

Chart #1

Implementation of Administrative Flexibilities for Providers

| | Key Contacts | Suspend PA review for scheduled surgeries or admissions at hospitals, unrelated to COVID-19 | Suspend concurrent reviews for hospital inpatient services for 60 days, so long as notification within 48 hours occurs | Pause time frames for hospitals for internal or external appeals for 90 days |
|---|--|--|--|---|
| AllWays Health Partners | Alice Moore AMoore@allwayshealth.org O: 857 282-6589 C: 617 921-2501 | AllWays Health Partners is suspending prior authorization review for scheduled surgeries or admissions at hospitals, unrelated to COVID-19. The provider should notify them within 48 hours of admission. AllWays Health Partners retains the ability to conduct retrospective review. This applies to fully insured Commercial plans. | AllWays Health Partners is suspending concurrent and retrospective review for hospital inpatient services. The provider should notify them within 48 hours of admission. AllWays Health Partners retains the ability to conduct retrospective reviews. This applies to fully insured Commercial plans. | AllWays Health Partners will evaluate extending the time frame for commercial member and provider appeals that are received after the standard 180 days when those appeals are related to a COVID-19 diagnosis. |
| BMC HealthNet Plan (BMCHP) | Joshua Krintzman Josh.Krintzman@BMCHP-wellsense.org O: 617 748-6490 C: 617 448-9007 | This has been implemented and will be communicated in the upcoming weekly provider communications. | This has been implemented and communicated in the weekly provider communications. | BMCHP allows up to 120 days for appeals. |
| Commonwealth Care Alliance (CCA) | Daniel Teague dteague@commonwealthcare.org O: (857) 246-8825 C: (978) 888-7075 | CCA has already implemented this and is not clinically evaluating requests through normal PA procedures – this was implemented on 4/7/2020. However, if a hospital does not notify CCA of the admission, the claim will deny due to the lack of an authorization in the system. Notification of the admission is an important component of care managing and following the member with needed transitions of care. | Concurrent review is currently performed only in the context of discharge planning needs for CCA members. They will continue to require clinical documentation and discharge dates to ensure safe discharge planning. | Internal and external appeal timeframes have been relaxed. |
| Connecticare | Regina Thornton RThornton@connecticare.com O: 860 409-8974 C: 203 631-8076 | ConnectiCare will temporarily remove prior authorization requirements for all inpatient hospital admissions in Massachusetts. This temporary policy is effective immediately. Both in- and out-of-network hospitals in Massachusetts do not, until further notice, need to submit preauthorization requests for ConnectiCare members admitted as inpatients. | ConnectiCare will temporarily remove concurrent review requirements for all inpatient hospital admissions in Massachusetts. They reserve the right for retrospective review. This temporary policy is effective immediately. | |

| | | | | |
|------------------------------------|---|--|--|---|
| CVS/Aetna | Steven Larrabee LarrabeeS@aetna.com P: 617 646-6028 | Effective April 6, precertification/Prior Authorization for admission to an acute care facility are waived for all Commercial and Medicare Advantage (MA) Part C plans. | The Acute Care facilities will be required to notify Aetna of the admission within 48 hours electronically through their provider portal on Availity, NaviNet, or providers' preferred EDI vendor using the existing Precertification Request transaction or by calling Aetna directly. Aetna will allow facilities that wish to submit clinical information at time of admission to continue with current clinical reviews process. For all others, Aetna will review claims and clinical information as needed at the time of claims submission unless prohibited by regulation. | N/A |
| Fallon Health | Christine Bik Christienne.Bik@fallonhealth.org O: 508 368-9523 C: 508 981-3981 | Fallon is currently suspending prior authorization review for scheduled surgeries or admissions at hospitals, unrelated to COVID-19. However, they reserve the right to do retro review. | Fallon is implementing this on a case by case and will continue to require clinical documentation and discharge dates. | Fallon has relaxed timeframes for appeals and grievances where permitted, continue to be subject to CMS timeframes. |
| Harvard Pilgrim Health Care | Stefani Reardon Stefani_Reardon@harvardpilgrim.org O: (617) 509-2313 | For surgical inpatient, outpatient surgical, and oral surgery day authorizations with effective dates between April 18 and May 28, Harvard Pilgrim is extending the authorization expiration date to Sept. 28, 2020. They will send new authorization letters to members and providers. No action is required on the part of providers and members. Authorization updates for commercial members can also be viewed in the HPHConnect portal . | For dates of service from April 10 through May 15, Harvard Pilgrim will suspend concurrent review for acute inpatient, SNF, LTAC, and IRF. Providers are asked to provide notification within two business days to enable Harvard Pilgrim to assist in coordinating care and discharge planning and to refer to their medical necessity guidelines for reference. | |
| Health New England | Ashley Bogle abogle@hne.com O: (413) 233-3348 | HNE will suspend PA review for elective admissions at hospitals, unrelated to COVID-19 for a 60-day period, so long as notification by the provider takes place within 48 hours of admission. HNE UM staff will update existing prior authorization to reflect accurate admission date once known. | HNE UM staff will request the following information upon notification of an inpatient admission: clinical info to facilitate discharge planning, discharge date, and discharge disposition. HNE will not use clinical info. to make concurrent review determinations. | Member and provider existing timeframes provide for ample response time at 6 months and 12 months, respectively. |
| Tufts Health | Adam Martignetti | Prior authorization requirements are suspended for any | Concurrent review is suspended for all | The timeframe for |

