

Prior Authorization Metrics - CY2025

Alterwood Advantage publishes the following prior authorization metrics for calendar year 2025 in accordance with CMS transparency requirements for Medicare Advantage Organizations under the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F). These metrics reflect prior authorization requests for items and services subject to prior authorization review.

Inpatient (2025)

Standard (Non-Urgent) Prior Authorization Requests

Response due to provider within 14 calendar days

Decision	How many times this occurred	Out of total requests	Percentage
Request Approved	856	1011	84.67%
Request Partially Approved	1	1011	0.10%
Request Denied	154	1011	15.23%

Decision	How many times this occurred	Out of total requests	Percentage
Request Approved within 14 days	856	1011	84.67%
Request Partially Approved within 14 days	1	1011	0.10%
Request Denied within 14 days	154	1011	15.23%

Decision	How many times this occurred	Out of total requests	Percentage
Request approved only after time for review was extended	0	1011	0%
Request denied only after time for review was extended	0	1011	0%

Decision	How many times this occurred	Out of total requests	Percentage
Preservice request approved only after appeal	1	6	17%
Preservice request stays denied after appeal	5	6	83%

Based on Part C Reconsiderations as reported to CMS

Outpatient (2025)
Standard (Non-Urgent) Prior Authorization Requests

Response due to provider within 14 calendar days

Decision	How many times this occurred	Out of total requests	Percentage
Request Approved	4492	4704	95.49%
Request Partially Approved	32	4704	0.68%
Request Denied	180	4704	3.83%

Decision	How many times this occurred	Out of total requests	Percentage
Request Approved within 14 days	4492	4704	95.49%
Request Partially Approved within 14 days	32	4704	0.68%
Request Denied within 14 days	180	4704	3.83%

Decision	How many times this occurred	Out of total requests	Percentage
Request approved only after time for review was extended	0	5046	0%
Request denied only after time for review was extended	0	5046	0%

Decision	How many times this occurred	Out of total requests	Percentage
Preservice request approved only after appeal	1	5	20%
Preservice request stays denied after appeal	4	5	80%

Based on Part C Reconsiderations as reported to CMS

Inpatient (2025)
Expedited (Urgent) Prior Authorization Requests

Response due to provider within 72 hours

Decision	How many times this occurred	Out of total requests	Percentage
Request Approved	36	45	80%
Request Partially Approved	0	45	0%
Request Denied	9	45	20%

Outpatient (2025)
Expedited (Urgent) Prior Authorization Requests

Response due to provider within 72 hours

Decision	How many times this occurred	Out of total requests	Percentage
Request Approved	337	359	93.87%
Request Partially Approved	3	359	0.84%
Request Denied	19	359	5.29%

Inpatient (2025)

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 14 calendar days)	<1 day	<1 day
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	<1 day	<1 day

Outpatient (2025)

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 14 calendar days)	1.84 days	1.12 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	<1 day	<1 day