Fee-for-Service Authorization Statistics

Concurrent, Prospective, and Continued Stay Prior Authorization Requests

January 1, 2024 - December 31, 2024

Description	Total Number of Requests	Percentage	Notes
The percentage of standard prior authorization requests that	63,828	84.62%	Percentage approved include those requests with
were approved			an outcome of approved or auto approved
The percentage of standard prior authorization requests that			Percentage denied include those requests with an
were denied	63,828	15.38%	outcome of denied, partial denial or technical denial
The percentage of prior authorization requests that were	745	65.64%	An appeal is defined as a request with a type of
approved after appeal			appeal as 1st or 2nd.
The percentage of prior authorization requests for which the			A request is considered extended if it took more
timeframe for review was extended , and the request was	13,786	69.32%	than 7 days to complete.
approved			than 7 days to complete.
The percentage of expedited prior authorization requests that			Percentage approved include those requests with
were approved	271	74.91%	an outcome of approved or auto approved
The percentage of expedited prior authorization requests that			Percentage denied include those requests with an
were denied	271	25.09%	outcome of denied, partial denial or technical denial

Description	Total Number of Requests	Average	Median
The average and median time that elapsed between the submission of a request and a determination by the payer, plan or health insurance issuer, for standard prior authorization	63,828	7.71	3.00
The average and median time that elapsed between the submission of a request and a decision by the payer, plan or health insurance issuer, for expedited prior authorizations	271	10.92	5.46

The Division of Medicaid (DOM) contracts with Telligen as the Utilization Management and Quality Improvement Organization (UM/QIO) vendor performing authorization reviews for fee-for-service (FFS) Medicaid recipients. Visit Telligen's Mississippi UM/QIO website https://msmedicaid.telligen.com

Please note that, as per MS SB2140 from 2024, the review timeframes were amended effective July 1, 2024. Therefore, all requests received on or after this date are subject to the new review timeframes outlined in the legislation. Requests received prior to July 1, 2024, are governed by the contractual timeframes specified in IFB #20230303.