



KHA's Federal Advocate

June 12, 2024

Seniors' Timely Access to Care Act Introduced

Today, a group of Senators and Representatives led by Senator Roger Marshall (R-KS) introduced the 2024 version of the Seniors' Timely Access to Care Act. The bill continues streamlining the prior authorization process for beneficiaries of Medicare Advantage plans. It also strengthens and codifies recent rule changes made by the Centers for Medicare & Medicaid Services to address unnecessary administrative burdens for clinicians and hospitals posed by MA plans. The Kansas Hospital Association appreciates Senator Marshall's steadfast leadership on this bill and thanks Senator Jerry Moran (R-KS), and Representatives Tracey Mann (R-KS), Jake LaTurner (R-KS), Sharice Davids (D-KS), and Ron Estes (R-KS) for being original cosponsors.

Specifically, the Seniors' Timely Access to Care Act would:

- Establish an electronic prior authorization process for MA plans, including standardization for transactions and clinical attachments.
- Increase transparency around MA prior authorization requirements and its use.
- Clarifies CMS' authority to establish time frames for e-PA requests including expedited determinations, real-time decisions for routinely approved items and services, and any other PA request.
- Expands beneficiary protections to improve enrollee experiences and outcomes.
- Requires the U.S. Department of Health and Human Services and other agencies to report to Congress on program integrity efforts and other ways to further improve the e-PA process.

The previous version of this bill passed the House in the 117th Congress but could not pass the Senate due to concerns regarding the cost. However, due to CMS' previous actions and certain public reporting requirements in this Congress' version, the bill is expected to be budget neutral and has a good chance of becoming law.

KHA Submits CMS Comment Letter on IPPS Proposed Rule

On June 10, the Kansas Hospital Association submitted a [comment letter](#) related to the release

of the Centers for Medicare & Medicaid Services Inpatient Prospective Payment System and Long-Term Care Hospital Prospective Payment System 2025 Proposed Rule, [CMS-1808-P](#).

Highlights of KHA's response to the 2025 IPPS Proposed Rule include:

- Expressed concern with the minimal 2.6 percent increase in IPPS payment. At a minimum, hospitals should receive the 3.7 percent increase in payment that Medicare Advantage plans received for 2025.
- Submitted multiple recommendations for adjustment of the proposed new bundled payment model Transforming Episode Accountability Model. The model is currently proposed to be mandatory for all PPS hospitals that are selected in 20 percent of the country. KHA also believes CMS should increase the low-volume thresholds to not overly burden hospitals with smaller volumes, and CMS should revise the risk structure of the model.
- Made various comments regarding Graduate Medical Education requests for information.
- Expressed opposition to CMS' potential future proposal of creating Conditions of Participation for Obstetrics care.
- Emphasized the importance of increasing reimbursement for maternity services to better sustain hospitals' ability to offer OB care.

CMS will consider all comments submitted for potential revisions to the rule and is expected to release the 2025 IPPS final rule at the beginning of August.