CHRISTUS Health Plan

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

CHRISTUS Health Plan 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, helps members understand prior authorization processes, and enables providers to evaluate payer performance. In addition, metrics can be used to compare plans, programs, and payers.

Reporting Period: 2025

These are the medical items and services that require prior authorization.
https://christushealthplan.org/provider/prior-authorization

Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total request	Percentage
Request Approved	325	351	93%
Request Denied	26	351	7%

	How many times this happened	Out of total request	Percentage
Request approved within 5 business days	319	325	98%
Request denied within 5 business days	25	26	96%

	How many times this happened	Out of total request	Percentage
Request approved only after time for review was extended	0	0	0%
Request denied after time for review was extended	0	0	0%

	How many times this happened	Out of total request	Percentage
Request approved (Overturned) only after appeal	0	0	0%
Request denied (Upheld) after appeal	0	0	0%

Expedited (urgent) Prior Authorization Requests (Response Due to Provider Within 5 days.

	How many times this happened	Out of total request	Percentage
Request Approved	59	62	95%
Request Denied	3	62	5%

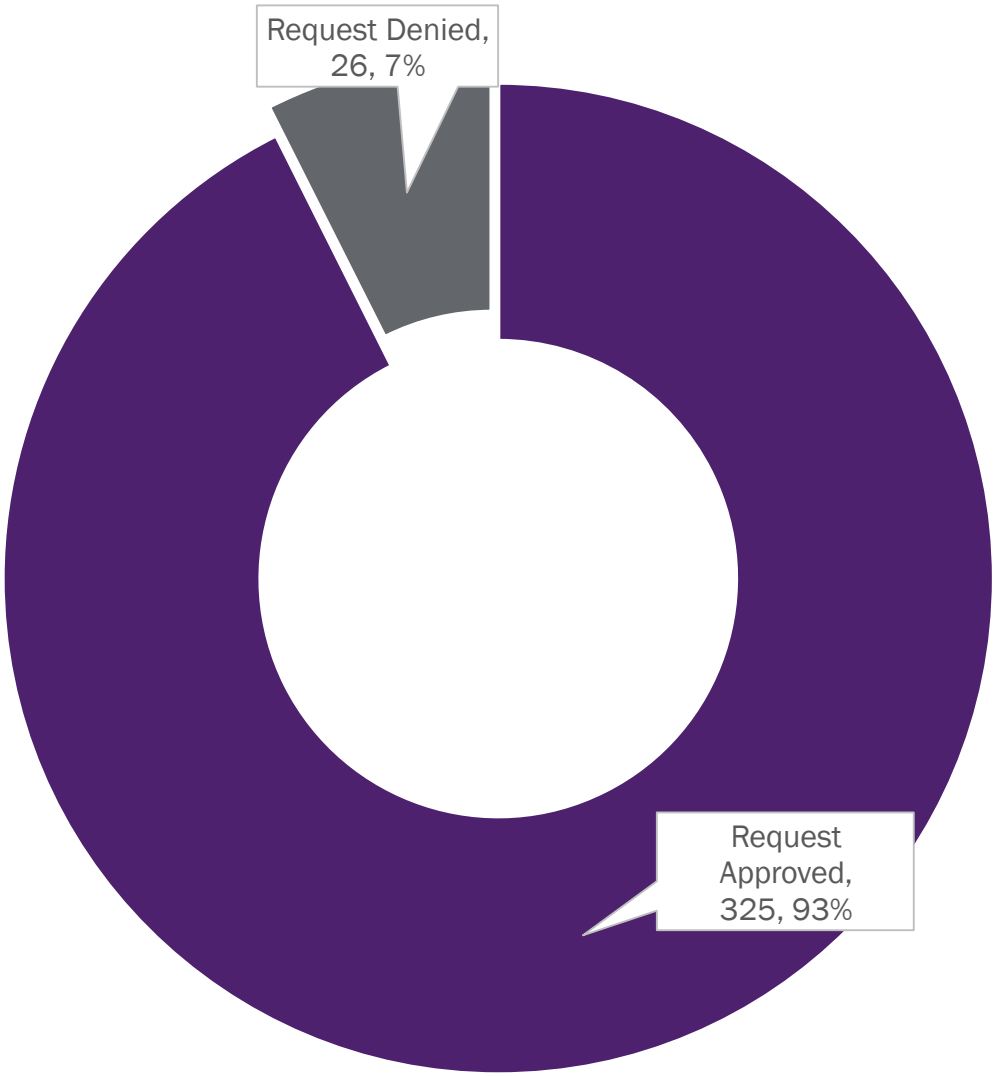
	How many times this happened	Out of total request	Percentage
Request approved within 5 business days	59	59	100%
Request denied within 5 business days	3	3	100%

