

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201913 FEBRUARY 28, 2019

IHCP provides prior authorization process for individuals on Fast Track prepayment

Effective April 1, 2019, a new prior authorization (PA) process will be in place for Indiana Health Coverage Programs (IHCP) providers that assist individuals with a Healthy Indiana Plan (HIP) Fast Track prepayment. This new process will allow for a retroactive PA for services after the individual has been determined fully eligible for benefits. This process applies only to individuals age 19 years through 64 years who **do not** pursue temporary coverage through Presumptive Eligibility and did submit an IHCP application with a Fast Track prepayment.



Providers must use the following process for inpatient stays to ensure that they can properly submit a retroactive PA request for individuals utilizing a Fast Track prepayment:

1. The provider must assist an individual in completing an application for health coverage.
2. As part of the application process, the provider will assist the individual with submitting a Fast Track prepayment.
3. After assisting with the application for health coverage, the provider must complete a *Fast Track Notification Form* (available on the [Forms](#) page at in.gov/medicaid/providers) and fax the form to the managed care entity (MCE) selected on the application. **This process must be completed within 5 days of the date of admission.** To locate the fax number for the applicable MCE, see the [IHCP Quick Reference Guide](#) at in.gov/medicaid/providers.
4. After eligibility has been established, the MCE will return a *Full Eligibility Notification Form* (available on the [Forms](#) page at in.gov/medicaid/providers) to the provider via fax. This form will contain the member's MCE assignment and Member ID (also known as RID). The notification will occur within 7 days following eligibility discovery.
5. The provider will then be able to submit a PA request for the service rendered since the first day of the month of the Fast Track prepayment. **Providers must submit the PA request within 60 days of receiving the Full Eligibility Notification Form.** Providers must verify eligibility, using the IHCP Provider Healthcare Portal, prior to submitting the PA request.

If an individual is not determined fully eligible within 60 days of receiving the *Fast Track Notification Form*, the MCE receiving the information will stop tracking the individual's eligibility status.

Providers must agree not to submit a PA request or a claim for services rendered for the individual until the individual's full eligibility is determined by the State. Additionally, a Fast Track prepayment is not a guarantee of coverage or eligibility. All PA requests will continue to require all regular PA documentation standards.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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