



Prior Authorization for FFS Hospice Services

On behalf of Indiana Medicaid



Agenda

**Prior Authorization (PA) Submission
Requirements and Provider Responsibilities**

**Preparing PA Requests for Hospice
Services**

PA Post Submission Actions

Tips for Reducing Administrative Denials

Appeals Process

Hospice Updates

Prior Authorization (PA) Submission Requirements

Submitting via Portal

Submitting requests through the portal is the preferred PA method

- The portal Case Wizard provides step-by-step guidance through the case submission process and prompts you if there are any issues.
- Communicate with clinical reviewers using case Notes.
- Allows you to have multiple accounts assigned under your login.

Submitting via Fax

- Prior Authorization Request Form:
 - Member Identification number
 - Provider NPI both “Requesting” and “Rendering” (if different)
 - CPT or HCPCS; along with dates of service (DOS)
 - Diagnosis code
 - Form must be signed
- Submit all relevant documentation at the time of submission

Submitting via Phone

- Provider must provide all the information from the Prior Authorization Request Form over the phone.
Then submit all relevant documentation either via portal, fax or mail.

***Abbreviations** National Provider Identifier (NPI), Healthcare Common Procedure Coding System (HCPCS) and Dates of service (DOS).



Provider Responsibilities



MEMBER ELIGIBILITY

- Check eligibility, to ensure you submit the PA to the correct vendor.



PRIOR AUTH REQUIRED?

- Use the IHCP Fee Schedules to check if codes require a PA.



FORMS AND DOCUMENTS

- Complete all required forms for documents for submission. Check for signatures.

PREPARING PRIOR AUTHORIZATION REQUESTS FOR

Hospice Services



IHCP Hospice Requirements

- For detailed instructions regarding Hospice PA procedures and forms, refer often to the IHCP's provider forms and reference modules.
- Go to the IHCP website to find all your resources:
 - [Hospice Forms](#) This page provides detailed information on which form you may need. To access a form from this page, click the linked form name.
 - [Prior Authorization](#) This IHCP provider reference module explains PA policy and eligibility requirements as well as the PA request and appeals process.
 - [Hospice Services](#) This IHCP provider reference module is a comprehensive handbook that covers all hospice related areas.



IHCP Required Hospice Forms for PA Submission

- **Dually Eligible Member in Nursing Facility:**

- Hospice Authorization Notice for Dually Eligible Medicare/Medicaid Nursing Facility Residents
- Medicaid Hospice Election

- **Medicaid Only Member that resides in the Home:**

- Medicaid Hospice Election – Physician Certification
- Medicaid Hospice Plan of Care
- Medicaid Hospice Election Form



Example: Hospice Forms for Election Period 1

One of the many benefits of using the Atrezzo provider portal, are the reminder prompts.

Before submitting the PA for Medicaid only recipients receiving hospice in the home, the system will remind you which forms are required for your request:

A screenshot of a reminder prompt from the Atrezzo provider portal. The prompt is displayed in a light gray box with a dark border. At the top left, the word "Atrezzo" is written in a teal font. Below this, three lines of text list required forms: "Medicaid Hospice Election form (State Form 48737 [R2/1-12]) Must Be Attached to the Request [E]", "Medicaid Hospice Physician Certification form (State Form 48736 [R2/12-02]/OMPP 0006) Must Be Attached to the Request [E]", and "An updated Medicaid Hospice Plan of Care form (State Form 48731 [R2/11-04]/OMPP 0011) Must Be Attached to the Request [E]". In the bottom right corner, there is a teal button with the word "Ok" in white text.

Atrezzo

Medicaid Hospice Election form (State Form 48737 [R2/1-12]) Must Be Attached to the Request [E]
Medicaid Hospice Physician Certification form (State Form 48736 [R2/12-02]/OMPP 0006) Must Be Attached to the Request [E]
An updated Medicaid Hospice Plan of Care form (State Form 48731 [R2/11-04]/OMPP 0011) Must Be Attached to the Request [E]

Ok

Provider Reminders for Retrospective Review



Retrospective review occurs when the entire date span of the request is in the past, prior to the date of submission. This is considered under the following circumstances:

- Pending or retroactive member eligibility.
- Provider unaware that the member was eligible for services at the time services were rendered. A Prior Authorization (PA) is granted in this situation only when certain conditions are met.

Hoosier Healthwise Disenrollment

Per IHCP bulletin: [BT2024128](#)

- If the member is enrolled in Hoosier Healthwise, as the FFS PA-UM contractor Acentra Health can coordinate with the managed care enrollment broker to disenroll the member from managed care.
- To initiate this process, the Hospice provider will fax the Medicaid Hospice Election form to Acentra Health's dedicated fax used for disenrolling hospice patients from Hoosier Healthwise: 800-922-9805. Providers must follow up the fax with a telephone call to 866-725-9991, notifying Acentra Health that a fax has been sent for disenrollment of a hospice member from managed care.
- Hospice authorization starts the date after the member is disenrolled from managed care.



