



Standard (non-urgent) Prior Authorization Requests

	HOW MANY TIMES THIS HAPPENED	OUT OF TOTAL REQUESTS	PERCENTAGE
Request approved	66,626	68,385	97%
Request denied	1,759	68,385	3%

	HOW MANY TIMES THIS HAPPENED	OUT OF TOTAL REQUESTS	PERCENTAGE
Request approved only after time for review was extended	0	0	0%

	HOW MANY TIMES THIS HAPPENED	OUT OF TOTAL STANDARD APPEALS	PERCENTAGE
Request approved only after appeal	40	65	62%



Expedited (urgent) Prior Authorization Requests

(Response Due to Provider Within 72 Hours)

	HOW MANY TIMES THIS HAPPENED	OUT OF TOTAL REQUESTS	PERCENTAGE
Request approved	1,782	1,885	95%
Request Denied	103	1,885	5%

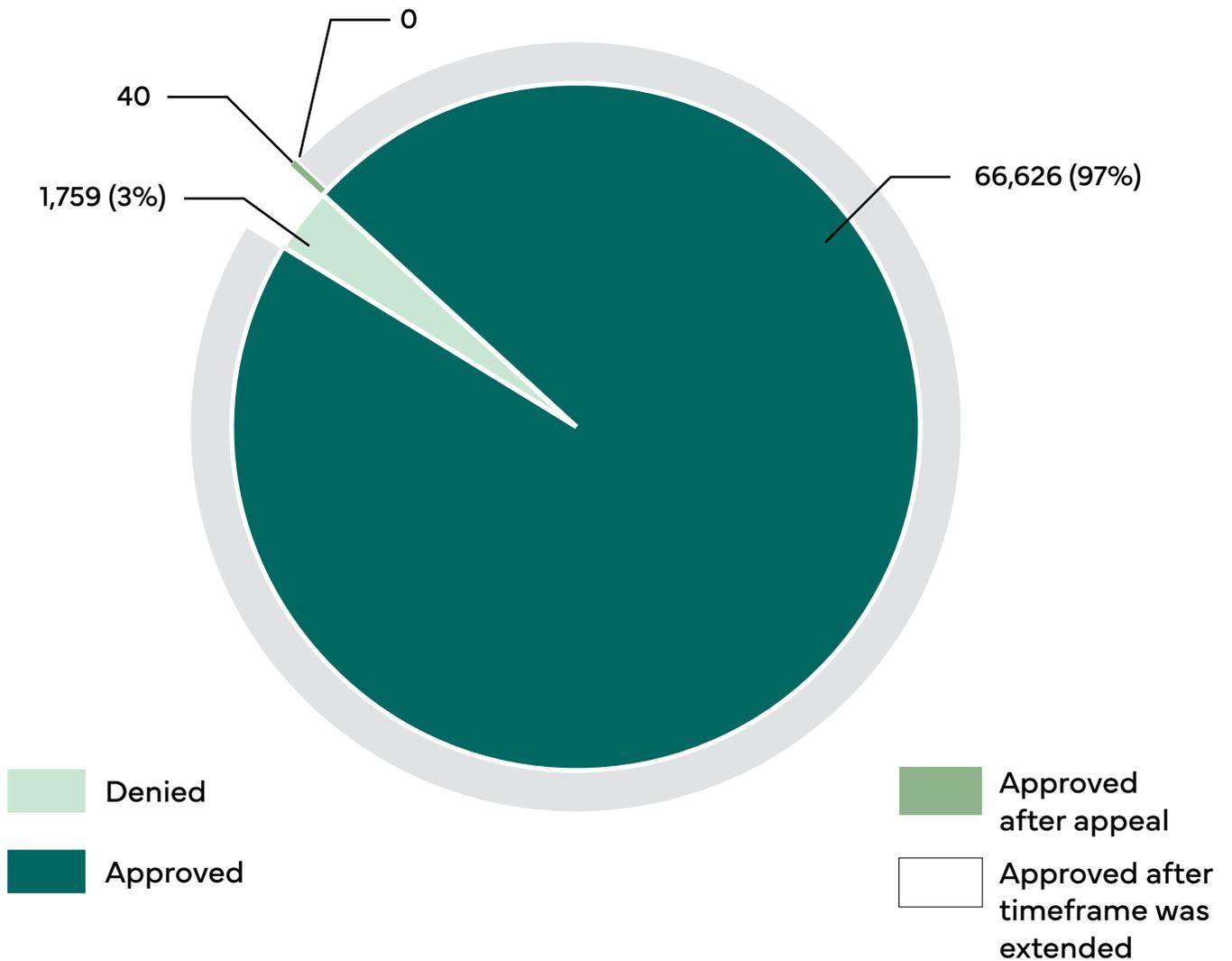
	HOW MANY TIMES THIS HAPPENED	OUT OF TOTAL REQUESTS	PERCENTAGE
Request approved only after time for review was extended	0	0	0%

Time Between Receiving a Prior Authorization Request and Sending a Decision

	MEAN (AVG) TIME	MEDIAN (MIDDLE) TIME
Standard (non-urgent) Prior Authorization Requests (response due to provider within 7 calendar days)	3 days	2 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	1 day	1 day



In 2025, we received a total of 68,385 standard (non-urgent) prior authorization requests for our covered patients. 97% of those requests were approved:



The mean (average) time that it took to make standard prior authorization decisions was

