

### UnitedHealthcare Prior Authorization (PA) Calendar Year 2025

#### Overview

Prior authorization is a clinical review process that helps check whether the treatment being requested – like a complex surgery or a therapy provided as part of a clinical trial – is covered by the patients' health insurance plan, and the services meet the standards for quality and safety. The process also works to reduce and remove fraud, waste, and abuse. Prior authorization only applies to planned services and is never required for emergencies or urgent care.

At UnitedHealthcare, we're committed to ensuring our 50M members have access to safe, coordinated, effective care while helping make the health care system work better for everyone -- prior authorization is an important part of that commitment. Across UnitedHealthcare, prior authorization is not required for 98% of all medical claims, and when it is required, nearly half are approved real time, and almost all are decided within 24 hours. \*

While prior authorization doesn't impact everyone, we're working hard to make the experience simpler, faster, and more transparent for all.

#### CMS Final Rule

In addition to UnitedHealthcare's individual efforts, in 2024, the Centers for Medicare & Medicaid Services (CMS) announced the CMS Interoperability and Prior Authorization Final Rule (the "Final Rule") that requires Medicare Advantage (MA) organizations, Medicaid fee-for-service programs, Medicaid managed care plans, Children's Health Insurance Program (CHIP) programs, and Qualified Health Plan (QHP) issuers on Federally Facilitated Exchanges (FEEs) to publish certain prior authorization metrics annually.

- > A list of all medical items and services that require prior authorization (excluding drugs).
- > For standard prior authorization requests, aggregated for all items and services:
  - a. Percentage and number approved in the calendar year
  - b. Percentage and number not approved<sup>1</sup> in the calendar year
  - c. Percentage and number approved in the calendar year after appeal
  - d. The average (mean) and median response times that elapsed between the submission of a request and a determination by the payer
- > For expedited prior authorization requests, aggregated for all items and services:
  - a. Percentage and number approved in the calendar year
  - b. Percentage and number not approved<sup>1</sup> in the calendar year
  - c. Percentage and number approved in the calendar year after appeal
  - d. The average (mean) and median response times that elapsed between the submission of a request and a determination by the payer
- > The percentage of requests where the timeframe for review was extended, and the request was approved.

It is important to note the prior authorization numbers reported under the Final Rule include services that may not have been approved for a variety of reasons including administrative reasons, such as missing medical documents, coverage reasons, such as requests for services not covered under the health plan, or clinical reasons, such as requests for services that are not aligned with clinical policy or existing medical evidence (e.g. experimental treatments).

The following pages provide the required data.

**<sup>1</sup>Not Approved:** Across UnitedHealthcare plans, the total number of claims that require prior authorization is only 2%, and UnitedHealthcare approves prior authorization requests over 90% of the time and pays more than 98% of valid claims. However, there may be large variations when reviewing this data at the contract or plan level. These variations may be due to significant differences in the number of members associated with each contract (e.g. some contracts cover just a few members, some cover thousands), different demographics covered under each contract (e.g. some contracts may serve healthier populations than others), different data sets, and the different plans associated with certain contracts (e.g. contracts can cover Exchange plans, Medicare plans, or Medicaid or CHIP plans).

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Note: UnitedHealthcare does not extend the timeframe to review prior authorization requests. As a result, UnitedHealthcare is not reporting information related to extensions.

