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March 13, 2023

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Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0057-P
P.O. Box 8016
Baltimore, MD 21244-8016

RE: Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations, Medicaid Managed Care Plans, State Medicaid Agencies, Children's Health Insurance Program (CHIP) Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans on the Federally-Facilitated Exchanges (CMS-0057-P)

Dear Administrator Brooks La-Sure,

The American Urological Association (AUA) appreciates the opportunity to provide comments to the proposed rule CMS-0057-P: Advancing Interoperability and Improving Prior Authorization Processes. The AUA is a globally engaged organization with more than 22,000 members practicing in more than 100 countries. Our members represent the world's largest collection of expertise and insight into the treatment of urologic disease. Of the total AUA membership, more than 18,000 are based in the United States and provide invaluable support to the urologic community by fostering the highest standards of urologic care through education, research, and formulation of health policy.

AUA members and other medical providers report that existing prior authorization requirements increase the burden on physicians and their staff, hindering patients' timely access to appropriately prescribed medications, devices, and procedures. As such, the AUA is pleased to see that the Centers for Medicare & Medicaid Services (CMS) is proposing the Advancing Interoperability and Improving Prior Authorization Processes rule, which seeks to alleviate provider burden, enhance transparency, and promote better care coordination. As a result of these efforts, patients will receive improved quality of care for the management of urologic disease.

While we are generally supportive of the proposal to improve prior authorization, the AUA would like to provide feedback regarding Application Programming Interface (API) requirements, implementation dates and prior

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authorization timeframes, the exclusion of drugs, metrics, and enforcement of the proposed policy.

Prior Authorization API Requirements, Timeframes, and Implementation

The AUA is pleased that CMS proposed a framework for impacted payers to implement a standards-based API to support and streamline prior authorization processes. Under this proposal, payers would be required to populate the API with a list of covered items and services for which prior authorization is required, along with documentation requirements necessary to receive prior authorization. Currently, CMS is considering whether to limit the list of covered items and services to those most commonly requiring prior authorization and if this information should be phased in incrementally. Allowing payers to phase-in services and documentation requirements into their API, especially when considering the variety of impacted payers, could lead to an additional burden on the providers to monitor the APIs. **The AUA urges full implementation of the proposal by January 1, 2026, to prevent potential confusion for urologists who might have to use multiple APIs for various payers.**

CMS is proposing that impacted payers process prior authorization decisions within 72 hours for urgent requests and seven calendar days for standard requests. **The AUA believes that payers should respond to requests in a shorter timeframe than proposed as the proposed prior authorization processes are automated and electronic. Reducing the timeframe to require payers to respond within 48 hours for standard requests and within 24 hours for urgent requests would allow patients to receive treatments and services expeditiously, resulting in better care and potentially reduced costs.** Many urologists seek prior authorizations for CT or MRI scans for patients prior to a diagnosis. For example, a patient with an acute stone that is obstructing a kidney carries a significant morbidity of approximately 60%¹. This condition can cause significant pain, infectious complications, and renal insufficiency in the affected patient. If a provider is unable to get approval for these services in time, life-saving treatments and surgeries are further delayed and can detrimentally impact the patient and their quality of life. 72 hours is simply too long in urology acute care settings.

Ultimately, many items and services should be able to receive prior authorizations in real-time due to the electronic nature of these requirements. This would allow patients to receive services and treatments immediately, benefitting all patients, especially those that travel long distances to receive healthcare, particularly in rural areas. Patients would also be able to receive care without needing to take off additional time from work.

¹Krambeck AE, Handa SE, Evan AP, Lingeman JE. Medical management of renal stones. In: Wein AJ, Kavoussi LR, Partin AW, Peters CA, eds. Campbell-Walsh Urology. 12th ed. Philadelphia, PA: Elsevier; 2021:chap 126



Where feasible, **CMS should also implement any finalized policies sooner than 2026 to improve the efficiency of the US health care system.** Allowing payers until January 1, 2026, to implement these policies, while possibly necessary for some infrastructures, also leaves room for the possibility of delaying implementation to beyond 2026 if payers do not feel adequately prepared to comply.

