



# CountyCare Health Plan

## Aggregated 2025 Prior Authorization Metrics

Per CMS-0057-F Prior Authorization and Interoperability Final Rule

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

To comply with the CMS Interoperability and Prior Authorization final rule (CMS-0057-F), CountyCare Health Plan publicly reports aggregated prior authorization metrics from the previous calendar year. These metrics promote transparency and help patients and providers understand prior authorization outcomes and turnaround times.

For questions about the data below, contact: Safurat Adelekan-Adebayo.

## Reporting Period: Calendar Year 2025

### Medical Items and Services Requiring Prior Authorization (excluding drugs)

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

[Prior Authorization – CountyCare Health Plan](#)

Before January 1, 2026, prior authorization decision requirements vary across payer types, with most organizations required to provide decisions within established timelines for both urgent and non-urgent requests. Medicare Advantage plans, Medicaid managed care plans, CHIP managed care entities, and Qualified Health Plan (QHP) issuers on the Federally Facilitated Exchanges must issue **urgent decisions within 72 hours** and **standard decisions within 14–15 days**, depending on the program.

In contrast, requirements for fee-for-service (FFS) programs remain limited. **State CHIP FFS programs** are required to provide decisions within **14 days** for non-urgent requests but have no mandated timeframe for urgent requests. **Medicaid FFS programs** have **no required decision timeframes** for either urgent or non-urgent prior authorization requests prior to January 1, 2026.

The metrics presented in the following charts demonstrate the performance relative to the required prior authorization decision timeframes. These results are intended to show compliance with the applicable urgent and standard request deadlines.

## Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request Approved	217,490	241,756	90.0%
Request Denied	24,266	241,756	10.0%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended*	11,877	12,773	93.0%

	How many times this happened	Out of total requests	Percentage
Request approved only after appeal	213	889	24.0%

## Expedited (urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request Approved	34,596	35,841	96.5%
Request Denied	1,245	35,841	3.5%

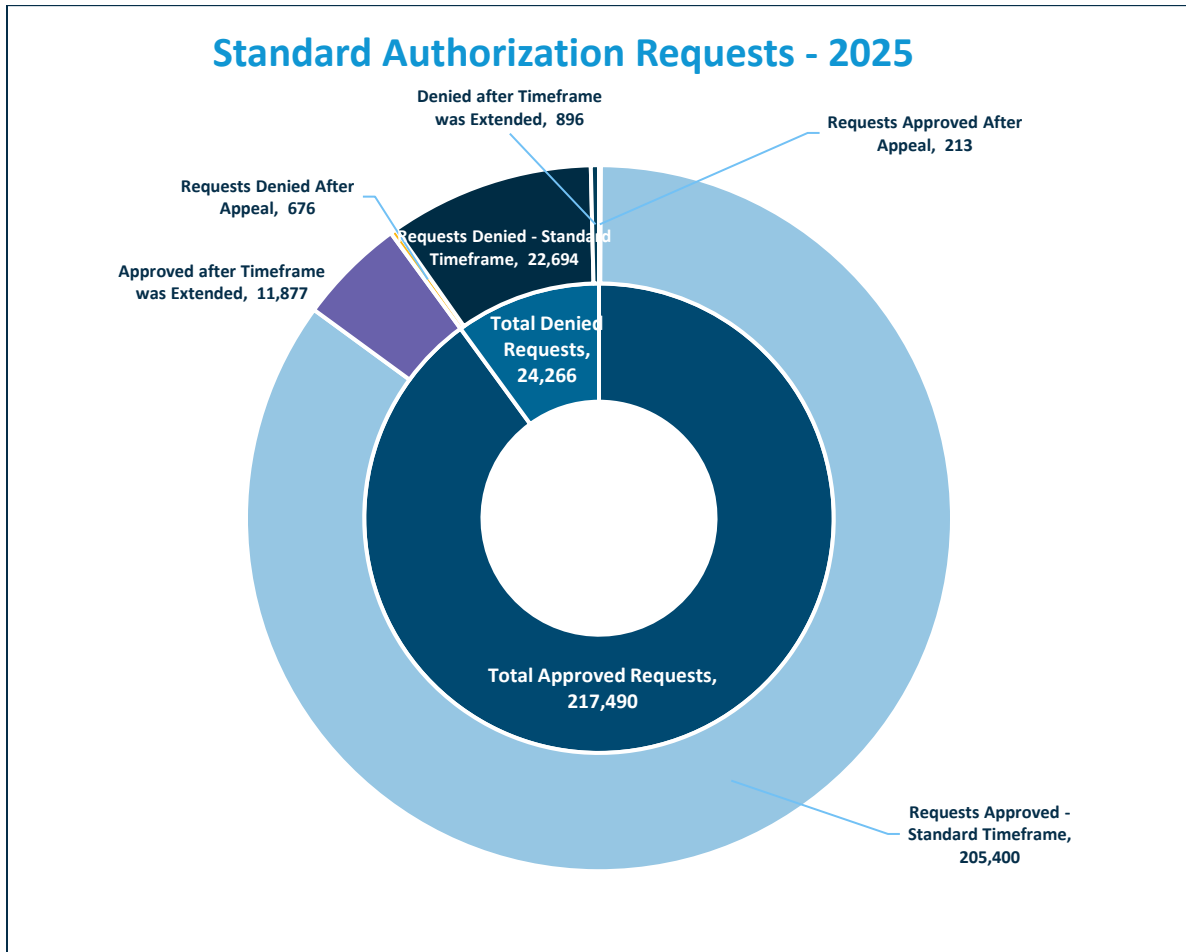
	How many times this happened	Out of total requests	Percentage
<b>Request approved only after time for review was extended*</b>	10,306	10,893	94.6%

	How many times this happened	Out of total requests	Percentage
<b>Request approved only after appeal</b>	127	176	72.2%

**Time Between Receiving a Prior Authorization Request and Sending a Decision**

	Mean (Average) Time	Median (Middle) Time
<b>Standard (non-urgent) Prior Authorization Requests</b>	0.87 days	0.26 days
<b>Expedited (urgent) Prior Authorization Requests</b>	0.88 days	0.77 days

In 2025, we received a total of **241,756 standard** (non-urgent) prior authorization requests with determination. **90.0% were approved** and 10.0% were denied.



In 2025, we received a total of **35,841 expedited** (urgent) prior authorization requests with determination. **98.0% were approved** and 2.0% were denied.

