To:	TennCare Managed Care Organizations
From:	Keith Gaither, Managed Care Operations Director
Date:	September 30, 2020
Subject:	Extension of COVID-19 Policies Regarding Hospital Administrative Flexibilities

In consultation with the Tennessee Hospital Association (THA), TennCare and our Managed Care Organizations (MCOs) have worked together to evaluate the short-term administrative accommodations granted on May 8, 2020.

One of the administrative options mentioned in the previous memo will **continue through at least June 30, 2021**, This is the following:

- **Lab Exception/Exclusion List**
  - MCO should add flu and COVID-19 testing to the exception/exclusion list for submission to preferred laboratory providers.

All of the remaining accommodations will be **extended through October 31st and will expire effective November 1st, 2020**. This additional month will give all parties involved notice and time to return to the policies that were in place prior to the start of these short-term administrative accommodations.

After October 31st, while the MCOs will end these temporary flexibilities, they will consider requests by individual hospitals for exceptions to some of the reinstated normal policies. **For these accommodations only, if hospitals experience challenges such as staffing shortages/overwhelmed hospital capacity as a result of COVID-19 impacts, hospitals may reach out to their MCO to request an extension or other accommodations which will be approved on a case-by-case basis.** This approach will avoid creating a longer administrative backlog for most hospitals while being sensitive to the situation of some hospitals. The policies for which hospitals may request an exception are the following:

- **Medical Record Requests and Audits**
  - MCOs should suspend requesting medical records to reduce administrative burdens on hospitals. Audits or recoupments related to medical claims should be suspended or postponed during this period. MCOs should not place claims into either pre- or post-payment review or audit that would result in delay of payment of either stop-loss or outlier payments. Note that this change will apply to inpatient and outpatient facility claims. This change does not apply to professional claims. Hospitals that have professional groups as part of their system may need to submit medical records for professional claims. Future audits will consider the period and circumstances when the emergency occurred. However, because we are suspending most of the administrative measures in place to prevent inappropriate utilization during this period, once we have resumed normal operations, MCOs may review services during the period not just for fraud but also for waste or abuse. Reviews of services performed during this period should be reasonable.

- **Quality and Value-Based Payment Programs**
  - TennCare MCOs should postpone the manual collection of medical records for HEDIS and in-office reviews. Automated collection of data for quality measures will continue as there is no effort or intervention required from the provider.

- **Recredentialing**
  - TennCare MCOs are suspending all recredentialling requirements for providers.

- **Services Provided by Practitioners Not Yet Credentialed**
  - The MCOs are to pay for all services in the hospitals rendered by providers who are not yet credentialed. However, per federal requirements, all providers will need to have a Medicaid provider ID in order to be paid for Medicaid services.

The remaining temporary flexibility items will also be **extended through October 31st and will expire effective November 1, 2020, but these will not have an exception for individual hospital requests.** In discussion with the THA, these policies were not indicated as requiring any individual exclusions.

- **Acute Care Hospital-based Services – Utilization Management**
  - MCOs will not require additional medical necessity review information on acute services provided from March 12th through May 15th and shall not take action on those services until after October 31st. MCO's will not retract prior determinations completed; appeals and provider payment disputes will follow the usual process. MCOs will continue the suspension of denying claims for notification not being timely filed or for UM not being timely filed through October 31st. Note that other practices have not changed during the emergency period: TennCare MCOs continue to require notification and the submission of clinical information that is normally required for UM level of care reviews. Acute services provided beginning after October 31st require prior authorization when applicable.

- **Authorization Approvals Made Before the Emergency**

  TennCare MCOs will adjust prior authorization approvals to move expiration dates forward so that they do not expire until after October 31s at the earliest. MCOs should also suspend site of service reviews during this period. In order to clarify what is being suspended, site of service refers to the least costly safe and appropriate place of service. For example, surgeries performed at Ambulatory Surgery Centers versus free standing facilities versus office settings. A site of service review looks at any co-morbid conditions that require more complex care, such as a request for Cystourethroscopy to be performed in a hospital outpatient surgical setting. If the member's clinical information showed comorbidities such as obesity, diabetes poorly controlled, and severe obstructive sleep apnea, a site of service review could approve the hospital as the appropriate site.

- **Internal and External Appeals Timeframes**
  - The timeframes for hospitals to submit appeals are typically 180 days. While we are not eliminating these appeals timeframes, if a hospital would like an extension, MCOs shall review and approve reasonable requests on a case-by-case basis. In addition, MCOs should consider the period and circumstances of this emergency in future audits.

- **Post-Acute Care Services – Utilization Management**
  - TennCare MCOs are not requiring authorization reviews before patients can be moved from the acute care setting to the appropriate post-acute care setting. TennCare MCOs will also support rapid placement and discharge of currently hospitalized patients who can be safely discharged to another setting.

- **Pharmacy & Medical Devices**
  - MCOs shall reimburse providers at the contracted rate for drugs dispensed from hospital pharmacies. The MCOs will not require that any prescription drugs be dispensed by specialty pharmacy instead of the hospital pharmacy. MCOs will offer appropriate reimbursement for any emerging drug treatments or devices for treatment of known or suspected COVID-19 patients. Requests for the use of experimental drugs or devices should receive expedited review. The MCOs will be mindful of the need to be flexible in reviewing these requests, recognizing there is not currently a cure for COVID-19.

- **Not Requiring Medical Records Before Claims Adjudication**
  - TennCare MCOs will not request medical records before claims adjudication through October 31st (with the exception of ASH claims). Note that this change will apply to inpatient and outpatient facility claims. We are not making this change for professional claims. Hospitals that have professional groups as part of their system may need to submit medical records for professional claims.

- **Suspension of PCP Assignment**
  - The MCOs will continue the suspension of the practice of denying PCP service claims submitted by providers who are not the PCP of the members they are serving through October 31st. As has been the practice throughout this year, members will continue to be assigned PCPs according to the normal process.

Thank you for your partnership and continued care of our members especially during these unprecedented times.