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March 9, 2023

Chiquita Brooks-LaSure, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services

Attn: CMS-0057-P

7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically: <http://www.regulations.gov>

RE: RIN 0938-AU87- Proposed rule on Advancing Interoperability and Improving Prior Authorization Processes

Dear Administrator Brooks-LaSure,

The American Society for Radiation Oncology (ASTRO)¹ appreciates the opportunity to provide comment on the Advancing Interoperability and Improving Prior Authorization Processes for Medicare and Medicaid programs proposed rule. CMS' recognition that prior authorization (PA) has become a significant burden and barrier to providing high quality, efficient patient care is appreciated. Prior authorization needs to be reformed and made fully electronic, and streamlined processes for all Medicare and Medicaid programs would be a significant first step.

In this letter, ASTRO provides feedback on the outlined proposals that will impact our membership and the patients they serve. We appreciate CMS' focus on improving interoperability and data exchange between payers, third-party applications, and healthcare providers through the establishment of prior authorization standards, implementation specifications and certification criteria.

Advancing Interoperability and Electronic PA Standardization

Prior authorization requirements for cancer treatment vary widely depending on the payer, which creates confusion and adds significantly to the burden of data collection. Additionally, there is a lack of consistent interoperability between radiation oncology treatment planning systems, oncology information systems, and enterprise electronic health records.

¹ *ASTRO members are medical professionals, who practice at hospitals and cancer treatment centers in the United States and around the globe and make up the radiation therapy treatment teams that are critical in the fight against cancer. These teams often include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers, and treat more than one million cancer patients each year. We believe this multi-disciplinary membership makes us uniquely qualified to provide input on the inherently complex issues related to Medicare payment policy and coding for radiation oncology services.*

Standardization of payer requirements and the use of Application Programming Interface (API) Implementation Guides (IG) will facilitate more accurate, consistent, and straightforward transfer of health data. ASTRO is in full support of requiring payers to implement and maintain a standards-based Patient Access and Provider Access API, as well as a standards-based API for payer-to-payer data exchange. Adoption and implementation of interoperable electronic prior authorization capabilities will require concise, appropriate, and user-friendly electronic forms and software. ASTRO urges CMS to finalize the proposed policies outlined, as they will increase transparency by:

- Allowing patients to easily access their claims and clinical data with an application of their choice.
- Requiring impacted payers to include information about prior authorizations in the Patient Access API.
- Allowing for the exchange of patient data between payers and providers, including adjudicated claims and encounter data, and patient's PA decisions.
- Creating a payer-to-payer data exchange that will facilitate the exchange of patient information between payers.

Clinicians will be eager to adopt electronic prior authorization if the technology reduces administrative burden, does not add to their costs, and increases the amount of time they are able to spend with patients. ASTRO has previously shared concerns that third-party vendors will use regulatorily-required updates as an opportunity to generate additional charges and fees for their products. These excess charges are a financial burden for many practices, especially for small and rural practices, who often find these costs prohibitive. ASTRO recommends that the CMS and ONC carefully consider the downstream financial impact of new requirements and whether it may be appropriate to set limits on the fees that vendors can charge for their technology upgrades related to any future updates. Likewise, since payers are requiring prior authorization, they should bear the full costs associated with electronic prior authorization and providers should be completely held harmless. Unfunded mandates undercut the benefits of making healthcare data more readily available and reduce funds that should be allocated toward patient care.

ASTRO also fully supports requiring all impacted payers to implement and maintain a Fast Healthcare Interoperability Resources (FHIR) Prior Authorization API that integrates information about prior authorization requests and decisions into a providers' workflow. However, we would point out that the true success of these proposals is dependent on the presence and utilization of standardized data. The lack of standardization means that while the form can be submitted electronically, the information would still require manual entry, which does not provide any relief for over-burdened clinicians.

