

Hawaii State Health Planning and Development Agency

1177 Alakea St. #402 Honolulu, Hawaii 96813

Phone: 808-587-0788 Fax: 808-587-0783 Web: <https://health.hawaii.gov/shpda>

Healthcare Prior Authorization Report

Reporting Period: January 1 to December 31, 2024
(Due Date: January 31, 2026)

Instructions

If your health plan covers the service(s) highlighted in **YELLOW** below (03, 04, 07, 08, 09, 13, 15), please complete the form(s) relevant to the service(s):

| Services | Form # |
|--|----------------|
| 01=At Risk Services | Form-1 |
| 02=Autism Services | Form-2 |
| 03=Diagnostic Testing | Form-3 |
| 04=Durable Medical Supplies/Medical Equipment | Form-4 |
| 05=Home and Community Based Services | Form-5 |
| 06=Home Health Services | Form-6 |
| 07=Inpatient Hospital Services | Form-7 |
| 08=Outpatient Hospital Services | Form-8 |
| 09=Physician Services | Form-9 |
| 10=Preventive Services | Form-10 |
| 11=Rehabilitation Services | Form-11 |
| 12=Transportation Services | Form-12 |
| 13=Behavioral Health | Form-13 |
| 14=Other Services | Form-14 |
| 15=Drugs | Form-15 |

Additional copies of instructions and report forms are available at:

<https://health.hawaii.gov/shpda/agency-resources-and-publications/prior-authorization-reporting/>

| Three (3) ways to return the report form(s) to SHPDA: | Questions? |
|---|---|
| 1) Email to: dailin.ye@doh.hawaii.gov , or | Email: dailin.ye@doh.hawaii.gov |
| 2) Fax to: 808-587-0783, or | Phone: 808-587-0852 |
| 3) Mail to: SHPDA Prior Authorization Report Hawaii State Health Planning and Development Agency 1177 Alakea St. #402, Honolulu, HI 96813 | |

State Health Planning and Development Agency
1177 Alakea St. #402 Honolulu, Hawaii 96813
Phone: 808-587-0788 Fax: 808-587-0783 Web: https://health.hawaii.gov/shpda

Form-#: Sample

Reporting Period: January 1 to December 31, 2024

(Due Date: January 31, 2026)

| | |
|--|-----------------------|
| Name of Health Plan: ABC Health Plan | Report date: 1/6/2026 |
| Name of Insurer: XYZ Health Insurance Company | |
| Address of Insurer: 1234 Street Name, City, Zip Code | |
| Name of Administrator: Name | Phone: (808)-123-4567 |
| Completed by: (name) Name | Fax: (808)-100-2000 |
| (title) Title | Email: |

Section I. Standard (Non-Urgent) Prior Authorization (PA) Requests

| | | Total (A) | Approv- ed (B) | Denied (C) | With- drawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
|----|---|--------------|----------------------|---------------|-----------------------|--|-----------------------------|
| 1. | Standard PA Requests | 50000 | 40000 | 10000 | 0 | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | Enter Actual Counts |
| 2. | Standard PA Decision Made within 7 Days (Report Standard PA Appeals in Line 4) | 35000 | 29500 | 5500 | 0 | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | Enter Actual Counts |
| 3. | Standard PA Decision Made with Extension (up to 14 days) (Report Standard PA Appeals in Line 4) | 10000 | 7500 | 2500 | 0 | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | Enter Actual Counts |
| 4. | Standard PA Decision Made after Appeal | 5000 | 3000 | 2000 | 0 | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | Enter Actual Counts |

