CMS-0057-F Readiness Checklist

Payer self-assessment: is your CMS-0057-F solution actually ready?

With the January 2027 deadline closing in, the question is no longer whether to act. It's whether what you're building will actually hold up. This checklist covers all five required APIs, plus the data infrastructure and operational layers that most readiness assessments overlook — the gaps that surface in Q4, when there's little time left.

HOW TO USE THIS CHECKLIST

1. Work through each section with your implementation lead and vendor. If you have not yet selected a vendor, use this as a requirements framework for your evaluation.
2. Check items that are confirmed and operational. Flag anything where the honest answer is "I think so" or "not sure."
3. Some items reflect CMS mandates. Others reflect what determines whether your solution holds up in production. Both are important.

1 API coverage

All five APIs — confirmed operational, not just designed

PATIENT ACCESS API

☐	Is prior authorization data (excluding drugs) included in what members can access, not just claims and clinical data?	Patient Access
☐	Is data being made available within one business day of receipt or update, and have you tested that timeliness requirement against realistic data volumes?	Patient Access

PROVIDER ACCESS API

☐	Is your provider-patient attribution methodology documented, validated, and operational?	Provider Access
☐	Do members have a working opt-out mechanism, not just a policy that says they can opt out?	Provider Access
☐	Have you piloted data sharing with at least one real in-network provider, not just in a sandbox environment?	Provider Access

PAYER-TO-PAYER API

☐	Have you tested your previous and concurrent payer identification workflow against a real enrollment scenario?	Payer-to-Payer
☐	Can you collect previous payer information within one week of enrollment and exchange data within one business day of a valid request?	Payer-to-Payer
☐	Have you confirmed your system can both send data to and receive data from other payers' endpoints?	Payer-to-Payer

PROVIDER DIRECTORY API

- [ ] Have you migrated from US Core 3.1.1 / Plan-Net 1.1.0 to US Core 6.1.0 / Plan-Net 1.2.0? This was required by January 1, 2026. — Provider Directory
- [ ] Is your 30-day update process operational, or just documented? — Provider Directory

PRIOR AUTHORIZATION API

- [ ] Does your solution support all three components: CRD, DTR, and PAS? While not explicitly mandated, all three are recommended for a functioning end-to-end prior auth workflow. — Prior Auth
- [ ] Does your solution work across your provider network's range of EHR systems, or has it only been tested with one or two?
  One of the most common points of failure in PA implementations. — Prior Auth
- [ ] Are the required decision timeframes — 72 hours for expedited requests, 7 days for standard — actually built into your workflow? — Prior Auth
- [ ] Are specific denial reasons being provided for all PA decisions?
  Required from January 1, 2026. — Prior Auth
- [ ] Are denial reasons structured and machine-readable via your Prior Authorization API, automatically ingested by providers' EHR systems without manual entry?
  Required from January 1, 2027. — Prior Auth
- [ ] Can you produce the required PA metrics — volumes, approval and denial rates, and average turnaround times — without manual data pulls? — Prior Auth

2 Infrastructure

Data quality, delegated vendors, IG governance, security

DATA QUALITY

- [ ] Have you tested your solution against real production data, not test data? Test data masks the inconsistencies and gaps that cause FHIR transformation failures in production. — Data
- [ ] Do you have a process for identifying and resolving data quality issues before they reach the FHIR layer? — Data
- [ ] Is your member data clean enough to support the identity matching required for Provider Access and Payer-to-Payer exchange? — Data

DELEGATED VENDORS

- [ ] Have you mapped all of your delegated vendors? This typically includes vision, dental, behavioral health, long-term care, and pharmacy benefit management. — Vendors

- [ ] Do you know which of your delegated vendors can support FHIR-based prior authorization, and which will require separate integration work or workarounds? — Vendors
- [ ] Have you started integration conversations with each one? Each delegated vendor is a separate Prior Authorization integration and some will require significant lead time. — Vendors

TERMINOLOGY AND IG GOVERNANCE

- [ ] Do you have a process for managing IG updates, or will every update require a new project? — IG Governance
- [ ] Do you know who owns terminology governance, and is that person actively engaged in the implementation? — IG Governance
- [ ] Have you validated your FHIR profiles against the required implementation guides, not just the base FHIR standard? — IG Governance

SECURITY AND IDENTITY

- [ ] Is SMART on FHIR and OAuth 2.0 implemented and tested across all five APIs? — Security
- [ ] Is consent management handled as a system function, not just a policy document? — Security
- [ ] Are audit logs in place and aligned with CMS reporting requirements? — Security

3 Operational readiness

Reporting, education, governance

REPORTING

- [ ] Can you produce the annual CMS report without manual intervention? The March 31 deadline repeats every year. If your reporting process requires someone to manually pull and format data each time, that's a process risk that gets harder to manage as volumes grow. — Reporting
- [ ] Do you know who owns the reporting process, and are they actively involved in implementation now? — Reporting

MEMBER AND PROVIDER EDUCATION

- [ ] CMS requires plain-language education materials before data sharing begins. Are yours drafted, reviewed, and ready to publish? — Education
- [ ] For Provider Access specifically, members need to understand what data is being shared and how to opt out. Is that communication ready? — Education
- [ ] Do providers know how to use the new workflows? Endpoint availability and provider adoption are two different things. If your provider onboarding plan is "publish the endpoints and send an email," it may need more work. — Education

CROSS-FUNCTIONAL GOVERNANCE		
☐	Is there a steering group that includes IT, operations, compliance, and clinical representation meeting regularly?	Governance
☐	Are implementation decisions being made at the right level? If critical choices are getting stuck waiting for sign-off, this needs a review.	Governance

What your results mean

0-3 flags: On track

Identify who owns each gap, set a target date to address it, and track it. The program is in good shape.

4-8 flags: Review urgently

Ask whether you are dealing with execution problems or architectural ones. A misconfigured endpoint is a sprint. A pipeline never built for IG conformance is a different conversation. The sooner you have it, the better.

9+ flags: High risk

Nine months is enough time to close execution gaps. It is tight for architectural ones. If you are not sure which category your flags fall into, that is worth an urgent conversation with your vendor and potentially an independent expert.

Ready to talk through your results?

We work with payers at every stage of this process and can help you identify what is fixable in the time you have.

Book a strategy session