

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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## IHCP to comply with CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) Jan. 1, 2026

Several components of the Centers for Medicare & Medicaid Services (CMS) Interoperability and Prior Authorization Rule (CMS-0057-F) become effective Jan. 1, 2026. This rule is designed to streamline prior authorization (PA) processes for those receiving Medicaid benefits as well as to improve the exchange of health information among Medicaid members, providers and payers.

Effective Jan. 1, 2026, the Indiana Health Coverage Programs (IHCP) fee-for-service (FFS) prior authorization and utilization management (PA-UM) contractor, Acentra Health, and IHCP providers will have updated guidelines regarding PA decisions and additional information submissions. This applies to PA requests for items and services, excluding drugs, as defined in *Code of Federal Regulations 42 CFR 421.60(b)(6)*. Pharmacy PA request decisions are still made within 24 hours of request, in accordance with *42 CFR 1396r-8(c)(5)(A)*.

Acentra Health will continue to be required to make a PA decision within seven calendar days of the initial standard PA request. The time may be extended up to an additional seven calendar days if one of the following occurs:

- The member or submitting provider requests an extension.
- Acentra Health determines more information is needed and requests that information from the provider.

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.

FFS providers are encouraged to watch for email reminders from Acentra Health in the upcoming weeks.



### QUESTIONS?

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