Acentra HEALTH

Streamlining Prior Authorizations: Preventing Errors and Reducing Delays

2026 IHCP Works Annual Seminar

Wendy Fields

Today’s Discussion

Acentra Health & Prior Authorization

Setting Your Authorization Up for Success

Preventing Common Delays

Navigating The Review Process

After the Decision

Resources & Support

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A Vital, Trusted Partner

Acentra Health partners with the Family and Social Services Administration (FSSA) to support the delivery of appropriate, timely, and member-centered healthcare services across Indiana.

Our work includes utilization management across multiple service areas, as well as care coordination support for the Right Choices Program (RCP) and Traumatic Brain Injury (TBI) programs.



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Prior Authorization (PA)

Acentra Health provides authorization review for the following service areas for Fee-for-service (FFS) members.

Dental	Durable Medical Equipment	Home Health	Hospice	Inpatient & Outpatient Surgery
Inpatient Rehab & LTAC	Imaging & LAB	Inpatient Behavioral Health	Outpatient Behavioral Health	Occupational Therapy
Physical Therapy/ Chiropractic services	Physician Administered Drugs	Speech Therapy & Audiology	Transplant	Vision

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Prior Authorization Turn Around Times

Request Type	Review TAT	Can Be Pended	If Additional Information is needed
Standard PA request	7 Calendar Days	Yes	May pend for 7 calendar days
Concurrent Reviews	72 hours	Yes	May pend for 7 calendar days
Expedited PA request	72 hours	**No**	Decision made based on information available at time of review
Physician Administered Drugs (PAD) requests	24 hours	**No**	Decision made based on information available at time of review

Important: For standard PA requests and concurrent requests that are pended, the case may remain pended for up to 7 calendar days while awaiting additional information. Once the requested information is received, the review clock will start over.

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Before You Submit

These steps will help reduce unnecessary administrative burden.



Verify Eligibility

Ensure the member is eligible with Fee-For-Service coverage vs. managed care

Confirm PA Required

Check the IHCP fee schedule to ensure a prior authorization is required

Gather documents

Have all relevant clinical documentation with appropriate signatures ready to submit

Submit review

Submit a **complete** request for review

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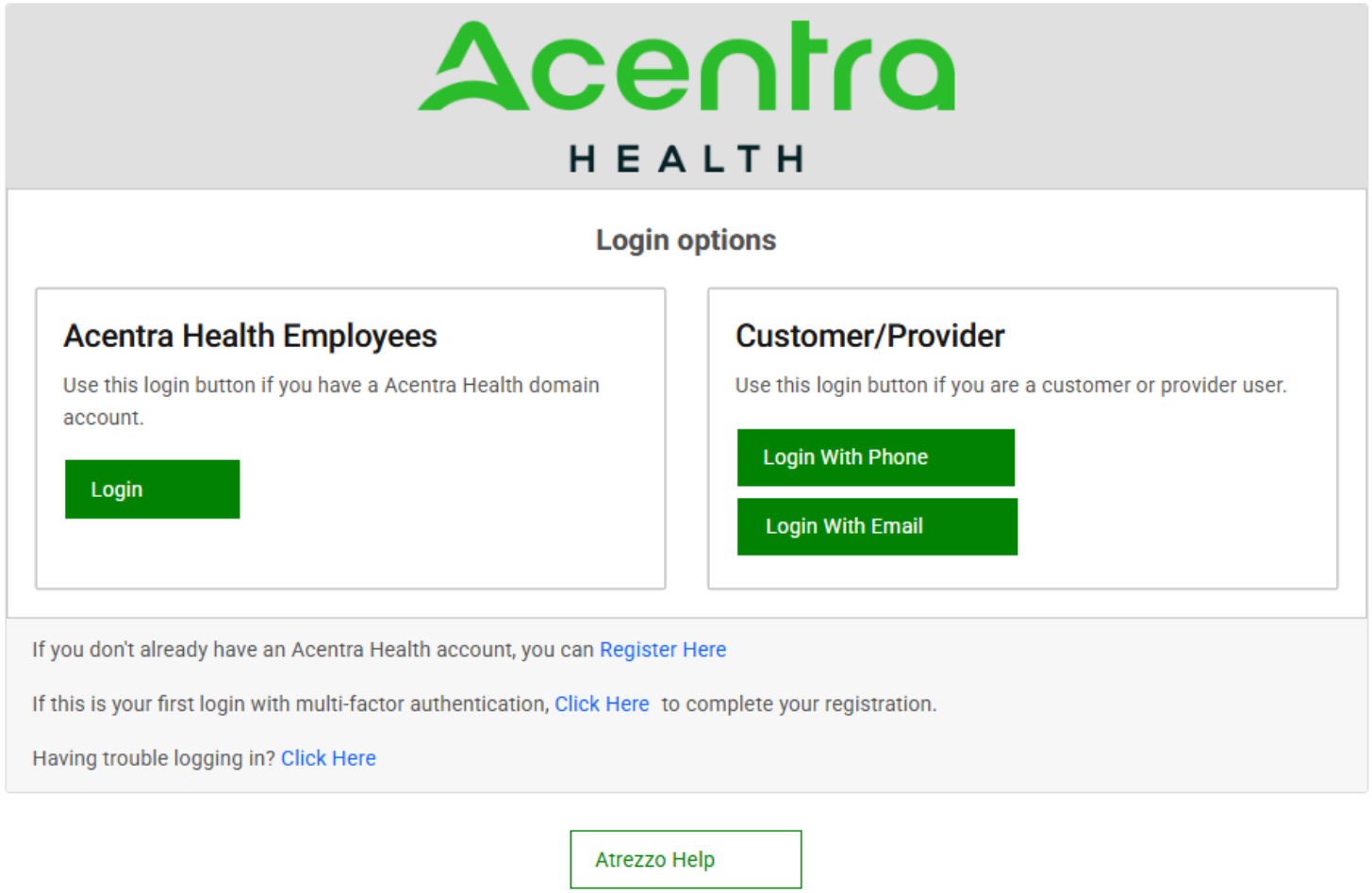
Prior Authorization Submission

Atrezzo, Acentra Health's provider portal is the preferred method for prior authorization submission.

