

FHIR Prior Authorization Readiness Checklist

Is Your Organization Ready
for Real-Time Prior
Authorization?

*Use this checklist to quickly assess
your readiness, and identify where
workflow gaps may slow approvals
or increase administrative burden.*



Workflow Readiness

Can your current process support real-time prior authorization?

Check your readiness:

- Prior authorization requests are submitted electronically – not by fax or phone
- Staff follow a standardized workflow for submitting and tracking requests
- Urgent and standard requests are clearly identified and prioritized
- Authorization status can be tracked without calling the payer
- Staff know the next step when an authorization is delayed or denied

If you checked fewer than 4 boxes:

Your workflow may struggle to meet CMS response timelines.



Data & Documentation Readiness

Is the right clinical data available when you need it?

Check your readiness:

- Required clinical documentation is captured during the patient visit
- Orders, diagnoses, and clinical notes are stored in structured format
- Staff do not manually re-enter the same information into multiple systems
- Documentation requirements from payers are clearly defined
- Missing information is flagged before submission

If these steps rely on manual work:

Delays and denials are likely to increase.



Technology & Integration Readiness

Can your systems connect to payer APIs using FHIR standards?

Check your readiness:

- Your EHR supports FHIR APIs
- Prior authorization workflows are integrated into the clinical workflow
- Your system can send and receive authorization requests electronically
- Authorization status updates are received automatically
- Staff do not log into multiple portals to complete one request

If your team uses multiple portals:

Your process is not yet ready for real-time prior authorization.



Compliance Readiness

Are you prepared to meet CMS-0057-F timelines and reporting requirements?

Check your readiness:

- Your team understands CMS response timelines
- Standard requests can be processed within required timeframes
- Urgent requests can be prioritized and tracked separately
- Authorization decisions are documented and auditable
- Denials and delays are monitored and reported

If tracking is manual:

Compliance risk increases.



Staff & Operational Readiness

Does your team have the capacity to manage higher authorization volumes?

Check your readiness:

- Staff roles and responsibilities for prior authorization are clearly defined
- New staff can be trained quickly on the authorization workflow
- Work queues are visible and prioritized
- Bottlenecks can be identified in real time
- Leadership can monitor authorization performance metrics

If visibility is limited:

Operational strain will grow as authorization requirements increase.



Quick Readiness Score

Count how many boxes you checked across all sections.

21–25 checks

15–20 checks

Below 15 checks

You are close to real-time readiness. Focus on workflow optimization.

You have a solid foundation but likely rely on manual steps.

Without workflow modernization, you may face delays, denials, & compliance risk.

What This Checklist Tells You

If your team:

- Logs into multiple portals
- Re-enters patient data
- Tracks authorizations manually
- Waits for payer responses
- Struggles to meet turnaround timelines

Then your prior authorization process is not yet ready for FHIR-based workflows.

That is where workflow automation matters most.



See What Real-Time Prior Authorization Looks Like in Practice

FHIR prior authorization works best when workflows, data, and payer connections operate in one system.

CERTIFY Health helps healthcare organizations:

- Automate prior authorization workflows
- Connect EHRs to payer APIs using FHIR
- Reduce manual work and delays
- Track authorization status in real time
- Support CMS-0057-F compliance



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