



DATA REPORTING FORM FOR PRE-SERVICE AUTHORIZATION OF MEDICAL NECESSITY REVIEW REQUESTS: GEORGIA

NAME OF PAYOR American Specialty Health Group, Inc. ("ASHG")
REPORTING PERIOD Calendar Year 2025
SPECIALTY All Specialties (Aggregate)

Note: American Specialty Health Group, Inc. does not require prior authorization for any services that it administers. However, practitioners may choose to submit voluntary pre-service authorizations for medical necessity determinations, which the following statistics are based upon. Practitioners may submit authorization requests prior to, during, or up to 180 calendar days after the service.

| INITIAL REQUESTS <i>Reported at Treatment Plan Level</i> | PRE-SERVICE AUTHORIZATIONS REQUESTED | PRE-SERVICE AUTHORIZATION APPROVALS | PRE-SERVICE DENIALS | |
|---|--------------------------------------|-------------------------------------|---------------------|--------------|
| | | | PARTIAL APPROVALS | FULL DENIALS |
| TOTAL: | 17401 | 8097 | 8281 | 1023 |
| | | Clinical | 8022 | 374 |
| | | Benefit | 229 | 407 |
| | | Member Eligibility | 23 | 236 |
| | | Contractual | 7 | 6 |

| TOP FIVE DENIAL REASONS <i>Reported at Treatment Plan Level</i> | PARTIAL APPROVALS | FULL DENIALS |
|--|-------------------|--------------|
| Clinical | 8022 | 374 |
| Benefit | 229 | 407 |
| Member Eligibility | 23 | 236 |
| Contractual | 7 | 6 |
| Other | 0 | 0 |

PROCESSING TIME

| | |
|---|------|
| Average time between submission of a prior authorization request and the determination (business days): | 1.17 |
|---|------|

APPEALS ¹

| | |
|---|---|
| Prior Authorization Denial Decisions Appealed: | 2 |
| Prior Authorization Denial Decisions Upheld After Appeal: | 0 |
| Prior Authorization Denial Decisions Overturned After Appeal (Approvals): | 0 |

¹ ASHG has limited delegation for member appeals in Georgia.