

## ANNUAL PRIOR AUTHORIZATION STATISTICS

### Prescription Drugs

Oscar Health provides the following information to comply with a regulatory requirement for the state of **Tennessee** to disclose information for services that require pre-service review. The following report details the number of pre-service requests that have received approvals and adverse determinations (denials) for the plan year of 2024.

Annual Prior Authorization Volume, by Outcome							
	Approved			Denied			Total
	Expedited	Standard	Total Approved	Expedited	Standard	Total Denied	
Prior Authorization Requests Received (count)	847	1,703	2,550	1,109	2,826	3,935	6,485
Prior Authorization Requests Received (rate)	13.1%	26.3%	39.3%	17.1%	43.6%	60.7%	100%

Annual Appeal Volume, by Outcome							
	Overturned (Approved)			Upheld (Denied)			Total
	Expedited	Standard	Total Overturned	Expedited	Standard	Total Upheld	
Appeal Requests Received (count)	200	164	364	166	158	324	688
Appeal Requests Received (rate)	29.1%	23.8%	52.9%	24.1%	23.0%	47.1%	100%

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Health Plan Decision Timeliness, by Urgency		
	Time (days)	
	Expedited	Standard
Average Time Between Prior Authorization Submission and Response	0.8	4.5
Average Time Between Appeal Submission and Response	0.3	5.3

Top Five (5) Reasons for Adverse Determinations (Denials)		
No.	Reason	%
1	Criteria for medical necessity not met (general)	66.9%
2	Criteria for medical necessity not met (non-formulary)	23.2%
3	Benefit is not covered	8.1%
4	Exceeds quantity limit	1.5%
5	Trial and Failure required	0.1%