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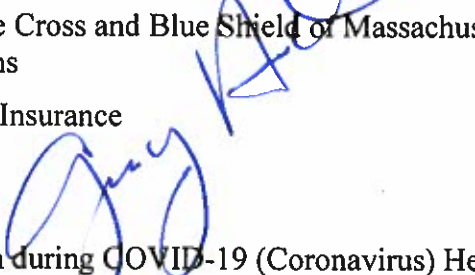
BULLETIN 2020-10

To: All Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc., and Health Maintenance Organizations

From: Gary D. Anderson, Commissioner of Insurance

Date: March 30, 2020

Re: Credentialing and Prior Authorization during COVID-19 (Coronavirus) Health Crisis



The Division of Insurance (“Division”) issues this Bulletin 2020-10 to provide information to all Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc., and Health Maintenance Organizations (“Carriers”) about the Division’s expectations regarding steps Carriers are to take to help address concerns about obtaining medically necessary treatment during the COVID-19 (also known as Coronavirus) public health crisis.

The Coronavirus Risk

The public health and societal impact resulting from the spread of COVID-19 is dramatically impacting the country and the Commonwealth. The Division has issued Bulletins in March 2020 to provide guidance to Carriers about how they are expected to take steps to address the spread of COVID-19, and Bulletin 2020-10 addresses the Division’s expectation that Carriers are taking steps to facilitate the health care delivery system’s response to the crisis.

Our hospitals, health care practitioners, and health care delivery systems are struggling to deploy resources that can address the COVID-19 needs where they exist. The Baker Administration has issued significant emergency orders in the past month to expand licensing authority for providers so that providers are available to practice in locations where they are needed most. As the health care delivery system is becoming overtaxed, the Division expects that Carriers are reviewing systems that may impede the needed triaging of providers. Carriers should be flexible enough to suspend whatever unnecessary procedures or information requirements may delay providers from being available to provide necessary care.

Licensing and Credentialing

The Baker Administration has issued numerous emergency orders to permit health care providers to receive temporary licenses and require health care facilities to expedite credentialing procedures for processing applications from licensed independent practitioners practicing at new hospitals or facilities during this COVID-19 crisis. Health care practitioners are still required to operate within the scope of their licensure, but changes are being made to allow the greatest flexibility in the deployment of needed medical resources.

Within their managed care systems, all Carriers have systems to credential providers who are within their health care networks. These systems are part of the managed care systems that the Division of Insurance accredits under the authority of M.G.L. c. 176O and 211 CMR 52.00. In order to meet the challenges caused by the COVID-19 crisis, the Division expects all Carriers to examine their credentialing systems and develop modifications that will expedite the network credentialing for all health care practitioners who are seeking to be newly credentialed by a Carrier or who are seeking to modify the materials that are part of an existing credentialing file. Carriers are to develop clear materials that will explain to all such COVID-19 practitioners how to proceed through an expedited credentialing process.

Prior Authorization Systems and COVID-19 Treatment

Testing and Outpatient Treatment

As noted in Bulletin 2020-02, Carriers shall not delay medically necessary testing or outpatient treatment for COVID-19. If a patient is screened for symptoms either in a face-to-face or telehealth encounter and the patient's symptoms are consistent with guidance put out by the Department of Public Health or the Centers for Disease Control and Prevention (CDC), Carriers are not to require prior approval for the patient being tested for COVID-19 by any practitioner within the Carrier's network of providers. If an in-network provider is unable to be available for testing as needed, the Carrier is expected to pay for necessary testing when provided by an out-of-network provider. Carriers are expected to inform covered members how to work with their primary care physician or how to contact website or consumer hotlines for information about getting access to needed care.

Inpatient Care and Transfer to Skilled Nursing Rehabilitation Care

With the spread of COVID-19, the Commonwealth's inpatient facilities are becoming overwhelmed trying to meet the challenges posed by the number of seriously ill COVID-19 patients. Inpatient beds are becoming filled with patients with differing levels of urgency. During this public health crisis, inpatient hospitals need greater flexibility to move patients among the available ICU, acute, and sub-acute inpatient beds throughout the health care system so that no patient is forced to remain longer than necessary at a needed bed due to delays in obtaining prior authorization approvals from Carriers' utilization systems.

For the duration of Governor Baker's Emergency Order of March 25, 2020, the Division expects all Carriers to suspend any prior authorization systems that may be delaying patients from being moved to lower levels of needed care, especially from acute care hospitals to noncustodial rehabilitation care in rehabilitation hospitals and skilled nursing facilities. Such lower levels of care should be

utilized for those complex patients who no longer need to remain in acute care hospital beds but who continue to require ventilators/respirators to address COVID-19.

Carriers should provide inpatient hospitals with up-to-date lists of in-network rehabilitation hospitals and skilled nursing facilities. Hospitals should use their best efforts to transfer patients to an in-network hospital, but a hospital may refer patients to out-of-network facilities when in-network facilities are not available. While Carriers are not permitted to require prior authorization, Carriers may conduct concurrent and retrospective reviews after the patient is admitted. Facilities are required to notify the patient's Carrier within 48 hours of a patient's admission to the rehabilitation hospital or skilled nursing facility.

When patients are transferred from an acute care hospital to an in-network rehabilitation hospital or skilled nursing facility for medically necessary care, the Carrier is to reimburse the facility based upon its contractual rate. When patients are transferred to a facility that is not under contract with the Carrier, the Carrier is expected to reimburse the facility at the Medicare rate for the provided level of care for the duration of Governor Baker's Emergency Order and the facility will not be permitted to balance bill patients any amount above the Carrier's reimbursement.

Inpatient Care and Transfer to Home Health Care

For the duration of Governor Baker's Emergency Order of March 25, 2020, the Division expects all Carriers to suspend any prior authorization systems that may impede patients from being able to stay home to receive medically necessary and appropriate home health care.

Carriers should provide inpatient hospitals with up-to-date lists of in-network home health care agencies, and hospitals should use their best efforts to transfer patients to in-network agencies for home health care, but a hospital may refer patients to out-of-network agencies when in-network facilities are not available. While a Carrier is not permitted to require prior authorization for COVID-19 home health care services, there must be a plan of care that has been established and approved in writing by a provider acting within the scope of their licensure. Carriers may conduct concurrent and retrospective reviews after home health care has begun. Home health agencies are required to notify the patient's Carrier within 48 hours of the first home health visit.

When patients are transferred from an acute care hospital to their homes to receive home health care, the Carrier is to reimburse the home health care agency for medically necessary care based upon its contractual rate. When patients are transferred to a home health agency that is not under contract with the Carrier, the Carrier is expected to reimburse the facility at the Medicare rate for the provided level of home health care for the duration of Governor Baker's Emergency Order and the home health agency will not be permitted to balance bill patients any amount above the Carrier's reimbursement.

Health Insurance Carriers Covering Government Enrollees or Acting As Administrators

Due to the public health crisis imposed by COVID-19, when health insurance Carriers are covering enrollees under contract with the federal Centers for Medicare and Medicaid Services or acting as administrators for employment-sponsored non-insured health benefit plans, the Division fully

expects Carriers to work with government programs and encourage plan sponsors to take steps that are consistent with the provisions of Bulletin 2020-10. Plan sponsors should be made aware of the public health risks to all Massachusetts residents, and health insurance Carriers are strongly urged to do all they can to work with government and plan sponsors to take all possible steps to allow members to get medically necessary COVID-19 treatment in as expeditious a manner as possible.

If you have any questions about this Bulletin, please contact Kevin Beagan, Deputy Commissioner for the Health Care Access Bureau, at (617) 521-7323.