Report Name:
Health Equity- Prior Authorization Analysis

Contract Year: 2024
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On an annual basis, WellSense analyzes the impact of prior authorization requirements on enrollees with social risk factors, including those receiving low-income subsidies, individuals dually eligible for Medicare and Medicaid, and people with disabilities.

This report evaluates the impact of prior authorization on enrollees with social risk factors by assessing approval rates, analyzing trends against key benchmarks, and turnaround times for decisions. Any deficiencies uncovered in the analysis are examined to determine their root causes, and recommended actions are provided to address these challenges. The findings and proposed actions will be presented to the Utilization Management Committee (UMC) and Quality Improvement Committee (QIC) for review, discussion, and approval of next steps

The following methodology is utilized when evaluating the impact of prior authorization requirements on enrollees with social risk factors:

1. Gather necessary reports and universes
    a. ODAG Universes (Appeals and Prior Authorizations)
    b. Monthly Membership Detail reports, received from CMS through M360 portal

2. Determine enrollees who meet the following social risk factors:
    a. Receipt of the low-income subsidy or being dually eligible for Medicare and Medicaid.
    b. Disability status is determined using the variable original reason for entitlement code (OREC) for Medicare using the information from the Social Security Administration and Railroad Retirement Board record systems.

3. Conduct an analysis which captures
    a. The percentage of standard prior authorization requests that were approved, aggregated for all items and services.
    b. The percentage of standard prior authorization requests that were denied, aggregated for all items and services.
    c. The percentage of standard prior authorization requests that were approved after appeal, aggregated for all items and services.
    d. The percentage of prior authorization requests for which the timeframe for review was extended, and the request was approved, aggregated for all items and services.
    e. The percentage of expedited prior authorization requests that were approved, aggregated for all items and services.
    f. The percentage of expedited prior authorization requests that were denied, aggregated for all items and services.
    g. The average and median time that elapsed between the submission of a request and a determination by the MA plan, for standard prior authorizations, aggregated for all items and services.
    h. The average and median time that elapsed between the submission of a request and a decision by the MA plan for expedited prior authorizations, aggregated for all items and services.

4. Compare prior authorization performance between enrollees with identified the risk factor requirements to those who without risk factors.

New Hampshire Medicare Advantage

Standard Authorization Requests

Measure	General Population	Qualifying Population
Number of Approvals	96	457
The percentage of standard prior authorization requests that were approved, aggregated for all items and services.	97.96%	98.07%
Number of Denials	2	9
The percentage of standard prior authorization requests that were denied, aggregated for all items and services.	2.04%	1.93%
Total Decisions	**98**	**466**

Measure	General Population	Qualifying Population
Total standard submissions	98	466
The **average time** that elapsed between the submission of a request and a determination by the MA plan, for standard prior authorizations, aggregated for all items and services.	7.21	7.43
The **median time** that elapsed between the submission of a request and a determination by the MA plan, for standard prior authorizations, aggregated for all items and services.	8	8

Expedited Authorization Requests

Measure	General Population	Qualifying Population
Number of approvals	12	46
The percentage of expedited prior authorization requests that were approved, aggregated for all items and services.	92.31%	95.83%
Number of denials	1	2
The percentage of expedited prior authorization requests that were denied, aggregated for all items and services.	7.69%	4.17%
Total Decisions	**13**	**48**

Measure	General Population	Qualifying Population
Total expedited submissions	13	48
The **average time** that elapsed between the submission of a request and a decision by the MA plan for expedited prior authorizations, aggregated for all items and services.	1.00	1.57
The **median time** that elapsed between the submission of a request and a decision by the MA plan for expedited prior authorizations, aggregated for all items and services.	1	1

Prior Authorization Appeals & Review Extensions

Measure	General Population	# of Decisions	Qualifying Population	# of Decisions
The percentage of standard prior authorization requests that were approved after appeal, aggregated for all items and services.	100%	2	88.24%	17
The percentage of prior authorization requests for which the timeframe for review was extended, and the request was approved, aggregated for all items and services.	0.00%	0	0.00%	0

Analysis of the impact of prior authorization requirements on enrollees with social risk factors for New Hampshire Medicare Advantage population:

Our analysis of the processing of prior authorization requests indicates that no significant disparities exist in the approval rates or processing times of standard prior authorization requests. Enrollees who meet the criteria for disability and social risk factors have a higher approval rate and account for a larger number of authorization requests.

