

PRIOR AUTHORIZATION METRICS FOR MEDICAL ITEMS AND SERVICES

To comply with the CMS Interoperability and Prior Authorization final rule, Northeast Michigan Community Service Agency – Region 9 Area Agency on Aging (NEMCSA – Region 9 AAA) 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. Public reporting of these metrics promotes transparency and accountability, helps participants 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: Jaime Carney at 989-358-4683.

Reporting Period: 2025 (01/01/2025 – 12/31/2025)

All services listed require prior authorization from NEMCSA – Region 9 AAA. MI Choice participants should reach out to their supports coordinator for all service need requests.

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

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

The data included in this report are estimates based on current reporting capabilities. Certain data elements are not yet fully captured or uniformly tracked, which may limit complete reporting.

Standard (non-urgent) Prior Authorization Requests

| | How many times this happened | Out of total requests | Percentage |
|--|------------------------------|-----------------------|------------|
| Request approved | 1733 | 1768 | 98% |
| Request denied | 35 | 1768 | 2% |
| Request approved only after time for review was extended | 0 | 0 | 0 |
| Request approved only after appeal | 0 | 0 | 0 |

Expedited (urgent) Prior Authorization Requests

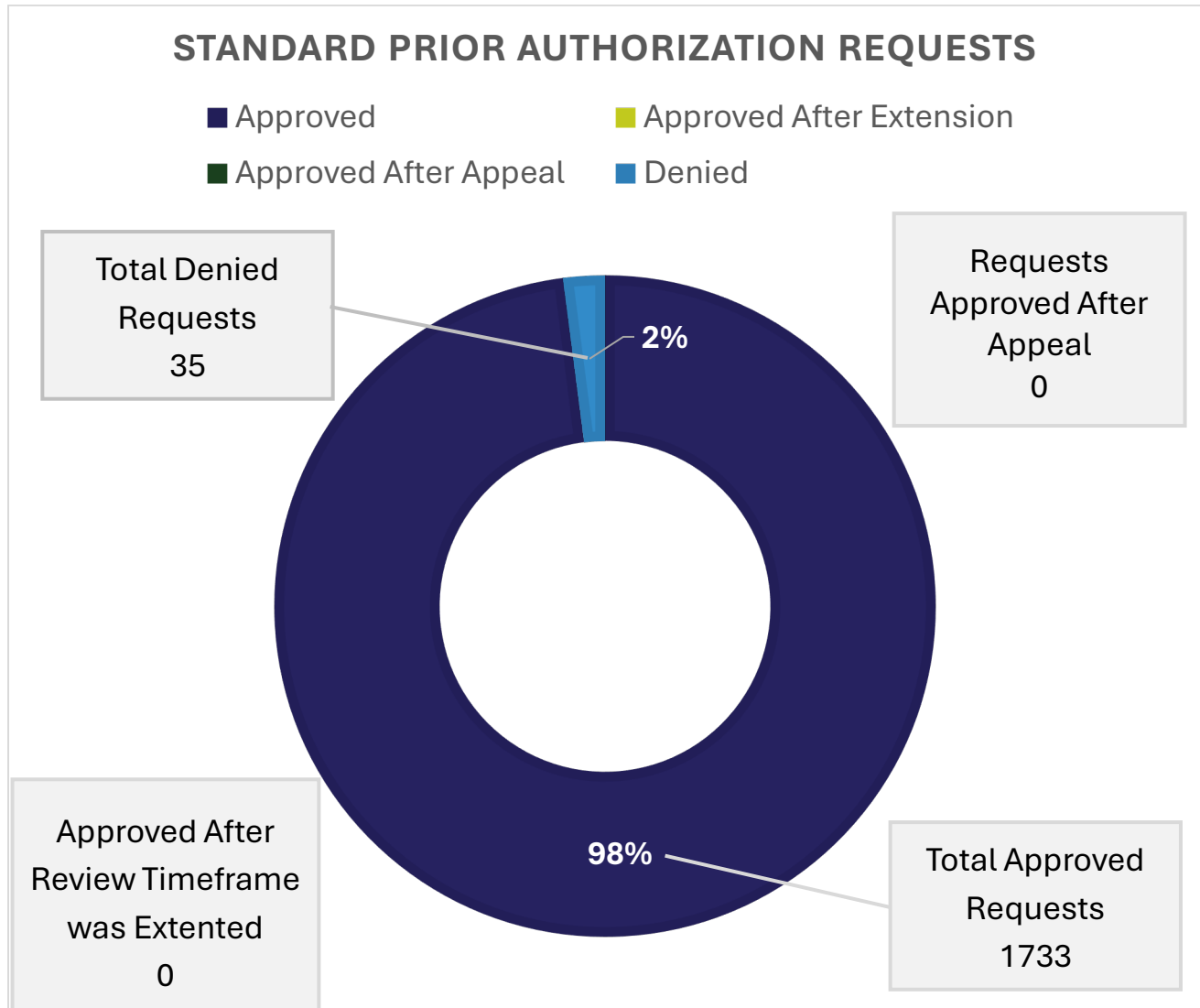
| | How many times this happened | Out of total requests | Percentage |
|--|------------------------------|-----------------------|------------|
| Request approved | 35 | 36 | 97% |
| Request denied | 1 | 36 | 3% |
| Request approved only after time for review was Extended | 0 | 0 | 0 |

