

## 2024 Health Equity Report

Beginning in 2025, BCBSRI must annually conduct a health equity analysis of the use of prior authorization on Medicare Advantage members. The analysis below uses specific metrics, calculated for enrollees with specified social risk factors and enrollees without the specified social risk factors, from the prior contract year regarding coverage of items and services.

<b>Including MA Population and CMS Specified Social Risk Factor (SRF) group</b>	<b>Overall</b>	<b>Overall SRF</b>
The percentage of standard prior authorization requests that were approved, aggregated for all items and services.	95.39%	95.12%
The percentage of standard prior authorization requests that were denied, aggregated for all items and services.	4.61%	4.88%
The percentage of standard prior authorization requests that were approved after appeal, aggregated for all items and services.	22.68%	24.49%
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. *Reported as N/A as there are not any extension requests reported for 2024	N/A*	N/A*
The percentage of expedited prior authorization requests that were approved, aggregated for all items and services.	96.37%	96.46%
The percentage of expedited prior authorization requests that were denied, aggregated for all items and services.	3.63%	3.54%
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. (Reflected as days)	Average: 1.45 Median: 0	Average: 1.38 Median: 0
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. (Reflected as hours)	Average: 3.32 Median: 0	Average: 3.06 Median: 0