Lastly, the AUA would like CMS to ensure that these requirements allow for better integration within new and existing systems and reduce handoffs between administrators, providers, and payers for a more streamlined process. In a 2015 prior authorization survey conducted by the AUA², many urology practices stated that they spent on average 20 minutes per call for prior authorization requests. The survey also found that practices were spending approximately 14 hours per week on these requests and approximately 24% of prior authorizations are denied for urologic services. **The AUA supports CMS's proposal to require payers to include a specific reason when denying a prior authorization request and suggests that denials should be automated and provided electronically.**

Exclusion of Drugs

The current CMS proposals excludes drugs and applies only to items and services. The AUA understands that many drugs are regulated separately, and we urge CMS to apply similar requirements to those drugs. AUA's survey found that 93% of respondents indicated that medications they prescribe require prior authorization. Many of these drugs are used to treat overactive bladder, erectile dysfunction, low testosterone, cancer, and benign prostatic hyperplasia. The AUA would also like CMS to include physician-administered drugs that fall under this rule to be included in the proposed standards, such as drugs for chemotherapy; delaying cancer treatment could have detrimental impacts to patients. Requiring all drugs to be held to the requirements of this proposal would ensure patient access to medications to better manage their urologic diseases and improve their overall quality of life. **The AUA urges CMS to apply these prior authorization policies and requirements to drugs administered by a physician, including in-office drugs and asks that the prior authorization approval be valid for the entire duration of the prescribed course of treatment to provide continuity of care.**

Metrics and Overall Enforcement and Compliance

CMS is unclear about monitoring and enforcing the proposed requirements. The AUA understands that many payers and states may have different regulations to comply with in addition to federal regulations set forth by CMS. However, noncompliance from payers could result in increased administrative burden, difficulties in requesting and acquiring prior authorizations and ultimately, adversely impacting patient care. **The AUA encourages clear**

² American Urological Association (2015). *AUA Survey on Prior Authorization Times*.



guidelines for enforcement and regulations that would impact enforcement to ensure compliance with these policies.

The proposed policies also require payers to publicly report certain prior authorization metrics by posting them directly on the payer's website or via publicly accessible hyperlink(s) on an annual basis. **The AUA supports this requirement and encourages CMS to utilize data collected to continuously improve prior authorization processes.**

Lastly, the AUA suggests that the new rule should include a provision that will require licensed physicians who specialize in the same field as the treating physician conduct reviews to assess the medical necessity for prior authorization. This "peer-to-peer utilization review" ensures that a patient is receiving approvals for medically necessary services; a patient is often denied care by a physician with little or no expertise in the relevant specialty. Appealing the denial delays care and increases the provider's administrative burden.

Urologists encounter significant obstacles, including prolonged waiting periods for prior authorization determinations, inconsistent policies by payers, and the need for prior authorization for even regularly approved items and services. CMS's proposal can facilitate better coordination of care for the management of urological conditions, reduce the workload of healthcare providers and improve transparency. Enhancing the policy to include drugs, shortening prior authorization timeframes, and strict enforcement of the policy can further improve patient access to care.

The AUA is committed to providing coordinated, continuous care and management of urologic disease, particularly by streamlining prior authorization processes. The AUA appreciates the opportunity to provide comment on the Proposed Rule CMS-0057-P: Advancing Interoperability and Improving Prior Authorization Processes, specifically regarding the prior authorization process. Please contact Bhavika Patel, Physician Payment and Reimbursement Manager at bpatel@auanet.org with any questions or for further information.

Sincerely,

A handwritten signature in black ink that reads "Eugene Rhee, MD, MBA".

Eugene Rhee, MD, MBA
Chair, Public Policy Council