Neighborhood Health Plan OF RHODE ISLAND™

910 Douglas Pike, Smithfield, RI 02917

Update to Prior Authorization Process for INTEGRITY (MMP) Members

November 5, 2024

Neighborhood Health Plan of Rhode Island (Neighborhood) is informing home health providers of an update to the prior authorization process for the INTEGRITY Medicare-Medicaid (MMP) line of business.

Neighborhood previously notified the network that as of **October 7, 2024**, post-service prior authorizations would no longer be accepted for the **INTEGRITY (MMP) line of business**.

The following scenarios are exemptions from the prior authorization requirement:

- INTEGRITY (MMP) members who have been retroactively enrolled after receiving services;
- INTEGRITY (MMP) members within their continuity of care period.

Note: Providers who do not fall into either of the above-mentioned scenarios should proceed with filing a claim. If the claim is denied, the provider administrative appeal process (as outlined in the Provider Manual) should be followed.

As a reminder, providers must submit a prior authorization request for skilled and non-skilled homecare services prior to rendering services. Skilled home health care providers can also refer to Neighborhood's Skilled Home Health Care Services Desktop Reference Guide for more information on the prior authorization request process and required documentation.

Providers seeking authorization for all other INTEGRITY (MMP)-related services must submit a request prior to services being rendered (if required). This policy aligns Neighborhood with standards set by the Centers for Medicare and Medicaid Services.

Provider Administrative Appeals

Neighborhood will only approve appeals regarding authorizations submitted after a service is provided in one of the following extenuating circumstances:

- Unable to Know Situation - The provider and/or facility is unable to identify from which health plan to request an authorization. The patient was not able to tell the provider about their insurance coverage, or the provider verified different insurance coverage prior to rendering services. Provider must submit the verification that was done.
- Not Enough Time Situation - The patient requires immediate medical services and the provider was unable to anticipate the need for a pre-authorization immediately before or while performing a service.
- An enrollee is discharged from a facility and there was insufficient time for institutional or home health care services to seek approval prior to the delivery of the service.

Note: Scenarios in which INTEGRITY (MMP) members require urgent medical care do not require prior authorization. However, if a claim is denied, providers must follow the above-mentioned appeal process.

If you have any questions about this notification, please contact our Provider Services team at 1-800-963-1001.