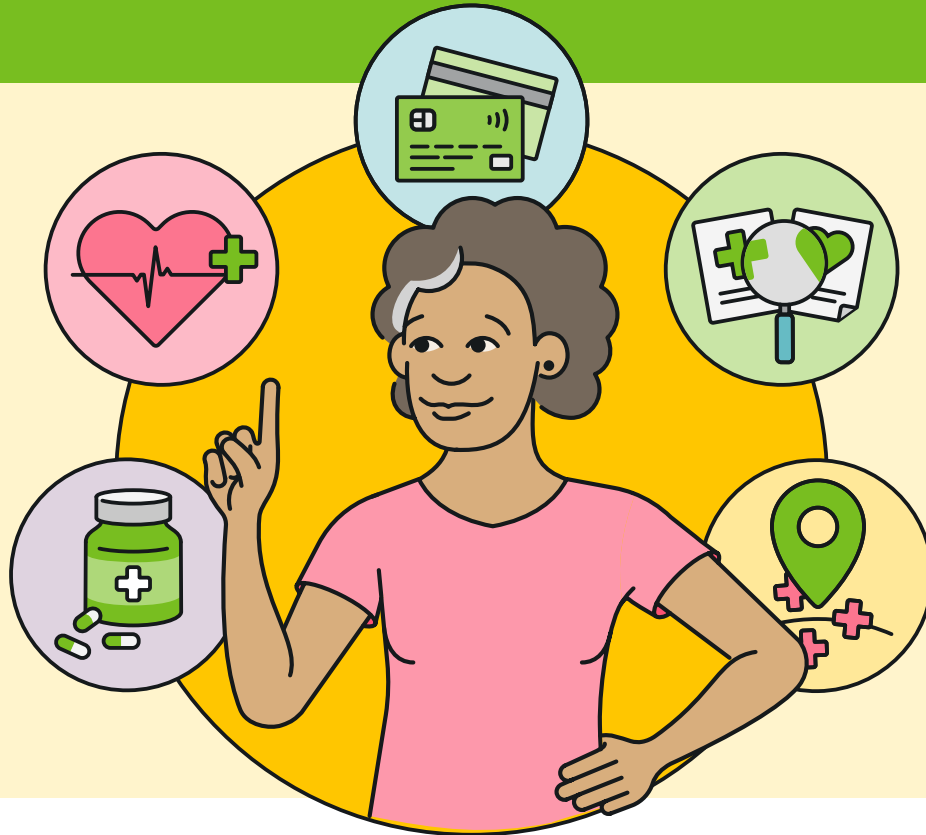




Group Medicare Insights: The Humana difference

How Humana puts members at the center of care



Humana strives to deliver the best possible health outcomes for members while prioritizing efficient care delivery and a positive experience. This member-first perspective informs Humana's solutions, programs and initiatives. Here's how:



A value-based
care approach



Interoperability
solutions



Prior
authorization
changes

How Humana puts members at the center of care

Let's take a closer look at three examples of Humana's member-centric model.

1. Value-based care (VBC) approach

Humana has adopted a VBC framework that prioritizes quality of care over patient volume. [VBC leads to a better patient experience and improved outcomes.](#)

- **More time spent with providers**
 - + VBC physicians are able to spend more 1:1 time with patients, ensuring medical concerns are properly addressed
- **Integrated vs. episodic approach**
 - + Holistic approach ensures care coordination among specialists, factoring in the unique needs of each member
- **Focus on preventive services**
 - + Preventive screenings, health assessments and wellness programs keep members healthy and reduce chronic disease

2. Interoperability solutions

Humana is an industry leader in [interoperability solutions](#) that facilitate the seamless exchange of patient information. Giving providers fast and easy access to data enables better member care.

- Faster diagnostic tests thanks to requests submitted within provider workflows (no need to call or fax)
- Reduced care delays and quality-gap closures by highlighting patient care opportunities
- Reduction in denials for lack of medical records



VBC patients have

70%
fewer hospital
readmissions.



Humana has more
connected health systems
and interoperability
solutions than any of
its competitors.



