Health Plan Name	Link to list of Prior Authorization requirements for Healthcare Services	Link to formulary with prior authorization requirements for Medications	Total # of prior authorization requests for physical health services	Total # of prior authorization requests denied for physical health services	Total # of prior authorization denials for physical health compared to total # of services provided (%)	percentage of	Total # of prior authorization requests for behavioral health services	Total # of prior authorization requests denied for behavioral health services	Total # of prior authorization denials for behavioral health compared to total # of services provided.	Total # and percentage of claims payments for services with PA for behavioral health
Molina	Frequently Used Form	Formulary (molinah	96,633	15,267	15267/4410384= 0.35%	81,366/4410384= 1.84%	1,420	constant of the constant of th	67/717414= 0.01%	1420/717414= 0.20%

Total # of prior authorization	pharmaceutic		for services with PA for	for physical	appeals upheld for	Total # of appeals with decision overturned for physical health	Total # of appeals for behavorial health	Total # of appeals upheld for behavioral	Total # of appeals with decision overturned for behavioral health	appeals	Total # of appeals	Total # of appeals with decision overturne d for Rx	# 1 denial reason for physical health PA	# 2 denial reason for physical health PA	#3 denial reason for physical health PA
48093	6000000	17159/4207472 = 0.41%	52144/4207472 = 1.24%	2468	1582	886	194	151	43	510	122		Met Medical		Denied Non Participating Provider

#4 denial reason for physical		# 2 denial reason for BH PA	reason for BH	#4 denial reason for BH PA			reason for	reason	#4 denial reason for Rx	#5 denial reason	Average time between submission of a complete PA request and response for physical health	Average time between submission of a complete PA request and response for behaviorall health	Average time between submission of a complete PA request and response for Rx
Denied	Denied Medical Necessity Criteria Not Met Medical	Denied Not a Covered			Denied Non Participating	Criteria		Non- Covered			Expedited: 13.23 H	Expedited: 19.60 H	Standard/Expedite