

Appropriate Use of Expedited Prior Authorization Requests

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Neighborhood Health Plan of Rhode Island (Neighborhood) makes decisions on prior authorization requests and communicates them as expeditiously as the enrollee's health condition requires and within the following timeframes:

- Standard Requests: within 14 days from receipt of request
- Expedited Requests: within 72 hours from receipt of request

Neighborhood recognizes the need for expedited prior authorization requests under certain circumstances. The following clinical rationale defines the appropriate use of an expedited prior authorization request:

1. Processing the request within the standard timeframe will jeopardize the life or health of the member.
2. Processing within the standard timeframe will impact the member's ability to achieve or regain maximum function.
3. Processing within the standard timeframe will cause a barrier to transition of care.

Neighborhood requests that providers do not request an expedited/stat/urgent authorization unless one of the above elements is applicable. If so, please provide supporting documentation of the circumstances.