

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

To comply with the CMS Interoperability and Prior Authorization final rule, Neighborhood Health Plan of Rhode Island is required to annually report aggregated prior authorization metrics on our website. Specifically, this includes a list of all Medicaid 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, please contact: Utilization Management at 401-459-6060, Neighborhood Provider Services at 1-800-963-1001 (TTY 711).

### Reporting Period: 2025

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

[NHPRI Prior Authorization Medicaid Services 2025](#)

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)

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization final rule requires:

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

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

Type of Decision	How many times this happened	Out of total requests	Percentage
Request approved	61,650	76,611	80%
Request denied	14,961	76,611	20%

Type of Decision	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	0	76,611	0%

Type of Decision	How many times this happened	Out of total Appeals	Percentage
Request approved only after appeal	425	890	48%

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

Type of Decision	How many times this happened	Out of total requests	Percentage
Request approved	646	691	93%
Request denied	45	691	7%

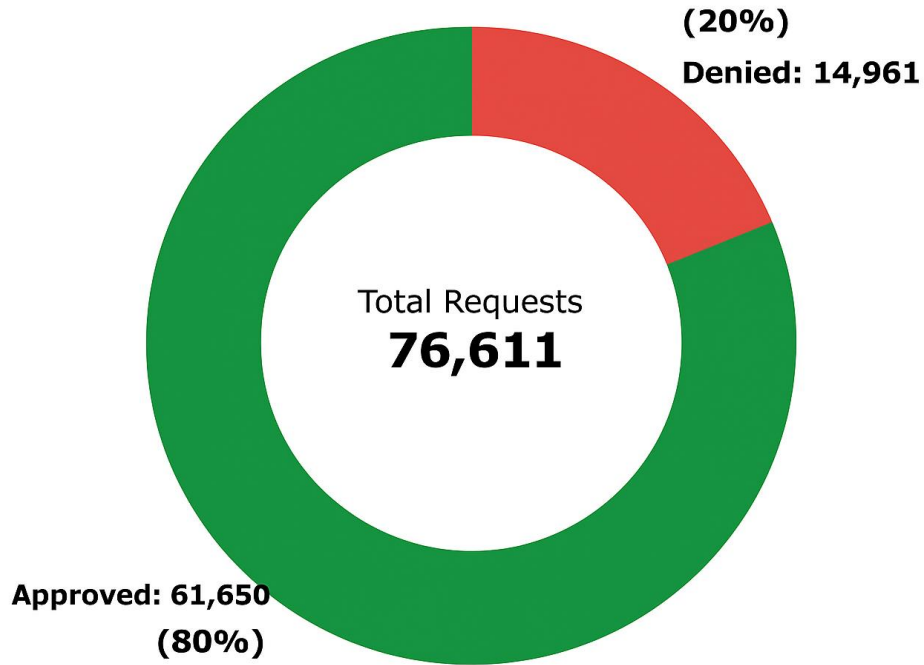
Type of Decision	How many times this happened	Out of total Appeals	Percentage
Request approved only after time for review was extended	0	691	0%

**Time Between Receiving a Prior Authorization Request and Sending a Decision**

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests	3 days	2 days
Expedited (urgent) Prior Authorization Requests	1 day	1 day

In 2025, Neighborhood received a total of 76,611 Standard (non-urgent)  
Prior Authorization requests for out covered patients.  
80% of those requests were approved:

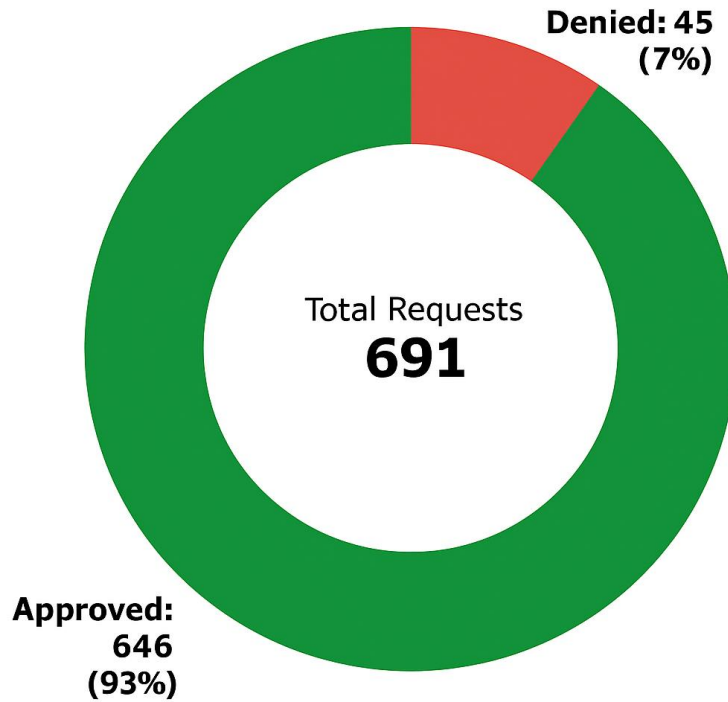
### Standard (Non-Urgent) Prior Authorization Requests



The Mean (average) time that it took to make Standard prior authorization decisions was	3 days
The Median (middle) time it took to make Standard prior authorization decisions was	2 days

In 2025, Neighborhood received a total of 691 Expedited (urgent) Prior Authorization requests for out covered patients.  
93% of those requests were approved:

## Expedited (Urgent) Prior Authorization Requests



The Mean (average) time that it took to make Expedited prior authorization decisions was	1 day
The Median (middle) time it took to make Expedited prior authorization decisions was	1 day