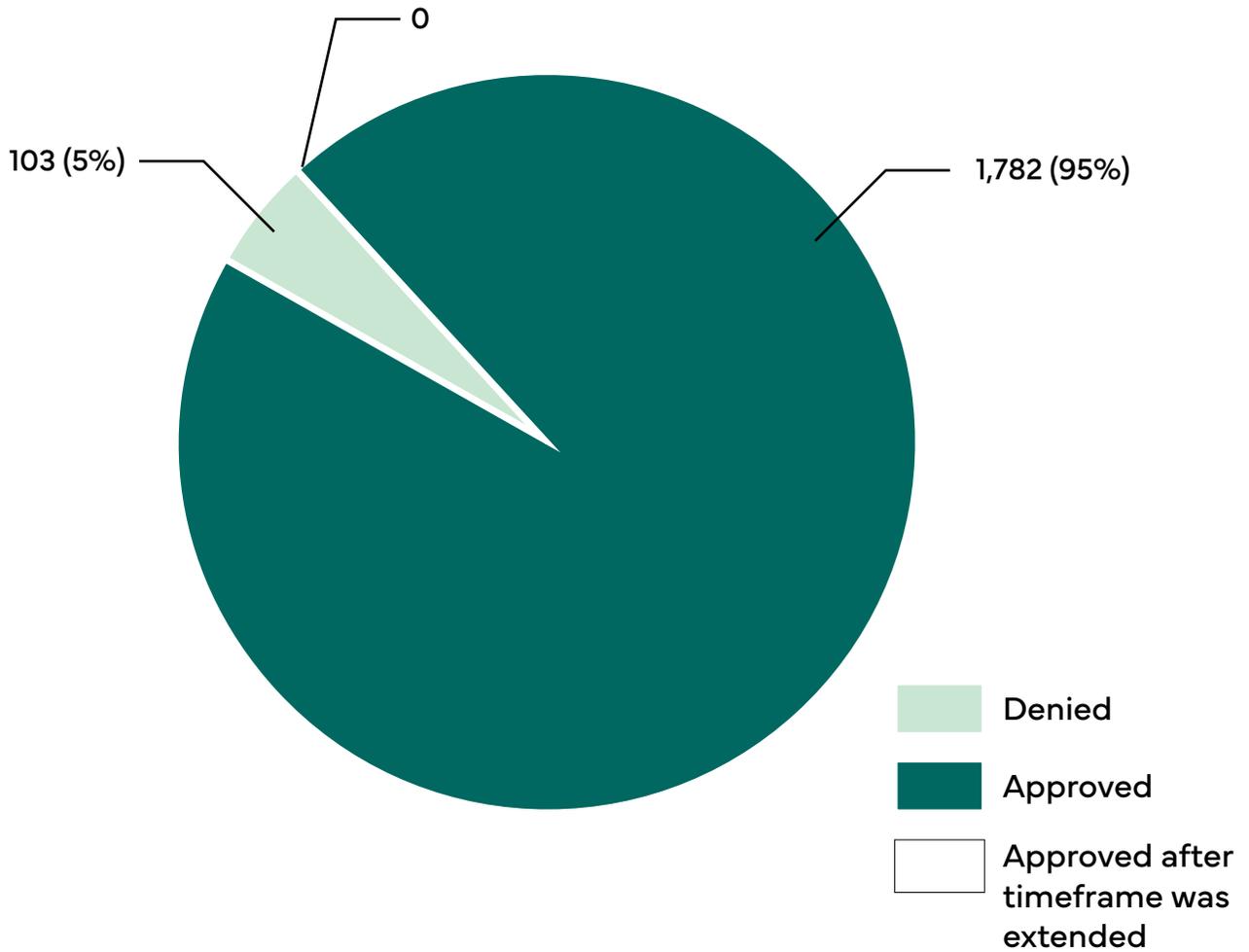
3 Days

The median (middle) time that it took to make standard prior authorization decisions was

2 Days



In 2025, we received a total of 1,885 expedited (urgent) prior authorization requests for our covered patients. 95% of those requests were approved:



The mean (average) time that it took to make expedited prior authorization decisions was

1 Day

The median (middle) time that it took to make expedited prior authorization decisions was

1 Day

Procedures Requiring Prior Authorization

VIVA MEDICARE requires the Primary Care Provider or Specialist to contact the Medical Management Department in advance for the following:

- All pre-planned hospital admissions
- Outpatient surgery
- Inpatient rehabilitation
- Non-emergent and non-urgent out-of-network, out-of-panel, or out-of-area services
- Non-emergent ambulance transport
- Transplant services
- Some scopes performed outside the provider's office excluding Colonoscopy and EGD
- Skilled Nursing and Rehabilitation Facility and Long Term Acute Care Facility admissions.
- Some in-office surgeries
- All Ancillary Services (home health, IV therapy, orthotics, prosthetics, etc.)
- Durable Medical Equipment
- Residential Treatment
- Psychological and Neuropsychological testing for 9 hours or more
- Partial Hospitalization Programs (PHPs)
- Some Outpatient Diagnostic Testing and Therapeutic Services and Supplies including, but not limited to, MRIs, MRAs, CT scans, myelograms, nuclear medicine, discograms, PET scans, some angiograms, and 3D and 4D imaging (including ultrasound).
- Intensive Outpatient Programs (IOPs)