



Prior Authorization Metrics for medical items and services (excluding drugs)

To comply with the Centers for Medicare & Medicaid Services (CMS) Interoperability and Prior Authorization, [final rule](#), Florida Complete Care 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. For questions on the data below, members can contact the customer service number on the back of the member's ID card. Provider customer service can be contacted at 1-833-322-7526.

Reporting Period: 2025

Contract Number: H9986

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

<https://fc2healthplan.com/par>

Prior to January 1, 2026, Medicare Advantage (MA) plans are required to send prior authorization decisions within the following timeframes:

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

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)

Standard (Non-Urgent) Prior Authorization Requests

Type of Decision	Number of times this happened	Out of total requests	Percentage
Request Approved	4,821	5,229	92%
Request Denied	408	5,229	8%

Type of Decision	Number of times this happened	Out of total requests	Percentage
Request Approved only after appeal	178	281	63%

**Expedited (urgent) Prior Authorization Requests
(response due to provider within 72 hours)**

Type of decision	Number of times this happened	Out of total requests	Percentage
Request Approved	371	379	98%
Request Denied	8	379	2%



Standard and Expedited Prior Authorization Requests (Combined)

(Combined for all items and services)

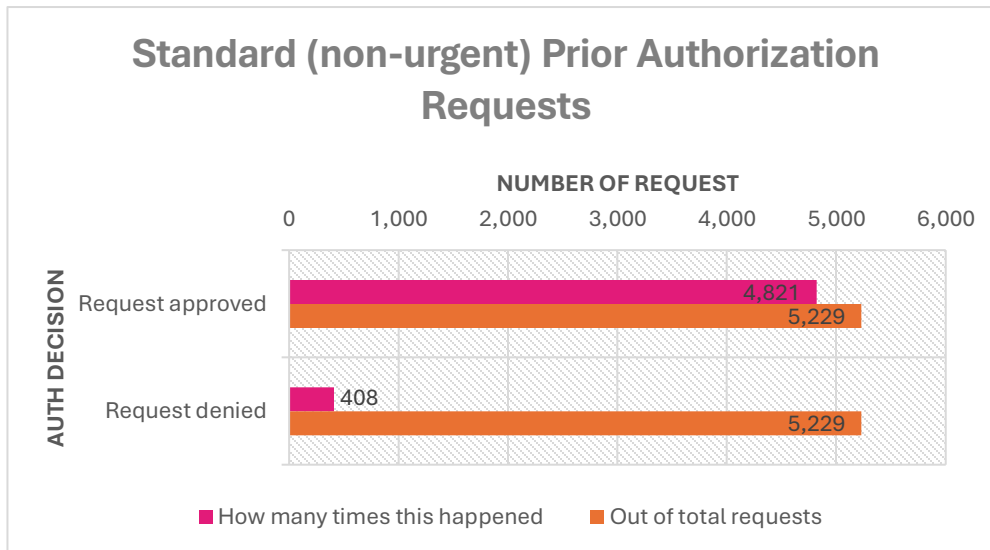
Type of Decision	Number of times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	207	5,608	4%

Time Between Receiving a Prior Authorization Request and Decision

	Mean (average) Time (In Days)	Median (middle) Time (In Days)
Standard (non-urgent) Prior Authorization Requests	5	4
Expedited (urgent) Prior Authorization Requests	1	1



**In 2025, we received a total of 5,229 standard (non-urgent) prior authorization requests for our covered patients.
92% of those requests were approved:**



**In 2025, we received a total of 379 expedited (urgent) prior authorization requests for our covered patients.
98% of those requests were approved:**

