

Reduced Turnaround Time for Standard Prior Authorization Requests – Medicare and Medicaid

October 24, 2025

Effective January 1, 2026, Neighborhood Health Plan of Rhode Island (Neighborhood) will decrease the turnaround time for standard prior authorization requests from 14 calendar days to **7 calendar days**, in accordance with new [Centers for Medicare & Medicaid Services \(CMS\) regulations](#).

This change only applies to the following Neighborhood lines of business:

- Neighborhood INTEGRITY for Duals (HMO D-SNP)
- Neighborhood Dual CONNECT (HMO D-SNP)
- Medicaid

Because of the shortened timeframe, it is **essential that providers include all necessary clinical documentation at the time of submission** to support the review of the prior authorization request. Providers should **also respond promptly to any Neighborhood requests for additional information**, as delays in receiving required documentation may result in denials for insufficient information.

Additionally, please note that there may be **differences in prior authorization requirements for Neighborhood's Medicare products (HMO D-SNP)** compared to the previous **Neighborhood INTEGRITY (MMP)** requirements. Providers are strongly encouraged to use the [Neighborhood Prior Authorization Search Tool](#) before submitting a request to confirm current prior authorization requirements by line of business.

As a reminder, providers can submit prior authorization requests using the **e-forms available on the [Prior Authorization Request Forms page](#)**.

If you have questions about this change or would like more details, please contact our Provider Services team at 1-800-963-1001.