



April 1, 2020

Fellow physicians and health care professionals:

This unprecedented public health crisis touches all aspects of our lives. The providers caring for patients on the front lines are today's heroes. You are working tirelessly to care for patients, protect staff, and develop new processes in the face of daily change. We are all deeply grateful for your commitment and sacrifice.

In the last month, we have spoken with numerous physician leaders and health care administrators about the challenges facing providers in light of these extraordinary circumstances, interfering with your ability to best care for patients. We heard you and we are taking steps to support the incredible work you do each day. In particular, we have made changes to eliminate cost and other barriers and help members get the care they need. We have greatly reduced administrative requirements for providers so you can focus on patient care, and have taken steps to support provider practice and system viability through this crisis.

Getting Members the Care They Need, Regardless of Cost or Other Barriers

Costs should not be a barrier to patients' treatment for COVID. Building on previous actions to **waive member cost share for COVID-related testing**, we have expanded these waivers to **now cover all COVID-related medical treatment**. Please reference Humana's [COVID-19 Provider Website](#) for details.

- All out-of-pocket medical costs (copays, coinsurance, and deductibles) related to covered treatment for COVID-19—including inpatient hospital admissions— will be waived for enrollees of individual and Group Medicare Advantage plans, fully insured commercial members, Medicare Supplement and Medicaid
- The waiver applies to all out-of-pocket costs related to the covered treatment of COVID-19 as well as FDA-approved medications or vaccines when they become available
- Humana will waive the member's out-of-pocket costs for covered COVID-19-related services delivered by participating/in-network and non-participating/out-of-network providers

We are also eliminating barriers to members getting care from their physicians for their ongoing chronic conditions and other health care needs given social distancing practices currently in place. To help you manage the health of your Humana patients, whether COVID-related, care for chronic conditions, or care for other conditions, we expanded the benefits for, scope of, and reimbursement for **telehealth** visits last week. With this:

- Humana members can have an audio/phone or audio and video visit with their own doctor for COVID testing, COVID treatment, or just to stay on top of their health, and their out-of-pocket costs will be waived for participating/in-network providers
 - Participating/in-network providers will be reimbursed for these visits the same as an office visit
- For details on telehealth coverage for services delivered by in-network and out-of-network providers and other policy changes, please refer to the [telehealth page](#) on Humana's COVID-19 Provider Website.



Our Humana Care Managers, MarketPoint agents, and Neighborhood Center associates have been also been **making personal calls to tens of thousands of members** to check on their wellbeing. We have learned that not all members have their medications. Some don't have enough food in the house. Some are worried about their health with not being able to exercise or stick to healthy eating for to help manage their health conditions. Many are socially isolated and lonely. Our associates have educated members on prevention of and knowing the signs of COVID, as well as new benefit changes. They have also identified barriers to care and connected members to resources that can improve their whole health, whether it be medication delivery, delivery of food from a food bank, or enrollment in our virtual Silver Sneakers exercise classes or virtual health engagement programs.

Eliminating Administrative Requirements So You Can Focus on Patient Care

This week, we made changes to claims review and utilization management processes to temporarily reduce administrative requirements so you can focus on what matters most - patient care. Our suspension of authorization requirements will also help support capacity building for health systems by facilitating timely transitions of care. While these processes play an important role in facilitating care and managing costs for our members and employer plan sponsors, we believe that suspending them is the right thing to do given these unprecedented circumstances. We will continue to reassess the need for changes to administrative requirements as the COVID-19 public health crisis evolves and circumstances change.

1. Suspension of pre- and post-paid claim reviews

- Effective April 1, Humana will suspend all medical records requests for pre-and post-paid claim review processes for individual and Group Medicare Advantage, Commercial Group, and Medicaid
- This suspension applies to all professional and facility claims from in-network and out-of-network providers
- Humana will release any claims currently under medical record review as of April 1 and issue payment to providers
- Although medical record claim reviews are suspended, we may request medical records retrospectively once the suspension is lifted

2. Suspension of most authorization requirements and referrals

- Previously, Humana suspended authorization requirements on COVID-related diagnoses, excluding post-discharge, for both participating/in-network and non-participating/out-of-network providers
- Humana is expanding this suspension to include suspending nearly all authorization requirements for participating/in-network providers. This applies to inpatient (acute and post-acute), outpatient, and all par referrals for Humana's individual and Group Medicare Advantage, Commercial Group, and Medicaid plans
- This continues to apply to both participating/in-network and non-participating /out-of-network providers when the member has a COVID-related diagnosis



- Otherwise, non-par/out-of-network providers must continue to follow authorization and referral requirements and submit authorization requests as they normally do
- Drug/pharmacy related (Commercial, Part D and Part B), Transplant, and Genetics-related authorization requirements will continue to be in effect

In the interest of our members' health and to help support timely and safe future transitions of care, **please continue to submit a notification as normal when your Humana-covered patients are admitted to the hospital or have an applicable outpatient service**, even when authorization is not required. The notification will allow us to track our members' progress through the healthcare delivery system and provide assistance in real time. You will receive automatic approval when you submit the notification.

Finally, given that many providers are postponing elective or non-emergent services, Humana is extending previously approved authorizations to a 90-day approval timeframe, except for home health authorizations, which are being extended for 60 days.

Helping Ease the Impact of Disruption to Your Organization

In my discussions with physician leaders, many have expressed worries about the impact of social distancing, the elimination of elective procedures, and other COVID-related challenges on the cash flow of their organizations. Our temporary telehealth policy will give participating primary care providers and specialists the means to treat patients virtually and be reimbursed as a regular office visit. Our suspension of claims reviews and release of claims previously under review will also provide a near-term cash infusion to providers. If you are experiencing challenges due to disruption caused by COVID-19 that are threatening your ability to continue to care for your patients, let your Humana representative know.

These are just a few examples of what we're working on to support you and your Humana patients. While it is likely that in the weeks and months ahead we will face new and evolving challenges, I am convinced we will emerge from this crisis stronger – as individuals, as leaders, and as a health care community. We thank you for the care you deliver to our members and to all patients in our communities, and are here for you through this crisis, and beyond.

Sincerely,

A handwritten signature in black ink, appearing to read "Will Shrank".

William Shrank, M.D., MSHS

Chief Medical and Corporate Affairs Officer