January 4, 2021

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-9123-P
P.O. Box 8011
Baltimore, MD 21244-1850

Re: The Alliance for Nursing Informatics Comments on Medicaid Program: Patient Protection and Affordable Care Act; Reducing Provider and Patient Burden by Improving Prior Authorization Processes, etc.

Submitted electronically at: https://regulations.gov/commenton//CMS-2020-0157-0007

Dear Administrator Verma:

Thank you for the opportunity to provide comments on the Proposed Rule on Reducing Provider and Patient Burden by Improving Prior Authorization Processes, and Promoting Patients' Electronic Access to Health Information.

[The Alliance for Nursing Informatics](#) (ANI), co-sponsored by AMIA & HIMSS, advances nursing informatics leadership, practice, education, policy and research through a unified voice of nursing informatics organizations. We transform health and healthcare through nursing informatics and innovation. ANI is a collaboration of organizations that represents more than 20,000 nurse informaticists and brings together 25 distinct nursing informatics groups globally. ANI crosses academia, practice, industry, and nursing specialty boundaries and works in collaboration with the more than 4 million nurses in practice today.

Having reviewed the proposed rule, we offer our comments as nursing informatics stakeholders. **However, given the importance and complexity of the proposed rule, ANI strongly urges CMS to extend the unusually brief public comment period for this proposed rule, to allow for a more comprehensive review and feedback.**

ANI fully endorses the objective to promote health information exchange and achieving access to complete health records for patients, providers, and payers, while working to reduce burden for all. We offer two overarching recommendations to promote the achievement of these objectives:

> 1. **Emphasize alignment and consistency in implementation guides**

2. **Approach health information exchange from a team-based healthcare and patient-centered perspective**

Our rationale, and more specific comments on sections of the proposed rule are included below.

1. Emphasize alignment and consistency in implementation guides

ANI has long supported harmonization between various CMS processes and requirements, including the use of standardized data elements, and applauds CMS efforts to align strategies with ongoing standardization efforts, including the US Core Data for Interoperability (USCDI) and standardized implementation guides. ANI strongly endorses that APIs be required to comply with implementation guides, as proposed. If compliance with implementation guides remains optional, there is a risk that required APIs could be built in such a way that creates misalignment between and among payer APIs and with third-party apps. However, ANI encourages that close attention be paid to ensuring maturity of proposed implementation guides to avoid undue complications in the exchange and use of important data.

2. Approach health information exchange from a team-based healthcare and patient-centered perspective

ANI recommends that all strategies for improving health information exchange and reducing documentation burden be approached from a team-based healthcare perspective. [In previous comments to CMS,](#) ANI has advocated for: "use of inclusive language, consideration of all the members of the healthcare team and their contributions to care and documentation, and the engagement of all these stakeholders, including nurses, in CMS work groups and technical expert panels." The primary focus of interoperability should be the improvement of the public's health, rather than accuracy and ease of billing. Significant improvements in safe, timely, effective, and efficient care delivery hinge on interoperable clinical data for use by all members of the care team, including the patient. We reiterate the importance of all strategies reflecting the full care continuum, with particular emphasis on settings that may have fewer resources and/or serve particularly vulnerable or marginalized populations, such as school health settings, public health agencies, and rural health care centers. We encourage CMS to pay attention to important stakeholders beyond CMS-eligible providers, to include the interdisciplinary team members who are responsible for clinical care, documentation and data collection. Furthermore, we encourage an extended focus on patients and their caregivers as key stakeholders. This includes an increased emphasis on benefits and risks to patients when determining relevant data for exchange and considering privacy and confidentiality issues.

Specific considerations

Prior Authorization Support (PAS) API: In addition to the above comments on the importance of maturing and harmonizing implementations guides, ANI recommends transparency of workflow process and status to enable sharing with the patient to promote health and insurance literacy. Patients are unfamiliar with payer processes and may not fully comprehend their insurance coverage or how the prior authorization process could impact their individual healthcare. Education will be needed, including for example, anticipated turnaround time (TAT) and status of prior authorization requests, as well as information about denial and appeal processes. Education and simplicity in terms will help inform expectations for the provider and

patient, promote patient engagement, and support better patient outcomes. Denial processes require particular attention, to enable the monitoring of disparities and any inherent biases to reduce inequities in denials. Given the lack of clarity around some of these processes, we encourage that compliance timelines be reconsidered to allow for further development and stakeholder feedback.

RFI - Methods for Enabling Patients and Providers to Control Sharing of Health Information specific to mental and behavioral health: Mental and behavioral data has high potential for stigma, and patients seeking mental and behavioral health care may be more likely to face barriers in access to and engagement with payers and providers. There is also a growing body of evidence to support intersectionality between mental and behavioral health issues and other Social Determinants of Health, leading to sustained health disparities, furthering the importance of this data and of development of thoughtful processes and methods of data sharing. In addition, family caregivers should be considered as important stakeholders. An unintended consequence of segmenting data for access control may be adding to the already substantial barriers experience by caregivers advocating for patients.[1]

RFI-Reducing the Use of Fax Machines for Health Care Data Exchange: Nurses and other clinicians, working in settings where electronic documentation systems are unavailable or less mature in adoption, face multiple challenges when communicating with healthcare providers on behalf of their patients. For many, Fax remains a predominant method of communication. A secure and efficient alternative to the use of a fax would be greatly beneficial, particularly in the form of electronic connections or messaging options to the healthcare provider that facilitates real-time review and decision-making for providers, payers, and patient. Any solution would need to support transmission of different document types and formats, and be usable in low-bandwidth areas, such as rural health settings.

RFI-Accelerating the Adoption of Standards Related to Social Risk Data: ANI strongly endorses social determinants of health (SDoH) as a key interoperability need for better care and health nationwide, further amplified during the COVID-19 public health emergency. We have supported efforts to establish common data elements through the USCDI and applaud the consideration of SDoH data elements for inclusion in USCDI v2. However, ANI emphasizes the need for federally required standards and/or implementation specifications for SDoH data capture. Without federal requirements, valuable SDoH data continues to be optional and exists often in non-interoperable fields, rendering it obscure or inaccessible to patients and providers to identify opportunities to impact outcomes. Without these data, care coordination, quality, safety, and efficiency may be compromised, and health disparities remain.

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[1] Cheng SC, Backonja U, Buck B, Monroe-DeVita M, Walsh E. Facilitating pathways to care: A qualitative study of the self-reported needs and coping skills of caregivers of young adults diagnosed with early psychosis. J Psychiatr Ment Health Nurs. 2020 Aug;27(4):368-379. doi: 10.1111/jpm.12591. Epub 2020 Feb 11. PMID: 31930633.

ANI appreciates the opportunity to offer our comments on CMS efforts to promote health information exchange while working to reduce burden for all. We are available and interested in supporting future public responses on these important healthcare issues.

Sincerely

Susan Hull, MSN, RN-BC, NEA-BC, FAMIA
ANI Co-Chair

Nancy J Beale, MSN, RN-BC
ANI Co-Chair

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