ASTRO is working closely with CodeX, a member driven HL7 FHIR accelerator to enable FHIR-based interoperability that will drive improvements for the most important challenges in patient healthcare. CodeX members are integrating and testing the mCODE (minimal Common Oncology Data Elements) FHIR Standard in use cases to create new workflows to support better cancer care. This effort includes a "Prior Authorization in Oncology" use case designed to facilitate an expedited, automated, and integrated electronic prior authorization process based on standards of care for prostate cancer. ASTRO urges CMS to provide funding opportunities for organizations that are working in this area to support data availability and liquidity throughout healthcare. This will not only encourage prior authorization

data transfer, but also other data relevant to care coordination, patient safety and shared decision making.

Request for Information: Accelerating the Adoption of Standards Related to Social Risk Factor Data

Research has shown that minority populations complete their course of radiation treatments less than Whites². This disparity is due primarily to lack of access to transportation, navigation, and other services. ASTRO is advocating for the establishment of a Health Equity Achievement in Radiation Therapy (HEART) payment policy that proactively identifies at-risk patient populations and provides a per patient payment to support wraparound services designed to help patients successfully initiate and complete radiation treatments.

Adopting standards for the collection of Social Determinants of Health (SDOH) data points would support the analysis necessary to measure the effectiveness of interventions like HEART and inform program modifications. ASTRO recommends the issuance of an additional payment associated with social determinant of health (SDOH) data collection. This would lead to increased utilization of the ICD-10-CM “Z codes” and result in greater standardization in the capture and exchange of social risk factor data.

Wraparound services are currently not reimbursable -- and therefore difficult, particularly for smaller practices, to establish -- yet have a significant impact on the patient’s quality of life and the cost of care. Symptom management clinics or triage units established in oncology settings have proven to be successful at reducing costs and ensuring patients have access to resources that improve their quality of life during their treatment³. A transportation hub established to identify patients at risk for not pursuing or completing radiation treatment increased treatment completion rates for Black patients from 79.8% to 88.4%.⁴

ASTRO’s HEART initiative would support:

- Triage patient needs 24/7;
- Providing patient care navigation, including patient education and symptom management, as well as financial support;
- Assessing and addressing patient’s nutrition, transportation and lodging needs, personal support system and identify resources to address barriers to accessing treatment and compliance with treatment care plan;
- Coordinating care and communication of information following evaluation and treatment with other care providers engaged in the patient’s treatment;
- Establishing a care plan that contains 13 components of the Institute of Medicine Care Management Plan that is documented and reviewed during each patient visit; and

² Mantz CA, Thaker NG, Deville C Jr, Hubbard A, Pendyala P, Mohideen N, Kavadi V, Winkfield KM. A Medicare Claims Analysis of Racial and Ethnic Disparities in the Access to Radiation Therapy Services. *J Racial Ethn Health Disparities*. 2022 Jan 21. doi: 10.1007/s40615-022-01239-0. Epub ahead of print. PMID: 35064522.

³ Chera, Bhishamjit S., Reducing Emergency Room Visits and Unplanned Admissions in Patients with Head and Neck Cancer, University of North Carolina Cancer Hospital Lineberger Comprehensive Cancer Center, *Clinical Journal of Oncology Nursing* – June 2017.

⁴ Stern, Joseph. “Tackling racial disparities in cancer care by creating new ways for institutions to operate.” *Washington Post*, 25 October 2021

- Documenting a survivorship plan that is developed in coordination with the patient, as well as other care providers and issued upon completion of treatment.

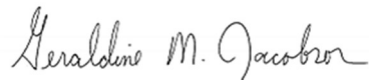
ASTRO urges CMS not only to reimburse for the collection of SDOH data but also properly reimburse for wraparound services that support patients who frequently experience healthcare disparities.

Thank you for the opportunity to comment on this proposed rule. We look forward to continued dialogue with CMS officials. Should you have any questions on the items addressed in this comment letter, please contact Emilio Beatley, Health Policy Analyst, at (703) 839-7360 or via email at Emilio.Beatley@astro.org.

Sincerely,



Laura I. Thevenot
Chief Executive Officer



Geraldine M. Jacobson, MD, MBA, MPH
Board Chair