The following commercial insurance plans have agreed to implement the following policies related to prior authorizations for home health, skilled nursing and rehab services beginning (March 23, 2020) and lasting for the next 90 days (through June 23, 2020):

- AllWays Health Partners
- Boston Medical Center HealthNet Plan
- Commonwealth Care Alliance
- Connecticare
- Fallon Health
- Harvard Pilgrim
- Health New England
- Senior Whole Health
- Tufts Health Plan
- United HealthCare Community Plan (SCO)


**Temporary Policy Changes**

**90 Day Suspension of PA for Discharge to Home Health, Rehab, SNF**

1. **Suspension of prior authorization requirements for home health care services following an inpatient admission for 90 days.**
   - Plans may review home health care services for medical necessity concurrently and retrospectively.
   - Plans are permitted to require notification of admission to home health.
   - Plan of care for home health services must be established and approved in writing by a physician.

2. **Suspension of prior authorization requirements for inpatient rehab and skilled nursing facilities following a hospital admission for 90 days.**
   - Plans may review inpatient rehab services for medical necessity concurrently and retrospectively.
   - Plans are permitted to require notification of admission.
   - Plans should provide hospitals with an up-to-date list of all in-network rehab facilities and SNF to facilitate discharges.
   - Hospitals should use their best efforts to transfer insureds to in-network providers.

3. **Out-of-Network Default Rates for Rehab and SNF**
   - If a member is discharged to an OON rehab or SNF, plans are directed to negotiate a rate with the OON facility within 48 hours of notification. If no agreement is reached, the plan should reimburse for Medicaid enrollees at the Medicaid rate, and for commercial members at the Medicare reimbursement rate.