



Humana Easing Administrative, Financial Burdens on Providers Amid COVID-19 Crisis

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Humana is launching new initiatives aimed at easing the administrative burden on providers as they treat patients with COVID-19.

The insurer announced Thursday that it would roll out a simplified and expedited claims processing system that would get reimbursements in the hands of providers more quickly.

In addition, Humana said it will build on previous efforts to mitigate the impact of prior authorization by suspending those requirements and, instead, request notification within 24 hours for both inpatient and outpatient care.

This will be available to all in-network providers for all patient care, including that not directly related to COVID-19, and to out-of-network providers for care related to the virus.

“Humana is committed to supporting clinicians by providing practical solutions to help alleviate administrative burden and boost system viability during these extraordinary times,” William Shrank, M.D., chief medical officer at Humana, said in a statement.

“This initiative is of utmost importance to us in enabling health systems and the physician community to devote as much time and resources as possible to frontline patient care,” Shrank said.

Humana CEO Bruce Broussard is a member of America’s Health Insurance Plans board of directors, and as such the insurer signed on to a previous pledge to ease referral requirements to boost provider capacity during the pandemic.

The goal of the initiative was to make it easier for hospitals to transition eligible patients to other care settings, freeing up beds for the sickest patients.

Humana has also announced that it will waive the cost of treatment and testing for COVID-19 in its Medicare Advantage, Medicaid and fully-insured commercial plans. It’s also nixing member costs for in-network telehealth visits and reimbursing docs for audio-only or telephone appointments.