- The portal is available 24 hours a day, 7 days a week.
- **Rules Driven Algorithms may offer instant authorization**
- Indiana Health Coverage Programs (IHCP) universal PA form is not required when utilizing the portal.



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Setting Your Authorization Up for Success

Submitting a complete authorization request

When submitting an authorization request, providers should ensure the request includes:

- Correct service, procedure, and diagnosis information, including requested units, frequency, and dates of service.
- Required FSSA forms, if applicable, or program specific documentation for the requested service.
- Relevant and Current clinical documentation that supports the request and demonstrates medical necessity.
- Supporting assessments, evaluations, treatment plans, progress notes, or other records required for services requested.
- Documentation that clearly supports the level, scope, frequency, and duration of services requested.

Remember: The clinical reviewer can only make a determination based on the information available with the request. Providing complete, relevant documentation at the time of submission helps facilitate an efficient and timely review.

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Required Forms

The required forms for the Indiana Health Coverage Programs (IHCP) can be found online Indiana Medicaid: Providers: Forms

HOSPICE

- Medicaid Hospice Election Form (State Form 48737)
- Hospice Physician Certification Form (State Form 48736)
- Hospice Plan of Care (State Form 48731)

Durable Medical Equipment

- Certificate of Medical Necessity for Oxygen
- Manufactured Suggested Retail Price (MSRP) for E1399 and K0108

Inpatient Substance Use Disorder (SUD)

- The Indiana Health Coverage Programs (IHCP) Initial Assessment Forms for SUD Treatment Admission

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Documentation that Supports Medical Necessity

- **Physician orders**
- **Clinical Notes**
- **Diagnostic results**
- **Therapy evaluations & treatment plan**
- **Relevant supporting records**

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Thorough documentation is key to ensuring a successful PA outcome.



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5 Common Submission Errors

- Missing signatures
- Missing clinical documentation
- Incorrect procedure codes
- Wrong vendor
- Failure to document medical necessity



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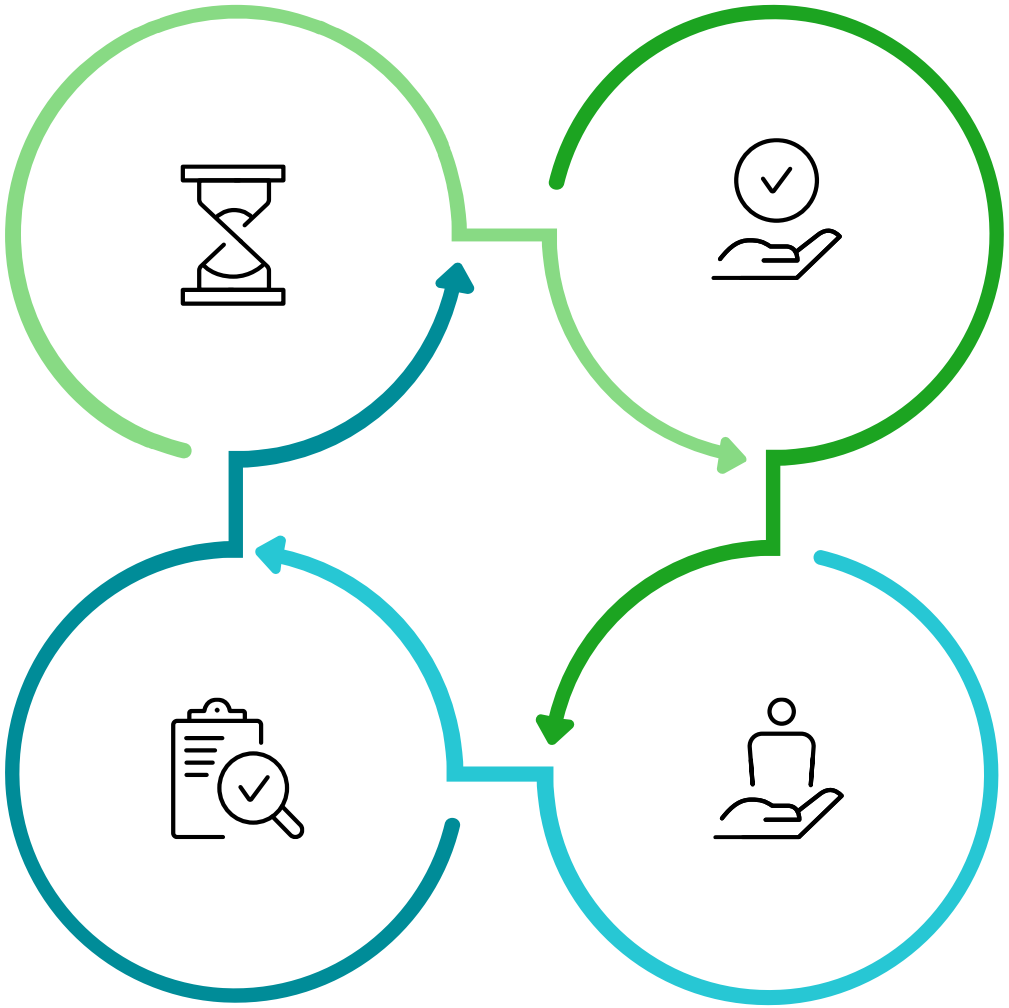
Why this Matters

Faster Decision

- Timely access to care

Fewer Administrative Denials

- Minimizes delays in care



Reduced Administrative Burden

- More time to focus on patient care

Better member outcome

- Right care at the right time

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Stay engaged

Monitor your case status frequently and respond to any additional information requests as soon as possible.