| | | | | |
|----------------------------------|--|---|---|--|
| Plan | Adam_Martignetti@tufts-health.com O: 617 972-9400 x 52402 C: 781 308-2936 | scheduled surgeries or admissions at hospitals for 60 days. Tufts Health Plan continues to require inpatient notification. | hospital inpatient services for 60 days. Tufts Health Plan remains available to assist with discharge planning for all admissions and reserves the right to retroactively review services for medical necessity. | filing appeals has been extended by 90 days from Tufts Health Plan's standard appeals timeline. |
| Senior Whole Health (SWH) | Kristina Arnoux arnouxk@magellanhealth.com C: 401 480-8034 | SWH will be suspending PA during the COVID19 State of Emergency. | SWH does not do concurrent reviews and has temporarily suspended any reviews that would slow the transfer of patients from the Acute Inpatient setting to a post-acute setting. | SWH agrees to pause time frames for claims disputes/appeals during the COVID19 State of Emergency. |

Chart #2

Implementation of Administrative Flexibilities for Providers

| | Key Contacts | Refrain from pending claims and meet prompt payment standards | Develop a streamlined, consistent approach to coding and billing policies and share information in user friendly way | Implement a process for expedited health plan credentialing |
|-----------------------------------|--|--|--|--|
| AllWays Health Partners | Alice Moore AMoore@alwayshealth.org O: 857 282-6589 C: 617 921-2501 | AllWays Health Partners is adhering to standard turnaround times and prompt pay standards for all claims processing. Standard claim editing applies, and some claims may pend for manual review. Manually reviewed claims are also subject to standard turnaround times. | MAHP member plans are working in collaboration with the broader health plan community to align on common guidelines for billing with respect to codes and site of service. While plans are individually implementing coding and billing policies, these are informed by the health plan community and Medicare guidance. | AllWays Health Partners is working to update procedures to support medical practices with expedited credentialing when needed. Providers should indicate if the request to urgently credential or enroll a provider is for permanent or temporary placement at the practice. Behavioral health providers should refer to the information on the Optum provider portal. |
| BMC HealthNet Plan | Joshua Krintzman Josh.Krintzman@BMCHP-wellsense.org O: 617 748-6490 C: 617 448-9007 | This has been implemented and communicated to providers in the weekly provider communications. | MAHP member plans are working in collaboration with the broader health plan community to align on common guidelines for billing with respect to codes and site of service. While plans are individually implementing coding and billing policies, these are informed by the health plan community and Medicare guidance. | BMCHP has implemented a Provisional Credentialing process to expedite the onboarding of new practitioners into its provider networks. This process will go into effect immediately and will discontinue on the date when the COVID-19 public health emergency is lifted. Provisional credentialing will allow them to enroll new practitioners before their full credentialing process has been completed. In accordance with the NCQA, practitioners may hold a provisional status for up to 180 calendar days. BMCHP will complete the practitioner’s full credentialing before his/her provisional status has expired. |
| Commonwealth Care Alliance | Daniel Teague dteague@commonwealthcare.org | CCA has removed pends where possible to | All EOHHS and CMS coding and billing changes have been implemented to | CCA currently credentials providers in less than 30 days and will accelerate the process |

