Hold
Health Plans Accountable on Prior Authorization

Presentation to NAIC D Committee
November 17, 2026

Harold Ting, PhD

NAIC Consumer Representative



Government & Voluntary Efforts Aren't Cutting It

- Despite federal, state & industry actions
  - Providers not seeing relief
  - Patients are still being harmed
- Underlying issues remain
  - CMS regulations focus on process
  - Voluntary effort is not binding
  - Problematic medical necessity criteria
  - Appeals are extremely difficult

The Fundamental Issue: Medical Necessity Criteria

Sheldon Ekirch's Story

- Suffered from a condition that made her muscles and limbs feel like they were on fire. Treatment required blood plasma infusions.
- Her health plan denied prior auth requests to cover them
- An external review for the Virginia Bureau of Insurance resulted in reversing the health plan's denial.
- Two years had passed. Sheldon's family spent $90,000.

How did her plan justify denial? The treatment did not "align with our evidence-based standards".

Source: KFF Health News story reported on CBS News on Google

Hold Plans Accountable

SHOW ME THE DATA!

Prior auth burden

Denial rates
- Initial requests
- Appeals

Decision timeframes



Don’t Adopt CMS Reporting Requirements

- Specify how to calculate denial rates
  - Exclude non-covered services cases
  - Count partial approvals as denials
- Break out denials for specific categories
- You need state-specific metrics

Mandate Data by Service Category

Denial Rates of Four CO Insured Plans, 2025

	Med/Surg Procedures	Mental/ Behavioral & SUD*	Tests & Imaging	DME & Med-Covered Rx	Rx Drugs
PLAN A	19%	7%	20%	22%	40%
PLAN B	16%	3%	12%	11%	54%
PLAN C	13%	14%	9%	15%	7%
PLAN D	13%	11%	35%	30%	30%

* Substance Use Disorder

Plan Data You Should Mandate

- Average annual enrollment
- Total requests
- Incomplete requests
- Requests for services not covered
- Requests partially approved
- Requests fully denied
- Denials upheld on appeal
- Denials reversed on appeal
- Appeals in process

Colorado Has A Good Reporting Template

[redacted]

2025 Prior Authorization Requests

NAME OF CARRIER AND CONTACT INFORMATION: [redacted]

DATE LAST UPDATED: 05/01/2026

Category of Service	Total PA requests received	Total PA requests fully approved	Total PA requests partially approved	Denials of Prior Authorization Requests: Total PA requests denied	Total number of prior authorization requests denied for: Incomplete Information Provided	Not a covered benefit	Did not meet criteria	Other	Appeals of Prior Authorization Requests: Total number of prior authorization requests: Appealed and upheld	Appealed and reversed	In process
Medical or Surgical Procedure	2257	1845	5	407	80	8	296	23	20	11	0
Mental Health or Behavioral Health	228	214	0	14	0	0	14	0	4	3	0
Substance Use Disorder Treatment	79	72	0	7	3	0	4	0	1	0	0
Diagnostic tests and images	9094	7317	380	1397	3	346	1044	4	11	15	0
Prescription drugs	2855	1711	0	1144	0	544	580	20	29	45	0
DME: Pharmacy	10	0	0	10	0	3	7	0	0	0	0
DME: Medical	34	32	0	2	0	0	1	1	0	0	0
Other-Drugs Paid Under Medical Benefit	306	243	0	63	2	5	53	3	7	4	0

Use These Metrics

- Average prior auth cases per enrollee
- Denial rates that are calculated
  - Excluding incomplete submission cases
  - Excluding cases deemed “not covered”
  - Counting partial denials as denials
- Percentage of denials reversed
- “Improper Denial Index” =

  Initial denial rate x Proportion of appeals reversed

Using These Metrics: Hold Plans Accountable

- Publish them on your website
- Review with patient & provider complaints
- Investigate where indicated
- Challenge basis for medical necessity criteria, where appropriate

Illustration: Colorado Insured Commercial Plans

COMPARISON OF PA METRICS, COLORADO INSURED COMMERCIAL PLANS 2025

					Full Denials								
	Total PA Requests	Requests Fully Approved	Requests Partially Approved	Requests Fully Denied	Incomplete	Not Covered	Did Not Meet Criteria	Other	Upheld on Appeal	Reversed on Appeal	PA Denials Pct	Denial Reversals on Appeal	Improper Denials Index
MEDICAL/SURGICAL PROCEDURES													
INSURER A	2257	1845	5	407	80	8	296	23	20	11	19%	35%	7%
INSURER B	11443	9576	689	1178	0	266	881	31	231	135	16%	37%	6%
INSURER C	10056	8800	236	1020	10	49	982	215	60	74	13%	55%	7%
INSURER D	31343	27204	809	3330	264	0	3012	54	93	110	13%	54%	7%
MENTAL HEALTH/BEHAVIORAL HEALTH/SUBSTANCE USE DISORDER TX													
INSURER A	307	286	0	21	3	0	18	0	5	3	7%	38%	3%
INSURER B	2339	2274	12	53	0	25	27	1	0	0	3%	NA	NA
INSURER C	667	576	28	63	0	2	67	22	5	2	14%	29%	4%
INSURER D	565	501	0	64	1	0	63	0	0	12	11%	100%	11%
Dx TESTS & IMAGES													
INSURER A	9094	7317	380	1397	3	346	1044	4	11	15	20%	58%	11%
INSURER B	37164	32572	535	4057	0	55	3952	50	82	82	12%	50%	6%
INSURER C	1320	1195	2	123	0	2	110	13	16	24	9%	60%	6%
INSURER D	205	134	0	71	2	0	63	6	0	0	35%	NA	NA
DME (Covered Under Rx & Medical Benefit)													
INSURER A	350	275	0	75	2	8	61	4	7	4	22%	36%	8%
INSURER B	4056	3594	50	412	0	94	317	1	42	15	11%	26%	3%
INSURER C	548	468	3	77	0	9	60	11	15	8	15%	35%	5%
INSURER D	319	225	0	94	2	0	57	35	0%	0%	30%	NA	NA
ALL NON-RX PRIOR AUTH REQUESTS COMBINED													
INSURER A	12008	9723	385	1900	88	362	1419	31	43	33	19%	43%	8%
INSURER B	55002	48016	1286	5700	0	440	5177	83	355	232	13%	40%	5%
INSURER C	12591	11039	269	1283	10	62	1219	261	96	108	12%	53%	7%
INSURER D	32432	28064	809	3559	269	0	3195	95	93	122	14%	57%	8%
Rx DRUGS													
INSURER A	2855	1711	0	1144	0	544	580	20	29	45	40%	61%	24%
INSURER B	41243	19294	20	21929	224	15345	184	6166	1306	1754	54%	57%	31%
INSURER C	1817	1692	8	117	0	4	108	5	372	736	7%	66%	5%
INSURER D	22126	15610	0	6516	65	0	5839	612	224	373	30%	62%	18%

Hold Plans Accountable !

- Patients, providers & health plans all agree we can do better with prior authorization.
- **It falls on YOU to make it happen**
- Mandate meaningful reporting of PA statistics to compute outcome metrics
- Use them to hold plans accountable for meaningful PA outcome improvements.

Thank You

MCAS Change Suggestions

- Count partial approvals as denials
- Exclude requests for services deemed “not covered” in calculation of denial rates
- Break out non-pharmacy PA cases into more benefit categories.