



Maryland
Hospital Association

April 1, 2020

Commissioner Alfred Redmer Jr.
Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202

Dear Commissioner Redmer:

At a time when Maryland's hospitals are grappling with ways to expand capacity and staffing to meet the care needs of patients during the COVID-19 public health emergency, hospitals continue to encounter difficult payer utilization management and coverage practices. This thwarts their dedicated, urgent efforts to treat patients in hospitals and to help patients move through the continuum of care.

We therefore request that you: (1) direct private payers to ease administrative practices for the duration of the COVID-19 emergency, waiving select requirements as outlined below; (2) expand the definition of telehealth services to ensure coverage and payment parity across public and private payers; and (3) assist in identifying health care professionals employed by private payers who may be able to deliver care at Maryland's hospitals.

Importantly as well, even though you as Commissioner may not have formal power over private insurance plans covered by ERISA, we ask you to use your considerable influence to urge the administrators of those plans to take the same actions as state-regulated carriers.

1. Easing Administrative Practices

a. Waiver of Preauthorization and Reviews for Inpatient Admissions; Notification and Reviews of Emergency Services

Hospitals need waivers for preauthorization and review of hospital-based care. Waiving preauthorizations for scheduled care and review of hospital-based care will alleviate the need for concurrent review by hospital care managers. It will also eliminate time-consuming calls between payer medical directors and hospital medical directors (peer-to-peer reviews). These reviews and discussions require providers to step away from delivering patient care.

In this crisis, hospitals need all clinical resources available to focus solely on patient care. With limited resources and capacity, hospital providers are being extremely judicious about who they admit, so more deference to provider clinical judgment is warranted.

For these same reasons, hospitals also seek waiver of retrospective reviews for emergency care and inpatient admissions throughout the COVID-19 public health emergency.

b. *Transfers to Post-Acute Care Facilities*

America's Health Insurance Plans released a letter from its Board of Directors strongly encouraging all commercial health insurers to allow patient transfers from hospitals to post-acute care facilities without requiring advance approval.¹ However, despite this industry-wide guidance, hospitals in Maryland are still reporting needless discharge delays due to payer authorization requests and continuing reviews after authorization has been granted. Hospitals report it may take days to receive prior authorization.

This practice is normally problematic and wholly unacceptable during this crisis. While some payers eased requirements around facility and post-acute transitions, the changes are not uniform or adequate. The burden of seeking authorization imposes unnecessary delays and hinders hospital ability to free up capacity at a time when all acute care beds are sorely needed.

2. Telehealth Coverage Expansion and Reimbursement Parity

Maryland's hospitals appreciate the state's efforts to expand telehealth services for Maryland Medicaid recipients via the March 20 and April 1 Executive Orders, and corresponding guidance. In covering patients' homes as approved telehealth originating sites, allowing for telephonic visits, and for asynchronous telehealth services, the state recognized the need to expand telehealth coverage, so health care services can be delivered in a manner that protects both health care workers and patients. Similarly, the federal government expanded Medicare coverage for telehealth services, allowing a vast array of providers to deliver services via telehealth in care settings that include a patient's home, using everyday equipment such as telephonic services.

With both Medicaid and Medicare having acted swiftly to expand telehealth, it is imperative that commercial insurers do the same. Parity of telehealth coverage and reimbursement across payers will ensure continuity of care for not just private enrollees, but those who move among commercial insurance, Medicare, and Medicaid.

Providers also are confused about who is eligible for payment by commercial payers. The emphasis from some recent carrier announcements seems to be on primary care. Primary care is important, but specialists most often manage the care of individuals with chronic conditions. Given that patients with underlying chronic conditions have increased susceptibility to COVID-19, it is imperative that specialist telehealth visits be covered and reimbursed on-par with in-person visits. That way, these patients can receive the ongoing care needed to manage their care remotely, limiting their exposure to the virus.

¹ <https://www.ahip.org/wp-content/uploads/AHIP-Board-of-Directors-statement-COVID-v2.pdf>

Expansion of telehealth coverage to include audio-only telephonic services also ensures continuity of care for those unable to access video visits due to, for example, device availability (smartphone, tablets, etc.), data usage cost or, more importantly, internet connectivity. Internet connectivity is particularly weak in Maryland's rural areas, such as the Eastern Shore.

As the state has already recognized in covering audio-only telephonic services for Medicaid recipients, good quality care can be delivered over the telephone. So, telephone-based encounters should be covered for private insurance enrollees as an additional route to deliver care to those who need it during this public health crisis. Telephonic services should be paid based on in-office time-based reimbursement schedules during this crisis. Hospitals also urge coverage and reimbursement parity for asynchronous telehealth services from private payers, in line with the Governor's Executive Order from earlier today adding asynchronous services to the list of telehealth services reimbursed by Maryland Medicaid.

3. Identifying Licensed Health Care Providers to Serve in COVID-19 Response

To repeat, hospitals are already using every staff resource available to focus patient care. Projections show that even with this dedicated focus, there is a woeful shortage of staff to care for the surge of patients that's coming just days from now. To meet the overpowering demand, additional staffing strategies are necessary. Governor Hogan recognized this by allowing practitioners with inactive or expired licenses to join the fight and out-of-state practitioners to practice in Maryland.

Private payers employ or contract many licensed health care professionals who could be quickly deployed to serve in the COVID-19 response. Identifying these providers is the first step in understanding who may be available to respond. Hospitals need the partnership of payers and the Maryland Insurance Administration to make a list of payer-employed or contracted health care professionals from which hospitals could request volunteers to meet staffing needs.

We appreciate your urgent attention to our requests. Other states, such as Massachusetts and New York, have already taken many similar actions.

The peak of COVID-19 cases is coming to Maryland soon; it is only a matter of time before hospitals' limited resources are stretched beyond capacity. When that happens, the patients will suffer the most. If you take these measures now, you can help ensure that our hospitals will be able to protect all the people of Maryland.

Sincerely,



Bob Atlas
President & CEO