

April 1, 2020

Commissioner David Altmaier Florida Office of Insurance Regulation 200 E. Gaines Street Tallahassee, FL 32399

Dear Commissioner Altmaier:

While you have yet to respond to our letter dated March 19, 2020, the federal government has continued to implement changes to the Medicare program to expand telehealth services. In order to protect patients and health care workers from the coronavirus, the Centers for Medicare and Medicaid Services on Monday issued new rules that will allow for more than 80 additional services to be provided via telehealth. In addition, health care providers will be able to evaluate Medicare patients who do not have access to interactive apps with audio and video capabilities, but who do have audio only phone access.

The new rules allow for emergency department visits, initial nursing facility and discharge visits, home visits, and therapy services. New as well as established patients now may stay at home and have a telehealth visit with <u>their</u> provider – not just a random provider assigned to them through a "teledoc" service established by their health insurance company.

Clinicians will be able to provide remote patient monitoring services to patients with acute and chronic conditions, and these remote services can be provided for patients with only one disease.

As noted by CMS, "these temporary changes will ensure that patients have access to physicians and other providers while remaining safely at home."

We are asking you to provide the patients in Florida who have health insurance regulated by your department with the same protections the federal government has extended to Medicare patients. While some health insurers in Florida, notably Florida Blue, have extended significant telehealth benefits, there is major confusion regarding telehealth coverage among the numerous health insurers in Florida.

We are asking you to clear up this confusion by issuing an order requiring all health insurers in Florida to provide telehealth coverage consistent with the coverage afforded by CMS through the Medicare program.

The FMA is doing all we can to promote telehealth use by our physician members, and thus limit unnecessary face-toface contact to the greatest extent possible. We ask your help in providing our members with the tools they need to so safely and economically.

Sincerely,

Commissioner David Altmaier April 1, 2020 Page 2

Romald F. Diffler

Ronald F. Giffler, MD President, Florida Medical Association

cc: Honorable Ron DeSantis, Governor Honorable Jimmy Patronis, Chief Financial Officer Scott Rivkees, M.D., Surgeon General Ms. Mary Mayhew, Secretary, Agency for Healthcare Administration

Governor Ron DeSantis Florida Capitol 400 S. Monroe Street Tallahassee, FL 32399

Jimmy Patronis, Chief Financial Officer Florida Department of Financial Services 200 E. Gaines Street Tallahassee, Fl 32399-0301

Scott Rivkees. State Surgeon General Florida Department of Health 4052 Bald Cypress Way Tallahassee, FL 32399

Mary Mayhew, Secretary Agency for Health Care Administration 2727 Mahan Drive Tallahassee, Fl 32308



April 7, 2020

Commissioner David Altmaier Florida Office of Insurance Regulation 200 E. Gaines Street Tallahassee, FL 32399

Dear Commissioner Altmaier:

The Florida Medical Association, in a letter dated March 19, 2020, requested assistance from your office in ensuring that all health insurance companies in Florida cover telehealth visits in a uniform manner. In a follow-up letter dated April 1, 2020, the FMA reiterated this request in light of the new rules issued by the Centers for Medicare and Medicaid Services that significantly expand telehealth services in the Medicare program, most notably the expansion of coverage for audio only phone conferences.

To date, we have not received a response from you to either letter.

We do note, however, that on April 6, 2020 you issued Informational Memorandum OIR-20-06M – Telehealth and Pharmacy Audit Guidance for Response to COVID-19. In your Order you state that "OIR believes innovative use of technology can combat spread of COVID-19 by allowing Floridians to remain in their homes without losing access to critical care."

Despite this acknowledgement, which aligns perfectly with the FMA request for action, you declined to use your authority to protect the health and safety of the patients and health care providers in this state by requiring uniform coverage of telehealth services during the declared state of emergency. Instead, your "informational memorandum" merely *encourages* the health insurers under your regulation to broaden access to care for telehealth services.

Times of crisis require bold leadership. Governor DeSantis has acted decisively to ensure that personal protective equipment is available to those health care providers on the front lines of patient treatment by prohibiting non-urgent surgeries or procedures. This action has had a significant effect on physician practices, yet it was the right thing to do.

The FMA urgently requests that you take similar action and issue an order requiring all health insurers in Florida to provide telehealth coverage consistent with the coverage afforded by CMS through the Medicare program. Such coverage should allow patients to access telehealth services from their own physicians and should include audio only interactions.

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While there may be entities that are not happy with such an order, it is the right thing to do at a time when it is needed most. We look forward to your immediate response and remain available to assist you in any way we can.

Sincerely,

Romald F. Siffler

Ronald F. Giffler, MD President, Florida Medical Association

 cc: Honorable Ron DeSantis, Governor Honorable Jimmy Patronis, Chief Financial Officer Scott Rivkees, M.D., Surgeon General Ms. Mary Mayhew, Secretary, Agency for Healthcare Administration Governor Ron DeSantis Florida Capitol 400 S. Monroe Street Tallahassee, FL 32399

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April 9, 2020

Commissioner David Altmaier Florida Office of Insurance Regulation 200 E. Gaines Street Tallahassee, FL 32399

Dear Commissioner Altmaier:

While Florida battles the coronavirus during Governor DeSantis' declared state of emergency, it is imperative that physicians be able to focus their time and resources on curtailing the pandemic. The numerous and varying health insurance company "prior authorization" requirements, however, artificially impose delays on access to care and result in negative impacts on clinical outcomes.

While we appreciate the fact that several insurance companies in Florida have waived prior authorization requirements for COVID-19 tests and related treatment, prior authorization requirements remain in place for many other types of treatment, creating administrative delays in obtaining care that could keep patients out of hospital emergency rooms during a time when we should be doing everything we can to keep hospitals beds available for the expected surge in COVID-19 patients.

Cancer patients, especially the elderly, should not have to navigate the onerous prior authorization process to receive the optimal therapies that their oncologists have prescribed as treatment necessary to combat their cancer and keep them out of the hospital.

There is no reason for patients to wait anywhere from four days to two weeks in a hospital for prior authorization to be discharged into a skilled nursing facility. This needless delay results in patients occupying hospital beds that could be used to treat patients who desperately need hospital-based care.

Prior authorizations that have been issued, based on a procedure being performed at a certain location, should carry over when the procedure has to be moved to a different location because of the disruptions caused by the coronavirus pandemic. Similarly, for procedures that have been approved by a health insurer but must be postponed pursuant to Executive Order 20-72, or for other COVID-19 reasons, the authorization should be extended for at least six months. We note that Secretary Mayhew has done exactly that in her 2020-18 policy transmittal.

Based on the foregoing, the Florida Medical Association respectfully requests that you immediately issue an order requiring all health insurers in Florida to:

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- Waive all prior authorization requirements for all procedures, treatments and medications during the state of emergency issued pursuant to Executive Order 20-52, and for at least 90 days thereafter;
- Honor existing authorizations for procedures and treatments that have to be moved to a different location, or performed in a manner that differs from what was specifically authorized, during the state of emergency; and
- Extend all prior authorizations for procedures postponed due to Executive Order 20-72 for a period of at least 6 months.

This action is consistent with the flexibility afforded by CMS to the Medicaid program under the section 1135 waivers, and is needed to provide the vulnerable residents of this state access to medical care without delay.

We look forward to your immediate response and remain available to assist you in any way we can.

Sincerely,

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