

Kansas – HIOS ID: 94248

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

To comply with the CMS Interoperability and Prior Authorization final rule, Blue Cross and Blue Shield of Kansas City (Blue KC) is required to annually report aggregated prior authorization metrics. 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 866-859-3822.

Reporting Period: 2025

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

- For QHP issuers on the FFEs, 72 hours for expedited requests (urgent) and 15 days for standard requests (non-urgent).
- Blue KC follows applicable state prior authorization decisions timeframes:
 - *Per RSMo 376.1363, determinations must be made within 36 hours (including 1 business day) for all prior authorization requests.*

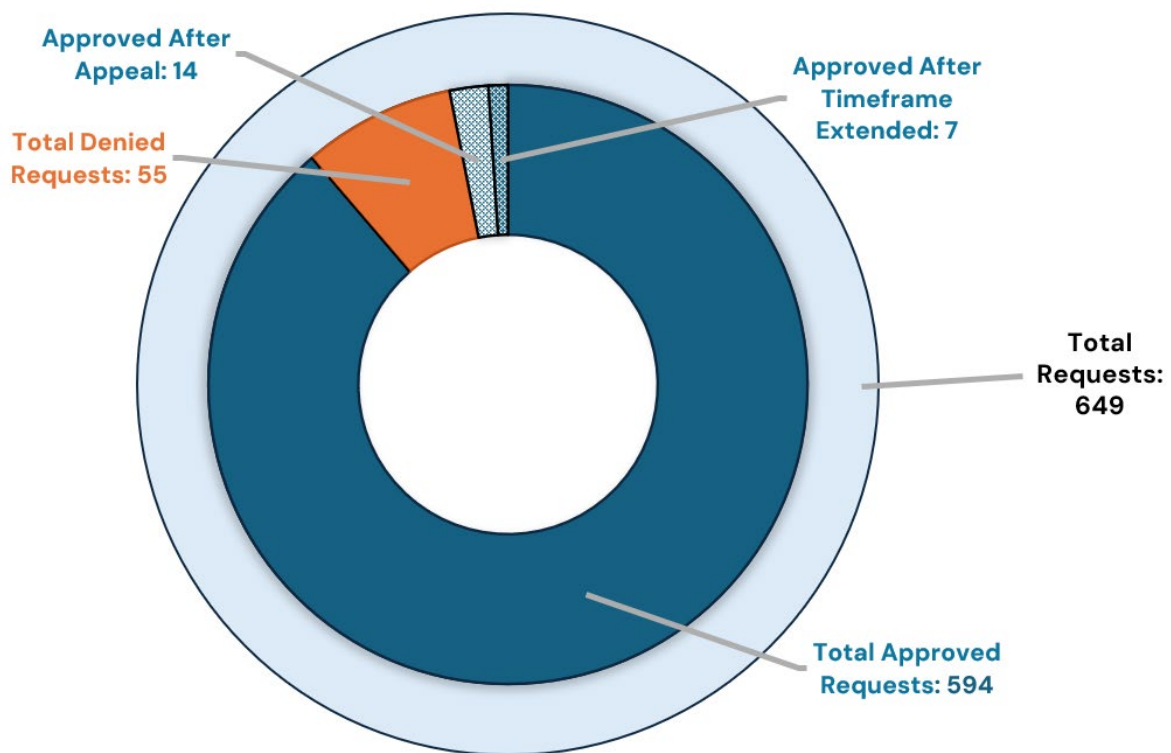
Prior Authorization Requests (ACA)– 36 hours, including 1 business day			
	How many times this happened	Out of total requests	Percentage
Request approved	594	649	91.53%
Request denied	55	649	8.47%

Appeals (ACA)			
	How many times this happened	Out of total requests	Percentage
Requests approved after an appeal	14	17	82%

Time between submission and determination (ACA)		
	Mean (Average) Time	Median (Middle) Time
Prior Authorization Request	1.40 days	0.0026 days

Request approved only after time for review was extended (ACA)			
	How many times this happened	Out of total requests	Percentage
Prior Authorization Request	7	649	1.08%

In 2025, Blue KC received a total of 649 ACA prior authorizations requests (36 hours plus 1 day per RSMo 376.1363) for our covered patients. 91.53% of those requests were approved:



The mean (average) time that it took to make expedited prior authorization decisions was: **1.40 days**

The medium (middle) time that it took to make expedited authorization decisions was: **0.0026 days**