

March 13, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0057-P, P.O. Box 8016
Baltimore, MD 21244-8016

Submitted electronically at <http://www.regulations.gov>

Re: Advancing Interoperability and Improving Prior Authorization Processes (CMS-0057-P)

Dear Administrator Brooks-LaSure:

I am a board certified clinical specialist in pediatric physical therapy and have been a practicing pediatric physical therapist for 16 years. I have practiced as a pediatric physical therapist in inpatient, outpatient, home-care, and early intervention settings. I have worked with children from birth through adulthood with a variety of diagnoses and disabilities. In addition, I serve as the Federal Affairs Liaison for the Academy of Pediatric Physical Therapy. In this position I am able to hear from pediatric physical therapists around the country who practice in a variety of settings.

I am in full support of CMS streamlining the prior authorization process as this will reduce the burden on providers and allowing providers to focus on patient care instead of cumbersome and confusing regulatory processes. The current prior authorization process results in delays in patient care, therapists are often forced to delay starting services while the authorization process is ongoing. This delay in services is stressful for families who have often spent a long time on waitlists to receive pediatric physical therapy services. This significantly delays access to physical therapy services.

The current prior authorization process is confusing and often leaves clinicians in the dark as to why there is a denial and creates increased burdens through numerous appeals. We have heard from clinicians who have spent hours trying to navigate complex and confusing prior authorization portals only to be kicked out to then have to place another request. This policy change would provide a more centralized and comprehensive process which would reduce burden and improve the speed in which children and their families could receive care. Pediatric physical therapists spend so much of their time fighting denials, submitting information, resubmitting information when it seems to get lost in the system, and fighting a system that seems to be designed to create roadblocks.

Finally, I am in support of the requirement that insurers provide comprehensive denial information. While I do think that this change is a step in the right direction it is too little given the huge issue that prior authorization is to delaying patient care and leading to therapist burnout. I believe that CMS should take an even bigger step and issue rules on partial denials and atypical denials. The amount of time that therapists and clinics put into the prior authorization process means that if the additional information is not provided then no one can learn how to improve and appeals are often not as tailored and targeted as they need to be.

From,
Erin Wentzell PT, DPT