

The Honorable Seema Verma
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

December 15, 2020

Dear Administrator Verma:

On behalf of the undersigned organizations, we thank you for releasing your Notice of Proposed Rulemaking entitled *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 want to express our appreciation for proposing solutions to address the burdens associated with prior authorization and request additional time to submit formal comments.

The rule proposes an aggressive set of regulatory requirements that, if implemented appropriately, could improve the care delivery process. Provisions mandating that covered payers build and maintain Fast Healthcare Interoperability Resources (FHIR)-based APIs for provider-payer data sharing, implement an EHR-integrated FHIR-enabled Document Requirement Lookup Service API, and increase the transparency of prior authorization metrics all have significant potential to streamline information exchange between provider organizations and clinicians with payers. Combined, these proposals will require substantially revised business workflows based on new standards. Prior to issuing a final rule, it will be critical for CMS to receive comprehensive, thoughtful, and detailed feedback from impacted stakeholders.

In addition, the rule includes a number of requests for information (RFIs) on a wide range of topics, including the control patients provider organizations, and clinicians would like to have over the sharing of health information; how to advance electronic data exchange among behavioral health providers; input on processes and uses of electronic prior authorization transactions exchanged between payers, provider organizations, clinicians, and patients; how CMS can reduce the use of fax technology across programs; and opportunities to improve adoption of standards related to social risk data. Each of these RFIs will require careful consideration and may require outreach to our members to appropriately respond.

We recognize the agency's desire for swift rulemaking to address one of the leading administrative challenges facing provider organizations, clinicians, and patients and for soliciting input from the industry on the topics included in the RFIs. However, due to the complexity and importance of this proposed regulation we strongly urge you to extend the public comment period a minimum of 30 days.

Thank you for considering our request. If you have any questions or would like to discuss the need for additional time further, please contact Robert Tennant at rtennant@mgma.org.

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American College of Physicians
American Health Information Management Association
American Hospital Association
American Medical Association
College of Healthcare Information Management Executives
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