2024 Medicare Health Equity Authorization metrics

Medicare authorizations received between 1/1/2024 - 12/31/2024

Report run date: 05/21/2025

Metrics		With SRF	Without SRF
A	The percentage of **standard** prior authorization requests that were **approved**, aggregated for all items and	92.12%	92.34%
B	The percentage of **standard** prior authorization requests that were **denied**, aggregated for all items and services.	7.69%	7.53%
C	The percentage of **standard** prior authorization requests that were **approved after appeal**, aggregated for all	0.19%	0.13%
D	The percentage of prior authorization requests for which the timeframe for review was extended, and the request	96.36%	100.00%
E	The percentage of **expedited** prior authorization requests that were **approved**, aggregated for all items	89.51%	90.21%
F	The percentage of **expedited** prior authorization requests that were **denied**, aggregated for all items and	10.49%	9.79%
G	The average and median time that elapsed between the submission of a request and a determination by the MA plan, for **standard** prior authorizations, aggregated for all	Avg: 36 hrs Median: 6 hrs	Avg: 34 hrs Median: 5 hrs
H	The average and median time that elapsed between the submission of a request and a decision by the MA plan for **expedited** prior authorizations, aggregated for all	Avg: 14 hrs Median: 2 hrs	Avg: 11 hrs Median: 2 hrs

Notes:

Social Risk Factor [SRF] criteria: Member is either Dual Eligible, Disabled, or Low Income Subsidy at the time the authorization was received.

Data Source: HealthEdge and EviCore Authorizations. Does not include MedImpact Part D authorizations

Exclusions: Canceled, dismissed, expired, pending, withdrawn and voided auths

Denied rate includes denials and partial approvals

Approved after Appeal: Authorization has a bed type or place of service = Approved on Appeal.