



AHIP State Issue Brief: *Tackling Coronavirus*

Best Practices for States 1

On March 5, the Board of Directors of America's Health Insurance Plans (AHIP) affirmed the industry would work with our partners to implement solutions so that out-of-pocket costs are not a barrier to people seeking testing and treatment of COVID-19. AHIP's member plans are committed to delivering coverage of needed diagnostic testing, effective treatment to those infected, and education of our enrollees on approaches to stay healthy, especially for those most at risk.

During this pandemic, AHIP believes strongly in partnering with all stakeholders, including policymakers, employers, hospitals, and providers to serve our members and our communities. Our Board [commits](#) to offering solutions to federal and state policymakers to provide needed guidance and flexibility so that help can be accessed and delivered immediately. The following are state-focused recommendations we believe will enhance our ability to better serve our enrollees and the public at large.

Communication

NGA, NAIC, and NAMD

AHIP encourages coordination among the National Governors Association (NGA), the National Association of Insurance Commissioners (NAIC), the National Association of Medicaid Directors (NAMD), and the U.S. Department of Health and Human Services (HHS) to provide enhanced uniformity and alignment regarding emergency coverage requirements for health insurance providers and Medicaid managed care organizations.

Operations

- Each state has a unique set of laws and regulations to best fit the needs of its population. However, during this emergency, whenever feasible, states should try to align their operational procedures. Doing so will allow health insurance providers to more easily make necessary operational changes to respond quickly and appropriately to the needs of each community throughout the course of the pandemic.
- States should also collaborate and communicate with plans as operational mandates are being considered in order to ensure any new mandates are operationally feasible, clarify the timing for making the changes, and discuss whether there are alternatives to proposed mandates that could be leveraged in order to achieve similar goals.

Reporting

We understand that states need to know how health insurance providers are responding to COVID-19. However, we strongly encourage states to balance their need for oversight with health insurers' need to devote time and resources toward responding to the needs of our members and communities, facilitating ongoing communications with our enrollees and clinical providers, and responding to state-required COVID-19 related mandates, which are changing on a daily basis. Requiring extensive reporting at this time removes critical staff from these efforts.

- AHIP strongly recommends that any new reporting requirements should be critical, focused, and limited to data with a clear regulatory purpose. These requests should be limited to benefits and coverage, preparedness plans, education for members, and solvency.
- AHIP encourages states to delay any non-essential reporting throughout the course of the public health emergency.
- Given the speed and frequency with which COVID-19 related mandates are changing, AHIP requests regulators work in collaboration with health insurance providers on timing and content of any essential reports.



Cooperation & Preparation

Surprise Billing

Health insurance providers do not learn of surprise medical bills until after the provider sends a bill to the consumer seeking payment for expenses in excess of what the carrier covers (a balance bill) and the consumer alerts the carrier. Insurance providers are working hard to avoid situations in which consumers seeking treatment for COVID-19 receive balance bills, but we cannot solve this problem alone. We encourage states to request all stakeholders be part of the solution as we work together to address the pandemic.

- Idaho Insurance Director Cameron addressed surprise billing through an [agency alert](#) and we recommend states take similar actions: “In the case of Idahoans ending up out of network, there is a possibility that the costs associated with COVID19 treatment will result in balance billing. We call upon providers to join the insurance industry and refrain from balance billing customers during this difficult time.”

Price Gouging

It is unfortunate, but in times of crisis, there are always those who want to take advantage of the situation and fraud and abuse will occur. AHIP applauds multiple states which have addressed price gouging and encourages other states to follow suit. In particular:

- Washington Commissioner Kreidler [statement](#): “We are all in this together and any excessive fees that labs may charge health insurers for coronavirus testing will impact our health care system. I don’t have direct authority over the amounts labs or providers charge for their services, but we will closely monitor their actions in the coming weeks. I expect most will honor their unique role in supporting the common good as we tackle this health crisis together.”
- Arizona Governor Ducey [Executive Order 2020-07](#): Directs the Department of Health Services and regulatory boards to prohibit, investigate, and take action against any licensed health professional or healthcare institution that engages in price gouging in relation to COVID-19 diagnosis and treatment-related services.
- Pennsylvania Attorney General Shapiro [established](#) a specific email for consumers to file complaints related to price gouging.

