

COVID-19 Update: Healthy Blue suspends select prior authorization rules and announces significant policy adjustments in response to unprecedented demands on health care providers (updated December 24, 2020)

December 24, 2020

Healthy Blue recognizes the intense demands facing doctors, hospitals and all health care providers in the face of the COVID-19 pandemic. Today, unless otherwise required under State and Federal mandates, Healthy Blue is making adjustments to assist providers in caring for members. These adjustments apply to members of all lines of business, including self-insured plan members

Inpatient and respiratory care

- **Prior authorization requirements are suspended for patient transfers from acute IP hospitals to skilled nursing facilities effective December 21, 2020 through January 15, 2021.** These adjustments apply for our fully-insured and self-funded employer, individual, Medicare and Medicaid plan members receiving care from in-network providers. While prior authorization is not required, we continue to require notification of the admission via the usual channels and clinical records on day two of admission to aid in our members' care coordination and management. Healthy Blue reserves the right to audit patient transfers.
- Prior authorization requirements are suspended for patient transfers through May 30, 2020. All hospital inpatient transfers to lower levels of care (by land only). Although prior authorization is not required, Healthy Blue requests voluntary notification via the usual channels to aid in our members' care coordination and management.
- **The 21-day inpatient requirement** before transferring a patient to a long-term acute care hospital is suspended.
- **Concurrent review for discharge planning** will continue unless required to change by federal or state directive.
- **Prior authorization requirements are suspended for COVID-19 Durable Medical Equipment** including oxygen supplies, respiratory devices and continuous positive airway pressure (CPAP) devices for patients diagnosed with COVID-19, along with the requirement for authorization to exceed quantity limits on gloves and masks.
- **Respiratory services** for acute treatment of COVID-19 will be covered. Prior authorization requirements are suspended where previously required.

COVID-19 testing

Laboratory tests for COVID-19 at both in-network and out-of-network laboratories will be covered with no cost sharing for members.

Claims audits, retrospective review and policy changes

Healthy Blue will adjust the way we handle and monitor claims to ease administrative demands on providers:

- **Hospital Claims audits** requiring additional clinical documentation will be limited through June 24, 2020, though Healthy Blue reserves the right to conduct retrospective reviews on these findings with

<https://providers.healthyblue.com>

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expanded lookback recovery periods. To assist providers, Healthy Blue can offer electronic submission of clinical documents through the provider portal.

- **Retrospective utilization management review** will also be suspended through June 24, 2020, and Healthy Blue reserves the right to conduct retrospective utilization management review of these claims when this period ends and adjust claims as required.
- **Our special Investigation programs** targeting provider fraud will continue, as well as other program integrity functions that ensure payment accuracy
- **New payment and utilization management policies and policy updates** will be minimized, unless helpful in the management of the COVID-19 pandemic.

Otherwise, Healthy Blue will continue to administer claims adjudication and payment in line with our benefit plans and state and federal regulations, including claims denials where applicable. Our timely filing requirements remain in place, but Healthy Blue is aware of limitations and heightened demands that may hinder prompt claims submission.

Provider credentialing

Through June 24, 2020, Healthy Blue will continue to process provider credentialing within the standard 15-18 days even if we are unable to verify provider application data due to disruptions to licensing boards and other agencies. We will verify this information when available.

If Healthy Blue finds that a practitioner fails to meet our minimum criteria because of sanctions, disciplinary action etc., we will follow the normal process of sending these applications to committee review, which will add to the expected 15-18 day average timeline. We are monitoring and will comply with state and federal directives regarding provider credentialing.

Additional PA changes

Healthy Blue is committed to working with and supporting providers. As of March 16, 2020, Healthy Blue is removing PA requirements for skilled nursing facilities (SNF) for the next 90 days to assist hospitals in managing possible capacity issues. SNF providers should continue admission notification to Healthy Blue in an effort to verify eligibility and benefits for all members prior to rendering services and to assist with ensuring timely payments.

Healthy Blue is also extending the length of time a PA is in effect for elective inpatient and outpatient procedures to 90 days. This will help prevent the need for additional outreach to Healthy Blue to adjust the date of service covered by the authorization.

Providers should watch the Provider News page for any future administrative changes or policy adjustments we may make in response to the COVID-19 pandemic.