



FEB - 7 2019

Administrator
Washington, DC 20201

The Honorable David P. Roe
U.S. House of Representatives
Washington, DC 20515

Dear Representative Roe:

Thank you for the letter regarding the use of prior authorization in Medicare Advantage (MA). I appreciate hearing your views on this issue.

Medicare law and regulations allow MA plans to have prior authorization requirements that are consistent with original Medicare coverage criteria. MA plans may require prior authorization on medical items and services, except for emergency services, urgent care, and stabilization services. MA plans are expected to annually review their prior authorization requirements so that they are up-to-date with current clinical criteria and Medicare's local and national coverage decisions.

In the contract year 2019 Final Call Letter, the Centers for Medicare & Medicaid (CMS) reminded MA plans that they should be transparent about prior authorization policies and provide adequate notice to providers and enrollees of prior authorization requirements. MA plans should specify any coverage restrictions, including what information is needed when a provider submits a prior authorization request. In addition, MA plans must include information about which services require prior authorization in the plan's Evidence of Coverage that is provided annually to enrollees. CMS also requires plans to specify this information in their provider contracts, as well as in other provider communications/materials (e.g., provider manuals).

You also requested information about CMS's oversight of prior authorization policies in MA plans. Prior authorization requests are considered pre-service organization determination requests that are subject to the adjudication timeframes, notice requirements, and appeal rules under the MA regulations (42 CFR §422.568 and 422.572). Plans must render coverage decisions as expeditiously as an enrollee's health condition requires within the applicable adjudication timeframes. CMS audits pre-service organization determinations to ensure compliance with regulatory requirements related to clinical appropriateness of coverage decisions and processing timeframes. CMS is currently evaluating our current data collection practice surrounding prior authorization and will take your suggestion under consideration.

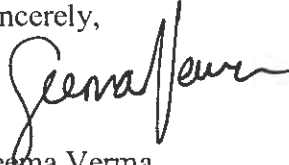
Finally, CMS is participating in the Da Vinci project, which is a private sector initiative led by the standards development organization, Health Level 7. Through the Da Vinci project, CMS is working with several other payers, Electronic Health Record vendors, providers, and the Office

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of the National Coordinator for Health Information Technology to help find ways to reduce provider burden related to prior authorization requirements and related documentation requirements.

Thank you for your letter. I look forward to continuing to work with you to strengthen the Medicare program for all beneficiaries. I will also provide this response to the co-signers of your letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Seema Verma". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Seema Verma