



## Health Partners Plans

April 17, 2020

### RE: COVID-19 Update – Process Changes

Dear Provider,

Together, we are facing one of the most significant and wide-ranging health crises in recent memory. As COVID-19 continues to impact our region, Health Partners Plans wants to express our sincere gratitude for your leadership and the heroic measures you and your staff are taking to guide the City of Philadelphia through this health crisis.

In these unprecedented times, measures that ensure cooperation and ease of care are more critical than ever before. It is in that spirit that we are letting you know about some changes we have made to streamline the delivery of care and reduce administrative burdens as you face growing demands on patient care. The following changes are effective immediately and will remain in effect throughout the duration of the pandemic:

This is a follow-up to a communication we sent to a targeted provider audience on April 8. This update is prompted by the Pennsylvania Department of Human Services (DHS) Provider Quick Tips #241 (<https://www.dhs.pa.gov/providers/Quick-Tips/Documents/PROMISEQuickTIP241Revised0414.pdf>) and CMS guidance. The items highlighted in this communication are just a few items detailed in DHS Provider Quick Tips #241, but HPP has aligned our process with all items mentioned in the tips sheet.

Additionally, the items below apply to all HPP lines of business, during this pandemic:

- **Member Cost-Sharing is being waived** for visits associated with COVID-19 testing, whether the care is received in a physician's office, an urgent care clinic, hospital, home, nursing home or via telehealth.
- **In-patient authorizations for all non-elective admissions will be waived.** To ensure claims adjudicate properly and timely, HPP will require notification of these admissions. You can continue to submit notifications through the portal or, if you prefer, in spreadsheet format, fax to 215-967-9247 at a minimum every Monday and Thursday. Be sure to use a secure transmission line and to include the member's name, ID, admission date and admitting diagnosis code.
- **Concurrent review is no longer in effect.** Admissions for less than three days, readmissions and outlier days will be subject to retrospective review. HPP will coordinate the timing of these reviews with the provider.
- **Post-discharge to an in-patient rehabilitation facility or skilled nursing facility will not require authorization for the first 30 days if the transfer is to a HPP participating facility.** Notification is required within 48 hours of admission for purposes of discharge planning. HPP will coordinate with the post-acute facility to obtain review and authorization for medically appropriate days within the covered benefit. Services will be subject to retrospective review for medical necessity.
- **Home health services will not require authorization for the first 28 days when a participating home health agency is used.** The initial evaluation can be completed without authorization. HPP will coordinate with the home health agency for continued care. Services will be subject to retrospective review for medical necessity.

- **Telehealth continues to be our preferred approach for care**, when appropriate, and HPP will continue following regulatory guidance on the use of telehealth services.
- **Pharmacy refill logic and extensions of prior authorizations.** Pharmacies will be able to override any early refill rejections at the point of sale using a universal code. HPP extended all prior authorizations set to expire between March 23 and June 30 for an additional 90 days. For example, if a prior authorization was set to expire May 1, the new expiration date is now August 1.
- **Durable Medical Equipment authorization requirements will be waived** for the procedure codes detailed in the DHS Provider Quick Tips #241.
- **Hospice services authorizations will be waived when a participating hospice agency is used** for the first 30 days of care. Prior authorization will be required for continuation of services after the first 30 days. **This change does not apply in instances where prior authorizations were not required previously by HPP.**

We will continue to keep you informed of additional changes, including those required by our regulators, in the coming days and weeks.

**To help you stay abreast of the latest as the COVID-19 health crisis evolves, HPP continues to keep current a COVID-19 information page on our website at [HPPlans.com](https://www.hppplans.com).** This page will be updated as new information is released by regulators, CDC, or HPP. We encourage you to check this site routinely.

HPP continues to remain fully operational and our remote workforce is able to assist you and our members with the same high-quality service and support that you have come to expect from us over the past 30-plus years. As always, we appreciate our partnership with you to continually improve the health outcomes of our members.

Sincerely,

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