

**Advancing Interoperability and Improving the Prior Authorization Process Final Rule  
Comment Comparison Chart**

SGO Comment	CMS Final Rule Decision
<p>Supported CMS policy as proposed that would improve the prior authorization (PA) process including:</p> <ul style="list-style-type: none"> <li>- The prior authorization application program interface (API) must be populated with the list of covered items and services and includes documentation requirements when requesting PA.</li> <li>- Response from the payer must include information duration of the approval, and if denied, the specific reason for denial.</li> </ul>	<p>The agency finalized the policies as proposed.</p>
<p>Supported the use of public reporting of prior authorization metrics.</p>	<p>Impacted payers are required to report certain metrics about PA processes on its public website, on an annual basis. This includes the percent of PA requests approved, denied, and approved after appeal, and average time between submission and decision.</p>
<p>Requested 72 hours response time for standard requests and 24 hours for expedited requested as opposed to CMS proposed 7 calendar days for a standard request and 72 hours for expedited requests.</p>	<p>CMS finalized prior authorization timeframes as follows: Standard request: 7 calendar days Expedited request: 72 hours</p>
<p>Supported the CMS proposal to require payers to include a specific reason for a prior authorization denial.</p>	<p>CMS finalized policy that will require payers to provide a specific, documented reason for the prior authorization denial.</p>
<p>Urged CMS to <b>not</b> implement an electronic prior authorization MIPS measure under the Promoting Interoperability Performance Category. But if implemented that the measure be an attestation only measure.</p>	<p>CMS finalized the measure as attestation only.</p>
<p>Urged the agency to apply the prior authorization policies and requirements to drugs administered by a physician.</p>	<p>The provisions of this rule only apply to medical items and services and do not apply to drugs. However, the agency may address drug-related issues in future rule making.</p>