AMGA
Advancing High Performance Health

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June 30, 2025

Re: Service Level Data Collection for Initial Determinations and Appeals
CMS-10905
OMB Number: 0938-New
ICR Reference Number: 202505-0938-016

Dear Administrator Oz,

On behalf of AMGA, we appreciate the Centers for Medicare & Medicaid Services' (CMS's) ongoing commitment to improving transparency and oversight of prior authorization and appeals processes in Medicare Advantage (MA). We write in response to the proposed data collection under CMS-10905, which outlines expanded and revised reporting elements related to coverage and payment decisions.

Founded in 1950, AMGA is a trade association leading the transformation of healthcare in America. Representing multispecialty medical groups and integrated systems of care, we advocate, educate, innovate, and empower our members to deliver the next level of high-performance health. AMGA is the national voice promoting awareness of our members' recognized excellence in the delivery of coordinated, high-quality, high-value care. Over 177,000 physicians practice in our member organizations, delivering care to more than one in three Americans. Many of our member medical groups participate in the MA program, both under contract with MA plans and via their own sponsored MA plan offerings.

Accordingly, we offer the following comments for consideration.

Subcategories for Coverage and Payment Decisions

AMGA appreciates CMS's proposal to significantly expand the granularity and clarity of the data to be collected. Specifically, we strongly support the separation of data elements into distinct subcategories for coverage and payment decisions under initial determinations and reconsiderations. This separation addresses longstanding concerns around ambiguity in prior authorization tracking and allows for clearer comparisons between pre-service and post-service determinations.

New and Revised Data Elements

In its 2024 response to CMS's Medicare Advantage Data RFI, AMGA recommended enhanced reporting that goes beyond aggregate percentages to include case-level data elements capable of capturing administrative burden, care delays, and appeal outcomes. The CMS-10905 proposal includes several new and revised elements aligned with this goal, including:

- **Decision Timeframes**: Collecting information on the date a prior authorization request was received and

the date of decision notification will provide details on how long providers and patients must wait for a determination. AMGA supports this proposal.

- **Disposition and Decision Rationale**: AMGA supports collecting details from plans on the rationale for prior authorization decisions, as it will reveal trends in denial and approval practices.
- **Reviewer Qualifications and Use of Third-Party Vendors**: Providing details on the qualifications of the personnel responsible for reviewing prior authorization requests will address AMGA's concerns about subcontractor involvement and inconsistency in decision quality.
- **Processing Priority (Standard or Expedited)**: This data element enables disaggregation of data to assess timeliness for urgent needs. AMGA supports its inclusion.

These elements collectively move CMS toward a data infrastructure that supports better transparency and plan accountability.

Additional Opportunities for Strengthening the Dataset

While the proposed revisions to the data elements in CMS-10905 represent important progress, AMGA urges CMS to consider the following enhancements to further advance its stated goals of helping providers and patients better understand plan practices:

1. **Volume Counts for Prior Authorization and Appeals**: CMS should collect and publicly report the total number of:
    - Initial coverage and payment requests,
    - Denials,
    - Appeals,
    - Reversals on appeal,
    - Expedited vs. standard requests.

2. **Additional Enrollee Identifiers**: While CMS-10905 includes diagnosis codes and some enrollee identifiers, it should include other relevant identifiers such as:
    - Race/ethnicity,
    - Primary language,
    - Disability status,
    - Rural/urban ZIP codes

    These fields are necessary for meaningful analysis of disparities in prior authorization and appeals outcomes.

3. **Subcontractor Performance**: While we support reporting on subcontractor involvement in decisions, we urge CMS to also collect and publicly report information on trends in subcontractor performance. CMS should also require that plans:
    - Report subcontractor-specific denial and appeal rates, and,
    - Indicate contractual incentive structures, if applicable.

4. **Care Transition Impact**: Add fields to identify whether the request was related to care transitions, such as hospital discharge or skilled nursing facility (SNF) admission. This would help CMS assess systemic delays in transitions of care.

5. **Patient Abandonment Indicators**: Consider capturing whether a patient ultimately received the

requested service, and if not, why. For example: *denial upheld, patient withdrew, alternative service provided, etc.*

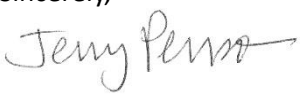
6. **Real-Time Determination:** CMS should include an additional field indicating whether the determination was made in real-time and publicly report these statistics.

7. **Use of Artificial Intelligence:** To provide additional transparency regarding the growing use of artificial intelligence, CMS should capture and publicly report whether artificial intelligence was used to make the prior authorization decision, including at the subcontractor level.

The proposed changes under CMS-10905 reflect a significant step forward in enhancing transparency in Medicare Advantage plan operations. AMGA supports this direction and recommends further refinements to ensure that the data can be meaningfully used by providers, beneficiaries, and regulators. These additions will help CMS not only monitor compliance but also identify opportunities to remove unnecessary prior authorization requirements and ensure timely access to medically necessary care.

We thank you for your consideration of our comments. Should you have questions, please do not hesitate to contact AMGA's Darryl M. Drevna, senior director of regulatory affairs, at 703.838.0033 ext. 339 or at ddrevna@amga.org.

Sincerely,



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