

January 4, 2021

Submitted electronically via: www.regulations.gov

Administrator Seema Verma
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-9123-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: 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 (Docket No.: CMS-9123-P)

Dear Administrator Verma,

Vizient, Inc. appreciates the opportunity to respond to the proposed rule, 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. Like CMS, Vizient supports efforts to reduce administrative burdens and streamline care.

Background

Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality and market performance for more than 50% of the nation's acute care providers, which includes 95% of the nation's academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than \$100 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

Recommendations

Vizient appreciates CMS's efforts to improve the electronic exchange of health care data, streamline processes related to prior authorization and reduce burdens in the health care market. Vizient offers the following recommendations for the agency's consideration.

The proposed rule requires Medicaid and CHIP managed care plans, state Medicaid and CHIP fee-for-service programs and Qualified Health Plans (QHP) to build and maintain certain application programming interfaces (APIs), among other changes to streamline care. However, the proposed rule does not require that Medicare Advantage (MA) plans comply with these new requirements. Vizient disagrees with CMS's decision to exclude MA plans, as this exclusion perpetuates gaps in data exchange and prior authorization burdens, which the proposed rule seeks to minimize. **As such, Vizient urges CMS to include MA plans among those who must comply with the new requirements.**

In addition, CMS proposes to address documentation and prior authorization burden reduction through APIs. Vizient applauds CMS for its ongoing work to improve onerous prior authorization processes and ease burdens on providers, but believes additional work is needed to further refine the proposals. For example, CMS proposes specific timelines for payers to approve urgent (72 hours) and non-urgent (7 calendar days) prior authorization requests. While Vizient appreciates the need to set expectations for response times, **we recommend CMS require plans to respond to urgent requests more quickly than 72 hours (e.g., 24 hours) as certain circumstances may warrant an expedited response in the interest of patient safety.**

In the proposed rule, CMS seeks feedback regarding whether the CMS Conditions of Participation (CoP) or Conditions for Certification (CFC) requirements would be the appropriate lever by which to propose new or additional provisions related to prior authorization requirements. As hospitals and other providers are implementing new systems and processes to adhere to various regulations (e.g., information blocking final rule) and continuing to respond to the COVID-19 pandemic, Vizient believes that placing additional burdens on hospitals is unnecessary and could divert essential resources away from patient care. In addition, Vizient appreciates CMS's decision to require payers to make educational resources available to providers regarding APIs and believes such resources will encourage providers to utilize APIs. **As such, at this time, Vizient does not believe new prior authorization requirements should be included among the CoP/CFC requirements given current burdens on providers and other efforts to encourage API use.**

Finally, CMS proposes to require that payers provide a specific reason when a prior authorization request is denied (e.g., necessary documentation not provided, services are not medically necessary, patient exceeded limits on allowable care). While clarity regarding the reason for the denial is helpful, consistent prior authorization criteria would help limit the frequency of denials and ease burdens on providers as they would not have to spend additional time and resources learning the nuances of each plan. **Vizient encourages CMS to**

build upon this policy by creating more consistency among the criteria plans use in evaluating prior authorization requests.

Conclusion

Vizient thanks CMS for releasing this proposed rule which would meaningfully help streamline communications and improve the prior authorization process for both providers and patients.

Vizient membership includes a wide variety of hospitals ranging from independent, community-based hospitals to large, integrated health care systems that serve acute and non-acute care needs. Additionally, many are specialized, including academic medical centers and pediatric facilities. Individually, our members are integral partners in their local communities, and many are ranked among the nation's top health care providers. In closing, on behalf of Vizient, I would like to thank the CMS for providing us the opportunity to comment on this important proposed rule. Please feel free to contact me or Jenna Stern at jenna.stern@vizientinc.com, if you have any questions or if Vizient may provide any assistance as you consider these issues.

Respectfully submitted,



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