

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C5-12-12
Baltimore, Maryland 21244-1850



Center for Medicare

FEB 21 2020

Ms. Ela Cameron
American Medical Association
25 Massachusetts Avenue, NW
Suite 600
Washington, DC 20001

Dear Ms. Cameron:

Thank you for your letter regarding prior authorization (PA) and the role of technology in PA. I appreciate your support for the Centers for Medicare & Medicaid Services' (CMS) Patients over Paperwork initiative and your support of CMS's efforts to reduce administrative burden related to PA.

In your letter, you expressed concern about the possibility of unintended consequences related to the automation of PA processes and highlighted that there are many issues that automation – particularly Da Vinci solutions – cannot solely address. CMS, together with the Office of the National Coordinator for Health Information Technology, has conducted listening sessions on PA and identified various opportunities for improvement, beyond the work of the Da Vinci project, that were outlined in a draft report last year¹. While the strategies in the report are also focused on technical tools that can support PA improvements, we are examining other opportunities as well. The feedback we received from patients, clinicians, and other stakeholders through our 2019 Patients over Paperwork Request for Information (RFI) and numerous PA listening sessions held across the country included some of the other issues you mentioned in your letter and more.

Your letter also raised concerns around the level of access that payers would have to electronic health records (EHR) and medical information. We agree that supporting the security of providers' EHR systems is critically important. Any technology solutions under consideration would have to ensure the integrity of these systems and that electronic data transfers only permit access to certain defined data elements. Any future efforts CMS might make to encourage electronic information exchange between payers, and between payers and providers, would be approached through a careful and deliberative process.

Finally, your letter noted that some of the Da Vinci solutions have not been widely implemented and therefore represent unknown costs and timeframes. CMS, along with a growing number of

¹ <https://www.healthit.gov/topic/usability-and-provider-burden/strategy-reducing-burden-relating-use-health-it-and-ehrs>

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industry partners, have been working to implement pilot tests of the Da Vinci standards, giving us valuable information to better understand the cost and timeline for implementing these solutions. CMS has also been working with a health care standards development organization, Health Level Seven International (HL7), and industry partners broadly to ensure that the necessary implementation guidance and reference implementations would be available to support any technology solutions we pursue. CMS understands that there are uncertainties associated with any emerging technology in health care and are therefore working to ensure that payers and providers have the guidance they need to implement these solutions efficiently and effectively. We will continue to seek feedback through open and transparent mechanisms to provide ample opportunity for such concerns to be fully weighed and considered in the policymaking process.

Thank you again for your letter. CMS considers discussion and dialogue with stakeholders an important part of policymaking, and we appreciate you sharing your perspective with us. It is always the priority of CMS to ensure that patients' needs come first. We continue to work to improve the patient experience and reduce provider burden across our policies and greatly value input to ensure that we are taking into consideration a broad range of perspectives.

Sincerely,



Demetrios L. Kouzoukas
Principal Deputy Administrator and
Director, Center for Medicare