- Received by Acentra Health
- Includes clinical review, pend status or peer review.
- Determination has been made

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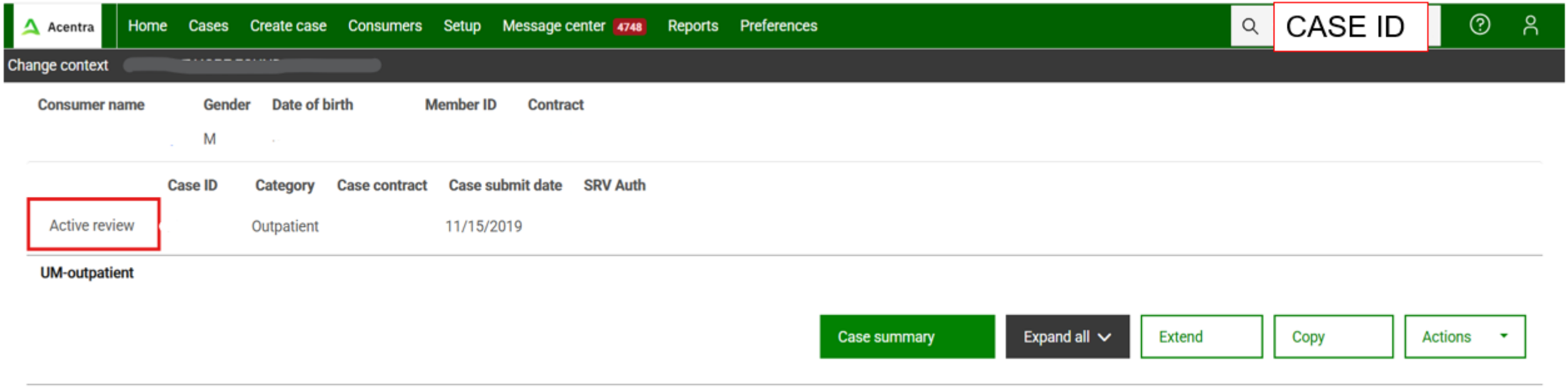
Checking Case Status by Case ID

Atrezzo is the quickest, most efficient way to submit and monitor cases.



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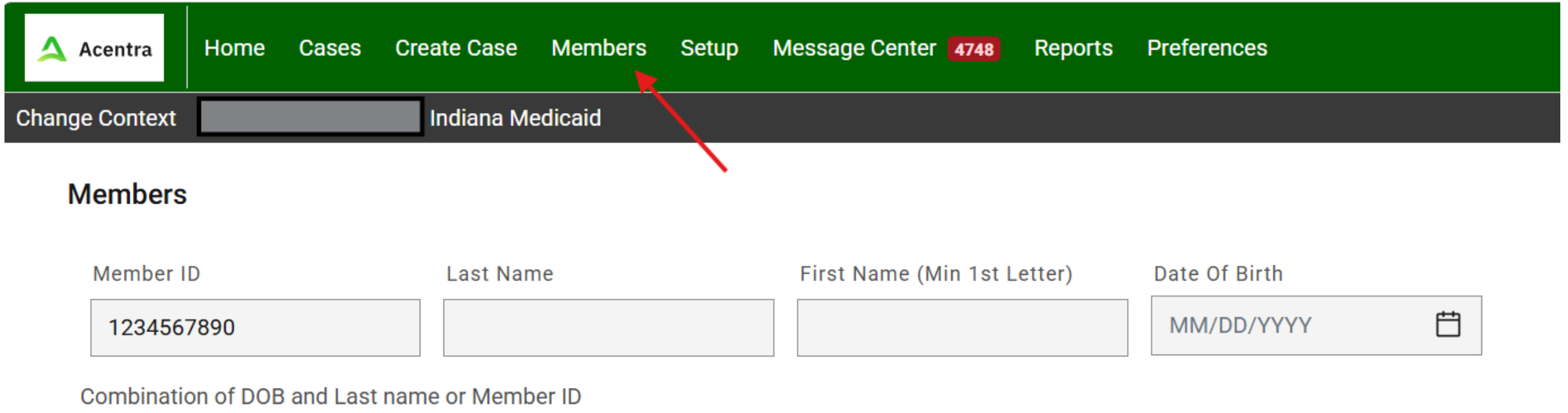
Checking Case Status by Consumer ID



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Checking Case Status by Consumer ID cont.

First Name	Last Name		Date Of Birth	SSN	Contract Member ID	Contract Name	City	State	County	Actions	Created By
Daffy	Duck	Details	12/30/2000		TEMP002272025101500000	Indiana Medicaid				View Eligibility	
DAFFY	DUCK	Details	03/23/1949		300213730999	Indiana Medicaid				View Eligibility	File

Case Details

Case/Program ID	Submitted/Created Date	Case Type	Contract	Submitting Provider	Status	Case Info	Completed/Closed Date
- Daffy Duck DOB: 12/30/2000 SSN: TEMP002272025101500000							
252880041	10/15/2025	UM	Indiana FSSA	UOFL HEALTH - PEACE HOSPITAL	Active Review	**Category** : Inpatient **No. of requests**: 1 **Service type**: 02-Inpatient Psychiatric **Service date range**: 10/15/2025 to 10/15/2025	
Case		UM	Indiana FSSA	UOFL HEALTH - PEACE HOSPITAL	Un-submitted	**Category** : Inpatient **No. of requests**: 1 **Service type**: 02-Inpatient Psychiatric **Service date range**: (No start) to (No end)	

Items Per Page 10 | 1 - 10 Of 2 Items

1 Of 1 Page(S)

Close

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Additional Information Requests (Pended Cases)

- A Clinical Reviewer may pend an authorization request when additional information or clarification is needed to complete the clinical review and determine whether the request meets applicable coverage and medical necessity criteria.
- This may include missing or incomplete clinical documentation, assessments, treatment plans, required forms, or details needed to support the requested service, frequency, duration, or level of care.

