



**Peoples Health Prior Authorizations (PA)
FY 2025**

The following prior authorization data is being reported consistent with the CMS Interoperability and Prior Authorization Final Rule (the "Final Rule") and includes certain prior authorization and appeal information for members enrolled in UnitedHealthcare Medicare H-Contracts from January 1, 2025 to December 31, 2025, including prior authorization requests submitted to capitated-delegated providers, behavioral health delegates, physical health delegates and dental delegates (where applicable). Access the current prior authorization requirements for Medicare Advantage medical items and services here. Information is current as of the date of posting. Historical prior authorization requirements are available here and are listed by the Medicare Advantage plan type.

HContract	Type	Total Cases	Approved		Initial Not Approved		Approved Post-Appeal % of Total Appeals		Final Not Approved (Upheld)		Time to Determination	
			Count	%	Count	%	Count	%	Count	%	Mean (Days)	Median (Days)
H1961	Expedited	2,287	2,202	96.3%	85	3.7%	6	13.6%	79	3.5%	0	0.5
	Standard	108,111	105,309	97.4%	2,802	2.6%	318	27.0%	2,484	2.3%	4	4.2
	Total	110,398	107,511	97.4%	2,887	2.6%	324	26.5%	2,563	2.3%	N/A	N/A
H4544	Expedited	121	119	98.3%	2	1.7%	1	50.0%	1	0.8%	0	0.3
	Standard	3,700	3,598	97.2%	102	2.8%	4	7.0%	98	2.6%	4	4.2
	Total	3,821	3,717	97.3%	104	2.7%	5	8.5%	99	2.6%	N/A	N/A