Health Plan	Type	Total Cases	Initial Approved		Initial Not Approved		Approved Post-Appeal % of Total Appeals		Final Not Approved (Upheld) % of Total Authorizations		Time to Determination	
			Count	%	Count	%	Count	%	Count	%	Mean (Days)	Median (Days)
Arizona Developmental Disabilities Program	Expedited	615	572	93.0%	43	7.0%	3	100.0%	40	6.5%	0	0.6
	Standard	10,440	9,424	90.3%	1,016	9.7%	89	100.0%	927	8.9%	5	5.2
	Total	11,055	9,996	90.4%	1,059	9.6%	92	100.0%	967	8.7%	N/A	N/A
Arizona AHCCCS Complete Care	Expedited	11,550	10,307	89.2%	1,243	10.8%	42	100.0%	1,201	10.4%	0	0.8
	Standard	94,879	73,857	77.8%	21,022	22.2%	216	90.0%	20,806	21.9%	1	2.4
	Total	106,429	84,164	79.1%	22,265	20.9%	258	91.5%	22,007	20.7%	N/A	N/A
Arizona Long Term Care	Expedited	612	438	71.6%	174	28.4%	1	100.0%	173	28.3%	1	0.9
	Standard	45,798	43,674	95.4%	2,124	4.6%	37	97.4%	2,087	4.6%	1	29.7
	Total	46,410	44,112	95.0%	2,298	5.0%	38	97.4%	2,260	4.9%	N/A	N/A
District of Columbia Dual Choice Program	Expedited	1	1	100.0%	0	0.0%	0	0%	0	0.0%	0	0.0
	Standard	23	21	91.3%	2	8.7%	0	0%	2	8.7%	0	0.9
	Total	24	22	91.7%	2	8.3%	0	0%	2	8.3%	N/A	N/A
District of Columbia Dual Choice Program - Medicaid LTSS	Expedited	2	2	100.0%	0	0.0%	0	0%	0	0.0%	0	0.0
	Standard	11,877	11,089	93.4%	788	6.6%	3	100.0%	785	6.6%	1	1.5
	Total	11,879	11,091	93.4%	788	6.6%	3	100.0%	785	6.6%	N/A	N/A
Florida Long Term Care	Expedited	126	121	96.0%	5	4.0%	0	0%	5	4.0%	0	0.5
	Standard	43,026	38,931	90.5%	4,095	9.5%	5	100.0%	4,090	9.5%	0	14.1
	Total	43,152	39,052	90.5%	4,100	9.5%	5	100.0%	4,095	9.5%	N/A	N/A

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Florida Managed Medical Assistance (MMA)	Expedited	7,764	7,405	95.4%	359	4.6%	4	66.7%	355	4.6%	0	0.4
	Standard	70,558	60,739	86.1%	9,819	13.9%	64	78.0%	9,755	13.8%	0	0.7
	Total	78,322	68,144	87.0%	10,178	13.0%	68	77.3%	10,110	12.9%	N/A	N/A
Hawaii Quest Integration	Expedited	1,798	1,721	95.7%	77	4.3%	6	100.0%	71	3.9%	0	0.7
	Standard	20,029	18,757	93.6%	1,272	6.4%	29	100.0%	1,243	6.2%	3	4.2
	Total	21,827	20,478	93.8%	1,349	6.2%	35	100.0%	1,314	6.0%	N/A	N/A
Idaho Medicaid Plus (IMPlus)	Expedited	1	1	100.0%	0	0.0%	0	0%	0	0.0%	0	0.0
	Standard	1,512	1,501	99.3%	11	0.7%	0	0%	11	0.7%	149	144.4
	Total	1,513	1,502	99.3%	11	0.7%	0	0%	11	0.7%	N/A	N/A
Indiana Hoosier Care Connect	Expedited	815	798	97.9%	17	2.1%	1	100.0%	16	2.0%	0	0.8
	Standard	6,248	5,788	92.6%	460	7.4%	20	80.0%	440	7.0%	1	1.8
	Total	7,063	6,586	93.2%	477	6.8%	21	80.8%	456	6.5%	N/A	N/A
Indiana PathWays for Aging	Expedited	339	299	88.2%	40	11.8%	3	100.0%	37	10.9%	0	0.5
	Standard	54,990	52,805	96.0%	2,185	4.0%	37	100.0%	2,148	3.9%	0	0.6
	Total	55,329	53,104	96.0%	2,225	4.0%	40	100.0%	2,185	3.9%	N/A	N/A
Kansas KanCare	Expedited	3,587	3,499	97.5%	88	2.5%	0	0%	88	2.5%	0	1.0
	Standard	94,115	89,709	95.3%	4,406	4.7%	130	99.2%	4,276	4.5%	0	1.2
	Total	97,702	93,208	95.4%	4,494	4.6%	130	99.2%	4,364	4.5%	N/A	N/A

