

Post-Service Prior Authorizations No Longer Accepted for MMP Line of Business Internal

Q: What is the policy change regarding post-service prior authorizations?

A: Effective **October 7, 2024**, Neighborhood will no longer accept post-service prior authorizations, also known as retro authorizations, for the INTEGRITY (MMP) line of business. Providers must obtain approval prior to services being rendered.

Q: What is the reason for this policy change?

A: This is the result of a review by BluePeak Advisors which noted that the acceptance of post-service prior authorizations was not aligned with CMS standards. This change will make Neighborhood compliant.

Q: Which line of business is affected by this change?

A: This change impacts the INTEGRITY (MMP) line of business only.

Q: What was the previous policy regarding post-service prior authorizations?

A: Previously, providers had up to seven days from the date of service to submit post-service prior authorizations.

Q: Does this change apply to emergency or urgent care situations?

A: No, this policy change does not apply to emergency or urgent care situations. Providers can continue to provide necessary care without prior authorizations in these cases.

Q: What happens if a provider submits a prior authorization request after services have been rendered?

A: Neighborhood will issue a denial notice advising the provider to submit a claim for processing. Should the claim deny, the provider will need to follow the provider administrative appeal process.

Q: Will Neighborhood approve appeals regarding authorizations submitted after a service has been provided?

A: Neighborhood will only approve these types of appeals in extenuating circumstances - they are outlined in the [notification](#).

Q: How can providers submit an administrative appeal?

A: Providers can submit an appeal via the [Provider Appeal E-Form](#), email (GAUMailbox@nhpri.org), or fax (401-709-7005).