Report Title: **Prior Authorization Interoperability Metrics**
Contract Year: **2025**
Line of Business: **Medicare**

Metrics 1 : List of Procedures or services that require prior authorization
The data for this metric will be available via a pdf, available for download from the website

Metrics 2 and 3 , 6 & 7

Metric 2, 3 : The percentage of standard prior authorization requests that were approved/denied aggregated for all items and services.

Metric 6,7 : The percentage of expedited prior authorization requests that were approved /denied, aggregated for all items and services.

Line of Business	Total Requests	Total Approved - Standard (2)		Total Approved - Expedited (6)		Total Denied - Standard (3)		Total Denied - Expedited (7)	
	TOTAL COUNT	Count	%	Count	%	Count	%	Count	%
Medicare	179,919	122,734	**95.52%**	50,114	**97.45%**	5,761	4.48%	1,310	2.55%

Metrics 4: The percentage of prior authorization requests that were approved after appeal, aggregated for all items and services.

Line of Business	Total Requests	Total Approved		Percentage approved after appeal
	TOTAL COUNT	Overturned	Upheld	
Medicare	203	173	30	**85%**

Metrics 5: The percentage of prior authorization requests for which the timeframe for review was extended, and the request was approved, aggregated for all items and services.

Line of Business	Total Requests (Extended Review)	Total Approved		Total Denied	
	TOTAL COUNT	Count	%	Count	%
Medicare	76	62	**81.58%**	14	**18.42%**

Metrics 8,9: The average and median time that elapsed between the submission of a request and notification of determination by the MA plan, for prior authorizations, aggregated for all items and services.

Line of Business	Standard Prior Authorization Time to Decision		Expedited Prior Authorization Time to Decision	
	Avg Days to Decision	Median Days to Decision	Avg Hrs to Decision	Median Hrs to Decision
Medicare	3.36 days	2 days	25.17 hrs	25.08 hrs