



March 13, 2023

The Honorable Chiquita Brooks-LaSure  
U.S Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

**Re: CMS-0057-P – Advancing Interoperability and Improving Prior Authorization Processes  
Proposed Rule**

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

Dear Administrator Brooks-LaSure:

The Alliance for Nursing Informatics (ANI) appreciates the opportunity to comment as nursing stakeholders to the Centers for Medicare and Medicaid Services (CMS) **Request for Information: Advancing Interoperability and Improving Prior Authorization Processes Proposed Rule.**

[The Alliance for Nursing Informatics](#) (ANI), cosponsored by AMIA and HIMSS, advances nursing informatics leadership, practice, education, policy, and research through a unified voice of nursing informatics organizations. We transform health and healthcare through nursing informatics and innovation. ANI is a collaboration of organizations representing more than 20,000 nurse informaticists and bringing together 25 distinct nursing informatics groups globally. ANI crosses academia, practice, industry, and nursing specialty boundaries and collaborates with the more than 4 million nurses in practice today.

The nursing workforce is under tremendous strain. Nurses are experiencing burnout due to a myriad of factors impacting nurses' well-being, one of which is the technological stress of electronic health record (EHR) documentation requirements.<sup>1</sup> As a matter of principle, ANI is in favor of electronically optimizing healthcare processes and enhancing interoperability in a manner that puts the needs of the patient first. We are supporters of the "Improving Seniors' Timely Access to Care Act" and have commented on CMS Promoting Interoperability and Electronic Healthcare Information Exchange, Patients Over Paperwork, and other CMS initiatives over the years.<sup>2</sup> We strive to ensure that health IT tools are leveraged appropriately

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<sup>1</sup> Wakefield, M., Williams, D. R., & Le Menestrel, S. (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. National Academy of Sciences, p. 305.

<sup>2</sup> Alliance for Nursing Informatics (2023). *Statements and Positions*. <https://www.allianceni.org/statements-positions>

to make healthcare documentation processes, including prior authorization, more efficient for patients, providers and payers, across diverse settings and use cases.

However, ANI remains concerned about the potential for additional or shifted documentation elements creating an extra burden to current nursing workflows. Our overarching comments are the following:

- 1. We recommend an evaluation of the ePrior Authorization pilot implementations from a clinical workflow perspective with full transparency of the results.**
- 2. We encourage the inclusion of nursing stakeholders in ePrior Authorization implementations.**
- 3. Where possible, we urge CMS to simplify and/or eliminate prior authorization processes.**

Additionally, ANI would like to offer following specific comments regarding the proposed requirements:

- We support and advocate for app developers to follow industry best practices, including the CARIN Alliance's Code of Conduct<sup>3</sup> and the ONC Model Privacy Notice (MPN)<sup>4</sup> as described.
- We are in favor of the adoption of USCDI data classes<sup>5</sup> for aspects of clinical information such as Immunizations, Procedures, and Assessment and Plan of Treatment, that support e-prior authorization. Accommodating the demographic characteristics contributing to health disparities (e.g., language, health/digital literacy) will help to ensure equity requirements and standardization of data for the PARDD API.
- Using deep learning AI methods for submitted clinical data could be used to inform the review and e-prior authorization approval process and expedite a 'simulated consensus expert human judgment' decision. To ensure transparency, medical accuracy and lack of bias, AI algorithms should be subject to public review with certification against clinical cases.<sup>6</sup>
- We applaud CMS efforts to reduce the burden on providers for submitting prior authorization of required clinical data using FHIR<sup>®</sup> standards and recognize automation of transactions could also be achieved with FHIR<sup>®</sup> standards and CDS Hooks. An initial trigger from the Provider's EHR to the payer's system could deliver rules for approval following standardized query representation using CQL or other questionnaire

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<sup>3</sup> CARIN Alliance. (2023) *Code of Conduct*. <https://www.carinalliance.com/our-work/trust-framework-and-code-of-conduct/>

<sup>4</sup> HealthIT.gov. (2018, February 6). *Model Privacy Notice (MPN)*. <https://www.healthit.gov/sites/default/files/2018modelprivacynotice.pdf>

<sup>5</sup> HealthIT.gov. (2023, January). *USCDI draft version 4*. <https://www.healthit.gov/sites/isa/files/2023-01/Draft-USCDI-Version-4-January-2023-Final.pdf>

<sup>6</sup> Lenert, L. A, Lane, S. & Wehbe, R. (2023). Could an artificial intelligence approach to prior authorization be more human? *JAMIA*, 00(0), 1-6.

representation standards for submissions with supporting clinical data submitted in response to the authorization request.

- The PARDD API must provide provider and hospital reporting capability in a seamless manner as to create near-zero burden on the part of clinicians and healthcare organizations. To ensure burden reduction for providers and payers, we recommend that the PARDD API must provide intuitive reporting capability with seamless functionality and without redundant processes.

Thank you for the opportunity to provide comments on the Advancing Interoperability and Improving Prior Authorization Processes Proposed Rule.

Sincerely,



Susan Hull, MSN, RN-BC, NEA-BC, FAMIA  
ANI Co-chair



Nancy Beale, Ph.D., MSN, RN-BC  
ANI Co-chair

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