



To support state and federal recommendations for practicing social distancing and enabling work from home practices, wherever possible, as well as to better ensure access, continuity of care and the safety and welfare of beneficiaries during the COVID-19 public health State of Emergency, the Rhode Island Office of the Health Insurance Commissioner is announcing the following temporary waivers of certain benefit review determination notification and process requirements together with guidance regarding the conditions that must be met for these waivers to be applicable during the state of emergency related to COVID-19. The primary goal of these guidelines is to ensure access and continuity of care as well as the safety and welfare of beneficiaries during this public health crisis.

- Benefit Determination Review Agents may provide notifications of non-administrative adverse determinations and appeal decisions electronically in situations where claimants have access to electronic communications in a manner reasonably designed to come to the attention of the member, or verbally with documentation of such communication, provided that: (a) for non-urgent or non-emergent denials, where notification is verbal only, written notification should follow at a reasonable time to be determined by the Review Agent and until such time as written notification is sent, the claimant's time to appeal the denial shall be tolled; (b) electronic or verbal notifications must include a description of the claimant's appeal rights; and (c) review agents shall maintain all appropriate documentation to support the benefit determination decisions.
- Waiver of timeframes to notify the claimant of a failure to follow the health care entity's claims procedures and of the specific procedure the claimant has not complied with. However, the review agent may notify the claimant verbally, to ensure access to needed services and continuity of care.
- Waiver of the timeframes for notification of insufficient information to make a utilization review determination with the exception of verbal and electronic notifications related to urgent requests.
- All adverse benefit determination decisions and notifications shall be made within a reasonable period of time, considering circumstances and shall not delay urgent or emergent care. Decision and notification timeframes for urgent and emergent requests are not waived. Note the exception noted above to use verbal and electronic notification processes shall be allowed during this state of emergency.
- The timeframe to request an appeal of non-urgent and non-emergent services shall be 180 days from the written notice, and not from the point when an if electronic or verbal notice is given.

As the COVID-19 situation continues to evolve, the Office of the Health Insurance Commissioner will evaluate Rhode Islander's access to needed services and continuity of care and may need to update this guidance. We appreciate the work that all of you are engaged in to prepare and respond to this outbreak.

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