
Temporary Prior Authorization Policy

Policy Statement

In the event that the State of Rhode Island declares a state of emergency due to a pandemic health concern such as COVID-19 or if Neighborhood Health Plan of Rhode Island (Neighborhood) elects to enact this policy outside of a declared state of emergency, Neighborhood may temporarily remove certain prior authorization requirements.

This policy is separate and distinct from Neighborhood's Clinical Medical Policies and other Billing and Payment Policies. Neighborhood will continue to apply all other policies while this Temporary Prior Authorization Policy is in effect, including but not limited to retroactive authorization, readmission policies and provider preventable condition policies.

In accordance with the update to Executive Order 20-29 and OHIC Bulletin 2020-04 issued on July 1, 2020 this policy will remain in effect through the earlier of October 1, 2020 (or an extension or shortening of the October 1, 2020 date issued by OHIC as necessary) or the expiration of the Executive Order.

Scope

This policy applies to all lines of business, Medicaid excluding Extended Family Planning (EFP), Commercial, and INTEGRITY.

This policy applies to Neighborhood participating providers and non-participating providers.

Neighborhood reserves the right to implement, modify, and terminate this temporary policy without the contractual sixty day notification that is normally required under Neighborhood contracts with its providers. Notification of implementation, modification, or termination of this policy will be communicated to providers via notice on Neighborhood's COVID-19 Provider Guidance website

Reimbursement Requirements

Neighborhood's standard reimbursement rules will apply to all services referenced in this policy.



Neighborhood reserves the right retrospective claims payment audits and to request and audit medical records related to adherence to all the requirements of this policy and any other applicable policies.

Medical Effective April 1, 2020 thru June 30, 2020

Prior Authorizations will not be required for the following services when the admission date (including transfer date) occurs within the effective date of this policy:

- Inpatient Acute Care level of care determinations
- Skilled Nursing Facilities
- Inpatient Rehabilitation
- Long Term Care Facilities

Neighborhood will require notification for all admissions and transfers. Neighborhood reserves the right to perform retrospective reviews and concurrent reviews.

Outpatient and Pharmacy Authorization processes remain in effect.

Medical Effective July 1, 2020

Prior Authorizations will not be required for the following services that occur within the effective date of this policy:

- Non-pharmacy COVID-19 related diagnostic and treatment services

Behavioral Health

Prior Authorizations will not be required for the following services when the admission date (including transfer date) occurs within the effective date of this policy:

- Inpatient
- Outpatient

Neighborhood's vendor requires notification for all admissions and transfers. Neighborhood reserves the right to perform retrospective reviews and concurrent reviews. For the most current information on Behavioral Health providers should contact [OPTUM Provider Express](#).



Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within 90 days of the date services are provided to members. Adjustments, corrections, and reconsiderations must include the [required forms](#). All submissions must be in compliance with National Claims Standards.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Member Responsibility

Commercial plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

Neighborhood reserves the right to amend or rescind this temporary policy.

Document History

Date	Action
07/27/20	Update: Language regarding Implementation, Modification, and Termination of policy added.
07/13/20	Update: Extend policy effective date in accordance with Executive Order and OHIC bulletin issued July 1,2020. Update auth requirements for Medical Services.
04/28/20	Update: Extend policy effective date in accordance with Executive Order and OHIC Bulletin issued April 27, 2020.
04/01/20	Policy Effective