| Section II. Expedited (Urgent) Prior Authorization (PA) Requests | | | | | | | |
|--|---|---------------------|----------------------|----------------------|-----------------------|---|-----------------------------|
| | | Total (A) | Approv- ed (B) | Denied (C) | With- drawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
| 5. | Expedited PA Requests | 50000 | 40000 | 10000 | 0 | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | Enter |
| | | | | | | 04=Prior authorization timelines not met* | Actual |
| | | | | | | 05=Out-of-network providers | Counts |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 6. | Expedited PA Decision Made within 72 Hours (Report Expedited PA Appeals in Line 8) | 35000 | 29500 | 5500 | 0 | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | Enter |
| | | | | | | 04=Prior authorization timelines not met* | Actual |
| | | | | | | 05=Out-of-network providers | Counts |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 7. | Expedited PA Decision Made with Extension (up to 14 days) (Report Expedited PA Appeals in Line 8) | 10000 | 7500 | 2500 | 0 | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | Enter |
| | | | | | | 04=Prior authorization timelines not met* | Actual |
| | | | | | | 05=Out-of-network providers | Counts |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 8. | Expedited PA Decision Made after Appeal | 5000 | 3000 | 2000 | 0 | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | Enter |
| | | | | | | 04=Prior authorization timelines not met* | Actual |
| | | | | | | 05=Out-of-network providers | Counts |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| Section III. Time Between Receiving a Prior Authorization Request and Sending a Decision | | | | | | | |
| | | Mean (Average) Time | | Median (Middle) Time | | | |
| 9. | Standard PA Decision Made within 7 Calendar Days | 5 | | 4 | | Day(s) | |
| 10. | Standard PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 11. | Standard PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |
| 12. | Expedited PA Decision Made within 72 Hours | 1 | | 1 | | Day(s) | |
| 13. | Expedited PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 14. | Expedited PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |

Notes:**Column E: 01=Incomplete or Incorrect Information***

This might include any of the following: missing or incorrect patient information; errors in ICD-10 or CPT/HCPCS codes; missing medical records, inadequate physician notes, lack of relevant lab results, or failure to include previous treatment histories; etc.

Column E: 04=Prior authorization timelines not met*

This might also include expired authorization or duplicate requests.

Column E: 07=Therapy requires multiple PA requests*

Some treatments require separate prior authorization requests for pharmacy and medical benefits.

Column E: 09=Other*

This might include but is not limited to any of the following: Invalid preauthorization request form submitted; Pre-existing condition exclusion; Lack of peer-to-peer review; Treatment is not consistent with published clinical evidence; Experimental; Prescribing physician’s qualification; etc. Please specify reason of denial. Add row as needed.

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Form-3: Diagnostic Testing

Reporting Period: January 1 to December 31, 2024

(Due Date: January 31, 2026)

| | |
|------------------------|--------------|
| Name of Health Plan: | Report date: |
| Name of Insurer: | |
| Address of Insurer: | |
| Name of Administrator: | Phone: |
| Completed by: (name) | Fax: |
| (title) | Email: |

Section I. Standard (Non-Urgent) Prior Authorization (PA) Requests

| | | Total (A) | Approv- ed (B) | Denied (C) | With- drawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
|----|---|--------------|----------------------|---------------|-----------------------|--|-----------------------------|
| 1. | Standard PA Requests | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |
| 2. | Standard PA Decision Made within 7 Days (Report Standard PA Appeals in Line 4) | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |
| 3. | Standard PA Decision Made with Extension (up to 14 days) (Report Standard PA Appeals in Line 4) | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |
| 4. | Standard PA Decision Made after Appeal | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |

