



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

To comply with the CMS Interoperability and Prior Authorization [final rule](#), Aspirus Health Plan is required to annually report aggregated prior authorization metrics on our website. Specifically, this includes a list of all medical items and services (excluding pharmacy 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:

ETF members: 866-631-8583

GROUP members (to be used by current non-ETF Aspirus Health Plan members): 866-631-5404

INDIVIDUAL (to be used by all other callers i.e.: providers, non-Aspirus insured consumers, etc.): 866-631-4611

Reporting Period: 2025

These are the medical items and services for which we require prior authorization (excluding pharmacy drugs)



<https://aspirushealthplan.com/webdocs/Aspirus-Health-Plan-PAL.pdf>

Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	1,903	2,061	92%
Request denied	158	2,061	8%

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

	How many times this happened	Out of total requests	Percentage
Request approved only after appeal	9	15	60%
Request denied after appeal	6	15	40%



**Expedited (urgent) Prior Authorization Requests
(Response Due to Provider Within 72 Hours)**

	How many times this happened	Out of total requests	Percentage
Request approved	188	194	97%
Request denied	6	194	3%

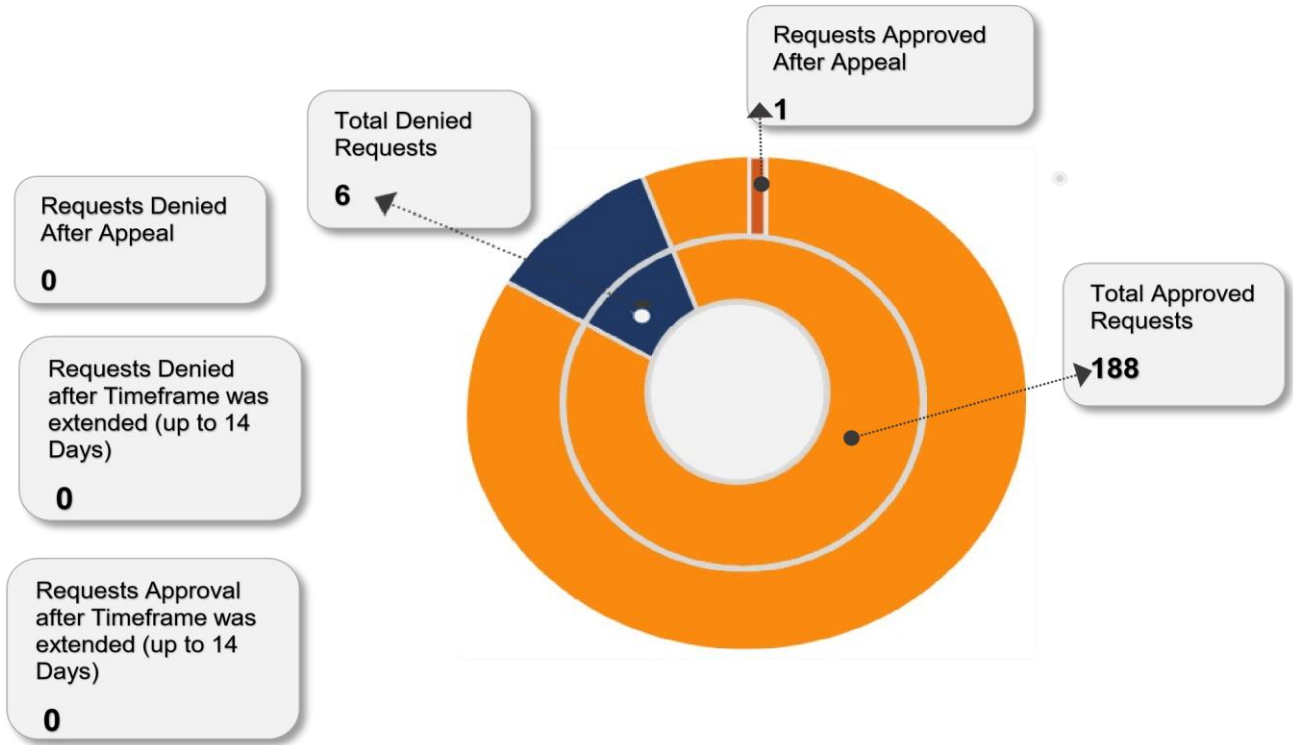
	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	0	0	0%
Request denied after time for review was extended	0	0	0%

