



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*



June 10, 2020

Commissioner Gary D. Anderson  
Division of Insurance  
1000 Washington Street Suite 810  
Boston, Massachusetts 02118

Dear Commissioner Anderson,

The Massachusetts Medical Society (MMS) and the Massachusetts Health and Hospital Association (MHA) greatly appreciate the Division of Insurance's (DOI) continued support of physicians, hospitals, and other health care professionals during this time of increased demand on our health care system. With public health being of paramount concern during this state of emergency, the Division's numerous 2020 bulletins have provided tremendous assistance, allowing Massachusetts physicians, hospitals and other health care providers to focus on the care and wellbeing of their patients by alleviating the burden of various administrative procedures. Of note, Deputy Commissioner Kevin Beagan's weekly calls with providers have been extremely helpful in addressing questions about the bulletins. Many provisions of these bulletins, however, are set to expire once the state of emergency is declared over. Today, we are writing to request an extension until at least September 30, 2020 of certain provisions relating to increasing flexibility in utilization review and administrative procedures so health care providers can remain fully devoted to patient care. Further, we encourage reconsideration of this time frame should public health consideration reverse.

MMS and MHA have long advocated for policy solutions to alleviate the burdens caused by administrative complexity. As utilization review and administrative procedures have increased alongside cost containment efforts, physicians and hospitals have been forced to devote more time and resources to administrative tasks, often at the expense of time devoted to patient care. This shift in focus has also increased costs and delayed or denied care for patients. A cornerstone of Massachusetts' exemplary health care system is the patient-physician relationship, which underscores the quality of our health care professionals and systems. Protecting physicians' ability to focus time and attention to patients has therefore become a primary focus of the Medical Society over the past several years. MHA has joined MMS in advocating for ways to reduce physician burnout, of which prior authorization is a significant cause even during normal times. To continue building upon centuries of leading the nation in health care, Massachusetts must prioritize the patient-physician relationship above burdensome administrative requirements.

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Throughout the COVID-19 pandemic, the burden of administrative complexities – both on physicians and patients – has never been more stark, as the need for patient care has grown exponentially and the workforce available to respond to such demand has had to be retrained and redeployed to care for these patients. Responding to the need for focus on patient care, the Division of Insurance issued Bulletin 2020-02; Bulletin 2020-04; Bulletin 2020-10; Bulletin 2020-13; Bulletin 2020-14; and Bulletin 2020-15 to provide guidance for Carriers to streamline utilization review and administrative processes during the public health crisis. These measures sensibly and reasonably limit excessive administrative requirements, allowing physicians and hospitals to focus on patient care and improving patients’ access to care. As a result of these flexibilities, physicians, hospitals, and other health care providers were able to more easily meet the demand created by COVID-19 and quickly and efficiently care for patients. With prior authorization provisions waived, hospitals could quickly discharge patients to post-acute care facilities and free up critical care beds for new patients. Physicians and other clinicians were able to care for and triage patients through telehealth without the burdens posed by prior authorization and without subjecting patients to potential infection. These outcomes improve the overall health care system for both providers and patients and every effort should be made to preserve these gains.

Specifically, Bulletin 2020-15 expands on Bulletin 2020-13, which requested Carriers to forego prior authorization for COVID-19 treatment, by requesting Carriers to forego prior authorization reviews or concurrent reviews for any scheduled surgeries and behavioral health or non-behavioral health admissions at acute care and mental health hospitals for a period of 60 days. MMS and MHA find value in extending such a request beyond the originally proposed 60-day period, as the increased demands of the COVID-19 pandemic are likely to extend well beyond that time. Furthermore, we continue to advocate for legislative codification of administrative simplifications, which will improve patient care and decrease inefficiencies that lead to heightened health care costs and delayed access to care. The MMS and MHA further request continued flexibility regarding other Carrier administrative processes highlighted in the 2020-15 Bulletin, including an accelerated processing of clean claims, development of processes to expedite health plan credentialing, and streamlining of coding and billing policies to reduce the administrative complexity of coding for claims.

The above-mentioned requirements, along with all other bulletin provisions simplifying administrative burden, are not only essential to improving the functioning of our health care system in the long-term, but are especially critical throughout the entirety of the COVID-19 state of emergency and the transition to a new, post-COVID “normal.” The COVID-19 pandemic has shown the value of administrative simplification by bringing into focus the ability for providers to focus on patient care and the detriments of wasteful administrative processes, both for patients and physicians. With this in mind, the Massachusetts Medical Society and the Massachusetts Health and Hospital Association seek to engage with DOI to explore ways to expand administrative simplification and to preserve those measures enacted on an interim basis during the COVID-19 state of emergency. We would begin by proposing that the deadline be extended

to September 30, 2020 and invite a conversation to explore continued simplifications going forward.

Thank you for your continued efforts during this challenging time. We look forward to continuing to work together for the betterment of patients and their families.

Sincerely,



Charles T. Alagero  
General Counsel and Vice President  
Massachusetts Medical Society



Michael Sroczynski  
Senior Vice President  
Massachusetts Health and Hospital  
Association

Cc: Kevin Beagan, Deputy Commissioner