



March 10, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8013

Submitted electronically via regulations.gov

Re: Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations, Medicaid Managed Care Plans, State Medicaid Agencies, Children's Health Insurance Program (CHIP) Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans on the Federally-Facilitated Exchanges, Merit-Based Incentive Payment System (MIPS) Eligible Clinicians, and Eligible Hospitals and Critical Access Hospitals in the Medicare Promoting Interoperability Program [CMS–0057–P] (Proposed Rule)

Dear Administrator Brooks-LaSure:

The Academy of Managed Care Pharmacy (AMCP) thanks the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide comments in response to the Proposed Rule, published in the Federal Register on December 13, 2022.

AMCP is the nation's leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes, and ensuring the wise use of healthcare dollars. Through evidence and value-based strategies and practices, AMCP's nearly 8,000 pharmacists, physicians, nurses, and other practitioners manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models, and government health programs.

Although the Proposed Rule does not apply to prescription drugs, AMCP is responding to address whether CMS should consider policies to require payers to include information about prior authorizations for drugs on the Patient Access API, the Provider Access API, and the Payer-to-Payer API and how information on the APIs might interact with existing prior authorization requirements. Additionally, this letter will address CMS' request for information about Social Risk Factor Data.

Patient Access API, the Provider Access API, and the Payer-to-Payer API

AMCP supports including drug prior authorization information on APIs to the extent that there is no conflict with existing prior authorization requirements. This would promote the efficient use of healthcare resources, improve communication and transparency, and improve patient and

provider satisfaction. Standardized processes around APIs would allow for greater access to and use of patients' health records in a productive and efficient manner while protecting patient information. Patients are the ultimate beneficiaries of these technological advances.

AMCP also applauds CMS for considering the impact of technology on health equity and supports the use of an opt-out option for the Provider Access API.

AMCP appreciates your consideration of the concerns outlined above and looks forward to continuing work on these issues with CMS. If you have any questions regarding AMCP's comments or would like further information, please contact AMCP's Director of Regulatory Affairs, Geni Tunstall, at etunstall@amcp.org or (703) 705-9358.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Cantrell".

Susan A. Cantrell, MHL, RPh, CAE
Chief Executive Officer