

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

To comply with the CMS Interoperability and Prior Authorization final rule, Providence Health Assurance 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 Health Assurance Customer Service Team at 800-898-8174 (TTY: 711). We are open Monday through Friday, 8 a.m. to 5 p.m. (Pacific Time). We are closed on Saturdays and Sundays.

Reporting Period: 2025

Review your handbook for the medical items and services for which we require prior authorization (excluding drugs):

<https://www.healthshareoregon.org/planbenefits#handbook>

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

- For Medicaid managed care plans and CHIP managed care entities, 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 Medicaid managed care plans to make a prior authorization decisions 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	12,848	15,059	85.32%
Request Denied	2,211	15,059	14.68%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended*	7	15,059	0.05%
Request denied after time for review was extended	5	15,059	0.03%

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	52	201	25.87%

Expedited (urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request Approved	779	979	79.57%
Request Denied	200	979	20.43%

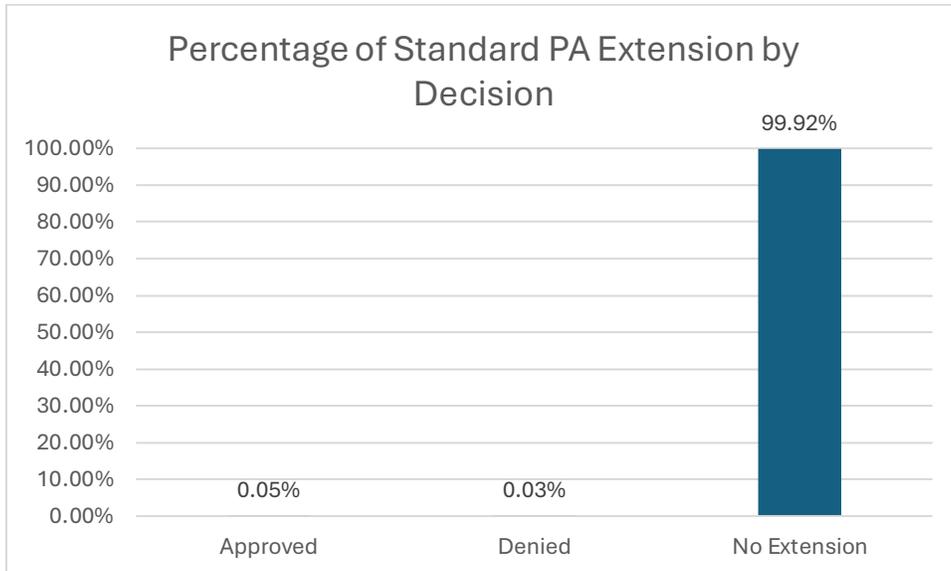
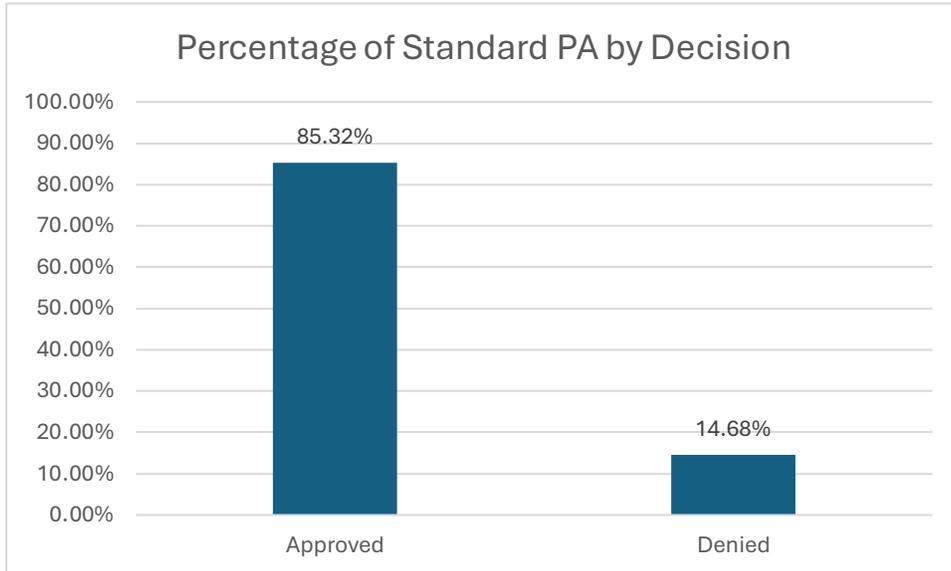
	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended*	0	979	0%
Request denied after time for review was extended	0	979	0%

