



December 23, 2020

The Honorable Alex Azar
U.S. Department of Health and Human Services

Administrator Seema Verma
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Reducing Provider and Patient Burden by Improving Prior Authorization Processes, and Promoting Patients' Electronic Access to Health Information for Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, and Issuers of Qualified Health Plans on the Federally-facilitated Exchanges; Health Information Technology Standards and Implementation Specifications [CMS-9123-P]

Dear Secretary Azar and Administrator Verma:

On behalf of the Medicaid Health Plans of America (MHPA), I am writing to express our serious concerns with the timeframe for providing comments and responding to the requests for information for the proposed rule, "*Reducing Provider and Patient Burden by Improving Prior Authorization Processes, and Promoting Patients' Electronic Access to Health Information for Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, and Issuers of Qualified Health Plans on the Federally-facilitated Exchanges.*" We respectfully request that the Department of Health and Human Services (HHS)/Centers for Medicare and Medicaid Services (CMS) extend the public comment period for the above referenced proposed rule to a minimum of 60 days from the Federal Register publication date of December 18th to ensure adequate opportunity for stakeholder comment.

MHPA is the only national trade association with a sole focus on Medicaid, representing more than 120 managed care organizations (MCOs) serving nearly 36 million Medicaid beneficiaries in 38 states. MHPA's members include both for-profit and non-profit, national and regional, as well as single-state health plans that compete in the Medicaid market. Nearly three-quarters of all Medicaid beneficiaries receive health care through MCOs, and our association provides research and advocacy services that support policy solutions to enhance the delivery and coordination of comprehensive, cost-effective, and quality health care for Medicaid beneficiaries.



MHPA supports the MyHealthEData initiative to empower patients, including Medicaid beneficiaries, by breaking down the barriers that impede patients' ease of access to their electronic health care information. We agree that facilitating patient access to their own health care information can encourage patients to take charge of and better manage their health care and help improve the patient experience and health outcomes. We also believe that Medicaid managed care plans are important partners in this effort and that facilitating patient access to their own electronic health information is in the best interests of patient health.

However, we also believe that a patient's electronic health information is personal, contains sensitive information, and should be accessible and exchanged in a way that protects and prioritizes the privacy interests of the patient. We believe it is important to ensure that steps forward toward greater interoperability and enhanced patient access to health information do not unintentionally put patient information at risk while creating additional pressures, burdens, and costs on our overburdened health care system, particularly during a nationwide pandemic. In short, given the highly complex and personal nature of the issues addressed in this regulation, we believe more time is needed to evaluate and develop comments to avoid the potential for hastily implemented requirements with an unacceptable level of risk.

As you know, HHS issued the notice of proposed rule-making (NPRM) on December 10th. The NPRM includes five proposals and several requests for information. The NPRM specifically notes in the preview version that the comment deadline would be Jan. 4, 2021 rather than being tied to the proposed rule's publication in the Federal Register.

MHPA would like the opportunity to comment on this proposed regulation; it addresses issues of importance to our member plans and the Medicaid enrollees they serve. In order to do so, we need sufficient time to consider and analyze its proposals and associated requests for information in order to provide thoughtful and meaningful feedback. Among other adverse impacts, the limited timeframe will prevent us from taking the appropriate steps to:

- Review the current systems and infrastructure used to facilitate data sharing with providers to understand the feasibility and implications of both the individual and bulk data Provider Access Application Programming Interfaces;
- Crosswalk the proposed provisions with existing policies governing interoperability and prior authorizations to identify barriers or gaps that may need to be addressed to ensure meaningful and efficient implementation;
- Assess and recommend pathways forward that build on anticipated efficiencies, while reducing costs and burden in the healthcare system; and
- Evaluate the ways the proposed rule would influence the care experience of individuals dually enrolled in Medicaid and Medicare.



We welcome the opportunity to work with HHS/CMS in furtherance of patient access to their health care data and the promotion of interoperability in the best interests of the Medicaid program and its enrollees. To do so, MHPA respectfully request that HHS/CMS extend the public comment period for at least an additional 60 days or until no earlier than March 4, 2021.

Thank you for your consideration. Should you have any questions, please feel free to reach out to me directly at (202) 857-5771 or to Shannon Attanasio, Vice President, Government Relations and Advocacy at (202) 857-5723 or sattanasio@mhpao.org.

Sincerely,

A handwritten signature in blue ink that reads "CAGK".

Craig A. Kennedy, MPH
President and CEO