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Kentucky Medicaid	Expedited	8,040	7,458	92.8%	582	7.2%	6	75.0%	576	7.2%	0	0.7
	Standard	90,315	83,102	92.0%	7,213	8.0%	76	96.2%	7,137	7.9%	0	1.3
	Total	98,355	90,560	92.1%	7,795	7.9%	82	94.3%	7,713	7.8%	N/A	N/A
Healthy Louisiana	Expedited	19,807	17,303	87.4%	2,504	12.6%	6	100.0%	2,498	12.6%	0	0.2
	Standard	136,355	117,615	86.3%	18,740	13.7%	74	92.5%	18,666	13.7%	0	0.7
	Total	156,162	134,918	86.4%	21,244	13.6%	80	93.0%	21,164	13.6%	N/A	N/A
Massachusetts One Care	Expedited	54	49	90.7%	5	9.3%	0	0%	5	9.3%	0	6.1
	Standard	20,248	15,708	77.6%	4,540	22.4%	1	4.2%	4,539	22.4%	0	0.6
	Total	20,302	15,757	77.6%	4,545	22.4%	1	4.2%	4,544	22.4%	N/A	N/A
Massachusetts Senior Care Options	Standard	84	56	66.7%	28	33.3%	0	0%	28	33.3%	0	0.7
	Total	84	56	66.7%	28	33.3%	0	0%	28	33.3%	N/A	N/A
Maryland HealthChoice	Expedited	1,047	900	86.0%	147	14.0%	0	0.0%	147	14.0%	1	1.6
	Standard	43,808	36,798	84.0%	7,010	16.0%	59	81.9%	6,951	15.9%	0	1.0
	Total	44,855	37,698	84.0%	7,157	16.0%	59	78.7%	7,098	15.8%	N/A	N/A
Michigan Comprehensive Health Care Program	Expedited	6,668	6,481	97.2%	187	2.8%	9	100.0%	178	2.7%	0	0.4
	Standard	72,585	66,037	91.0%	6,548	9.0%	192	99.0%	6,356	8.8%	1	1.8
	Total	79,253	72,518	91.5%	6,735	8.5%	201	99.0%	6,534	8.2%	N/A	N/A

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Missouri HealthNet	Expedited	8,752	8,455	96.6%	297	3.4%	0	0.0%	297	3.4%	0	0.4
	Standard	68,584	58,872	85.8%	9,712	14.2%	51	73.9%	9,661	14.1%	0	0.4
	Total	77,336	67,327	87.1%	10,009	12.9%	51	72.9%	9,958	12.9%	N/A	N/A
MississippiCAN	Expedited	30	26	86.7%	4	13.3%	2	100.0%	2	6.7%	0	0.4
	Standard	6,860	6,466	94.3%	394	5.7%	24	100.0%	370	5.4%	0	0.7
	Total	6,890	6,492	94.2%	398	5.8%	26	100.0%	372	5.4%	N/A	N/A
MississippiCAN CHIP	Expedited	34	33	97.1%	1	2.9%	0	0%	1	2.9%	0	0.1
	Standard	616	593	96.3%	23	3.7%	1	100.0%	22	3.6%	0	0.5
	Total	650	626	96.3%	24	3.7%	1	100.0%	23	3.5%	N/A	N/A
North Carolina Medicaid Managed Care	Expedited	11,069	10,286	92.9%	783	7.1%	12	60.0%	771	7.0%	0	0.8
	Standard	152,752	144,090	94.3%	8,662	5.7%	88	64.2%	8,574	5.6%	0	2.7
	Total	163,821	154,376	94.2%	9,445	5.8%	100	63.7%	9,345	5.7%	N/A	N/A
Nebraska Share Advantage	Expedited	2,936	2,831	96.4%	105	3.6%	3	50.0%	102	3.5%	0	0.8
	Standard	42,383	38,870	91.7%	3,513	8.3%	116	89.9%	3,397	8.0%	1	2.1
	Total	45,319	41,701	92.0%	3,618	8.0%	119	88.1%	3,499	7.7%	N/A	N/A
New Jersey FamilyCare (Medicaid)	Expedited	15,491	14,155	91.4%	1,336	8.6%	17	56.7%	1,319	8.5%	0	0.6
	Standard	279,419	236,117	84.5%	43,302	15.5%	273	46.1%	43,029	15.4%	0	2.2
	Total	294,910	250,272	84.9%	44,638	15.1%	290	46.6%	44,348	15.0%	N/A	N/A

