March 20, 2020

The Honorable Jim Donelon
Commissioner
Louisiana Department of Insurance
PO Box 92414
Baton Rouge, LA 70802

Dear Commissioner Donelon:

On behalf of our more than 150 member hospitals and health systems, we appreciate the Louisiana Department of Insurance’s (LDI) efforts related to the rapidly-escalating COVID-19 crisis. The LHA would like to thank the Department for issuing Emergency Rule 36. However, the impacts of this public health emergency continue to expand exponentially, and there are several additional issues that we believe need to be quickly addressed to ensure hospitals can focus all their resources on the growing volume and uncertainty related to this crisis.

The LHA would respectfully request timely action on the following items:

1. Prohibit health insurance issuers from upholding any restrictions related to out-of-network care for the duration of this public health emergency and require plans to directly reimburse providers. In addition to the likelihood that our in-state healthcare professionals may be forced to provide services in different locations of the state to address needs, the federal government is actively waiving provisions that will allow providers to practice across state lines in order to address extreme volume at our hospitals and facilities. Restrictions on out-of-network care should not impede the flexibility of healthcare providers to address this pandemic.

2. Clarify the provision of Emergency Rule 36 relative to the waiver of cost-sharing for screening and testing for COVID-19, which requires health insurance issuers to pay the full negotiated amount for the service, and payment should not be reduced by the amount of the waived cost-sharing. This clarification ensures there will be first-dollar coverage for these claims.

3. Prohibit health insurance issuers from requiring any prior authorization, precertification, notification, concurrent review, retrospective medical necessity review or other administrative requirements for all healthcare services provided by a hospital or any of its affiliated entities for the duration of the public health emergency. Based on current projections, it is possible that hospitals will be operating beyond maximum capacity, and our hospitals will need all of our healthcare professionals providing direct patient care. These trained professionals need to be able to focus on patient care instead of satisfying administrative burdens.

4. Consider restricting cancellations, non-renewals, and non-reinstatement, as well as ensuring portability due to the substantial business interruption on the part of employers and individuals because of this public health emergency.

5. Suspend timely-filing and appeal deadline provisions for services rendered and during the duration of the emergency. Because of the potential scope and aftermath of this emergency, billing and administrative processes could be delayed substantially.
6. **Suspend any current, and prohibit any new, plan-initiated audits, medical record requests, recoupments, access/availability studies, or other burdensome administrative requirements** for the duration of the emergency.

7. **Require health insurance issuers to utilize presumptive credentialing for all healthcare providers**, including telehealth, who are practicing under the direction of a hospital or any of its affiliated entities. With clinical resources being deployed throughout the state and as needed, reducing barriers on this front will be critical.

8. **Ensure timely updates to information contained on payor portals and encourage the plans to promptly address any IT-related issues** in order to ensure provider administrative personnel can access information accordingly.

9. **Require health insurance issuers to use CMS-issued coding guidance relative to COVID-19 to ensure consistency and prohibit their development and use of any alternative coding requirements.**

10. **Ensure that health insurance issuers provide coverage for intensive outpatient and partial hospitalization program services, such as individual and group psychotherapy, through the use of telemedicine** for the duration of the emergency. These vital services should be available to patients to ensure stability during the emergency.

11. **Encourage health insurance issuers to make alternative payment programs and periodic interim payments available to hospitals and affiliated entities** to help protect hospital financial stability and preserve funding for vital operations for the duration of the emergency.

The situation is escalating rapidly in Louisiana, and time is of the essence; therefore, we encourage you to act quickly and address the concerns outlined above. The LHA appreciates the efforts of LDI during this unprecedented event, and we can provide any additional information or resources you may need. As always, if you have any questions or concerns, please let us know.

Sincerely,

Paul A. Salles

President & CEO

CC: Frank Opelka, Deputy Commissioner