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President and CEO  
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March 18, 2020

The Honorable Mike Parson  
Governor of Missouri  
Missouri State Capitol  
201 West Capitol Avenue  
Jefferson City, MO 65101-1556

Dear Governor Parson:

As the COVID-19 pandemic continues to evolve, Missouri Hospital Association members continue to identify state-based regulatory requirements that impede the ability to rapidly respond to current developments in Missouri, as well as anticipated issues based on the experience of other states that already are seeing significant patient surge. Please allow this letter to supplement our letter of March 16, setting forth additional state requirements we request you suspend or waive.

### **TELEMEDICINE/TELEHEALTH SERVICES**

Telemedicine is critical to Missouri's ability to respond to the COVID-19 outbreak, both in terms of managing patients who need screening, testing and treatment for the disease, but also to continue to provide ordinary and ongoing care to Missourians. Allowing health care providers to provide telemedicine services in alternate sites and by alternate means will assure providers can manage the increased care demands and provide continuity of care to existing patients. Our requests with respect to telemedicine are set forth below.

First, allow health care providers as defined in Section 376.1350, RSMo, who are not licensed in Missouri to treat Missouri residents via telemedicine and to be reimbursed for that care, the provisions of Section 191.1145.4(2) notwithstanding. This will allow non-Missouri licensed providers who see Missouri residents in border state offices to continue to follow and treat existing patients and also assist with the surge of patients who need screening for COVID-19.

Second, authorize the delivery of telemedicine via any method of communication between the provider and patient, including those conducted via Skype, Facetime or similar electronic chat platforms, as well as telephones and tablets that do not involve visualization of the patient. Even though these encounters will occur via alternate methods, please dictate that they be covered by payers as required by Section 376.1900, RSMo. This would apply to individuals seeking COVID-19 screening and tests, as well as follow-up visits with existing patients to ensure existing health care needs are met, while allowing individuals to engage in social isolation or shelter in place as necessary.

Third, suspend requirements that onsite health care staff be present at the originating site as required by Section 191.1145.6, RSMo, to allow for telephonic or other electronic encounters originating from the patient's home. For telemedicine purposes, we ask that you authorize patients' homes and alternate care sites to serve as originating sites.

Fourth, authorize telephonic communications to constitute an examination, despite the provisions of Section 191.1146.2(2). This will keep noninfected individuals at home to combat the spread of COVID-19 and allow for expanded screening capacity of Missouri residents.

Fifth, waive the requirements of 20 CSR 2200.4-200(4)(F) requiring the presence of a physician for telemedicine encounters by Advanced Practice Registered Nurses and the requirements of Section 335.175, RSMo, allowing APRNs to provide telemedicine outside the geographic area of their collaborative practice agreement only in rural areas of need. Similarly, and as requested in our previous letter, the requirement for an APRN to work collaboratively with a physician for 30 days must be waived to allow for non-Missouri APRNs to provide telemedicine services to Missouri residents.

MHA understands that MO HealthNet Division Director Todd Richardson is submitting a request to allow and reimburse for telemedicine services by MO HealthNet providers in any setting and through alternate electronic means, as we have described above. We support those waivers for the Medicaid program. We further ask that to the extent possible, the MO HealthNet Division apply substantially the same or similar coverage and reimbursement methodologies as the federal government has established for telemedicine services under Medicare for the duration of this pandemic, equally applicable to fee-for-service and managed care.

### **ADDITIONAL APRN CONSIDERATIONS**

Currently, 20 CSR 2200.4-200(4)(F) requires a collaborating physician to be present and to review care provided to acute or chronically ill patients by an APRN. We request this requirement be waived in order that both advanced practice nurses and physicians can be free to treat greater numbers of patients, especially those infected with COVID-19.

### **TRANSITIONS TO LONG-TERM CARE**

Certain screenings are required to transfer a patient from the hospital to a long-term care setting. We anticipate the need for rapid transition of patients from acute to post-acute care. Therefore, we request the screenings required by Sections 198.073.4(4) and (5) before transfer to residential care or assisted living facilities be waived for the duration of this emergency. Similarly, we ask the state to expedite the Preadmission Screening and Resident Review process by allowing Level I and II screenings to bypass the Central Office Medical Review Unit. Hospital staff could perform Level I screenings and report the results to Bock and Associates, the state's contractor. Bock and Associates could perform Level II screenings via telemedicine.

### **PROTECTIONS FOR FIRST RESPONDERS**

First responders are at high risk for contact with the COVID-19 virus due to their interactions with the public at large. HIPAA permits a hospital to notify an individual who has been exposed to a communicable disease, such as a first responder, only if otherwise authorized by law. Missouri regulation 19 CSR 20-20.090(2) authorizes the hospital to make such disclosures only if they are warning that a first responder may be in contact with an individual who has tested positive for COVID-19. We ask that this regulation be suspended so hospitals can warn first responders when they are being dispatched to the home of a Person Under Investigation or suspected of having COVID-19, not just confirmed cases.

### **MEDICAID MANAGED CARE**

Whether by waiver or by state administrative action, the state should direct Medicaid managed care organizations to:

- Strictly adhere to the policy directives established by the state in response to COVID-19, including suspension of prior authorization requirements to be consistent with state policy
- Expedite the enrollment of health care providers
- Implement administrative review processes so as to minimize administrative burden on health care providers during public health emergencies

### **FEDERAL MEDICAID REQUIREMENTS**

MHA understands Director Richardson intends to request waivers of several federal requirements relative to the Medicaid program. We support those efforts and ask that Missouri pursue waivers of the following:

- Provider enrollment functions to streamline and facilitate the participation and reimbursement of providers treating Missouri Medicaid participants, including providers located outside of Missouri who treat Missouri Medicaid participants.
- Modification or suspension of prior authorization processes or requirements of Missouri's Medicaid state plan for the time period the federal emergency declaration is in place and for two quarters following the termination of the emergency declaration.
- PASRR screenings. As noted above, we believe the state can relieve the burden of these screenings; however, we suggest the state seek federal authority to waive those requirements entirely to facilitate the hospital discharge of patients needing continued long-term care.
- Waiver of the requirement that managed care enrollees exhaust managed care organization review procedures prior to a state level hearing. This waiver would expedite the delivery and payment of services to affected Medicaid managed care enrollees.
- Waiver authority to suspend copayment requirements, including requirements for the payment of family premiums for children covered by CHIP and spenddown requirements for elders and disabled persons under 100% FPL.

Governor Mike Parson

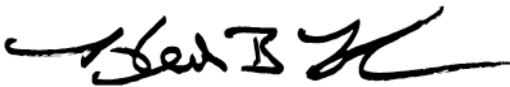
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Finally, and perhaps most importantly, it is imperative that these waivers be effective as quickly as possible to prepare for the anticipated surge in patients and stress on the health care delivery system. Section 536.025.9, RSMo, prohibits emergency rules from becoming effective until at least 10 days after they are filed with the Secretary of State. Considering the additional time that would be needed for agencies to prepare and your office to review proposed emergency rules, the delay would be devastating for the health care system and its ability to combat the COVID-19 pandemic. We ask that the requested waivers or suspension of regulatory requirements be done by executive order to allow for their immediate effect.

Again, thank you for your consideration of these necessary measures to ensure hospital resources are focused on the COVID-19 response and not unnecessarily burdensome paperwork or similar regulatory requirements. Should you have questions or require clarification of our requests, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Herb B. Kuhn", with a long horizontal flourish extending to the right.

Herb B. Kuhn  
President and CEO

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