

Prior Authorization Health Equity Analysis Report

Language on website to link to report

- Presbyterian's core purpose is to ensure that all patients, members, and communities we serve can achieve their best health. In alignment with this goal and CMS 2025 requirements, we are publishing data on prior authorization determinations for members who are on low-income subsidy, dually eligible for Medicare and Medicaid, or who have a disability, compared to members not in those groups. The link below shows our analysis.*

Health Equity Report for Publication

The CMS 2025 Final Rule requires that Utilization Management committees conduct an annual health equity analysis of the use of prior authorization at the plan-level.

This analysis examines the impact of prior authorization on enrollees with one or more of the following social risk factors (SRFs), defined as:

- Receipt of the low-income subsidy or being dually eligible for Medicare and Medicaid (LIS/DE);
- Having a disability

The analysis must compare metrics related to the use of prior authorization for enrollees with the specified SRFs to enrollees without the specified SRFs. The scope includes:

- Population: Medicare Advantage members with LIS, those who are Dual Eligible, or who have a disability as their Category of Eligibility
- Basic benefits are all items and services (other than hospice care or, beginning in 2021, coverage for organ acquisitions for kidney transplants) for which benefits are available under Parts A and B of Medicare, including additional telehealth benefits offered consistent with the requirements at [§ 422.135](#), but excluding drugs.
- Timeframe: Prior Contract Year (this report covers Contract Year 2024)

Analysis Summary: The results for prior authorizations in Contract Year 2024, shown in the table below, demonstrate that approvals, denials, and average and median time elapsed were comparable between those with and without social risk factors.

	SRF Population	Non-SRF Population
The percentage of standard prior authorization requests that were approved , aggregated for all items and services	95.7%	94.3%
The percentage of standard prior authorization requests that were denied , aggregated for all items and services.	4.3%	5.7%
The percentage of standard prior authorization requests that were approved	17.96%	14.5%

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Presbyterian exists to ensure all of the patients, members and communities
we serve can achieve their best health.

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after appeal , aggregated for all items and services		
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	0.0%	0.0%
The percentage of expedited prior authorization requests that were approved , aggregated for all items and services.	90.5%	87.1%
The percentage of expedited prior authorization requests that were denied , aggregated for all items and services.	9.5%	12.9%
Average Time Elapsed (days) between the submission of a request and a determination by the MA plan, for standard prior authorizations, aggregated for all items and services.	3.6	3.4
Median Time Elapsed (days) between the submission of a request and a determination by the MA plan, for standard prior authorizations, aggregated for all items and services.	1	1
Average Time Elapsed (days) between the submission of a request and a decision by the MA plan for expedited prior authorizations, aggregated for all items and services.	0.6	1.2
Median time elapsed (days) 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

Based on a Model of Care review, Presbyterian Dual Plus (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2025.

Presbyterian Dual Plus is an HMO Special Needs Plan (SNP) with a Medicare contract and a contract with the State of New Mexico Health Care Authority Medicaid program. Enrollment depends on contract renewal.

Presbyterian Senior Care (HMO) / (HMO-POS) and Presbyterian UltraFlex (HMO-POS) are Medicare Advantage plans with a Medicare contract. Enrollment depends on contract renewal.