March 9, 2023

Chiquita Brooks-LaSure

Centers for Medicare & Medicaid Services

Department of Health and Human Services

Attention: CMS-0057-P

P.O. Box 8016,

Baltimore, MD 21244-8016

**Submitted electronically via** [**http://www.regulations.gov**](http://www.regulations.gov)

RE: Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations Proposed Rule (CMS-0057-P)

Dear Administrator Brooks-LaSure:

The Society of Gynecologic Oncology (SGO) appreciates the opportunity to provide comments on the Centers for Medicare & Medicaid Services’ (CMS) Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations Proposed Rule (CMS-0057-P). We are pleased to share these comments on prior authorization (PA), which poses significant challenges for our members and their patients.

The SGO is the premier medical specialty society for health care professionals trained in the comprehensive management of gynecologic cancers. Our 2,000 members, who include physicians, nurses, and other advanced practice providers, represent the entire oncology team dedicated to the treatment and care of patients with gynecologic cancers.

The SGO’s purpose is to improve the care of women with gynecologic cancers by encouraging research and disseminating knowledge, raising the standards of practice in the prevention and treatment of gynecologic malignancies, and collaborating with other organizations interested in women’s health care, oncology, and related fields. Given these goals, the SGO appreciates CMS’ continued efforts to expand access to high quality, comprehensive medical services, such as cancer screening and treatment for the 1000’s of patients that are captured under the policies of this proposed rule.

We would like to thank the agency for drafting policies that will fundamentally change the PA process for providers and payers, one that will allow for a more streamlined and responsive process. As the agency is keenly aware, the PA process is one of the leading causes of frustration and burnout among physicians and their staff.[[1]](#footnote-1) SGO supports the electronic exchange of information between providers and payers to speed the process of prior approvals for surgeries, chemotherapies and other interventions associated with the treatment of gynecologic cancers. These types of cancers are often aggressive and fast spreading, and timely access to care is key to better outcomes. Delays in care caused by the lack of a PA or a delay in receiving a PA causes undo emotional and potentially physical harm to the patient. We note that a recent survey conducted by the American Medical Association concluded that 82 percent of

physician respondents stated that the PA process at least sometimes leads to treatment abandonment.[[2]](#footnote-2) This can be particularly devastating to anyone, but particularly those with aggressive cancers.

We look forward to collaborating with agency as it works towards an improved PA process, and as such we offer the following comments on the proposed rule.

**General Comments on the Proposed Policies**

Many of our members have reported that the PA process is overly burdensome and time consuming for physicians and their staff. SGO supports the development of a process that is user friendly with easy-to-follow templates and instructions, and one that clearly outlines the items needed for a PA submission. One of our members has noted that they employ two full time nurses who primarily provide care for chemotherapy patients, however, the nurses also spend twenty hours each week “tracking down PAs for imaging studies and chemotherapy agents.” The time these nurses are spending with administrative work is taken way from vital patient care, which can lead to delays in treatment and longer wait times for appointments. This same physician member also employs two full time surgery schedulers “who spend the majority of their time tracking down PAs.” Were the process to be more fully automated, the time saved could be used more efficiently for other tasks within the practice.

The experiences of this single physician track with recent studies that show physician practices complete 41 PAs per physician per week.[[3]](#footnote-3) Having a streamlined, electronic process will assist with the burden that the PA process places on physicians and staff. This same study concluded that physicians and staff spend nearly two full workdays each week on tasks associated with the PA process.

SGO supports the development of an electronic PA process that uses accurate and current clinical criteria to make approval or denial decisions. We recognize that treatment success varies from patient to patient; however, the agency should consider exempting treatments and services with proven histories of success or those that follow recognized standards and guidelines from the PA process. For example, SGO retains a collection of consensus statements and guidelines that could be used to guide payers as they make their PA determinations.[[4]](#footnote-4) SGO supports a requirement for payers to clearly outline the documentation required for a PA and that said documentation is easily understood, transparent, accessible, and readily available to the ordering physician.

**Improving the Prior Authorization Process**

*Proposed Requirement for Payers: Implement an Application Programming Interface (API) for Prior Authorization Requirements, Documentation, and Decision (PARDD API)*

As we have mentioned, the PA process contributes to physician burnout. To help alleviate this, the proposed rule creates mechanisms required by payers to facilitate the PA process by creating an application interface to submit PAs. SGO supports many of the proposals that CMS has outlined in the rule respectfully request they be finalized including:

* The PARDD API must be populated with a list of covered items and services (excluding drugs) that require PA and includes the documentation requirements when requesting PA for the listed services.
* The means by which the documentation is submitted must include functionality that allows for the submission of required documentation including forms, medical records and other items needed for the PA request.
* Any response from the payer to the provider must include information that outlines the approval (if approved), how long the approval is valid, and if denied there must be a specific reason provided or a request for more information to support the PA.

