



Issue Brief

# Engaging with HL7 FHIR

Health plan baseline readiness  
and challenges

## INTRODUCTION

In Spring 2020, the Centers for Medicare & Medicaid Services issued landmark regulation in the Interoperability and Patient Access Final Rule (CMS-9115-F), requiring health plans to make provider directory and patient data available via third-party applications using HL7 FHIR and to share up to five years of patient data with a member's new plan upon consent. More recent policy, including the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F), builds on these requirements by further expanding the use of FHIR-based APIs and the types of data required for exchange.<sup>1,2,3</sup>

## SURVEY FINDINGS

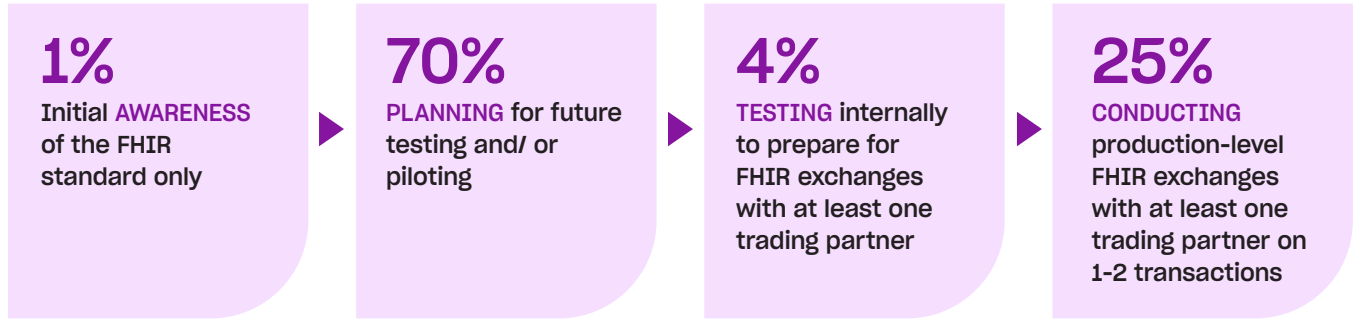
To help understand health plan engagement with HL7 FHIR, the CAQH Index gathered baseline data from medical plans on their readiness and barriers to adoption in advance of CMS requirements.<sup>4</sup>

### HL7 FHIR readiness

Looking across the continuum of HL7 FHIR implementation readiness (Figure 1) one year prior to the 2020 final rule were planning for future tests and pilots using the HL7 FHIR standard (70%). 4% of plans had begun internally testing the use of HL7 FHIR in preparation for testing the standard with trading partners, and one quarter of health plans had begun conducting production-level data exchanges with at least one trading partner.



Figure 1. Stages of HL7 FHIR readiness



**Using HL7 FHIR readiness to exchange information**

One year prior to implementing the 2020 CMS requirements, health plans were asked about the type of information they were planning to exchange (Table 1). Roughly half of health plans (46%) indicated that they were planning to exchange information related to prior authorization using the HL7 FHIR standard, followed by value-based payment data (32%).

Health plans also indicated that they were planning to use HL7 FHIR to provide access to patient health data by third-party apps (29%), provider directories (28%), coverage information (28%), and share patient data with other health plans (25%). Only 12% of health plans indicated

Table 1. Planned information exchanges using HL7 FHIR standard

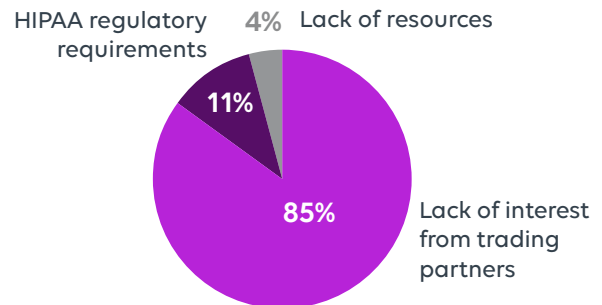
Which of the following information exchanges is your organization planning with HL7 FHIR standards?	
Prior Authorization	46%
Value Based Payment Information	32%
Patient Health Data Exchange (Patient Access API)	29%
Provider Directory Data	28%
Eligibility/Benefits Coverage Information	28%
Payer to Payer Data Exchange	25%
Exchange of Clinical Attachments/Medical Documentation	12%

they were planning to exchange clinical attachments or medical documentation using HL7 FHIR.

**Potential barriers to HL7 FHIR adoption**

While awareness of HL7 FHIR continues to grow, last year the vast majority of medical plans (85%) indicated that the greatest barrier to HL7 FHIR adoption was the lack of interest from trading partners (Figure 2).

Figure 2. For my organization, the greatest barrier to further HL7 FHIR adoption is:

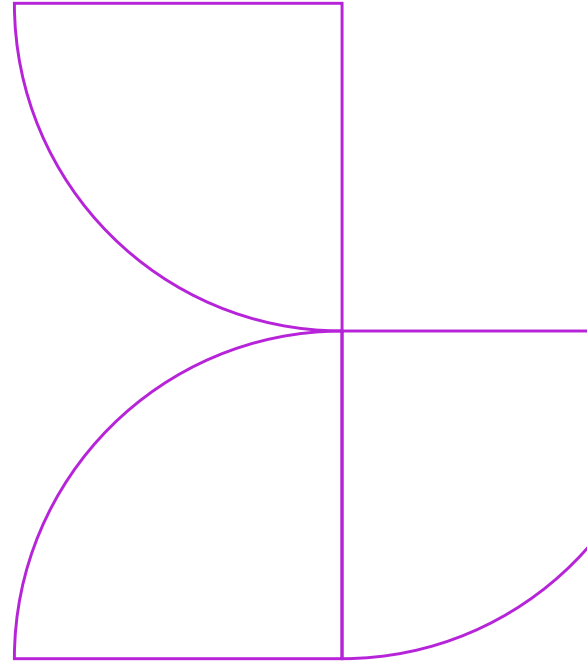


**CONCLUSION**

A year prior to implementing the 2020 CMS interoperability requirements, health plans were at various stages of HL7 FHIR readiness. CAQH Index reports will continue to build upon this baseline data and provide more detailed insights on HL7 FHIR adoption, volume, and costs, broadening industry knowledge related to HL7 FHIR utilization.

## METHODOLOGY

The CAQH Index included a supplemental set of questions related to HL7 FHIR readiness. Medical plans were asked to report their current level of interaction with HL7 FHIR, information exchanges planned with HL7 FHIR and barriers to adoption. Reported data was weighted based on medical plan membership size from the AIS Directory of Health Plans for 2019.<sup>5</sup> Medical plan reported data represents 30% of covered lives in the United States.



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## Endnotes

1. "Interoperability and Patient Access - Final Rule (CMS-9115-F)," CMS, March 06, 2020, <https://www.cms.gov/files/document/cms-9115-f.pdf>.
2. "CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F)," CMS, February 08, 2025, <https://www.federalregister.gov/documents/2024/02/08/2024-00895/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-advancing-interoperability>.
3. "Welcome to FHIR," HL7 FHIR, accessed Last updated March 2026, <https://www.hl7.org/fhir/index.html>.
4. "2020 CAQH Index," CAQH, January 2021, <https://www.caqh.org/sites/default/files/explorations/index/2020-caqh-index.pdf>.
5. AIS Health Data, a Division of Managed Markets Insight and Technology, LLC, AIS's Directory of Health plans: 2019, (2020).