

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

To comply with the CMS Interoperability and Prior Authorization final rule, Providence Medicare Advantage Plans 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: Providence Medicare Advantage Plans Customer Service Team at 1-800-603- 2340 (TTY: 711). We are open seven days a week, between 8 a.m. and 8 p.m. (Pacific Time). We are closed on Saturdays and Sundays from April 1st to September 30th.

**Refer to your Evidence of Coverage (EOC)> for the medical items and services for which we require prior authorization (excluding drugs):**

<https://www.providencehealthplan.com/medicare/medicare-advantage-plans/members/forms-and-documents>

Prior to January 1, 2026, impacted payers are required to make a prior authorization decision within the following timeframes:

- For MA plans and applicable integrated plans, 72 hours for **expedited requests** (urgent) and 14 calendar days for **standard requests** (non-urgent)

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization final rule requires MA plans to make a prior authorization decision within:

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

\*Partially Approved decisions are included in Denied totals.

### Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request Approved	111,131	115,029	96.61%
Request Denied	3898	115,029	3.39%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended*	0	115,029	0.00%
Request denied after time for review was extended	0	115,029	0.00%

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	375	408	92

### Expedited (urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request Approved	14,655	15,245	96.13%
Request Denied	590	15,245	3.87%

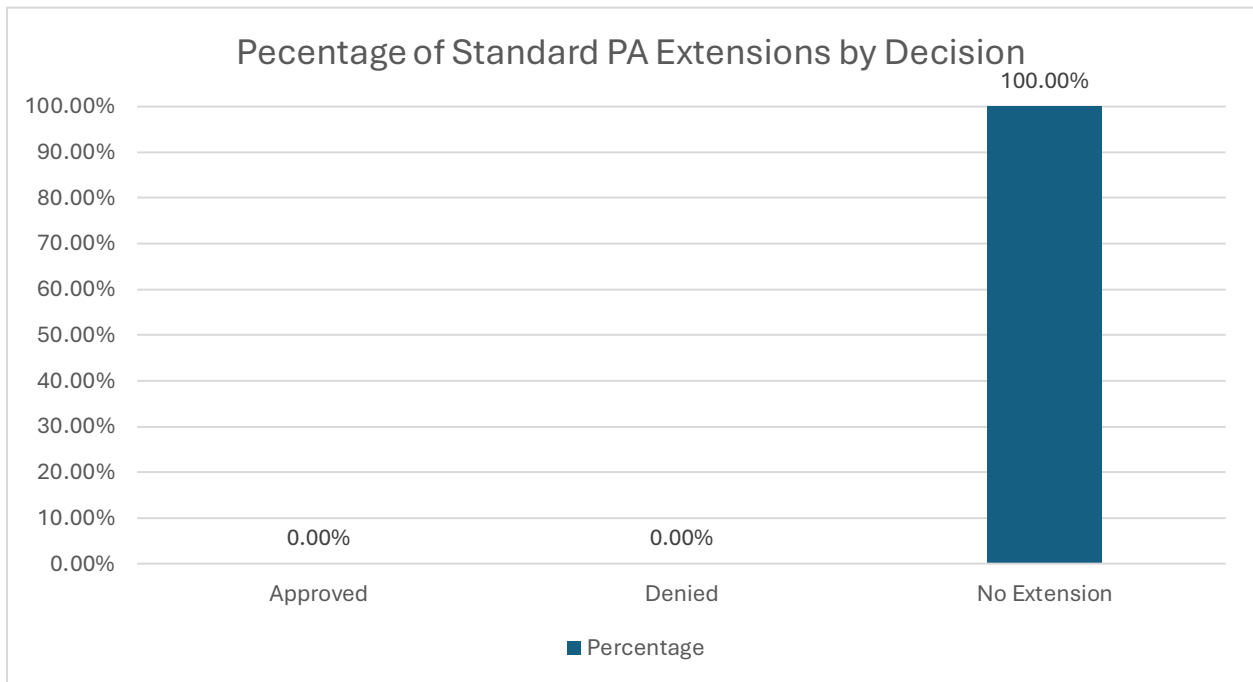
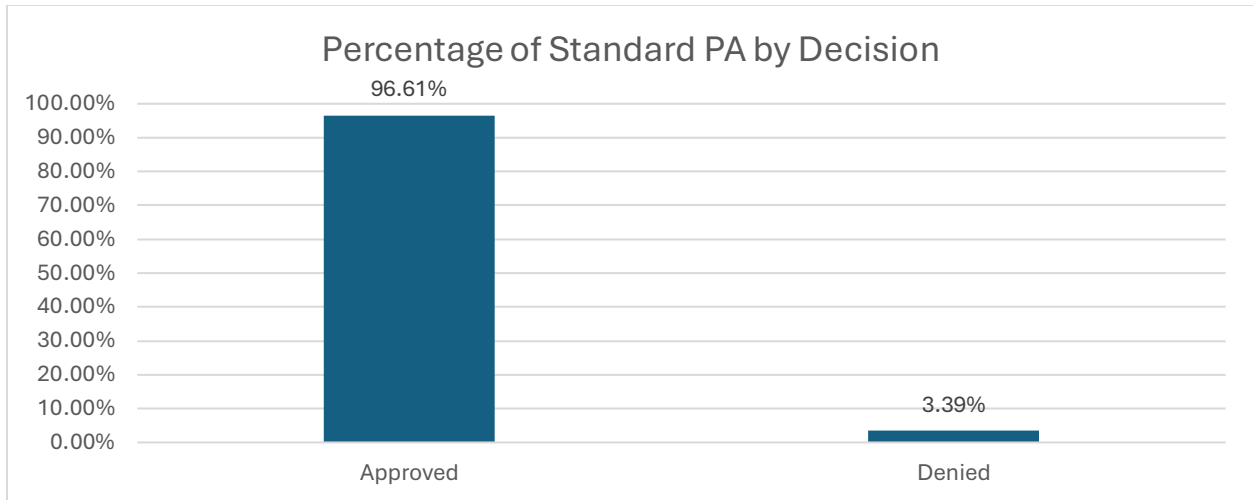
	Home many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended*	1	15,245	0.01%
Request denied after time for review was extended	0	15,245	0.00%