| Section II. Expedited (Urgent) Prior Authorization (PA) Requests | | | | | | | |
|--|---|---------------------|-----------------|----------------------|------------------|---|--|
| | | Total (A) | Approved (B) | Denied (C) | Withdrawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
| 5. | Expedited PA Requests | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| | | | | | | 6. | Expedited PA Decision Made within 72 Hours (Report Expedited PA Appeals in Line 8) |
| 02=Medical necessity criteria not met | | | | | | | |
| 03=Non-covered services or exceeding limits | | | | | | | |
| 04=Prior authorization timelines not met* | | | | | | | |
| 05=Out-of-network providers | | | | | | | |
| 06=Lack of step therapy/testing attempts | | | | | | | |
| 07=Therapy requires multiple PA requests* | | | | | | | |
| 08=Non-formulary medications | | | | | | | |
| 09=Other* Specify. Add row as needed. | | | | | | | |
| 7. | Expedited PA Decision Made with Extension (up to 14 days) (Report Expedited PA Appeals in Line 8) | | | | | | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| | | | | | | 8. | Expedited PA Decision Made after Appeal |
| 02=Medical necessity criteria not met | | | | | | | |
| 03=Non-covered services or exceeding limits | | | | | | | |
| 04=Prior authorization timelines not met* | | | | | | | |
| 05=Out-of-network providers | | | | | | | |
| 06=Lack of step therapy/testing attempts | | | | | | | |
| 07=Therapy requires multiple PA requests* | | | | | | | |
| 08=Non-formulary medications | | | | | | | |
| 09=Other* Specify. Add row as needed. | | | | | | | |
| Section III. Time Between Receiving a Prior Authorization Request and Sending a Decision | | | | | | | |
| | | Mean (Average) Time | | Median (Middle) Time | | | |
| 9. | Standard PA Decision Made within 7 Calendar Days | | | | | Day(s) | |
| 10. | Standard PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 11. | Standard PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |
| 12. | Expedited PA Decision Made within 72 Hours | | | | | Day(s) | |
| 13. | Expedited PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 14. | Expedited PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |

Notes:**Column E: 01=Incomplete or Incorrect Information***

This might include any of the following: missing or incorrect patient information; errors in ICD-10 or CPT/HCPCS codes; missing medical records, inadequate physician notes, lack of relevant lab results, or failure to include previous treatment histories; etc.

Column E: 04=Prior authorization timelines not met*

This might also include expired authorization or duplicate requests.

Column E: 07=Therapy requires multiple PA requests*

Some treatments require separate prior authorization requests for pharmacy and medical benefits.

Column E: 09=Other*

This might include but is not limited to any of the following: Invalid preauthorization request form submitted; Pre-existing condition exclusion; Lack of peer-to-peer review; Treatment is not consistent with published clinical evidence; Experimental; Prescribing physician’s qualification; etc. Please specify reason of denial. Add row as needed.

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Form-4: Durable Medical Supplies/Medical Equipment

Reporting Period: January 1 to December 31, 2024

(Due Date: January 31, 2026)

| | |
|------------------------|--------------|
| Name of Health Plan: | Report date: |
| Name of Insurer: | |
| Address of Insurer: | |
| Name of Administrator: | Phone: |
| Completed by: (name) | Fax: |
| (title) | Email: |

Section I. Standard (Non-Urgent) Prior Authorization (PA) Requests

| | | Total (A) | Approv- ed (B) | Denied (C) | With- drawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
|----|---|--------------|----------------------|---------------|-----------------------|--|-----------------------------|
| 1. | Standard PA Requests | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |
| 2. | Standard PA Decision Made within 7 Days (Report Standard PA Appeals in Line 4) | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |
| 3. | Standard PA Decision Made with Extension (up to 14 days) (Report Standard PA Appeals in Line 4) | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |
| 4. | Standard PA Decision Made after Appeal | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |

| Section II. Expedited (Urgent) Prior Authorization (PA) Requests | | | | | | | |
|--|---|---------------------|-----------------|----------------------|-----------------------|---|--|
| | | Total (A) | Approved (B) | Denied (C) | With- drawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
| 5. | Expedited PA Requests | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| | | | | | | 6. | Expedited PA Decision Made within 72 Hours (Report Expedited PA Appeals in Line 8) |
| 02=Medical necessity criteria not met | | | | | | | |
| 03=Non-covered services or exceeding limits | | | | | | | |
| 04=Prior authorization timelines not met* | | | | | | | |
| 05=Out-of-network providers | | | | | | | |
| 06=Lack of step therapy/testing attempts | | | | | | | |
| 07=Therapy requires multiple PA requests* | | | | | | | |
| 08=Non-formulary medications | | | | | | | |
| 09=Other* Specify. Add row as needed. | | | | | | | |
| 7. | Expedited PA Decision Made with Extension (up to 14 days) (Report Expedited PA Appeals in Line 8) | | | | | | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| | | | | | | 8. | Expedited PA Decision Made after Appeal |
| 02=Medical necessity criteria not met | | | | | | | |
| 03=Non-covered services or exceeding limits | | | | | | | |
| 04=Prior authorization timelines not met* | | | | | | | |
| 05=Out-of-network providers | | | | | | | |
| 06=Lack of step therapy/testing attempts | | | | | | | |
| 07=Therapy requires multiple PA requests* | | | | | | | |
| 08=Non-formulary medications | | | | | | | |
| 09=Other* Specify. Add row as needed. | | | | | | | |
| Section III. Time Between Receiving a Prior Authorization Request and Sending a Decision | | | | | | | |
| | | Mean (Average) Time | | Median (Middle) Time | | | |
| 9. | Standard PA Decision Made within 7 Calendar Days | | | | | Day(s) | |
| 10. | Standard PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 11. | Standard PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |
| 12. | Expedited PA Decision Made within 72 Hours | | | | | Day(s) | |
| 13. | Expedited PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 14. | Expedited PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |

