Health Plan Name	Link to kst of Prior Authorizatio n requirement s for Healthcare Services	ior athorizatio Link to for Prior Auth quirement requirement or Medication		Total # of prior authorizatio n requests for physical health services	Total # of prior authoriza- tion requests denied for physical health services	ior thoriza Total # of prior au quests deniad services compare of Services provid ealth		al health d to Total #	percent payment service	otal # and ercentage of claims ayments for ervices with PA for hysical health		al # of prior norization uests for avorial Ith services	Total # of prior authorization requests denied for behavorial health services		Fotal # of prior authorization denials for behavorial health services compared to Total # of Services provided (%)	of clai	# and percentage iims payments for ces with PA for vorial health	Total # of prior authorization requests for pharmaceutica services	
IL MMP	https://www .molinahealt hcare.com/pr oviders/il/du als/forms/fuf .aspx	althcare.co	m/providers	6259	340	0 340 / 4	74918 0.07	%	1046 / 4	174918 0.22	%	1566			2 / 474918 0.00042%	1566 /	/ 474918 0.32%	1	1855
Total # of pric authorization requests den for pharmaceutic services	authoriza denials f pharmac services compare	or cleuticals P	otal # and ercentage of laims paymen or services wi A for harmaceutica	th for phys	f appeals ical health	Upheld	of appeals I for Il health	Total # of with deci Overturn physical h	sion ed for	Total # of a for behave health		Total # of a Upheld for behavorial	ppeals w	otal # of ap rith decisio verturned ehavioral h	n Total # of a for for Rx	ppeals	Total # of appeal Upheld for Rx	s Total # of app with decisior Overturned f	n
	17 17 / 1907 # 2 denial reason for physical	#3 denial reason for physical	reason for	#5 denial reason #1 for rea	ison re	2 denial ason	reason	#4 denial #	eason	#1 denial reason for Rx	2 # 2 denia reason for Rx	al #3 denial reason for Rx	1 #4 denia reason for Rx	l #5 denia reason for Rx	Average time between submission of a complete PA request and	Av be su co	overage time etween ubmission of a omplete PA equest and	O Average time between submission of a complete PA	a
Medical Necessity Criteria Not Met Medical	Denied Elective Service - Out of Area/Non- contract provider	health PA		De Me Ne y C	nied edical cessit De	enied on irticipat	Lack of	IOI BH PA	UI DA PA	Denied Medical Necessit y Criteria Not Met	Approve d Per 1si Level	Approve d	Denied Per 1st Level Appeal	Approve d on "Re- review"	response for physical health	re	esponse for ehaviorall health	request and response for R	95.