



Prior Authorizations Deep Dive
Indiana PathWays for Aging
2026 IHCP Works Annual Seminar

Brittani Fox

Provider Engagement Professional

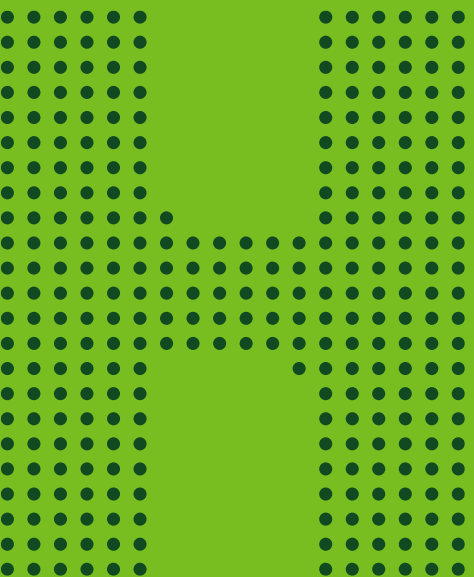


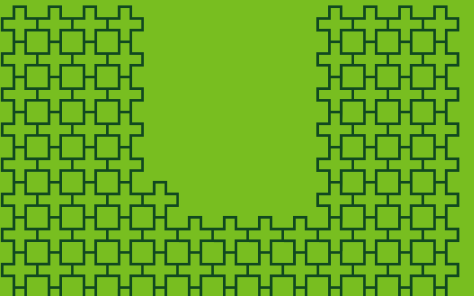
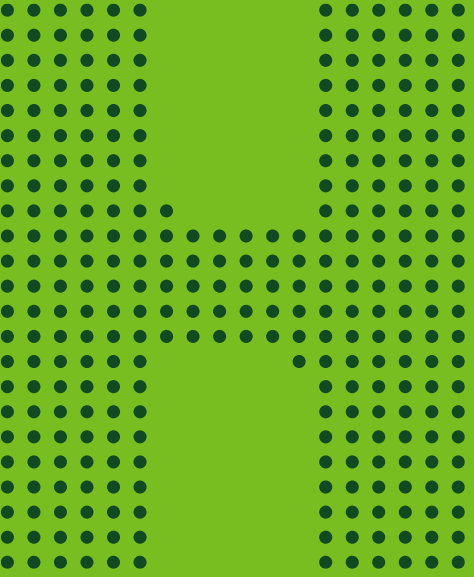
Mychelle Christian

Provider Engagement Professional



Agenda

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- 01 | Provider Engagement Teams
 - 02 | Service Authorizations
 - 03 | Prior Authorization Requests
 - 04 | Home Health and Hospice Processes
 - 05 | Resources and Additional Links
 - 06 | Q&A



Provider Engagement Teams

Humana Healthy Horizons in Indiana PathWAYS for Aging
Long-Term Services and Supports/Home and
Community-Based Services Provider Representatives Map

Region 1

INLTSSProviderRelations T1@humana.com
Katelynn Koedyker - (219) 296-8295

Katelynn Koedyker - (219) 296-8295

Region 2

INLTSSProviderRelations_T2@humana.com
Cierra Rich - (260) 298-4348

Cierra Rich - (260) 298-4348

Region 3

INLTSSProviderRelations T3@humana.com
Taylor Mitchell - (463) 265-2405
 D. Mitchell - (317) 377-2322

