



April 3, 2020

*Wayne A. Smith  
President & CEO*

The Honorable Trinidad Navarro  
Delaware Department of Insurance  
1007 Orange Street, Suite 1010  
Wilmington, DE 19801

Dear Commissioner Navarro:

*Alfred I. duPont Hospital  
for Children  
Jay Greenspan, MD,  
Interim Chief Executive  
of Nemours Delaware  
Valley Operations*

On behalf of Delaware's member hospitals and health care delivery systems, the Delaware Healthcare Association (DHA) is requesting your assistance in achieving relief from administrative burdens that lead to delays in care and payment, and consume hospital resources already strained from addressing the COVID-19 emergency. In particular, DHA is seeking the assistance of the Department of Insurance assistance in the following areas:

*Bayhealth  
Terry Murphy,  
President & CEO*

**1. Ease Administrative Burden on services beyond COVID-19 cases**

Authorizations, denials and approvals for inpatient admissions are time consuming and add to the burden of a hospital finance team that is already overextended as a result of COVID-19. One of Delaware's hospitals cited that 10% of their billing staff is already at home quarantining and the virus is just starting to spread in Delaware. DHA requests that commercial payors ease provider administrative burden during this emergency period as hospitals will have exceedingly limited resources to meet these administrative requirements.

*Beebe Healthcare  
David A. Tam, MD, MBA,  
FACHE  
President & CEO*

*ChristianaCare  
Janice E. Nevin,  
M.D. MPH  
President & CEO*

**2. Provide Relief from Prior Authorizations, Claim Submission Deadlines, Audits, Appeal Limits and other Burdensome Requirements during COVID-19**

The Delaware Healthcare Association recently submitted an [1135 waiver request letter](#) to Delaware Department of Medicaid and Medical Assistance Director Steve Groff asking for relief in several areas ranging from prior authorizations to timely discharge of patients requirements. We request your assistance in directing commercial payors to provide the same relief, including:

*Nanticoke Health Services  
Penny Short, RN, BSN  
President & CEO*

*Saint Francis Healthcare  
Daniel Sinnott  
President & CEO*

- a. Waive prior authorizations on all services;
- b. Extend filing limits up to 12 months for claim submissions;
- c. Immediate cessation of any prepayment reviews, audits, recoupment actions, payment suspensions, and any other actions that could interfere with the flow of desperately needed funds to pay for ongoing healthcare delivery operations; and,
- d. Relief from rules pertaining to the timely discharge of patients. Patients may need to remain at a hospital longer than is medically necessary because there are no beds available at local skilled nursing facilities, long term care facilities, or other appropriate settings during this emergency period.

*Delaware Healthcare  
Association  
Wayne A. Smith  
President & CEO*

In addition, DHA seeks relief from automatic diagnosis related group (DRG) downgrading activities that heavily consume provider resources.

Finally, DHA also seeks relief on appeal limits. Insurance companies typically limit appeals within 45, 60, or 90 days from the date of the denial. DHA requests that during the State of Emergency, and through 12/31/2020, providers are permitted to appeal a denial within 6 months from the last adjudication date. With this, we also need a payment commitment from the insurance company to pay the corrected claim/appeal in no more than 60 days from receipt (additional details listed under number 5 below).

### **3. Eliminate Authorization for Transfer to Skilled Nursing Facilities (SNFs), Home Care**

DHA requests that the Department of Insurance direct commercial payors to eliminate authorization requirements for transfers to long term care facilities, SNFs and home care. The Governor's Public Health Emergency declaration directs insurers to waive pre-authorizations for COVID-19 testing and treatment. While we greatly appreciate that prior authorizations are waived for COVID-19-related services, we request they be waived for all services, including patient transfers. As COVID-19 continues, hospitals will need to move quickly to get patients out of acute care beds and into home care or SNFs, to make space for COVID-19 patients. This process will be delayed if hospitals discharge planners or the SNFs must get authorizations.

Some payors, including [Cigna](#), have already announced they will waive prior authorizations for the transfer of their non-COVID-19 customers from acute inpatient hospitals to in-network long term acute care hospitals (LTACHs). In place of prior authorizations, they will require notification from the LTACH on the next business day following the transfer. It would be helpful for all commercial payors to adopt a similar policy.

### **4. Telemedicine: Ability to use simple two-way phone line & reimburse adequately**

Telemedicine will continue to be a critical component in addressing COVID-19. It is important to ensure patients with symptoms consistent with COVID-19 can consult a health care provider over the phone instead of visiting in-person to protect the safety of that provider and the public. Telemedicine is also critical for non-COVID-19 patients who are sheltering in place at home, or whose doctor's physical locations have closed, to receive care. Medicare and Medicaid have taken important steps to enhance access to and coverage of telemedicine services, but we need commercial payors to follow suit. DHA requests that the Department of Insurance confirm that commercial insurers should accept audio only two-way phone line as telemedicine; that the reimbursement rate for telemedicine be the same as in-person visits; and urge consistency of telemedicine coverage and reimbursement across payors.

### **5. Advance/Interim Payments to Hospitals during COVID-19; Require Payment on Claims in excess of 60 days**

Delaware hospitals have decreased (and in some cases eliminated) non-critical, non-urgent services and surgeries to address COVID-19. Hospital expenses have also increased with the purchase of equipment and supplies needed to respond to this emergency. These factors lead to a significant loss in revenue for Delaware's hospitals. To assist in this crisis, [CMS has implemented](#) an accelerated and advance payment program for Medicare participating health

care providers, to ensure they have the resources needed to combat the COVID-19. It would be helpful if commercial insurers could do the same. This could take the form of payments made from payors in the event that a payor could not process claims in a timely fashion, or in the event hospitals are unable to get claims out the door. DHA requests that commercial insurers provide a funding advance or interim payments to assist hospitals dealing with COVID-19.

In lieu of an advance, DHA requests requiring insurance companies to pay all claims in excess of 60 days. These are payments for services already rendered that the insurance company has not paid. Specifically, these would be corrected/adjusted claims that are not being paid timely as well as inappropriate insurance company denials the insurance company has not yet reprocessed yet. Given that the request is on claims in excess of 60 days, the insurance company should have already received premium payments for these claims.

Thank you for considering these requests. I am happy to discuss further at your convenience.

Sincerely,



Wayne Smith  
President & CEO

