

**COVID-19 Stakeholder Regulatory Flexibility Request Comment Letters  
to State Insurance Regulators**

<b>COVID-19 STAKEHOLDER REGULATORY FLEXIBILITY REQUESTS</b>	
<b>Telehealth and Telebehavioral Health Access Expansion and Flexibility</b>	
<b>Mental Health Liaison Group (MHLG)</b>	<ul style="list-style-type: none"> <li>In line with CMS’ temporary expansion of telehealth and establishment of payment parity for Medicare beneficiaries, the states should temporarily lift restrictions on telebehavioral health at all levels of care by telephone or video regardless of insurance plan and ensure payment parity (i.e. reimbursement amount for telehealth is the same as payment for a face-to-face visit) until the conclusion of this national emergency.</li> </ul>
<b>American Physical Therapy Association (APTA)</b>	<ul style="list-style-type: none"> <li>Encourages the NAIC to take immediate steps to ensure patient safety and protect health care providers by issuing guidance to its members on how they can increase access to telehealth services furnished by physical therapists and physical therapist assistants, such as mandating coverage of telehealth services during the public health emergency and not mandating such coverage only for certain providers.</li> <li>Strongly encourages the NAIC to issue guidance to its members alerting them to the failure of insurers to follow state emergency orders mandating telehealth services and also encouraging them to mandate access to these critical telehealth services during the COVID-19 pandemic.</li> </ul>
<b>Telehealth Expansion, Grace Periods; Administrative Burdens</b>	
<b>American Medical Association (AMA)</b>	<ul style="list-style-type: none"> <li>Adopt expanded telehealth policies that reflect those now being required under Medicare related to reimbursement, different modalities, such as telephone visits and visits using common audio-video technology, and new and established patients.</li> <li>Prevent insurers from limiting who in their provider networks can provide telemedicine and temporarily allow out-of-state physicians to provide telemedicine across state lines.</li> <li>Adopt grace periods and other continuity of coverage policies that relieve patients and physicians of the financial risk associated with delayed payment or nonpayment of premiums, e.g. insurer policies related to pended claims.</li> <li>Prevent insurers’ administrative requirements from delaying care and payment and undercutting practice resources, such as prior authorization, step therapy and medical record requests.</li> </ul>

**COVID-19 STAKEHOLDER REGULATORY FLEXIBILITY REQUESTS**

**Telehealth for Non-COVID-19 Visits; Health Insurance Premium Payment Flexibility; Ability to Change Existing Contract Requirements**

**Gusto (on behalf of small and medium sized businesses (SMBs)) nationwide**

- Mandate telemedicine COVID-19 and non-COVID-19 visit support by carriers in the states and nationwide. Specifically, extend waiver of cost sharing for telemedicine beyond COVID-19 related visits at least during this public health emergency.
- Provide flexibility to SMBs for delayed payment of their group health insurance. Specifically, assist SMBs by making payment schedules more flexible than they normally are, such as adding up to an additional 120 days for SMBs to make payments on monthly premiums or (within legal limits) forgiving as much of that payment as possible.
- Require insurers in the small group market to accommodate employer requests to change existing insurance contract requirements, such as contract requirements related to minimum participation and eligibility based on minimum hours worked or employee premium contributions, to help better serve their employees. It is difficult for many employers and employees to meet those requirements because of business closure, reduced hours and reduced wages.

**Provide Filing Flexibility**

**America’s Health Insurance Plans (AHIP); Blue Cross and Blue Shield Association (BCBSA); American Council of Life Insurers (ACLI); National Association of Mutual Insurance Companies (NAMIC); American Property Casualty Association of America (APCI); and Reinsurance Association of America (RAA)**

- Suggests the NAIC issue a statement encouraging the states to issue bulletins deeming electronic filings with the NAIC by the prescribed filing due date be deemed in compliance with state filing requirements to address state hard copy filings with wet signature requirements. Examples cited include NAIC filing deadlines and requirements for the 2020 quarterly electronic filings.

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<b>Suspend Prior Authorization Requirements</b>	
<b>American Society for Radiation Oncology (ASTRO)</b>	<ul style="list-style-type: none"> <li>Urges the NAIC to work collaboratively with the state insurance commissioners to direct health insurance plans to suspend prior authorization requirements for radiation therapy services for the duration of the COVID-19 public health emergency because non-treating staff members performing such administrative functions are working remotely and treating staff are being diverted to COVID-19 response activities reducing staff manpower to process prior authorization requests.</li> </ul>
<b>Reduce Administrative Barriers; Accelerated Payments; Accounts Receivable</b>	
<b>American Hospital Association (AHA)</b>	<ul style="list-style-type: none"> <li>Reduce administrative barriers to timely payment, e.g., eliminating any process that relies on paperwork, streamlining credentialing, and implementing automatic authorization for most services.</li> <li>Allow providers to switch to either accelerated payments or periodic interim payments with a true up at the end.</li> <li>Clear out accounts receivable.</li> </ul>
<b>Timely Claims Filing Flexibility</b>	
<b>Radiology Business Management Association (RBMA)</b>	<ul style="list-style-type: none"> <li>Consider suspension of all health insurance payer “timely filing” requirements applied to insurance payer and physician practice agreements because of the new remote work environment for health care providers and payers. With the growing crisis, the new remote work environment for both health care providers and payers, and the growing challenge to timely process payments within a remote or limited workforce environment, it may be increasingly difficult and critical for insurance payers to relax the language in physician practice agreements on the timely submission of claims.</li> <li>As an insurance directive, payers should suspend initial claim and appeal timely filing provisions, which would remain in effect until all COVID-19-related emergency declarations are lifted by state and federal officials.</li> </ul>
<b>General Health Coverage Recommendations</b>	
<b>NAIC consumer representatives</b>	<ul style="list-style-type: none"> <li>Maximize access to comprehensive health coverage so people can access the care they need, such as through special enrollment periods (SEPs)</li> <li>Find ways to ease financial strain and support people’s ability to comply with social distancing measures, such as easier access to prescription drug refills, telehealth services, and mental health services.</li> <li>Ensure coverage of important health benefits, as well as cost protections, related to treatment and detection of COVID-19, such as access to treatment at no or low out-of-pocket costs, as well as protection from surprise medical bills.</li> <li>Continue to protect consumers from fraud and scams.</li> </ul>

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**Insurance Flexibility to Facilitate Continuity of Care**

**National Infusion Center Association (NICA)**

Facilitate continuity of care for discharged, diverted or otherwise disrupted patients while also allowing the acute care settings to focus resources on the critically ill by:

- Allowing patients to utilize an out-of-network site of care at the in-network benefit level in the event they are unable to get treatment in their usual care setting due to a drug shortage or closure related to COVID-19;
- Waiving prior authorization requirements for established patients currently on therapy that are switching site of care;
- Extending existing prior authorizations that are due to expire during the public health emergency; and,
- Waiving step therapy policies and formulary restrictions in the event of drug shortages

**Prescription Drug Management Preparedness**

**Pharmaceutical Care Management Association (PCMA)**

- PBMs are fully prepared to provide early access to prescription refills, access to therapeutic alternatives in the event of COVID-19 related shortages, and address pharmacy access barriers in collaboration with policymakers, clinicians, payers, and other essential partners and upon approval of a vaccine or specific treatments for COVID-19, PBMs will work with health plans to provide appropriate access for patients.
- Continue close collaboration with public and private-sector partners to work through any challenges arise due to COVID-19.