Notes:**Column E: 01=Incomplete or Incorrect Information***

This might include any of the following: missing or incorrect patient information; errors in ICD-10 or CPT/HCPCS codes; missing medical records, inadequate physician notes, lack of relevant lab results, or failure to include previous treatment histories; etc.

Column E: 04=Prior authorization timelines not met*

This might also include expired authorization or duplicate requests.

Column E: 07=Therapy requires multiple PA requests*

Some treatments require separate prior authorization requests for pharmacy and medical benefits.

Column E: 09=Other*

This might include but is not limited to any of the following: Invalid preauthorization request form submitted; Pre-existing condition exclusion; Lack of peer-to-peer review; Treatment is not consistent with published clinical evidence; Experimental; Prescribing physician’s qualification; etc. Please specify reason of denial. Add row as needed.

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Form-7: Inpatient Hospital Services

Reporting Period: January 1 to December 31, 2024

(Due Date: January 31, 2026)

| | |
|------------------------|--------------|
| Name of Health Plan: | Report date: |
| Name of Insurer: | |
| Address of Insurer: | |
| Name of Administrator: | Phone: |
| Completed by: (name) | Fax: |
| (title) | Email: |

Section I. Standard (Non-Urgent) Prior Authorization (PA) Requests

| | | Total (A) | Approv- ed (B) | Denied (C) | With- drawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
|----|---|--------------|----------------------|---------------|-----------------------|---|-----------------------------|
| 1. | Standard PA Requests | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 2. | Standard PA Decision Made within 7 Days (Report Standard PA Appeals in Line 4) | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 3. | Standard PA Decision Made with Extension (up to 14 days) (Report Standard PA Appeals in Line 4) | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 4. | Standard PA Decision Made after Appeal | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |

| Section II. Expedited (Urgent) Prior Authorization (PA) Requests | | | | | | | |
|--|---|---------------------|----------------------|----------------------|-----------------------|---|-----------------------------|
| | | Total (A) | Approv- ed (B) | Denied (C) | With- drawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
| 5. | Expedited PA Requests | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 6. | Expedited PA Decision Made within 72 Hours (Report Expedited PA Appeals in Line 8) | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 7. | Expedited PA Decision Made with Extension (up to 14 days) (Report Expedited PA Appeals in Line 8) | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 8. | Expedited PA Decision Made after Appeal | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| Section III. Time Between Payer Receiving a Prior Authorization Request and Sending a Decision | | | | | | | |
| | | Mean (Average) Time | | Median (Middle) Time | | | |
| 9. | Standard PA Decision Made within 7 Calendar Days | | | | | Day(s) | |
| 10. | Standard PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 11. | Standard PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |
| 12. | Expedited PA Decision Made within 72 Hours | | | | | Day(s) | |
| 13. | Expedited PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 14. | Expedited PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |

Notes:**Column E: 01=Incomplete or Incorrect Information***

This might include any of the following: missing or incorrect patient information; errors in ICD-10 or CPT/HCPCS codes; missing medical records, inadequate physician notes, lack of relevant lab results, or failure to include previous treatment histories; etc.

