

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

To comply with the CMS Interoperability and Prior Authorization [final rule](#), Simpra Advantage Health Plan 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 members 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: 205-767-7930.

## Reporting Period: 2025

These are the medical items and services for which we require authorization before the service is provided (excluding drugs)



### Nursing Home Plan (I-SNP)

[2025 Nursing Home Plan ISNP Prior Authorization Chart](#)

### Dual Care Plan (D-SNP)

[2025 Dual Care DSNP Prior Authorization Chart](#)

### Assisted Living Plan (IE-SNP)

[2025 Assist ISNP Prior Authorization Chart](#)

Prior to January 1, 2026, impacted payers are required to send prior authorization decisions 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)
- For state CHIP FFS programs, 14 days for **standard requests** (non-urgent)
- 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)
- For QHP issuers on the FFEs, 72 hours for **expedited requests** (urgent) and 15 days for **standard requests** (non-urgent)

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization [final rule](#) requires MA Plans 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	372	401	93%
Request denied	29	401	7%

	How many times this happened	Out of total requests	Percentage
Request approved within 7 days	372	401	93%
Request denied within 7 days	29	401	7%
Total request processed timely within 7 days	401	401	100%

	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
Request denied 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	1	1	100%
Request denied after appeal	N/A	N/A	N/A

### Expedited (urgent) Prior Authorization Requests

(Response Due to Provider Within 72 Hours)

	How many times this happened	Out of total requests	Percentage
Request approved	55	57	96%
Request denied	2	57	4%

	How many times this happened	Out of total requests	Percentage
Request approved within 72 hours	55	57	96%
Request denied within 72 hours	2	57	4%
Total request processed timely within 72 hours	57	57	100%

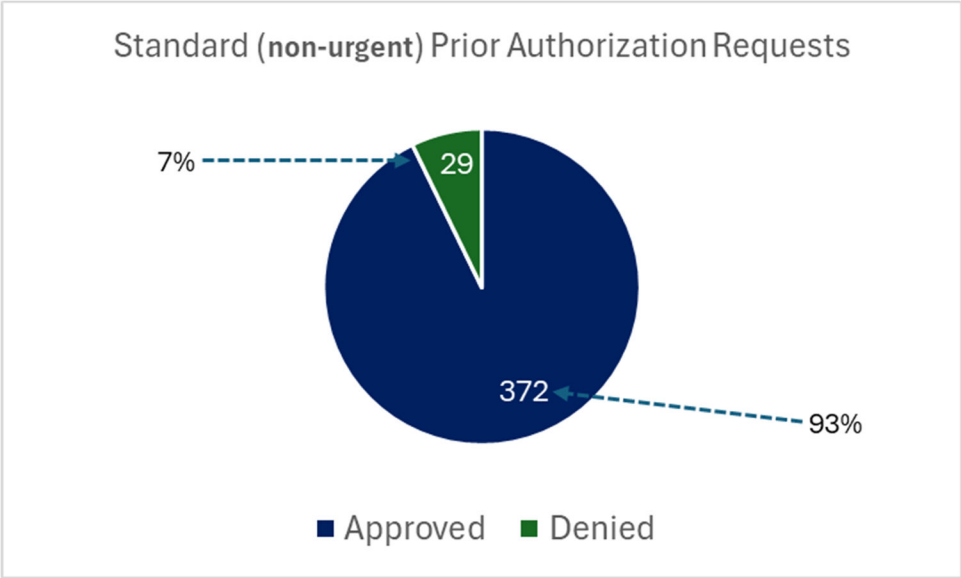
	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended*	1	1	100%
Request denied after time for review was extended	N/A	N/A	N/A

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	N/A	N/A	N/A
Request denied after appeal	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)	1 day	0 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	1 day	0 days

In 2025, we received a total of 401 standard (non-urgent) prior authorization requests for our covered members. 93% of those requests were approved:



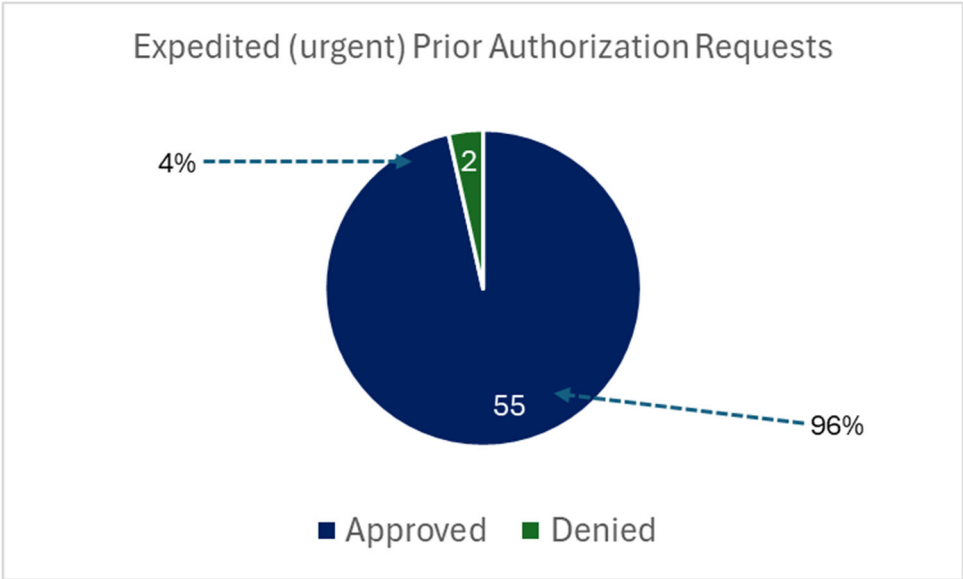
The mean (average) time that it took to make standard prior authorization decisions was

**1 day**

The median (middle) time that it took to make standard prior authorization decisions was

**0 days**

In 2025, we received a total of 57 expedited (urgent) prior authorization requests for our covered members. 96% of those requests were approved:



The mean (average) time that it took to make expedited prior authorization decisions was

**1 day**

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

**0 days**