| | | | | |
|----------------------|---|---|--|--|
| (CCA) | O: (857) 246-8825 C: (978) 888-7075 | accelerate payment. Some pending of claims is being maintained to evaluate COVID-19 specific services only to ensure accurate payment but this will not slow payment down to providers. | ensure COVID related services are paid and allow them to bypass administrative rules – such as authorization and auditing rules. | further if requested. |
| Connecticare | Regina Thornton RThornton@connecticare.com O: 860 409-8974 C: 203 631-8076 | Connecticare is following standard claim and prompt payment requirements and not pending claims. | MAHP member plans are working in collaboration with the broader health plan community to align on common guidelines for billing with respect to codes and site of service. While plans are individually implementing coding and billing policies, these are informed by the health plan community and Medicare guidance. | |
| CVS/Aetna | Steven Larrabee LarrabeesS@aetna.com P: 617 646-6028 | Aetna is committed to prompt and accurate claim payments. Their business continuity plans ensure timely and accurate payment of claims. Provider payments will continue to be made without disruption even while Aetna supports plan sponsors with financial flexibility through this challenging economic environment. | MAHP member plans are working in collaboration with the broader health plan community to align on common guidelines for billing with respect to codes and site of service. While plans are individually implementing coding and billing policies, these are informed by the health plan community and Medicare guidance. | Aetna is enabling greater capacity with healthcare providers and streamlining its provider credentialing process so there can be more health care professionals caring for patients. A provider seeking expedited credentialing will be sent to a dedicated COVID-19 priority mailbox by the Network team. |
| Fallon Health | Christine Bik Christienne.Bik@fallonhealth.org O: 508 368-9523 C: 508 981-3981 | While there may always be certain claims that pend, Fallon is already managing prompt payment timelines. | These policies are updated as they arise and communicated to providers as soon as the policy is set. | Fallon has an expedited credentialing process effective immediately. Providers will be completing an HCAS Public Health Emergency Credentialing and Enrollment Form (this application/form requests the minimum required information to complete |

| | | | | |
|------------------------------------|--|---|--|---|
| | | | | verifications and enrollments while meeting State and NCQA requirements and guidelines). Once received the Fallon Health credentialing team will be able to complete required verifications and approve daily. |
| Harvard Pilgrim Health Care | Stefani Reardon Stefani_Reardon@harvardpilgrim.org O: (617) 509-2313 | Notified providers that claims are processed in stages and may not be reflected accurately when viewed in the provider portal prior to final adjudication and that they are committed to processing claims with utmost care and accuracy. | MAHP member plans are working in collaboration with the broader health plan community to align on common guidelines for billing with respect to codes and site of service. While plans are individually implementing coding and billing policies, these are informed by the health plan community and Medicare guidance. | In conjunction with HealthCare Administrative Solutions, Inc. (HCAS), Harvard Pilgrim has developed expedited credentialing and enrollment protocols to help hospitals and other health care facilities quickly meet this demand. <ul style="list-style-type: none"> • Under this adapted process, Harvard Pilgrim will fast-track credentialing and enrollment of clinicians being activated to directly assist with this public health crisis and will provisionally credential them for 180 days. • This Expedited Credentialing and Enrollment document provides instructions on how to make a request for provisional credentialing, including the information required, submission email address, and other important details. • Providers already credentialed by Harvard Pilgrim do not need to be recredentialed to practice at a new location. They should refer to the Clinical Credentialing and Recredentialing Policy for details. To update or change a practice location, they should complete the Changing Provider Enrollment Information Form in the commercial Provider Manual and follow the instructions on the form for returning it. |
| Health New England (HNE) | Ashley Bogle abogle@hne.com O: (413) 233-3348 | HNE currently pays claims timely. In order to ensure accurate and timely claims payment, HNE will not pend claims for claims that do not require additional work and/or are not | Implemented. All guidance is provided at: http://hnetalk.com/provider/coronavirus-covid-19-provider-update/ | The Provider Enrollment team will be enrolling any providers that HNE is told will be rendering services as part of the coronavirus epidemic as a priority. These providers will be enrolled with an end date of September 1, 2020. In addition, HNE suspended the requirement for Board certification completion for Initial |

