INDEPENDENT CARE HEALTH PLAN
iCare is a wholly-owned subsidiary of Humana

Family Care Partnership 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 iCare (Independent Care Health Plan), a 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, iCare members and providers can contact customer service at 1-800-777-4376.

Reporting Period: 2025

Family Care Partnership

These are the medical items and services for which we require prior authorization (excluding drugs)
www.icarehealthplan.org/Prior-Authorization.htm

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.

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Family Care Partnership Standard (Non-Urgent) Prior Authorization Requests

Type of decision	Number of times this happened	Out of total requests	Percentage
Request approved	2,409	2,717	88.66%
Request denied	308	2,717	11.34%

Type of decision	Number of times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	40	55	72.73%
Request denied after time for review was extended	15	55	27.27%

Type of decision	Number of times this happened	Out of total appeals	Percentage
Request approved only after appeal	2	5	40.00%
Request denied after appeal	3	5	60.00%

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.

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Family Care Partnership 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	192	217	88.48%
Request denied	25	217	11.52%

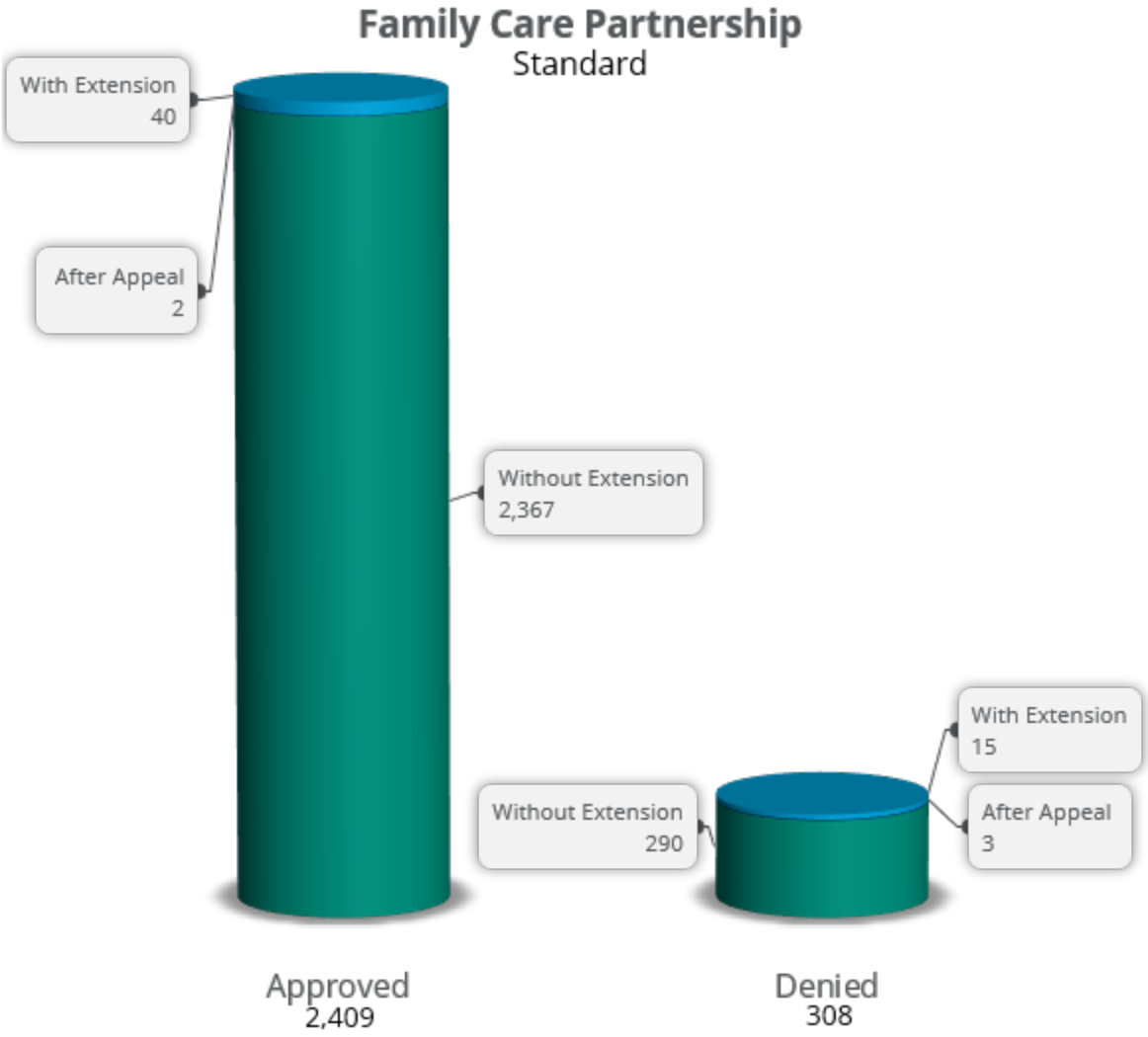
Type of decision	Number of times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	0	0	0.00%
Request denied after time for review was extended	0	0	0.00%

Time Between Submission of a Prior Authorization Request and Decision

	Mean (average) time	Median (middle) time
Standard (non-urgent) prior authorization requests	4 day(s)	3 day(s)
Expedited (urgent) prior authorization requests	14 hour(s)	3 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.

