ONECARE PRIOR AUTHORIZATION METRICS REPORTING

To comply with the CMS Interoperability and Prior Authorization final rule, Caloptima Health 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: Director, Clinical Operations Administration jennifer.harlow@caloptima.org

Reporting Period: 2025

These are the medical items and services for which we require prior authorization (excluding drugs)
CalOptima Health Prior Authorization Guide for Providers

STANDARD

Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	93,521	94,832	98.62%
Request denied	1,311	94,832	1.38%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended*	230	94,832	0.24%
Request denied after time for review was extended	21	94,832	0.02%

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	33	108	30.56%
Request denied after appeal	75	108	69.44%

SUMMARY

In 2025 we received a total of 94,832 standard (non-urgent) prior authorization requests for our members. 98.62% of those requests were approved.

EXPEDITED

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

	How many times this happened	Out of total requests	Percentage
Request approved	13,277	13,534	98.10%
Request denied	257	13,534	1.90%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	14	13,534	0.10%
Request denied after time for review was extended	1	13,534	0.01%

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	1	3	33.33%
Request denied after appeal	2	3	66.67%

SUMMARY

In 2025 we received a total of 13,534 expedited (urgent) prior authorization requests for our members. 98.10% of those requests were approved.

TURNAROUND TIME

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 14 calendar days)	1.8 days	0.0 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	0.7 days	0.1 days