Security Health Plan℠

To comply with the CMS Interoperability and Prior Authorization **final rule,** Security 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 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 Customer Service at **(800) 472-2363 (TTY: 711)**.

Reporting Period: 2025

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

- **Security Medicare PA List**
- **Security Medicaid PA List**
- **Security Commercial PA list**
- **Eviti PA List (All)**

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)
- 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)
- For QHP issuers on the FFEs, 72 hours for expedited requests (urgent) and 15 days for standard requests (non-urgent)

There are no Medicaid FFS program required timeframes for either type of prior authorization request prior to January 1, 2026, and there are no CHIP FFS program required decision timeframes for expedited prior authorization requests prior to January 1, 2026.

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization **final rule** requires Issuers of Qualified Health Plans (QHPs) on the Federally Facilitated Exchanges (FFEs) to send prior authorization decisions within:

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

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CMS Interoperability Prior Authorization Metric for Security Health Plan Badgercare plans

Standard (non-urgent) Prior Authorization Requests

In 2025, we received a total of 14,346 standard (non-urgent) prior authorization requests for our covered patients.

- The mean (average) time that it took to make standard prior authorization decisions was 1 day(s).
- The median (middle) time that it took to make standard prior authorization decisions was 0.1 day(s).

	How many times this happened	Out of total requests	Percentage
Request approved	12,588	14,346	87.7%
Request denied	1,758	14,346	12.3%
Approved after timeframe was extended (up to 14 Days)	83	14,346	0.6%
Request approved only after appeal	690	2720	25.4%

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

In 2025, we received a total of 2,574 expedited (urgent) prior authorization requests for our covered patients.

- The mean (average) time that it took to make standard prior authorization decisions was 0.6 day(s).
- The median (middle) time that it took to make standard prior authorization decisions was 0.2 day(s).

	How many times this happened	Out of total requests	Percentage
Request approved	2,373	2,574	92.2%
Request denied	201	2,574	7.8%
Approved after timeframe was extended (up to 14 Days)	0	2,574	0%
Request approved only after appeal	34	62	54.8%

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CMS Interoperability Prior Authorization Metric for Security Health Plan SSI plans

Standard (non-urgent) Prior Authorization Requests

In 2025, we received a total of 634 standard (non-urgent) prior authorization requests for our covered patients.

- The mean (average) time that it took to make standard prior authorization decisions was 1.2 day(s).
- The median (middle) time that it took to make standard prior authorization decisions was 0 day(s).

	How many times this happened	Out of total requests	Percentage
Request approved	561	634	88.5%
Request denied	73	634	11.5%
Approved after timeframe was extended (up to 14 Days)	10	634	1.6%
Request approved only after appeal	38	113	33.6%

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

In 2025, we received a total of 183 expedited (urgent) prior authorization requests for our covered patients.

- The mean (average) time that it took to make standard prior authorization decisions was 0.5 day(s).
- The median (middle) time that it took to make standard prior authorization decisions was 0.2 day(s).

	How many times this happened	Out of total requests	Percentage
Request approved	164	183	89.6%
Request denied	19	183	10.4%
Approved after timeframe was extended (up to 14 Days)	0	183	0%
Request approved only after appeal	2	2	0%

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CMS Interoperability Prior Authorization Metric for Security Health Plan Medicare plans

Standard (non-urgent) Prior Authorization Requests

In 2025, we received a total of 58,357 standard (non-urgent) prior authorization requests for our covered patients.

- The mean (average) time that it took to make standard prior authorization decisions was 0.7 day(s).
- The median (middle) time that it took to make standard prior authorization decisions was 0 day(s).

	How many times this happened	Out of total requests	Percentage
Request approved	54,931	58,357	94.1%
Request denied	3,426	58,357	5.9%
Approved after timeframe was extended (up to 14 Days)	169	58,357	0.3%
Request approved only after appeal	1,213	5128	23.7%

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

In 2025, we received a total of 12,689 expedited (urgent) prior authorization requests for our covered patients.

- The mean (average) time that it took to make standard prior authorization decisions was 0.5 day(s).
- The median (middle) time that it took to make standard prior authorization decisions was 0.2 day(s).

	How many times this happened	Out of total requests	Percentage
Request approved	11,735	12,689	92.5%
Request denied	954	12,689	7.5%
Approved after timeframe was extended (up to 14 Days)	0	12,689	0%
Request approved only after appeal	254	385	66%

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CMS Interoperability Prior Authorization Metric for Security Health Plan Individual plans

Standard (non-urgent) Prior Authorization Requests

In 2025, we received a total of 6,765 standard (non-urgent) prior authorization requests for our covered patients.

- The mean (average) time that it took to make standard prior authorization decisions was 1.6 day(s).
- The median (middle) time that it took to make standard prior authorization decisions was 0 day(s).

	How many times this happened	Out of total requests	Percentage
Request approved	5,856	6,765	86.6%
Request denied	909	6,765	13.4%
Approved after timeframe was extended (up to 14 Days)	27	6,765	0.4%
Request approved only after appeal	232	892	26%

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

In 2025, we received a total of 1,147 expedited (urgent) prior authorization requests for our covered patients.

- The mean (average) time that it took to make standard prior authorization decisions was 0.7 day(s).
- The median (middle) time that it took to make standard prior authorization decisions was 0.2 day(s).

	How many times this happened	Out of total requests	Percentage
Request approved	1,063	1,147	92.7%
Request denied	84	1,147	7.3%
Approved after timeframe was extended (up to 14 Days)	0	1,147	0%
Request approved only after appeal	25	41	61%

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