



Physicians Caring for Texans

August 16, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4189-P
P.O. Box 8013
Baltimore, MD 21244-8013

Posted to *Federal Register* 06-19-2019

RE: Medicare Program; Secure Electronic Prior Authorization for Medicare Part D

Dear Administrator Verma:

On behalf of our nearly 53,000 physician and medical student members, the Texas Medical Association (TMA) thanks you for the opportunity to comment on the Electronic Prior Authorization for Medicare Part D.

The NCPDP SCRIPT standard appears to be superior to the alternatives and the best choice to adopt. The other strategy – creating multiple, different processes for prior authorization using different standards – is burdensome on physicians and their practices. Even though many electronic health record systems may be programmable to handle the different processes, each process needs to be separately designed, implemented, tested, and maintained, usually at a cost to physician practices. In addition, because each process is different, physicians and their staff will need to follow a dual learning process and workflow, which unnecessarily adds to the inefficiencies of medical practice. A better approach is to have one standard for prior authorizations of all types of medications. If the NCPDP SCRIPT is not quite ready for this, then it would be prudent to wait until it is ready.

Regarding prior authorization for durable medical equipment (DME), the Centers for Medicare & Medicaid Services (CMS) indicates that is “different.” While this is true in some small ways, in many other ways DME has the same requirements and complexities as medications.

To reduce complexity and burden, the TMA strongly recommends a single prior authorization process for medications and durable medical equipment.

An additional observation noted in this proposal is CMS' use of the phrase "we believe." TMA strongly holds that when proposing changes, CMS should be required to have concrete evidence that the change will work within software and workflows rather than a "belief." All CMS proposals should be modeled, simulated, and tested before they are broadly proposed so that changes are made with the confidence needed to implement them effectively and efficiently.

TMA appreciates the opportunity to provide feedback on the electronic prior authorization for Medicare Part D. Should you have any questions, do not hesitate to contact Shannon Vogel at TMA by calling (512) 370-1411 or emailing shannon.vogel@texmed.org.

Sincerely,

A handwritten signature in black ink, reading "Joseph H. Schneider, MD, MBA". The signature is written in a cursive, flowing style.

Joseph H. Schneider, MD, MBA
Chair, Committee on Health Information Technology
Texas Medical Association