



## Aetna Better Health<sup>®</sup> of Florida

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

Aetna Better Health<sup>®</sup> of Florida wants to help you get care without long waits. We have a report on our website that shows:

- Which medical services need approval first
- How many were approved or denied last year

We share this to help you understand how things work.

If you have questions, call **1-800-441-5501 (TTY: 711)**.

We try to make things easier for you and your doctors. We are working to have fewer services that need approval. This helps you get care faster.

**Reporting Period: January 1, 2025, to December 31, 2025**

**These are the medical items and services for which we  
require prior authorization (excluding drugs)**



To review the prior authorization list, click here: [Aetna Better Health of Florida prior authorization request search tool](#)

Prior to January 1, 2026, Centers for Medicaid and Medicare Services (CMS) required health plans to send prior authorization decisions within the following timeframes:

- For Medicaid managed care plans and CHIP managed care entities, 72 hours for **expedited requests** (urgent) and 14 calendar days for **standard requests** (non-urgent)

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization [final rule](#) requires Medicaid managed care plans to send prior authorization decisions within:

- 72 hours for **expedited requests** (urgent)
- 7 calendar days for **standard requests** (non-urgent)

**Aetna Better Health<sup>®</sup> of Florida** already follows shorter timeframes:

- 7 calendar days for **Florida Healthy Kids standard requests** (non-urgent)
- 72 hours for **Florida Healthy Kids expedited requests** (urgent)



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- 4 calendar days for **Medicaid Medical Assistance (MMA)** and **Long-Term Services and Support (LTSS) standard requests** (non-urgent)
- 2 calendar days for **Medicaid Medical Assistance (MMA)** and **Long-Term Services and Support (LTSS) expedited requests** (urgent)

### Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	33,435	43,074	77.62%
Request denied	9,639	43,074	22.38%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	600	1,513	39.66%

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	432	1,775	24.33%

### Expedited (urgent) Prior Authorization Requests (Response Due to Provider Within 72 Hours)

	How many times this happened	Out of total requests	Percentage
Request approved	5,199	6,500	79.98%
Request denied	1,301	6,500	20.02%



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	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	21	67	31.34%

### Time Between Receiving a Prior Authorization Request and Sending a Decision

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests	3.05 days	2.0 days
Expedited (urgent) Prior Authorization Requests	1.52 days	1.0 days