

## Update on temporary COVID-19-related hospital administrative flexibilities

We are reaching out to provide an update on the short-term accommodations the Division of TennCare put in place to ease administrative burdens during the COVID-19 emergency.

The following temporary administrative accommodations have been extended through June 30, 2021:

- Flu and COVID-19 testing will remain on the exception/exclusion list for submission to a preferred laboratory provider.
- Members will continue to be assigned to a primary care provider (PCP), but we won't deny claims if PCPs care for a member that isn't assigned to them.
- Authorization won't be required to move patients from an acute care to a post-acute care setting and we will collaborate on placement and discharge of currently hospitalized patients who can be safely discharged to another setting.
- We won't deny claims that don't meet timely filing and notification requirements for utilization management. After June 30, 2021, acute care services will require prior authorization, when applicable.
- We'll continue to allow extensions for authorizations dated October 1, 2020, or later. Any outstanding service authorized before that date, but not fulfilled by March 31, 2021, will be subject to medical necessity review.
- We'll continue to reimburse providers at the contracted rate for drugs dispensed from hospital pharmacies and expedite review requests for the use of experimental drugs or devices for treatment of known or suspected COVID-19 patients.
- If a provider is in the process of becoming credentialed with Amerigroup Community Care but isn't yet, we'll continue paying for services as long as the provider has a Medicaid provider ID.

The following administrative accommodations will end March 31, 2021, and will resume normal processing effective April 1, 2021:

- We'll resume normal medical record review, audit and recoupment activities. At this time, we'll also begin looking back from March 1, 2020, through March 31, 2021, to review your facility's volume of outstanding medical record requests, recoupments and audits. Additionally, we'll resume manual records collection for our quality and value-based programs.
- Providers will be subject to recredentialing requirements.
- Hospitals must submit appeals within 180 days. If a hospital would like an extension due to extenuating circumstances, Amerigroup will review and approve reasonable requests on a case-by-case basis.

To view the entire TennCare memo outlining these updates, please visit [TN Extension of COVID 19 Policies Hospital Flexibilities](#).

**We're here to help**

We haven't been able to request and review medical records since March 2020, so you'll likely receive more monthly requests than you have in the past. We'll be reviewing claims received between March 1, 2020, through March 31, 2021, in addition to the claims we'd normally review each month.

If your facility becomes overwhelmed by the volume of requests and unable to respond within the required time frame, you can request a time extension. Please contact your local Provider Relations representative or call Provider Services at **1-800-454-3730**.