**Template Letter to Use with Managed Care Organizations (MCOs)  
During the COVID-19 Pandemic   
*\*\*Please tailor as needed\*\****

To Whom It May Concern:

Due to the COVID-19 pandemic, our facility is taking robust added measures to keep our residents, and your **[Health Plan]** members, safe through aggressive, proactive prevention strategies. It is critical to our success that we eliminate barriers to care, and we appreciate the efforts CMS and the health plan industry have already taken regarding COVID-19-related cost sharing, prior authorizations, testing and treatment.

However, we must take the extraordinary step to reallocate every available resource to ALL residents’ care and prevention efforts, not only in cases related directly to COVID-19. In order to do so, we request that you alleviate additional administrative burdens that divert valuable human time and resources from where it is needed most—direct care for your members:

1. **Suspend prior authorizations for admittance from hospital to SNF OR issue automatic approvals of the first 3-5 days for every skilled stay/admission with no retrospective denial.**

Delays in prior authorization approvals increase unnecessary time in hospitals for all residents, and staff time spent on PA approvals can be better used caring for all residents.

1. **Suspend all pre-payment audit requests and postpone post-payment audits on claims for at least 180 days.**

Like time spent on prior authorizations, staff time spent on prepayment audit requests can be deployed in other areas of resident care.

1. **Reduce frequency of updates and excessive documentation requests.**

This is critical to deploying staff including NPs, physicians, etc. more effectively and meaningfully.

1. **Loosen the standard definition of “clean claim” so that health plan system edits and errors do not negatively impact providers, and pay SNF claims within 14 days.**

The administrative burden and delays in payment create financial hardship at a critical time when human and financial resources are already depleted. Coupled with suspending post-payment audits for at least 180 days, this gives more resources to support staff, equipment and care.

1. **Carve out of COVID-19 drugs with an allowable 365 days for billing.**

Carving out the costs of these drugs alleviates administrative and financial burdens, while we redeploy resources.

We also welcome any additional relief of administrative activities you may suggest that can assist us in driving all available resources into patient care.

Because time is of the essence, please notify us immediately of your consideration of or agreement to these requests. You can contact me at: **[Contact information]**. Thank you for your assistance in caring for the vulnerable **[Health Plan]** members that we serve.

Thank you for your partnership,

**[Facility]**