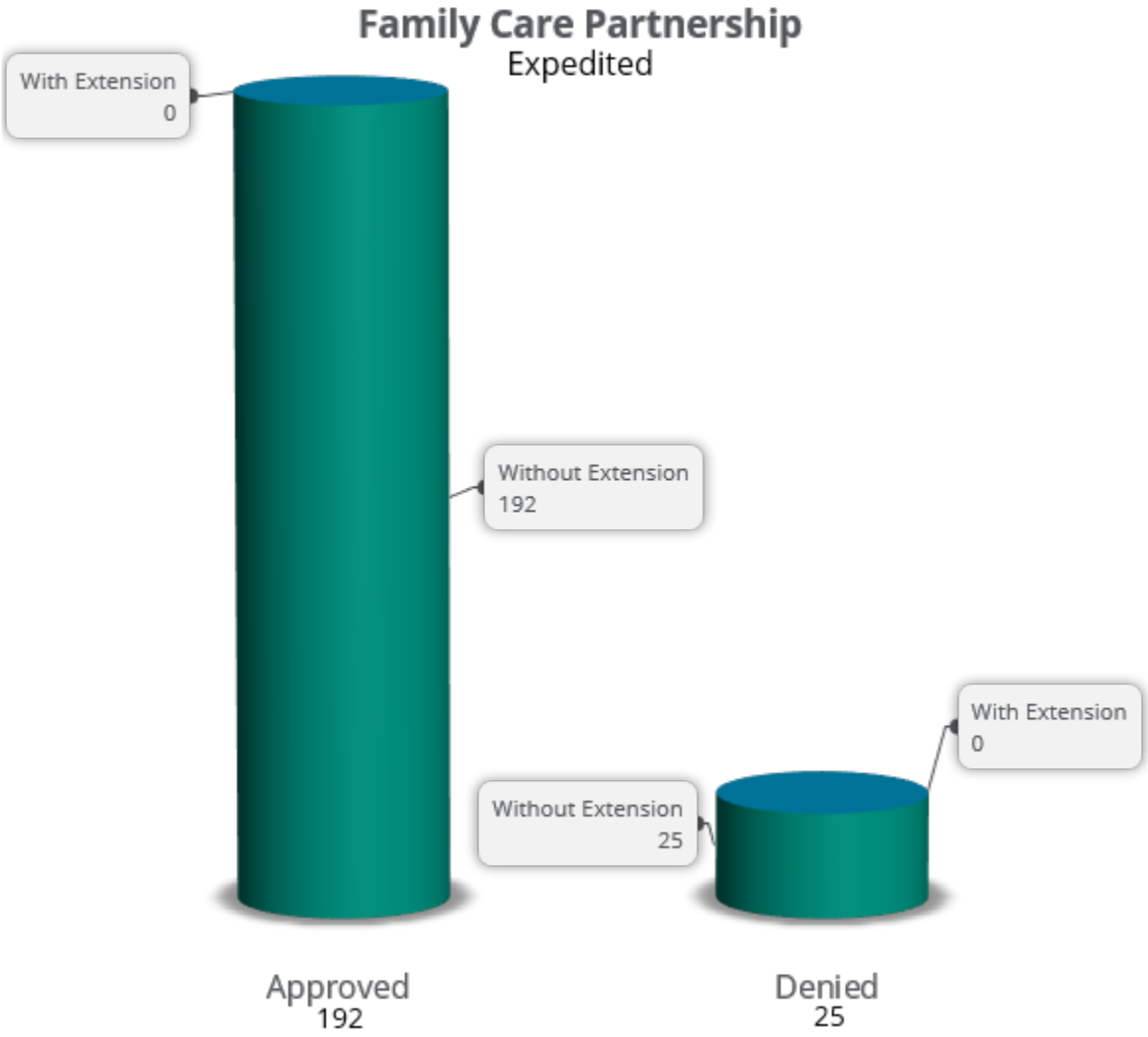
In 2025, we received a total of 2,717 standard (non-urgent) prior authorization requests for our covered patients. 88.66% of those requests were approved:



The mean (average) time that it took to make standard prior authorization decisions was	4 day(s)
The median (middle) time that it took to make standard prior authorization decisions was	3 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 217 expedited (urgent) prior authorization requests for our covered patients. 88.48% of those requests were approved:



The mean (average) time that it took to make expedited prior authorization decisions was	14 hour(s)
The median (middle) time that it took to make expedited prior authorization decisions was	3 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.