

AHCCCS Prior Authorization (PA) and Concurrent Review (CR) Standards during COVID-19 Emergency for Fee-for-Service Health Programs

Original Release:	March 25, 2020
Last Updated:	Jan. 20, 2022

This memo outlines the updated **AHCCCS Prior Authorization and Concurrent Review Standards for AHCCCS Division of Fee-for-Service Management (DFSM)** in response to Governor Ducey’s declaration of a public health emergency for COVID-19 and is effective April 1, 2020, through the duration of the emergency. These changes impact members enrolled with a Fee-for-Service Program, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authorities (TRBHAs), and Tribal Arizona Long Term Care Services (Tribal ALTCS).

These standards are subject to change as the emergency conditions evolve.

All services reimbursed must be medically necessary, cost-effective, federally and state reimbursable, and will be subject to post-payment review.

I. Behavioral Health Services

Initial prior authorization is still required for non-emergency Behavioral Health Inpatient, Residential Treatment Center (RTC) and Behavioral Health Residential Facility (BHRF) levels of care.

DFSM plans to extend concurrent reviews from 30 to 90 days for Residential Treatment Center (RTC) levels of care.

Clinical Staffings, Child and Family Teams (CFTs), Adult Recovery Teams (ARTs), and coordination of care between facilities and outpatient providers should continue to inform appropriate levels of care and continued stay. Telehealth and telephonic modalities are strongly encouraged for these staffings and coordination.

II. Dental Services

Dental prior authorization approvals, which are within 60 days of expiration, will be extended for 6 months.

III. Pharmacy Services (Updated 4/14/2021)

Effective June 15, 2021, Sections III. A and B will no longer be in effect.

Note: This change was originally announced during Special Tribal Consultations on 4/13/2021 to be effective on 6/1/2021. OptumRx will be ending these flexibilities and reinstating utilization management edits and prior authorization requirements that were in effect with the previous plan set-ups, effective June 15, 2021. Agents that are designated as preferred on the AHCCCS Drug List will be in effect and non-preferred medications that were not grandfathered by the AHCCCS Pharmacy and Therapeutics (P&T) process are to be transitioned to the preferred agent(s) of the therapeutic class.

IHS and 638 Pharmacies may:

- a. **Continue to fill 90-day supplies of maintenance medications when billing the All-Inclusive Rate; and**
- b. **The allowance for billing for 60-days of specialty medications will be changing back to 30- day prescription fills.**

The following Section III. A & B changes, as referenced above, will be ending on June 15,2021. Please see notations in Sections C and D.

A. Refill-too-soon edits and 90-day fills

1. All health plans must remove the refill-too-soon edit on all non-controlled medications.
 - a) Members may continue to fill prescriptions for up to a 30-day supply or they may fill a 90-day supply of maintenance medications, both of which may be done early once the edit is lifted.
 - b) Specialty medications which are filled for a 30-day supply and delivered to the member's home may be filled early for the same day's supply as previously filled.
 - c) When the refill-too-soon edit is lifted, Pharmacy Benefit Managers (PBMs) must check to ensure that quantity limits and duplicate therapy edits currently in place will not cause a rejection when the prescription is refilled early.
2. Controlled Substances may be refilled early when the pharmacy staff has checked with the prescribing clinician and the clinician has agreed to the early refill. The pharmacy staff or the prescribing clinician shall contact the health plan's PBM help desk for an immediate override. Please ensure that quantity limits and duplicate therapy edits will not cause a rejection when these claims are provided an override.
3. Removal of prior authorization for specific therapeutic classes
 - a) Health plans must remove all prior authorization requirements for the following Therapeutic Classes:
 - Antibiotics,
 - Antimalarials,
 - Antivirals,
 - Beta2 Agonist Inhalers and Inhalant Solutions,

- Long-acting Beta2 Agonist-Corticosteroid Combination Inhalers,
- Long-acting Beta2 Agonist-Anticholinergic Combination Inhalers,
- Corticosteroid Inhalers and Inhalant Solutions,
- Corticosteroid Oral Agents,
- Nebulizers (must be available through pharmacies),
- Cough and Cold products, such as:
 - Antihistamines,
 - Nasal Decongestants,
 - Combination products of antihistamines and nasal decongestants,
 - Cough suppression products including guaifenesin and combination products,
 - Guaifenesin oral tablets and combination products, and
 - Analgesics / Anti-febrile products (aspirin, ibuprofen, acetaminophen, acetaminophen suppositories, etc.)
- Mast Cell Stabilizers, and
- Methylxanthines (aminophylline and theophylline).