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New Mexico Turquoise Care	Expedited	5	5	100.0%	0	0.0%	0	0%	0	0.0%	1	0.8
	Standard	5,838	5,364	91.9%	474	8.1%	12	100.0%	462	7.9%	1	1.7
	Total	5,843	5,369	91.9%	474	8.1%	12	100.0%	462	7.9%	N/A	N/A
New York Medicaid Advantage	Expedited	1,807	1,619	89.6%	188	10.4%	0	0%	188	10.4%	1	5.3
	Standard	76,049	59,002	77.6%	17,047	22.4%	94	100.0%	16,953	22.3%	1	1.3
	Total	77,856	60,621	77.9%	17,235	22.1%	94	100.0%	17,141	22.0%	N/A	N/A
New York Child Health Plus	Expedited	30	29	96.7%	1	3.3%	0	0%	1	3.3%	4	6.0
	Standard	1,650	1,213	73.5%	437	26.5%	1	100.0%	436	26.4%	0	1.3
	Total	1,680	1,242	73.9%	438	26.1%	1	100.0%	437	26.0%	N/A	N/A
New York Essential Plan Program	Expedited	196	153	78.1%	43	21.9%	0	0%	43	21.9%	0	4.6
	Standard	18,664	15,550	83.3%	3,114	16.7%	39	100.0%	3,075	16.5%	1	1.3
	Total	18,860	15,703	83.3%	3,157	16.7%	39	100.0%	3,118	16.5%	N/A	N/A
United Healthcare Community Plan Wellness 4Me	Expedited	151	148	98.0%	3	2.0%	0	0%	3	2.0%	7	10.7
	Standard	4,461	4,060	91.0%	401	9.0%	9	100.0%	392	8.8%	1	1.5
	Total	4,612	4,208	91.2%	404	8.8%	9	100.0%	395	8.6%	N/A	N/A
Ohio MMP Program	Expedited	35	34	97.1%	1	2.9%	0	0%	1	2.9%	0	0.2
	Standard	18,161	17,370	95.6%	791	4.4%	7	100.0%	784	4.3%	0	0.4
	Total	18,196	17,404	95.6%	792	4.4%	7	100.0%	785	4.3%	N/A	N/A



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Ohio Public Health Care Program	Expedited	6,746	6,385	94.6%	361	5.4%	14	100.0%	347	5.1%	0	0.5
	Standard	113,463	106,977	94.3%	6,486	5.7%	225	100.0%	6,261	5.5%	0	1.4
	Total	120,209	113,362	94.3%	6,847	5.7%	239	100.0%	6,608	5.5%	N/A	N/A
Pennsylvania CHIP	Standard	900	863	95.9%	37	4.1%	1	50.0%	36	4.0%	0	2.3
	Total	900	863	95.9%	37	4.1%	1	50.0%	36	4.0%	N/A	N/A
Pennsylvania Medicaid	Expedited	1,025	936	91.3%	89	8.7%	0	0%	89	8.7%	0	0.3
	Standard	27,830	22,332	80.2%	5,498	19.8%	51	63.0%	5,447	19.6%	0	1.2
	Total	28,855	23,268	80.6%	5,587	19.4%	51	63.0%	5,536	19.2%	N/A	N/A
Rhode Island Medicaid	Expedited	2,846	2,747	96.5%	99	3.5%	7	100.0%	92	3.2%	0	0.4
	Standard	29,701	27,453	92.4%	2,248	7.6%	46	95.8%	2,202	7.4%	0	1.5
	Total	32,547	30,200	92.8%	2,347	7.2%	53	96.4%	2,294	7.0%	N/A	N/A
Tennessee TennCare	Expedited	6,835	6,592	96.4%	243	3.6%	13	100.0%	230	3.4%	0	0.4
	Standard	104,271	97,454	93.5%	6,817	6.5%	215	100.0%	6,602	6.3%	0	3.0
	Total	111,106	104,046	93.6%	7,060	6.4%	228	100.0%	6,832	6.1%	N/A	N/A
Texas CHIP	Expedited	9	8	88.9%	1	11.1%	0	0%	1	11.1%	1	0.9
	Standard	577	525	91.0%	52	9.0%	1	100.0%	51	8.8%	1	0.9
	Total	586	533	91.0%	53	9.0%	1	100.0%	52	8.9%	N/A	N/A

