



AHCCCS FFS COVID-19 PRIOR AUTHORIZATION AND CONCURRENT REVIEW UPDATES

3/31/2020 PRESENTED BY THE DIVISION OF FEE FOR SERVICE MANAGEMENT



Please note that these materials are designed for Fee-for-Service programs, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authorities (TRBHAs), and Tribal Arizona Long Term Care Services (ALTCS).

FFS COVID-19 PRIOR AUTHORIZATION AND CONCURRENT REVIEW UPDATES

- On 3/27 AHCCCS FEE FOR SERVICE RELEASED A MEMO OUTLINING **TEMPORARY** REVISIONS OR SUSPENSIONS OF SEVERAL FFS PRIOR AUTHORIZATION AND CONCURRENT REVIEW REQUIREMENTS IN RESPONSE TO COVID-19
- THE CHANGES WILL BE EFFECTIVE FOR DATES OF SERVICE ON/AFTER 04/01/20, THROUGH THE DURATION OF THE EMERGENCY, AND ARE SUBJECT TO CHANGE.
- THIS WILL APPLY TO:
 - BEHAVIORAL HEALTH SERVICES
 - DENTAL SERVICES
 - PHARMACY
 - INPATIENT HOSPITALS
 - SKILLED NURSING FACILITIES (SNFs)
 - ASSISTED LIVING FACILITIES (ALFs)
 - LONG TERM ACUTE CARE FACILITIES
 - NON EMERGENCY MEDICAL TRANSPORTATION (NEMT)

BEHAVIORAL HEALTH SERVICES

- Initial prior authorization is still required for non-emergency Behavioral Health Inpatient Facility(BHIF), Residential Treatment Centers (RTC) and Behavioral Health Residential Facility (BHRF) levels of care.
- DFSM plans to extend continued stay review timeframes from 30 to 90 days for Residential Treatment Centers (RTC).
- 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.

DENTAL SERVICES

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

PHARMACY

1. The refill-too-soon edit on all non-controlled medications has been removed.
 - a. Members may fill prescriptions for maintenance medications for either a 30 or 90-day supply, both of which may be done early if the member has refills remaining on the prescription.
 - 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 number of days supply as previously filled.
 - 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 all inclusive rate (AIR).

PHARMACY (Continued)

- Controlled Substances may be refilled early when the prescribing 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.

PHARMACY (Continued)

- Removal of prior authorization for specific therapeutic classes:
 - 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.

PRIOR AUTHORIZATION EXTENSIONS

- For Fee For Service (FFS) members enrolled in the American Indian Health Program (AIHP), Tribal Arizona Long Term Care System (ALTCS), or a Tribal Regional Behavioral Health Authority (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.

ADDRESSING DRUG SHORTAGES

- The AHCCCS Drug List has preferred medications that the AHCCCS Medical Policy Manual (AMPM) 310-V specifies which drugs should be utilized prior to use of 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.

- Please check the FDA web links daily for shortage updates:
 - <https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>
 - <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-supply-chainupdate>.
- 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.

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.

PHYSICAL HEALTH SERVICES

- COVID-19 TESTING AND TREATMENT
- FACILITY SERVICES
- OUTPATIENT SERVICES

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.

FACILITY SERVICES

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

ACUTE INPATIENT HOSPITALIZATION AND INPATIENT REHABILITATION/LONG TERM ACUTE CARE

- Claims for Acute Inpatient Hospital Admissions and Inpatient Rehabilitation/Long Term Acute Care Admissions may be submitted without obtaining prior authorization.
- All services submitted for reimbursement must be medically necessary, cost-effective, federally and state reimbursable, and will be subject to post-payment review.

ASSISTED LIVING FACILITIES

- Assisted Living Facility (ALF) admissions may occur without first obtaining authorization from the tribal case manager (TCM), however care coordination with the TCM is still required for accurate rate calculations.
- FFS claims without a corresponding service authorization will be placed on hold.
 - AHCCCS will notify TCM of the admission
 - TCM will contact the ALF to obtain facility's daily rate to calculate and enter unit cost in the system so the claim will pay appropriately.
- Claim resubmission Process
 - Should a corrected claim need to be resubmitted (Void & Replace):
 - Go to the AHCCCS claims submission portal (Webportal)
 - Void the original claim
 - Re-submit Referencing the original claim number (CRN)

SKILLED NURSING FACILITIES (SNFs)

- Claims for Level 1, 2, & 3 SNF admissions may be submitted without obtaining prior authorization, however for Tribal ALTCS members, care coordination with the TCM is still required.
- SNF admissions requiring a specialty rate may occur without obtaining prior authorization; however SNF claims submitted for a specialty rate that do not have a corresponding authorization in place will be placed on hold and the corresponding level of care rate will be entered by DFSM staff. SNFs must submit with their claim information specifying the specialty rate billed.
- Claim resubmission Process
 - o Should a claim need to be resubmitted (Void & Replace):
 - Go to the AHCCCS claims submission portal (Webportal)
 - Void the original claim
 - Re-submit Referencing the original claim number (CRN)

OUTPATIENT SERVICES

- DFSSM may extend outpatient service prior authorization approvals, which are within 60 days of expiration, for up to 6 months, as needed.
- 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.

NON-EMERGENCY MEDICAL TRANSPORT (NEMT)

- Prior authorization requirements have been temporarily waived for NEMT services over 100 miles.
- AHCCCS has waived the requirement for NEMT drivers to collect a passenger's signature, whether on paper or electronically at this time.
- The AHCCCS Daily Trip Report will continue to be required (minus the member's signature) for NEMT trips.
- NEMT services must continue to meet coverage criteria and may be subject to post-payment review and/or audit.
- For FAQ NEMT COVID-19 information please visit:

<https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html>

AHCCCS COVID-19 RESOURCES

- AHCCCS COVID-19 RESOURCES CAN BE FOUND ON THE AHCCCS WEBSITE
 - CLICK THE YELLOW BANNER “[Learn more about coronavirus \(COVID-19\)](#)”
 - <https://azahcccs.gov/AHCCCS/AboutUs/covid19.html>
- AHCCCS COVID-19 FAQs
 - <https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html>
- AHCCCS FFS PA UPDATE MEMO
 - https://azahcccs.gov/AHCCCS/Downloads/COVID19/AHCCCS_PA_and_CR_Standards_COVID19.pdf

DFSM Email Notification List

Providers are highly encouraged to sign up for the [DFSM Email Notification List](#) (also known as ListServ/Constant Contacts), which sends email updates directly to a provider's email inbox.

DFSM will be sending out additional communications regarding Prior Authorization and Concurrent Review updates as the COVID-19 emergency develops.

- Please note that when the emergency declaration is no longer in place that currently “relaxed” prior authorization requirements will be reinstated.

AHCCCS is continually monitoring the COVID-19 situation and additional adjustments to PA requirements and Concurrent Review may be made. Updates shall be sent out via email.

To sign up please visit:

- [DFSM Email Notification List](#)

Questions?

Thank You.