



## Virginia 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. 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, members can contact the customer service number on the back of the member's ID card. Provider customer service can be contacted at 844-811-4482.

**Reporting Period:** 2025

**State:** Virginia

These are the medical items and services for which we require prior authorization (excluding drugs)

<https://provider.humana.com/MedicaidPAL>

Prior to January 1, 2026, Medicaid Managed Care Organization (MCO) 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 MCO 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.



### Annual Reporting Metrics

Reporting year	2025
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Data reported are current decisions as of 12/31 of the reporting year.

#### Virginia Standard (Non-Urgent) Prior Authorization Requests

Type of decision	Number of times this happened	Out of total requests	Percentage
Request approved	29,118	32,969	88.32%
Request denied	3,851	32,969	11.68%

Type of decision	Number of times this happened	Out of total appeals	Percentage
Request approved only after appeal	7	39	17.95%

#### Virginia 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	1,462	2,275	64.26%
Request denied	813	2,275	35.74%

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.



### Extended Prior Authorization Requests

Type of decision	Number of times this happened	Out of total standard and expedited requests	Percentage
Request approved following extended review	1	35,244	0.00%

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

	Mean (average) time	Median (middle) time
Standard (non-urgent) prior authorization requests	3.1 day(s)	1.0 day(s)
Expedited (urgent) prior authorization requests	20.4 hour(s)	4.1 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.