

## **COVID-19 update: Amerigroup Community Care suspends select prior authorization in response to unprecedented demands on health care providers**

Amerigroup continues to work with our providers and facilities to help treat patients during this pandemic. Amerigroup is waiving certain administrative requirements during this period to allow hospitals and providers to dedicate their staff to direct patient care. **These changes are effective as needed during this State of Emergency.**

### **Precertification/prior authorization/concurrent review requirements for acute inpatient facilities:**

- Amerigroup would still request notification of admission before the claim is submitted.
- For the emergency period effective March 30, 2020, Amerigroup will suspend the following:
  - Inpatient prior authorization (PA) requirements
  - Concurrent utilization reviews for inpatient admissions
  - Prior authorization for placement in post-acute care settings

### **Discharging patients**

Hospitals should coordinate closely with Amerigroup on discharge planning to ensure coordinated care for the member, particularly for individuals who live alone in the community. Although concurrent review is waived, Amerigroup will outreach every seven days to discuss discharge-planning needs.

Please continue to submit outpatient authorization requests related to discharge planning needs and provide notification of discharge dates to ensure timely claims payment.

### **Outpatient prior authorization**

Amerigroup will extend existing PA for all outpatient services including pharmacy requests to 90 days from the current end date. Additional extensions may be necessary if the COVID-19 emergency warrants.

Amerigroup requests that all outpatient service requests related to COVID-19 be labeled **urgent** on the request faxed to Amerigroup. Upon receipt, Amerigroup will address the request in an expedited manner (24 hours).

Routine determinations for outpatient services will continue to follow nonurgent timelines.

Otherwise, Amerigroup will continue to administer claims adjudication and payment in line with our benefit plans and state and federal regulations including claims denials where applicable. Our timely filing requirements remain in place, but Amerigroup is aware of limitations and heightened demands that may hinder prompt claims submission.

Providers should watch the [Provider News](#) page for any future administrative changes or policy adjustments we may make in response to the COVID-19 pandemic.