

American Association on Health & Disability

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AAHD - Dedicated to better health for people with disabilities through health promotion and wellness



December 30, 2020

Seema Verma, Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services 7500 Security Blvd Baltimore, MD 21244

RE: CMS-9123-P Medicaid Program; Patient Protection and Affordable Care Act; Reducing Provider and Patient Burden by Improving Prior Authorization Processes, and Promoting Patients' Electronic Access to Health Information for Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, and Issuers of Qualified Health Plans on the Federally-facilitated Exchanges; Health Information Technology Standards and Implementation Specifications

We are specifically commenting on proposals to reduce provider burden and patient delays associated with prior authorization (PA) processes.

Dear Administrator Verma:

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to provide comments.

The American Association on Health and Disability (AAHD) (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health

promotion and wellness initiatives for persons with disabilities. AAHD is specifically dedicated to integrating public health and disability into the overall public health agenda.

The Lakeshore Foundation (www.lakeshore.org) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

We are specifically commenting on proposals to reduce provider burden and patient delays associated with prior authorization (PA) processes.

AAHD is a member of the National Health Council. Our comments reinforce the comments of the National Health Council (which are to be submitted by the deadline of January 4.)

We applaud CMS for its proposals to remove inappropriate barriers to care by streamlining prior authorization processes and increasing transparency on Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, and Issuers of Qualified Health Plans on the Federally-facilitated Exchanges (collectively, "impacted payer(s)"). We agree with CMS' assessment that prior authorization can be an overly-burdensome process leading to dangerous delays in treatment, diverting clinician time away from patient care, and general inefficiency. For individuals with chronic diseases and disabilities, onerous prior authorization and step therapy processes can create significant barriers to timely, appropriate care and negatively impact patient health outcomes.

AAHD and Lakeshore support NHC recommendations below - intended to streamline the prior authorization process and ensure providers and patients quickly get the information and approvals they need to access appropriate care. Specifically, AAHD and Lakeshore reinforce the NHC:

- Supports CMS' proposal to require that impacted payers build and maintain a Fast Healthcare Interoperability Resources (FHIR)-enabled document-requirement lookup-system (DRLS) application programming interface (API) capable of integration with provider electronic health-record (EHR) systems. This requirement would enable providers to electronically locate prior-authorization requirements for each impacted payer and improve efficiencies across the health care system. The NHC agrees that impacted payers must be transparent about all coverage restrictions and the supporting clinical documentation needed to meet utilization-management requirements.
- Applauds CMS' proposal to require that impacted payers develop and maintain an interoperable electronic Prior Authorization Support API so that payers can send prior authorization requests to providers and receive responses electronically.

- Urges CMS to refine its proposal to require that impacted payers include a specific reason for any prior authorization request denial. The term "specific reason" is subject to varying interpretation. The rule should provide enough clarity to ensure that the information providers receive from impacted payers is sufficiently granular to inform next steps, including identification of any covered alternative treatments as well as appeal options.
- Encourages CMS to shorten the time period within which impacted payers must send their prior authorization decisions to providers. Prompt access to care is particularly critical for individuals with chronic conditions, as well as those requiring a procedure or other treatment be provided in a timely manner. The 72-hour period for urgent requests and seven days for standard requests does not go far enough to facilitate prompt access to care.
- Urges CMS to require impacted payers ensure that an approved prior authorization remain valid for a sufficient time period to allow patient access to care. This is particularly important for patients requiring medical procedures that must be scheduled and approved for coverage well in advance of the treatment date.

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at clarkeross10@comcast.net.

Sincerely,

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