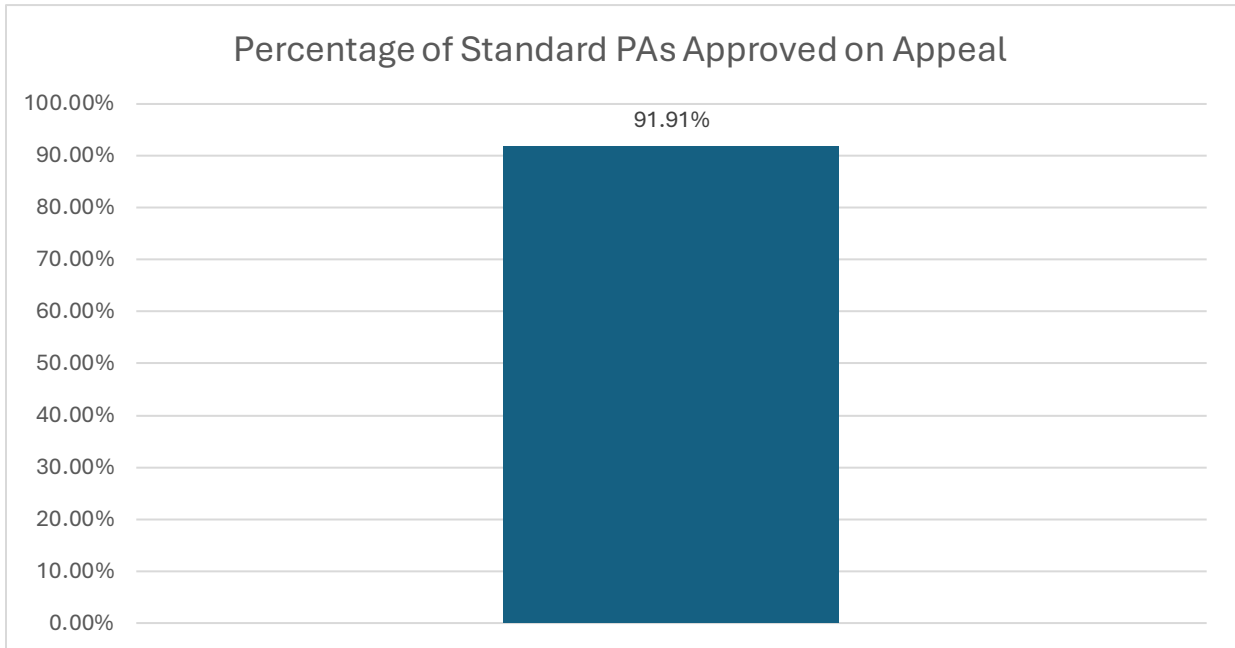
	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	40	64	62

**Time Between Receiving a Prior Authorization Request and a Determination**

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests no extension (14 calendar days)	3.26 Calendar Days	0 Calendar Days
Standard (non-urgent) Prior Authorization Requests with extension (28 calendar days)	NA	CDNA
Expedited (urgent) Prior Authorization Requests no extension (72 hours)	19.00 Hours	4 Hours
Expedited (urgent) Prior Authorization Requests with extension (17 calendar days)	14 Calendar Days	14 Calendar Days

