COVID-19 update: Suspension of select prior authorization rules and significant policy adjustments in response to unprecedented demands on health care providers (updated December 2, 2020)

Anthem Blue Cross and Blue Shield (Anthem) 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 as detailed below, Anthem is making adjustments to assist providers in caring for members. These adjustments apply to members of all lines of business except as noted below, including self-insured plan members and in-network and out-of-network providers, where permissible. We encourage our self-funded customers to participate, although these plans may have an opportunity to opt out.

Medicare adjustments and suspensions may have different timeframes or changes where required by federal law.

Where permissible, these guidelines apply to Federal Employee Plan (FEP) members. For the most up-to-date information about the changes FEP is making, go to **https://www.fepblue.org/coronavirus**.

Inpatient and respiratory care

- Prior authorization requirements are suspended for patient transfers from acute IP hospitals to skilled nursing facilities effective November 23 through December 31, 2020. 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. Anthem reserves the right to audit patient transfers. Concurrent review for discharge planning will continue unless required to change by federal or state directive.
- PA requirements are suspended for COVID-19 Durable Medical Equipment, including oxygen supplies, respiratory devices, noninvasive ventilators, and multi-function ventilators for patients who need these devices for any medical reason as determined by a provider, along with the requirement for authorization to exceed quantity limits on gloves and masks. **Update:** Prior authorization for continuous positive airway pressure (CPAP) is suspended for COVID-19 related diagnoses only; all other CPAP uses follow the existing prior authorization process.
- Respiratory services for acute treatment of COVID-19 will be covered. PA 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, peer-to-peer review and policy changes

Anthem 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 Anthem reserves the right to conduct retrospective reviews on these findings with expanded lookback recovery periods for all lines of business except Medicare. To assist

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providers, Anthem can offer electronic submission of clinical documents through the provider portal.

- Retrospective utilization management review will also be suspended through June 24, 2020,, and Anthem reserves the right to conduct retrospective utilization management review of these claims when this period ends and adjust claims as required.
- **Suspend peer to peer reviews** through June 24, 2020, except where required pre-denial per operational workflow or where required by the state during this time period for all lines of business except Medicare.
- Our Special Investigation programs targeting provider fraud will continue, as well as other program integrity functions that help 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, Anthem 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 Anthem is aware of limitations and heightened demands that may hinder prompt claims submission.

Provider credentialing

Through June 24, 2020, Anthem will continue to process provider credentialing within the standard 15 to18 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 Anthem 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 to 18 day average timeline. We are monitoring and will comply with state and federal directives regarding provider credentialing.

Additional PA changes

Anthem is committed to working with and supporting providers. As of March 16, 2020, Anthem 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 Anthem in an effort to verify eligibility and benefits for all members prior to rendering services and to assist with ensuring timely payments.

Anthem 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 Anthem 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.