

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

To comply with the CMS Interoperability and Prior Authorization final rule, SCAN 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: 800-559-3500.

Reporting Period: 2025

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

For a list of medical items or services that require prior authorization please see the following link: [scan-prior-authorization-requirements](#)

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 California FIDE SNP programs, 5 business days for standard requests (non-urgent) not to exceed 14 calendar days

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)

SCAN Health Plan 2025 CMS Report



Standard Request			
	How many times this happened	Out of total request	Percentage
Request Approved	2,031,943	2,070,236	98.15%
Request Denied	38,284	2,070,236	1.85%

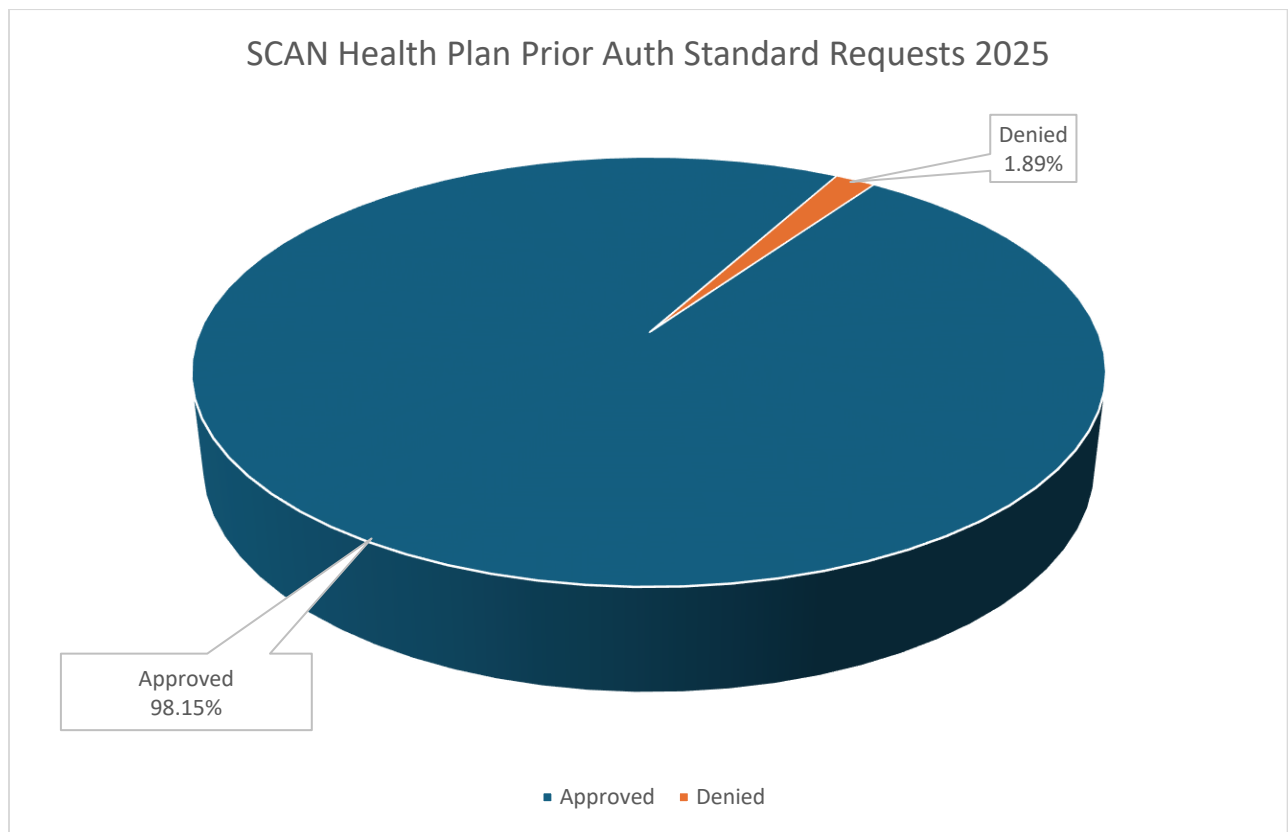
Expedite Request			
	How many times this happened	Out of total request	Percentage
Request Approved	267,543	273,596	97.79%
Request Denied	6,044	273,596	2.21%

Appeals			
	How many times this happened	Out of total request	Percentage
Request Approved after Appeal	2666	5,985	45%

Extension			
	How many times this happened	Out of total request	Percentage
Request approved only after time for review was extended	76	2,070,227	<1%

	Mean (Average) Time	Median (Middle) Time
Standard	3 days	1 day
Expedite	1 day	1 day

In 2025, we received a total of 2,070,236 standard (non-urgent) prior authorization requests for our covered patients. 98.15% of those requests were approved:



In 2025, we received a total of 273,596 urgent prior authorization requests for our covered patients. 97.79% of those requests were approved:

SCAN Health Plan Prior Auth Expedite Request 2025

