March 12, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, SW, Room 445-G
Washington, D.C. 20201

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

Dear Administrator Brooks-LaSure,

The Louisiana Rural Health Association (LRHA) is pleased to offer comments on the Advancing Interoperability and Improving Prior Authorization Processes Proposed Rule.

In this proposed rule, we appreciate CMS' continued commitment to simplify the prior authorization process to benefit providers and patients that reside in rural areas.

LRHA is a membership association that is made up of Louisiana rural health care providers. This includes rural health clinics (RHCs); federally qualified health centers (FQHCs); and rural hospitals across the state. LRHA works to provide a unified voice that promotes and enhances the quality of rural health in Louisiana.

In this letter, we offer comments to several proposed provisions and RFIs, which include all five provisions and a handful of the RFIs.

Broadly, LRHA supports the creation of the APIs in the proposed rule but has some general concerns about the potential implementation costs to rural providers. These APIs are a critical step forward to improving prior authorization processes, however, implementation may create a strain on the staffing and financial capacity of our rural providers. Our rural healthcare facilities, in partular our smaller, independent facilities, are facing significant staffing shortages and fiscal constraints that could make implementation of a new process and electronic medical record functionality difficult to achieve. LRHA would support additional CMS programs that provide funding and technical assistance for rural providers to implement these APIs.

Additionally, we encourage CMS to pay special attention to the comment letter on this proposed rule sent to you by the National Rural Health Association (NRHA). NRHA is a national leader in rural health policy and, as a member of NRHA, LRHA supports the comments included in NRHA's letter. In our comments, we intend to provide you the perspective of rural health care providers in Louisiana and add more information to the elements addressed by NRHA in its comments.

Proposed Provisions

Patient Access API

LRHA supports the changes proposed to the Patient Access API that require payers to make prior authorization information available to patients in the API to help patients better understand their payer's prior authorization process and its impact on their care.

Provider Access API

LRHA supports the proposed requirement for the payer to create the Provider Access API. This API will make it easier for providers to understand essential patient characteristics so that they can easily move thought the payer's prior authorization requirements and care can be delivered in a timely fashion.

LRHA also supports the option for patients to opt-out of data sharing. However, we would also support the inclusion of language in the final rule that would allow patients to opt-out of some, but not all, of the data sharing as there may be some data elements patients would like to share over others.

Payer to Payer Data Exchange on FHIR

LRHA supports the proposed creation of the Payer to Payer API when a patient changes payers. This will assist in reducing instances of patients having to repeat prior authorization processes after switching health plans. However, one concern with this provision is that it is unclear which payer is responsible to initiate the exchange of data when the patient changes payers. We would support language that would require the patient's new payer to reach out to the old payer to initiate the data exchange. This would ensure that the exchange would take place in a timely fashion that ultimately benefits patients.

Improving Prior Authorization Processes

PARDD API

LRHA supports the creation of the PARDD API. This API seeks to automate and simplify the prior authorization process for providers seeking prior authorization on behalf of patients. This will assist in reducing administrative burden on all providers, including our rural providers with limited staff.

Specific Denial Reason

LRHA supports the requirement in the proposed to rule to require payers to include a specific denial reason in prior authorization denial notifications. However, our membership is concerned that the proposed rule language is too broad and does not provide sufficient direction to payers to ensure that a detailed and specific reason is included in the denial notification. We are concerned that payers may issue generic denial notifications without sufficiently specific reasoning, thereby making it difficult for providers to appeal and obtain necessary prior authorizations. Many rural providers lack sufficient support staff to research specific reasons for each prior authorization denial. All necessary information should be available to providers immediately upon denial to reduce the administrative burden of pursuing appeals when appropriate.

Prior Authorization Timeframe

LRHA appreciates the requirement that payers meet specific timeframes in responding to prior authorization requests and believes that the change of the time frame for non-urgent request to seven calendar days will assist in providing patients access to timely care. However, our providers have voiced a concern that a 72 hour timeframe for urgent prior authorization requests will impede patient access to timely care in clinically urgent circumstances. With high rates of co-morbities and statistically poorer outcomes in our rural communities, LRHA and our providers want to ensure that patients in need of urgent medical

services are able to receive these services as quickly as possible to avoid exacerbation of current conditions or additional complications. Therefore, LRHA strongly supports shortening the requirement for clinically urgent prior authorization requests to 24 hours.