**In 2025, we received a total of 115,029 standard (non-urgent) prior authorization requests for our covered patients. 96.61% of those requests were approved:**





The mean (average) time that it took to make standard prior authorization decisions with no extension was

**3.26 calendar day(s)**

The mean (average) time that it took to make standard prior authorization decisions with extension was

**NA calendar day(s)**

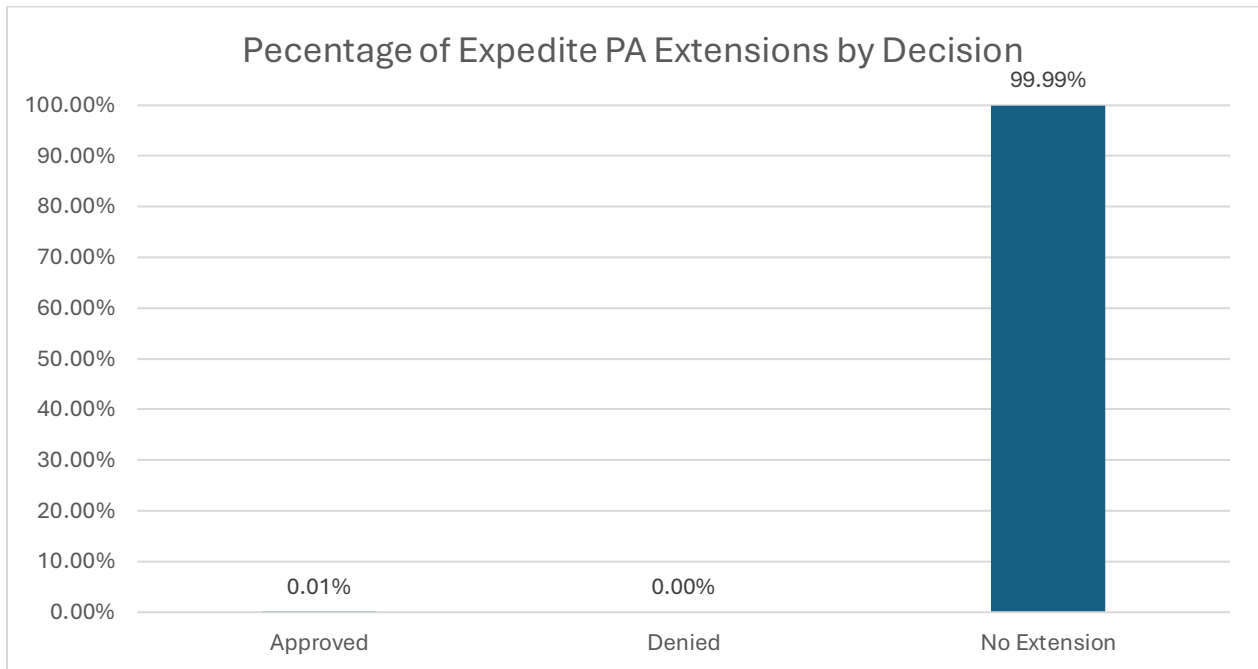
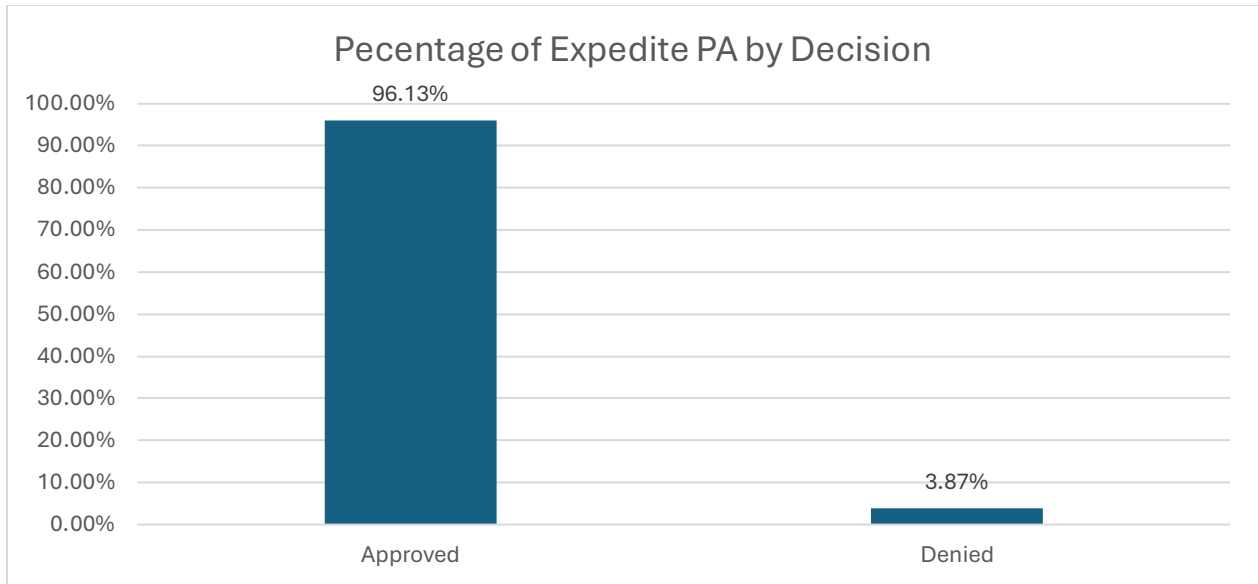
The median (middle) time that it took to make expedited prior authorization decisions with no extension was

