



Filed Electronically

May 29, 2024

Administrator Chiquita Brooks-LaSure  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services,  
Attention: CMS-4207-NC  
P.O. Box 8013,  
Baltimore, MD 21244-8013

Re: CMS-4207-NC; Medicare Program; Request for Information on Medicare Advantage Data ("MA Data Proposed Rule")

Dear Administrator Brooks-LaSure:

The undersigned members of the Regulatory Relief Coalition (RRC) are writing to thank you for soliciting comments on additional data collection that may be useful with respect to the Medicare Advantage (MA) program. The RRC is a group of national physician specialty organizations advocating for regulatory burden reduction to ensure that prior authorization (PA) and other utilization review policies are not a barrier to timely and equitable access to care for the patients we serve and to reduce other administrative burdens so that physicians can spend more time with patients.

### ***Prior Authorization***

The RRC applauds CMS for the regulatory action that it has already taken to minimize the PA-related barriers to medically necessary care provided to MA enrollees and enrollees and beneficiaries of other health plans regulated by HHS. In particular, we believe that the finalization of the 2024 and 2025 MA Final Rules<sup>1</sup> and the electronic PA (e-PA) Final Rule<sup>2</sup> will

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<sup>1</sup> "Medicare Program; Contract Year 2024 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly." *Federal Register* 88:70 (April 12, 2023) at 22120 et seq.; "Medicare Program; Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly." *Federal Register* 89:79 (April 23, 2024) at 30448.

considerably ease the administrative burden of PA requirements for physicians and other providers and will expedite the provision of medically necessary care to MA enrollees and other patients whose health plans make extensive use of PA. Increasing data collection from MA plans, as suggested by the MA Data RFI, has the potential to provide additional insight into the impact of PA on access to medically necessary services by the MA plans that serve an increasing proportion of Medicare beneficiaries.

In this regard, we note that the e-PA Final Rule requires MA plans and other payers to publicly report certain aggregated PA metrics. The RRC strongly supports public reporting, which has the potential to make the PA process more transparent; however, the RRC strongly urges CMS to align the public reporting requirements for MA plans with those set forth in the *Improving Seniors' Timely Access to Care Act* (S. 3018/H.R. 3173) (the "*Seniors' Act*" or "the Bill"). We are especially concerned that the e-PA Final Rule's public reporting requirements merely require data to be reported on an **aggregate** basis, which is likely to be meaningless to both patients and providers. In contrast, the *Seniors' Act* would require reporting **both on an aggregate and individual service basis**, thereby facilitating patients' and providers' understanding of whether PA requests for particular services are likely to be approved. In addition, the Bill would require that this data be reported to CMS and made available through the agency's website. At the same time, the e-PA Final Rule and the 2024 MA Final Rule both would authorize PA and other coverage-related data to be made public on MA plan websites, which may be less prominently displayed and considerably more difficult to navigate.

### ***Network Adequacy/Provider Directories***

We also believe that improvements in MA-related data can and should be made with respect to MA plans' network adequacy and provider directories. CMS should take steps to require MA plans to offer access to the full range of specialists **and subspecialists** in its network adequacy standards. In addition, the agency should take additional steps to ensure that provider directories are accurate. Medicare enrollees increasingly use these directories to choose their providers, and inaccuracies and outdated information have the potential to significantly delay and complicate patient access to medically necessary services. The RRC encourages CMS to collaborate with the Office of the National Coordinator for Health Information Technology to create a validated health care directory that includes a broad set of provider data that would be available to MA plans (and their enrollees) and others through a national exchange standard. Such a system would not only reduce administrative burden for providers but also ensure that MA enrollees have access to up-to-date, accurate, and comprehensive information regarding their MA plans' participating providers.

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<sup>2</sup> "Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; 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 the Federally-Facilitated Exchanges, Merit-Based Incentive Payment System (MIPS) Eligible Clinicians, and Eligible Hospitals and Critical Access Hospitals in the Medicare Promoting Interoperability Program." *Federal Register* 89:27 (February 8, 2024) at 8758 et seq. {D1118705.DOCX / 4 }

Again, we very much appreciate CMS soliciting the views of the public regarding additional MA data that may be useful in analyzing the impact of MA PA policies on enrollees' timely access to medically necessary care and other services.

In the meantime, if you have any questions or would like any further information, please do not hesitate to contact RRC's regulatory counsel, Diane Millman, at [Diane.Millman@powerslaw.com](mailto:Diane.Millman@powerslaw.com).

Respectfully submitted,

American Academy of Dermatology Association  
American Academy of Family Physicians  
American Academy of Neurology  
American Academy of Ophthalmology  
American Academy of Orthopaedic Surgeons  
American Academy of Physical Medicine and Rehabilitation  
American Association of Neurological Surgeons  
American Association of Orthopaedic Surgeons  
American College of Rheumatology  
American College of Surgeons  
American Gastroenterological Association  
American Osteopathic Association  
Association for Clinical Oncology  
Congress of Neurological Surgeons