March 23, 2022

National Coordinator Micky Tripathi
Office of the National Coordinator for Health Information Technology
Mary E. Switzer Building
330 C. St SW, 7th Floor
Washington, DC 20024

RE: Office of the National Coordinator for Health Information Technology's (ONC) Request for Information (RFI): Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria

Dear National Coordinator Tripathi:

On behalf of our member medical group practices, the Medical Group Management Association (MGMA) appreciates the opportunity to submit the following response to the National Coordinator for Health Information Technology's (ONC) *Request for Information (RFI): Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria*.

With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical groups in which more than 350,000 physicians practice. These groups range from small private practices in rural areas to large regional and national health systems and cover the full spectrum of physician specialties and organizational forms.

MGMA agrees with the stakeholders referenced in the RFI that "diverse payer policies, provider workflow challenges, and technical barriers create an environment in which the prior authorization process is a source of burden for patients, providers, and payers." In a recent MGMA survey,[1] 88% of MGMA members reported that prior authorization (PA) requirements are very or extremely burdensome. Additionally, a March 2022 MGMA poll[2] found that PA requirements had increased in the past 12 months, causing delays in patient care and increased time spent by medical practice staff working to secure prior authorizations. The challenges presented by prior authorization requirements are further compounded by staffing shortages amid a tightened labor market and intense competition for workers.

[1] MGMA Annual Regulatory Burden Report, October 2021
[2] MGMA *Stat*, March 2, 2022

Rising PA requirements and the burdens associated with them have long been a pervasive challenge for medical groups trying to focus their time and resources on treating patients. MGMA believes that developing a national standard for electronic prior authorization (ePA) and the supporting electronic attachments would make the PA process more efficient and ultimately benefit patients, as well as drive down administrative burden and cost for providers. However, we encourage ONC to view advancing ePA as one piece of the PA reform puzzle — not as a substitute for broader reform.

Key Comments and Recommendations

- MGMA's primary goal is to reduce the number and frequency of PA. Without addressing broader PA, automation could simply increase PA.
- MGMA supports the efforts of ONC to advance ePA, but encourages ONC, as well as the Centers for Medicare & Medicaid Services (CMS), to identify and consider other areas of reform.
- MGMA believes that the burden associated with PA could be reduced through automation, but only if implemented appropriately. Proper implementation includes robust piloting and testing, as well as ensuring an appropriate timeline for implementation. It also includes ensuring there are adequate guardrails in place.

Broader Reform

Although advancing ePA is critical to achieving automation and improving efficiency, MGMA is adamant that other areas of reform also need addressing. Of upmost importance is the need to regularly review medical services and prescription drugs that are subject to PA requirements and to adjust the volume of these PAs accordingly.

Additionally, transparency and communication regarding PA is lacking. To minimize patient care delays, effective communication between health plans and medical groups is critical. Unfortunately, PA is often completed via fax, telephone, mail, or online proprietary payer portals, and consists of different medical necessity requirements across payers. These differing requirements — many of which change suddenly without adequate notice to practices — and the inconsistencies and manual nature of the process, result in inefficient communication and delays in patient care.

Similarly, broader PA reform should include ensuring continuity of patient care. Utilization management techniques, such as step therapy (or "fail first"), undermine a provider's ability to adequately treat patients and disadvantages patients for the purpose of controlling health plan costs. Larger reform must support continuity of care for medical services and medications for patients.

These areas, which offer opportunities for improvement in PA programs, were agreed to by both healthcare providers and health plans in a consensus statement from 2018.[3] To date, there has been little done to achieve meaningful reform.

To that end, we are encouraging CMS to issue its final *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* rule (or "Prior Authorization and Interoperability rule") which was previously withdrawn. We are hopeful that CMS will issue a proposed rule that extends certain PA reforms, such as transparency and automation, to Medicare Advantage plans this year. Due to the overlapping priorities included in both that rule and this RFI, MGMA believes ONC and CMS should continue to work together to successfully advance ePA and greater PA reform. Any reform should continue to incorporate stakeholder input.

Implementation Concerns

MGMA believes that ePA has the potential to decrease administrative burden through automation, but only if implemented properly. Our primary goal is to reduce the number and frequency of PA. Without addressing broader reform, automation could simply increase PA. We are concerned that automating PA could lead to health plans unnecessarily expanding the application of PA, both in terms of volume and requirements — thereby negating the desired benefits of ePA.

We also believe that initial adoption of ePA could create additional administrative burden for group practices. MGMA asks that ONC consider ways to align ePA standards with payment and quality reporting programs, as well as care delivery models, to minimize burden and overhead costs.

Testing and Education

To that end, we believe that ONC should consider thorough piloting and testing of implementation guides that includes all provider settings. Testing should include the cost of implementation in different practice settings (including smaller group practices) and include 'real-world' PA scenarios, such as identifying services for which ePA would provide the most value. The ability to test in a broad range of provider and care settings will allow stakeholders to preemptively identify workflow issues and ultimately, if done correctly, increase support from the provider and health plan community for full-scale adoption. Medical groups must have an accurate understanding of the costs and corresponding benefits of ePA prior to full implementation.

In addition to piloting and testing, ONC should undergo an analysis that seeks to demonstrate the true impact of automating PA, and how it impacts medical groups and the patients they treat.

[3] Census Statement on Improving the Prior Authorization Process, 2018

Such analysis should include whether ePA reduces administrative burden and costs for group practices. It should also consider how ePA could reduce PA volume, denials, and delays. Further, it is crucial that ONC provide the resources necessary to educate physician practices.

Timing

While we appreciate ONC's readiness to implement and advance ePA, we caution against moving forward with a timeline that is too aggressive. The ultimate timeline should take into consideration necessary testing and costs to the industry. As addressed in the previous section, we expect CMS to issue a proposed rule this year, which we hope will meaningfully address PA reforms. The appropriate glidepath would allow for that final rule to be released first.

Guardrails

MGMA is concerned that automated PA could lead to payers having unfettered access to information obtained for PA. Steps must be taken to put guardrails in place that ensure payers only have access to protected health information that is required for that prior authorization request and decision.

Conclusion

MGMA supports the overall objective of advancing ePA but encourages ONC and CMS to see this objective as part of a broader effort to appropriately reform PA as opposed to a substitute. We look forward to continuing to work with ONC and other federal agencies to facilitate this reform. Should you have any questions regarding these comments, please contact Claire Ernst, Director of Government Affairs, at cernst@mgma.org.

Sincerely,
/s/
Anders Gilberg
Senior Vice President, Government Affairs

Cc: Centers for Medicare and Medicaid Services Administrator Chiquita Brooks-LaSure