Taylor Mitchell - (463) 265-2405

Bria Steele - (317) 677-2693

Region 4

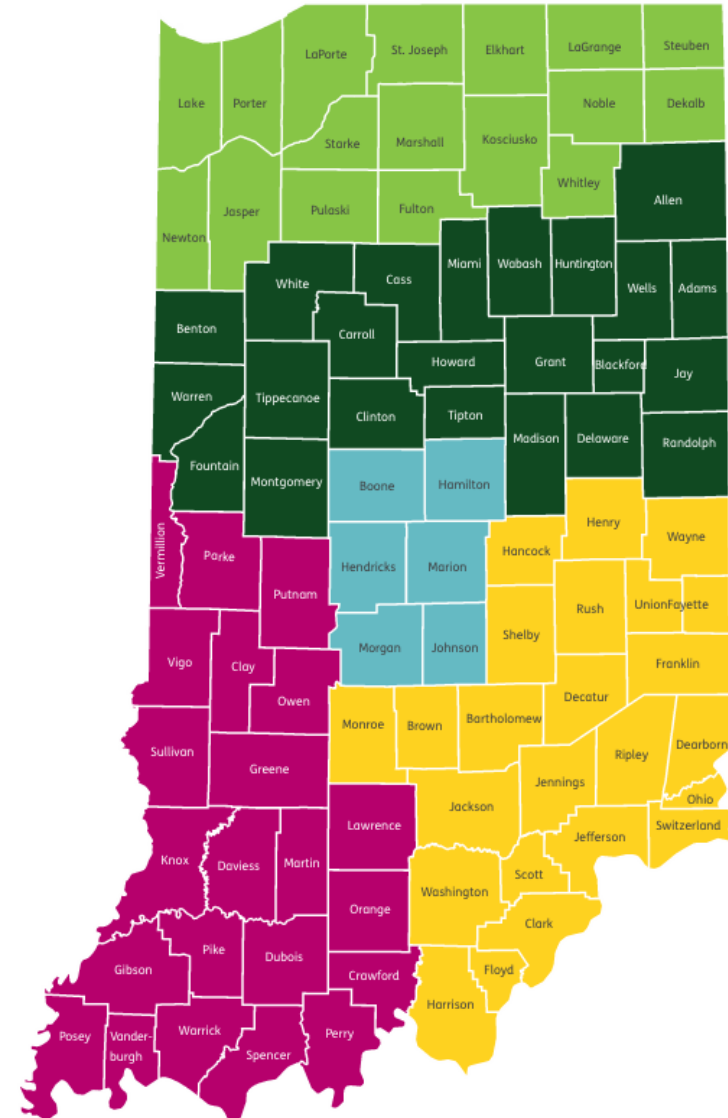
INLTSSProviderRelations T4@humana.com
Mark Eastridge - (812) 697-8583

Mark Eastridge - (812) 697-8583

Region 5

INLTSSProviderRelations_T5@humana.com
Kimberly Dunn - (812) 914-3104

Kimberly Dunn - (812) 914-3104



Humana Healthy Horizons in Indiana PathWays for Aging
Long-Term Services and Supports/Home and
Community-Based Services Provider Representatives Map

Skilled Nursing Facilities

INLTSSNursingFacilityAssistedLiving@humana.com
Jessie Iden - (574) 275-3573

Hospice

INLTSSAdultDayHospice@humana.com
Brittani Fox - (219) 216-5588

Assisted Living

INLTSSNursingFacilityAssistedLiving@humana.com
Jessie Iden - (574) 275-3573

Adult Day Services

INLTSSAdultDayHospice@humana.com
Kimberly Dunn - (812) 914-3104

**Attendant Care/Home and Community
Assistance**

INLTSSPersonalCareAttendant@humana.com
Cierra Rich - (260) 298-4348
Bria Steele - (317) 677- 2693

Humana Healthy Horizons in Indiana PathWays for Aging Behavioral Health, Physical Health, and Nursing Facility Provider Representatives Map

