August 8, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW, Room 445-G
Washington, DC 20201

Dear Administrator Verma:

As you and your staff work to reduce barriers to patient care through your Patients over Paperwork initiative, we are writing to request that you improve how prior authorization (PA) works under Medicare Advantage (MA). We are concerned that patients may be encountering barriers to timely access to care that are caused by onerous and often unnecessary prior authorization requirements. Therefore, we request your agency provide guidance to MA plans regarding the use of prior authorization to ensure that these requirements do not create inappropriate barriers to care for Medicare patients.

We recognize the important role that MA plays in the Medicare program and understand that utilization review tools such as PA can sometimes play a role in ensuring patients receive clinically appropriate treatment while controlling costs. However, we hear from physicians and other health care providers in our districts about the growing administrative burdens associated with PA requirements. Because MA plans are ultimately required to provide equivalent coverage to fee-for-service (FFS) Medicare, which generally does not require pre-approval for services, plans are precluded from using PA to inhibit access to services.

It is our understanding that some plans require repetitive prior approvals for patients that are not based on evidence and may delay medically necessary care. Many of these PA requirements are for services or procedures performed in accordance with an already-approved plan of care, as part of appropriate, ongoing therapy for chronic conditions, or for services with low PA denial rates. We request you issue guidance to MA plans dissuading practices such as these and provide direction to increase transparency, streamline PA, and minimize the impact on patients.

More generally, we understand that CMS monitors enrollee access as part of its oversight. We believe it would be helpful for CMS to collect data on the scope of PA practices – including denial, delay and approval rates. Additionally, we request a report describing CMS oversight of pre-approval policies in MA plans, the use of PA for Part A and Part B services, and descriptions of audit protocols that focus on this area.

Finally, key stakeholders have worked together to identify opportunities to improve the PA process, promote patient access to timely care, and reduce unnecessary administrative burdens. We request that you and your staff to engage with these organizations on additional opportunities to improve the PA process for all stakeholders.

Thank you for your consideration of these requests.

Sincerely,

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David P. Roe, M.D.
Member of Congress

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Ami Bera, M.D.
Member of Congress