Flexibility

Telehealth

Health insurance providers are working with their contracted providers to ensure telehealth services are fully available to their enrollees. We are working hard to educate enrollees about how and when to leverage telehealth to ensure people are receiving the care they need while not needlessly exposing themselves or others to the virus. However, there may be existing state requirements which hamper insurers’ ability to fully adopt telehealth, such as prohibitions on provider licensing by reciprocity, provider situs requirements, requiring an initial in-office visit with a provider, state health care data privacy laws, medical board oversight obligations, or mandating the use of a clinical origination site.

- States should work with health insurance providers to identify and remove any barriers that hinder the full utilization of telehealth and consider alternatives during this time of crisis.
- States should adopt policies to allow insurers and our contracted providers to implement telehealth to our greatest ability, rather than creating new requirements that introduce a new set of implementation challenges.

Non-COVID-19 Medical Services

Health insurance providers ask that states provide flexibility to work with our contracted provider partners through the usual processes to ensure enrollees receive medical services without putting undue stress on the health system. For example, if providers find it necessary to delay non-COVID-19 related services (such as elective

surgeries), we ask for flexibility to use existing prior authorization processes with extensions rather than waiving prior authorization all together.

Insurance Regulation

Implementation of New Laws and Non-Essential Regulatory Functions

Many health insurance providers have adopted extensive remote working requirements and there may be minor delays associated with these new arrangements. Stretching our resources in time of a crisis inhibits our mission to serve consumers. In order for states and health insurance providers to best focus resources on COVID-19 responses, we encourage states to provide the following flexibility:

- Temporarily delay implementation of new state laws and regulations while carriers adjust their operations to help manage the current crisis.
- Provide leniency and flexibility around current regulations and filing timelines, including submission of hard copies.
- Temporarily suspend non-essential regulatory activity and oversight, such as audits, regularly scheduled reporting, and non-COVID-19 data calls.

Rate Filings

States should initiate discussions with health insurance providers to assess potential impacts for form and rate filings, including whether timelines need to be adjusted, processes need to be streamlined, and potential contingency planning.

Medicaid

Medicaid and CHIP are critical components of the health care safety net. In the majority of states, Medicaid and CHIP services are delivered by health insurance providers via Medicaid managed care. Medicaid managed care providers have been actively partnering with state agencies since the beginning of this emergency to ensure our members continue to receive the care they need at this critical time. Medicaid managed care providers are working hard to ensure people are receiving the care they need and they are able to do so in ways that support receiving care at home and in their communities.

- The Centers for Medicare & Medicaid Services (CMS) has recently promulgated guidance describing a large number of flexibilities for states to relax eligibility criteria to ensure care for vulnerable populations. We recommend all states avail themselves of these flexibilities. State Medicaid agencies should refer to CMS's March 12th [guidance](#) regarding the available flexibility for these determinations.
- State restrictions on telehealth utilization for Medicaid enrollees should be temporarily suspended. To assist in the adoption of telehealth, states should also:
 - streamline enrollment of providers authorized to deliver care for suspected COVID-19 cases using telehealth; and
 - soften care coordination requirements that mandate face-to-face contact with providers prior to using telehealth.
- Medicaid managed care providers may include certain services such as meal delivery or transportation as "in lieu of services." We ask state agencies to work with plans to determine how these benefits can be leveraged as a part of the basic benefit package during this time of crisis to meet members' unique needs for care.
- People who require long term services and supports often require hands-on personal care services. These are services such as bathing, dressing, and feeding that are provided in people's homes to meet their daily needs. Plans are working hard to assure people who need that personal care continue to receive it throughout the crisis. Many states also have face-to-face care coordination requirements for Medicaid members who require long-term services and supports. We would recommend states limit the



number of health plan staff who to go into the home during the crisis and allow for virtual visits throughout the period of the crisis when appropriate.

- All states measure the quality of the care received by Medicaid managed care members. Medicaid managed care providers fully support these efforts. However, during the period of the emergency we ask state Medicaid programs to suspend or delay requirements for purposes of HEDIS chart review (i.e., directly accessing medical records in provider offices), member experience of care surveys, and other quality measure programs.
- State Medicaid programs vary significantly. As Medicaid managed care providers work to respond to this crisis, we recommend state Medicaid agencies coordinate with NAMD, NGA, and Medicaid managed care providers in order to assure consistency among states.

For further information, please contact:

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