

Scorecard: 1/1/2025 to 12/31/2025, LOB: Medicaid & Medicaid CHIP, Plan Name: All, Market States: KS, Issuer Name: All, Contracts: All

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| 2. The percentage of standard prior authorization requests that were approved, aggregated for all items and services                                                                               | 96.6% |
| 3. The percentage of standard prior authorization requests that were denied, aggregated for all items and services                                                                                 | 3.4%  |
| 4. The percentage of standard prior authorization requests that were approved after appeal, aggregated for all items and services                                                                  | 41.6% |
| 5. The percentage of total prior authorization requests for which the timeframe for review was extended, and the request was approved, aggregated for all items and services                       | 0.3%  |
| 6. The percentage of expedited prior authorization requests that were approved, aggregated for all items and services                                                                              | 97.0% |
| 7. The percentage of expedited prior authorization requests that were denied, aggregated for all items and services                                                                                | 3.0%  |
| 8a. The average time that elapsed between the submission of a request and a determination by the payer, plan, or issuer, for standard prior authorizations, aggregated for all items and services* | 1     |
| 8b. The median time that elapsed between the submission of a request and a determination by the payer, plan, or issuer, for standard prior authorizations, aggregated for all items and services*  | 1     |
| 9a. The average time that elapsed between the submission of a request and a decision by the payer, plan, or issuer, for expedited prior authorizations, aggregated for all items and services*     | 1     |
| 9b. The median time that elapsed between the submission of a request and a decision by the payer, plan, or issuer, for expedited prior authorizations, aggregated for all items and services*      | 1     |

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\* Indication of 1 day means up to 24 hours and includes PAs approved in real-time or near real-time.

