Texas Hospital Association

1108 Lavaca Street, Suite 700
Austin, Texas 78701
512/465-1000
www.tha.org

June 30, 2025

Dr. Mehmet Oz
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-10905
P.O. Box 8013
Baltimore, MD 21244-8013

RE: Service Level Data Collection for Initial Determinations and Appeals

Dear Doctor Oz:

On behalf of our more than 460 member hospitals and health systems, including rural, urban, children's, teaching and specialty hospitals, the Texas Hospital Association (THA) appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) proposal to collect information from Medicare Advantage organizations (MAO) participating in the Medicare Advantage (MA) program. As THA has noted in prior correspondence with CMS, patients and providers have been routinely challenged by the plans' unnecessary administrative burdens. From a provider perspective, plan requirements have been so excessive as to cause hospitals and doctors to stop contracting with MA plans in some cases, leaving patients with diminished access to vital care. Moreover, THA has previously shared with CMS specific examples of care that have been delayed or denied by MA plans, resulting in worsening patient conditions. As such, THA is pleased to see that CMS, under the Trump administration, is working to hold MA plans accountable by striving to reduce prior authorization requirements, increase audits and collect valuable data that will assist in rooting out the bad MAO actors.

In reviewing the recent comment request and its accompanying documentation, THA is pleased to see CMS' clarification regarding precisely which data elements would be collected for initial determinations and reconsiderations, as well as both coverage decisions and payments. These distinctions rightfully distinguish between the categories of problematic interactions providers have experienced with MA plans and allow CMS to ensure oversight of each. THA is also supportive of the addition and clarification of data elements that will ensure CMS has appropriate insight into areas where patients and providers are struggling.

As CMS works to finalize the data elements it will include in its data collection efforts, THA and its members would like to suggest a few others for consideration:

Texas Hospital Association

1108 Lavaca Street, Suite 700
Austin, Texas 78701
512/465-1000
www.tha.org

- The addition of a field to all data collection forms to identify whether the request was relevant to a care transition, allowing CMS to assess delays in transitional care. For example, CMS could identify the frequency and extent to which MA plan determinations result in the delayed discharge of a patient from an acute care hospital to a long-term acute care hospital, skilled nursing facility or other post-acute care facilities.

- The extent to which MA plans make retroactive changes to an initial determination.

- The extent to which MA plans are reclassifying Medicare Severity Diagnosis Related Groups (MS-DRGs) after the provider has billed, also known as down-coding.

- The extent to which MA plans are paying claims correctly.

- The extent to which MA plans are paying claims in a timely manner.

- The extent to which MA plans may be making coverage and payment determinations using artificial intelligence and how such determinations compare to those made through traditional means.

- A comparison between the days authorized by MA plans' case management staff and the number of days for which it ultimately reimburses the provider. (THA member Critical Access Hospitals indicate frustration with MA plans' implementation of the CMS 96-hour rule.)

- The way and the extent to which MA plans provide out-of-network providers with access to their eligibility and claims systems, and MA plans' procedures for handling inquiries from providers without access.

Additionally, THA encourages CMS to consider how MA plans may be usurping medically informed decision-making by improperly implementing diagnostic criteria that are not supported by medical reference.

After CMS begins collecting these important data, THA hopes that the agency will make public its findings. Notably, THA members have expressed an interest in how MA plans may be employing actions differentially depending on geographic classification (urban/rural, by county, etc.), hospital type (Prospective Payment System, Critical Access Hospital, etc.), service type (imaging, physical therapy, etc.) or MS-DRG. Thus, CMS might publish tables indicating the volume counts for coverage decisions and determinations, and the number of denials, appeals and reversals on appeal.

Texas Hospital Association

1108 Lavaca Street, Suite 700
Austin, Texas 78701
512/465-1000
www.tha.org

Once again, THA is grateful to the Trump administration for its leadership in reining in the abuses of MA plans and stands ready to assist CMS in any way it can.

Sincerely,

Matthew P. Turner, PhD, MPH
Senior Director, Health Care Policy
Texas Hospital Association