	How many times this happened	Out of total request	Percentage
Request approved only after time for review was extended*	0	0	0%
Request denied after time for review was extended	0	0	0%

Time Between Receiving a Prior Authorization Request and Sending a Decision

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests (response due to provider within 5 business days)	2.3 days	2 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 5 business days)	1.5 days	1 day

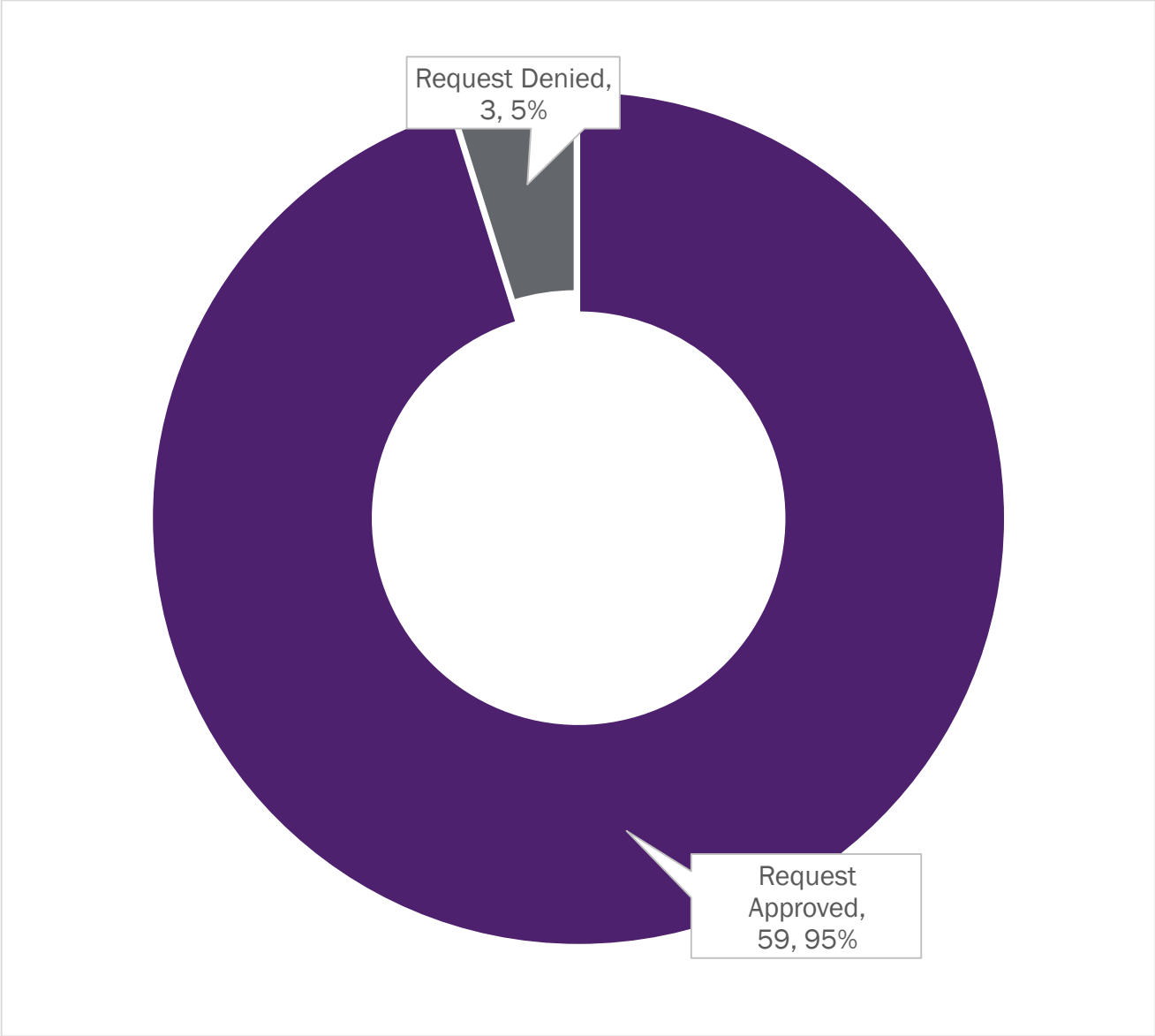
In 2025, we received a total of 351 standard (non-urgent) prior authorization requests for our covered membership. 93% of the requests were approved.



The mean (average) time that it took to make standard prior authorization decisions was 2.3 days.

The median (middle) time that it took to make standard prior authorization decisions was 2 days.

In 2025, we received a total of 62 expedited (urgent) prior authorization requests for our covered membership. 95% of those requests were approved.



The mean (average) time that it took to make expedited prior authorization decisions was 1.2 days.

The median (middle) time that it took to make expedited prior authorization decisions was 1 day.