Response to COVID-19 state of emergency (January 2022)

Amerigroup Community Care appreciates your dedication and commitment to our members and all Maryland residents. We understand that this is a difficult time, and we are following guidance from the state during the state of emergency declared by Governor Hogan. Please see the following list of ways we would like to collaborate with all health systems to provide support during this challenging time. **This change in policy is effective January 4 through February 28, 2022.**

- **Inpatient acute stay authorizations**: Amerigroup will not deny authorizations for late notification, but we will ask that health systems call in the admission and provide clinical documentation to Amerigroup within 60 days of the admission and prior to claims submission. To clarify, if a claim is received prior to receipt of clinical and completion of the medical necessity determination, the claims timeliness requirements prohibit the market from delaying claims payment. If a claim is received prior to completion of the review, the claims payment system will deny the claim. **Amerigroup will approve admissions when the primary admitting diagnosis is COVID. The plan will continue to require prior authorizations for planned admissions.**
- **Transfers to postacute care facilities:** Amerigroup will not deny authorizations for late notification, and failure of prior authorizations, but we will ask that health systems call in the admission within 60 days of the admission and prior to claims submission. To clarify, if a claim is received prior to receipt of clinical documentation and completion of the medical necessity determination, the claims timeliness requirements prohibit the market from delaying claims payment. If a claim is received prior to completion of the review, the claims payment system will deny the claim.
- **Concurrent inpatient review:** Amerigroup will not deny authorization for lack of information. Amerigroup will also relax the timeliness standards and complete the review when clinical documentation is received within 60 days of admission and prior to claims submission. To clarify, if a claim is received prior to receipt of clinical completion of the medical necessity determination, the claims timeliness requirements prohibit the market from delaying claims payment. If a claim is received prior to completion of the review, the claims payment system will deny the claim. **Amerigroup will approve admissions when the primary admitting diagnosis is COVID. However, for planned admissions we will continue to require prior authorizations.**

Highlights of current authorization guidelines that remain in effect include:

1. Health systems will honor retrospective requests for initial authorization on acute inpatient admissions when requested within 30 to 60 days of discharge.
2. Health systems will honor requests for initial authorization on skilled nursing facility (SNF) admissions when requested within 30 days of admission.
3. Amerigroup will allow home health care (three visits) to be initiated post discharge with the agency to notify the plan within one week of initiation of treatment.
4. DME vendors are not required to obtain prior authorization to initiate oxygen therapy. Allow DME vendors 30 to 60 days to notify the MCO of requests for CPAP and BIPAP.
5. No preauthorization is required for ER visits.

If you have questions about this communication or need assistance with any other item, contact your Provider Experience associate or call Provider Services at **800-454-3730**.

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To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (**https://bit.ly/3lL4Cd4**).