

When will the new authorization policy become effective?

Neighborhood Health Plan of Rhode Island is updating its authorization policy effective July 1, 2010. The criteria and requirements of the policy are as follows:

1. As in the past, authorizations are to be obtained prior to the date of service or admission.
2. **Authorizations for unscheduled services (such as an emergent admission) that cannot be requested in advance or during normal business hours can be retroactively requested up to three business days after the date of admission or date the service is rendered** (i.e. by the end of the third business day).

Which services require prior authorization?

Inpatient admissions and select outpatient services require authorization. Refer to our website for details at:

<http://www.nhpri.org/matriarch/documents/Authorization%20Quick%20Reference%20Guide%2004-20-10%281%29.pdf>

How do I submit an authorization request?

- For inpatient admissions, hospitals should continue to send the admission/face sheet via fax to 401-459-6023.
- For emergent admissions, hospitals should send notification as soon as possible and no later than the end of the third business day from admission via fax to 401-459-6023. However, if the member has already been discharged, clinical information must be sent with the notification. If clinical information is not received at the time of notification, the hospital request for admission will not be processed.

For outpatient services, the request should be sent via fax to the Medical Management Department at 401-459-6023. Forms are located on our website at:

http://www.nhpri.org/matriarch/MultiPiecePage.asp?Q_PageID=E_371_A_PageName=E_PMFForms

What is the response time for authorization requests sent within 3 business days of services rendered?

After receipt of all required information, the average turnaround time is 3-4 business days. For current inpatient hospital admissions, response time is 1 business day.

What if the provider renders services without obtaining the authorization?

Any authorization request received greater than three business days after the date the service is rendered will not be reviewed. Claims for those services will be administratively denied by Neighborhood for lack of authorization and members may not be billed for services rendered.

Is there an appeal process for administrative denials for no authorization?

Administrative appeals will only be considered under the following circumstances:

- Coordination of Benefits



FAQs for Neighborhood Authorization

Policy Change Effective July 1, 2010

- Retroactive eligibility as determined by DHS
- Medicare/Medicaid retractions (patient covered under government programs at the time of service become Neighborhood members retroactively)

Appeals requests, including documentation supporting the above exception along with clinical information, should be sent to:

Neighborhood Health Plan of Rhode Island
ATTN: Appeals Coordinator
299 Promenade Street
Providence, RI 02908

How will I know the status of my appeal?

A notification will be mailed within 30 days of receipt of the appeal.

What is the process to modify or extend a current authorization?

Utilize the same process used for initial authorization request with appropriate forms and fax to 1-401-459-6023.

How will I know if a request for authorization is approved?

For Inpatient Services

The certification reports will continue to be sent to the hospitals with the tracking number for the reference and approval status is determined by the approved bed days and level of care. If the request is denied, a letter will be sent and a follow up phone call to Case Management by the Neighborhood Medical Review Nurse.

For Outpatient Services

Approval of outpatient services will continue to be communicated to providers via fax or phone by Neighborhood Medical Management staff. If you are currently receiving certification reports, you will continue to be sent one to confirm approval status. If the request is denied, a letter will be sent and a follow up phone call to the provider by the Neighborhood Medical Review staff.

Whom do I call with additional questions on this new process?

Neighborhood Customer Service is available to respond to your questions and can be reached at 1-401-459-6020.