Time Between Receiving a Prior Authorization Request and Sending a Decision

| | Mean (Average) Time | Median (Middle) Time |
|--|---------------------|----------------------|
| Standard (non-urgent) Prior Authorization Requests | 3 days | 2 days |
| Expedited (urgent) Prior Authorization Requests | 1 day | 1 day |

In 2025, we received a total of 1768 standard (non-urgent) prior authorization requests for our covered participants.

98% of those requests were approved:



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

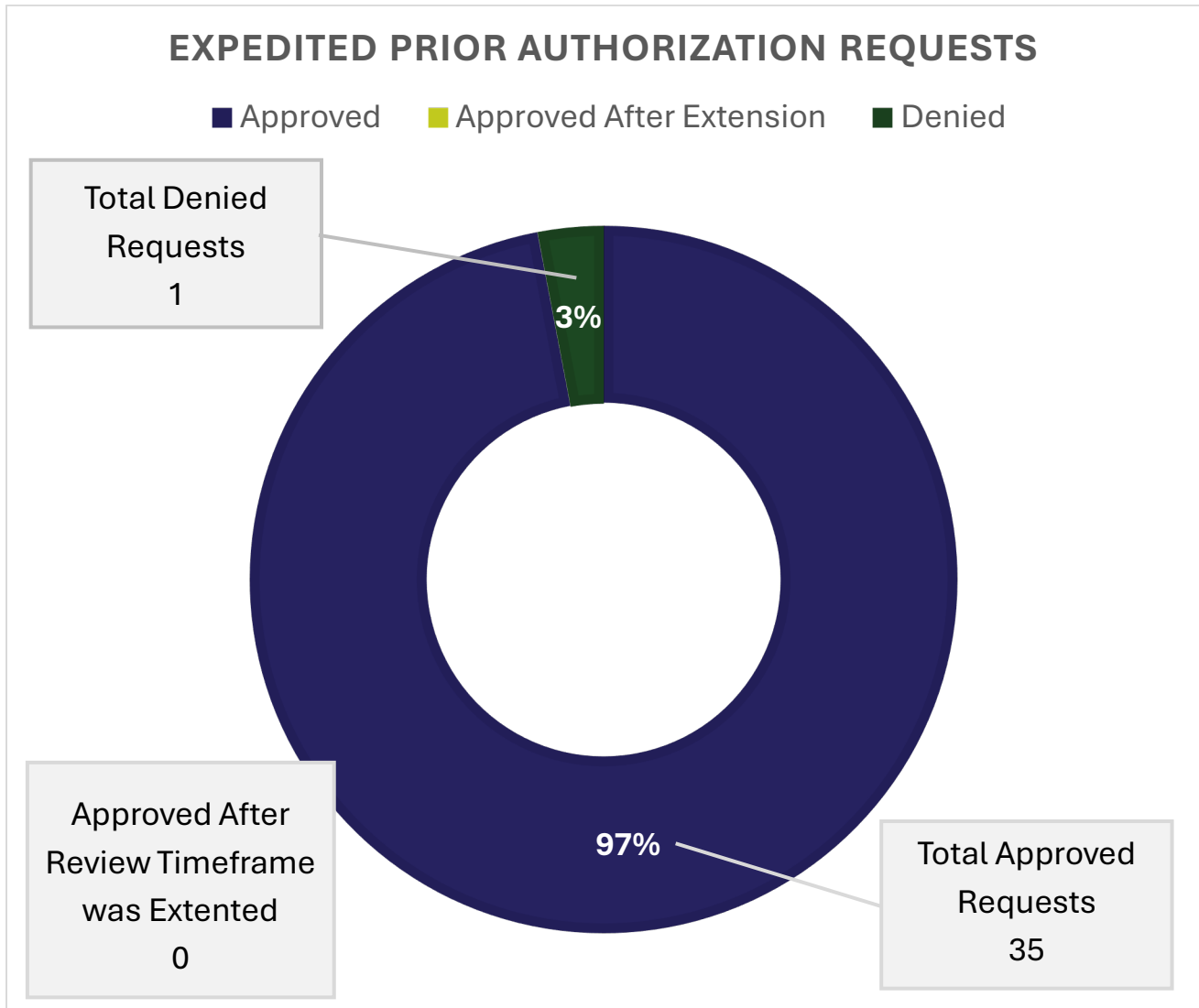
3 days

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

2 days

In 2025, we received a total of 36 expedited (urgent) prior authorization requests for our covered participants.

97% of those requests were approved:



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

1 days

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

1 days