



National Patient  
Advocate Foundation

March 13, 2023

Administrator Chiquita Brooks-LaSure  
Centers for Medicare and Medicaid Services  
7500 Security Blvd  
Baltimore, MD 21244

**RE: Advancing Interoperability and Improving Prior Authorization Processes Proposed Rule**

Dear Administrator Brooks-LaSure,

The National Patient Advocate Foundation (NPAF) is pleased to submit comments on this proposed rule. We appreciate the Administration's on-going effort to strengthen Medicare Advantage program and to ensure all Medicare beneficiaries can equitably access high quality, person-centered and family-focused care.

NPAF advocates for inclusive policies that elevate and integrate patient and caregiver perspectives as key pillars of equity-focused healthcare reform. Advancing equitable and affordable healthcare is the core of our person-centered agenda, in which financial and social stability are essential components of quality health care. Our direct patient services counterpart, Patient Advocate Foundation (PAF), has delivered skilled needs navigation services specifically supporting social and financial well-being for thousands of limited-resourced patients and families over its 26 years. Needs navigation, detailed in [this NPAF issue brief](#), is an effective intervention that responds to what patients and families report as their most pressing concerns that interfere with healthcare access and affordability. PAF's approach advances health equity by linking underserved individuals to community and national resources and support programs based on their unique needs and circumstances.

With this perspective, we appreciate the opportunity to make the following comments and recommendation:

**Improving Prior Authorization Processes**

While utilization management strategies such as prior authorization may be a useful tool within a plan's benefit design to reduce health care costs, it is imperative to apply these policies so they improve quality care rather than impede it. We support the [OIG's recommendations](#) to ensure MA beneficiaries have timely access to care and that the current prior authorization processes can become a health risk for patients if inefficiencies in the process cause care to be delayed. We also agree with the statement in

this proposed rule that “patients may unnecessarily pay out-of-pocket or abandon treatment altogether when prior authorization is delayed.” Given our experience with people’s concerns regarding health care, we therefore support the following proposed changes:

- Prior Authorization Requirements, Documentation and Decision (PARDD) API- We support requiring impacted payers to build and maintain a PARDD API that would automate the process for providers to determine whether a prior authorization is required, identify prior authorization information and documentation requirements, as well as facilitate the exchange of prior authorization requests and decisions from their electronic health records. This should speed up this process and allow providers, and patients, more timely notification of any denials so they may adjust care plans accordingly.
- Denial Reason- More importantly, we support requiring impacted payers to include a specific reason when they deny a prior authorization request to both facilitate better communication between the provider and payer and, if necessary, a successful resubmission of the prior authorization request. An opportunity to correct the authorization request for successful resubmission will help ensure requested treatment is delivered on a timelier basis.
- Prior Authorization Time Frames- We agree with the proposal to speed time frames and to send prior authorization decisions within 72 hours for expedited requests and seven calendar days for standard/non-urgent requests. These time frames balance the need for quick information to the provider, and indirectly to the patient, while also allowing adequate time from an administrative standpoint.

### **Requests for Information (RFI)- Accelerating the Adoption of Standards Related to Social Risk Factor Data**

In regard to the request for information on barriers to adopting standards, and opportunities to accelerate adoption of standards related to social risk data, we recommend again adding financial needs assessment to social risk factors such as housing instability, food insecurity, and transportation availability. A majority of over 2,800 patients surveyed by PAF in internal research done in 2019 (63 percent) reported financial distress as a top concern surpassing even the possibility of dying. Household material hardships such as food, energy and housing insecurity are frequent sources of concern contributing to dire circumstances and disparate health outcomes among people coping with complex chronic conditions. NPAF therefore advocates for “Needs navigation”, which helps overcome health system shortfalls by identifying and striving to address, the constellation of patients’ unmet social and financial needs. These are particularly prevalent in underserved populations and limited resourced communities. PAF’s 2021 program evaluation data show that after navigation was provided, 77 percent of patients reported reduced distress and 100 percent reported a better understanding about health care costs and awareness of community resources that can help them.

While the social risk factors of housing instability, food insecurity, and transportation availability may get at some of this information, our experience is that people do not necessarily volunteer their financial

concerns without prompting yet are grateful when someone asks about them and then helps address them. Our PAF navigators and organization have over two decades of experience in this area and we are available to assist with supplying proven financial assessment tools and experience for this important area. CMS should think of financial needs assessment and navigation help on par with assessing social needs as our experience, and research, confirm they are among the most important considerations people have about their health care.

## **Conclusion**

NPAF greatly appreciates CMS' intent to meaningfully engage beneficiaries throughout rulemaking processes to understand and address continuing challenges for patients with MA plans. Patient and caregiver insights can ensure CMS is evaluating quality by measuring outcomes that reflect what matters most to people. Providing needs navigation services directly to patients and caregivers is a hallmark of PAF's two and a half decades of organizational experience, expertise, and history. We are happy to share lessons learned and welcome the opportunity to meet directly with Administration staff to discuss these comments and opportunities to scale needs navigation as part of efforts to achieve equitable and affordable healthcare reform.

Please contact me at [Rebecca.kirch@npaf.org](mailto:Rebecca.kirch@npaf.org) if NPAF can provide further details.

Respectfully submitted,



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