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

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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

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

OptumRx Clinical Affairs is allowing members to refill their maintenance medications early to ensure they have an uninterrupted supply of medication during the COVID-19 emergent time as outlined below.

1. The refill-too-soon edit on all non-controlled medications has been removed.

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. Members must have refills remaining on file at their pharmacy.

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.

To override for a specialty medication, IHS & 638 Pharmacies must submit the following in the NCPDP fields:

- A value of, the number, 1 in the Prior Auth Type Code Field (461-EU); and
- A value of, the numbers, 88885 in the Prior Auth Number field (462-EV).

The entry of values into both of these NCPDP fields will allow prescription claims from IHS/638 Pharmacies to override the 30 Day Supply Limit to a 60-day supply for AIR Specialty when the member has a history of the product in their claim history. The maximum days supply that may be adjudicated is for a 60-day supply.

c) DFSM's pharmacy benefit manager (PBM), OptumRx, will continue to ensure that quantity limits and duplicate therapy edits will not cause a rejection when the prescription is refilled early.

d) For IHS/638 Pharmacies, members may continue to obtain their chronic medications for up to a 90-day supply, for reimbursement at the AIR.

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 OptumRx help desk for an immediate override.

- The opioid current maximum fill is 30-days and an additional fill would be for a maximum of 30 days.

3. Removal of prior authorization for specific therapeutic classes:

a) Prior authorization requirements have been removed for the following Therapeutic Classes:

- Beta2 Agonist Inhalers, Inhalant Solutions and Oral Agents
- Inhaled Short and Long Acting Anticholinergic Inhalers
- 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
 - Antihistamines
 - Nasal Decongestants
 - Combination products of antihistamines and nasal decongestants
 - Cough suppression products including guaifenesin and combination products
 - Guaifenesin oral tablets and combination products
 - Analgesics / Anti-febrile products (aspirin, ibuprofen, acetaminophen, acetaminophen suppositories, etc.)
- Mast Cell Stabilizers
- Methylxanthines (aminophylline and theophylline)

For Dual Eligible Drug Plans – OTC products that are included in the drug classes above will also

be added to the Dual Eligible Drug List.

B. Prior Authorization Extensions

For members enrolled in the American Indian Health Program (AIHP), Tribal ALTCS, or a TRBHA, approved prior authorizations for all medications, which are set to expire on or before May 1, 2020, will be extended for an additional 90 days. The pharmacy may have to contact the provider for an approval to request a fill of an expired prescription, but a prior authorization will not have to be submitted during the 90 day prior authorization extension.

Prior authorizations for medications with significant abuse potential (i.e. opioids) or those that are general dosed for finite durations or intermittently (i.e. hepatitis agents) will not be extended. Those PAs will follow the normal process for renewals.

C. Addressing Drug Shortages

1. The AHCCCS Drug List has preferred medications that the AHCCCS Medical Policy Manual (AMPM) 310-V specifies should be utilized prior to a non-preferred agent. 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, OptumRx, subject to AHCCCS' approval, will allow all other branded and generic albuterol products to be reimbursed through the pharmacy claims system without prior authorization.

- As of 3/26/20 ProAir and Tamiflu are both in short supply, and OptumRx will allow for reimbursement of all federally and state reimbursable generic and brand products.

2. Please check the FDA web links daily for shortage updates:

a) <https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>

b) <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-supply-chain-update>

3. To ensure access to care, DFSM and OptumRx shall not require a prior authorization for compounded drugs for children under the age of ten years old.

D. Signature Requirements

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

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.

B. Facility Services

1. DFSM will remove prior authorization 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

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 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

1. Prior authorization requirements have been temporarily waived for NEMT services over 100 miles.

2. AHCCCS has waived 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>