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

To comply with the CMS Interoperability and Prior Authorization final rule, HealthPartners 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.

Reporting Period: January 1,2025 – December 31, 2025

These are the medical items and services for which we require prior authorization (excluding drugs). This information is available on HealthPartners.com Coverage criteria policies | HealthPartners

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

- For Medicare Advantage and MSHO plans 72 hours for **expedited requests** (urgent) and 14 calendar days for **standard requests** (non-urgent)
- For Minnesota Health Care Programs (Medicaid) 72 hours for **expedited requests** (urgent), 14 days for **standard requests** (non-urgent)
- For QHP issuers on the FFEs (HealthPartners Commercial WI Federally Facilitated Exchange Products), 72 hours for **expedited requests** (urgent) and 15 days for **standard requests** (non-urgent)

Minnesota Health Care Programs (Medicaid)

Standard (non-urgent) Prior Authorization Requests

Standard PA			
	How many times this happened	**Out of total requests**	**%**
Request Approved	10,807	11,816	91%
Request Denied	1,009	11,816	9%
Request approved within 7 days	9,118	11,816	77%
Request denied within 7 days	351	11,816	3%
Request approved after time for review was extended	0	0	0%
Request denied after time for review was extended	0	0	0%
Request approved only after appeal	96	247	39%
Request denied after appeal	151	247	61%

Expedited (urgent) Prior Authorization Requests

Expedited PA			
	How many times this happened	**Out of total requests**	**%**
Request Approved	1,884	1,992	95%
Request Denied	108	1,992	5%
Request approved within 72 hours	1,864	1,992	94%
Request denied within 72 hours	107	1,992	5%
Request approved after time for review was extended	0	0	0%
Request denied after time for review was extended	0	0	0%
Request approved only after appeal	8	14	57%
Request denied after appeal	6	14	43%

Time between Receiving a Prior Auth Request and Sending a Decision

Time between Receiving a Prior Auth Request and Sending a Decision		
	Mean (Average) Time	**Median (Middle) Time**
Standard (non-urgent) prior authorizations requests (due to provider within 7 calendar days)	3 days	0 days
Expedited (urgent) prior authorizations requests (due to provider within 72 hours)	10.58 hours	2.10 hours

Medicare Advantage and Minnesota Senior Health Option (MSHO)

Standard (non-urgent) Prior Authorization Requests

Standard PA			
	How many times this happened	Out of total requests	%
Request Approved	11,241	11,994	94%
Request Denied	753	11,994	6%
Request approved within 7 days	10,716	11,994	89%
Request denied within 7 days	439	11,994	4%
Request approved after time for review was extended	0	0	0%
Request denied after time for review was extended	0	0	0%
Request approved only after appeal	175	203	86%
Request denied after appeal	28	203	14%

Expedited (urgent) Prior Authorization Requests

Expedited PA			
	How many times this happened	Out of total requests	%
Request Approved	1,082	1,151	94%
Request Denied	69	1,151	6%
Request approved within 72 hours	1,069	1,151	93%
Request denied within 72 hours	68	1,151	6%
Request approved after time for review was extended	0	0	0%
Request denied after time for review was extended	0	0	0%
Request approved only after appeal	15	22	68%
Request denied after appeal	7	22	32%

Time between Receiving a Prior Auth Request and Sending a Decision

Time between Receiving a Prior Auth Request and Sending a Decision		
	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) prior authorizations requests (due to provider within 7 calendar days)	2 days	0 days
Expedited (urgent) prior authorizations requests (due to provider within 72 hours)	7.72 hours	0.09 hours

QHP issuers on FFEs (HealthPartners Commercial WI Federally Facilitated Exchange Products)

Standard (non-urgent) Prior Authorization Requests

Standard PA			
	How many times this happened	**Out of total requests**	**%**
Request Approved	1,011	1,172	86%
Request Denied	161	1,172	14%
Request approved within 7 days	803	1,172	69%
Request denied within 7 days	38	1,172	3%
Request approved after time for review was extended	0	0	0%
Request denied after time for review was extended	0	0	0%
Request approved only after appeal	16	19	84%
Request denied after appeal	3	19	16%

Expedited (urgent) Prior Authorization Requests

Expedited PA			
	How many times this happened	**Out of total requests**	**%**
Request Approved	92	108	85%
Request Denied	16	108	15%
Request approved within 72 hours	88	108	81%
Request denied within 72 hours	14	108	13%
Request approved after time for review was extended	0	0	0%
Request denied after time for review was extended	0	0	0%
Request approved only after appeal	0	1	0%
Request denied after appeal	1	1	100%

Time between Receiving a Prior Auth Request and Sending a Decision

Time between Receiving a Prior Auth Request and Sending a Decision		
	Mean (Average) Time	**Median (Middle) Time**
Standard (non-urgent) prior authorizations requests (due to provider within 7 calendar days)	4 days	0 days
Expedited (urgent) prior authorizations requests (due to provider within 72 hours)	21.68 hours	0.72 hours