

PRIOR AUTHORIZATION ANNUAL REPORT FORM

Company Name: _____ Date of Submission: _____

Registration Number: _____ Reporting Period: _____

Contact Person: _____ Email: _____ Phone: _____

Prior Authorization (PA)

Total Number of PA Requested	Total Number of PA Request Denied	Total Number of PA Appeals Received	Total Number of PA Adverse Determination reversed on appeals	Out of the Total Number of PA requests, the number of PA requests NOT Submitted Electronically	Total Number of PA Claims for Health Care Services that were examined through a POST Service Utilization Review Process	Total Number of PA Claims for Health Care Services that were denied through a POST Service Utilization Review Process	Total Percentage (%) of PA Claims for Health Care Services denied through POST service utilization review

Ten (10) Health Care Services that were most frequently denied through Prior Authorization:	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Signed by: _____

Ten (10) Reasons for Prior Authorizations Requests were most frequently Denied:
1
2
3
4
5
6
7
8
9
10

Ten (10) Health Care Services that were MOST Frequently Denied as a POST Service Utilization Review:
1
2
3
4
5
6
7
8
9
10

Are there any Prior Authorizations Requirements that have been Removed?

Signed by: _____