IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP aligns fee-for-service continuity of care with managed care

The Indiana Health Coverage Programs (IHCP) is committed to providing continuity of care for enrolled members as they transition among various IHCP fee-for-service (FFS) and managed care programs. Beginning May 1, 2024, the IHCP will be aligning FFS continuity of care policies with those of managed care entities (MCEs) to ensure continuity of care and coordination of medically necessary healthcare services for its members.

When a member transitions to FFS from another source of coverage, the IHCP FFS prior authorization and utilization management (PA-UM) contractor will honor the previous care authorizations for one of the following durations, whichever comes first:

- Ninety calendar days from the member's date of enrollment with FFS
- The remainder of the prior-authorized dates of service
- Until the approved units of service are exhausted



Providers should always check eligibility before rendering services. To ensure efficient continuity of care PA processing, providers are encouraged to promptly notify the FFS PA-UM contractor (by phone at 866-725-9991, by fax at 800-261-2774 or electronically on the Atrezzo Provider Portal) of any outstanding authorizations and supply documentation to substantiate the authorization. The authorized services must be covered services under the member's new benefit plan for IHCP reimbursement of the previously authorized service. Authorization does not guarantee payment.

If the member disenrollment occurs during an inpatient stay, the member's prior health coverage program will be responsible for care coordination after the member has disenrolled from the program. In these cases, the prior health coverage program will remain financially responsible for the hospital diagnosis-related group (DRG), level of care (LOC) and any outlier payments until the member is discharged from the hospital or the member's eligibility in Medicaid terminates.

QUESTIONS?

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