

Centers for Medicare & Medicaid Services – Request for Information About Medicare Advantage Plans
[CMS-4192-P](#), pages 1,918 – 1,919

Responses to this RFI may include, but are not limited to the following:

- The overall impact of both the relaxation and reinstatement of prior authorization requirements for patient transfer by MA organizations on the provision of appropriate patient care in hospital systems.
- The overall impact of both the relaxation and reinstatement of prior authorization requirements for patient transfer on MA organizations.
- Wait times for receiving a response from an MA organization about the authorization of a patient transfer.
- Information pertaining to industry guidelines that are used to inform prior authorization, including the extent to which such guidelines are evidence-based, the degree of transparency that exists for such guidelines, and the extent to which such guidelines are standardized.
- With respect to MA organizations, the denial rates and associated burden, including rates at which denials are upheld and overturned, for prior authorizations for patient transfer from hospitals to post-acute care facilities.
- Any consequences of delayed patient transfer from hospitals to post-acute care facilities.
- Recommendations for how CMS can accommodate hospital systems that face capacity issues through policy changes in the MA program.
- Examples of any contrast in a state’s policies for payers (for example, Medicaid managed care) with respect to prior authorizations for patient transfer that do not pertain to MA organizations, and the effects of such policies on hospitals systems’ ability to effectively manage resources.

We request that all respondents provide complete, clear, and concise comments that include, where practicable, data and specific examples.