Responding to a pend request as quickly and completely as possible is important, as delays in receiving the requested information may impact service delivery and the ability to make a determination. A complete response helps move the review forward efficiently and supports timely access to medically necessary services for the member.

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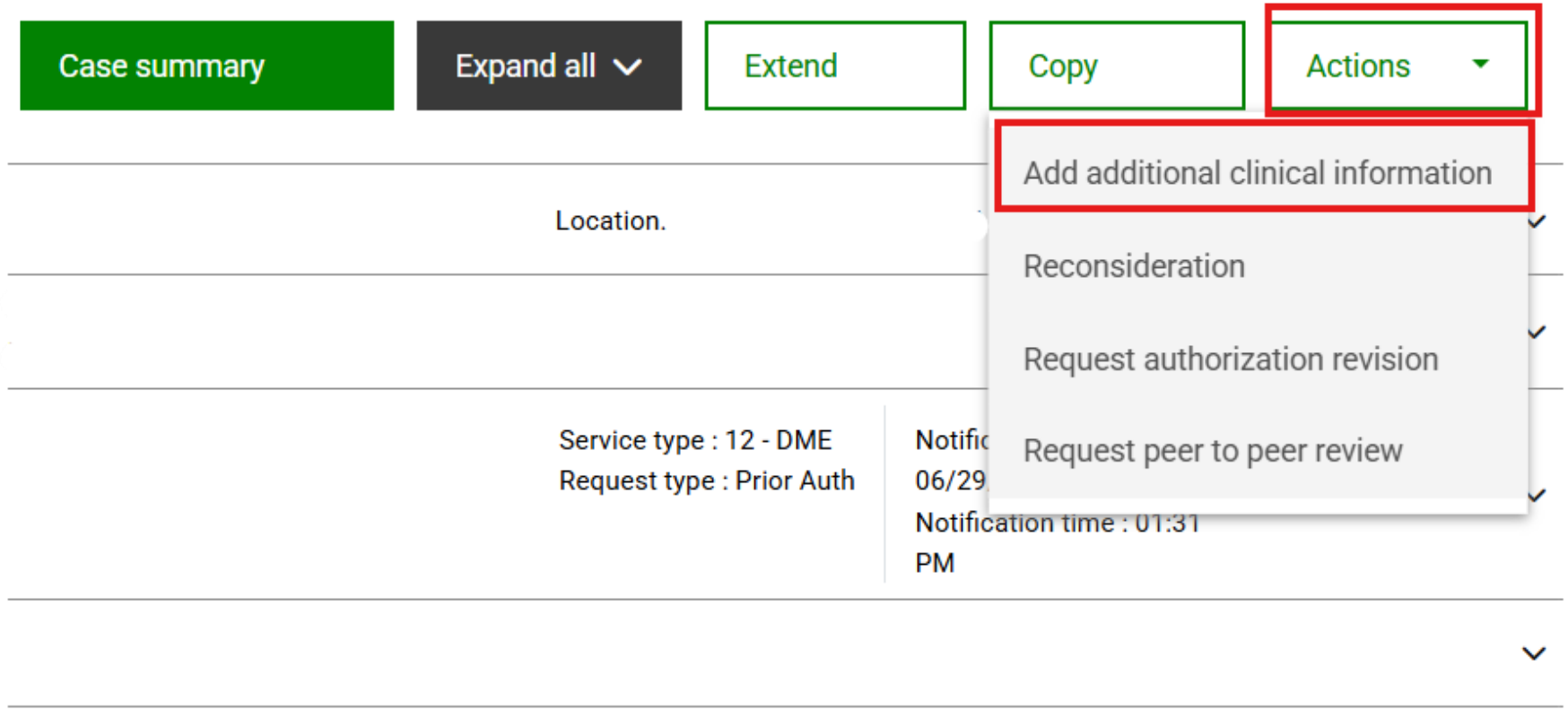
Responding to Additional Information

- Log into Atrezzo and open the pended case
- From the Action button, Select “Add Additional clinical information” in the drop down