Region 1

INMedicaidProviderRelations T1@humana.com
Brittani Fox - (219) 216-5588

Region 2

INMedicaidProviderRelations T2@humana.com
Jelaina Hollingsworth - (346) 236-4261

Region 3

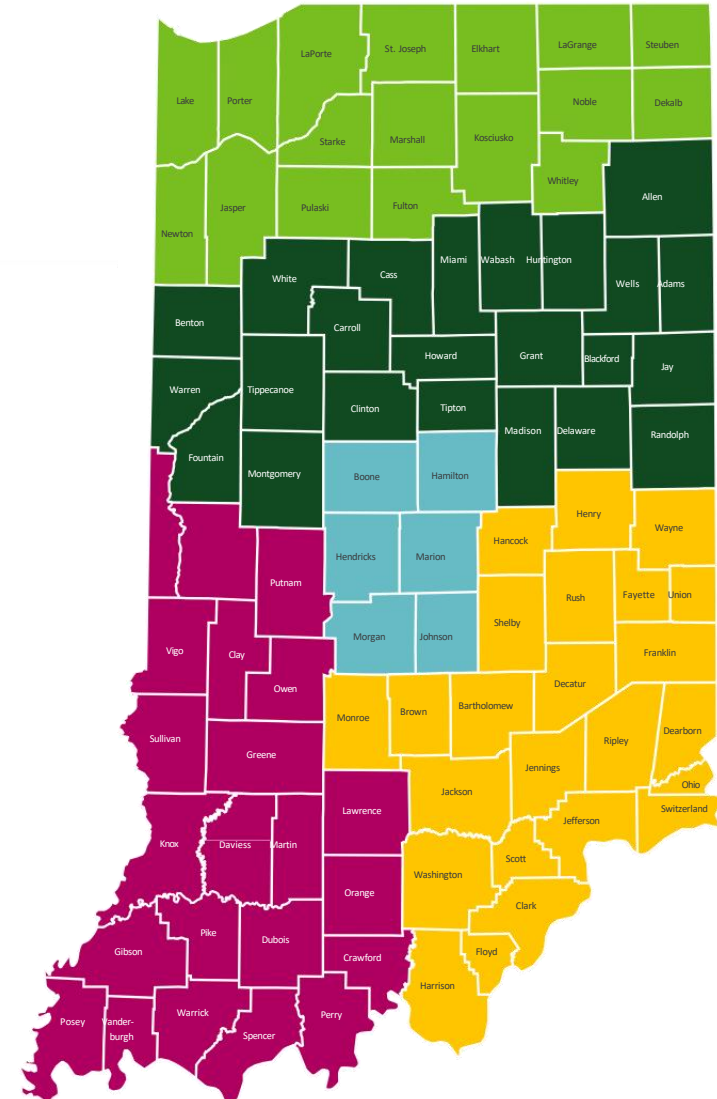
INMedicaidProviderRelations T3@humana.com
Jelaina Hollingsworth (346) 236-4261
Hannah Lummis (463)-324-6074

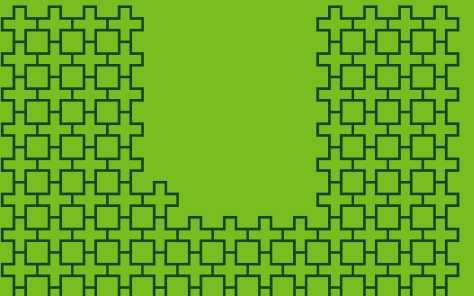
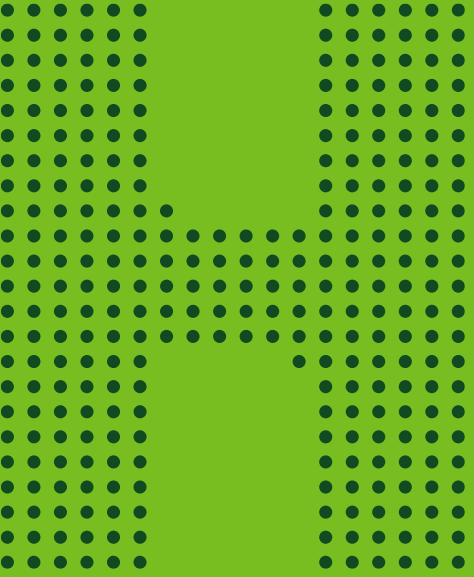
Region 4

INMedicaidProviderRelations T4@humana.com
Mychelle Christian (812) 204-9285

Region 5

INMedicaidProviderRelations T5@humana.com
Mychelle Christian (812) 204-9285





Service Authorizations

Care/Service Coordination: HCBS Providers

Home-Community Based Services Providers (HCBS): The member's service authorization, also known as the Notice of Action (NOA), is the approval for services to be delivered. Humana does not require providers to submit additional authorization requests for these services.

