

# 2025 Prior Authorization Metrics Report

FOR MEDICAL ITEMS AND SERVICES (EXCLUDING DRUGS)

To comply with the CMS Interoperability and Prior Authorization final rule, Martin's Point Health Care is required to annually report aggregated prior authorization metrics on our website for our *Medicare Advantage products*. The following is data on prior authorization requests for those items and services (e.g., approvals, denials, etc.) requiring authorization (excluding drugs) 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.

Measurement Period: 1/1/2025 – 12/31/2025

## Medical (Non-Oncology) | HMO Contract H5591

Standard (non-urgent) Prior Authorization Requests (Response Due to Provider Within 7 Calendar Days)	How many times this happened	Out of total requests	Percentage
Request approved	7346	7943	92%
Request denied	597	7943	8%
Request approved only after time for review was extended	0	7943	0%
Request approved only after appeal	98	158	62%

Expedited (urgent) Prior Authorization Requests (Response Due to Provider Within 72 Hours)	How many times this happened	Out of total requests	Percentage
Request approved	1,967	2104	93%
Request denied	137	2104	7%
Request approved only after time for review was extended	0	2104	0%

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)	7 days	8 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	1 day	3 days

# Medical (Non-Oncology) | HMO Contract H1365

<b>Standard (non-urgent) Prior Authorization Requests</b> (Response Due to Provider Within 7 Calendar Days)	<b>How many times this happened</b>	<b>Out of total requests</b>	<b>Percentage</b>
Request approved	500	568	88%
Request denied	68	568	12%
Request approved only after time for review was extended	0	568	0%
Request approved only after appeal	98	158	62%

<b>Expedited (urgent) Prior Authorization Requests</b> (Response Due to Provider Within 72 Hours)	<b>How many times this happened</b>	<b>Out of total requests</b>	<b>Percentage</b>
Request approved	128	145	88%
Request denied	17	145	12%
Request approved only after time for review was extended	0	145	0%

<b>Time Between Receiving a Prior Authorization Request and Sending a Decision</b>	<b>Mean (Average) Time</b>	<b>Median (Middle) Time</b>
Standard (non-urgent) Prior Authorization Requests (response due to provider within 7 calendar days)	7 days	8 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	1 day	1 day

# Behavioral Health | HMO Contract H5591

<b>Standard (non-urgent) Prior Authorization Requests</b> (Response Due to Provider Within 7 Calendar Days)	<b>How many times this happened</b>	<b>Out of total requests</b>	<b>Percentage</b>
Request approved	131	131	100%
Request denied	0	0	0%
Request approved only after time for review was extended	N/A	N/A	N/A
Request approved only after appeal	N/A	N/A	N/A

<b>Urgent Prior Authorization Requests</b> (Response Due to Provider Within 72 Hours)	<b>How many times this happened</b>	<b>Out of total requests</b>	<b>Percentage</b>
Request approved	154	166	93%
Request denied	12	166	7%
Request approved only after time for review was extended	N/A	N/A	N/A

<b>Time Between Receiving a Prior Authorization Request and Sending a Decision</b>	<b>Mean (Average) Time</b>	<b>Median (Middle) Time</b>
Standard (non-urgent) Prior Authorization Requests (response due to provider within 7 calendar days)	7 days	2 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	1 day	1 day

# Behavioral Health | LPPO Contract H1365

<b>Standard (non-urgent) Prior Authorization Requests</b> (Response Due to Provider Within 7 Calendar Days)	<b>How many times this happened</b>	<b>Out of total requests</b>	<b>Percentage</b>
Request approved	17	17	100%
Request denied	0	0	0%
Request approved only after time for review was extended	N/A	N/A	N/A
Request approved only after appeal	N/A	N/A	N/A

<b>Urgent Prior Authorization Requests</b> (Response Due to Provider Within 72 Hours)	<b>How many times this happened</b>	<b>Out of total requests</b>	<b>Percentage</b>
Request approved	7	8	87.5%
Request denied	1	8	12.5%
Request approved only after time for review was extended	N/A	N/A	N/A

<b>Time Between Receiving a Prior Authorization Request and Sending a Decision</b>	<b>Mean (Average) Time</b>	<b>Median (Middle) Time</b>
Standard (non-urgent) Prior Authorization Requests (response due to provider within 7 calendar days)	1 day	1 day
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	1 day	1 day

# OPTUM Oncology and Radiology | HMO Contract H5591

<b>Standard (non-urgent) Prior Authorization Requests</b> (Response Due to Provider Within 7 Calendar Days) CGP-MedOnc, CGP-RadOnc, SGP	<b>How many times this happened</b>	<b>Out of total requests</b>	<b>Percentage</b>
Request approved	6326	6655	95.1%
Request denied	329	6655	4.9%
Request approved only after time for review was extended	0	0	0.0%
Request approved only after appeal	33	41	80.5%

<b>Urgent Prior Authorization Requests</b> (Response Due to Provider Within 72 Hours) CGP-MedOnc, CGP-RadOnc, SGP	<b>How many times this happened</b>	<b>Out of total requests</b>	<b>Percentage</b>
Request approved	48	56	85.7%
Request denied	8	56	14.3%
Request approved only after time for review was extended	0	0	0.0%
Request approved only after appeal	2	2	100.0%

<b>Time Between Receiving a Prior Authorization Request and Sending a Decision</b> CGP-MedOnc, SGP	<b>Mean Time (Hours)</b>	<b>Median Time (Hours)</b>
Non-urgent Prior Authorization Requests	6.1	1
Urgent Prior Authorization Requests	7.9	3

<b>Time Between Receiving a Prior Authorization Request and Sending a Decision</b> CGP-RadOnc	<b>Mean Time (Hours)</b>	<b>Median Time (Hours)</b>
Non-urgent Prior Authorization Requests	23.0	1
Urgent Prior Authorization Requests	18.7	9

# OPTUM Oncology and Radiology | HMO Contract H1365

<b>Standard (non-urgent) Prior Authorization Requests</b> (Response Due to Provider Within 7 Calendar Days) CGP-MedOnc, CGP-RadOnc, SGP	<b>How many times this happened</b>	<b>Out of total requests</b>	<b>Percentage</b>
Request approved	376	387	97.2%
Request denied	11	387	2.8%
Request approved only after time for review was extended	0	0	0.0%
Request approved only after appeal	3	4	75.0%

<b>Urgent Prior Authorization Requests</b> (Response Due to Provider Within 72 Hours) CGP-MedOnc, CGP-RadOnc, SGP	<b>How many times this happened</b>	<b>Out of total requests</b>	<b>Percentage</b>
Request approved	4	4	100.0%
Request denied	0	4	0.0%
Request approved only after time for review was extended	0	0	0.0%

<b>Time Between Receiving a Prior Authorization Request and Sending a Decision</b> CGP-MedOnc, SGP	<b>Mean Time (Hours)</b>	<b>Median Time (Hours)</b>
Non-urgent Prior Authorization Requests	8.1	1
Urgent Prior Authorization Requests	13.5	13.5

<b>Time Between Receiving a Prior Authorization Request and Sending a Decision</b> CGP-RadOnc	<b>Mean Time (Hours)</b>	<b>Median Time (Hours)</b>
Non-urgent Prior Authorization Requests	19.1	1
Urgent Prior Authorization Requests	11.5	11.5