

March 13, 2023

Chiquita Brooks-LaSure, Administrator
The Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations, Medicaid Managed Care Plans, State Medicaid Agencies, Children’s Health Insurance Program (CHIP) Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans on Federally-Facilitated Exchanges, Merit-Based Incentive Payment System (MIPS) Eligible Clinicians, and Eligible Hospitals and Critical Access Hospitals in the Medicare Promoting Interoperability Program

Administrator Brooks-LaSure:

On behalf of the Better Medicare Alliance and the 30 million beneficiaries in Medicare Advantage, we are pleased to submit the following comments on the Advancing Interoperability and Improving Prior Authorization Proposed Rule (“Proposed Rule”).

Better Medicare Alliance is a diverse coalition of 200 Ally organizations and more than one million beneficiaries who value Medicare Advantage. Together, our Alliance of community organizations, providers, health plans, aging service organizations, and beneficiary advocates share a deep commitment to ensuring Medicare Advantage remains a high-quality, cost-effective option for current and future Medicare beneficiaries.

We appreciate CMS’ continued efforts to strengthen the Medicare Advantage program and improve access to coverage and care for the more than 30 million beneficiaries it serves. Better Medicare Alliance has long supported efforts to modernize and simplify the prior authorization process in Medicare Advantage. CMS more recently proposed policies in the CY 2024 Medicare Advantage Policy and Technical Proposed Rule (“Medicare Advantage Proposed Rule”) that seek to modernize and streamline the prior authorization process that we broadly support.¹ Moreover, Better Medicare Alliance endorsed the *Improving Seniors’ Timely Access to Care Act* (S. 3018/H.R. 3173) in the last Congress, which seeks to modernize prior authorization through electronic processes and standards and look forward to continued engagement with policymakers on reintroduction of this legislation.²

We encourage CMS to ensure that all efforts to modernize the prior authorization process are aligned. Further, Better Medicare Alliance asks CMS to continue its engagement with stakeholders to clarify the various parts of this Proposed Rule, specifically the timeline, and to

¹ See Better Medicare Alliance. Comment Letter on CY 2024 Medicare Advantage Policy and Technical Proposed Rule.

² Better Medicare Alliance. “BMA Endorses Bipartisan Legislation to Modernize Prior Authorization for Seniors.” May 26, 2022. Available at: <https://bettermedicarealliance.org/news/better-medicare-alliance-endorses-bipartisan-legislation-to-modernize-prior-authorization-for-seniors/>; Better Medicare Alliance. “BMA Endorses Bipartisan Senate Bill to Simplify Prior Authorization for Seniors.” July 12, 2022. Available at: <https://bettermedicarealliance.org/news/better-medicare-alliance-endorses-bipartisan-senate-bill-to-simplify-prior-authorization-for-seniors/>

provide the appropriate resources and technical assistance to meet the standards established here and in the aforementioned efforts.

Better Medicare Alliance shares CMS' goal of ensuring timely and appropriate access to medically necessary care for all beneficiaries enrolled in Medicare Advantage and appreciates CMS' focus to modernize the prior authorization process. We appreciate CMS' recognition that utilization management tools, including prior authorization, used in Medicare Advantage and other federal health care programs are an important means to coordinate care, reduce inappropriate utilization, and promote cost-efficient care. Research has shown that utilization management and prior authorization ensures access to clinically appropriate care while reducing low-value care.³

We believe reforms are necessary to reduce burden on providers and ensure patient access to clinically effective care. For example, automating prior authorization processes and establishing requirements around the Application Programming Interface (API) for patients, providers, and payers will simplify the process and reduce patient and provider burden. Moreover, increasing transparency around prior authorization processes can help policymakers and stakeholders better understand the process and further ensure that prior authorization and medical management are based on the best available medical evidence and clinical best practice guidelines.

Better Medicare Alliance is aligned with CMS' goal of improving the electronic exchange of health care data and to streamline the processes related to prior authorization, as this will further produce efficiencies for stakeholders, ensure the care and services delivered are medically necessary, reduce the burden some of these processes create, and improve the beneficiary's experience. As health plans develop these APIs and make them available, we encourage CMS to develop beneficiary education and provider incentives to support and encourage movement by all stakeholders toward electronic prior authorization and data exchange.

Nevertheless, we recommend these proposals are implemented thoughtfully and in coordination with existing standards and regulations pertinent to information exchange and with other ongoing efforts to address challenges related to prior authorization. Specific to Medicare Advantage, we ask CMS recognize and consider the differences in these efforts to modernize and streamline prior authorization. For example, in the *Improving Seniors' Timely Access to Care Act*, the proposed time frames for prior authorization decisions differ from those put forth here in the Proposed Rule. Further, technical challenges around information exchange may persist despite other proposals intending to update current standards.⁴ We request that CMS continue engaging with colleagues to align goals and with stakeholders to provide the appropriate resources and technical assistance to operationalize and meet standards established by this Proposed Rule and other parallel efforts.

³ Fendrick A.M. Reframe the Role of Prior Authorization to Reduce Low-Value Care. Health Affairs Forefront. July 11, 2022. Available at: <https://www.healthaffairs.org/doi/10.1377/forefront.20220708.54139/>

⁴ See 87 Fed. Reg. 78,438 (December 21, 2022).

Better Medicare Alliance appreciates your consideration of these comments and recommendations and look forward to continued engagement and partnership to ensure Medicare Advantage continues offering high-quality and affordable care to meet the needs of current and future Medicare beneficiaries.

Sincerely,

A handwritten signature in black ink, appearing to read 'MBD', written in a cursive style.

Mary Beth Donahue
President & CEO
Better Medicare Alliance