



## Ohio Association of Rheumatology

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March 13, 2023

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445-G  
200 Independence Avenue, SW  
Washington, DC 20201

### **Re: File Code CMS-0057-P. Advancing Interoperability and Improving Prior Authorization Processes**

Dear Administrator Brooks-LaSure:

The Ohio Association of Rheumatology (OAR) is a leading professional organization for the specialty of rheumatology, a branch of medicine devoted to the diagnosis and treatment of diseases that cause the immune system to attack bones, joints, tendons, and muscles. The OAR advocates for appropriate care for these rheumatic diseases, which is often compromised by prior authorization requirements. I therefore appreciate the opportunity to offer comments on the Notice of Proposed Rule Making (NPRM) outlining proposals to advance interoperability and improve prior authorization (PA) in various federal programs.

The OAR echoes the American Medical Association's support for the agency's PA reform efforts and its subsequent recommendations, including:

- Leverage a regulatory pathway that will apply to all health plans when mandating PA-related implementation guides and transaction standards in any future rulemaking.
- Explore the need to designate an electronic transaction standard for drugs covered under a medical benefit.
- Strengthen the requirement for health plans to provide a specific reason for a PA denial to ensure that the information is understandable and outlines clear, actionable next steps.

- Shorten the required PA processing timeframes to 48 hours for standard PAs and 24 hours for expedited PAs to protect patient safety.
- Require plans to report PA program metrics at a more granular level and require posting of the information on a centralized website (e.g., CMS webpage) to enable easy retrieval by physicians and patients.
- Include offering “gold card” programs as a measure in star quality rating programs.
- Create a formal oversight, audit, and enforcement process to promote accountability and ensure appropriate implementation of the rule’s provisions, when finalized.
- Increase patient access to their medical information through health plan-enabled and maintained application programming interfaces (APIs).
- Require health plans to honor the PA approvals from the patient’s previous health plan to support continuity of care and protect patients from potentially dangerous disruptions in ongoing therapy.
- Oppose adding burden to physicians and their staff by linking electronic PA requirements to CMS’ Quality Payment Program.

Thank you for the opportunity to provide input on this proposed rule and addressing the challenges that PA poses for patients and our members.

Sincerely,

A handwritten signature in cursive script that reads "Elisabeth Roter".

Elisabeth S. Roter, MD

President

Ohio Association of Rheumatology