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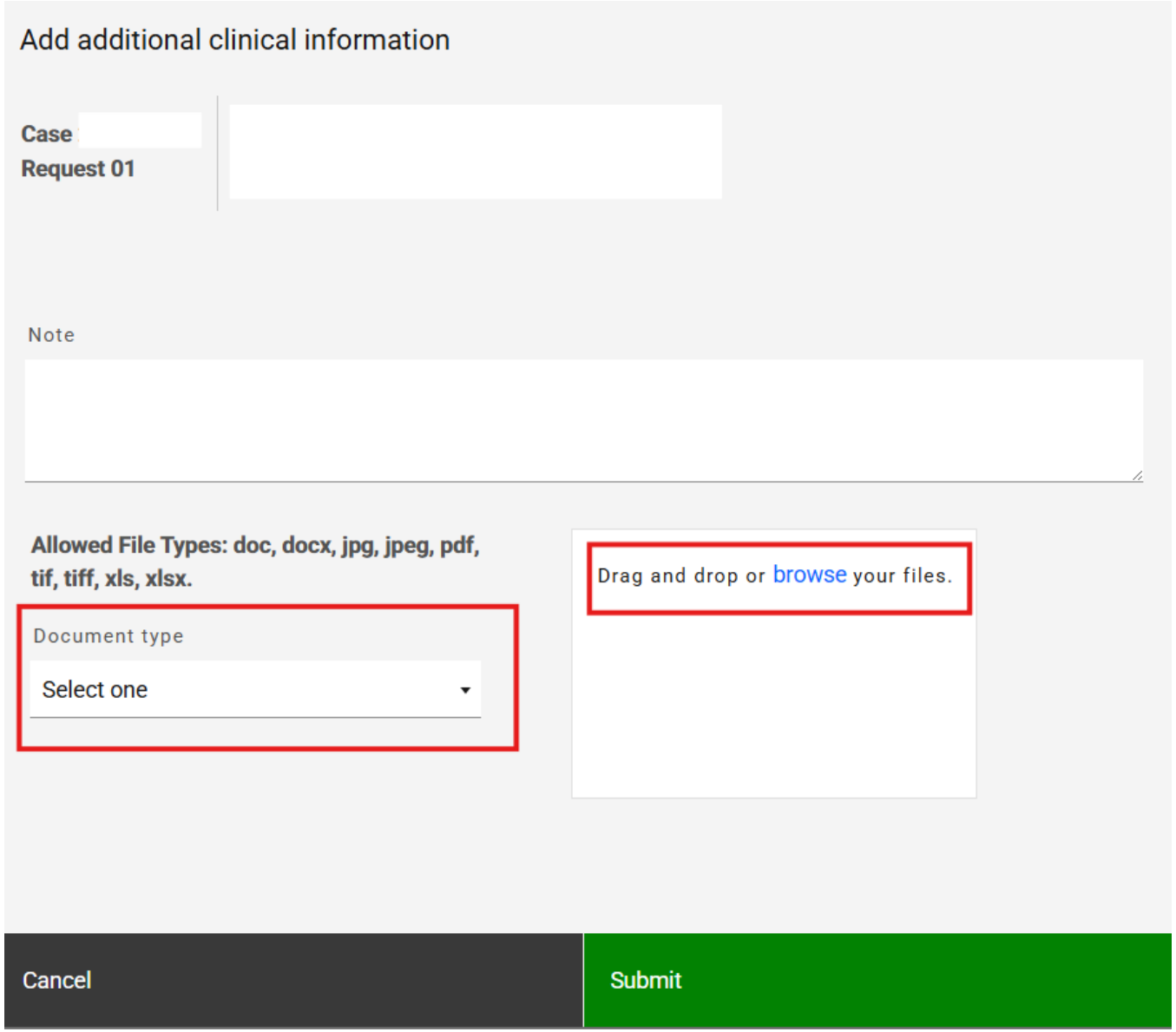
Uploading Additional Information

- Upload requested documentation as prompted
- Document type is required.
- Please note the only file types accepted are doc, docx, jpg, jpeg, pdf, tiff, tif, and xlsx.
- Only upload the requested documentation.
- **Please ensure the files you upload belong to the correct member to avoid a potential privacy breach**.



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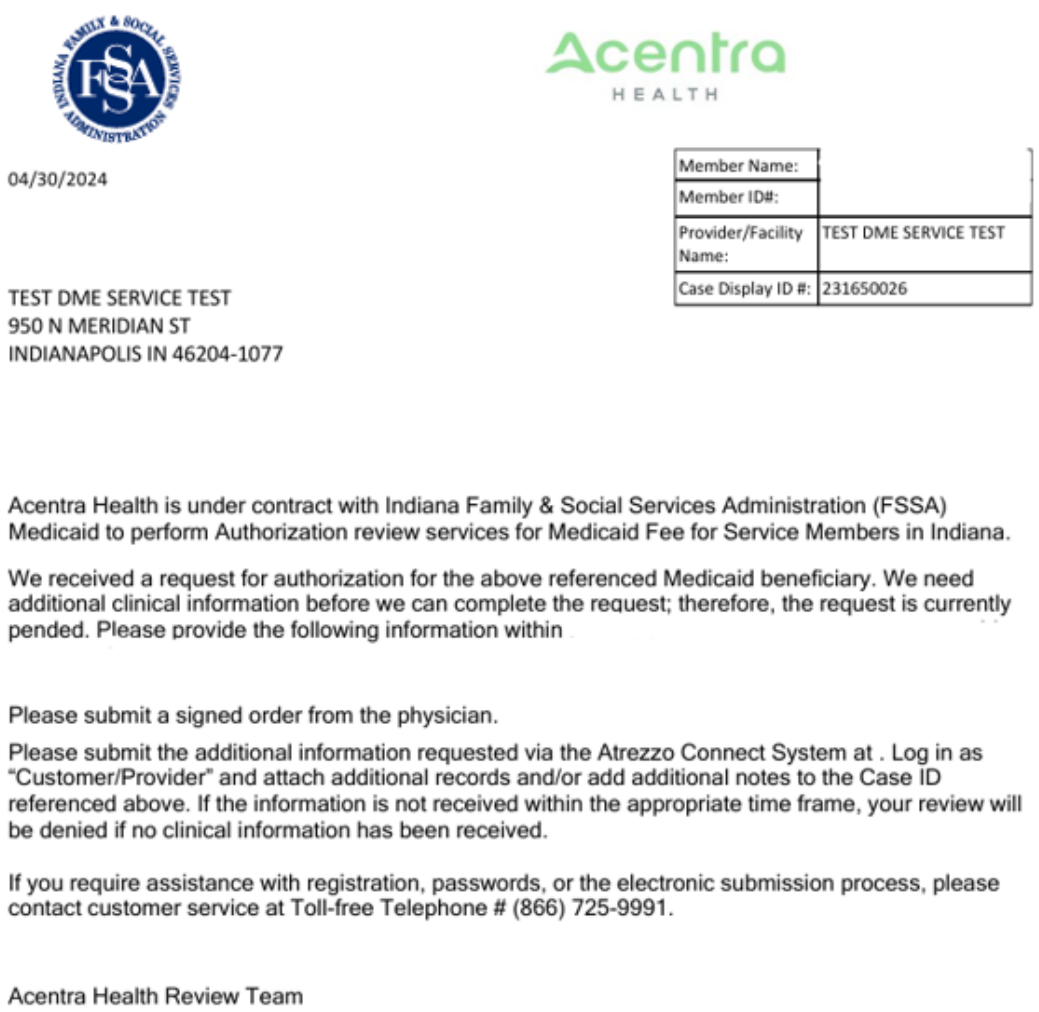
Letters

