

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP reminds providers of timely ongoing care prior authorization submissions

The Indiana Health Coverage Programs (IHCP) reminds providers that they are responsible for submitting new prior authorization (PA) requests for the continuation of ongoing services (such as home health care) at least 30 calendar days before the current authorization period expires, to ensure that services are not interrupted.

For more information, please see *Section 2: Prior Authorization Procedures* of the [Prior Authorization](#) provider reference module, accessible from in.gov/medicaid/providers.

By proactively submitting PA requests for ongoing care at least 30 calendar days before authorization expiration, with all required documentation, providers help minimize the risk of services being interrupted for members and help facilitate PA processing.

For more information

Questions about fee-for-service (FFS) PA process requirements should be directed to Acentra Health at 866-725-9991.

Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#).

Questions about managed care PA, billing and reimbursement should be directed to the managed care entity (MCE) with which the member is enrolled.



QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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