

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

To comply with the CMS Interoperability and Prior Authorization final rule, Alameda Alliance for Health 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: Alameda Alliance Member Services department at **1.877.932.2738**.

Medical items and services for which the Alliance requires prior authorization (excluding drugs)

www.alamedaalliance.org/providers/authorizations/

Prior to January 1, 2026, the Alliance was required to send prior authorization decisions within the following timeframes*:

- 72 hours for expedited requests (urgent)
- 14 calendar days for standard requests (non-urgent)

**per 42 CFR 438.210(d), standard and expedited requests may be extended for up to 14 days under certain circumstances.*

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization final rule requires the Alliance to send prior authorization decisions within:

- 72 hours for expedited requests (urgent)
- 7 calendar days for standard requests (non-urgent)

Reporting Period: 2025

STANDARD (NON-URGENT) PRIOR AUTHORIZATION REQUESTS

(response due to provider within 5 business days, and no later than 14 calendar days)

	How many times this happened	Out of total requests	Percentage
Request approved	113,936	117,421	97.0%
Request denied	3,485	117,421	3.0%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	225	117,421	0.2%

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	179	818	21.9%

EXPEDITED (URGENT) PRIOR AUTHORIZATION REQUESTS

(response due to provider within 72 hours)

	How many times this happened	Out of total requests	Percentage
Request approved	38,999	40,649	95.9%
Request denied	1,650	40,649	4.1%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	8	40,649	0.0%

TIME BETWEEN RECEIVING A PRIOR AUTHORIZATION REQUEST AND SENDING A DECISION

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests <i>(response due to provider within 5 business days, and no later than 14 calendar days)</i>	3.7 calendar days	1.4 calendar days
Expedited (urgent) Prior Authorization Requests <i>(response due to provider within 72 hours)</i>	30.6 hours	8.4 hours