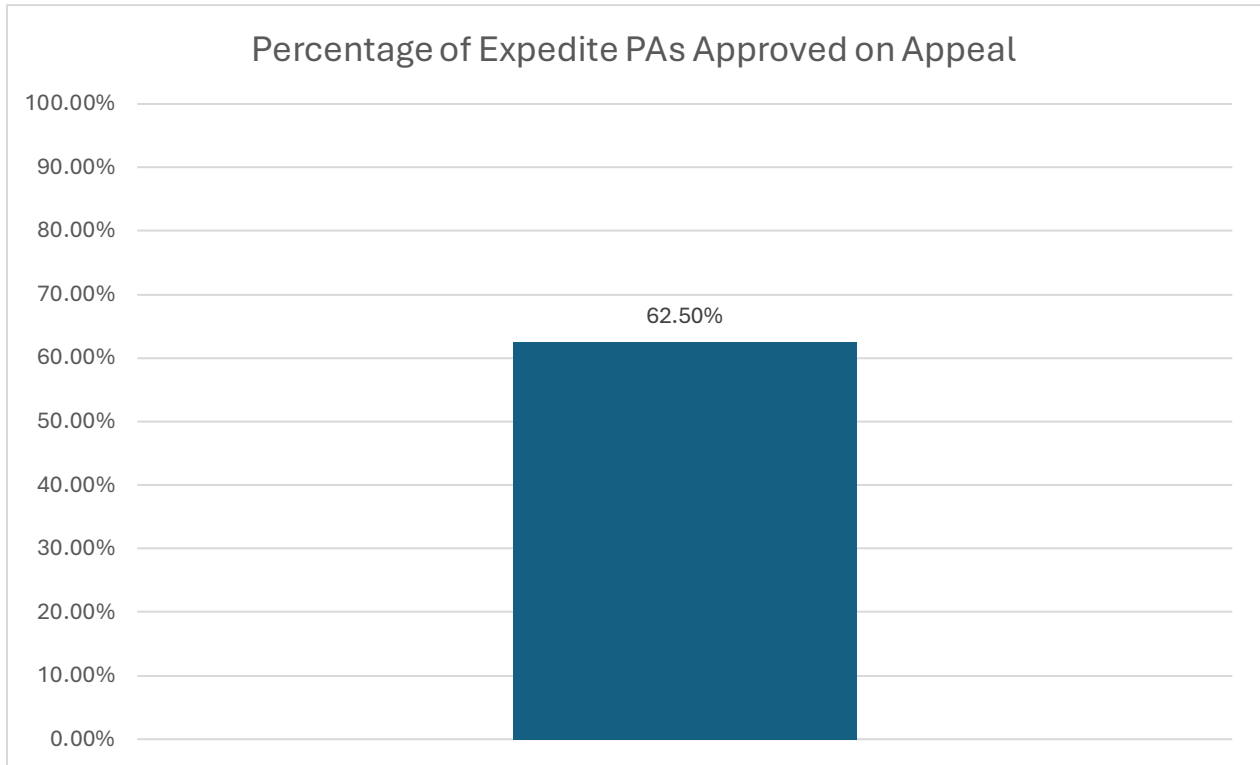
**0 calendar day(s)**

The median (middle) time that it took to make expedited prior authorization decisions with extension was

**NA calendar day(s)**

**In 2025, we received a total of 15,245 expedited (urgent) prior authorization requests for our covered patients. 96.13% of those requests were approved:**





The mean (average) time that it took to make expedite prior authorization decisions with no extension was

**19.00 hour(s)**

The mean (average) time that it took to make standard prior authorization decisions with extension was

**14 Calendar day(s)**

The median (middle) time that it took to make expedited prior authorization decisions with no extension was

**4 hour(s)**

The median (middle) time that it took to make expedited prior authorization decisions with extension was

**14 Calendar day(s)**