



Prior authorization reform: What plan sponsors need to know



Prior authorizations are designed to ensure patients receive the proper care at the right time while helping to manage costs. But while over 35 million prior authorizations are submitted each year on behalf of Medicare Advantage patients alone,¹ the process can be confusing and frustrating.

Eager to eliminate lengthy wait times and tedious paperwork, Humana is reforming the prior authorization process with a new series of policies set to begin implementation in January 2026. These efforts will not only accelerate approvals, promote access to care and enhance patient experience, but aim to raise industry standards as well.

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Here's how Humana is leading the way:

Reducing prior authorization requirements

Humana will eliminate approximately one third of prior authorizations for outpatient services. This includes removing the authorization requirement for diagnostic services, such as colonoscopies, transthoracic echocardiograms, and select CT scans and MRIs.

Why it matters: Catching colorectal cancer early can significantly increase the likelihood of successful treatment.² Removing authorization hurdles will enable quicker access to essential diagnostic services.

Accelerating and streamlining approval processes

Humana will provide a decision within one business day on at least 95% of all complete electronic prior authorization requests, expediting care decisions and helping beneficiaries get the right care in a timely manner.

Why it matters: Humana is setting a high industry standard, paving the way for patients to receive the care they need with fewer delays. Faster decision-making can also alleviate the burden on healthcare providers, allowing them to spend more time providing quality patient care.



The time for prior authorization reform has arrived. By acting quickly, Humana is setting new standards that promise to reduce the number of prior authorization requirements, with a continued emphasis on quality care for its members.

1/3

Approximate amount of prior authorizations eliminated for outpatient services

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95%

Percentage of electronic prior authorizations that will be decided within one business day in 2026

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13

Number of hours a week physicians and staff typically spent submitting prior authorization requests prior to reform



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Faster access to care for patients

Humana will launch a new gold card program that waives prior authorization requirements on certain items and services for eligible providers. Providers who qualify for the gold card program will have a proven record of submitting coverage requests that meet medical criteria, and of delivering high-quality healthcare with consistent outcomes for Humana members.

Why it matters: Physicians and their staff spend 13 hours a week submitting prior authorization requests, according to the American Medical Association.³ By reducing bureaucratic obstacles for trusted providers, Humana is helping to free up considerable time for physicians and their staff, while promoting faster care for patients.

Improving transparency

Humana will publicly report its prior authorization metrics, including requests approved, denied and approved after appeal, and the average time between submission and decision. Humana is also working to expedite implementation of new federal transparency requirements (as of July 2025).

Why it matters: By publishing critical data, Humana sets a new standard for transparency, which can build trust and credibility among members and providers. Expediting implementation of federal standards also positions Humana as an industry leader in regulatory compliance.

Source: “[Humana Accelerates Efforts to Eliminate Prior Authorization Requirements to Ensure a Faster, More Seamless Process](#)”, last accessed August 4, 2025.

1. Levine, Hallie, “[Prior Authorization: What Is It, When Might You Need It, and How Do You Get It?](#)”, Harvard Health Publishing, Harvard Medical School, last accessed July 16, 2025.
2. Jones, Valerie. “[How often should I get a colonoscopy?](#)”, The University of Texas, MD Anderson Cancer Center, last accessed July 29, 2025.
3. American Medical Association, “[2024 AMA prior authorization physician survey](#)”, last accessed July 29, 2025.

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