# Prior Authorization Metrics
# for medical items and services (excluding drugs)

To comply with the CMS Interoperability and Prior Authorization final rule, Humana is required to annually report aggregated prior authorization metrics on our website. The contract covered in this report is administered by CarePlus (CarePlus Health Plans, Inc.), an indirect, wholly owned subsidiary of Humana. Specifically, this includes a list of all medical items and services (excluding drugs) that require prior authorization, as well as data on prior authorization requests for those items and services (e.g., approvals, denials, etc.) over the previous calendar year. Publicly reporting these metrics promotes transparency and accountability. For questions on the data below, CarePlus members can contact 1-800-794-5907. Provider customer service can be contacted at 1-866-220-5448.

**Reporting Period:** 2025

**Contract Number:** H1019

| These are the medical items and services for which we require prior authorization (excluding drugs) |
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| www.careplushealthplans.com/pal |

Prior to January 1, 2026, Medicare Advantage (MA) plans are required to send prior authorization decisions within the following timeframes:

- 72 hours for **expedited requests** (urgent)
- 14 calendar days for **standard requests** (non-urgent)

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization final rule requires MA plans to send prior authorization decisions within:

- 72 hours for **expedited requests** (urgent)
- 7 calendar days for **standard requests** (non-urgent)

An overturn on appeal does not necessarily indicate an inappropriate initial prior authorization decision because the overturn may be the result of additional information received or changes in the member's clinical presentation.

CarePlus HEALTH PLANS

**Standard (Non-Urgent) Prior Authorization Requests**

| Type of decision | Number of times this happened | Out of total requests | Percentage |
|---|---|---|---|
| Request approved | 729,997 | 752,924 | 96.95% |
| Request denied | 22,927 | 752,924 | 3.05% |

| Type of decision | Number of times this happened | Out of total requests | Percentage |
|---|---|---|---|
| Request approved only after time for review was extended | 0 | 0 | 0.00% |
| Request denied after time for review was extended | 0 | 0 | 0.00% |

| Type of decision | Number of times this happened | Out of total appeals | Percentage |
|---|---|---|---|
| Request approved only after appeal | 388 | 484 | 80.17% |
| Request denied after appeal | 96 | 484 | 19.83% |

An overturn on appeal does not necessarily indicate an inappropriate initial prior authorization decision because the overturn may be the result of additional information received or changes in the member's clinical presentation.

**Expedited (Urgent) Prior Authorization Requests**
**(response due to provider within 72 hours)**

| Type of decision | Number of times this happened | Out of total requests | Percentage |
|---|---|---|---|
| Request approved | 104,910 | 110,216 | 95.19% |
| Request denied | 5,306 | 110,216 | 4.81% |

