PRIOR AUTHORIZATION ANNUAL REPORT

NORTH DAKOTA Insurance & Securities

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)	Carelon Medical Benefits Management, LLC
NAIC Company Code (if applicable)	
FEIN	36-3692630
Mailing Address	8600 W. Bryn Mawr Ave., Suite 1100 South Bldg
City, State, ZIP	Chicago, IL 60631
Contact Person (Name & Title)	Teresa Weber, Manager Compliance
Contact Phone Number	805-568-4586
Contact Email Address	teresa.weber@elevancehealth.com
Website URL (where report is publicly available per § 26.1-36.12-17(2))	www.carelon.com/content/dam/digital/carelon/pdf/data-call-pursuant-ndcc-26_1-36_12-17.pdf
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)*	2,652
3(b)	Number of prior authorization requests for which an authorization was issued	*§ 26.1-36.12-17(3)(b)*	2,348
3(c)	Number of prior authorization requests for which an adverse determination was issued	*§ 26.1-36.12-17(3)(c)*	304
3(d)	Number of adverse determinations reversed on appeal	*§ 26.1-36.12-17(3)(d)*	15

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)*	2,490
3(h)	Number of prior authorization requests submitted by nonelectronic means (mail and facsimile)	*§ 26.1-36.12-17(3)(h)*	162

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)*	295	97.0%
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)*	9	3.0%
3(e) Other	Other reason not enumerated above (describe in Remarks)	—	0	0.0%
	TOTAL — All Adverse Determination Reasons		**304**	**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.

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	Teresa Weber
Title	Manager Compliance
Signature	*Teresa Weber*
Date	8/31/2026