- A notice of action (NOA) letter is generated any time a case is pended for additional information, or a determination has been made.
- Letters are available 24 hours a day, 7 days a week in Atrezzo.



04/30/2024

Member Name:	
Member ID#:	
Provider/Facility Name:	TEST DME SERVICE TEST
Case Display ID #:	231650026

TEST DME SERVICE TEST
950 N MERIDIAN ST
INDIANAPOLIS IN 46204-1077

Acentra Health is under contract with Indiana Family & Social Services Administration (FSSA) Medicaid to perform Authorization review services for Medicaid Fee for Service Members in Indiana.

We received a request for authorization for the above referenced Medicaid beneficiary. We need additional clinical information before we can complete the request; therefore, the request is currently pended. Please provide the following information within

Please submit a signed order from the physician.

Please submit the additional information requested via the Atrezzo Connect System at . Log in as "Customer/Provider" and attach additional records and/or add additional notes to the Case ID referenced above. If the information is not received within the appropriate time frame, your review will be denied if no clinical information has been received.

If you require assistance with registration, passwords, or the electronic submission process, please contact customer service at Toll-free Telephone # (866) 725-9991.

Acentra Health Review Team

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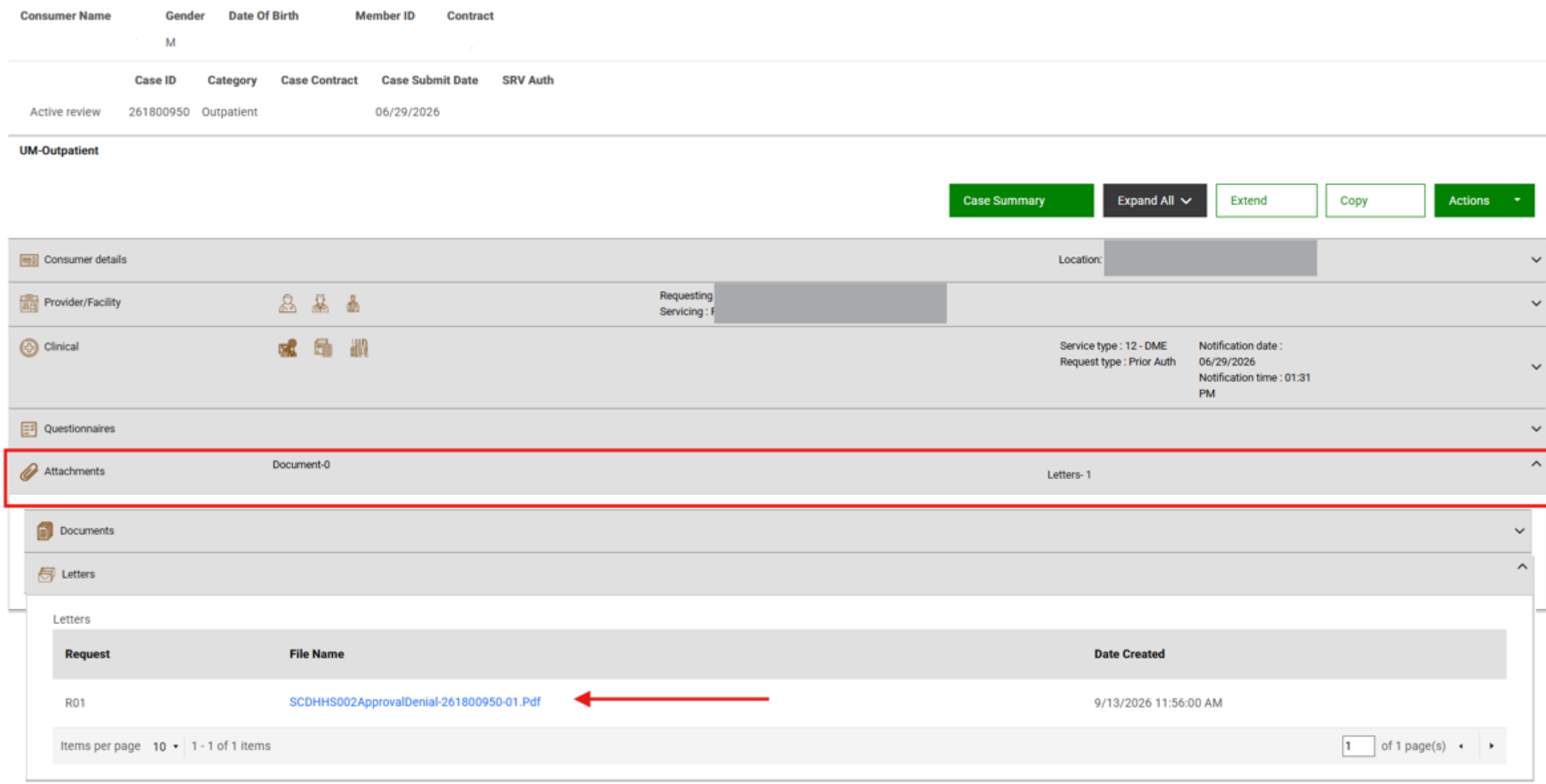

