

**COVID-19 Information for our Health Care Provider Partners
-PLEASE SHARE WITH ALL PERTINENT DEPARTMENTS AND STAFF-**

To: Participating Hospitals
Date: July 6, 2020
Subject: NYS DFS Supplement No. 2 to Insurance Circular Letter No. 8

On June 26, 2020, the New York State Department of Financial Services (NYS DFS) issued Supplement No. 2 to its Insurance Circular Letter No. 8. The supplement provides guidance that permits health insurers, including Excellus BlueCross BlueShield, to resume preauthorization, concurrent and retrospective review, medical record requests and other requirements as of June 19, 2020.

The following information details the steps the Health Plan will take in compliance with the recent NYS DFS guidance.

Preauthorization and Concurrent Review

We recognize that some hospital services may have been scheduled before June 19, 2020, but provided after June 19, 2020, and that hospitals did not obtain preauthorization or perform concurrent reviews due to the temporary suspension of preauthorization requirements. To allow our participating hospitals and facilities time to accommodate the resumption of preauthorization and concurrent review requirements, the Health Plan will reinstate these requirements as of July 6, 2020 for inpatient urgent/emergent admissions occurring from June 19, 2020 through July 6, 2020 for the following in-network hospital services:

- Inpatient facility admissions
- Acute rehabilitation admissions
- Home care
- Mental health and substance use disorder admissions
- Skilled nursing facility admissions

For previously scheduled services, we ask that hospitals use reasonable best efforts to provide us with 48 hours' notice. (Continued on the next page)

Retrospective Review for Inpatient/Outpatient Hospital, Mental Health and Substance Use Disorder Treatment Facilities, Including Medical Record Requests

The Health Plan will resume retrospective review for non-COVID-related services for inpatient and outpatient hospital, mental health and substance use disorder treatment facilities provided on and after June 19, 2020. We are committed to ensuring that our request for medical records in support of these reviews will be reasonable.

The Health Plan will not deny emergency department and/or inpatient hospital services as not medically necessary on retrospective review if the services were provided to our members to diagnose or treat COVID-19 during the declared state of emergency.

Internal and External Hospital Appeal Timeframes

As of June 19, 2020, we will resume the use of time frames supported by NYS Insurance Law and NYS Public Health Law which provide that a health care provider has a period of no less than 45 days after receipt of notice of an adverse determination to file an internal appeal, and that health care providers have 60 days to initiate an external appeal after the health care provider receives notice of a final adverse determination.

Hospital Claim Payment Time Frames

We continue to work diligently to ensure that hospital claims processing is completed expeditiously, while following all required steps and processes to confirm member eligibility, coverage and cost-share responsibility.

While the prompt pay provisions of New York's Insurance Law allow health plans 30 days to process electronic claims and 45 days to process paper claims, we are making good faith efforts to reduce these processing time frames during the state of emergency.

Please contact our Provider Relations team via email at Provider.Relations@excellus.com if you have any questions related to this information.

Thank you for the quality care and tireless service you are providing our valued members.