*Requirement for Payers to Provide Status of Prior Authorization and Reason for Denial of Prior Authorizations*

CMS notes that improving timely and clear communication between payer and provider is important an important step in streamlining the PA process. One of the most often stated reasons for physician frustration and increased administrative burden are PA denials. SGO supports requirements that payers must provide a specific reason for a denial and CMS policies that will require payers to provide clear instructions as to the documentation needed when submitting an appeal. We would also like the payers to provide information on the clinical rationale and literature used, or other sources used to make the adverse determination. The denied PA should also include the payer’s suggested and covered alternative treatment and provide the details of the provider’s right to appeal the decision. This would be valuable for future PA requests.

*Requirements for Prior Authorization Decision Timeframes and Communications*

To reduce wait times for PA decisions, CMS has proposed time limits required for payers to communicate those decisions to providers. CMS has proposed seven calendar days for a standard PA request and 72 hours for expedited or urgent requests and requested comments on these decision time frames. SGO recommends finalizing shorter timeframes, such as 24 hours for expedited requests and 72 hours for standard requests. As mentioned in our general comments, delays in receiving PA requests often lead to patient anxiety, delays in care delivery, and burden upon the patient. The care we provide to our patients is at times very urgent and waiting for a PA decision is not practical. Also, many patients travel long distances to seek specialty care and sending those patients home without care is not an option.

*Public Reporting of Prior Authorization Metrics*

SGO supports CMS policies that will require public reporting of PA metrics either on the payer’s website or other publicly available hyperlinks as proposed. Public reporting of metrics will create accountability and transparency. SGO supports the reportable metrics as proposed.

**Electronic Prior Authorization for the Merit-based Incentive Payment System (MIPS) Promoting Interoperability Performance Category and the Medicare Promoting Interoperability Program**

With this rule, CMS proposes to implement a new measure for MIPS eligible clinicians under the Promoting Interoperability performance category of MIPS, as well as for eligible hospitals and critical access hospitals (CAHs) under the Medicare Promoting Interoperability Program, related to electronic PA. The proposed measure aims to address stakeholder concerns regarding low provider utilization of APIs established by payers for electronic PA. CMS believes this measure would further enable the electronic

exchange of health information to improve the quality of healthcare, such as promoting care coordination.

SGO joins with the American Medical Association and other medical specialty societies in recommending that CMS not implement this measure or that if the measure is implemented, it be on an attestation-only basis. As proposed, the total number of PAs requested would be the denominator while the total number of PAs submitted using the new APIs would be the numerator. The collection of the total number of PAs requested include any PA submitted whether by fax, email, or phone, and not just those submitted through the API portal. Collecting this information would be burdensome and time-consuming task, which undermines the entire premise of the changes being proposed. SGO does not believe that the burden of tracking PA usage should be placed squarely on the shoulders of the providers. In addition, the measure does nothing to improve patient clinical outcomes, which is one of the primary premises of the MIPS program.

**Prior Authorization for Drugs**

We understand that the electronic PA processes as outlined in the rule do not apply to drugs of any kind and only apply to items and services as would be covered by the affected government health care plans. SGO members often need to administer life-saving chemotherapy drugs to our patients, and the PA process for drugs is just as antiquated and burdensome as it is for the services and diagnostics covered by this rule. SGO encourages the agency to create PA policies to allow for the administration of life saving drugs in a timely fashion. In doing so, this will lead to better coordinated care, fewer patient care delays, and will alleviate some of the same frustration and burnout that has been created by the current PA process.

The SGO thanks CMS for the opportunity to provide these comments. We appreciate CMS’ efforts to expand access to high quality, comprehensive health care for Medicare beneficiaries. Should you have any questions or require further information, please contact Pierre Désy, SGO Chief Executive Officer (CEO), at [Pierre.Desy@SGO.org](mailto:Pierre.Desy@SGO.org).

Sincerely,



Pierre M. Désy, MPH, CAE

CEO

Society of Gynecologic Oncology & Foundation for Women’s Cancer

1. Colligan L, Sinsky C, Goeders L, Schmidt-Bowman M, Tutty M. Sources of physician satisfaction and dissatisfaction and review of administrative tasks in ambulatory practice: A qualitative analysis of physician and staff interviews. October 2016. Available at: ama-assn.org/go/psps. [↑](#footnote-ref-1)
2. 2021 AMA prior authorization (PA) physician survey. <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>. Accessed February 7, 2023. [↑](#footnote-ref-2)
3. 2021 AMA Prior Authorization (PA) Physician Survey; <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf> [↑](#footnote-ref-3)
4. Repository of Gynecologic Oncology Resources; <https://www.sgo.org/resources/>. [↑](#footnote-ref-4)