



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

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COMMISSIONER OF INSURANCE

**BULLETIN 2022-03**

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

From: Gary D. Anderson, Commissioner of Insurance 

Date: February 23, 2022

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

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The Division of Insurance (“Division”) issues this Bulletin 2022-03 to Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and Health Maintenance Organizations to update Bulletin 2021-15 to identify the Division’s expectations regarding the continued need to relax prior authorization and credentialing procedures in response to health facility staffing and capacity constraints

**The Coronavirus Risk**

To minimize public health challenges brought on by COVID-19 and other factors impacting the health care system going forward, 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**

Due to the continued significant short-term staffing and capacity constraints related to the COVID-19 pandemic and other factors impacting the health care system, the Division expects Carriers to continue 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 period covered by Bulletin 2021-15, which ended on

February 15, 2022. 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.

For the 60 days following the period covered by Bulletin 2021-15, which ended on February 15, 2022, the Division would also not find it appropriate for Carriers to conduct concurrent or retrospective reviews of the first five (5) days of any post-acute facility stay following a transfer from an acute or mental health hospital, except in the following cases. Concurrent and retrospective review may be conducted for:

- instances of fraud;
- when the claim is the subject of legal action;
- if the claim payment was incorrect because the provider was paid, or the insured has already paid for the services identified in the claim; or
- if the services identified in the claim were not delivered by the provider.

In addition, many prior-approved scheduled procedures were postponed due to the COVID-19 pandemic. In order to ease administrative burdens during the period covered by Bulletin 2022-03, the Division expects that these services, when provided within 120 days of February 15, 2022, will not need to go through a new prior approval process since the prior approval will be sufficient. The provider practice that initiated the original request is expected to notify the Carrier of the new service date in order to ensure proper claims adjudication.

### **Credentialing**

In order to meet the continued staffing and capacity challenges related to the COVID-19 pandemic, for a period lasting for 60 days following the period covered by Bulletin 2021-15, which ended on February 15, 2022, the Division also expects all Carriers to continue modifications that 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 Acting as Administrators**

Given continued 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 2022-03. 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 60 days following the period covered by Bulletin 2021-15, which ended on February 15, 2022.

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