

Utilization Management Health Equity Report



Mass General Brigham
Health Plan


Introduction:

The Centers for Medicare and Medicaid Services (CMS) requires Medicare Advantage plans to evaluate prior authorization practices amongst the entire population, stratified by members who are classified as low-income, disabled, and/or are dually eligible for Medicare and Medicaid. In order to comply with CMS Final Rule requirements, Mass General Brigham Health Plan recently conducted this review with the intention of making the results available to members. The data presented in this report reflects member data collected between January 1, 2024-December 31, 2024.


Disparities Identified:

As noted above, Mass General Brigham Health Plan (MGBHP) is required to conduct an analysis of current prior authorization practices for Medicare Advantage members under the HMO/POS, PPO, and PPO Premier plans. MGBHP conducted a comparison analysis across the various Medicare Advantage plans to identify disparities within our membership. Upon review of the data contained within this report, MGBHP has not identified any disparities among the member categories outlined above by CMS.


Breakdown of Approved Standard Prior Authorization Requests for Members with Medicare HMO/POS Plan

		Members with Disabilities	Low Income Members	Medicare/Medicaid Dual Eligible Members	All Other Medicare HMO/POS Plan Members
		36	24	2	251
 Approved Requests	<i>Total member count</i>	36	24	2	251
	<i>Percentage of requests</i>	100%	100%	100%	98.9%
	<i>Percentage of standard requests after appeal</i>	0%	0%	0%	0.2%
	<i>Percentage of requests in which the timeframe for review was extended</i>	0%	0%	0%	0%
	<i>Percentage of expedited requests</i>	100%	100%	0%	95%
	<i>Percent of expedited requests after appeal</i>	0%	0%	0%	0%
	<i>The percentage of expedited requests for which the timeframe for review was extended</i>	0%	0%	0%	0%


Breakdown of Approved Standard Prior Authorization Requests for Members with Medicare PPO Plan

		Members with Disabilities	Low Income Members	Medicare/Medicaid Dual Eligible Members	All Other Medicare PPO Plan Members
		95	57	2	401
<i>Total member count</i>					
 Approved Requests	<i>Percentage of requests</i>	97.6%	98.1%	0%	97.6%
	<i>Percentage of standard requests after appeal</i>	0%	0%	0%	0.1%
	<i>Percentage of requests in which the timeframe for review was extended</i>	0%	0%	0%	0%
	<i>Percentage of expedited requests</i>	92.9%	100%	0%	90.4%
	<i>Percent of expedited requests after appeal</i>	0%	0%	0%	0%
	<i>The percentage of expedited requests for which the timeframe for review was extended</i>	0%	0%	0%	0%


Breakdown of Approved Standard Prior Authorization Requests for Members with Medicare PPO Premier Plan

		Members with Disabilities	Low Income Members	Medicare/Medicaid Dual Eligible Members	All Other Medicare PPO Premier Members
 Approved Requests	<i>Total member count</i>	63	14	1	420
	<i>Percentage of requests</i>	98.4%	96.3%	100%	98.1%
	<i>Percentage of standard requests after appeal</i>	0%	0%	0%	0.1%
	<i>Percentage of requests in which the timeframe for review was extended</i>	0%	0%	0%	0%
	<i>Percentage of expedited requests</i>	90.4%	100%	100%	93.4%
	<i>Percent of expedited requests after appeal</i>	0%	0%	0%	0.6%
	<i>The percentage of expedited requests for which the timeframe for review was extended</i>	0%	0%	0%	0%


Breakdown of Denied Standard Prior Authorization Requests for Members with Medicare HMO/POS Plan

		Members with Disabilities	Low Income Members	Medicare/ Medicaid Dual Eligible Members	All Other Medicare HMO/POS Plan Members
Total member count		36	24	2	251
 Denied Requests	Percentage of standard prior authorization requests	0%	0%	0%	1.1%
	Percentage of expedited prior authorization requests	0%	0%	0%	5%


Breakdown of Denied Standard Prior Authorization Requests for Members with Medicare PPO Plan

		Members with Disabilities	Low Income Members	Medicare /Medicaid Dual Eligible Members	All Other Medicare PPO Plan Members
Total member count		95	57	2	401
 Denied Requests	Percentage of standard prior authorization requests	2.4%	2.0%	0%	2.4%
	Percentage of expedited prior authorization requests	7.1%	0%	0%	9.6%


Breakdown of Denied Standard Prior Authorization Requests for Members with Medicare PPO Premier Plan

		Members with Disabilities	Low Income Members	Medicare/ Medicaid Dual Eligible Members	All Other Medicare PPO Premier Plan Members
Total member count		63	14	1	420
 Denied Requests	Percentage of standard prior authorization requests	1.6%	3.7%	0%	1.9%
	Percentage of expedited prior authorization requests	9.6%	0%	0%	6.62%


Breakdown of Time (in days) it took MGBHP to Process Standard Prior Authorization Requests for Members with Medicare HMO/POS Plan

		Members with Disabilities	Low Income Members	Medicare/Medicaid Dual Eligible Members	All Other Medicare HMO/POS Plan Members
 Request Processing Times (Days)	Total member count	36	24	2	251
	Average time that elapsed between the submission of a request and a resolution by MGBHP	0 days	0 days	1 day	0 days
	Median time that elapsed between the submission of a request and a resolution by MGBHP	0 days	0 days	0 days	0 days
	Average time that elapsed between submission request and a decision by MGBHP	0 days	1 day	0 days	0 days
	Median time that elapsed between the request submission and a decision by MGBHP	1 day	1 day	0 days	0 days

Breakdown of Time (in days) it took MGBHP to Process Standard Prior Authorization Requests for Members with Medicare PPO Plan

		Members with Disabilities	Low Income Members	Medicare/Medicaid Dual Eligible Members	All Other Medicare PPO Plan Members
 Request Processing Times (Days)	Total member count	95	57	2	401
	Average time that elapsed between the submission of a request and a resolution by MGBHP	0 days	1 day	0 days	0 days
	Median time that elapsed between the submission of a request and a resolution by MGBHP	0 days	0 days	0 days	0 days
	Average time that elapsed between submission request and a decision by MGBHP	1 day	1 day	0 days	0 days
	Median time that elapsed between the request submission and a decision by MGBHP	0 days	1 day	0 days	0 days

Breakdown of Time (in days) it took MGBHP to Process Standard Prior Authorization Requests for Members with Medicare PPO Premier Plan

		Members with Disabilities	Low Income Members	Medicare/Medicaid Dual Eligible Members	All Other Medicare PPO Premier Plan Members
 Request Processing Times (Days)	Total member count	63	14	1	420
	Average time that elapsed between the submission of a request and a resolution by MGBHP	0 days	0 days	0 days	1 day
	Median time that elapsed between the submission of a request and a resolution by MGBHP	0 days	0 days	0 days	0 days
	Average time that elapsed between submission request and a decision by MGBHP	1 day	1 day	13 days	0 days
	Median time that elapsed between the request submission and a decision by MGBHP	1 days	1 day	2 days	1 days