



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

To comply with the CMS Interoperability and Prior Authorization [final rule](#), **Dignity Health Medical Foundation- Mercy & Woodland Clinic Medical Groups** is required to annually report aggregated 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. 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 the Utilization Management department for MMG [utilization-mgmtmmg@commonspirit.org](mailto:utilization-mgmtmmg@commonspirit.org) or for WCMG at [utilization-mgmtwcmg@commonspirit.org](mailto:utilization-mgmtwcmg@commonspirit.org)

**Reporting Period: January 1, 2025 through December 31, 2025**

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



**x** Medical Items and Services That Require Prior Authorization (Excluding Drugs) .xlsx

Prior to January 1, 2026, impacted payers are required to send prior authorization decisions within the following timeframes:

- For MA plans and applicable integrated plans, 72 hours for **Expedited requests** (urgent) and 14 calendar days for **Standard requests** (non-urgent)
- For state CHIP FFS programs, 14 days for **Standard requests** (non-urgent) **\*NOT DELEGATED for MMG/WCMG Greater Sacramento Service Area**
- For Medicaid managed care plans and CHIP managed care entities, 72 hours for **Expedited requests** (urgent) and 14 calendar days for **Standard requests** (non-urgent) **\*NOT DELEGATED for MMG/WCMG Greater Sacramento Service Area**

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization [final rule](#) requires MA plans to send prior authorization decisions within:

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



## Mercy Medical Group- DHMF

### Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	15,173	16,563	91.61%
Request denied	803	16,563	4.85%

### Expedited (urgent) Prior Authorization Requests

(Response Due to Provider Within 72 Hours)

	How many times this happened	Out of total requests	Percentage
Request approved	1,445	1,622	89.09%
Request denied	72	1,622	4.69%

### 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 7 calendar days)	3.61 days	8 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	12 hours	36 hours



## Woodland Clinic Medical Group- DHMF

### Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	4,070	4,528	89.89%
Request denied	221	4,528	4.88%

### Expedited (urgent) Prior Authorization Requests

(Response Due to Provider Within 72 Hours)

	How many times this happened	Out of total requests	Percentage
Request approved	575	621	92.59%
Request denied	22	621	3.54%

### 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 7 calendar days)	5.34 days	10 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	11 hours	48 hours