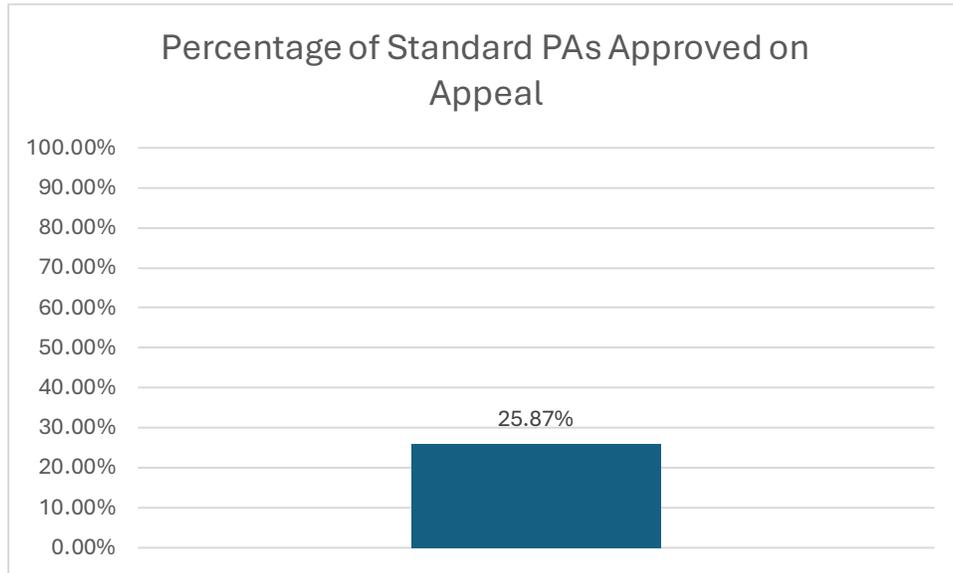
	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	10	29	34.48%

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)	2.67 Calendar Days	0 Calendar Days
Standard (non-urgent) Prior Authorization Requests with extension (28 calendar days)	16.25 Calendar Days	17.50 Calendar Days
Expedited (urgent) Prior Authorization Requests no extension (72 hours)	14.52 Hours	8 Hours
Expedited (urgent) Prior Authorization Requests with extension (17 calendar days)	NA	NA

In 2025, we received a total of 15,059 standard (non-urgent) prior authorization requests for our covered patients. 85.32% of those requests were approved:





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

2.67 calendar day(s)

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

16.25 calendar day(s)

