

# 'Ohana Health Plan

## 'Ohana CCS

### Prior Authorization Metrics Summary

Effective 12/31/2025



#### **Important Notice Regarding Prior Authorization Data**

The prior authorization information posted here may differ from data submitted to state or federal regulators, which may be compiled using different methodologies, reporting periods, data sources, or validation processes. This information is provided for transparency and informational purposes only and should not be relied upon as a complete or definitive representation of all prior authorization activity.

Additionally, the data presented on this website is derived from multiple operational systems and reflects information available at the time of publication. Due to system limitations, data integration constraints, and ongoing process enhancements, certain prior authorization requests, determinations, or attributes may not be fully captured or reflected in this dataset.

## Prior Authorization Metrics Summary - Medicaid : State Code Derived : HI-CCS

### Standard Prior Authorizations:

| Metric Name  | How many times this happened | Out of total requests | Percentage |
|--|------------------------------|-----------------------|------------|
| Requests Approved  | 1,389                        | 1,408                 | 98.65%     |
| Requests Denied  | 19                           | 1,408                 | 1.35%      |
| Request Approved Only After Time for Review was extended | 0                            | 1,408                 | 0.00%      |
| Request Approved Only After Appeal                       | 0                            | 0                     | NA         |

| Metric Name  | Average Time | Median Time |
|--|--------------|-------------|
| Standard (non-urgent) Prior Authorization Requests | 3 days       | 2 days      |

### Expedited Prior Authorizations:

| Metric Name  | How many times this happened | Out of total requests | Percentage |
|--|------------------------------|-----------------------|------------|
| Requests Approved  | 230                          | 231                   | 99.57%     |
| Requests Denied  | 1                            | 231                   | 0.43%      |
| Request Approved Only After Time for Review was extended | 0                            | 231                   | 0.00%      |
| Request Approved Only After Appeal                       | 0                            | 0                     | NA         |

| Metric Name                                     | Average Time | Median Time |
|---|--------------|-------------|
| Expedited (urgent) Prior Authorization Requests | 1 days       | 1 days      |

**In 2025, Medicaid: State Code Derived: HI-CCS received a total of 1,408 standard (non-urgent) prior authorization requests for our covered patients.**

**98.65% of those requests were approved:**



- Requests Approved - 1,389
- Requests Denied- 19
- Request Approved Only After Time for Review was extended - 0
- Request Approved Only After Appeal - 0
- Prior Authorization Requests - Average (Days) - 3
- Prior Authorization Requests - Median (Days) - 2

**In 2025, Medicaid: State Code Derived: HI-CCS received a total of 231 expedited (urgent) prior authorization requests for our covered patients.**

**99.57% of those requests were approved:**



- Request Approved - 230
- Request Denied - 1
- Request Approved Only After Time for Review was extended - 0
- Request Approved Only After Appeal - 0
- Prior Authorization Requests - Average (Days) - 1
- Prior Authorization Requests - Median (Days) - 1