March 24, 2022

Submitted electronically via http://www.regulations.gov

Micky Tripathi, Ph.D., M.P.P.
Office of the National Coordinator for Health Information Technology
Mary E. Switzer Building
Mail Stop: 7033A
330 C Street SW
Washington, DC 20201

RE: Request for Information: Electronic Prior Authorization Standards, Implementation Specifications and Certification Criteria (RIN-0955AA04)

Dear Dr. Tripathi:

The Pharmaceutical Care Management Association (PCMA) appreciates the opportunity to provide comments based on the questions in the above-referenced Office of the National Coordinator for Health Information Technology (ONC) Request for Information (RFI) related to Electronic Prior Authorization (e-PA) Standards, Implementation Specifications and Certification Criteria.

PCMA is the national association representing America's pharmacy benefit managers (PBMs), which administer prescription drug plans (PDPs) and operate specialty pharmacies for more than 266 million Americans with health coverage through Fortune 500 companies, health insurers, labor unions, Medicare, Medicaid, the Federal Employees Health Benefits Program, and the Exchanges established by the Affordable Care Act.

PCMA has long-supported both electronic prescribing (e-Rx) and e-PA, and believes that both tools increase consumer health care transparency. E-Rx ensures that each prescription is written by a legitimate prescriber and filled by a legitimate pharmacy, leading to reduced medication errors and fraud. By contrast, e-PA helps ensure that patients' prescription drugs are dispensed accurately, safely, and quickly, leading to increased medication adherence. PCMA fully supports the use of e-PA as a means to improve provider and patient satisfaction and reduce inefficiencies in care delivery such as access to prescribed medications and treatment. Specifically, we fully support the Centers for Medicare & Medicaid Services (CMS's) implementation of Section 6062 of the SUPPORT Act, which requires the use of e-PA in the Medicare Part D program.[1]

[1] See Public Law 115-271 (October 24, 2018), 84 Fed. Reg. 28450 (June 19, 2019), and 85 Fed. Reg. 86824 (December 31, 2020).

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Our partner, SureScripts, has reported a monumental shift toward e-PA for prescription drugs.[2] Almost all – 98% of PBMs and plan sponsors have platforms that can support e-PA. From Q4 2020 to Q4 2021, there was a 25% increase in participating providers, leading to a 64% increase in filed e-PA requests. They note that another survey found wait times for services covered by e-PAs were one-third of those covered by paper PA. By contrast, another industry stakeholder found that electronic transactions within the medical benefit increased only 2.3% over the same time period.[3] Electronic transactions are the future, and providers need a boost to improve their use of e-PA outside of prescription drugs. As such, PCMA recognizes and appreciates the work that both Health and Human Services (HHS) and CMS have done to improve the PA process for medications obtained under the pharmacy benefit. With great anticipation, we look forward to seeing those processes improved for other products and services, from a benefit structure agnostic perspective.

We strongly believe that the requester of the PA should drive the transaction standard used. If the PBM is processing the request, then the National Council for Prescription Drug Programs (NCPDP) SCRIPT e-PA messages should be used. This holds true even if the product is covered under a plan's medical benefit including Medicare Part B. If a health plan is processing the PA for a medical service, then the Accredited Standard Committee (ASC) X12 278 transaction set should be used, and developments to align Fast Healthcare Interoperability Resources (FHIR)-based transactions should be supported moving forward. However, PBMs are fully capable of and have industry experience in processing PAs for all drugs dispensed by pharmacies (retail, mail order, specialty, and other), whether covered under the medical or pharmacy benefit. Therefore, we recommend that ONC defer to the industry's long experience with e-PA rather than initiate any new processes. In some cases this may mean allowing the plans to determine whether drugs covered under the medical benefit should go through either ASC X12 or NCPDP SCRIPT messaging, depending on whether the PA function for these drugs is delegated to the PBM or retained by the plan.

Overall PCMA supports the use of newer technologies, such as those outlined in the RFI. We recognize that greater adoption of these technologies in the marketplace will facilitate patient access to timely care. We do not have specific recommendations as to the Certified Health IT Functionality, Implementation Specifications for Prior Authorization or Healthcare Attachment Standards since these questions are focused on medical benefit services. Instead, we support the creation and use of standards, including FHIR, since standardization improves data exchange and enables efficiencies in administrative processes which are appreciated by all, including patients, providers, developers, and payers.

Based on our industry's experience in helping to stand up the NCPDP SCRIPT e-PA standards, we expect that software integrations for providers will increase the use of e-PA where currently underutilized. We recommend that standards development organizations consult each other to identify areas of consistency and gaps to be addressed so that providers and payers are sharing

[2] SureScripts, 2021 National Progress Report, January 1, 2022. Available at https://surescripts.com/docs/default-source/national-progress-reports/2021-national-progress-report.pdf.
[3] CAQH, 2021 CAQH Index: Working Together: Advances in Automation During Unprecedented Times, January 31, 2022. Available at https://www.caqh.org/sites/default/files/explorations/index/2021-caqh-index.pdf.

consistent, comprehensive data, in similar formats, to expedite the PA process. We support efforts that improve timely patient access to treatment, while allowing for the clinical programs to ensure the safety and applicability of treatments being accessed. Importantly, certification of the standards allows payers consistent access to appropriate and accurate information they need from providers.

In response to the RFI, PCMA offers the following specific recommendations:

- PCMA recommends that the NCPDP SCRIPT prior authorization transactions be specifically recognized within the certification process as most appropriate for prescription drug PA requests. A 2020 AMA survey highlighted the lack of physician access to e-PA.[4] Specifically, only 24% of physicians report that their EHR system offers electronic PA for prescription medications. To ensure successful adoption, ONC must make its expectations clear to developers. It is critical that workflow solutions are available to all providers and all support staff that assist in processing the PA, and that the solution can support all payers in a standardized way, reducing complexity and confusion for the provider team.

- PCMA recommends that ONC specify that data entered into electronic transactions needs to be complete and specific to the request. In our members' experience, incomplete data from providers delays the timely processing of PA requests.

- PCMA and PBMs recognize the need to expand and allow additional standards to be advanced for PA automation under current law. We need to focus on filling gaps in existing standards as well supplementing with new functionality. New kinds of therapeutic technologies, including patient-derived treatments, digital health, or other novel approaches, may warrant new standards to ensure appropriate data is captured to process PA's.

We appreciate your consideration of our comments and look forward to continuing to work with your office and others in HHS to ensure ongoing successful implementation and adoption of e-PA. If you need any additional information, please reach out to me at tdube@pcmanet.org.

Sincerely,

Tim Dube

Tim Dube,
Vice President, Regulatory Affairs

[4] See "Measuring progress in improving prior authorization." AMA 2020 Update. Available at https://www.ama-assn.org/system/files/2021-05/prior-authorization-reform-progress-update.pdf.