Public Reporting of Prior Authorization Metrics

LRHA supports the requirement that payers post prior authorization metrics. This information could be beneficial to policymakers to evaluate payer compliance in meeting the established prior authorization requirements.

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

LRHA does not have major concerns about the newly proposed MIPS measure. However, the inclusion of the measure does raise the specter of our high level concern that we noted at the beginning of this comment letter related to the financial burden on providers associated with using APIs. Cost, limited access to capital, limited broadband, and limited staffing capacity are challenges rural providers face in implementing or upgrading health IT. Many rural providers do not have dedicated IT staff or expertise and would therefore be required to hire outside support for implementation and training at a significant cost to the facility.

Requests for Information

Accelerating the Adoption of Standards Related to Social Risk Factor Data

LRHA is encouraged that CMS seeks information about how providers use and collect social risk data. We agree with CMS that social risk data is often used to determine payment in provider value-based payment arrangements.

Collecting social risk data from patients can be a fraught exercise. Patients are often reluctant to discuss social risk and barriers that they are experiencing, especially during the limited time they have with their direct healthcare provider. We believe that utilizing community health workers (CHW) to collect this data could prove to be more successful. Numerous pilot programs and case studies across the country have shown that CHWs help to increase patient access to needed services, thereby increasing their ability to follow the case plan recommended by their providers and improving their overall health outcomes. CHWs, sometimes called Promotores de Salud or Community Health Representatives, depending on the community they serve, are often trusted members of their communities and are therefore more easily able to gain the trust of the residents, allowing them to more successfully engage in difficult conversations around social risks. CHWs understand the cultural and community factors of the populations that they serve as well as the resources available, enabling them to be able to better navigate the process of connecting patients to needed resources.

In the 2022 state legislative session, Louisiana established a Health Disparities in Rural Areas Task Force as a subcommittee of the Statewide Health Equity Consortium within the Louisiana Department of Health. The goal of this Task Force is to identify key drivers of health disparities in rural areas and provide recommendations for addressing and mitigating these key drivers. LRHA had the privilege to serve on this Task Force, which will be issuing its final report to the state legislature in the coming weeks. The findings of this Task Force support the valuable role of CHWs in addressing social risks and mitigating health disparities in rural areas. The Task Force also identified the need for additional resources, training, and funding to support current CHW programs and develop new programs in areas of need. LRHA strongly encourages CMS to support utilization of Community Health Workers, especially in our rural communities.

Electronic Exchange of Behavioral Health Information

LRHA supports discussion about how to improve the exchange of information between behavioral health providers. However, behavioral health providers in rural areas lack resources to set up electronic medical record systems. LRHA strongly supports any financial incentives that CMS can put in place to encourage these providers to adopt new technology standards.

Another special concern is the sharing of patient visit notes. It is part of the standard of practice that behavioral health providers not share confidential patient visit notes with other individuals. Mental health providers may also have concerns regarding making certain visit notes available to patients dependent upon the patient's diagnosis and current mental state. Any data exchange and access requirements should take the unique considerations of behavioral health practice when creating new requirements.

Advancing Interoperability and Improving Prior Authorization Processes for Maternal Health

LRHA strongly supports more work to improve the prior authorization process for maternal health. Recent data has shown that 31.3% of Louisiana parishes are maternity deserts with 19% of parishes having low to moderate access. In 2018, the maternal mortality rate in Louisiana was 25.5 per 100,000 live births. In 2021, the overall Louisiana preterm birth rate was 13.5%, with black infants falling above this average at 16.9%. This earned Louisana a "F" on the March of Dimes report card.

Disparities in maternal health were another focus and finding of the Louisiana Health Disparities in Rural Areas Task Force in 2022 and Louisiana is working to address these ongoing disparities. LRHA believes that leveraging IT can be one tool to increase access to care. In particular, LRHA would support efforts to assist in facilitation of data sharing between obstectric providers and primary care providers to improve continuity and coordination of care for prenatal, perinatal, and postnatal patients.

LRHA thanks CMS for the opportunity to comment on this proposed rule. If you would like additional information, please contact Denaé Hebert at dhebert@lrha.org or 337.366.5915.

Sincerely,

Denaé M. Hebert
Executive Director
Louisiana Rural Health Association