



Prior authorization requests for Indiana Health Coverage Programs: Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

We are here to partner with you in providing the best care to our members.

In order to provide prompt response times for inpatient and outpatient prior authorization (PA) requests, please use the **Indiana Health Coverage Programs (IHCP) Universal Prior Authorization form** when faxing requests to Managed Health Services® (MHS). Be sure that the form is filled out completely to include ICD and CPT codes and place of service, and that any needed clinical supporting documentation is attached.

Turnaround time for PAs

Please do not delay care needed to emergently treat or stabilize our members while requesting authorization. Once MHS has received a complete authorization request, the following time frames apply to MHS' response:

- **Emergent requests**: symptoms suggesting an imminent life-threatening condition. PA is not required for emergency services; notification to MHS of services must occur within two business days of the date of service.
- **Urgent concurrent** (emergent inpatient admissions): determinations will be completed within 24 hours of receipt of request.
- **Preservice urgent**: a determination will be made within three business days or as quickly as the member's condition warrants.
 - An urgent request is for services where the situation warrants an expedited response, e.g., when a member is scheduled for discharge unexpectedly, treatment following stabilization of an emergency condition is needed, the member is in extreme pain or a delay in treatment may cause deterioration of the member's condition.
 - Urgent requests consistent with the examples above should be marked URGENT on the PA form.
 - NOTE: Providers will be informed if the request does not meet the definition of urgent, explaining that either additional information must be submitted to meet the urgent definition or that the request will be processed as nonurgent.
- **Preservice nonurgent** (e.g., elective procedure): a determination will be made within seven calendar days.

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Tips for submitting PA requests

- For preservice nonurgent requests, request a date span rather than a specific date.
- Repeat phone calls or faxes to check the status of a requested PA, or to ask for an expedited PA, slow down the rate at which PAs can be completed. Please refer to our turnaround times above.
 - o Note: requesting to speak to a supervisor or manager will not result in an expedited review.
- Please submit complete clinical information at the time of the request.
- Please include a contact name and number for us to request additional clinical information if needed.
- Please be sure to provide your fax number and a secure voice mailbox number, so we can communicate with you in a timely manner and comply with HIPAA regulations
- If you have faxed your request, please ensure that your PA request was faxed to the correct fax number and that you received a confirmation.

Services that require PA

Please check the MHS website to determine which procedures require authorization and where to fax the request.

Thank you for the service you provide to our members.

MHS prior authorization contact information

PAs (all products, including medical and behavioral health)	
Phone number	Fax number
1-877-647-4848	1-866-912-4245
Pharmacy	
HIP and Hoosier Care Connect	Hoosier Healthwise
1-855-772-7125	1-800-457-4584

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