Important Provider News

April 1, 2020

ConnectiCare
an EmblemHealth company

Important coronavirus (COVID-19) update for providers serving our members in Massachusetts

This bulletin is to make you aware and inform you of requirements from the state of Massachusetts for patient care during the coronavirus (COVID-19) outbreak. The requirements cover telehealth visits and suspension of preauthorization requirements for hospital discharges. There are no prior authorization requirements for medically necessary coronavirus (COVID-19) treatment delivered via telehealth by in-network providers.

Guidelines to deliver medically necessary health services via telehealth

ConnectiCare temporarily expanded our telemedicine program as part of the pandemic response. Check our website, **connecticare.com/providers**, for details. If you are providing telehealth to our members living in Massachusetts, please follow the billing guidelines included in: **Temporary Payment Policy: Supplemental Telehealth Guidelines — Commercial/Medicare Advantage**.

The state of Massachusetts also requires you to:

- Review relevant medical history and records with **new patients** before their initial telehealth appointments.
- Review medical history and available medical records with **existing patients** during their telehealth services.
- Ensure before each telehealth appointment your ability to deliver services at the same standard as in-person care and in compliance with provider licensing requirements, programmatic regulations, and performance specifications related to the service (e.g., accessibility and communication access).
- Determine before any telehealth service if you can or cannot meet the appropriate standard of care or other requirements to provide the service via telehealth. If you cannot, then you must notify the patient and advise the patient to instead seek appropriate in-person care.
- Ensure, as much as reasonably possible, the same rights to confidentiality and security to the patient as an in-person care visit and inform patients of any relevant privacy considerations before providing the telehealth services.
- Follow patient consent and patient information protocols consistent with those followed for in-person care visits.
- Inform patients of the location of the provider (i.e., distant site) furnishing the telehealth service and obtain the patient location (i.e., originating site).
- Tell patients how they can access in-person care with a clinician in event of an emergency or otherwise.

**Preauthorization approval is not a guarantee of coverage. Coverage is dependent on member eligibility at the time service is rendered and the member has not exceeded benefit maximums under his/her plan. Any services rendered over the benefit maximums for a member's plan year will fall under the member's financial responsibility.*

- Maintain certain other policies and documentation standards as set forth in **Massachusetts Bulletin 2020-04 issued by the Commissioner of Insurance Division on March 16, 2020**, which can be found on the Division's website.

90-day suspension of preauthorization for discharge to home health, rehabilitation and skilled nursing facilities

ConnectiCare has communicated changes to preauthorization, home health services, post-acute care facilities and Passage referrals during the coronavirus (COVID-19) outbreak. Please refer to the attached Important Provider News dated April 1, 2020, titled **Coronavirus (COVID-19) update for ConnectiCare providers: Updates to preauthorization, home health care and Passage referrals**.

The changes are in compliance with the following requirements from the state of Massachusetts**:**

Preauthorization* requirements for inpatient hospital discharges to home health care, rehabilitation centers and skilled nursing facilities (SNF) will be suspended for 90 days.

- For hospital discharges to home health care services:
  - Plans may review home health care services for medical necessity concurrently and retrospectively.
  - Plans are permitted to require notification of admission to home health services. Notice of admission to home health care services after hospital discharge is required within 48 hours of the first home health care visit.
  - Plan of care for home health services must be established and approved in writing by a physician.

- For hospital discharges to inpatient rehabilitation centers and SNF:
  - Plans may review inpatient rehab services for medical necessity concurrently and retrospectively.
  - Plans are permitted to require notification of admission. Notice of hospital discharge to SNF or rehab hospital is required within 48 hours of admission.
  - Plans should provide hospitals with an up-to-date list of all in-network rehab facilities and SNF to facilitate discharges.
  - Hospitals should use their best efforts to transfer insureds to in-network providers.

    Please note, if a patient is discharged to an **out-of-network (OON) rehab and SNF**, plans must negotiate a rate with the OON facility within 48 hours of notification. If no agreement is reached, the health plan should reimburse for Medicaid enrollees at the Medicaid rate, and for commercial members at the Medicare reimbursement rate.

Thank you for all that you are doing to care for your patients and protect the public health. As state guidelines are updated, we will do our best to keep you informed. Please refer to our website, **connecticare.com/providers**, for the latest news and the most up-to-date information.