The median time to decision for both groups was eight days, indicating that the majority of cases take a similar amount of time. The average time is slightly longer for enrollees in the qualifying population (7.43 vs. 7.21), but the difference is minimal. The qualifying population had significantly more requests (466 vs. 98), which suggests that the average is likely influenced by a wider range of cases. Despite the differences in volume, the median processing time remains the same (eight days), meaning that the most typical experience for both groups is identical.

Similar observations were made when reviewing expedited prior authorization requests. The median processing time was consistent across both populations, and the approval rate was slightly higher for enrollees who met the criteria being assessed for equity.

We explored individual expedited requests to understand why the average processing time for expedited requests showed a noticeable variance. Upon review, we found that the average was skewed by a single inpatient authorization, which appeared to take 42 days. However, this calculation included the full Skilled Nursing Facility length of stay. Upon closer examination, we confirmed that the inpatient request was actually approved within 59 minutes of receipt. When accounting for this outlier, the actual processing time for expedited authorization requests is 0.71 days. A review of the remaining authorizations did not reveal any other outliers.

When reviewing the approval rates for authorization requests after appeal, the general population showed a 100% approval rate, but this was based on only 2 total appeals. While the 100% rate appears positive, the small sample size makes it less meaningful and not statistically significant. In contrast, the qualifying population had 17 total appeals, with an approval rate of 88%. This larger volume of appeals provides a more reliable indication of the appeals process.

The significant difference in sample sizes between the two groups is an important factor when interpreting these results. The limited data sample for the general population makes it difficult to draw definitive conclusions. However, there is nothing in the data that raises concern. We will continue to monitor and analyze our performance in this area to ensure equitable care for all enrollees is maintained.

Senior Care Options

Standard Authorization Requests

Measure	General Population	Qualifying Population
Number of Approvals	0	2048
The percentage of standard prior authorization requests that were approved, aggregated for all items and services.	0.00%	96.69%
Number of Denials	0	70
The percentage of standard prior authorization requests that were denied, aggregated for all items and services.	0.00%	3.31%
Total Decisions	**0**	**2118**

Measure	General Population	Qualifying Population
Total standard submissions	**0**	**2118**
The **average time** that elapsed between the submission of a request and a determination by the MA plan, for standard prior authorizations, aggregated for all items and services.	0	5.26
The **median time** that elapsed between the submission of a request and a determination by the MA plan, for standard prior authorizations, aggregated for all items and services.	0	5

Expedited Authorization Requests

Measure	General Population	Qualifying Population
Number of approvals	0	201
The percentage of expedited prior authorization requests that were approved, aggregated for all items and services.	0.00%	96.17%
Number of denials	0	8
The percentage of expedited prior authorization requests that were denied, aggregated for all items and services.	0.00%	3.83%
Total Decisions	**0**	**209**

Measure	General Population	Qualifying Population
Total expedited submissions	**0**	**209**
The **average time** that elapsed between the submission of a request and a decision by the MA plan for expedited prior authorizations, aggregated for all items and services.	0.00	0.62
The **median time** that elapsed between the submission of a request and a decision by the MA plan for expedited prior authorizations, aggregated for all items and services.	0	0

Prior Authorization Appeals & Review Extensions

Measure	General Population	# of Decisions	Qualifying Population	# of Decisions
The percentage of standard prior authorization requests that were approved after appeal, aggregated for all items and services.	0%	0	90.00%	30
The percentage of prior authorization requests for which the timeframe for review was extended, and the request was approved, aggregated for all items and services.	0.00%	0	0.00%	0

Analysis of the impact of prior authorization requirements on enrollees with social risk factors for Senior Care Options population:

Our analysis of the Senior Care Options product was not feasible because all enrollees enrolled in this product meet the criteria for disability and/or social-economic factors. As a result, we were unable to make meaningful distinctions between groups based on these factors, as they are universally applicable to all enrollees within this product. However, we observed that the performance of the Senior Care Options product was comparable to that of the New Hampshire Medicare Advantage product, demonstrating similar outcomes in terms of approval rates, processing times and standard authorizations approved after appeal.

Role	Name	Title/Department	Date
Approved By	Haile Hernandez	Director of Health Equity Strategy	4/7/2025
Presented By	Keyssir Mendez	Sr. Implementation and Business Manager	4/16/2025