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

### Neighborhood News – January 2026

**Effective January 1, 2026**, Neighborhood Health Plan of Rhode Island (Neighborhood) has decreased 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.