



DIRECTIVE 21-EX-2

TO: ALL LICENSED HEALTH INSURERS IN THE STATE OF GEORGIA

FROM: JOHN F. KING
INSURANCE AND SAFETY FIRE COMMISSIONER

DATE: AUGUST 17, 2021

RE: REISSUING TEMPORARY SUSPENSION OF PREAUTHORIZATION
REQUIREMENTS FOR POST-ACUTE PLACEMENTS

Due to the severity of the ongoing COVID-19 delta variant surge in Georgia, hospitals are experiencing high demand on inpatient hospital services and are redeploying staff to provide direct patient care. Many hospitals are unable to admit new patients because delays in responses from health insurers have made it difficult to discharge current patients to lower levels of care. This is putting great strain on hospital bed capacity across the State of Georgia and leading to poor health outcomes for citizens. 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”) that preauthorization requirements for post-acute placements should be suspended for 30 days from the date of this Directive, subject to further evaluation as the COVID-19 situation develops.

Suspension of preauthorization requirements for post-acute placements, including but not limited to skilled nursing facilities, home health, acute rehabilitation, and long-term acute care.

In order to permit hospitals to discharge patients to lower levels of care when medically appropriate, the Department is advising issuers that they should suspend preauthorization requirements for post-acute placements, including but not limited to, skilled nursing facilities, home health care services, acute rehabilitation services, and long-term acute care hospitals, following an inpatient hospital admission for 30 days from the date of this directive, subject to further evaluation as the COVID-19 situation develops. Issuers may review post-acute placements for medical necessity concurrently or retrospectively.

Issuers should keep in mind applicable regulations requiring a plan of care for home health care services be established and approved in writing by a physician. This requirement remains unchanged by this guidance, except to the extent that the State has permitted telehealth and verbal orders to suffice for this requirement for the duration of the COVID-19 emergency. Furthermore, issuers should provide hospitals with an up-to-date list of all in-network rehabilitation facilities, long-term acute care hospitals, and skilled nursing facilities to facilitate

such discharges. Hospitals should use their best efforts to transfer insureds to in-network providers. An issuer may require the rehabilitation facility, skilled nursing facility, or long-term acute care hospital to provide notification of the admission to the issuer.

The purpose of this provision is to enable hospitals to readily discharge patients to lower levels of care when medically appropriate. Under normal circumstances it may take up to 7 days for hospitals to receive authorization to move a patient to the next level of care. This puts the patients at risk and hinders a hospital's ability to efficiently discharge patients to make space available for COVID-19 and other patients in need of care. Accordingly, the Department requests that all issuers respond to requests to discharge patients to lower levels of care within 24 hours. **This includes requests submitted on Fridays.**

A handwritten signature in black ink, appearing to read "John F. King". The signature is fluid and cursive, with a large, stylized "K" at the end.

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