Column E: 04=Prior authorization timelines not met*

This might also include expired authorization or duplicate requests.

Column E: 07=Therapy requires multiple PA requests*

Some treatments require separate prior authorization requests for pharmacy and medical benefits.

Column E: 09=Other*

This might include but is not limited to any of the following: Invalid preauthorization request form submitted; Pre-existing condition exclusion; Lack of peer-to-peer review; Treatment is not consistent with published clinical evidence; Experimental; Prescribing physician’s qualification; etc. Please specify reason of denial. Add row as needed.

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Form-8: Outpatient Hospital Services

Reporting Period: January 1 to December 31, 2024

(Due Date: January 31, 2026)

| | |
|------------------------|--------------|
| Name of Health Plan: | Report date: |
| Name of Insurer: | |
| Address of Insurer: | |
| Name of Administrator: | Phone: |
| Completed by: (name) | Fax: |
| (title) | Email: |

Section I. Standard (Non-Urgent) Prior Authorization (PA) Requests

| | | Total (A) | Approv- ed (B) | Denied (C) | With- drawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
|----|---|--------------|----------------------|---------------|-----------------------|--|-----------------------------|
| 1. | Standard PA Requests | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |
| 2. | Standard PA Decision Made within 7 Days (Report Standard PA Appeals in Line 4) | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |
| 3. | Standard PA Decision Made with Extension (up to 14 days) (Report Standard PA Appeals in Line 4) | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |
| 4. | Standard PA Decision Made after Appeal | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |

| Section II. Expedited (Urgent) Prior Authorization (PA) Requests | | | | | | | |
|--|---|---------------------|-----------------|----------------------|-----------------------|---|--|
| | | Total (A) | Approved (B) | Denied (C) | With- drawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
| 5. | Expedited PA Requests | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| | | | | | | 6. | Expedited PA Decision Made within 72 Hours (Report Expedited PA Appeals in Line 8) |
| 02=Medical necessity criteria not met | | | | | | | |
| 03=Non-covered services or exceeding limits | | | | | | | |
| 04=Prior authorization timelines not met* | | | | | | | |
| 05=Out-of-network providers | | | | | | | |
| 06=Lack of step therapy/testing attempts | | | | | | | |
| 07=Therapy requires multiple PA requests* | | | | | | | |
| 08=Non-formulary medications | | | | | | | |
| 09=Other* Specify. Add row as needed. | | | | | | | |
| 7. | Expedited PA Decision Made with Extension (up to 14 days) (Report Expedited PA Appeals in Line 8) | | | | | | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| | | | | | | 8. | Expedited PA Decision Made after Appeal |
| 02=Medical necessity criteria not met | | | | | | | |
| 03=Non-covered services or exceeding limits | | | | | | | |
| 04=Prior authorization timelines not met* | | | | | | | |
| 05=Out-of-network providers | | | | | | | |
| 06=Lack of step therapy/testing attempts | | | | | | | |
| 07=Therapy requires multiple PA requests* | | | | | | | |
| 08=Non-formulary medications | | | | | | | |
| 09=Other* Specify. Add row as needed. | | | | | | | |
| Section III. Time Between Payer Receiving a Prior Authorization Request and Sending a Decision | | | | | | | |
| | | Mean (Average) Time | | Median (Middle) Time | | | |
| 9. | Standard PA Decision Made within 7 Calendar Days | | | | | Day(s) | |
| 10. | Standard PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 11. | Standard PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |
| 12. | Expedited PA Decision Made within 72 Hours | | | | | Day(s) | |
| 13. | Expedited PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 14. | Expedited PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |

Notes:**Column E: 01=Incomplete or Incorrect Information***

This might include any of the following: missing or incorrect patient information; errors in ICD-10 or CPT/HCPCS codes; missing medical records, inadequate physician notes, lack of relevant lab results, or failure to include previous treatment histories; etc.

Column E: 04=Prior authorization timelines not met*

This might also include expired authorization or duplicate requests.

