Managed Health Services

Healthy Indiana Plan

Prior Authorization Metrics Summary

Effective 12/31/2025

mhs™

Important Notice Regarding Prior Authorization Data

The prior authorization information posted here may differ from data submitted to state or federal regulators, which may be compiled using different methodologies, reporting periods, data sources, or validation processes. This information is provided for transparency and informational purposes only and should not be relied upon as a complete or definitive representation of all prior authorization activity.

Additionally, the data presented on this website is derived from multiple operational systems and reflects information available at the time of publication. Due to system limitations, data integration constraints, and ongoing process enhancements, certain prior authorization requests, determinations, or attributes may not be fully captured or reflected in this dataset.

Prior Authorization Metrics Summary - Medicaid : State Code Derived : IN-HIP

Standard Prior Authorizations:

Metric Name	How many times this happened	Out of total requests	Percentage
Requests Approved	58,947	79,377	74.26%
Requests Denied	20,430	79,377	25.74%
Request Approved Only After Time for Review was extended	7,863	79,377	9.91%
Request Approved Only After Appeal	474	1,470	32.24%

Metric Name	Average Time*	Median Time*
Standard (non-urgent) Prior Authorization Requests	2 days	1 days

Expedited Prior Authorizations:

Metric Name	How many times this happened	Out of total requests	Percentage
Requests Approved	1,831	2,175	84.18%
Requests Denied	344	2,175	15.82%
Request Approved Only After Time for Review was extended	397	2,175	18.25%
Request Approved Only After Appeal	5	20	25.00%

Metric Name	Average Time	Median Time
Expedited (urgent) Prior Authorization Requests	1 days	0 days

*Indiana Medicaid non-urgent (standard) pre-service turnaround time changed on July 1, 2025, from 5 business days to 48 hours (excluding holidays and weekends), causing cumulative yearly averages to be higher than current performance standards.

In 2025, Medicaid: State Code Derived: IN-HIP received a total of 79,377 standard (non-urgent) prior authorization requests for our covered patients.

74.26% of those requests were approved:
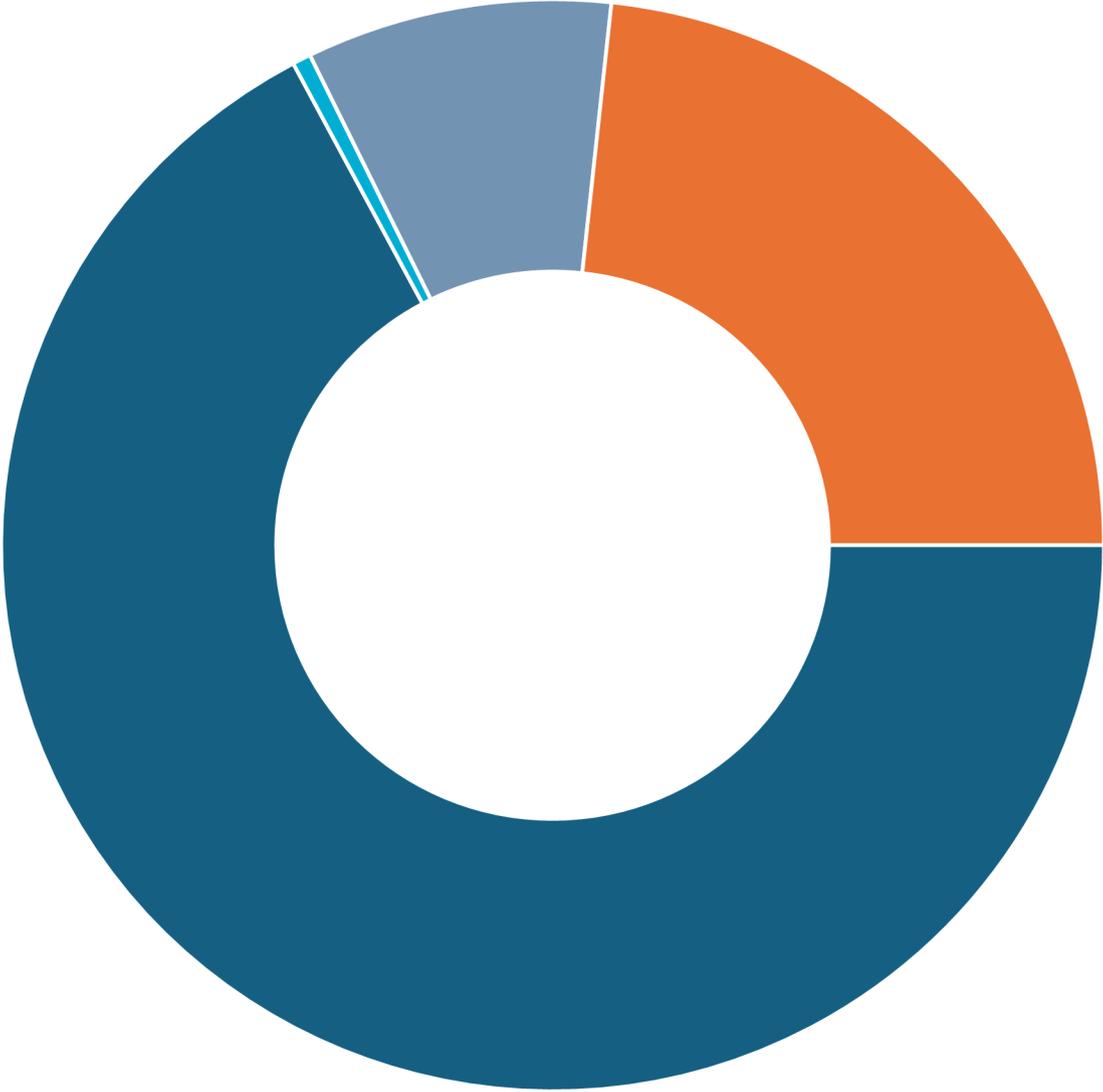
- Requests Approved - 58,947
- Requests Denied- 20,430
- Request Approved Only After Time for Review was extended - 7,863
- Request Approved Only After Appeal - 474
- Prior Authorization Requests - Average (Days) - 2
- Prior Authorization Requests - Median (Days) - 1

In 2025, Medicaid: State Code Derived: IN-HIP received a total of 2,175 expedited (urgent) prior authorization requests for our covered patients.

84.18% of those requests were approved:

- Request Approved - 1,831
- Request Denied - 344
- Request Approved Only After Time for Review was extended - 397
- Request Approved Only After Appeal - 5
- Prior Authorization Requests - Average (Days) - 1
- Prior Authorization Requests - Median (Days) - 0