March 31, 2020

To Our Health Plan Partner:

RE: Request for Immediate Suspension and Waiver of Administrative Requirements

The Kansas Hospital Association (KHA) and the Kansas Medical Society (KMS) have been working to address the rapidly changing coverage and policy that is coming upon the American healthcare system as a result of the COVID-19 crisis in our nation. We are writing this letter as a partner in these efforts to request that you remove administrative burdens to our healthcare system so that we may focus on the medical and clinical needs of your members and our patients. As we collectively attempt to manage the historic and unprecedented needs brought about by this global pandemic, we have heard from our member hospitals, including not only our large health systems, but also our very small, rural facilities and physicians, expressing difficulty in successfully managing the volume of administrative requirements. To add to the burden, these administrative requirements, all of which are required for appropriate payment, vary from health plan to health plan.

There are many challenges that our members are facing during this time. They include:

- Due to a national shortage of testing kits, our members may be required to hold and monitor patients more closely and for longer periods until we can determine if and when patients can safely be discharged out into the public or assess what degree of quarantine may or may not be required. Due to the admission of patients with acute medical needs, but also the influx of patients requiring COVID-related treatment, many of these requirements will pull our clinical staff away from the much needed patient care areas to handle administrative tasks. **We request that during this crisis, you suspend all administrative requirements, including but not limited to, precertification, utilization review, and audit activities and as well as to allow additional time for the appeal timelines for current claims.**

- The Centers for Disease Control (CDC) has directed health care providers and systems to begin suspension of non-essential procedures in an effort to preserve personal protective equipment as well as to ensure “social distancing”. This has resulted in the need for additional contact with patients to engage in an on-going dialogue to assess longitudinal needs, as well as to reschedule procedures and services that have been previously reauthorized. **As such, we request that all prior authorizations previously granted be honored regardless of the actual date the services are rendered, with the provider discretion that the medical necessity exists.**

- Many of our members have expressed concerns regarding the maintenance of ongoing revenue streams to be able to provide the cash flow to handle the immediate costs to prepare their staff to manage a potential surge capacity due to COVID-19, while at the same time
experiencing cash flow concerns due to the cancellation of non-essential procedures and services. In order for our members to meet regular expenses (payroll, utilities, etc.) as well as to purchase personal protective equipment and other emergency supplies needed for the COVID crisis, we request that you immediately suspend any administrative burdens that could impede payments from your health plan. These burdens would include, but are not limited to, timely filing requirements, claims appeal submission, and timelines inclusive of those related to audit or recoupment.

- Provider enrollment, credentialing, and contracting are important facets of a managed care environment. However, during this time of the COVID-19 crisis, health plans should be thoughtful to insure that critical medical care is not delayed or denied by relaxing provider enrollment requirements to more quickly enroll out-of-state and other new providers to expand access to care. At a time when there is uncertainty regarding available hospital beds and an adequate number of health care providers to provide the necessary treatment for all patient conditions, payment for services rendered at an out-of-network hospital or by an out-of-network health care provider should not be denied or paid at a lower rate.

- The Centers for Medicare & Medicaid Services (CMS) has expanded the use of telemedicine/telehealth for Medicare beneficiaries during this crisis to provide additional access for medical care. Our Kansas Medicaid program has also expanded the use of telemedicine/telehealth to ensure our most vulnerable population can receive continued care during this time while “social distancing” and “stay at home” is in place. The use of telemedicine will not only decrease patient and health care provider exposure to COVID-19, but will also decrease the use of scarce personal protective equipment and allow continued treatment for at-risk patients. We request that your health plan use the temporary guidelines developed by CMS for the expansion of telemedicine services to not only allow continued access to medical care for your insureds, our patients, but to also avoid additional administrative burden to our members by developing health plan-specific coverage guidelines. Further, we request that your health plan implement payment parity during the emergency declaration as patients are being asked to stay home to avoid transmitting the virus. We have already seen Medicare and Medicaid take this approach for their insured population.

President Trump’s declaration of a national emergency under the Stafford Act not only underscores the gravity of present circumstances, it invoked 1135 waiver authority under the Social Security Act. This requires, among other things, waivers for all “gatekeeper” requirements. These waivers stand as the benchmark for easing of restraint and the flexibility necessary for our mutual success in managing this health crisis. Numerous states have declared a state of emergency which would broaden Medicare benefits and waiver obligations. Accordingly, we request that your company work with us to apply the terms of these waivers across all products to prevent discriminatory treatment of differently insured patients and to reduce the administrative burden for our hospitals to manage differences across payers.

We believe that embracing the unified stance being taken across government and private industry only stands to benefit all parties, whose goal is to guide our communities through to the other side of this global pandemic. As such, we again ask that all administrative requirements for all
patients be waived retroactive to the onset of the COVID-19 pandemic in the United States until such time as the declaration of national emergency has ended and until our healthcare systems have again stabilized.

We also request that your company keep an open line of communication with KHA and KMS and provide updates directly to Tish Hollingsworth, KHA Vice President of Reimbursement at thollingsworth@kha-net.org or 785-276-3132 and Ruth Clark, KMS Director of Health Care Finance at rclark@kmsonline.org or 785-231-1303. We look forward to working with your organization in navigating these unprecedented times. If you have any questions, please feel free to contact us.

Sincerely,

Tom Bell
President and CEO
Kansas Hospital Association

Rachelle Colombo
Executive Director
Kansas Medical Society

Cc: Vicki Schmidt
Kansas Insurance Commissioner