Date: March 9, 2023

To: The Honorable Xavier Becerra, Secretary, U.S. Department of Health & Human Services
          CMS Administrator Chiquita Brooks-LaSure

From: NC Academy of Family Physicians

Re: Comment on CMS-0057-P; **Medicare and Medicaid Programs: Advancing Interoperability and Improving Prior
          Authorization Processes for Medicare Advantage Organizations, Medicaid Managed Care Plans, State Medicaid
          Agencies, etc.**

The following comments are submitted on behalf of the NC Academy of Family Physicians (NCAFP) and the 4,300 family physicians and medical students we represent. The NCAFP strongly supports the Centers for Medicare & Medicaid Services' (CMS) efforts to improve the electronic exchange of health care data and streamline prior authorization processes. These processes cause barriers to accessing care, delay care for enrollees, and impose significant administrative burdens on physicians.

The use of Application Programming Interfaces (APIs) can improve patients' access to their health information and facilitate secure information exchange across a patient's care team. The NCAFP, however, strongly believes that any standards for the APIs proposed in this rule must undergo robust real-world testing in a variety of clinical settings, including small, solo, or rural medical offices, and with all end-users, including physicians, to ensure standards are effective, adoptable, and efficient.

The NC Academy of Family Physicians supports the following proposals related to APIs:
- To require impacted payers to modify the Patient Access API to provide patients with access to information about their prior authorization requests and decisions.
- To require impacted payers to create a Provider Access API to share patient claims and encounter data (excluding cost information), data elements identified in the United States Core Data for Interoperability (USCDI) version 1, and prior authorization requests and decisions with in-network providers seen by the patient.
- To require impacted payers to create a FHIR Payer-to-Payer API to exchange patient data when a patient changes health plans.
- To require payers to build and maintain a FHIR API for Prior Authorization Requirements, Documentation, and Decision (PARDD) that would automate the process for providers to determine whether a prior authorization is required, identify prior authorization information and documentation requirements, and facilitate the exchange of prior authorization requests and decisions from their electronic health records (EHRs) or practice management system. The NCAFP encourages CMS to expand upon this proposal to require plans to implement an electronic prior authorization program that facilitates real-time prior authorization decisions for items and services that are routinely approved, once the relevant standards are mature and have performed successfully in real-world testing.

CMS proposes to require payers to include a specific reason when they deny a prior authorization request. The NCAFP supports this proposal and recommends CMS implement this policy earlier than 2026. We believe plans are able to use their current method of communication with practices to provide status updates and denial reasons in 2024, and that the final rule should require them to do so.

Under the Payer-to-Payer API, CMS requests comment on whether prior authorizations from a previous payer should be honored by the new payer. The NCAFP believes that on receipt of information documenting a prior authorization from the patient or from the patient's health care provider, a payer or utilization review entity should honor a prior authorization granted to a patient from a previous payer or utilization review entity for at least the initial 60 days of a patient's coverage under a new health plan. Prior authorizations for chronic or long-term care conditions should remain valid for the length of the treatment, regardless of any change in plan.

CMS proposes to require payers to send prior authorization decisions no later than seven calendar days for standard requests and no later than 72 hours for expedited requests. The NCAFP recommends that CMS require payers to respond to prior authorizations within 48 hours for non-urgent requests and 24 hours for urgent requests. Additionally, the chapter disagrees with the proposal to place the burden of unfulfilled prior authorization requests on physicians and patients when a plan has failed to respond. Payers must be required to timely respond to their own requirements.

The NCAFP supports the proposal to require impacted payers to publicly report certain prior authorization metrics on their website on an annual basis and we recommend that CMS provide aggregate public reporting of this data as well. Finally, we urge CMS to implement this provision in 2024 as we don't believe the implementation of the PARDD API is required for payers to report these metrics.

The NCAFP is firmly opposed to CMS's proposal for a new electronic prior authorization measure titled "Electronic Prior Authorization" under both the Health Information Exchange (HIE) objective in the MIPS Promoting Interoperability performance category for MIPS eligible clinicians and the Medicare Promoting Interoperability Program for eligible hospitals and critical access hospitals (CAHs). To meet the measure, a prior authorization must be requested electronically from a PARDD API using data from certified EHR technology (CEHRT) with a requirement to report the number of prior authorizations that are requested electronically. We discourage the use of MIPS process measures to increase utilization of electronic prior authorization. The key purpose of these APIs is to provide value to physicians by making patient data more readily available and reducing administrative burden. If these APIs achieve those goals when they are implemented, and electronic prior authorization decreases physician burden, physicians and other clinicians will not need additional incentives to adopt them. There will be wide and rapid adoption as long as their CEHRT provides the functionality. The NCAFP encourages CMS to instead focus on ensuring APIs are implemented within physicians' clinical workflow and supported by certified EHRs.

Finally, the NC Academy of Family Physicians is disappointed that none of these proposals apply to prior authorizations for prescription and outpatient drugs. Family physicians report that prior authorization requirements for medications are the most burdensome and excluding medications from these requirements will severely limit the impact that this rule will have on improving patient care or reducing administrative burdens. We strongly urge CMS to expand the proposals in this rule to Medicare Part D plans and prescription drug coverage across other impacted payers.

We appreciate your time and consideration of our comments. Should you have any questions, please contact our Executive Vice President, Greg Griggs, MPA, CAE, at 919-833-2110 or ggriggs@ncafp.com

Sincerely,

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cc: Gregory K. Griggs, MPA, CAE, NCAFP Executive Vice President