Workgroups

FHIRplace established two Automated Testing Workgroups to advance the program toward scalable, hands-off ePA interoperability testing. These workgroups bring together payer vendors, provider system developers, and intermediaries to build the technical infrastructure needed to automate FHIR transaction testing across the FHIRplace matrix. Drummond's 25 years of interoperability testing expertise now shapes FHIRplace's automated ePA testing at the volume and frequency real-world deployment demands.

FHIRplace members **Medical Informatics Engineering (MIE)** and **Medplum** have served as key technical partners, bringing FHIR and testing expertise that informed discovery, architected both automation pathways, and established a realistic roadmap balancing participant capability with platform evolution.

Provider-Facing Automation Testing

Prior authorization testing at scale requires FHIRplace to initiate test cases without coordinator intervention. Using FHIR Subscriptions—already required by PAS—the workgroup is building test-initiation notifications that tell provider systems which test to run, against which payer plan, and when. Participants control which tests they accept. Manual testing remains fully supported. The workgroup is moving into specification and proof-of-concept implementation in Q4 2026 to 2027. Result: on-demand test cases that run consistently and map directly to implementation guide conformance, with no manual setup.

Payer-Facing Automation Testing

Scaling payer testing requires knowing what each health plan's coverage policies produce before live providers reach them. The workgroup is discovering automated plan capabilities, a persistent Implementation registry drawn from each endpoint, and dynamic test-case generation that binds archetypes to real synthetic patients and expected results on demand. Proof-of-concept implementation is planned for Q4 2026 to 2027. Result: policies cataloged once and reused across tests, gaps surfaced before production, and defensible conformance records tied to specific implementation guides. For providers, this enables plan-specific readiness verification.

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Looking Forward: Q4 2026 FHIRplace Testing — Immediate Next Steps

The Q4 2026 target is to complete the full ePA workflow for FHIR data exchange (CRD-DTR-PAS), building on the completed order-sign work, with new test scenarios run through the new Intermediary Connector framework to identify and resolve interoperability issues in near real time for any business and role in ePA.

Initiative	Description
CRD-PAS Direct	FHIRplace participants will begin testing the integration between CRD and prior authorization workflows, using FHIR PAS protocols for direct CRD-PAS test cases.
Intermediary Connect Pilot Framework	FHIRplace participants will test through the Intermediary Connector framework, enabling a new level to full-matrix intermediary interoperability testing.
DTR Documentation Templates and Rules Top 10	FHIRplace participants will test DTR and Prior Authorization Service workflows for the top 10 prior authorization service request types and the specialties with the highest PA burden.
CRD-DTR-PAS Complete Workflow	FHIRplace participants will test the full clinical workflow chain across Coverage Requirements Discovery, Documentation Templates and Rules, and Prior Authorization Service.

Table 7

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.

Active participation in interoperability testing requires participant systems to be capable of sending and receiving FHIR ePA data compliant with the applicable specification version; FHIRplace tests interoperability across implementations, not compliance verification.

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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 - FHIRplace	Participation pathways leading to the Drummond Validated - FHIRplace seal for organizations seeking formal recognition of interoperability compliance.

Table 8

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/.

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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 Validated - FHIRplace products webpage.

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

Appendix B: Glossary

Term	Definition
Provider- facing (EHR/SMART)	FHIRplace interoperable testing role for organizations that deliver clinical care, manage clinical workflows, or build solutions that providers use. Participants can include electronic health record (EHR) vendors, SMART-on-FHIR application developers. In ePA workflows, providers and provider-facing applications initiate prior authorization requests, retrieve coverage requirements data (CRD) in real time, and respond to payer requests for clinical documentation. Provider-facing testing ensures seamless integration of payer data into clinical decision-making at the point of care.
Payer - facing	FHIRplace interoperable testing role for organizations that administer health benefit plans, determine prior authorization requirements, or develop solutions that payers use. Participants include systems supporting health insurance carriers, pharmacy benefit managers (PBMs), Medicaid managed care organizations, workers' compensation insurers, benefit management platforms, payer software vendors, and clinical documentation platforms. In ePA workflows, payers deliver coverage rules, prior authorization criteria, and documentation requirements to providers via standardized digital channels. Payer-facing testing validates that coverage policies reach providers accurately and in actionable formats.
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

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Term	Definition
Drummond Validated - FHIRplace	Tiered achievement status. Participants who achieve this status (either Gold, Silver, or Bronze) receive the appliable seal after successfully completing active testing across CRD Modules
FHIRplace Participant	FHIRplace members that are in active testing status. Participants at this status level receive a Participant badge.
Planning for future	Participant status indicating an organization is onboarding and advancing toward active testing status or actively testing for less than 15 weeks.

Table 9

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