



AMERICAN SOCIETY OF HEMATOLOGY

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2024

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Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
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Re: Medicare Program; Request for Information on Medicare Advantage Data
Submitted via Regulations.gov.

Dear Administrator Brooks-LaSure:

The American Society of Hematology (ASH) appreciates the opportunity to provide comments on the Centers for Medicare & Medicaid Services' (CMS) Request for Information (RFI) on Medicare Advantage (MA) Data. We are pleased to share these comments on prior authorization (PA), which poses significant challenges for our members and their patients.

ASH represents more than 18,000 clinicians and scientists worldwide committed to studying and treating blood and blood-related diseases. These disorders encompass malignant hematologic disorders such as leukemia, lymphoma, and multiple myeloma, as well as classical (or non-malignant) conditions such as SCD, thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. In addition, hematologists are pioneers in demonstrating the potential of treating various hematologic diseases and continue to be innovators in the fields of stem cell biology, regenerative medicine, transfusion medicine, and gene therapy. ASH membership is comprised of basic, translational, and clinical scientists, as well as physicians providing care to patients.

ASH thanks the agency for its commitment to improving Medicare Advantage PA practices as demonstrated by the RFI on MA Data. ASH recommends that in addition to collecting data, CMS should also require the public reporting of recommended PA metrics either on the payer's website or other publicly available hyperlinks as proposed. Public reporting of metrics will promote accountability and transparency. The Society is pleased to provide additional feedback and recommendations, based on previous comments regarding improvements to PA practices in MA plans, on the following topics:

- PA approval and denial rates;
- the reasoning behind an approval or denial;
- timeframe of approval or denial from point of receipt through determination; and
- comparison metrics between traditional Medicare and MA plans.

Rates

Prior authorization processes remain an issue of great importance to ASH members, largely because of how burdensome it is in hematology practice. Members regularly share anecdotes of how prior authorization is increasingly integrated into the treatment decision making process, causing delays in care. ASH recommends that CMS collect data on the frequency of denials and approvals under MA plans. Understanding the rate at which PAs occur will support future targeted improvements.

ASH recommends the addition of the following reportable metrics to the data collection process:

- Number of peer-to-peer reviews requested and of those, which ones were true peer-to-peer. Meaning, if a hematologist is requesting a PA for an item or service and was then required to have a peer-to-peer review, we believe the plan should provide a hematologist for the discussion.
- Approval/denial rate by provider type.
- Approval/denial rate by type of service/item requested.

Reasoning

In addition to understanding the rates of PA approvals and denials, the inclusion of reasoning behind an approval or denial is important in understanding how payers operationalize the PA process. The agency notes that improving timely and clear communication between payer and provider is key to streamlining the PA process.

As previously noted, one of the most oft stated reasons for physician frustration and increased administrative burden are PA denials. We appreciate and support the Agency's requirement for payers to provide a specific reason that a PA was denied, regardless of how the PA was requested. If the PA is denied, ASH recommends the Agency collect the following information:

- information on the clinical rationale and literature relied upon, or other sources used to make the adverse determination; and
- the payer's suggested and covered alternative treatment.

Similarly, if the PA was approved, ASH recommends the Agency collect the following information:

- information on the clinical rationale and literature relied upon, or other sources used to make the determination;
- the length of the approval; and
- provide the specifics of the treatment or service approved.

Timeframe

CMS recently finalized seven calendar days turnaround time for a standard PA request and 72 hours for expedited or urgent requests. Although ASH recommend shorter timeframes, such as 24 hours for expedited requests and 72 hours for standard requests, ASH was pleased to see the Agency establish standardized timeframes for PA submissions, and we recommend the Agency consider shortening turnaround times as more collected data becomes available. Delays in receiving PA requests lead to patient anxiety, delays in care delivery, and burden on both the patient and provider. For example, many patients travel long distances to seek care from a hematologist, and often tests and treatments are ordered that may require PA. We do not think it is appropriate to send the patient home to wait for a PA only to then return a few days or even weeks later to receive the test or treatment. In a case such as this, an immediate PA decision would be the most appropriate and beneficial for optimal patient care. In addition, delays in the PA process may lead to patients abandoning care. A recent survey conducted by the American Medical Association concluded that 82 percent of physician respondents noted that the PA process at least sometimes leads to treatment abandonment.¹

ASH believes collecting data on the timeframe for PA requests will provide the additional information necessary for the Agency to continue improving wait times for decisions on PA submissions. ASH recommends the Agency collect information on the following:

- turnaround time by provider type;
- turnaround time by type of service/item requested; and
- patient continuation or discontinuation of the treatment or service.

MA Compared to Traditional Medicare

Finally, it is important to collect data points on PA in MA plans that have a comparable data element in traditional Medicare. The ability to compare MA to traditional Medicare will support the Agency's ability to ensure alignment

¹ 2021 AMA prior authorization (PA) physician survey. <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>. Accessed February 7, 2023.

for covered services and provide a foundation for improvements in future rulemaking. Additionally, having comparable data points is important to support informed choice for patients; not only are physicians and their staff affected by the PA process, but patients also suffer undue burden and worse outcomes.

Recent studies suggest that insurance type may influence patient care and outcomes. For example, a literature review of 22 studies centered on hematologic malignancies and insurance, found that 17 of those studies “reported disparities in overall survival based on insurance status and type”.² ASH therefore recommends the Agency collect comparable data elements on services in a MA plan that may require a PA process and services covered in traditional Medicare to support a patient’s ability to compare plans and make an informed choice.

ASH appreciates the opportunity to share comments and recommendations. Please use ASH Manager for Health Care Access Policy, Carina Smith (casmith@hematology.org or 202-292-0264), as your point of contact if you have any questions or if we can provide additional information.

Sincerely,



Mohandas Narla, DSc
President



Mary-Elizabeth M. Percival, MD
Chair, Committee on Practice

² Crotty K, Lee M, Treiman K, et al. Health insurance, blood cancer, and outcomes: a literature review. Am J Manag Care. 2021;27(6):SP241-SP244.