Authorizations are provided by the Service Coordinator as a part of the Person-Centered Planning process below:

- A Person-Centered Care and Service Plan (PCSP) is developed with the member in conjunction with the member's Interdisciplinary Care Team including the caregiver, providers, and Care and Service Coordinators.
- The PCSP is inclusive of authorized HCBS services. The Care/Service coordinator contacts the provider via phone to confirm availability to deliver the required care, and an approved service authorization is faxed.

Service Plan Authorization

A person-centered support plan is developed utilizing the person-centered service planning process for assisting members in gaining access to long term care services, as well as medical, social, housing, educational, and other services.

The member's service plan is the authorization for services to be delivered. Humana Healthy Horizons does not require providers to submit additional authorization requests for these services. The service plan is the authorization that outlines the full scope of wavier services for a member and is integrated into the member's overall individualized care plan.

Continuity of Care

To avoid disruptions in care and services as members transition between Managed Care Organizations (MCOs), Indiana Health Coverage Programs (IHCP) or other delivery systems and PathWays enrollment, we collaborate with our internal programs and external entities to achieve continuity of care and coordination of medically necessary healthcare services.

When we receive members from another MCO, fee-for-service (FFS) or commercial coverage, we will honor the previous care authorization for either the first 90 calendar days of enrollment or the remainder of the prior authorized dates or services, or until the approved service units are exhausted.

For HCBS level of care, we honor the care plan approved by the Family and Social Service Administration (FSSA) or previous MCO for 90 calendar days from the enrollment date or until all units are exhausted.

Care/Service Coordination: Access HealthEdge

- Providers can also log into HealthEdge within Availity to view the care plan and service authorizations through the following steps:
 - Log into [Availity](#) > select Payer Spaces > select Humana > select Resources > select "Indiana PathWays for Aging Care Coordination" (HealthEdge has an 'e-mail alerts' feature available towards the right of the homepage.)
 - Guidance for how to use HealthEdge is located under resources with the link titled "Indiana PathWays for Aging HealthEdge Healthcare Provider Training"
- Reassessment occurs annually or due to a trigger event (i.e., hospitalization, change in housing) to develop changes to the care and service plan and authorizations (see Chapter 9 of the [Indiana Provider Manual](#)).

HCBS Service Authorization Example



P.O. Box 740094
Louisville, KY 40201

08/26/2026

[REDACTED]

Mishawaka IN 46545

Provider Phone: [REDACTED]

Provider Fax: [REDACTED]

Member Name: [REDACTED]

Member Address: [REDACTED]

Member Phone: [REDACTED]

RID: [REDACTED]

Member Date of Birth: [REDACTED]

Reference Id: [REDACTED]

Notice of Action

Dear MISHAWAKA ILAL LLC,

Attached is the approved NOTICE OF ACTION for [REDACTED] who has selected you as a provider of the indicated services under Indiana PathWays for Aging. The summary included here provides you with information you will need for billing.

Before providing services, Providers must verify that the Member is eligible for Medicaid. The Member must be eligible for full Medicaid coverage under Indiana PathWays for Aging for the provider to receive payment.

If you have questions or concerns, please contact SANDRA TURNER's Care/Service coordinator, [REDACTED] NPathWaysLTSSUM@humana.com, 574-352-9417, or Provider Services 866-274-5888 (TTY: 711).

Important Provider Notice: the 21st Century Cures Act directs state Medicaid programs to require personal care services to use an electronic visit verification (EVV) system to document services rendered. The EVV mandate is effective January 1, 2021. For more information visit <https://www.in.gov/medicaid/providers/business-transactions/electronic-visit-verification/>.