	How many times this happened	Out of total requests	Percentage
Request approved only after appeal	1	1	100%
Request denied after appeal	0	1	0%

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 15 calendar days)	6 days	3 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	31 hours	17 hours

In 2025, we received a total of 194 expedited (urgent) prior authorization requests for our covered patients.
97% of those requests were approved:



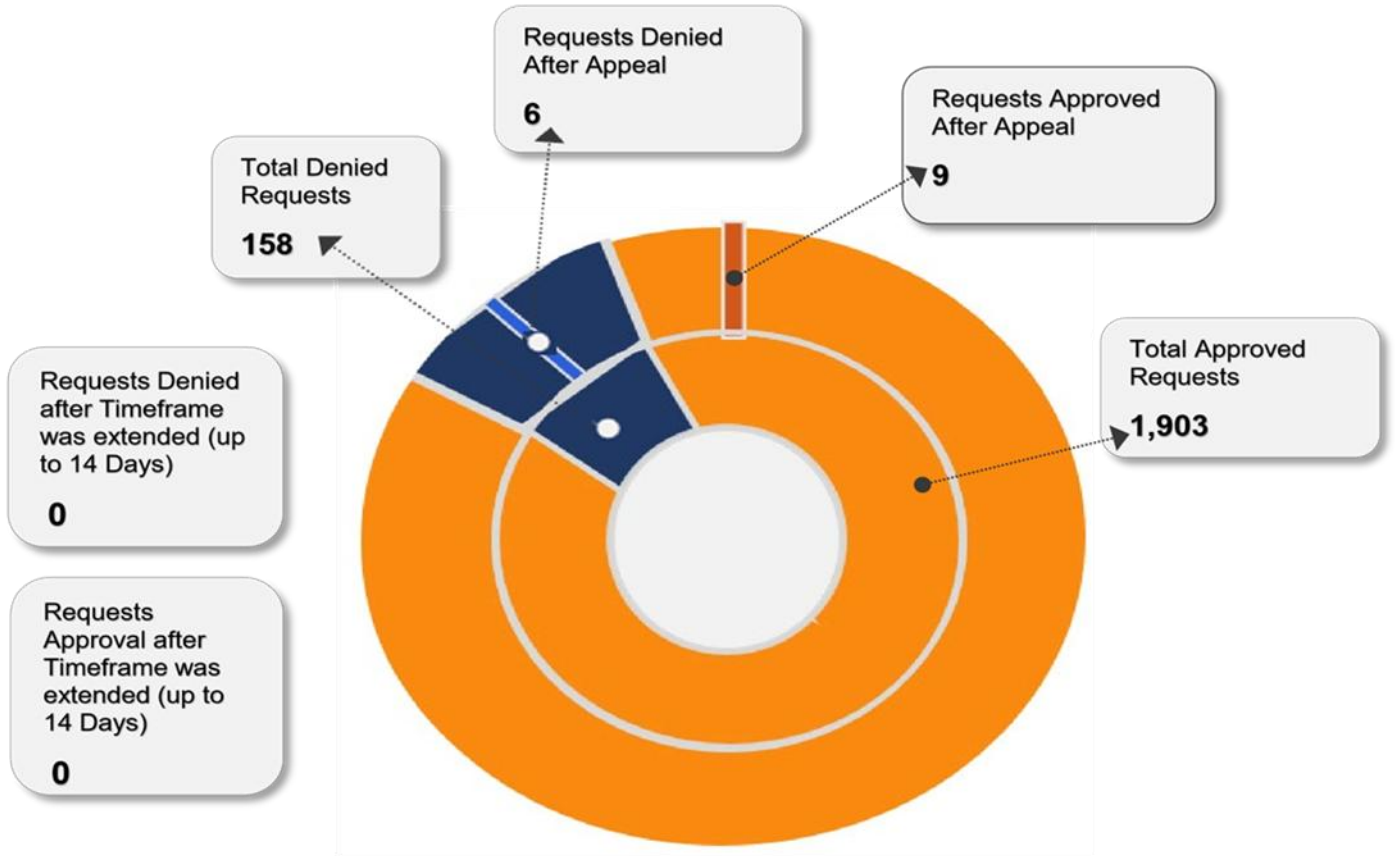
The mean (average) time that it took to make expedited prior authorization decisions was:

31 Hours

The median (middle) time that it took to make expedited prior authorization decisions was:

17 Hours

In 2025, we received a total of 2,061 standard (non-urgent) prior authorization requests for our covered patients. 92% 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:

3 days