B. Addressing Drug Shortages (See note at start of Section III above for reference to changes)

1. The AHCCCS Drug List has preferred medications which the AHCCCS Medical Policy Manual (AMPM) 310-V requires to be utilized prior to a non-preferred agent. However, in the event of a shortage, a non-preferred medication must be approved. For example, ProAir is the preferred albuterol inhaler. Using ProAir as an example, if there is a shortage of ProAir, the health plans must allow all other branded and generic albuterol products to be reimbursed through the pharmacy claims system without prior authorization.
2. When there is a drug shortage and the health plans' network pharmacies are unable to obtain the medication in a timely manner, the health plans shall open up their pharmacy network to pharmacies that have the medication as long as they have an AHCCCS registered ID.
3. Please check the FDA web links daily for shortage updates:
 - <https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>

C. Pharmacy Copayments - This section will not be changing.

1. Title XIX Member enrolled in AHCCCS Fee-For-Service do not have copayments for prescription medications.
2. Prior authorization is not required during the Federal emergency period for compounded drugs for children under the age of ten years old.

D. Signature Requirements – This section will not be changing during the Federal emergency period.

42 CFR 456.705 and the Arizona State Board of Pharmacy requires that members receive counseling when prescriptions are dispensed. While counseling is still required, the Arizona State Board of Pharmacy has waived the member's signature requirement and will instead allow the pharmacist to enter confirmation that counseling occurred. This will allow members to not have to sign a document and to keep appropriate distance from the counter.

IV. Physical Health Services (Updated 8/20/2021)

A. COVID-19 Testing and Treatment Services

DFSM will not require prior authorization or concurrent review for services related to testing, diagnosis, and/or treatment of COVID-19.

DFSM will cover one at-home COVID-19 testing kit (two tests) filled at the pharmacy with a prescription per member per month.

B. Facility Services

This memo has been updated and includes continued temporary removal of prior authorization and concurrent review for these services, including dates of services 8/1/2021 through 8/20/2021.

1. DFSM will remove prior authorization and concurrent review requirements for the following levels of care:
 - Acute Inpatient hospitalization;
 - Assisted Living Facilities/Centers;
 - Skilled Nursing Facilities (SNFs);and
 - Inpatient Rehabilitation Facilities (e.g., Long Term Acute Care Hospitals).
2. FFS Providers shall coordinate care management activities to ensure FFS members have safe and effective transitions between levels of care.
3. Prior Authorization approvals for elective inpatient services, which are within 60 days of expiration, may be extended for 6 months, as needed.

C. Outpatient Services

Effective 8/1/2021, DFSM will no longer automatically extend outpatient service prior authorization approvals, which are within 60 days of expiration. Providers are responsible for submitting for prior authorization, when additional prior authorization is needed.

1. DFSM may extend outpatient service prior authorization approvals, which are within 60 days of expiration, for 6 months, as needed.
2. For services related to the COVID-19 emergency, other than testing, diagnosis and treatment, the document submission period for Prior

Authorization will no longer be extended to 90 days. COVID-19 testing, diagnosis and/or treatment are exempt from Prior Authorization. Please see IV A.

V. Non-Emergency Medical Transportation (NEMT) Services (Updated 7/2/2021)

Effective 8/1/2021, NEMT providers transporting a member over 100 miles must obtain prior authorization.

1. Prior authorization requirements have been temporarily waived for NEMT services over 100 miles.
2. AHCCCS continues to temporarily waive the requirement for NEMT drivers to collect a passenger's signature, whether on paper or electronically at this time.

VI. Home Health Services and Durable Medical Equipment: Face-to-Face Requirement Change

CFR § 440.70 requires that the initiation of home health services and medical equipment and supplies be subject to face-to-face encounter requirements for the FFS population.

Pursuant to section 1135(b)(5) of the Social Security Act, CMS has temporarily approved an extension of the timeline required for completion of the face-to-face requirement.

Effective 6/8/20, through the duration of the emergency, the face-to-face encounter does not need to be completed before the start of services and may occur at the earliest time feasible for a provider, provided that the face-to-face encounter occurs within 12 months from the start of service.

This is a temporary extension of the timeline for completion of the face-to-face requirement, and all services are subject to post-payment review.

VII. COVID-19 Frequently Asked Questions (FAQs)

We encourage everyone to please continue to check the AHCCCS COVID-19 FAQs. The FAQs are updated daily, and the link is provided below:

- <https://azahcccs.gov/AHCCCS/AboutUs/covid19.html>