



## Prior Authorization Metrics Report

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In accordance with 42 CFR 438.66(e), the Centers for Medicare and Medicaid Services (CMS) requires, as part of its monitoring system for all Medicaid managed care organizations, that each state submit to CMS no later than 180 days after each contract year, a report on each managed care organization administered by the State.

CMS added the below prior authorization metrics to the 2025 calendar year report.

The Office of Mental Health and Substance Abuse Services requests that Behavioral Health Managed Care Organizations (BH-MCO) **complete and return this reporting template annually by March 15**, to ensure that the metrics can be incorporated into the Department of Human Services' Managed Care Program Annual Report (MCPAR) submission by the federally established deadline.

Please note that the operational definitions used in the MCPAR report are defined in 42 CFR 438.210 (d). For the purposes of this report:

- Expedited prior authorization requests are defined as requests where a provider indicates, or the BH-MCO determines, that following the standard timeframe for prior authorization decisions could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function and can be interpreted as urgent (expedited) requests.
- Standard prior authorization requests are defined as requests that do not meet the definition of an *Expedited prior authorization request* and can be interpreted as non-urgent (standard) requests.

These terms apply to both initial requests and continuation requests for services.

For additional information, please review CMS's [Medicaid and CHIP Managed Care Reporting | Medicaid](#) webpage.

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## Section 1: General Information

| Field            | Description                                      |
|------------------|--|
| Name of BH-MCO   | Magellan Behavioral Health of Pennsylvania, Inc. |
| Reporting Period | Calendar Year 2025                               |

## Section 2: CMS-Required Metrics

| Metric  | Value             | Notes / Explanation  |
|---|-------------------|--|
| Total standard prior authorization requests received                      | 23,022            | Enter the total number of standard prior authorization requests received by the BH-MCO for all items and behavioral health services, excluding medications, during the prior calendar year.                              |
| Total expedited prior authorization requests received                     | 43,958            | Enter the total number of expedited prior authorization requests received by the BH-MCO for all items and behavioral health services, excluding medications, during the prior calendar year.                             |
| Total standard and expedited prior authorization requests received        | 66,980            | Enter the total number of standard and expedited prior authorization requests received by the BH-MCO during the prior calendar year. (Please note that this number must be equal to the total of the above two metrics.) |
| Percentage of standard prior authorization requests that were approved    | 98%               | Of the total standard prior authorization requests, enter the percentage that were fully approved.   |
| Percentage of standard prior authorization requests that were denied      | 2%                | Of the total standard prior authorization requests, enter the percentage that were fully or partially denied.  |
| Percentage of standard prior authorization requests approved after appeal | 18.30%            | Of the total standard prior authorization requests, enter the percentage that were approved after appeal.  |
| Average time to decision for standard prior authorizations                | 1.5 Calendar Days | Of the total standard prior authorization requests, enter the average number of days that elapsed between submission of request and decision by the BH-MCO.  |
| Median time to decision on standard prior authorizations                  | 1 Calendar Day    | Of the total standard prior authorization requests, enter the median number of days that elapsed between submission of request and decision by the BH-MCO.   |
| Percentage of expedited prior authorization requests that were approved   | 98.40%            | Of the total expedited prior authorization requests, enter the percentage that were fully approved.  |
| Percentage of expedited prior authorization requests that were denied     | 1.60%             | Of the total expedited prior authorization requests, enter the percentage that were denied or partially denied.  |
| Average time to decision for expedited prior authorizations               | 3 hours           | Of the total expedited prior authorization requests, enter the average number of hours that elapsed between submission of request and decision by the BH-MCO.  |

|   |            |  |
|---|------------|--|
| Median time to decision for expedited prior authorizations                        | 0.17 hours | Of the total expedited prior authorization requests, enter the median number of hours that elapsed between submission of request and decision by the BH-MCO. |
| Percentage of total prior authorization requests approved with extended timeframe | 85.7%      | Of the total prior authorization requests, enter the percentage of requests for which the timeframe for review was extended and the request was approved.    |

### **Section 3: Website Information**

| <b>Item</b>   | <b>Link / Content</b>   | <b>Notes</b>   |
|---|---|--|
| URL for prior authorization data on BH-MCO's website                  | <a href="https://www.magellanofpa.com/interooperability/">https://www.magellanofpa.com/interooperability/</a> | Please provide the URL where the (BH-MCO) posts prior authorization data for all items and behavioral health services excluding medications, as required in 42 CFR 438.210(f).                             |
| URL for list of all items and services subject to prior authorization | <a href="https://www.magellanofpa.com/interooperability/">https://www.magellanofpa.com/interooperability/</a> | Please provide the URL where the (BH-MCO) posts the list of all items and behavioral health services, excluding medications, that are subject to prior authorization, as required in 42 CFR 438.210(f)(1). |