

United States Senate

WASHINGTON, DC 20510

6 October 2021

Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure:

I write to forward the attached joint letter from the American Society of Cataract and Refractive Surgery and the American Academy of Ophthalmology, two leading groups of eye surgeons representing some 20,000 physicians in the United States. These medical professionals are deeply concerned about the impact on their patients of a new prior authorization policy in certain Medicare Advantage plans. As an ophthalmologist, I share their concerns about delays of care, which can have a palpable impact on patients' vision, ocular health, and quality of life.

Thank you for your full and fair consideration of this request. I trust you will give this matter the attention it deserves.

Sincerely,

A handwritten signature in blue ink that reads "Rand Paul". The signature is fluid and cursive, with the first name "Rand" and last name "Paul" clearly distinguishable.

Rand Paul, M.D.
United States Senator
Commonwealth of Kentucky

Attachment



August 6, 2021

The Honorable Rand Paul, MD
167 Russell Senate Office Building
Washington, DC 20510

The Honorable Mariannette Miller-Meeks, MD
1716 Longworth House Office Building
Washington, DC, 20515

Dear Senator Paul and Representative Miller-Meeks:

On behalf of the American Society of Cataract and Refractive Surgery (ASCRS) and the American Academy of Ophthalmology (AAO), representing 20,000 medical doctors in the United States, we write today to express concern about a newly implemented Aetna prior authorization policy for cataract surgery for Medicare Advantage (MA) plans that delays patient access to sight-restoring surgery and is exacerbating a backlog of patients due to canceled procedures during the COVID-19 pandemic. Specifically, we request that you ask CMS to:

Increase oversight of MA plans to ensure they are not inappropriately delaying or denying beneficiaries' access to medically necessary cataract surgery.

We make this request because:

- Aetna neglected to release essential information before implementing its new policy, requiring prior authorization for cataract surgery beginning July 1, 2021, which created confusion for ophthalmic practices and their patients. While the announcement was first posted in Aetna's March newsletterⁱ and later restated in their May important reminders documentⁱⁱ, both statements lacked basic details, including which plans were impacted by the new policy, a formal document to determine medical coverage, and the requirements needed for prior authorization. To see these newsletters in their entirety and the information included, refer to the references below.
- Prior to the July 1 start date for the prior authorization requirement on all cataract surgeries, providers were unable to receive approval because Aetna's electronic prior authorization system, which providers were encouraged to use, was not yet working. In fact, the portal informed providers prior authorization is not required for cataract surgery. As a result, many practices had to reschedule July patients for their surgery because they could not obtain timely approval.
- When providers called Aetna for support, representatives told providers to reschedule surgeries planned for the first half of July because the prior authorization system was not working, and the process could take up to 2 weeks for approval. This was extremely problematic because cataract surgeries are typically scheduled several weeks in advance. Additionally, cataract surgeons are dealing with a backlog of patients due to the COVID-19 pandemic and the closure of practices. This policy is further delaying care.

- Aetna's prior authorization questionnaire is poorly designed and omits essential questions such as glare/contrast sensitivity. An ASCRS member spoke to the Aetna medical director directly, and when asked about the questionnaire and the omission of the glare/contrast sensitivity question, it was explained that the question was pulled to make the questionnaire more efficient for providers. However, glare/contrast sensitivity testing is integral to determining the necessity of cataract surgery.
- Aetna's peer-to-peer reviews for prior authorization requests are conducted by doctors with no knowledge or expertise in ophthalmology. An ASCRS member had a "peer-to-peer" review with an Aetna representative to discuss a prior authorization request for a patient with 20/30 vision that dropped to 20/80 on glare testing. To the ASCRS member's surprise, the peer-to-peer review was with a cardiologist with no ophthalmology training. According to the member:

"Right away, I was told I was not getting my patient's case approved. The Aetna representative shared that he was looking at an internal Aetna PowerPoint presentation that explained only vision 20/40 or worse would be approved and that glare testing is inconsequential to that decision."

- Aetna representatives have not been adequately educated on the new policy, creating greater confusion for participating practices and their patients. For example, one ASCRS member shared the following:

"My Office Manager called the Aetna Prior Authorization phone number on July 1st to seek guidance. What followed were 5 phone transfers and no solution: We were informed that it was not authorized, then it was authorized, then it wasn't authorized if we were in Georgia, then we were asked to spell "Glaucoma" because the Aetna Representative did not know what that word meant, then we were instructed to call back the following week to begin the process all over as the Aetna Representative was not sure how to proceed. Total phone time was 50 minutes. The following week we were transferred 3 times before an Aetna Representative sent us some forms to fill out to request prior authorization. Total phone time was 20 minutes. We filled out the forms, sent them to Aetna and have not heard back."

- Aetna implemented its new policy without releasing updated clinical policy documents. It took Aetna two weeks until it released an updated policy document on cataract surgery.ⁱⁱⁱ This is problematic and creates confusion, especially when a new policy is being implemented, about the insurers' determination of whether services will be covered or not.
- The prior authorization portal is confusing and requires workarounds. Since most patients require cataract surgery in both eyes, practices submit prior authorization requests for both eyes on the same day. However, the insurer's portal denies the second eye, indicating that it is a duplicate submission. Per Aetna, practices will need to "Submit a request for the second procedure as your first request. Complete the questionnaire (if asked). Then submit a second Authorization request for the first procedure. Complete a second questionnaire for the second procedure (if asked). It's important to submit requests in this order." This policy creates an overly burdensome amount of unwarranted work for ophthalmic practice administrators, as

Aetna informed ASCRS and AAO that they believe only 5% of prior authorization requests for cataract surgery will be denied. However, weeks later, the insurer issued a public statement claiming its calculations show "up to 20% of all cataract surgery may be unnecessary." No evidence has been provided that unnecessary surgery is taking place.

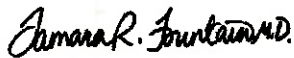
As a result of the haphazard rollout of this new policy, patients' sight-restoring surgeries are being unnecessarily delayed. Many MA patients under Aetna are unnecessarily put at risk for increased injuries and worsening vision. Therefore, CMS must increase its oversight of MA plans to guarantee they are not inappropriately delaying or denying patients' access to medically necessary cataract surgery.

We appreciate this opportunity to express our concerns. If you have any questions, please contact Jillian Winans, Senior Manager of Government Relations, at jwinans@ascrs.org or 703-383-5733.

Sincerely,



Richard S. Hoffman, MD
ASCRS President



Tamara R. Fountain, MD
AAO President

ⁱ "March 2021 Newsletter." Aetna, March 2021,
<https://www.aetna.com/health-care-professionals/newsletters-news/office-link-updates-march-2021.html>.

ⁱⁱ "May 2021 Important Reminders." Aetna, May 2021,
<https://www.aetna.com/content/dam/aetna/pdfs/olu/officelink-updates-may-2021-olu.pdf>.

ⁱⁱⁱ "Clinical Policy Bulletin #508 Cataract Surgery." Aetna, July 14, 2021,
http://www.aetna.com/cpb/medical/data/500_599/0508.html.