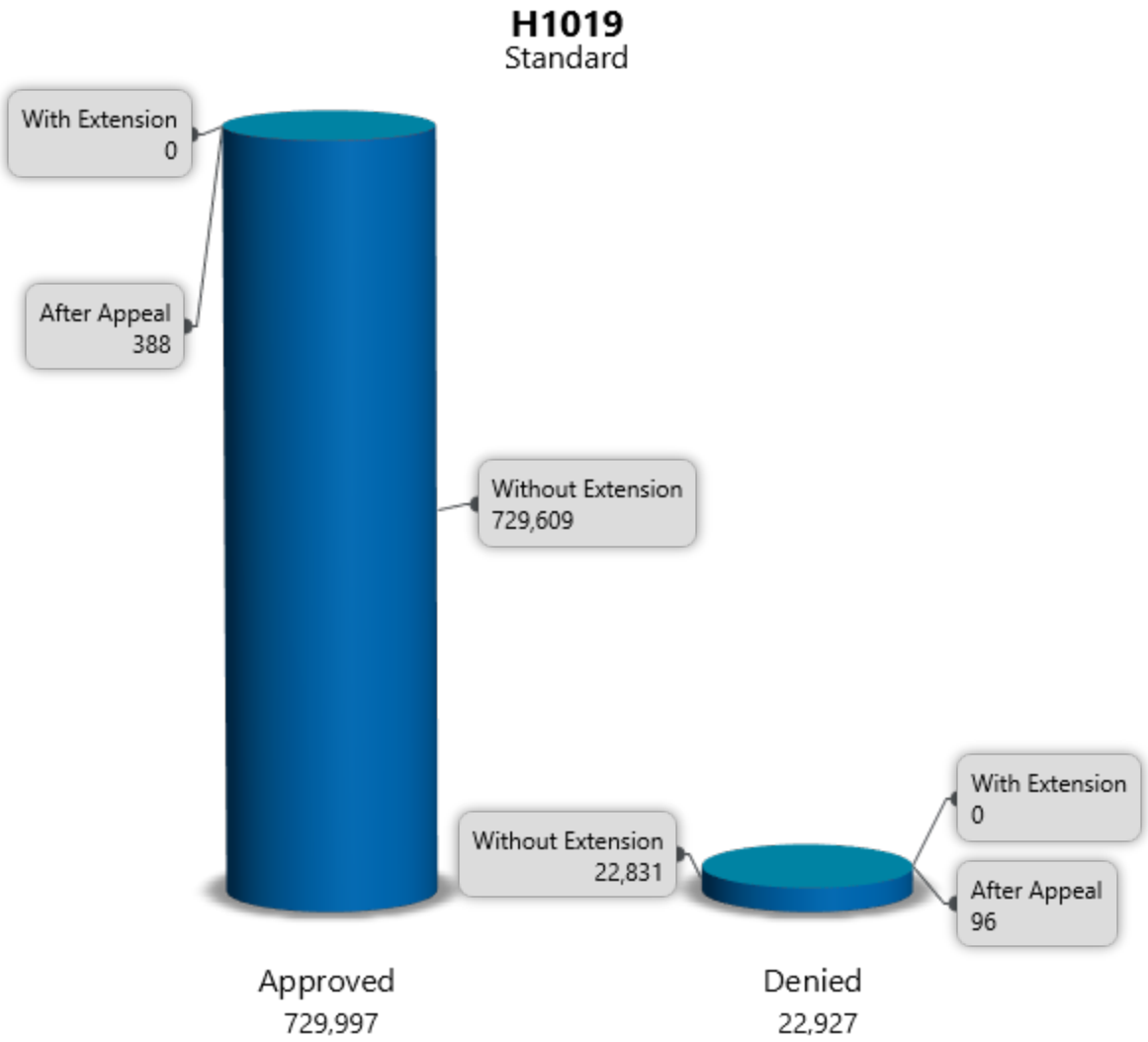
| Type of decision | Number of times this happened | Out of total requests | Percentage |
|---|---|---|---|
| Request approved only after time for review was extended | 1 | 1 | 100.00% |
| Request denied after time for review was extended | 0 | 1 | 0.00% |

**Time Between Submission of a Prior Authorization Request and Decision**

| | Mean (average) time | Median (middle) time |
|---|---|---|
| Standard (non-urgent) prior authorization requests | 1 day(s) | 0 day(s) |
| Expedited (urgent) prior authorization requests | 23 hour(s) | 22 hour(s) |

An overturn on appeal does not necessarily indicate an inappropriate initial prior authorization decision because the overturn may be the result of additional information received or changes in the member's clinical presentation.

