COVID-19 update: Suspension of select prior authorization rules and significant policy adjustments in response to unprecedented demands on health care providers (updated December 24, 2020)

Amerigroup Community Care recognizes the intense demands facing doctors, hospitals and all health care providers in the face of the COVID-19 pandemic. Today, unless otherwise required under state and federal mandates, as detailed below, Amerigroup is making adjustments to assist providers in caring for members.

Inpatient and respiratory care

- **Prior authorization requirements are suspended for patient transfers from acute IP hospitals to skilled nursing facilities effective December 21, 2020 through January 15, 2021.** These adjustments apply for our fully-insured and self-funded employer, individual, Medicare and Medicaid plan members receiving care from in-network providers. While prior authorization is not required, we continue to require notification of the admission via the usual channels and clinical records on day two of admission to aid in our members' care coordination and management. Amerigroup reserves the right to audit patient transfers.
- PA requirements were suspended for patient transfers through May 30, 2020. Prior authorization will be waived for patient transfers from acute IP hospitals to skilled nursing facilities, rehabilitation hospitals, long-term acute care hospitals, and behavioral health residential/intensive outpatient/partial hospitalization programs, and to home health including ground transport in support of those transfers. Although PA is not required, Amerigroup requests voluntary notification via the usual channels to aid in our members' care coordination and management.
- **Extending the length of time a prior authorization issued on or before May 30, 2020, is in effect** for elective inpatient and outpatient procedures to 180 days. This will help prevent the need for additional outreach to Amerigroup to adjust the date of service covered by the authorization.
- Concurrent review for discharge planning will continue unless required to change by federal or state directive.
- **PA requirements are suspended for COVID-19 Durable Medical Equipment,** including oxygen supplies, respiratory devices noninvasive ventilators, and multi-function ventilators for patients who need these devices for any medical reason as determined by a provider, along with the requirement for authorization to exceed quantity limits on gloves and masks. **Update:** Prior authorization for continuous positive airway pressure (CPAP) is suspended for COVID-19 related diagnoses only; all other CPAP uses follow the existing prior authorization process.
- Respiratory services for acute treatment of COVID-19 will be covered. PA requirements are suspended where previously required.

COVID-19 testing
Laboratory tests for COVID-19 at both in-network and out-of-network laboratories will be covered.

Claims audits, retrospective review, peer-to-peer review and policy changes
Amerigroup will adjust the way we handle and monitor claims to ease administrative demands on providers:

- Hospital claims audits requiring additional clinical documentation were limited through June 24, 2020. To assist providers, Amerigroup can offer electronic submission of clinical documents through the provider portal.
- Retrospective utilization management review was suspended through June 24, 2020, and Amerigroup reserves the right to conduct retrospective utilization management review of these claims when this period ends and adjust claims as required.
- **Suspend peer-to-peer reviews** through June 24, 2020, except where required pre-denial per operational workflow or where required by State during this time period.
- Our Special Investigation programs targeting provider fraud will continue, as well as other program integrity functions that help ensure payment accuracy
- New payment and utilization management policies and policy updates will be minimized, unless helpful in the management of the COVID-19 pandemic.

Otherwise, Amerigroup will continue to administer claims adjudication and payment in line with our benefit plans and state and federal regulations, including claims denials where applicable. Our timely filing requirements remain in place, but Amerigroup is aware of limitations and heightened demands that may hinder prompt claims submission.

Provider credentialing
Through June 24, 2020, Amerigroup will continue to process provider credentialing within the standard 15 to 18 days even if we are unable to verify provider application data due to disruptions to licensing boards and other agencies. We will verify this information when available.

If Amerigroup finds that a practitioner fails to meet our minimum criteria because of sanctions, disciplinary action etc., we will follow the normal process of sending these applications to committee review, which will add to the expected 15 to 18 day average timeline. We are monitoring and will comply with state and federal directives regarding provider credentialing.