



## **DIRECTIVE 20-EX-11**

**TO:** ALL INSURERS AUTHORIZED TO WRITE ACCIDENT AND HEALTH INSURANCE AND HEALTH BENEFIT PLANS IN THE STATE OF GEORGIA

**FROM:** JOHN F. KING  
INSURANCE AND SAFETY FIRE COMMISSIONER

**DATE:** DECEMBER 31, 2020

**RE:** REIUSSING TEMPORARY SUSPENSION OF CERTAIN CONCURRENT AND UTILIZATION REVIEW REQUIREMENTS

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Georgia hospitals are experiencing extreme demand due to the COVID-19 pandemic. Making the situation more dire, hospitals are also experiencing staff shortages. It has become apparent a quick way to free clinical staff to support patient care in facilities is by suspending requirements around concurrent and utilization review so that staff who may handle review functions could be re-deployed to assist with the increased demand for services. Given the current situation in Georgia's hospitals, any clinical staff who can be doing clinical work should be - and so this Directive is being issued accordingly.

The purpose of this Directive is to advise insurers authorized to write accident and health insurance in this state, health maintenance organizations, municipal cooperative health benefit plans, and prepaid health services plans (collectively "issuers"), independent agents performing utilization review under contract with such issuers, and licensed independent adjusters that certain utilization review and notification requirements should be suspended for 30 days from the date of this letter, subject to further evaluation as the COVID-19 situation develops.

- 1. Suspension of Preauthorization Requirements for Scheduled Surgeries or Admissions at Hospitals.** Due to the increased demand for inpatient hospital services for COVID-19 patients, many hospitals are shifting staff resources from administrative functions to direct patient care. Issuers in Georgia are generally permitted to require preauthorization for health care services, other than emergency services. However, due to COVID-19, hospitals may lack the resources for staff to respond to utilization review requests for preauthorization while responding to the surge in patients. Therefore, the Department of Insurance ("Department") is advising issuers that they should suspend preauthorization review for scheduled surgeries or admissions at hospitals for 30 days from the date of this letter, subject to further evaluation as the COVID-19 situation develops. However, hospitals should use their best efforts to provide 48 hours' notice to the issuer after admission to a hospital, including information necessary for an issuer to assist in coordinating care and discharge planning.

2. **Suspension of Concurrent Review for Inpatient Hospital Services.** Currently, issuers are permitted review services concurrently for medical necessity and to make determinations involving continued or extended health care services or additional services for an insured undergoing a course of continued treatment prescribed by a health care provider within one business day of receipt of the necessary information. This review is known as concurrent review. Hospitals may lack the resources for staff to respond to utilization review requests for concurrent review while responding to the surge in patients due to COVID-19. Therefore, the Department is advising issuers that they should suspend concurrent review for inpatient hospital services provided for 30 days from the date of this Directive, subject to further evaluation as the COVID-19 situation develops.
  
3. **Applicability to Third-Party Administrators of Self-Funded Plans.** Adherence to this Directive is essential to ensure that hospitals are able to direct resources to patient care to handle increases in patient volume due to the COVID-19 state of emergency. Third-party administrators, which are licensed by the Department as independent adjusters, are strongly encouraged to apply the provisions of this circular letter to their administrative services arrangements with self-funded plans.



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JOHN F. KING  
INSURANCE AND SAFETY FIRE COMMISSIONER  
STATE OF GEORGIA