PRIOR AUTHORIZATION METRICS FOR MEDICAL ITEMS AND SERVICES (EXCLUDING DRUGS)

To comply with the CMS Interoperability and Prior Authorization final rule, The Senior Alliance is required to annually report aggregated prior authorization metrics on our website. Specifically, this includes a list of all medical items and services (excluding drugs) that require prior authorization, as well as data on prior authorization requests for those items and services (e.g., approvals, denials, etc.) over the previous calendar year. Publicly reporting these metrics promotes transparency and accountability, helps patients understand prior authorization processes, and enables providers to evaluate payer performance. In addition, metrics can be used to compare plans, programs, and payers. For questions on the data below, contact: info@thesenioralliance.org.

Reporting Period: State Fiscal Year 2025

These are the medical items and services for which we require prior authorization (excluding drugs)

Adult Day Health, Chore Services, Community Health Worker, Community Living Supports, Community Transportation, Counseling, Environmental Accessibility Adaptations, Fiscal Intermediary, Goods and Services, Home Delivered Meals, Nursing Services, Personal Emergency Response System, Private Duty Nursing/Respiratory Care, Respite, Specialized Medical Equipment and Supplies, Training.

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization final rule requires MA plans, state Medicaid agencies, Medicaid managed care plans, state CHIP agencies, CHIP managed care entities to send prior authorization decisions within:

- 72 hours for **expedited requests** (urgent)
- 7 calendar days for **standard requests** (non-urgent)

Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	482	482	100%
Request denied	6	482	1.2%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	N/A	N/A	N/A

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	0	6	0%

Expedited (urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	N/A	N/A	N/A
Request denied	N/A	N/A	N/A

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	N/A	N/A	N/A

Time Between Receiving a Prior Authorization Request and Sending a Decision

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests (response due to provider within 7 calendar days)	.3 days	0 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	N/A	N/A

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