Transferring Prior Authorizations to FFS

- With any change in a Member's assignment to FFS (traditional Medicaid), notify Acentra Health of any current PA including any supporting documentation to substantiate the PA. The original PA letter must provide Acentra Health with the following:
 - ✓ Member ID (MID).
 - ✓ Provider's National Provider Identifier (NPI).
 - ✓ Duration and frequency of authorization.
- Once the documentation is received, Acentra Health will process the request for one of the following (whichever comes first):
 - ✓ First 90 calendar days from member's effective date in new plan, **or**
 - ✓ The remainder of the PA dates of service.

— Hospice Services



POST SUBMISSION DETERMINATION

ACTIONS



Requesting Subsequent Election Periods

- To extend the authorization for new DOS when the authorization has not yet expired, this should be done using the Extend option. Click Extend from the case queue or from within the case. Then arrow down under the Clinical section.

UM-OUTPATIENT

CASE SUMMARY ACTIONS COPY **EXTEND** EXPAND ALL ▾

Member Details	Location: Indiana;		▾
Provider/Facility	Requesting Servicing :		▾
Clinical	Service Type : 22 - Hospice Request Type : Election Period 1	Notification Date : 12/10/2025 Notification Time : 05:19 PM	▾
Questionnaires			▾
Attachments	Document-3	Letters- 0	▾

Requesting Subsequent Election Periods (cont.)

Once you have expanded the clinical section of the case, enter the duration and quantity in the new request line.

The screenshot shows a form for requesting a subsequent election period. At the top, a header bar contains the following information: 0651, HOSPICE SERVICE - ROUTINE HOME CARE, Un-Submitted, Units /, and 12/11/2025 - 03/10/2026. Below this, there is a section for 'UNIT QUALIFIER' with a dropdown menu set to 'Select One'. The main form area contains several input fields: 'REQUESTED START DATE' with a date picker set to 12/11/2025, 'REQUESTED END DATE' with a date picker set to 03/10/2026, 'REQUESTED DURATION' with a text input field containing '90', 'REQUESTED QUANTITY' with a text input field containing '90', and 'REQUESTED RATE' with a text input field starting with a dollar sign. Below these, there are fields for 'STANDARD RATE' (a text input field starting with a dollar sign) and 'REQUESTED FREQUENCY' (a dropdown menu set to 'Select One'). The 'REQUESTED DURATION' and 'REQUESTED QUANTITY' fields are highlighted with red rectangular boxes.

Please verify that the request type is updated to the correct election period (EP) (also known as the Benefit Period (BP)) with all benefit periods that are 3 and beyond entered as an EP 3.







Then, go to the Attachments section of the case and upload all required documents and forms.




Completing the Request

Once you have completed all steps and have uploaded all required documents under the Attachment tab, you will:

- Scroll to bottom of your screen and check the Attestation box, and
- Click the Submit button

 Attachments	 Document-3	Letters- 0	
 Communications		Most Recent Note date:	

☒ I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

 CANCEL REQUEST

SUBMIT

IMPORTANT TIPS TO REDUCE DENIALS FOR

Hospice Prior Auths



Common Reasons for Denials and Voids

ADMINISTRATIVE DENIALS:

- Missing mandatory form(s) or required documents that are not received within 7 calendar days (previously 30 days) of pending to provider.

MEDICAL NECESSITY DENIALS:

- Does not meet medical necessity

COMMON REASONS FOR VOIDS:

- The request is a duplicate of another authorization submitted to Acentra Health.
- Prior authorization incorrectly submitted to Acentra Health.
 - Member eligibility can be updated anytime, be sure to check the IHCP Provider Portal prior to submitting any PA request.



Important Tips to Reduce Denials

- Upload or provide all required documentation at the time of submission.
 - Ensuring the social security numbers match between the documentation and what is on file with Gainwell
 - Checking that signatures are in place with correct and timely dates
- Check case status often; if pended for additional information submit within 7 calendar days from the date of the Additional Information letter.
- Routinely check IHCP Provider Bulletins to maintain awareness for any updates related to Hospice as this may reference medical necessity criteria.



