

PRIOR AUTHORIZATION ANNUAL REPORT



Data Call Pursuant to N.D.C.C. § 26.1-36.12-17 | Reporting Period: Calendar Year [2025] | Due: September 1

SECTION 1: ENTITY INFORMATION

Prior Authorization Review Organization Name (Legal Name)	UnitedHealthcare Insurance Company
NAIC Company Code (if applicable)	79413
FEIN	
Mailing Address	185 Asylum Street
City, State, ZIP	Hartford, CT 06103-3408
Contact Person (Name & Title)	[REDACTED] Sr. Compliance Analyst
Contact Phone Number	[REDACTED]
Contact Email Address	[REDACTED]
Website URL (where report is publicly available per § 26.1-36.12-17(2))	www.uhc.com
Reporting Period (Calendar Year)	2025

SECTION 2: PRIOR AUTHORIZATION REQUEST VOLUME [§ 26.1-36.12-17(3)]

Item	Data Element	Statutory Reference	Value
3(a)	Total number of prior authorization requests received	§ 26.1-36.12-17(3)(a)	994
3(b)	Number of prior authorization requests for which an authorization was issued	§ 26.1-36.12-17(3)(b)	644
3(c)	Number of prior authorization requests for which an adverse determination was issued	§ 26.1-36.12-17(3)(c)	350
3(d)	Number of adverse determinations reversed on appeal	§ 26.1-36.12-17(3)(d)	1
3(f)	Number of prior authorization requests submitted but not necessary	§ 26.1-36.12-17(3)(f)	12
3(g)	Number of prior authorization requests submitted by electronic means	§ 26.1-36.12-17(3)(g)	818
3(h)	Number of prior authorization requests submitted by nonelectronic means (mail and facsimile)	§ 26.1-36.12-17(3)(h)	176

SECTION 3: REASONS FOR ADVERSE DETERMINATIONS [§ 26.1-36.12-17(3)(e)]

Enter the count for each reason category below. Percentages auto-calculate from the total adverse determinations reported in Item 3(c) above.

Item	Reason for Adverse Determination	Statutory Reference	Count	Percentage
3(e)(1)	Patient did not meet prior authorization criteria	§ 26.1-36.12-17(3)(e)(1)	70	20.0%
3(e)(2)	Incomplete information submitted by the provider to the prior authorization review organization	§ 26.1-36.12-17(3)(e)(2)	1	0.3%
3(e)(3)	Treatment program changed	§ 26.1-36.12-17(3)(e)(3)	0	0.0%
3(e)(4)	Patient is no longer covered by the health benefit plan	§ 26.1-36.12-17(3)(e)(4)	155	44.3%
3(e) Other	Other reason not enumerated above (describe in Remarks)	—	124	35.4%
TOTAL — All Adverse Determination Reasons			350	100.0%

SECTION 4: INTERNAL CONSISTENCY CHECKS

These formula-driven checks flag potential data entry errors. All checks should display "PASS" before submission.

V1	Authorizations (3b) + Adverse Determinations (3c) ≤ Total Requests (3a)	PASS
V2	Reversals on Appeal (3d) ≤ Adverse Determinations (3c)	PASS
V3	Electronic (3g) + Nonelectronic (3h) = Total Requests (3a)	PASS
V4	Sum of Adverse Determination Reasons ≤ Adverse Determinations (3c)	PASS
V5	Adverse Determination Reason Percentages ≤ 100%	PASS

SECTION 5: REMARKS

Provide any explanatory notes, clarifications, or descriptions of "Other" adverse determination reasons below.

Site Declined, NONFDA, NONFORM, PA Denial, Qty Limit

SECTION 6: CERTIFICATION

I certify that the information provided in this report is true and accurate to the best of my knowledge and that this report has been prepared in compliance with N.D.C.C. § 26.1-36.12-17.

Name of Certifying Officer	[REDACTED]
Title	Assistant Secretary
Signature	[REDACTED]
Date	9/1/26