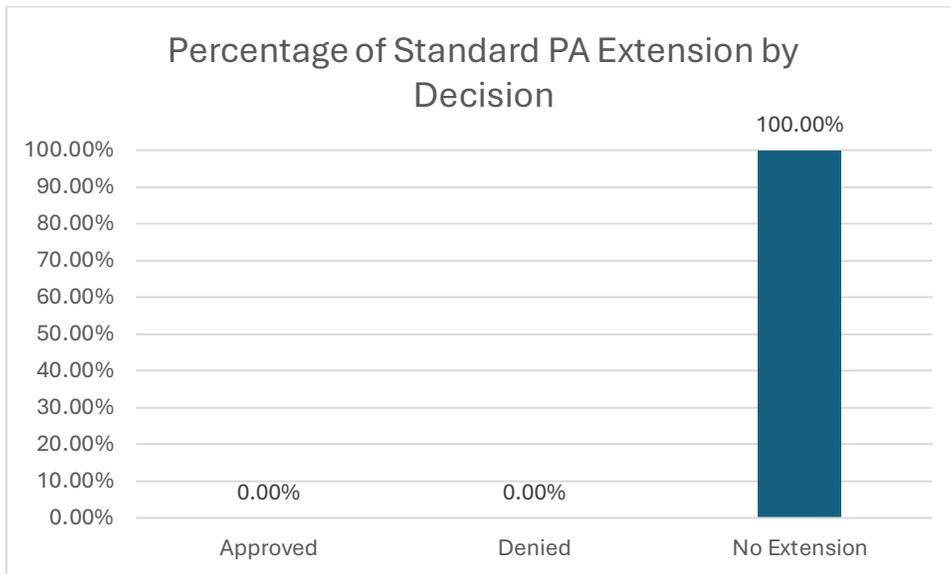
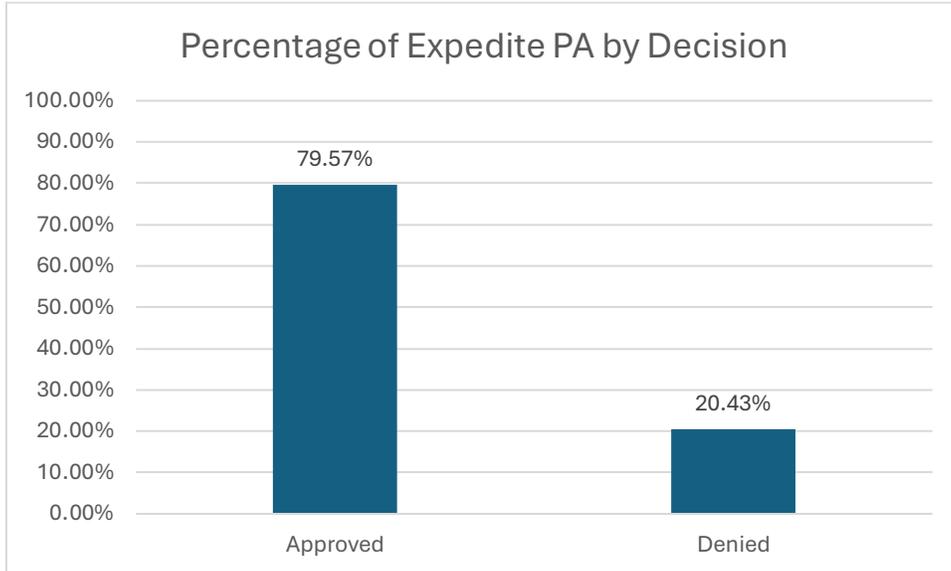
The median (middle) time that it took to make expedited prior authorization decisions with no extension was

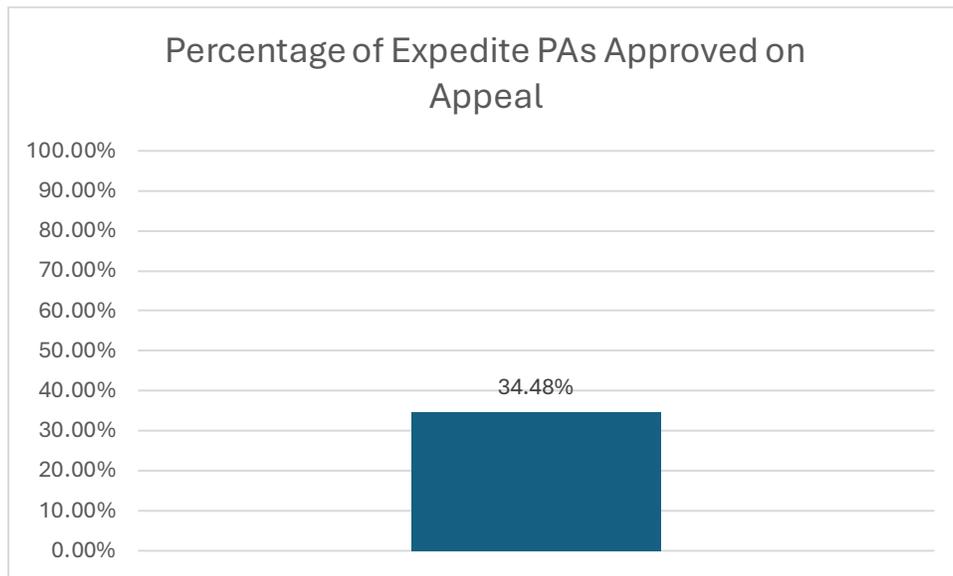
0 calendar day(s)

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

17.50 calendar day(s)

In 2025, we received a total of 979 expedited (urgent) prior authorization requests for our covered patients. 79.57% of those requests were approved:





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

14.52 hour(s)

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

NA day(s)

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

8 hour(s)

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

NA day(s)