

December 21, 2020

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

We write to express our strong concerns with the timeframes for commenting on the "Reducing Provider and Patient Burden" proposed rule (CMS-9123-P). We are calling on the Centers for Medicare & Medicaid Services (CMS) to pause work on this rule as the nation continues to focus on the response to the COVID-19 pandemic.

Our organizations appreciate CMS's goals to improve health information exchange, reduce administrative burden for providers, and ensure patients have access to their health information to make informed decisions. However, it is not feasible for states, providers, plans, and other stakeholders to perform the necessary evaluation of this rule and respond to its five requests for information while the health care system prioritizes its urgent work on the COVID-19 pandemic and the rollout of vaccines to Americans across the country. In order for stakeholders to successfully work together to create interoperability, we need more time to respond to this rule to be able to provide substantive feedback on how best it can meet the needs of beneficiaries. The abnormally short comment period of 25 days adds another barrier to the thorough review and collaboration on the proposed rule.

CMS, over the past year, already has finalized several significant policy changes to make progress toward these goals, several of which are set to take effect beginning in 2021. Responding to the December 2020 Reducing Provider and Patient Burden proposed rule in such a short period of time would overload states, plans, and providers by adding to the requirements that they are already working to meet, including requirements for the Patient Access application program interface (API), provider directory APIs, and daily exchanges with CMS on beneficiaries who are dually eligible for Medicaid and Medicare among other requirements.



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We welcome the opportunity to work with CMS and to offer for your consideration a timeframe that prioritizes the immediate response to COVID while sequencing responding to new proposals like those contained in the Provider and Patient Burden rule.

Sincerely,

American Health Care Association/
National Center for Assisted Living

Association for Community
Affiliated Plans

America's Health Insurance Plans

Children's Hospitals Association

Medicaid Health Plans of America

National Association of
Community Health Centers

National Council for Behavioral Health