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10 Ways to Prevent Delays

- ❑ Verify eligibility
- ❑ Confirm PA is required
- ❑ Follow current policy
- ❑ Complete documentation, including correct signatures
- ❑ Submit required forms
- ❑ Monitor status
- ❑ Respond promptly
- ❑ Request administrative reviews timely
- ❑ Stay current on IHCP bulletins
- ❑ Reach out to Acentra Health for Assistance

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Denials - Provider Options



Administrative Review (reconsideration)

Providers may request an administrative review for a denied case.

Written request must be submitted within 7 business days of the denial or modification (partial approval).

Administrative review is required before an appeal may be requested.

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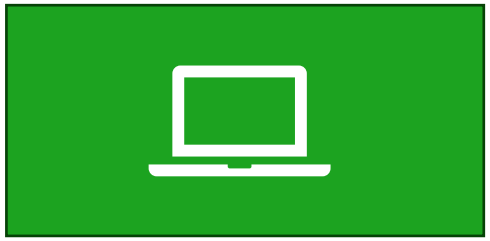
Submitting an Administrative Review (Reconsideration)

Administrative Review Request must be in writing



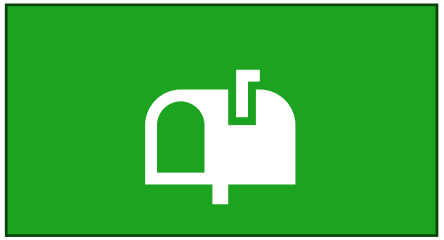
Atrezzo Portal

- Select *Reconsideration* from the Actions drop down menu
- Enter a note or upload supporting documentation with the request



Fax

- 800-261-2774
- Include any supporting documentation with the request



Mail

Mail the request to:

Acentra Health

6802 Paragon Place, Ste. 440

Richmond, VA, 23230

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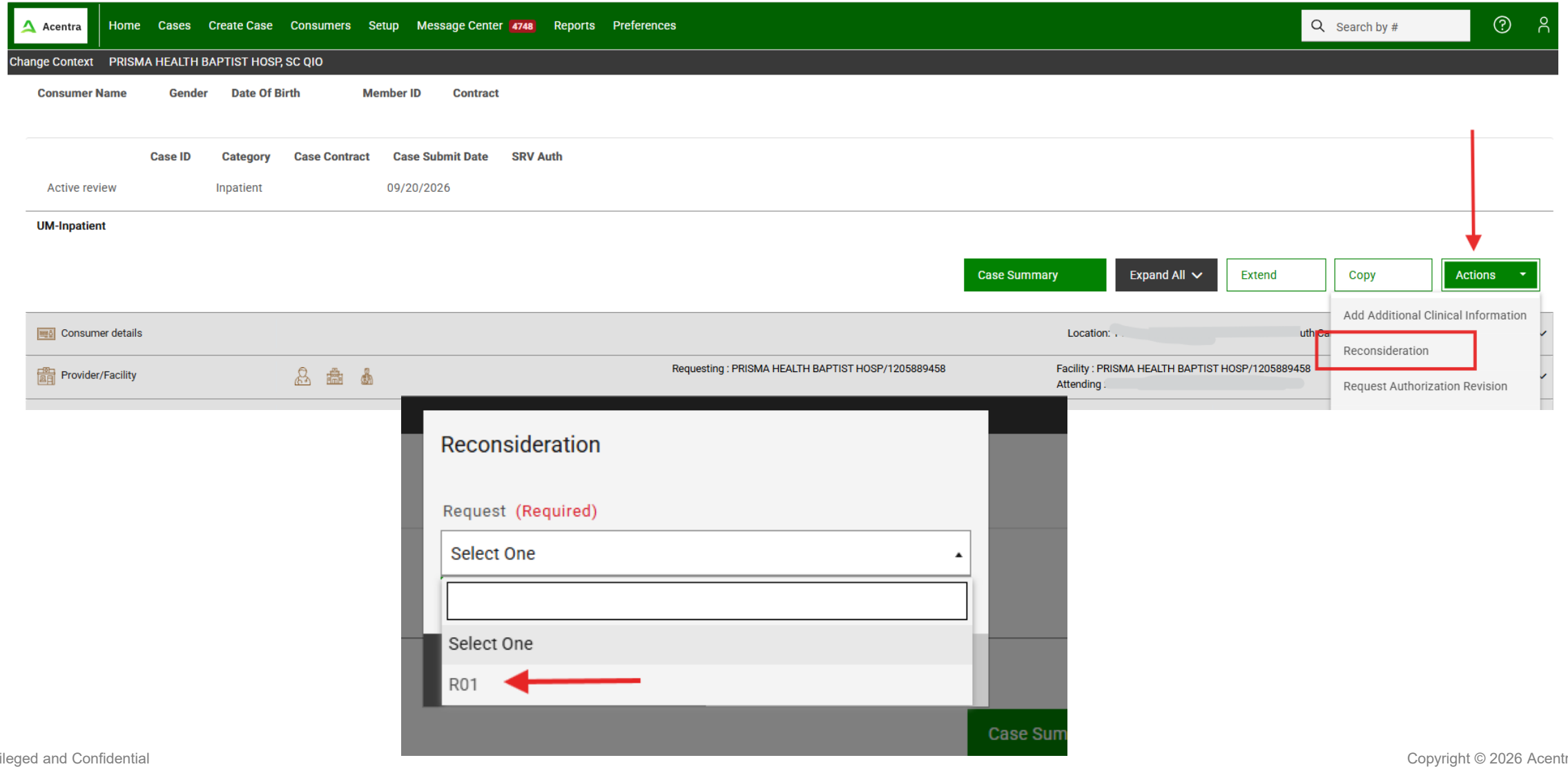
Administrative Review (Reconsideration)



