

To comply with the [CMS Interoperability and Prior Authorization final rule \(CMS-0057-F\)](#), Community Behavioral Health (CBH) 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.

For questions on the data below, contact CBH.PriorAuthMetrics@phila.gov.

Reporting Period	January 1, 2025 – December 31, 2025
Medical Items and Services for which CBH Requires Prior Authorization (Excluding Drugs)	
➔ See the Prior Authorization section (3.4.3.) of the CBH Provider Manual for more information.	

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

- ➔ For MA plans and applicable integrated plans, 72 hours for expedited requests (urgent) and 14 calendar days for standard requests (non-urgent)
- ➔ For state CHIP FFS programs, 14 days for standard requests (non-urgent)
- ➔ For Medicaid managed care plans and CHIP managed care entities, 72 hours for expedited requests (urgent) and 14 calendar days for standard requests (non-urgent)
- ➔ For QHP issuers on the FFEs, 72 hours for expedited requests (urgent) and 15 days for standard requests (non-urgent)

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

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization final rule requires managed care plans to send prior authorization decisions within:

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

Standard (Non-Urgent) Prior Authorization Requests

Decision	# of Occurrences	Total Requests*	Percentage
Total Requests Approved	35,137	37,721	93.15%
Total Requests Denied	2,584	37,721	6.85%
Request approved only after time for review was extended	351	37,721	0.93%
Requests approved only after appeal	106	312	33.97%

Expedited (Urgent) Prior Authorization Requests

Decision	# of Occurrences	Total Requests*	Percentage
Total Requests Approved	22,004	22,121	99.47%
Total Requests Denied	117	22,121	0.53%
Request approved only after time for review was extended	136	22,121	0.61%

Time Between Receiving a Prior Authorization Request and Sending a Decision

	Mean Time	Median Time
Standard (Non-Urgent) Prior Authorization Requests	1.9 Days	1 Day
Expediated (Urgent) Prior Authorization Requests	3.7 Hours	1 Hour

* CBH may receive multiple requests for standard, non-urgent services within a single administrative submission. Since one submission can result in multiple authorizations, the reported total number of requests may not accurately reflect the actual volume of service requests. IBHS serves as a primary example, as a single written order may contain multiple service requests.