| | | | | |
|--------------------------|--|--|--|---|
| | | directly tied to other processes to ensure proper payment. | | Credentialing and Re Credentialing for providers, deferred for one year. |
| Tufts Health Plan | Adam Martignetti Adam.Martignetti@tufts-health.com O: 617 972-9400 x 52402 C: 781 308-2936 | From April 8 to June 1, 2020: No new record requests will be issued. Outstanding requests (i.e., record requests to which the provider has not responded) will be waived and claims will be released for adjudication. In-process appeals: Vendors will complete previously submitted appeals and issue findings per existing processes. New appeals: Providers will have 90 days from the date of the determination to submit new appeals. | MAHP member plans are working in collaboration with the broader health plan community to align on common guidelines for billing with respect to codes and site of service. While plans are individually implementing coding and billing policies, these are informed by the health plan community and Medicare guidance. | Practitioners seeking to provide care during the COVID-19 public health emergency only, but who do not seek to join any Tufts Health Plan network on a more permanent basis, should email <u>COVID-19 Deployment Only Enrollment Roster Provider Information Dept@tufts-health.com</u> <u>Provider Data Request@tufts-health.com</u> . They should include "COVID-19 Enrollment Only" in the subject line of the email containing the completed form. Examples of such practitioners include: RCOVID-19, Recent medical student graduates who may be granted temporary licensure who are working in a hospital or facility during the COVID-19 public health emergency and have not begun their residency programs, clinical fellows and clinical researchers who have been granted temporary privileges to provide care in the facility setting and any out-of-network practitioners granted a temporary license to provide services in a state where Tufts Health Plan serves, and not typically their home practice state in order to work during the COVID-19 public health emergency. Note: This category of practitioner will need to have verifications completed, including inquiry about 1135-based licensure waivers from CMS, if applicable. <u>Practitioners who seek to join Tufts Health Plan networks on a more permanent basis</u> should follow the usual contracting and credentialing processes. Go to the Provider Resource Center , choose the network(s) you wish to join, then click on Credentialing + Contracting under |

| | | | | |
|----------------------------------|--|---|--|--|
| | | | | Forms. The Tufts Health Plan Credentialing Department will make every effort to expedite the credentialing process. |
| Senior Whole Health (SWH) | Kristina Arnoux arnouxk@magellanhealth.com C: 401 480-8034 | SWH will not excessively hold clean claims payments for the duration of the COVID19 State of Emergency. However, the current claims payment policies will be reinstated immediately upon the conclusion of SOE. | MAHP member plans are working in collaboration with the broader health plan community to align on common guidelines for billing with respect to codes and site of service. While plans are individually implementing coding and billing policies, these are informed by the health plan community and Medicare guidance. | |

Links:

Aetna/CVS: <https://www.aetna.com/content/dam/aetna/pdfs/aetnacom/prior-authorization-notification.pdf>

AllWays Health Partners: <https://info.allwayshealthpartners.org/covid19-faq#testing-treatment>

<https://bestpractice.allwayshealthpartners.org/blog/check-out-allways-health-partnerss-covid-19-fags>

BMC HealthNet Plan: <https://www.bmchp.org/I-Am-A/Provider/COVID-19-Resources>

Commonwealth Care Alliance: <http://www.commonwealthcarealliance.org/providers>

Connecticare: <https://www.connecticare.com/provider/Headlines.aspx?hid=2c2750e4-a963-47b5-b19a-1a1715e96ee9>

Fallon Health: <http://www.fchp.org/providers.aspx>

Harvard Pilgrim Health Care: https://www.harvardpilgrim.org/portal/page?_pageid=253,1&_dad=portal&_schema=PORTAL

Health New England: <http://hnetalk.com/provider/coronavirus-covid-19-provider-update/>

Tufts Health Plan: <https://tuftshealthplan.com/covid-19/provider/coronavirus-updates-for-providers>