

March 19, 2020

Director Jillian Froment  
Ohio Department of Insurance  
50 West Town Street, Ste. 300  
Columbus, OH 43215

Re: OHA policy proposals for COVID-19 emergency measures

Dear Director Froment:

In the midst of a pandemic emergency, on behalf of the Ohio Hospital Association's member hospitals and health systems, we write to respectfully request the administration consider extraordinary measures to ensure hospitals can maintain 100% focus on giving critical care to Ohioans in need.

Specifically, we request the administration seek a commitment from health plans that offer coverage in Ohio to eliminate, until further notice, administrative processes that could serve as a barrier to appropriate reimbursement for treatments administered in the course of caring for suspected or confirmed COVID-19 patients.

Hospitals also need a commitment from health plans to offer financial stability at this time when hospitals are encouraging patients to postpone elective procedures in response to the outbreak. Hospitals are on the front lines of this crisis, and now they need health plans to step up and support them to ensure a healthy Ohio.

OHA asks the administration to pursue the following suggested emergency measures in response to COVID-19:

- Ensuring coverage and reimbursement for testing and treatment of suspected COVID-19:
  - o Hold patients and providers harmless from cost-sharing obligations;
  - o Require health plans to provide coverage of the initial health care provider visit for the FDA-authorized COVID-19 testing for those who meet CDC criteria for testing;
  - o Waive cost sharing for COVID-19 tests and treatments in doctor's offices, urgent care providers, emergency rooms and services delivered via telehealth;
  - o Prohibit downgrades or claim denials for inpatient stays related to suspected COVID-19;
  - o Require adequate reimbursement of experimental treatment regimens for suspected COVID-19 cases;
  - o Cover the patient and provider costs for immunization if it becomes available;
  - o If in-network providers are unavailable, insurers must cover out-of-network testing and treatment;
- Protecting hospital financial stability:
  - o Require health plans to offer hospitals alternative payment programs applicable to care given during the emergency;
  - o Health plans must make available to hospitals and hospital-based providers lump sum periodic global payments based on 2019 average payments;

- Health plans must not seek to recoup any emergency global payments in the future due to current reductions in provider volumes or case mix;
- As hospitals make arrangements to provide services in non-traditional service locations in order to meet the surge in patients, health plans must be required to pay claims for services provided in those locations. Hospitals are taking extraordinary steps to meet patient needs and the health plans must be required to be flexible as well.
- Surging telehealth and home health capacity:
  - People need to stay in their homes to contain the spread of COVID-19 and providers must be enabled to provide care through non-traditional means;
  - Eliminate restrictions for patients to access telehealth;
  - Eliminate restrictions on originating and distant sites;
  - Reimburse services delivered in patient homes or virtually at physician office rates;
- Implement the 1135 waiver authority the Social Security Act requires as a result of President Trump's declaration of a national emergency
  - Eliminate all "gatekeeper" requirements
  - Eliminate wasteful and time-consuming prior authorization requirements
  - Insurers should not use prior authorization requirements as a barrier to accessing COVID-19 treatment;
  - Health plans must lift prior authorization requirements pertaining to any suspected or confirmed COVID-19 patient testing or treatment;
  - Health plans must expedite utilization review and appeals processes for services related to COVID-19;
  - Adjust medical necessity determination policies by requiring determinations be allowed to be made on presenting symptoms;
  - Health plans must be required to honor prior authorization approvals that have already been granted but will expire because of the recent gubernatorial order requiring the cancellation of elective surgeries.
- Ensuring appropriate access to prescription drugs:
  - Direct health plans to take steps to waive prescription refill limits;
  - Allow patients to stockpile six months of necessary medications;
  - Relax restrictions on home or mail delivery of prescription drugs;

These measures will help Ohioans and will allow hospital staff and other front-line medical providers to focus on what truly matters during this time of crisis. By eliminating administrative barriers and working better together, hospitals, health plans and state government can overcome this public health emergency and build a stronger health care system.

Sincerely,



Mike Abrams  
President and CEO