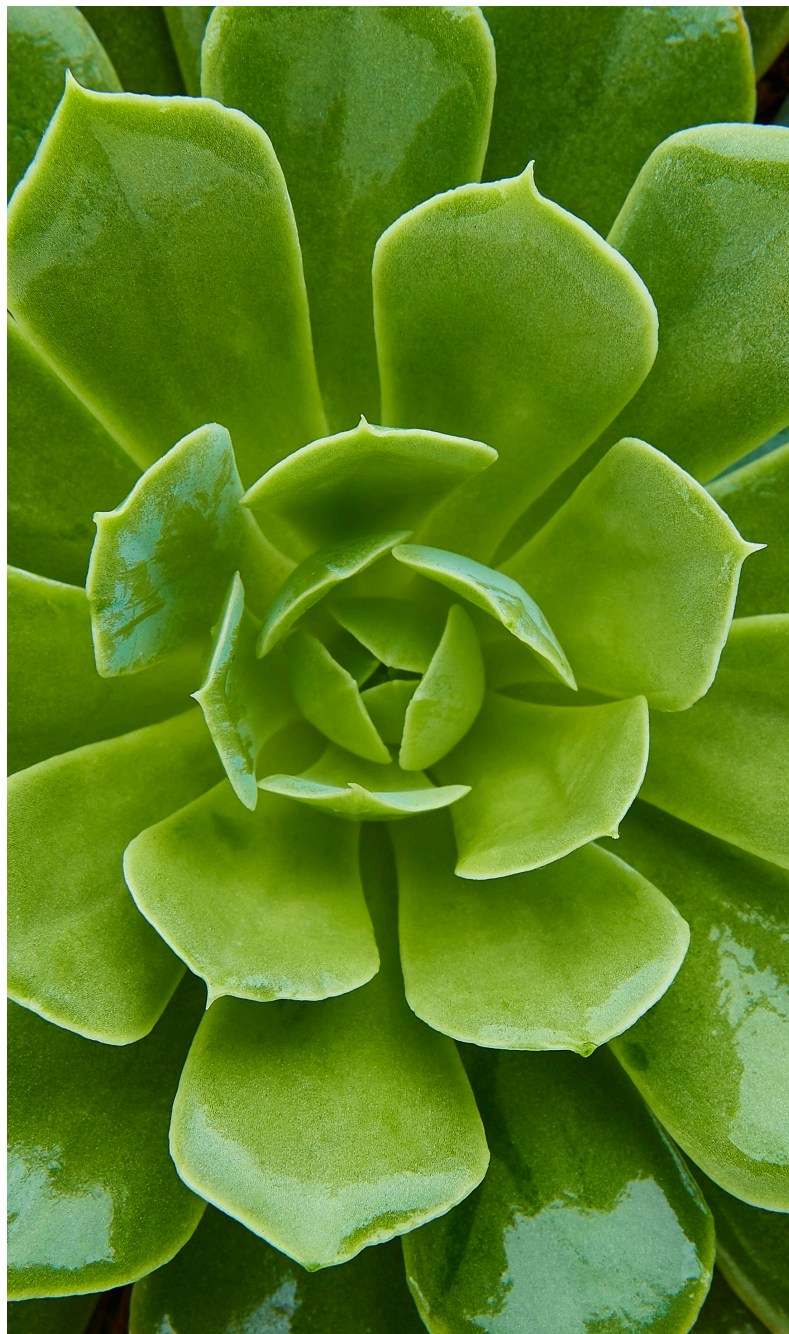
3. Prior authorization changes

Humana is at the forefront of improving the [prior authorization process](#), so patients can get the care they need.

- **Faster access to care**
 - + New gold card program waives prior authorization requirements on certain items and services for eligible providers
- **Streamlined approval processes**
 - + Decisions within one business day on 95% of electronic prior authorization requests
- **Reduced requirements**
 - + Humana is cutting 1/3 of prior authorizations for outpatient care, expediting access to certain diagnostic services



35 million
prior authorizations are
submitted each year for
MA patients.



To learn more, visit [Humana Group Medicare](#)