**UnitedHealthcare Prior Authorizations (PA)  
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The following prior authorization data is being reported consistent with the CMS Final Rule and includes certain prior authorization and appeal information for members enrolled in UnitedHealthcare Medicaid and CHIP plans from January 1, 2025 to December 31, 2025, including prior authorization requests for transitions to post-acute care and requests submitted to capitated-delegated providers, behavioral health delegates, physical health delegates and dental delegates (where applicable). The reports do not include any reporting related to prescription drugs (when not under the medical benefit). Any data for non-integrated entities will be reported separately. Also note that member eligibility changes may impact data. For example, a member may not have been eligible or enrolled in a UnitedHealthcare Medicaid or CHIP plan when the prior authorization requests was submitted, which could result in services not being approved. If the member's eligibility changes, the request could be overturned and approved during the appeal process. Access the prior authorization requirements for medical items and services for Medicaid and CHIP plans [here](#). Information is current as of the date of posting and are listed by Medicaid/CHIP plan.

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Health Plan	Type	Total Cases	Initial Approved		Initial Not Approved		Approved Post-Appeal % of Total Appeals		Final Not Approved (Upheld) % of Total Authorizations		Time to Determination	
			Count	%	Count	%	Count	%	Count	%	Mean (Days)	Median (Days)
Texas MMP	Expedited	8	8	100.0%	0	0.0%	0	0%	0	0.0%	0	0.3
	Standard	240	143	59.6%	97	40.4%	0	0%	97	40.4%	0	0.5
	Total	248	151	60.9%	97	39.1%	0	0%	97	39.1%	N/A	N/A
Texas STAR	Expedited	13,824	13,128	95.0%	696	5.0%	1	12.5%	695	5.0%	0	0.6
	Standard	138,578	116,384	84.0%	22,194	16.0%	64	27.0%	22,130	16.0%	1	1.4
	Total	152,402	129,512	85.0%	22,890	15.0%	65	26.5%	22,825	15.0%	N/A	N/A
TX Star Kids	Expedited	221	217	98.2%	4	1.8%	0	0%	4	1.8%	0	0.4
	Standard	17,856	16,901	94.7%	955	5.3%	60	100.0%	895	5.0%	1	2.6
	Total	18,077	17,118	94.7%	959	5.3%	60	100.0%	899	5.0%	N/A	N/A
Texas STARPLUS	Expedited	818	794	97.1%	24	2.9%	0	0%	24	2.9%	0	0.5
	Standard	130,178	127,171	97.7%	3,007	2.3%	82	100.0%	2,925	2.2%	1	1.4
	Total	130,996	127,965	97.7%	3,031	2.3%	82	100.0%	2,949	2.3%	N/A	N/A
Virginia Cardinal Care LTSS	Expedited	811	764	94.2%	47	5.8%	7	100.0%	40	4.9%	1	0.8
	Standard	49,163	43,722	88.9%	5,441	11.1%	92	100.0%	5,349	10.9%	4	5.3
	Total	49,974	44,486	89.0%	5,488	11.0%	99	100.0%	5,389	10.8%	N/A	N/A
Virginia Cardinal Care Medicaid	Expedited	5,960	5,455	91.5%	505	8.5%	1	100.0%	504	8.5%	0	0.8
	Standard	57,435	51,197	89.1%	6,238	10.9%	5	45.5%	6,233	10.9%	0	1.5
	Total	63,395	56,652	89.4%	6,743	10.6%	6	50.0%	6,737	10.6%	N/A	N/A

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Washington Apple Health Expansion	Standard	20,938	19,134	91.4%	1,804	8.6%	94	100.0%	1,710	8.2%	0	0.9
	Total	20,938	19,134	91.4%	1,804	8.6%	94	100.0%	1,710	8.2%	N/A	N/A
Washington Apple Health	Expedited	7,117	6,923	97.3%	194	2.7%	0	0.0%	194	2.7%	0	1.0
	Standard	36,756	32,941	89.6%	3,815	10.4%	10	38.5%	3,805	10.4%	0	0.8
	Total	43,873	39,864	90.9%	4,009	9.1%	10	37.0%	3,999	9.1%	N/A	N/A
Wisconsin Medicaid	Expedited	7,784	7,525	96.7%	259	3.3%	15	93.8%	244	3.1%	0	0.7
	Standard	80,913	74,642	92.2%	6,271	7.8%	183	98.9%	6,088	7.5%	0	0.9
	Total	88,697	82,167	92.6%	6,530	7.4%	198	98.5%	6,332	7.1%	N/A	N/A