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October 16, 2018

The Honorable Rep. David Roe  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Rep. Ami Bera  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Rep. Roe and Rep. Bera:

On behalf of the Medicare Rights Center, I am writing to thank you for leading a recent letter to the Centers for Medicare & Medicaid Services (CMS) regarding opportunities to reduce barriers to care within the Medicare Advantage (MA) prior authorization process.

The Medicare Rights Center is a national, nonprofit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Our organization provides services and resources to nearly three million people with Medicare, family caregivers, and health care professionals each year.

Based on this experience, we know that barriers to care and coverage continue to pose problems for people with MA. Through our National Helpline, we routinely hear from MA enrollees who face challenges understanding and navigating their plan's health service denials and coverage rules. Calls about denials of physician services are among the most frequent,<sup>1</sup> and include situations where the coverage denial is the result of a prior authorization requirement.<sup>2</sup>

Medicare Rights appreciates that in some instances, prior authorization may be an appropriate utilization management tool, in particular when both beneficiaries and providers are likely to benefit from advance knowledge of Medicare coverage. Accordingly, we support exploring its use through targeted, clearly defined programs—the recent demonstration of power mobility devices, for example—where pre-service information about coverage is designed and issued to enhance predictability without jeopardizing access.

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<sup>1</sup> Medicare Rights Center, Medicare Trends and Recommendations (March 2018) available at: <http://medicarerights.org/pdf/2016-helpline-trends-report.pdf>

<sup>2</sup> Medicare Rights Center, Medicare Trends and Recommendations (March 2017) available at: <https://www.medicarerights.org/2015-medicare-trends>

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However, we are concerned that applying prior authorization more broadly, including as the process exists under MA, can run counter to these goals. While each MA plan has different rules, many require enrollees to obtain approval before receiving an array of critical services, such as non-emergency hospital care and that provided by a specialist. In these situations, there is minimal value to beneficiaries or providers in procuring pre-service determinations.

Instead, these requirements can often increase the administrative and organizational burdens on enrollees and providers, creating barriers to care that may result in needed coverage being delayed, denied, or never even sought. We appreciate your recognition of these adverse impacts, as outlined in your recent letter to CMS, and agree that agency guidance is needed to clarify that MA plans should not use prior authorization to inhibit access to services, either in intent or effect.

Again, thank you for your leadership on this issue. While Medicare Rights supports efforts to lower Medicare program costs and increase certainty about the scope of coverage, the potential consequences of such policies must be carefully considered, and any harms to beneficiaries thoughtfully and thoroughly mitigated.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Baker". The signature is fluid and cursive, with the first name "Joe" being more prominent than the last name "Baker".

Joe Baker  
President  
Medicare Rights Center