

## Prior authorization metrics for medical items and services

To comply with the CMS Interoperability and Prior Authorization final rule, UCare 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.

Reporting year: **2025**

Plan name: **Minnesota Senior Care Plus (MSC+)**

### Standard (non-urgent) prior authorization requests

	How many times this happened	Out of total requests	Percentage
Request approved	640	1,101	58%
Request denied	461	1,101	42%
Request approved only after time for review was extended	0	0	0%
Request denied after time for review was extended	0	0	0%

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	4	15	27%
Request denied after appeal	11	15	73%

**Expedited (urgent) prior authorization requests (response due to provider within 72 hours)**

	How many times this happened	Out of total requests	Percentage
Request approved	17	28	61%
Request denied	11	28	39%
Request approved only after time for review was extended	0	0	0%
Request denied after time for review was extended	0	0	0%

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	0	0	0%
Request denied after appeal	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 (response due to provider within fourteen calendar days)	8 days	8 days
Expedited (urgent) prior authorization requests (response due to provider within 72 hours)	1 day	1 day