



January 20, 2023

The Honorable Xavier Becerra  
Centers for Medicare & Medicaid Services,  
Department of Health and Human Services  
Baltimore, MD 21244-8013

**Re: 2024 Policy and Technical Changes to Medicare Advantage and Medicare Prescription Benefit Programs Proposed Rule CMS-4201-P**

Secretary Xavier Becerra,

On behalf of the American Case Management Association (ACMA), and our more than 40,000 members/subscribers across the United States, we strongly support the adoption of the *Contract Year 2024 Policy and Technical Changes to Medicare Advantage and Medicare Prescription Benefit Programs Proposed Rule CMS-4201-P*. ACMA is a national, 501(c)(3) non-profit, professional membership association, which supports health care delivery system case management and transitions of care professionals. ACMA members are nurses, social workers, physicians, educators, administrators, and other professionals responsible for providing case management services in health care delivery systems.

This regulatory standard would establish requirements and standardization for the use of prior authorization under Medicare Advantage plans. As a profession, healthcare case managers work diligently to place patients in the right setting of care, a practice that benefits the entire healthcare system. The impact this regulatory standard will have on Medicare Advantage standardization is essential and will result in streamlined prior authorizations which will reduce disruptions to care and allow patients to move across the care continuum when it is medically indicated for them to do so, rather than on the timeline of their payor. This lessens the risk of nosocomial infections and other hospital-acquired conditions, improving the quality of members' care. Additionally, this smoothing of throughput will avail needed hospital beds to those patients experiencing the highest-acuity medical issues. In particular, it will be advantageous to patients and healthcare systems alike that prior authorizations will remain in place throughout the full course of treatment. We expect that this will improve efficiency in both inpatient and outpatient care and will reduce risk of readmission for patients as well.

We are encouraged that this standard will help reduce the administrative burdens in the Medicare Advantage program by streamlining prior authorization, avoiding mistakes or omissions



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by providing electronic tracking, clarifying the complexity of precertification which can delay discharge, and overall minimizing the use of prior authorization for services that are routinely approved and increasing transparency. We are particularly encouraged to see the thoughtful measures taken to consider social determinants of health and avoid perpetuation of health inequity. ACMA stands ready to provide support for this regulation and provide guidance on its implementation.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Greg Cunningham', is written over a light gray horizontal line.

L. Greg Cunningham  
CEO