

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)	Cigna Life and Health Insurance Company
NAIC Company Code (if applicable)	67369
FEIN	59-1031071
Mailing Address	900 Cottage Grove Road
City, State, ZIP	Hartford, CT 06152
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)	9
3(b)	Number of prior authorization requests for which an authorization was issued	§ 26.1-36.12-17(3)(b)	5
3(c)	Number of prior authorization requests for which an adverse determination was issued	§ 26.1-36.12-17(3)(c)	4
3(d)	Number of adverse determinations reversed on appeal	§ 26.1-36.12-17(3)(d)	0
3(f)	Number of prior authorization requests submitted but not necessary	§ 26.1-36.12-17(3)(f)	0
3(g)	Number of prior authorization requests submitted by electronic means	§ 26.1-36.12-17(3)(g)	9
3(h)	Number of prior authorization requests submitted by nonelectronic means (mail and facsimile)	§ 26.1-36.12-17(3)(h)	0

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)	4	100.0%
3(e)(2)	Incomplete information submitted by the provider to the prior authorization review organization	§ 26.1-36.12-17(3)(e)(2)	0	0.0%
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)	0	0.0%
3(e) Other	Other reason not enumerated above (describe in Remarks)	—	0	0.0%
TOTAL — All Adverse Determination Reasons			4	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.

n/a