

ISSUE BRIEF

Engaging with HL7 FHIR

Health Plan Baseline Readiness and Challenges

Introduction

In the Spring of 2020, the Centers for Medicare & Medicaid Services (CMS) released Final Rules supporting industry interoperability and patient information access.¹ The Interoperability and Patient Access Final Rule outlines how health plans shall provide access to provider directory and patient health data.

Under this rule, health plans are required to use HL7 Fast Healthcare Interoperability Resources (FHIR), a data exchange standard and application programming interface (API).² As required by these CMS rules, health plans are required to make provider directory and patient health data available through third party applications using

the HL7 FHIR standard by July 2021. In addition, by January 2022 health plans are required to share five years of past patient data with a member’s current health plan at that member’s consent.³

Survey Findings

To help understand health plan engagement with HL7 FHIR, the 2020 CAQH Index gathered baseline data from medical plans on their readiness and barriers to adoption one year prior to implementing the CMS requirements.⁴

HL7 FHIR Readiness

Looking across the continuum of HL7 FHIR implementation readiness (Figure 1) one year ago, the majority of medical plans indicated that they

Figure 1. Stages of HL7 FHIR Readiness



were planning for future tests and pilots using the HL7 FHIR standard (70 percent). Four percent 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.

Using HL7 FHIR to Exchange Information

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

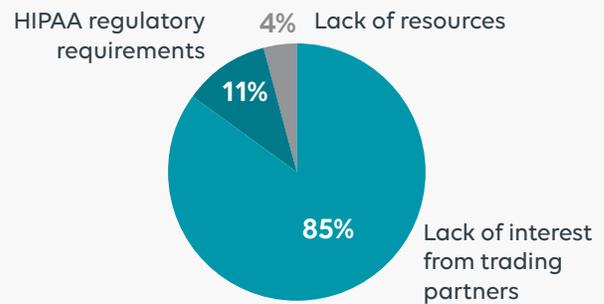
Health plans also indicated that they were planning to use HL7 FHIR to provide access to patient health data by third-party apps (29 percent), provider directories (28 percent), coverage information (28 percent), and share patient data with other health plans (25 percent). Only 12 percent of health plans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

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%

Potential Barriers to HL7 FHIR Adoption While awareness of HL7 FHIR continues to grow, last year the vast majority of medical plans (85 percent) 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 new CMS interoperability requirements, health plans were at various stages of HL7 FHIR readiness. Future CAQH Index reports will 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 2020 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 2019.⁵ Medical plan reported data represents 30 percent of covered lives in the United States.

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 "Welcome to FHIR," HL7 FHIR, accessed July 30, 2021, <https://www.hl7.org/fhir/index.html>.
- 3 "Policies and Technology for Interoperability and Burden Reduction," CMS, July 06, 2021, <https://www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index#CMS-Interoperability-and-Patient-Access-Final-Rule>.
- 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).