Column E: 07=Therapy requires multiple PA requests*

Some treatments require separate prior authorization requests for pharmacy and medical benefits.

Column E: 09=Other*

This might include but is not limited to any of the following: Invalid preauthorization request form submitted; Pre-existing condition exclusion; Lack of peer-to-peer review; Treatment is not consistent with published clinical evidence; Experimental; Prescribing physician’s qualification; etc. Please specify reason of denial. Add row as needed.

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Form-9: Physician Services

Reporting Period: January 1 to December 31, 2024

(Due Date: January 31, 2026)

| | |
|------------------------|--------------|
| Name of Health Plan: | Report date: |
| Name of Insurer: | |
| Address of Insurer: | |
| Name of Administrator: | Phone: |
| Completed by: (name) | Fax: |
| (title) | Email: |

Section I. Standard (Non-Urgent) Prior Authorization (PA) Requests

| | | Total (A) | Approv- ed (B) | Denied (C) | With- drawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
|----|---|--------------|----------------------|---------------|-----------------------|--|-----------------------------|
| 1. | Standard PA Requests | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |
| 2. | Standard PA Decision Made within 7 Days (Report Standard PA Appeals in Line 4) | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |
| 3. | Standard PA Decision Made with Extension (up to 14 days) (Report Standard PA Appeals in Line 4) | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |
| 4. | Standard PA Decision Made after Appeal | | | | | 01=Incomplete or Incorrect Information* 02=Medical necessity criteria not met 03=Non-covered services or exceeding limits 04=Prior authorization timelines not met* 05=Out-of-network providers 06=Lack of step therapy/testing attempts 07=Therapy requires multiple PA requests* 08=Non-formulary medications 09=Other* Specify. Add row as needed. | |

| Section II. Expedited (Urgent) Prior Authorization (PA) Requests | | | | | | | |
|--|---|---------------------|----------------------|----------------------|-----------------------|---|--|
| | | Total (A) | Approv- ed (B) | Denied (C) | With- drawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
| 5. | Expedited PA Requests | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| | | | | | | 6. | Expedited PA Decision Made within 72 Hours (Report Expedited PA Appeals in Line 8) |
| 02=Medical necessity criteria not met | | | | | | | |
| 03=Non-covered services or exceeding limits | | | | | | | |
| 04=Prior authorization timelines not met* | | | | | | | |
| 05=Out-of-network providers | | | | | | | |
| 06=Lack of step therapy/testing attempts | | | | | | | |
| 07=Therapy requires multiple PA requests* | | | | | | | |
| 08=Non-formulary medications | | | | | | | |
| 09=Other* Specify. Add row as needed. | | | | | | | |
| 7. | Expedited PA Decision Made with Extension (up to 14 days) (Report Expedited PA Appeals in Line 8) | | | | | | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| | | | | | | 8. | Expedited PA Decision Made after Appeal |
| 02=Medical necessity criteria not met | | | | | | | |
| 03=Non-covered services or exceeding limits | | | | | | | |
| 04=Prior authorization timelines not met* | | | | | | | |
| 05=Out-of-network providers | | | | | | | |
| 06=Lack of step therapy/testing attempts | | | | | | | |
| 07=Therapy requires multiple PA requests* | | | | | | | |
| 08=Non-formulary medications | | | | | | | |
| 09=Other* Specify. Add row as needed. | | | | | | | |
| Section III. Time Between Payer Receiving a Prior Authorization Request and Sending a Decision | | | | | | | |
| | | Mean (Average) Time | | Median (Middle) Time | | | |
| 9. | Standard PA Decision Made within 7 Calendar Days | | | | | Day(s) | |
| 10. | Standard PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 11. | Standard PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |
| 12. | Expedited PA Decision Made within 72 Hours | | | | | Day(s) | |
| 13. | Expedited PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 14. | Expedited PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |

Notes:**Column E: 01=Incomplete or Incorrect Information***

This might include any of the following: missing or incorrect patient information; errors in ICD-10 or CPT/HCPCS codes; missing medical records, inadequate physician notes, lack of relevant lab results, or failure to include previous treatment histories; etc.

