



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

To comply with the CMS Interoperability and Prior Authorization final rule, Health New England 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 members 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, please contact HNE at the phone numbers below:

Local: (413) 787-4004

Toll-free: (800) 310-2835

TTY: 711

**Reporting Period: 2025**

**For a list of medical items and services for which HNE requires prior authorization (excluding drugs), click on the link below.**



[https://healthnewengland.org/Portals/\\_default/Shared%20Documents/providers/HNE\\_PA\\_List.pdf](https://healthnewengland.org/Portals/_default/Shared%20Documents/providers/HNE_PA_List.pdf)

In 2025, HNE was required to send prior authorization decisions for Medicaid managed care plans within 72 hours for expedited requests (urgent) and within 14 calendar days for standard (non-urgent) requests.

Starting January 1, 2026, HNE is required to send prior authorization decisions for Medicaid managed care plans within 72 hours for expedited requests (urgent) & within 7 calendar days for standard (non-urgent) requests.



**Medicaid Standard (non-urgent) Prior Authorization Requests - 2025  
(Response Due to Provider Within 14 Days)**

	<b>Number of Occurrences</b>	<b>Out of Total Requests</b>	<b>Percentage</b>
Requests approved	18,162	20,301	89.5%
Requests denied	2,139	20,301	10.5%

	<b>Number of Occurrences</b>	<b>Out of Total Requests</b>	<b>Percentage</b>
Requests approved within 14 days	17,251	20,301	85.0%
Requests denied within 14 days	1,642	20,301	8.1%

	<b>Number of Occurrences</b>	<b>Out of Total Requests</b>	<b>Percentage</b>
Requests approved only after review time was extended	99	20,301	0.5%
Requests denied after time for review was extended	169	20,301	0.8%

	<b>Number of Occurrences</b>	<b>Out of Total Appeals</b>	<b>Percentage</b>
Requests approved only after appeal	35	40	87.5%
Requests denied after appeal	5	40	12.5%



**Medicaid Expedited (urgent) Prior Authorization Requests - 2025  
(Response Due to Provider Within 72 Hours)**

	Number of Occurrences	Out of Total Requests	Percentage
Requests approved	2,935	3,081	95.3%
Requests denied	146	3,081	4.7%

	Number of Occurrences	Out of Total Requests	Percentage
Requests approved within 72 hours	2,671	3,081	86.7%
Requests denied within 72 hours	90	3,081	2.9%

	Number of Occurrences	Out of Total Requests	Percentage
Requests approved only after review time was extended	24	3,081	0.8%
Requests denied after time for review was extended	18	3,081	0.6%

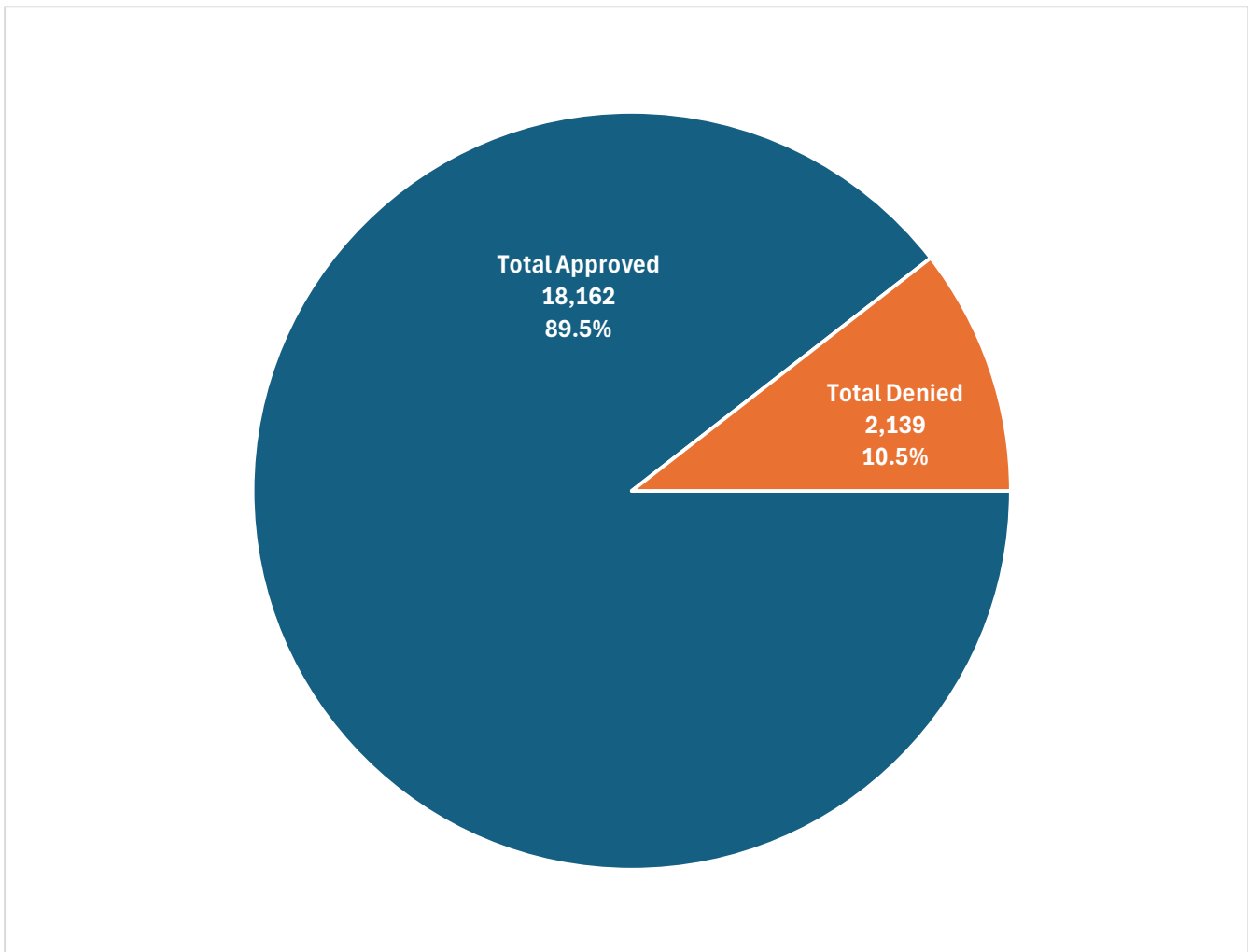
	Number of Occurrences	Out of Total Appeals	Percentage
Requests approved only after appeal	4	5	80.0%
Requests denied after appeal	1	5	20.0%