Assisted Living - Level 3 Monthly - Funding source: Indiana PathWays for Aging										
Provider Name: [REDACTED]					Provider ID#: [REDACTED]					
Billing Code	Mod 1	Mod 2	Mod 3	Mod 4	Start Date	Stop Date	Unit Size	Unit Rate	# of Units	Current Cost
T2031	U3	U7	UA		09/01/2026	09/30/2026	Monthly	\$3,922.18	1	\$3,922.18
T2031	U3	U7	UA		10/01/2026	10/31/2026	Monthly	\$3,922.18	1	\$3,922.18
T2031	U3	U7	UA		11/01/2026	11/30/2026	Monthly	\$3,922.18	1	\$3,922.18
T2031	U3	U7	UA		12/01/2026	12/31/2026	Monthly	\$3,922.18	1	\$3,922.18
T2031	U3	U7	UA		01/01/2027	01/31/2027	Monthly	\$3,922.18	1	\$3,922.18
T2031	U3	U7	UA		02/01/2027	02/28/2027	Monthly	\$3,922.18	1	\$3,922.18
T2031	U3	U7	UA		03/01/2027	03/31/2027	Monthly	\$3,922.18	1	\$3,922.18
T2031	U3	U7	UA		04/01/2027	04/30/2027	Monthly	\$3,922.18	1	\$3,922.18
T2031	U3	U7	UA		05/01/2027	05/31/2027	Monthly	\$3,922.18	1	\$3,922.18
T2031	U3	U7	UA		06/01/2027	06/30/2027	Monthly	\$3,922.18	1	\$3,922.18
T2031	U3	U7	UA		07/01/2027	07/31/2027	Monthly	\$3,922.18	1	\$3,922.18
T2031	U3	U7	UA		08/01/2027	08/31/2027	Monthly	\$3,922.18	1	\$3,922.18

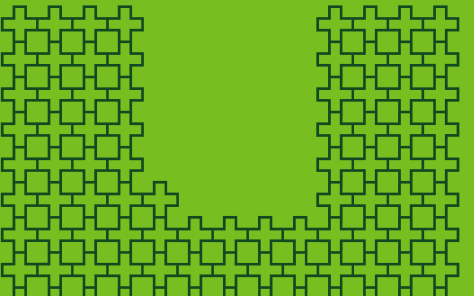
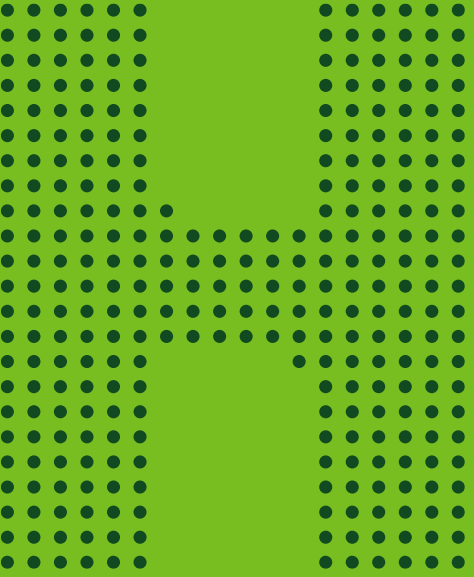
If you have questions, please call us Monday through Friday from 8 a.m. to 8 p.m. Eastern time toll-free at:
Member Helpline 866-274-5888 (TTY 711).

Sincerely,

[REDACTED]

Care/Service Coordinator
574-352-9417

Humana Healthy Horizons® for Indiana PathWays for Aging



Prior Authorization Requests

Prior Authorization: Ways to Request Prior Authorization

To request prior authorization for services

- Online via [Availity Essentials](#). Registration is required, and online prior authorization requests are encouraged.