Column E: 04=Prior authorization timelines not met*

This might also include expired authorization or duplicate requests.

Column E: 07=Therapy requires multiple PA requests*

Some treatments require separate prior authorization requests for pharmacy and medical benefits.

Column E: 09=Other*

This might include but is not limited to any of the following: Invalid preauthorization request form submitted; Pre-existing condition exclusion; Lack of peer-to-peer review; Treatment is not consistent with published clinical evidence; Experimental; Prescribing physician’s qualification; etc. Please specify reason of denial. Add row as needed.

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Form-13: Behavioral Health

Reporting Period: January 1 to December 31, 2024

(Due Date: January 31, 2026)

| | |
|------------------------|--------------|
| Name of Health Plan: | Report date: |
| Name of Insurer: | |
| Address of Insurer: | |
| Name of Administrator: | Phone: |
| Completed by: (name) | Fax: |
| (title) | Email: |

Section I. Standard (Non-Urgent) Prior Authorization (PA) Requests

| | | Total (A) | Approv- ed (B) | Denied (C) | With- drawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
|----|---|--------------|----------------------|---------------|-----------------------|---|-----------------------------|
| 1. | Standard PA Requests | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 2. | Standard PA Decision Made within 7 Days (Report Standard PA Appeals in Line 4) | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 3. | Standard PA Decision Made with Extension (up to 14 days) (Report Standard PA Appeals in Line 4) | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 4. | Standard PA Decision Made after Appeal | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |

| Section II. Expedited (Urgent) Prior Authorization (PA) Requests | | | | | | | |
|--|---|---------------------|----------------------|----------------------|-----------------------|---|--|
| | | Total (A) | Approv- ed (B) | Denied (C) | With- drawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
| 5. | Expedited PA Requests | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| | | | | | | 6. | Expedited PA Decision Made within 72 Hours (Report Expedited PA Appeals in Line 8) |
| 02=Medical necessity criteria not met | | | | | | | |
| 03=Non-covered services or exceeding limits | | | | | | | |
| 04=Prior authorization timelines not met* | | | | | | | |
| 05=Out-of-network providers | | | | | | | |
| 06=Lack of step therapy/testing attempts | | | | | | | |
| 07=Therapy requires multiple PA requests* | | | | | | | |
| 08=Non-formulary medications | | | | | | | |
| 09=Other* Specify. Add row as needed. | | | | | | | |
| 7. | Expedited PA Decision Made with Extension (up to 14 days) (Report Expedited PA Appeals in Line 8) | | | | | | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| | | | | | | 8. | Expedited PA Decision Made after Appeal |
| 02=Medical necessity criteria not met | | | | | | | |
| 03=Non-covered services or exceeding limits | | | | | | | |
| 04=Prior authorization timelines not met* | | | | | | | |
| 05=Out-of-network providers | | | | | | | |
| 06=Lack of step therapy/testing attempts | | | | | | | |
| 07=Therapy requires multiple PA requests* | | | | | | | |
| 08=Non-formulary medications | | | | | | | |
| 09=Other* Specify. Add row as needed. | | | | | | | |
| Section III. Time Between Payer Receiving a Prior Authorization Request and Sending a Decision | | | | | | | |
| | | Mean (Average) Time | | Median (Middle) Time | | | |
| 9. | Standard PA Decision Made within 7 Calendar Days | | | | | Day(s) | |
| 10. | Standard PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 11. | Standard PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |
| 12. | Expedited PA Decision Made within 72 Hours | | | | | Day(s) | |
| 13. | Expedited PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 14. | Expedited PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |

Notes:**Column E: 01=Incomplete or Incorrect Information***

This might include any of the following: missing or incorrect patient information; errors in ICD-10 or CPT/HCPCS codes; missing medical records, inadequate physician notes, lack of relevant lab results, or failure to include previous treatment histories; etc.

Column E: 04=Prior authorization timelines not met*

This might also include expired authorization or duplicate requests.

Column E: 07=Therapy requires multiple PA requests*

Some treatments require separate prior authorization requests for pharmacy and medical benefits.

