



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

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COMMISSIONER OF INSURANCE

BULLETIN 2021-15

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

From: Gary D. Anderson, Commissioner of Insurance 

Date: November 17, 2021

Re: Relaxation of Prior Authorization and Credentialing Procedures in Response to Health
Facility Staffing and Capacity Constraints

The Division of Insurance (“Division”) issues this Bulletin 2021-15 to Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and Health Maintenance Organizations to identify the Division’s expectations regarding the need to relax prior authorization and credentialing procedures in response to health facility staffing and capacity constraints.

Staffing and Capacity Constraints

In order to minimize the impacts of significant staffing shortages and capacity constraints, it is essential that government and business leaders take all appropriate steps to safeguard the general public and well-being of the Commonwealth’s citizens. At this time, we are aware that our health care delivery system has significant staffing and capacity constraints and administrative flexibility will aid in the Commonwealth’s delivery of appropriate care.

Flexibility in Health Carrier Administrative Processes

Utilization review processes, like prior authorization, are an important tool for Carriers to ensure that members access appropriate care at the right time and in the right health care setting. However, due to the current significant short-term staffing and capacity constraints, the Division expects Carriers to take steps to forego prior authorization reviews for any scheduled surgeries and behavioral health or non-behavioral health admissions at acute care, mental health hospitals, and post-acute care facilities for a period lasting for 90 days following the issuance date of this Bulletin. This Bulletin applies to all inpatient treatment, both COVID-19 and non-COVID-19 related. Acute care hospitals, mental health hospitals, and post-acute care facilities are expected to notify Carriers

about any inpatient admissions within 24 hours of a patient being admitted for care, and to provide updates, at a minimum of every five (5) days, to enable Carriers to support discharge planning.

Credentialing

Within their managed care systems, all Carriers have systems to credential providers who are within their health care networks, and these credentialing systems are necessary to ensure that quality care is available through managed care systems in accordance with the provisions of M.G.L. c. 176O and 211 CMR 52.00. However, in order to meet the staffing and capacity challenges, for a period lasting for 90 days following the issuance of this Bulletin, 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. In establishing these policies to ensure expeditious credentialing, Carriers should continue to adhere to standards set forth by NCQA and the Massachusetts Board of Registration in Medicine. Carriers are expected to develop clear materials that will explain to all such practitioners how to proceed through an expedited credentialing process.

Carriers Acting As Administrators

Given staffing and capacity constraints, when Carriers are acting as administrators for employment-sponsored non-insured health benefit plans, the Division expects Carriers to encourage plan sponsors to take steps that are consistent with the provisions of this Bulletin 2021-15. Plan sponsors should be made aware of the public health risks to all Massachusetts residents, and Carriers should do all they can to encourage plan sponsors to take steps to provide administrative relief for providers, hospitals, and post-acute care facilities for a period lasting for 90 days following the issuance of this Bulletin.

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