**Time Between Receiving a Prior Authorization Request and Sending a Decision - 2025**

	Average Time	Median Time
Standard (non-urgent) Prior Authorization Requests (response due to provider within 14 calendar days)	3.8 Days	1 Day
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	35 Hours	17.9 Hours

In 2025, we received a total of 20,301 standard prior authorization requests for our covered members. 89.5% of those requests were approved.

### Medicaid Standard Prior Authorization Breakdown - 2025



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

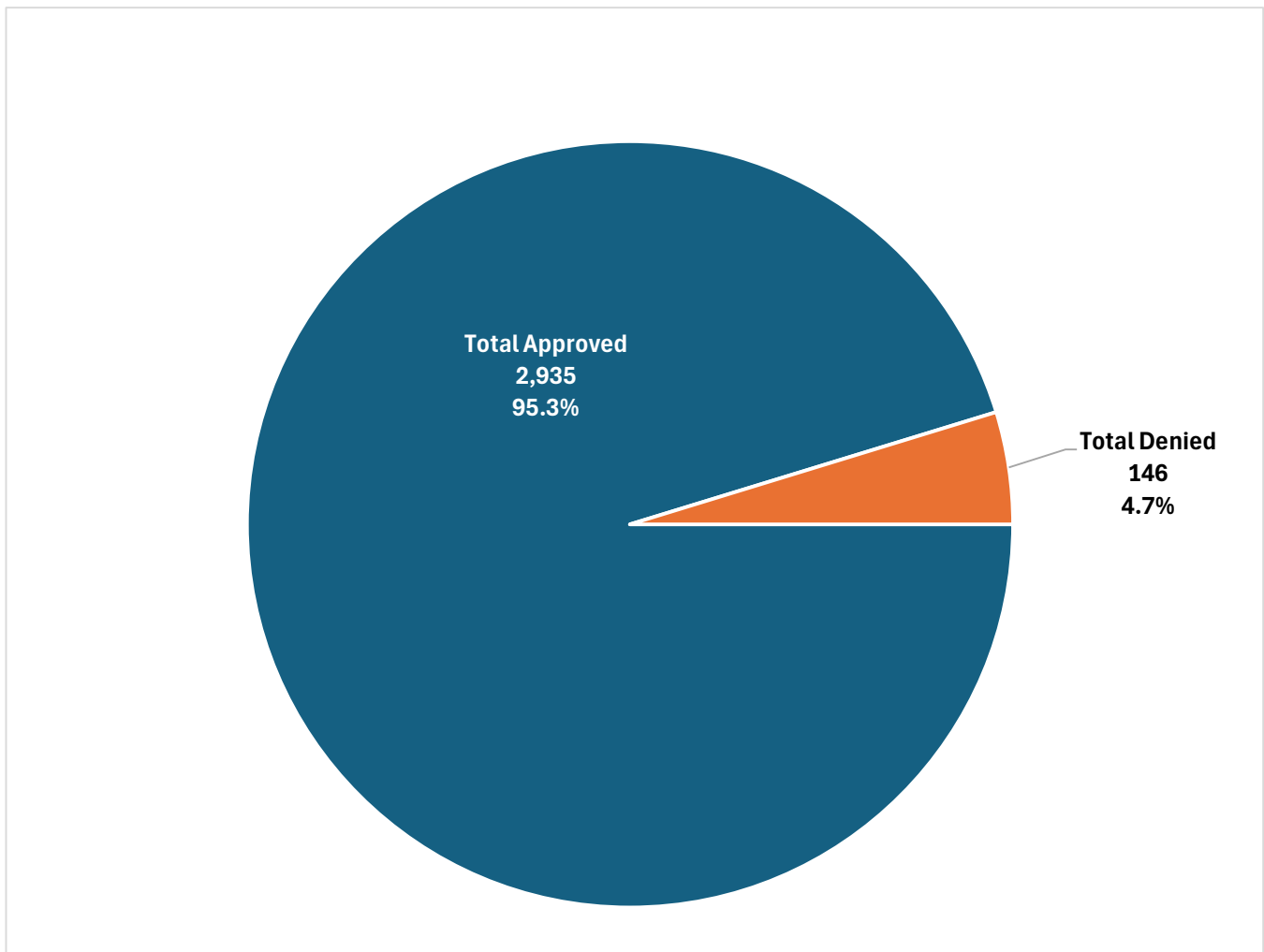
3.8 Days

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

1 Day

In 2025, we received a total of 3,081 urgent prior authorization requests for our covered members. 95.3% of those requests were approved.

### Medicaid Urgent Prior Authorization Breakdown - 2025



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

35.0 Hours

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

17.9 Hours