Authorization Revision Requests - Hospice

An authorization revision must be submitted for the following types of requests:

- Entering a member's discharge date
 - Member's revocation
 - Member's death
 - Member transferring from nursing facility to home
 - Member transferring from home to a nursing facility
- Member is transferring between nursing facilities with same hospice provider

If you are submitting a revision request by fax, you must complete the correct form located on IHCP website: [IHCP Prior Authorization Revision Request Form](#)



Authorization Revision Requests Online

CASE SUMMARY

ACTIONS ▾

Requesting :

Servicing :

Add Additional Clinical Information

Reconsideration

Request Authorization Revision

Request Peer To Peer Review

Acentra HEALTH									
Cases Create Case Members Message Center Reports Member Merge Search by # Q									
Change Context	Indiana Provider, Indiana Medicaid								
Request_01	Submitted	8/3/2023	Outpatient	N/A	Hospice	8/6/2023 - 11/3/2023	Approved: 1 View Procedures	1 Letter View Letters	Actions ▾
Request_02	Submitted	8/31/2023	Outpatient		Hospice	11/4/2023 - 2/1/2024	Approved: 1 View Procedures	No letters available	Actions ▾
Request_03	Submitted	6/16/2025	Outpatient		Hospice	2/2/2024 - 5/1/2024	View Procedure	Copy	
- Case: 241920023									
Request_01	Submitted	7/10/2024	Outpatient	N/A	Hospice	7/11/2024 - 7/20/2024	Approved: 1 View Procedure	Extend	
Request_02	Submitted	7/10/2024	Outpatient		Hospice	7/12/2024 - 7/12/2024	Approved: 1 View Procedure	Add Additional Clinical Information	
- Case: 243090019									
								Reconsideration	
								Request Authorization Revision	
								Request Peer To Peer Review	



Assuming a PA From Another Provider

- Hospice providers that want to assume care from the current Provider must submit the following two forms to Acentra Health.
 - [IHCP Prior Authorization Revision Request Form](#)
 - [Hospice Provider Change Request Between Indiana Hospice Providers Form](#)
- The *Prior Authorization Revision Request Form* must include, but not limited to:
 - Member information
 - Originating provider information
 - Prior Authorization number
 - Procedures on the PA request
 - Date PA will be assumed

Fax both forms to Acentra Health at 800-261-2774 or call 866-725-9991 for assistance.



Appeals Process



Administrative Review/Reconsideration

- The provider **MUST** submit a request for an administrative review to Acentra Health within **7 business days plus 3 calendar days** of the date provided on the initial adverse determination letter.
- To request an Administrative Review for MEDICAID only in the home, include:
 - Medicaid Hospice Election – Physician Certification
 - Medicaid Hospice Plan of Care
 - Medicaid Hospice Election
 - Fax in a written request, or use the Reconsideration Action tab online
 - It is important to reference the IHCP Prior Authorization reference module for details of what is required to initiate an administrative review:
<https://www.in.gov/medicaid/providers/files/modules/prior-authorization.pdf>



Peer to Peer

- Requests for peer to peer MUST be completed within 7 business days plus 3 calendar days of the date provided on the initial adverse determination letter.
- To request a Peer to Peer review:
 - Use the “Actions” drop down in the Atrezzo portal to select Peer to Peer. Enter the ordering provider’s full name, phone number, and three dates and times for your availability, OR
 - Call our Customer Service team at 866-725-9991 to assist you over the phone.



Hospice Updates



IHCP Hospice Update – [BT2025165](#)

Effective Jan. 1, 2026, IHCP providers will have updated guidelines regarding prior authorization (PA) decisions and additional information submissions:

- Acentra Health will continue to be required to make a PA decision within 7 calendar days of the initial standard PA request. The time may be extended up to an **additional 7 calendar days** if additional information is needed.
- For an urgent/expedited PA request, a decision will be required within 72 hours. No pend (extension) time frame will be allowed for urgent/expedited FFS PA requests.



IHCP Hospice Update – [BT2025166](#)

Beginning Jan. 1, 2026, hospice providers must ensure the nursing facility LOC is in place for FFS members residing in a nursing facility before submitting their prior authorization request.

Error Message providers will receive if the member does not have a LOC on file:

Hospice in a Nursing Facility: The nursing facility level of care (LOC) is not on file for the date span requested. Please update the LOC with Gainwell and resubmit your request once the update is complete.

[Sign up to receive email alerts](#)



IHCP Resources for Providers

Provider Fee Schedules

[Fee Schedules](#)

Accessible from the Indiana Medicaid Provider web page. Guides providers regarding PA requirement.

Provider Modules

[Provider Modules](#)

Found in the provider references section. Guides providers on requirements.

Forms

[Forms](#)

If prior authorization request requires forms to be submitted with request, they are located here.

Bulletins

[Bulletins](#)

Important Indiana Health Coverage Programs (IHCP) announcements are made in IHCP bulletins



Conclusion and Q&A

Thank you for your time and participation!

Provider Relations Assistance

INPriorAuthIssues@acentra.com

**Provider Education Website
(Acentra Health)**

[Training & Education - Indiana Medicaid FFS](#)

Acentra Health Customer Service:

Phone: 866-725-9991

Fax: 800-261-2774