

Southwestern Health Resources



Last updated: February 22, 2021

Re: COVID-19 – Payor Pre-Authorization / Discharge Waivers and Extensions

Payor (Payor Last Update Date)	LTAC	Inpatient Rehab	Skilled Nursing	Home Health
Aetna (Feb. 11, 2021) Website: Aetna COVID-19 Resource Page			Pre-auth waiver until 2/28/21	No pre-auth required
	COMMENTS: For all states, Aetna is temporarily applying the following changes, effective through February 28, 2021: Skilled Nursing Facility admissions from Acute Hospitals <ul style="list-style-type: none"> Initial Precertification/Prior Authorization for admission from acute care hospitals to Skilled Nursing Facilities (SNF) are waived for all Commercial and Medicare Advantage (MA) Part C plans. The SNFs will be required to notify Aetna of admissions within 48 hours. Providers may submit their request electronically through our provider portal on Availity or their preferred EDI vendor using the existing Precertification Request transaction. Providers can also submit their request by calling Aetna directly (refer to the back of the member's ID cards for the correct telephone number). In addition, Aetna will continue to waive the three-day prior hospitalization requirements for skilled nursing facility stays, as part of our normal course of business. Our current policy for Home Health does not require precertification. Aetna plans to continue that process for contracted providers. Refer to Aetna DocFind for our contracted Home Agencies. Long-Term Care Hospital Admissions (LTACH) and Inpatient Acute Rehabilitation admissions still require a prior authorization for admission unless prohibited by state regulation. If a prior authorization is not completed, the admission will be reviewed retrospectively at claims submission. 			
Amerigroup Medicaid (Jan. 8, 2021)	Prior auth process waived; notification required			
	COMMENTS: Notification only; medical necessity review is waived for LTACs. Notification is required to start the single case agreement process (Medicaid.) LTAC is the only waiver for Amerigroup MCD in the state of Texas. The State has approved only LTAC as a lower level of care. Single case agreements are required because LTACs are not contracted with Medicaid payors.			
Amerigroup Medicare (Jan. 12, 2021)			Pre-auth waiver until 1/31/21 – not renewed	
	COMMENTS: 3-day waiver for SNFs - we require notification within 1 day and clinical review for medical necessity after the 3 day waiver for ongoing authorizations (Medicare)			

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BCBS (Dec. 30, 2020) Website: BCBSTX COVID-19 Preparedness	Pre-auth waiver until 2/28/21	Pre-auth waiver until 2/28/21	Pre-auth waiver until 2/28/21	
	COMMENTS: none			
Care N' Care (Jan. 28, 2021)			Pre-auth waiver for in-network SNF until 2/28/21	Pre-auth waiver for Tier 1 HH agencies until 2/28/21
	COMMENTS: Must meet medical necessity for post-acute levels of care prior to discharge			
Cigna <ul style="list-style-type: none"> • Commercial • Medicare • HealthSpring (Dec. 29, 2020) Website: Cigna COVID-19 Resource Page	Pre-auth waiver until 3/31/21	Pre-auth waiver until 3/31/21	Pre-auth waiver until 3/31/21	
	COMMENTS: In order to help facilitate freeing up bed space for COVID-19 patients, and for the expressed purpose of freeing up bed space for COVID-19 acute inpatient admissions, Cigna will allow direct emergent or urgent transfers from an acute inpatient facility to a second acute inpatient facility, skilled nursing facility (SNF), acute rehabilitation facility (AR), or long-term acute care hospital (LTACH) without prior authorization until March 31, 2021 for both commercial and Medicare businesses. <ul style="list-style-type: none"> • The second acute inpatient facility, SNF, AR, or LTACH facility is responsible for notifying Cigna of admissions the next business day. • Coverage reviews for appropriate levels of care and medical necessity still apply to SNF, AR, and LTACH admissions. • Concurrent review will start the next business day with no retrospective denials. • Per usual policy, Cigna does not require three days of inpatient care prior to transfer to an SNF. Please note that routine and non-emergent transfers to SNF, AR, and LTACH continue to require precertification, and if a hospital is not at capacity and requiring the need to free up bed space for COVID-19, all of these transfers still require precertification.			
Cook Children's (CCHP)	COMMENTS: Prior waiver expired 12/31/20; Jan. 7 email inquiry asking payor for update			

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<p>Humana / ChoiceCare</p> <p>(Feb. 17, 2021)</p>			Effective 3/1/21: reinstating authorization requirements	
<p>COMMENTS:</p> <p><u>2/17/21</u> - Humana is reinstating authorization requirements for Medicare Advantage and commercial members for skilled nursing facilities (SNFs) for dates of service on or after March 1, 2021, in Texas and other states.</p> <p>Please note:</p> <ul style="list-style-type: none"> The return to our standard authorization policy on 3/1/21 applies to participating/in-network and non-participating/out-of-network providers. You will need to submit supporting documentation for your authorization and can expect responses to be provided in normal processing timeframes. Please plan accordingly. <p>*****</p> <p>Suspending authorization requirements for skilled nursing facilities (SNFs) for Medicare Advantage and commercial members in the entire state of Texas through February 28, 2021</p> <p>Authorization suspension, as outlined herein, will continue through Feb. 28, 2021.</p> <ul style="list-style-type: none"> This suspension applies to participating/in-network providers only. Please provide notification of admission within 24 hours to allow us to track our members' progress. You will receive an approval when you submit the notification. No other services requiring prior authorization are included in this suspension. 				
<p>Humana HMO Medicare Advantage / Managed by SWHR</p> <p>(Jan. 28, 2021)</p>			Pre-auth waiver for in-network SNF until 2/28/21	Pre-auth waiver for Tier 1 HH agencies until 2/28/21
<p>COMMENTS:</p> <p>SWHR is extending the temporary suspension of prior authorization requirements for in-network Skilled Nursing Facilities (SNFs) as well as our tier 1 home health providers for our Humana members through Feb. 28, 2021. The temporary suspensions are effective from Dec. 18, 2020 through Feb. 28, 2021. (They were previously set to end on Jan. 31, 2021.)</p>				
<p>Molina</p> <p>(Jan. 8, 2021)</p>	<p>COMMENTS: No waivers per payor; website: https://www.molinahealthcare.com/providers/tx/medicaid/comm/COVID-19.aspx</p>			