By calling our Authorization Intake Team at: 800-555-2546, Monday - Friday 8am -8pm EST

- By emailing IN_MCD_Intake@humana.com
- Fax [IHCP Universal Prior Authorization Request Form](#) to:
 - **502-324-6376** For **Medicaid only** members for physical health and behavioral health authorizations
 - **502-405-5020** For **dual eligible** members for physician health and behavioral health authorizations
- Prior Authorization Search Tool available on our provider website Humana.com/PAL - [Prior Authorization Search Tool for Providers | Humana](#)

Prior Authorization Request Form

Indiana Health Coverage Programs Prior Authorization Request Form

Select the radio button of the entity that must authorize the service. (For managed care, check the member's plan, unless the service is carved out [delivered as fee-for-service].)

Fee-for-Service	☐ Acentra Health	P: 866-725-9991	F: 800-261-2774
Hoosier Healthwise	☐ Anthem Hoosier Healthwise	P: 866-408-6132	F: 866-406-2803
	☐ CareSource Hoosier Healthwise	P: 844-607-2831	F: 844-432-8924
	☐ MHS Hoosier Healthwise	P: 877-647-4848	F: 866-912-4245
Healthy Indiana Plan (HIP)	☐ Anthem HIP	P: 844-533-1995	F: 866-406-2803
	☐ CareSource HIP	P: 844-607-2831	F: 844-432-8924
	☐ MHS HIP	P: 877-647-4848	F: 866-912-4245
Hoosier Care Connect	☐ Anthem Hoosier Care Connect	P: 844-284-1798	F: 866-406-2803
	☐ MHS Hoosier Care Connect	P: 877-647-4848	F: 866-912-4245
	☐ UnitedHealthcare	P: 877-610-9785	F: 844-897-6514
Indiana PathWays for Aging	☐ Anthem PathWays	P: 844-284-1798	F: 866-406-2803
	☐ Humana PathWays	P: 866-274-5888	F: 502-324-6376
	☐ UnitedHealthcare PathWays	P: 877-610-9785	F: 844-897-6514

Please complete all appropriate fields.

Patient Information	
IHCP Member ID:	
Date of Birth:	

Requesting Provider Information	
Requesting Provider NPI/Provider ID:	
Taxonomy:	

Locate the form here: [IHCP Universal Prior Authorization Request Form](#) or the IHCP Provider website.

Prior Authorization: Timeframes

Standard Timeframes

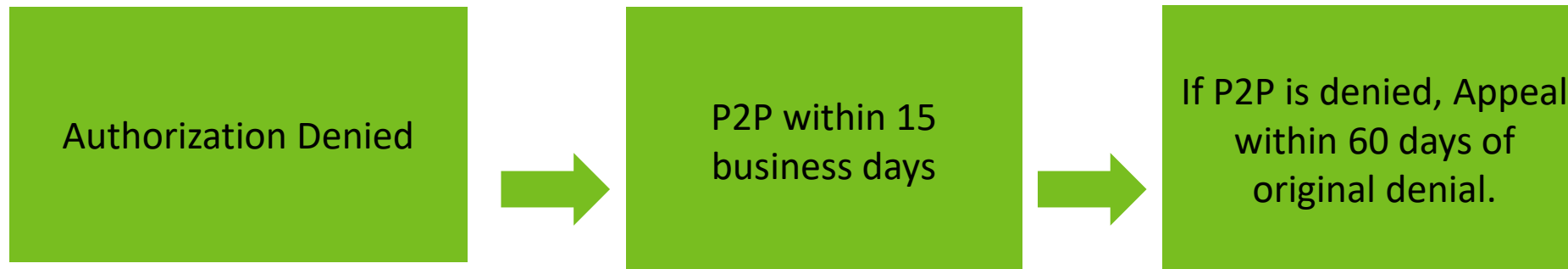
Standard Authorizations	Concurrent Authorizations	Expedited Authorizations
5 Business Days	48 hours	48 hours

Humana provides a notification of decision within the allotted timeframe for each authorization type following **receipt** of the request of service.

If Humana fails to respond to a Prior Authorization (PA) request within **the allotted timeframe** of receiving the necessary documentation, the authorization is considered administratively approved.

If the authorization is denied, the provider has **15 business days** to request a peer-to-peer (P2P) review from the date of the denial.