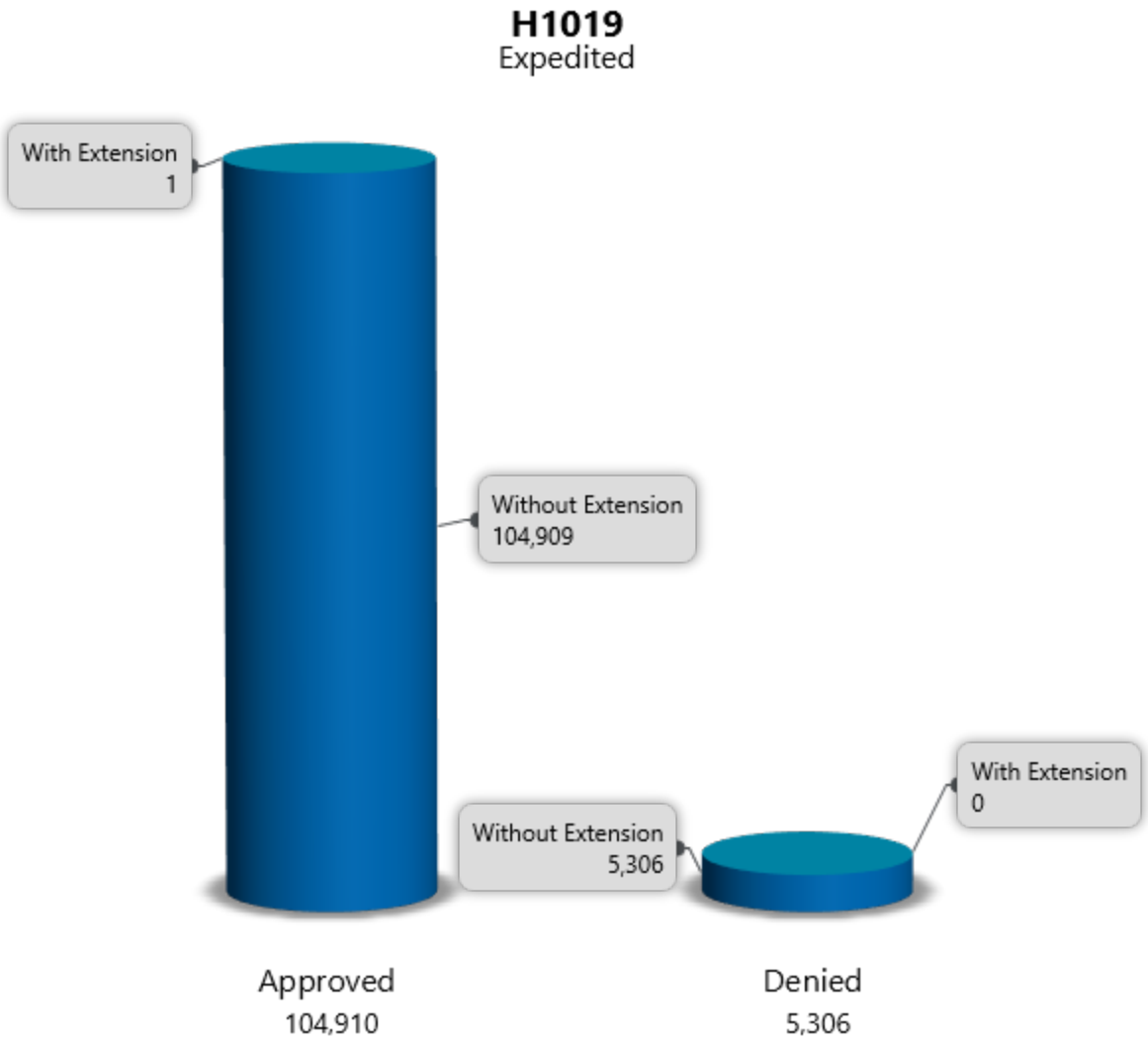
**In 2025, we received a total of 752,924 standard (non-urgent) prior authorization requests for our covered patients. 96.95% of those requests were approved:**




| | |
|---|---|
| The mean (average) time that it took to make standard prior authorization decisions was | 1 day(s) |
| The median (middle) time that it took to make standard prior authorization decisions was | 0 day(s) |

An overturn on appeal does not necessarily indicate an inappropriate initial prior authorization decision because the overturn may be the result of additional information received or changes in the member's clinical presentation.

**In 2025, we received a total of 110,216 expedited (urgent) prior authorization requests for our covered patients. 95.19% of those requests were approved:**




| | |
|---|---|
| The mean (average) time that it took to make expedited prior authorization decisions was | 23 hour(s) |
| The median (middle) time that it took to make expedited prior authorization decisions was | 22 hour(s) |

An overturn on appeal does not necessarily indicate an inappropriate initial prior authorization decision because the overturn may be the result of additional information received or changes in the member's clinical presentation.