

Certification to Support Suspension of Utilization Review Consistent with EO 4

I, _____, on behalf of _____, (“Facility”) pursuant to Governor Kathy Hochul’s Executive Order No. 4 declaring a disaster emergency for the State of New York effective September 27, 2021, hereby certify under penalty of law that it is necessary to increase the availability of health care staff at the Facility.

Suspension of the designated utilization review activities will enable the Facility to reassign approximately _____ of licensed staff members and _____ of non-licensed staff members as needed from utilization review duties to patient care activities. In order to reassign those staff members, it is necessary to suspend the following activities (indicated by the checked boxes below; please check all that apply):

- Preauthorization review for:
 - scheduled surgeries in hospital facilities
 - Facility admissions
 - Facility outpatient services
 - home health services following a hospital admission
 - inpatient and outpatient rehabilitation services following a hospital admission
- Concurrent review for inpatient and outpatient Facility services
- Retrospective review for inpatient and outpatient Facility services at in-network Facilities
- Toll the statutory timeframes for submission of internal and external appeals

The Facility will immediately inform the health plan to which it sends a certification, the Department of Health, and with respect to external appeal timeframes, the Department of Financial Services, if the above suspension is no longer necessary to increase the availability of health care staff pursuant to Executive Order No. 4.

Name of Facility _____

Taxpayer Identification Number(s) _____

Operating Certificate Number(s) _____

Signature _____

Name (Please Print) _____

Title (Please Print) _____

Date _____

Directions:

Please note that the certification form must be signed by the highest-level management person in the Facility with authority to sign on behalf of the Facility, which may be the Chief Executive Officer, Chief Financial Officer, or Chairperson of the Governing Board, or Officer (President, Vice President, Secretary or Treasurer).

“Facility” includes both hospitals and nursing homes.

If a Facility requests suspension of the designated utilization review requirements, it must send the certification to all health plans with which it contracts, and it cannot selectively request suspension of the requirements for some health plans and not others.

The Facility must also send copies of each certification to the Department of Health at URAgent@health.ny.gov. The Facility must provide a copy of the certification to the Department of Financial Services at externalappealquestions@dfs.ny.gov if it is requesting that the external appeal timeframes be tolled.

The Department of Health and the Department of Financial Services reserve the right to request additional information in the future with regard to Executive Order No. 4 and the election by the Facility to suspend utilization review activities.