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Superior HealthPlan <i>(Jan. 8, 2021)</i>	COMMENTS: No waivers per payor			
Traditional Medicare			See comment	
	COMMENTS: Waiver for 3-day hospitalization requirement before transferring to SNF. https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-resources			
Tricare/Champus/Humana Military <i>(Jan. 8, 2021)</i>	COMMENTS: No waivers; website: https://www.humanamilitary.com/coronavirus/provider/			
United HMO Medicare Advantage / Managed by SWHR <i>(Feb 22, 2021)</i>	Pre-auth waiver until 2/26/21	Pre-auth waiver until 2/26/21	Pre-auth waiver for in-network SNF until 2/26/21	
	COMMENTS: none			

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<p>United</p> <p>(Feb. 22, 2021)</p> <p>Website: UHC COVID-19 Resource Library</p>	<p>Pre-auth waiver until 2/26/21</p>	<p>Pre-auth waiver until 2/26/21</p>	<p>Pre-auth waiver until 2/26/21</p>	
<p>UnitedHealthcare is temporarily suspending select prior authorization requirements for all in-network inpatient facilities and post-acute facilities in Texas effective Feb. 12, 2021 until Feb. 26, 2021.</p> <p>The specific adjustments to our program for Texas apply to UnitedHealthcare Medicare Advantage, Medicaid and Individual and Group Market Fully Insured health plan members. The adjustments include:</p> <p>Acute inpatient admissions: We're suspending prior authorizations, level of care and length of stay concurrent reviews for admission to in-network inpatient facilities.</p> <p>Post-acute prior authorization: We're suspending post-acute prior authorization requirements for admission to in-network skilled nursing facilities (SNFs), acute inpatient rehabilitation facilities (AIRs) and long-term acute care hospitals (LTACHs).</p> <p>Transfer prior authorization: We're suspending prior authorization requirements when a member transfers to a new in-network health care professional.</p> <p>No medical record requests: We will not request medical records during this time period, unless they're needed to process a claim for payment or make an appeal determination.</p> <p>As a reminder, for orders involving COVID-19-related oxygen requests, oxygen can be delivered without prior authorization and does not need to meet current clinical criteria.</p> <p>State-specific rules, regulations, dates and other guidance for Texas Medicaid patients may vary and are subject to change, so be sure to check with the appropriate state regulatory agency for the latest Medicaid information.</p> <p>*****</p> <p>COMMENTS:</p> <p>UnitedHealthcare is temporarily suspending prior authorization requirements for admission to Skilled Nursing Facilities (SNFs), Acute Inpatient Rehabilitation Facilities (AIRs) and Long-Term Acute Care Hospitals (LTACHs).</p> <p>The temporary prior authorization suspension is effective from Jan. 22, 2021 until Feb. 26, 2021. This adjustment will apply to UnitedHealthcare Medicare Advantage, Medicaid and Individual and Group Market health plan members in the geographies noted below.</p> <p>The provisions and effective dates noted here are specific to the Texas MSAs and counties referenced below and replace any similar information currently posted on UHCprovider.com/COVID19. They also take precedence over any COVID-19 national provisions and effective dates that UnitedHealthcare may choose to put in place in the coming weeks for other areas in Texas.</p> <p>After Feb. 22, 2021, we may conduct selective retrospective reviews for services rendered during this time period. Admission notification is still required during this time in alignment with the current protocol to support you in arranging post-admission or other support services. Any admissions occurring after Feb. 22 are subject to standard utilization review processes, including the application of medical necessity. If an admission occurs during the prior authorization suspension period and the member still remains inpatient after Feb. 22, the inpatient days after the suspension is lifted are subject to standard utilization review processes, including the application of medical necessity.</p>				

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<p>United <i>(continued)</i></p>	<p>Impacted MSAs and Counties</p> <p>The temporary program suspensions apply to the following MSAs in Texas:</p> <ul style="list-style-type: none"> • Dallas-Fort Worth-Arlington • Sherman-Denison • Houston-The Woodlands-Sugar Land • Victoria • San Antonio-New Braunfels <p>For the most up-to-date state-specific information surrounding our efforts related to COVID-19, please visit UHCprovider.com/COVID19.</p>			
<p>WellMed <i>(Feb. 1, 2021)</i></p>	<p>COMMENTS:</p> <p>WellMed manages Medicare Advantage populations for Humana and United, and follows the same waiver timeframe of each of those payors. See those waivers above.</p>			