



State of New Jersey

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COVID-19 Policy Guidance: COVID-19 Prior Authorization Requirements March 30, 2020 (Updated May 16, 2020)

This Policy Guidance is effective immediately. Updated language indicated in bold.

This policy guidance is being sent to ensure that NJ FamilyCare members are able to access medically necessary services without delay or interruption during the COVID-19 State of Emergency. In addition to applicable emergency and non-emergency provisions of the NJ FamilyCare Managed Care Contract, the following shall be in effect during the COVID-19 emergency period.

Waiver of prior authorization for hospital services

For the emergency period, health plans will suspend prior authorization (PA) requirements, concurrent utilization reviews for inpatient admissions, and prior authorization for placement in post-acute care settings. **Update: Health plans shall resume all utilization management activity described above, consistent with the Governor's Executive Order No. 145 permitting resumption of elective and other surgical procedures.**

- Hospitals should coordinate closely with health plans on discharge planning to ensure coordinated care for the member, particularly for individuals who live alone in the community. In no way shall the discharge process be delayed by the health plan.

New Prior Authorizations

New prior authorizations may continue as follows and within expedited timely process guidelines:

- *Urgent determinations:* Within 24 hours of receipt of the necessary information
 - All requests for COVID-19-related home- and community-based services (e.g. requests for additional personal care assistance if family supports are unavailable due to illness or quarantine) are defined as urgent if not same-day.
- *Routine determinations:* Prior authorization determinations may continue for non-urgent services as defined in the NJ FamilyCare Managed Care Contract.

Extension of Current Prior Authorizations

- Health plans will extend existing Prior Authorizations for outpatient services to 90 days from the current end date. Additional extensions may be necessary if the COVID-19 emergency warrants.

Health plans will review existing PA requirements and report to DMAHS no later than April 10, 2020 on services, other than those described above, for which PA will be waived or modified to expedite the connection of members to services during the emergency period.