

AgeWays Non-Profit Senior Services

Prior Authorization Metrics for Medical Items and Services (Excluding Drugs)

To comply with the CMS Interoperability and Prior Authorization [Final Rule](#), AgeWays Non-Profit Senior Services is required to annually report 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. Public reporting of 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:

Sarah Jacobs; Chief Compliance and Clinical Officer - sjacobs@ageways.org

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

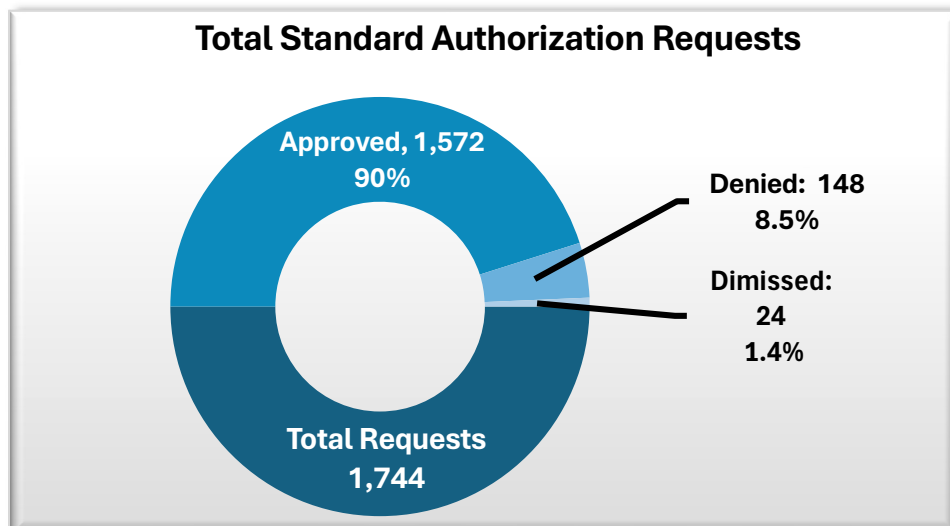
- 72 hours for expedited requests (urgent)
- 7 calendar days for standard requests (non-urgent)

* For the metrics presented in this document, 10 calendar days for standard requests (non-urgent) were used. This report represents prior authorization decision metrics from 2025 and 10 calendar days for a standard request was the federal requirement during 2025.

Reporting Period: FY 2025

Standard (Non-Urgent) Prior Authorization Requests

Standard Requests	Total	% of Total
Requested	1,744	
Approved	1,572	90.0%
Denied	148	8.5%
N/A or Dismissed	24	1.4%



Standard Requests	Total	% of Total
Approved within 10 days	1,110	63.1%
Denied within 10 Days	66	3.8%

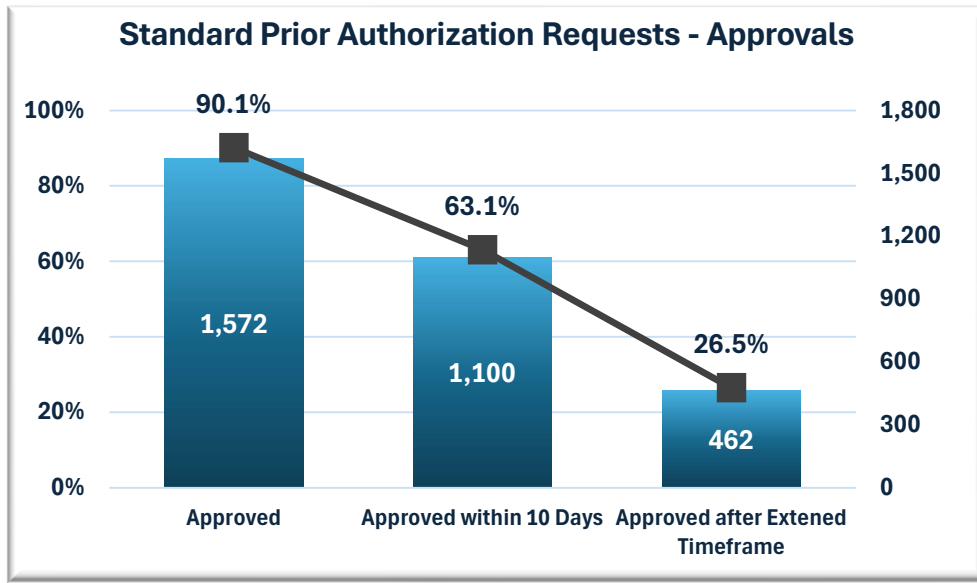
Standard Requests	Total	% of Total
Approved after Extended Timeframe	462	26.5%
Denied after Extended Timeframe	82	4.7%

Appeals	Total	% of Total
Total Appeals	60	
Denied after Formal Appeal	31	52%
Dismissed	19	32%
Approved after Formal Appeal	10	17%

Expedited (Urgent) Prior Authorization Requests (*Response Due Within 72 Hours*)

Urgent Requests	Total	% of Total
Requested	0	
Approved	N/A	N/A
Denied	N/A	N/A

In 2025, we received a total of 1,744 standard (non-urgent) prior authorization requests for our covered patients. 90% of those requests were approved:



Timing for Prior Authorization Requests

Decision Timing	Mean (Average) Time	Median (Middle) Time
Standard Prior Approvals – due to provider within 10 calendar days.	2 Days	14.5 Days