

To comply with the CMS Interoperability and Prior Authorization final rule, Capital 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 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: Capital Health Plan Member Services

Reporting Period: 2025

Listing of medical items and services for which we require prior authorization (excluding drugs) can be found at: <https://capitalhealth.com/clinical-criteria/>

Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request Approved	7,542	7,927	95.14%
Request Denied	385	7,927	4.86%
	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	1	7,927	0.01%
	How many times this happened	Out of total requests	Percentage
Request approved only after appeal	45	7,927	0.57%

**Expedited (urgent) Prior Authorization Requests
(Response Due to Provider Within 72 Hours)**

	How many times this happened	Out of total requests	Percentage
Request Approved	217	236	91.95%
Request Denied	19	236	8.05%
	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	0	236	0.00%

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 14 calendar days)	1 day(s)	0 day(s)
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	9 hour(s)	1 hour(s)