



March 13, 2023

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445–G  
200 Independence Avenue, SW  
Washington, DC 20201

**Re: File Code CMS–0057–P. Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations, Medicaid Managed Care Plans, State Medicaid Agencies, Children's Health Insurance Program Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans on the Federally-Facilitated Exchanges, Merit-Based Incentive Payment System (MIPS) Eligible Clinicians, and Eligible Hospitals and Critical Access Hospitals in the Medicare Promoting Interoperability Program**

Dear Administrator Brooks-LaSure:

The American Society of Nuclear Cardiology (ASNC) appreciates the opportunity to offer our comments to the Centers for Medicare and Medicaid Services (CMS) on its proposed rule as published in the *Federal Register* on Dec. 13, 2022 outlining proposals to advance interoperability and improve prior authorization (PA) in Medicare Advantage (MA) plans, state Medicaid agencies and Medicaid managed care plans, Children's Health Insurance Program (CHIP) agencies and CHIP managed care entities, and issuers of Qualified Health Plans (QHPs) on the Federally-Facilitated Exchanges (FFE).

ASNC is a 4,500-member professional medical society, which provides a variety of continuing medical education programs related to nuclear cardiology and cardiovascular computed tomography, develops standards and guidelines for training and practice, promotes accreditation and certification within the nuclear cardiology field, and is a major advocate for furthering research and excellence in nuclear cardiology and cardiovascular computed tomography.

Heart disease is the leading cause of death for men and women in the United States. There are many tests that can be used to diagnose cardiovascular diseases and conditions. Which test is ordered by a physician is based on a variety of factors including symptoms, medical history and

an individual's physical characteristics. When recommended imaging tests are denied by payers or substituted for other tests that may not well-suited for a particular patient, the denials often come without explanation which makes it difficult for physicians and their patients to appeal the decision. The current process for seeking PA is time consuming, lacks uniformity and provides little insight as to how decisions are being adjudicated.

According to a 2021 survey of physicians conducted by the American Medical Association (AMA), physician practices complete 41 PAs on average per physician, per week. Physicians should be focused on patient care and less on navigating the PA process to get patients their recommended tests, procedures, and treatments. Problems with PA and other utilization management tactics are not isolated to MA plans. ASNC therefore appreciates the application of this proposed rule to include MA plans, state Medicaid fee-for-service (FFS) programs, state CHIP FFS programs, Medicaid managed care plans, CHIP managed care entities, and QHP issuers on the FEEs. **CMS should also leverage a regulatory pathway that will apply to all health plans when mandating PA-related implementation guides and transaction standards in any future rulemaking.**

Below ASNC offers comment on several major provisions of this proposed rule which have the potential to make a measurable difference in lessening practice burden associated with PA and improving timely access to critical diagnostic testing, but these policies must be enforced. In this regard, **we ask CMS to create a formal oversight, audit, and enforcement process to promote accountability and ensure appropriate implementation of the rule's provisions.**

- **ASNC supports CMS' proposal to streamline and automate the PA process by requiring that impacted payers implement and maintain a Fast Healthcare Interoperability Resources (FHIR) Prior Authorization Requirements, Documentation, and Decision API (PARDD API).**
- **ASNC supports the requirement for health plans to provide a specific reason for a PA denial and to do so regardless of the mechanism used to submit the PA request. We request that CMS strengthen this provision to ensure the information is understandable and outlines clear, actionable next steps.**
- **ASNC supports CMS' proposal to shorten PA processing timeframes and to standardize them across payers that are subject to the proposed rule. ASNC endorses, however, the recommendations of the AMA that CMS shorten the required PA processing timeframes to 48 hours for standard PAs and 24 hours for expedited PAs to ensure patient safety.**
- **ASNC supports the public reporting of PA program metrics, but CMS should require plans to report these data at a more granular level rather than in aggregate as proposed. Further, to help with standardization of information, CMS should require posting of the information on a centralized website (e.g., CMS webpage) to enable easy retrieval by physicians and patients especially for the purpose of plan comparisons by consumers.**

In addition to these important policies to streamline and improve transparency in the PA process, ASNC urges CMS to act swiftly to finalize policies included the CY2024 Part C and Part D proposed rule which were the subject of comments delivered by ASNC to CMS on Feb. 13, 2023.<sup>1</sup> As expressed in that letter, ASNC asks CMS to use its administrative authorities to standardize utilization management practices, including reviews of medical necessity, across payers — not just MA plans. While improving the PA process through electronic exchange and making the process more transparent are critically important, their effects will be stunted if the underlying process of determining medical necessity lacks important guardrails that prioritizes patient care and safety.

ASNC appreciates the Agency's consideration of its comments and directs questions to Georgia Lawrence, ASNC's Director Regulatory Affairs, at [glawrence@asnc.org](mailto:glawrence@asnc.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'AM', with a long horizontal stroke extending to the right.

Mouaz Al-Mallah, MD, MS, FASNC  
President  
American Society of Nuclear Cardiology

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<sup>1</sup> February 13, 2023, ASNC comment letter to CMS Administrator. Available at [https://www.asnc.org/files/ASNC\\_MA-Prior-Auth-Letter-to-CMS\\_02-13-2023\\_Final.pdf](https://www.asnc.org/files/ASNC_MA-Prior-Auth-Letter-to-CMS_02-13-2023_Final.pdf)