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AI Prior Authorization Evaluation Checklist

Mid-Market Hospital Buyer Guide · CareHive

Bring this checklist to every vendor demo. For each item, rate the vendor on a 1–3 scale (1 = not addressed, 2 = addressed partially or in roadmap, 3 = fully addressed in production). Sum scores per section to surface the strongest finalist — total scores across all four sections give you a defensible comparison conversation with your UM leadership and procurement team.

1. Speed & Implementation Compliance

Speed is a CMS compliance capability, not a convenience metric. Verify against production volume, not demo or pilot data.

- ☐ Demonstrates 7-day standard PA decision turnaround in production (CMS-0057-F)
- ☐ Demonstrates 72-hour expedited PA decision turnaround in production
- ☐ Confirms FHIR R4 PA API endpoint for provider EHR submission
- ☐ Provides production-volume turnaround benchmarks (avg, p95, p99) up front
- ☐ Commits to parallel production deployment timeline of 12 weeks or less

2. Pricing & Cost Transparency

Map every line item to volume. Per-case pricing at scale routinely exceeds subscription cost in 6–9 months — model both.

- ☐ Pricing model disclosed in writing with full line-item breakdown
- ☐ Total cost of ownership modeled at expected annual PA volume
- ☐ Overage caps defined with explicit per-case ceiling above threshold
- ☐ BAA + SOC 2 Type II coverage included in vendor cost (no add-on fees)
- ☐ Multi-year pricing tiers disclosed (Year 1 / Year 2 / Year 3 escalators specified)
- ☐ Outcome-based pricing component offered (risk-sharing option available)

3. Staffing Impact

AI deployment changes what reviewers spend their time doing — from gatekeeping to clinical reasoning. Make the transition explicit.

- ☐ UM reviewer workflow integration plan documented (API layer, not replacement)
- ☐ Role redefinition plan in place (reviewers as AI-output confirmers)
- ☐ Productivity baseline metrics captured pre-deployment (cases/reviewer/day, turnaround, denial rate)
- ☐ 30-, 60-, 90-day measurement checkpoints agreed in writing
- ☐ Training and change-management budget included in vendor scope

4. Clinical Criteria Coverage

Every vendor claims "comprehensive coverage." Evaluate on guideline breadth, update cadence, customization, and auditability.

- [ ] InterQual + MCG + ASAM + CMS LCDs supported as guideline libraries
- [ ] Quarterly automated update propagation to live reviewer system
- [ ] Plan-specific custom criteria authoring supported in platform
- [ ] Criterion-node-level audit trail logging (code + version + date stamp)
- [ ] Denial letter specificity at criterion node + version (not just guideline name)
- [ ] Custom rules version-controlled with changelog accessible to UM team

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Ready to compare vendors side by side?

Read the full evaluation guide with the comparison tables and answers to the most common buyer questions.

https://carehive-ai.polsia.app/blog/mid-market-hospital-ai-prior-authorization-evaluation-guide

Questions? Book a demo at carehive-ai.polsia.app/#demo