

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024104 JULY 2, 2024

IHCP provides further guidance on the emergency detention order prior authorization process

The Indiana Health Coverage Programs (IHCP) is providing further guidance regarding the information contained in *IHCP Bulletin BT202468* concerning *House Enrolled Act 1216 (HEA 1216)* for IHCP members during an emergency detention order (EDO) under *Indiana Code IC 12-26-5-11*.



Providers submitting prior authorization (PA) requests for members under an EDO are expected to submit the following documents with the required signatures:

- *Application for Emergency Detention of Mentally Ill & Dangerously or Gravely Disabled Person* (State Form 52744) and accompanying physician's signature and statement. The application form can be downloaded from the *Prior Authorization (Nonpharmacy)* section of the [Forms](#) page at in.gov/medicaid/providers.
- EDO information, including EDO commitment paperwork with copies of the court order and final hearing date and discharge date when that information becomes available
- Clinical information (*Note: The member's managed care entity (MCE) or fee-for-service (FFS) PA contractor has the right to request any needed clinical information not supplied by the provider for quality audit purposes, clinical utilization review, and case management or care coordination purposes.*)

Providers may contact the member's MCE for questions and concerns, or to relay pertinent information about the member's EDO. Providers with members in FFS Medicaid should contact Acentra Health at 866-725-9991.

QUESTIONS?

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

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