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Appeals



- An appeal request may be submitted if an administrative review upholds an adverse determination.
- The appeal request must be in writing and submitted within thirty-three (33) calendar days of the administrative review decision.

Indiana Family & Social Services Administration
Office of Administrative Law Proceedings
100 N. Senate Ave. Room N802
Indianapolis, IN 46204

FSSA.appeals@oalp.in.gov

Fax: 317-232-4412

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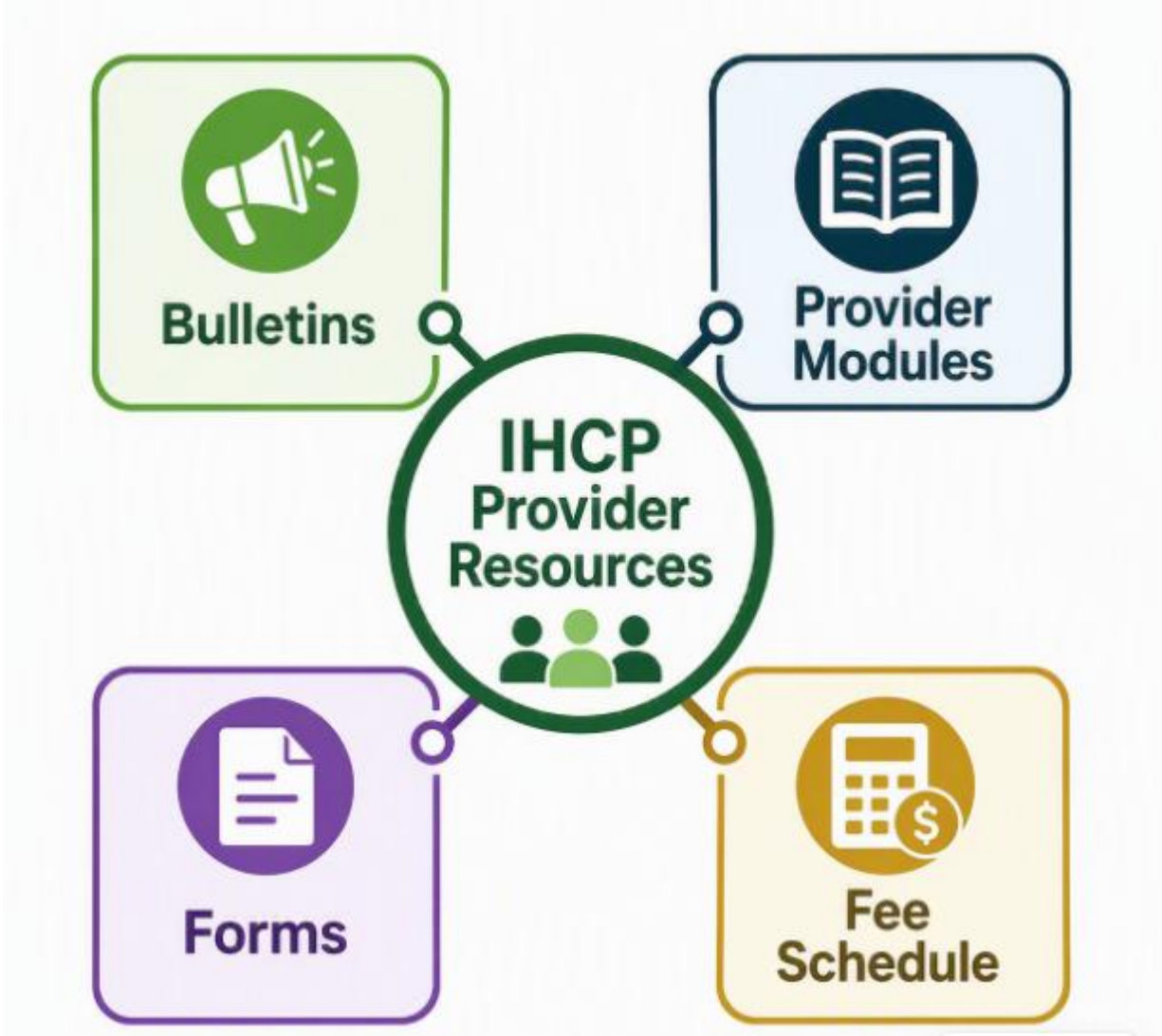
Resources

- IHCP Fee Schedules
- IHCP Provider Reference Modules
- Forms
- IHCP Bulletins



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Need Assistance?

We are here to support you!

Provider Relations Assistance:
INPriorAuthIssues@acentra.com

Provider Education Website:
https://inmedicaidffs.Acentra.com

Acentra Health Customer Service:
- Phone: 866-725-9991 M-F 8:00 am – 5:00 pm EST
(excludes holidays)
- Fax: 800-261-2774

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Accelerating
Better Outcomes

