

clinical data, but determined that including claims and encounter data would allow for better care coordination and more efficient payer operations.

- A phased approach was considered for the proposal to implement the PARDD API, but CMS believes that it is less burdensome to require payers to populate these requirements for all items and services at the same time. CMS also considered requiring payers to post on a public website the items and services for which prior authorization is required, including their associated documentation rules, as an interim step but determined that this would not provide any reduced burden on payers or providers. **CMS seeks comment on whether a payer website to provide additional transparency to prior authorization requirements and documentation would be beneficial in reducing burden.** CMS also considered a phased timeline for implementation as well as alternative timelines for prior authorization decisions.
- CMS also considered several alternative timeframe policies for the completion of prior authorization decisions, but concerns were raised over the feasibility of implementing shorter timeframes.
- More frequent reporting of prior authorization metrics was also considered, but CMS concluded that its proposal is sufficient.

VI. Response to Comments

CMS states that it will consider all comments received by the deadline specified in the preamble (i.e., March 6, 2022) and that when it proceeds with a subsequent document, it will respond to the comments in the preamble to that document. It will not acknowledge or respond to all the comments individually.