PRIOR AUTHORIZATION METRICS FOR MEDICAL ITEMS AND SERVICES (EXCLUDING DRUGS)

To comply with the Centers for Medicare & Medicaid Services (CMS) Interoperability and Prior Authorization final rule, Gold Coast Health Plan (GCHP) is required to annually report aggregated prior authorization metrics on our external-facing website.

Specifically, this report 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. Metrics can also be used to compare plans, programs, and payers.

For questions on the data below, please contact GCHP at 1-888-301-1228.

Reporting Period: 2025

These are the medical items and services for which GCHP requires prior authorization (excluding drugs)

Services requiring prior authorization can be found here.

Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	312,612	319,137	98%
Request denied	6,245	319,137	2%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	8,219	319,137	2.6%

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	13	22	59%

Expedited (urgent) Prior Authorization Requests

(Response Due to Provider Within 72 Hours)

	How many times this happened	Out of total requests	Percentage
Request approved	61,131	62,225	98%
Request denied	1,032	62,225	2%

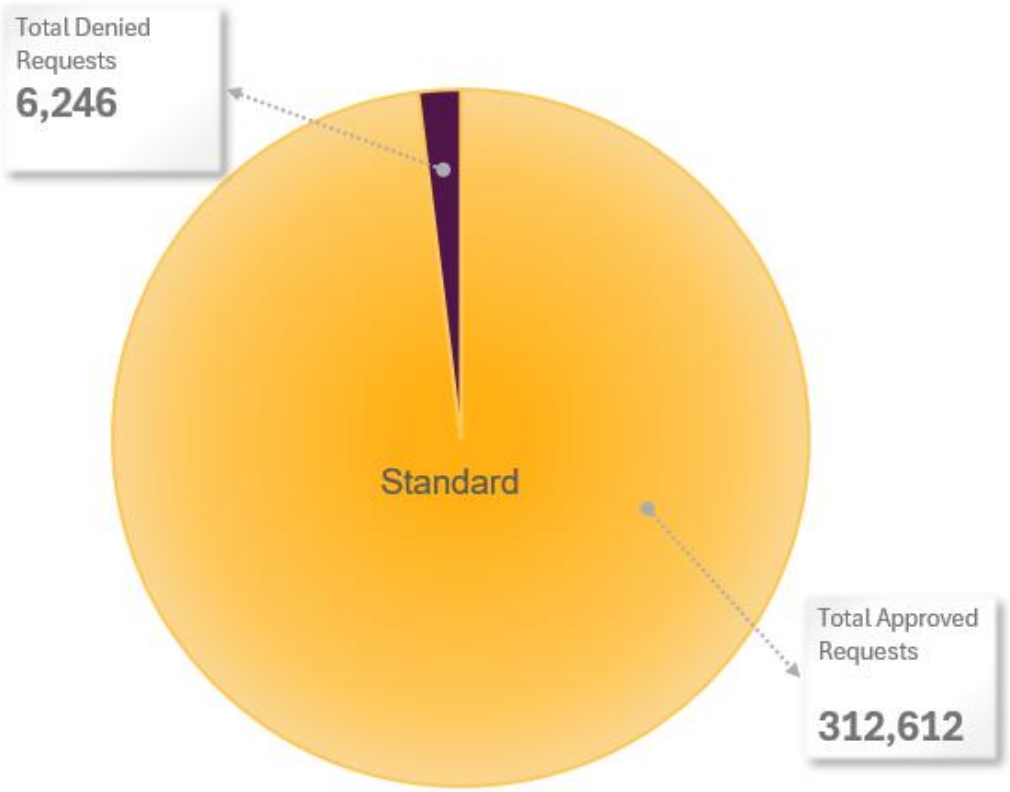
	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	12	62,225	0.019%

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	4	6	67%

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 seven calendar days)	6	4
Expedited (urgent) prior authorization requests (response due to provider within 72 hours)	2	0.25

In 2025, GCHP received a total of 319,137 standard (non-urgent) prior authorization requests for our covered patients. 98% of those requests were approved:

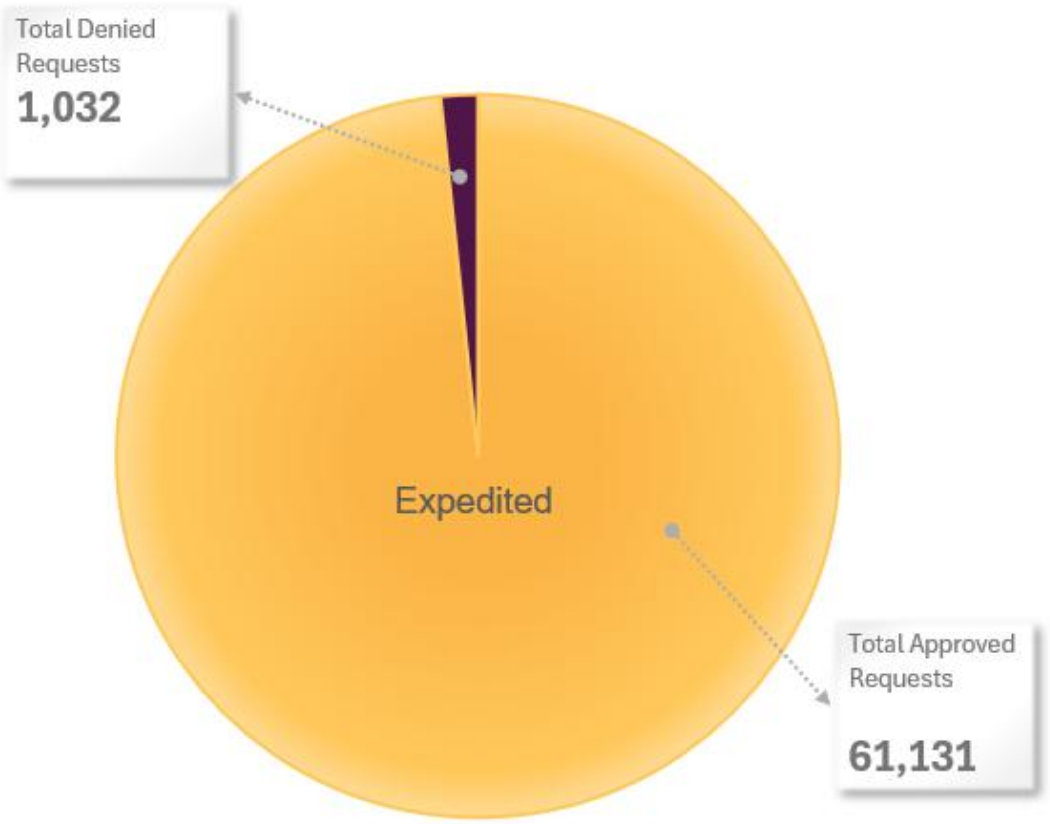


The mean (average) time that it took to make standard prior authorization decisions was	**6 days**
The median (middle) time that it took to make standard prior authorization decisions was	**4 days**

Gold Coast Health Plan℠
A Public Entity

www.goldcoasthealthplan.org

In 2025, GCHP received a total of 62,225 expedited (urgent) prior authorization requests for our covered patients.
98% of those requests were approved:



The mean (average) time that it took to make expedited prior authorization decisions was	**2 days**
The median (middle) time that it took to make expedited prior authorization decisions was	**0.25 days**

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