Column E: 09=Other*

This might include but is not limited to any of the following: Invalid preauthorization request form submitted; Pre-existing condition exclusion; Lack of peer-to-peer review; Treatment is not consistent with published clinical evidence; Experimental; Prescribing physician’s qualification; etc. Please specify reason of denial. Add row as needed.

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Form-15: Drugs

Reporting Period: January 1 to December 31, 2024

(Due Date: January 31, 2026)

| | |
|------------------------|--------------|
| Name of Health Plan: | Report date: |
| Name of Insurer: | |
| Address of Insurer: | |
| Name of Administrator: | Phone: |
| Completed by: (name) | Fax: |
| (title) | Email: |

Section I. Standard (Non-Urgent) Prior Authorization (PA) Requests

| | | Total (A) | Approv- ed (B) | Denied (C) | With- drawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
|----|---|--------------|----------------------|---------------|-----------------------|---|-----------------------------|
| 1. | Standard PA Requests | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 2. | Standard PA Decision Made within 7 Days (Report Standard PA Appeals in Line 4) | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 3. | Standard PA Decision Made with Extension (up to 14 days) (Report Standard PA Appeals in Line 4) | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 4. | Standard PA Decision Made after Appeal | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |

| Section II. Expedited (Urgent) Prior Authorization (PA) Requests | | | | | | | |
|--|---|---------------------|-----------------|----------------------|-----------------------|---|-----------------------------|
| | | Total (A) | Approved (B) | Denied (C) | With- drawn (D) | Among the total number of denials reported in column C, how many denials were due to one of the following reasons? Count one primary reason for each denial and enter the count for each reason in column F. (E) (*See note) | Counts of Reasons (F) |
| 5. | Expedited PA Requests | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 6. | Expedited PA Decision Made within 72 Hours (Report Expedited PA Appeals in Line 8) | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 7. | Expedited PA Decision Made with Extension (up to 14 days) (Report Expedited PA Appeals in Line 8) | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| 8. | Expedited PA Decision Made after Appeal | | | | | 01=Incomplete or Incorrect Information* | |
| | | | | | | 02=Medical necessity criteria not met | |
| | | | | | | 03=Non-covered services or exceeding limits | |
| | | | | | | 04=Prior authorization timelines not met* | |
| | | | | | | 05=Out-of-network providers | |
| | | | | | | 06=Lack of step therapy/testing attempts | |
| | | | | | | 07=Therapy requires multiple PA requests* | |
| | | | | | | 08=Non-formulary medications | |
| | | | | | | 09=Other* Specify. Add row as needed. | |
| Section III. Time Between Payer Receiving a Prior Authorization Request and Sending a Decision | | | | | | | |
| | | Mean (Average) Time | | Median (Middle) Time | | | |
| 9. | Standard PA Decision Made within 7 Calendar Days | | | | | Day(s) | |
| 10. | Standard PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 11. | Standard PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |
| 12. | Expedited PA Decision Made within 72 Hours | | | | | Day(s) | |
| 13. | Expedited PA Decision Made with Extension (up to 14 Days) | Optional | | Optional | | Day(s) | |
| 14. | Expedited PA Decision Made after Appeal | Optional | | Optional | | Day(s) | |

Notes:**Column E: 01=Incomplete or Incorrect Information***

This might include any of the following: missing or incorrect patient information; errors in ICD-10 or CPT/HCPCS codes; missing medical records, inadequate physician notes, lack of relevant lab results, or failure to include previous treatment histories; etc.

Column E: 04=Prior authorization timelines not met*

This might also include expired authorization or duplicate requests.

Column E: 07=Therapy requires multiple PA requests*

Some treatments require separate prior authorization requests for pharmacy and medical benefits.

Column E: 09=Other*

This might include but is not limited to any of the following: Invalid preauthorization request form submitted; Pre-existing condition exclusion; Lack of peer-to-peer review; Treatment is not consistent with published clinical evidence; Experimental; Prescribing physician’s qualification; etc. Please specify reason of denial. Add row as needed.