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

To comply with the Centers for Medicare & Medicaid Services (CMS) Interoperability and Prior Authorization final rule, Wellmark 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.

Reporting Period: 2025

Following is a link to the medical items and services for which prior authorization is required (excluding drugs)

Wellmark Prior Authorization Requirements in 2025

Prior to January 1, 2026, impacted payers are required to send prior authorization decisions within the following timeframes:

- For Medicare Advantage (MA) plans and applicable integrated plans, 72 hours for **expedited requests** (urgent) and 14 calendar days for **standard requests** (non-urgent)
- For state Children's Health Insurance Fee for Service programs (CHIP FFS), 14 days for **standard requests** (non-urgent)
- For Medicaid managed care plans and Children's Health Insurance Program (CHIP) managed care entities, 72 hours for **expedited** requests (urgent) and 14 calendar days for standard requests (non-urgent)
- For Qualified Health Plan issuers on the Federally Facilitated Exchanges, 72 hours for expedited requests (urgent) and 15 days for standard requests (non-urgent)

There are no Medicaid Fee for Service program required timeframes for either type of prior authorization request prior to January 1, 2026, and there are no CHIP FFS program required decision timeframes for expedited prior authorization requests prior to January 1, 2026.

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

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

No changes were made to Qualified Health Plan issuers on the Federally Facilitated Exchange requirements and prior authorization decisions are to be made within:

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

The following data is for South Dakota members on the Federally Facilitated Exchanges (FFEs) only.

Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	2,408	2,741	87.9%
Request denied	333	2,741	12.2%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	0	0	0%

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	8	27	29.6%

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Expedited (urgent) Prior Authorization Requests

(Response Due to Provider Within 72 Hours)

	How many times this happened	Out of total requests	Percentage
Request approved	469	498	94.2%
Request denied	29	498	5.8%

	How many times this happened	Out of total requests	Percentage
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 (response due to provider within 7 calendar days)	2.19 days	0 days*
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	0.41 days	0.08 days

*More than half of the standard requests for South Dakota were approved resulting in real-time when medical necessity was met. The real-time approval resulted in a median of 0 days for this metric.