



Prior Authorization Metrics Reporting for Calendar Year 2025

Partnership HealthPlan of California complies with the Centers for Medicare and Medicaid Services (CMS) Interoperability and Prior Authorization Final Rule [CMS-0057-F](#), regulatory reference [42 CFR §440.230\(e\)\(3\)](#), which requires reporting of prior authorization (pre-approval) metrics on our website.

These metrics are reported to:

- Promote transparency and accountability
- Help our members understand the prior authorization process
- Support provider evaluation of Partnership’s performance
- Enable comparison across health plans

Reporting Period: Calendar Year 2025

Services Requiring Prior Authorization

Partnership requires prior authorization for select medical items and services. A general list of those items (excluding drugs) can be found on Partnership’s website: [Partnership TAR Requirements](#)

Decision Timeframe Requirements in 2025

- Standard (Non-Urgent): 5 business days (up to 14 calendar days)
- Expedited (Urgent): 72 hours

Beginning January 1, 2026, decision timeframe requirements are as follows:

- Standard (Non-Urgent): 7 calendar days
- Expedited (Urgent): 72 hours

2025 Prior Authorization Summary for Standard and Expedited Requests

During Calendar Year 2025, Partnership processed a total of 423,258 authorization requests.

Metric	Standard (Non-Urgent) Requests		Expedited (Urgent) Requests	
	Total Requests	341,164		82,094
Total Approved	264,936	77.66%	66,362	80.84%
Total Denied¹	76,228	22.34%	15,732	19.16%
Average Time to Decision	5.97 days		39.5 hours	
Median Time to Decision	5 days		40 hours	
Request approved only after time for review was extended	21,726	6.37%	273	0.33%

¹ Authorizations and Total Denied Authorizations include requests processed as Administrative Denials. Administrative Denials are denials of requests that do not qualify as an Adverse Benefit Determination, such as duplicate requests or requests that do not require an authorization.



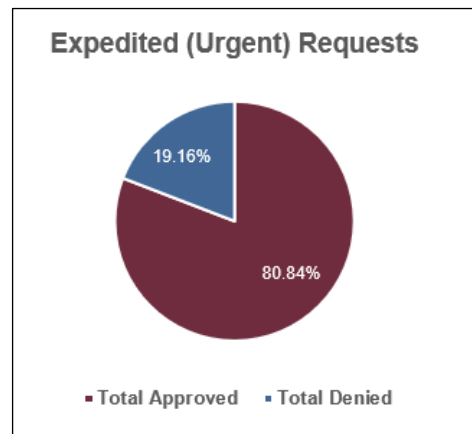
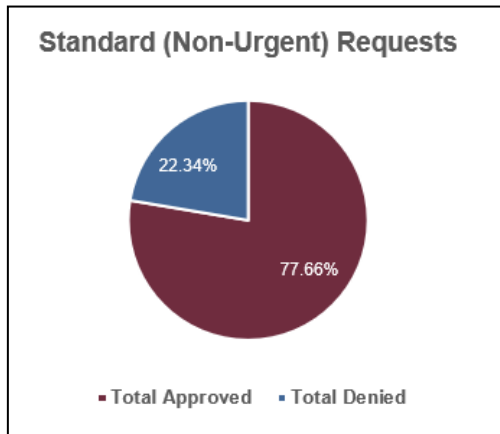
Prior Authorization Metrics Reporting for Calendar Year 2025

Of the 76,228 Total Denied Standard (Non-Urgent) Requests:

- 24,607 (7.21%) of these requests were denials related to medical necessity review
- 51,621 (15.13%) of these requests were denials related to administrative denials

Of the 15,372 Total Denied Expedited (Urgent) Requests:

- 7,558 (9.21%) of these requests were denials related to medical necessity review
- 8,174 (9.96%) of these requests were denials related to administrative denials



Approved After Appeal (Standard Requests)

During calendar year 2025, Partnership received 245 requests that were approved through the appeals process.

Total Standard (Non-Urgent) Requests Appealed	Requests Approved After Appeal	Percentage
1661	245	14.75%