If the P2P was not in the provider's favor, the provider and member have 60 calendar days to file an appeal from the date of the original denial on the notice of the decision letter.



Prior Authorization: Peer-To-Peer Consultations

Providers may request a peer-to-peer (P2P) consultation when Humana Healthy Horizons denies a prior authorization request.

To request a P2P discussion with a Humana Healthy Horizons provider reviewer:

- Email: INMCDP2PRequest@humana.com
- Fax: 502-324-6376
- Calling Member Services at 866-274-5888 (TTY: 711) M-F 8 a.m. to 8 p.m. EST.

Please note: The P2P request must be made within 15 business days of the determination.

Prior Authorization: How To Appeal

Appeals may be requested if Humana Healthy Horizons denies a prior authorization request. A provider, acting on behalf of the PathWays member, and with the member's written consent, may file an appeal. Appeals must be filed within 60 calendar days of the date of the adverse benefit determination notice.

Appeals can be filed by:

- Calling Member Services at 866-274-5888 (TTY: 711) M-F 8 a.m. to 8 p.m. EST
- Filling out the standard appeal form.
- Writing a letter that includes the following information:
 - Member name
 - Member identification number from the front of the member's Humana Healthy Horizons PathWays ID card
 - Member address and phone number
 - All information that will help explain the appeal
- Mail the form or letter to:
Humana Healthy Horizons in Indiana Grievance and Appeal Department
P.O. Box 14169
Lexington, KY 40512-4169
- Fax the form or letter to 800-949-2961

Prior Authorization: Appeals Resources

Humana Healthy Horizons acknowledges receipt of the appeal within two calendar days of the day we received the appeal. If we extend the time frame for the appeal, we make reasonable efforts to provide a prompt oral notice of the delay. We also send written notice of the reason for the decision to extend the time frame. We also inform the member of the right to file a grievance if there is disagreement with that decision.

Information on appeals can be found at:

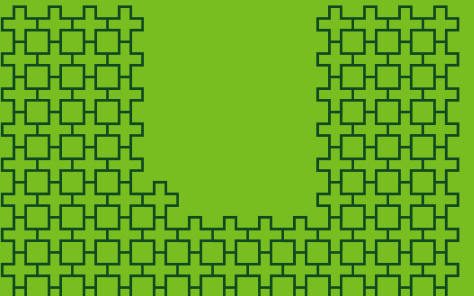
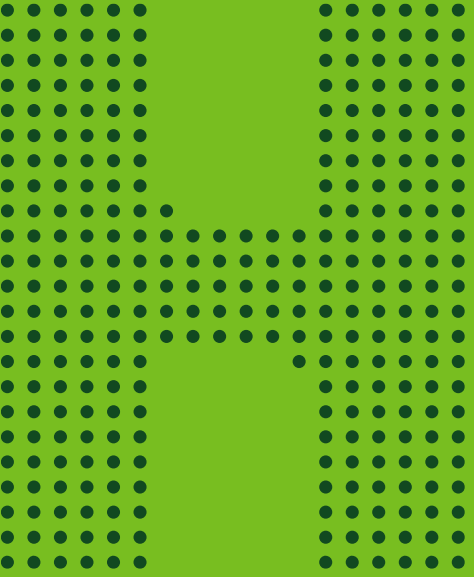
- [Prior Authorization - Indiana Medicaid for Providers | Humana](#)
- [Indiana Provider Manual](#)
- [Humana Medical Service Appeal Request Form](#)

Prior Authorization: Claims

Reason for Claim Denials

- Failed to request prior authorization
- Prior authorization days/units does not align with claim submitted
- Prior authorization received but provider is not IHCP certified to render the services
 - Note: Please check IHCP certification





Home Health and Hospice Processes

Home Health Process: New Request

To request for home health service (**99600**) for a member, Home Health providers must submit:

- A **signed copy** of the plan of treatment that was developed by the qualified treating practitioner and is **current through** the date of request per guidance in IHCP bulletin [BT202525](#)
- **Progress notes** regarding the medical necessity, effectiveness, and goals of therapy services, goals, mental status, types of services and equipment required, frequency of visits, the start of care date, prognosis, activities permitted, medications and treatments, safety measures to protect member, instructions for timely discharge or referral, and documentation of the face-to-face encounter with the treating practitioner. The provider must also include any HCBS services the member is already receiving.
- A **completed** Indiana Health Coverage Programs (**IHCP**) **prior authorization request form** located here: [Indiana Health Coverage Programs Prior Authorization Request Form](#)

All forms must be complete, legible and sent via:

- Electronically at www.Availity.com
- Fax to 502-324-6376 for Medicaid members or 502-405-5020 for dual eligible members

Hospice: Notification Process

Hospice Service

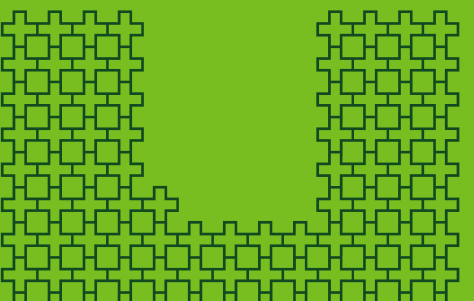
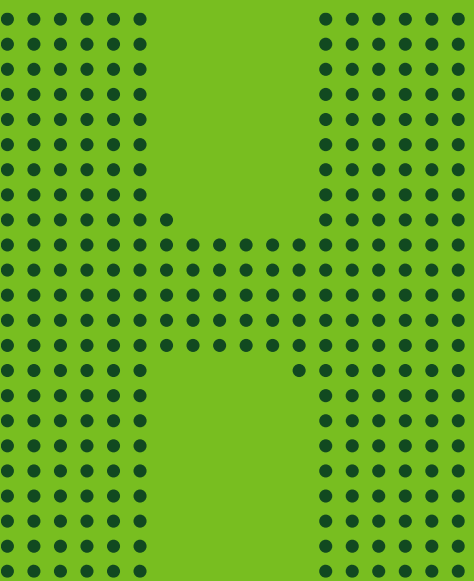
Humana Healthy Horizons requires notification within 10 calendar days from the date of hospice election or the start date of a hospice benefit period for members who reside in a nursing facility and have elected to use the hospice benefit. When notifying us, please submit:

- A complete Indiana Health Coverage Programs (IHCP) prior authorization request form located here: [Indiana Health Coverage Programs Prior Authorization Request Form](#)
- Hospice election form located here: [Indiana Medicaid: Providers: Hospice Forms](#)
- Dually Eligible Form located here: [Indiana Medicaid: Providers: Hospice Forms](#)
- Nursing facility National Provider Identification (NPI) number and tax ID (nursing facility information can be written under the signature line)
- Revenue Codes for Hospice Billing: [Hospice Services Codes](#)

All forms must be complete, legible, and sent via:

- Electronically at www.Availity.com
- Fax to 502-324-6376 for Medicaid members or 502-405-5020 for dual eligible members

A receipt of the notification will be provided to the requesting provider.



Resources

Care/Service Coordination Resources

Care Coordinator Mailbox:

- INPathwaysCareManagement@humana.com

Service Coordinator Mailbox:

- INPathWaysLTSSUM@humana.com
- Provider Engagement General Mailbox:
- INMedicaidProviderRelations@Humana.com

Link to Provider Resource:

- [Indiana Medicaid: Provider Information and Materials](#)
- [Prior Authorization Search Tool](#)

Humana Alerts for News and Announcements



Sign up for news, announcements and alerts

Provider/organization name *

Tax identification number (TIN) *

Email *

Submit → [Clear](#)

A green-bordered box containing the title "Sign up for news, announcements and alerts", three input fields for "Provider/organization name", "Tax identification number (TIN)", and "Email", and two buttons: "Submit →" and "[Clear](#)".

Register Here: [Sign up for news, announcements, and alerts | Indiana Medicaid Providers](#)



Please take a few minutes to complete the event and session evaluations!



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