P.L. 2023 Chapter 608 Prior Authorization Report Instructions for Calendar Years 2021, 2022, and 2023

Due Date: September 1, 2024

Who Must File the Report?

Health carriers with more than 1,000 Maine covered lives as reported in Rule 940 and Rule 945 reports filed with the Maine Bureau of Insurance must report information required by P.L. 2023 Chapter 608 for calendar years 2021, 2022, and 2023.

Location of the Report Form

www.maine.gov/pfr/insurance/sites/maine.gov.pfr.insurance/files/inline-files/prior-auth-history.xlsx

What to Report

All information is required to be reported in the appropriate column for calendar years 2021, 2023, and 2023.

The following information is required:

1) All items and services that require a prior authorization, including the respective CPT code. (Note: Three columns appear, one for each year. Please list the service or item and CPT code and then check the applicable box with an "X" for the year a prior authorization was required.)
2) Number and percentage of standard prior authorization requests that were approved, aggregated for all items and services.
3) Number and percentage of standard prior authorization requests that were denied, aggregated for all items and services.
4) Number and percentage of standard prior authorization requests that were approved after appeal, aggregated for all items and services.
5) Number and percentage of prior authorization requests for which the time frame for review was extended and the request approved, aggregated for all items and services.
6) Number and percentage of expedited prior authorization requests that were approved, aggregated for all items and services.
7) Number and percentage of expedited prior authorization requests that were denied, aggregated for all items and services.
8) Average and median time that elapsed between receiving all necessary information following the submission of a prior authorization request and a determination by the carrier, for standard prior authorizations, aggregated for all items and services.
9) Average and median time that elapsed between receiving all necessary information following the submission of a prior authorization request and a

decision by the carrier for expedited prior authorizations, aggregated for all items and services, and

10) Average and median time that elapsed between receiving all necessary information following the submission of a concurrent care prior authorization request to extend a course of treatment and a determination by the carrier, aggregated for all items and services.

The percentages will be calculated automatically based on the numbers submitted.

Definitions

- “Standard” means a non-expedited review.
- “Expedited” means an expedited review for a service or a prescription drug when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee’s life, health or ability to regain maximum function or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug.
- “Concurrent” means a review conducted during a patient’s hospital stay or course of treatment.

If you have questions about the content of the report, please contact Pamela Stutch at (207) 624-8458 or at pamela.stutch@maine.gov.

Please return the completed report by September 1, 2024 to keith.a.fougere@maine.gov