



Aetna Better Health® of Michigan

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

Aetna Better Health® of Michigan wants to make sure you get the care you need without long waits. Each year, we will share a report on our website about prior authorization. This report shows:

- Which medical services (not medicines) need prior authorization.
- How many requests were approved or denied last year.

We share this information to be open and helpful. It lets you see how the process works and helps you understand how we are doing.

If you have questions, please contact: 1-866-316-3784 or TYY 711.

We are always working to make things easier for you and your providers. One way we do this is by decreasing prior authorization rules whenever we can. This means care can happen faster. The numbers shown are only for services that need prior authorization.

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, please click here:

[Prior Auth List](#)

Prior to January 1, 2026, impacted payers are required 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)



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Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	14,313	18,381	77.87%
Request denied	4,068	18,381	22.13%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	0	0	None

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	126	460	27.39%

Expedited (urgent) Prior Authorization Requests

(Response Due to Provider Within 72 Hours)

	How many times this happened	Out of total requests	Percentage
Request approved	893	1,095	81.55%
Request denied	202	1,095	18.45%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	0	0	None



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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 7 calendar days)	3.71 days	2.0 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	1.0 days	1.0 days