

2025 Prior Authorization Metrics for Medical Items & Services (Excluding Drugs)

To comply with the Centers for Medicare & Medicaid Services (CMS) Interoperability and Prior Authorization final rule, Community First Health Plans, Inc. and Community First Insurance Plans (Community First), are 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 Community First Population Health Management Department by phone at 210-358-6050.

Reporting Period: January 1 to December 31, 2025

Authorization Lists

A listing of medical items and services (excluding drugs) that require prior authorization for Medicaid, CHIP, Health Insurance Marketplace®, and Medicare programs may be accessed using the links below:

- [Prior Authorization - Medicare Advantage & Dual Eligible Special Needs Plan](#)
- [Prior Authorization - University Community Care Plan \(Marketplace\)](#)
- [Prior Authorization - Medicaid & CHIP](#)

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

- For Medicare Advantage plans and applicable integrated plans, 72 hours for **expedited requests** (urgent) and 14 calendar days for **standard requests** (non-urgent)
- For state Children's Health Insurance Program (CHIP) Fee-for-Service (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 Qualified Health Plan issuers on the Federally-facilitated Exchanges, 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. 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 Medicare Advantage plans, state Medicaid agencies, Medicaid managed care plans, state CHIP agencies, and CHIP managed care entities to send prior authorization decisions within the following timeframes:

- 72 hours for **expedited requests** and 7 calendar days for **standard requests**

Community First's 2025 prior authorization metrics for medical items and services (excluding drugs) are included in the tables below for the following lines of business:

- Medicare Advantage Alamo & D-SNP
- University Community Care Plan (Marketplace)
- Texas Medicaid - STAR
- Texas Medicaid - STAR Kids
- Texas Medicaid - STAR+PLUS
- Children's Health Insurance Program (CHIP)

2025 MEDICARE ADVANTAGE

Standard (Non-Urgent) Prior Authorization Requests

	Occurrence	Total Requests	Percentage
Requests approved	482	508	95%
Requests denied	13	508	3%

	Occurrence	Total Requests	Percentage
Request approved only after time for review was extended	0	0	0%

	Occurrence	Total Requests	Percentage
Request approved only after appeal	1	6	17%
Request denied after appeal	4	6	67%

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

	Occurrence	Total Requests	Percentage
Request approved	110	142	77%
Request denied	7	142	67%

	Occurrence	Total Requests	Percentage
Request approved only after time for review was extended	0	0	0%

	Occurrence	Total Requests	Percentage
Request approved only after appeal	N/A	N/A	N/A
Request denied after appeal	N/A	N/A	N/A

Prior Authorization Response Time (Time Between Receiving a Prior Authorization Request and Sending a Decision)

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests	4	3
Expedited (urgent) Prior Authorization Requests	2.28 days	2 days

2025 UNIVERSITY COMMUNITY CARE PLAN (MARKETPLACE)

Standard (Non-Urgent) Prior Authorization Requests

	Occurrence	Total Requests	Percentage
Requests approved	2631	2726	97%
Requests denied	76	2726	3%

	Occurrence	Total Requests	Percentage
Request approved only after time for review was extended	0	0	0%

	Occurrence	Total Requests	Percentage
Request approved only after appeal	6	9	67%
Request denied after appeal	2	9	22%

Expedited (Urgent) Prior Authorization Requests

(Response Due to Provider Within 72 Hours)

	Occurrence	Total Requests	Percentage
Request approved	358	499	72%
Request denied	28	499	6%

	Occurrence	Total Requests	Percentage
Request approved only after time for review was extended	0	0	0%

	Occurrence	Total Requests	Percentage
Request approved only after appeal	3	4	75%
Request denied after appeal	1	4	25%

Prior Authorization Response Time

(Time Between Receiving a Prior Authorization Request and Sending a Decision)

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests	4	2
Expedited (urgent) Prior Authorization Requests	1.67 days	1 day

2025 STAR

Standard (Non-Urgent) Prior Authorization Requests

	Occurrence	Total Requests	Percentage
Request approved	18828	20481	92%
Request denied	955	20481	5%

	Occurrence	Total Requests	Percentage
Request approved only after time for review was extended	0	0	0%

	Occurrence	Total Requests	Percentage
Request approved only after appeal	89	192	46%
Request denied after appeal	86	192	45%

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

	Occurrence	Total Requests	Percentage
Request approved	7178	8994	80%
Request denied	276	8994	3%

	Occurrence	Total Requests	Percentage
Request approved only after time for review was extended	0	0	0%

	Occurrence	Total Requests	Percentage
Request approved only after appeal	3	6	50%
Request denied after appeal	3	6	50%

Prior Authorization Response Time (Time Between Receiving a Prior Authorization Request and Sending a Decision)

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests	6	4
Expedited (urgent) Prior Authorization Requests	1.4 days	2 days

2025 STAR KIDS

Standard (Non-Urgent) Prior Authorization Requests

	Occurrence	Total Requests	Percentage
Request approved	10773	12378	87%
Request denied	638	12378	5%

	Occurrence	Total Requests	Percentage
Request approved only after time for review was extended	0	0	0%

	Occurrence	Total Requests	Percentage
Request approved only after appeal	86	235	37%
Request denied after appeal	129	235	55%

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

	Occurrence	Total Requests	Percentage
Request approved	1713	1773	97%
Request denied	58	1773	3%

	Occurrence	Total Requests	Percentage
Request approved only after time for review was extended	0	0	0%

	Occurrence	Total Requests	Percentage
Request approved only after appeal	1	2	50%
Request denied after appeal	1	2	50%

Prior Authorization Response Time (Time Between Receiving a Prior Authorization Request and Sending a Decision)

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests	4	4
Expedited (urgent) Prior Authorization Requests	1.69 days	1 day

2025 STAR+PLUS

Standard (Non-Urgent) Prior Authorization Requests

	Occurrence	Total Requests	Percentage
Request approved	7715	8980	86%
Request denied	646	8980	7%

	Occurrence	Total Requests	Percentage
Request approved only after time for review was extended	0	0	0%

	Occurrence	Total Requests	Percentage
Request approved only after appeal	31	88	35%
Request denied after appeal	34	88	39%

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

	Occurrence	Total Requests	Percentage
Request approved	4242	5421	78%
Request denied	233	5421	4%

	Occurrence	Total Requests	Percentage
Request approved only after time for review was extended	0	0	0%

	Occurrence	Total Requests	Percentage
Request approved only after appeal	3	5	60%
Request denied after appeal	2	5	40%

Prior Authorization Response Time (Time Between Receiving a Prior Authorization Request and Sending a Decision)

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests	5	4
Expedited (urgent) Prior Authorization Requests	1.5 days	1 day

2025 CHIP

Standard (Non-Urgent) Prior Authorization Requests

	Occurrence	Total Requests	Percentage
Request approved	1208	1268	95%
Request denied	58	1268	5%

	Occurrence	Total Requests	Percentage
Request approved only after time for review was extended	0	0	0%

	Occurrence	Total Requests	Percentage
Request approved only after appeal	3	10	30%
Request denied after appeal	6	10	60%

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

	Occurrence	Total Requests	Percentage
Request approved	174	242	72%
Request denied	24	242	10%

	Occurrence	Total Requests	Percentage
Request approved only after time for review was extended	0	0	0%

	Occurrence	Total Requests	Percentage
Request approved only after appeal	N/A	N/A	N/A
Request denied after appeal	N/A	N/A	N/A

Prior Authorization Response Time (Time Between Receiving a Prior Authorization Request and Sending a Decision)

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests	3	2
Expedited (urgent) Prior Authorization Requests	1.69 days	1 day