IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026142 AUGUST 25, 2026

Acentra Health announces PA submission enhancement in the Atrezzo Provider Portal

Acentra Health is pleased to announce an enhancement to the prior authorization (PA) request submission process for the Indiana Health Coverage Programs (IHCP) fee-for-service (FFS) population. Effective Sept. 1, 2026, providers submitting PA requests through the Atrezzo Provider Portal will have the option to use integrated InterQual criteria for applicable services during the authorization submission process.

This enhancement is designed to support more complete submissions and improve the efficiency of the PA process by guiding providers through the clinical information and documentation commonly needed to support medical necessity review. It also provides greater transparency into the clinical review process and can help providers identify whether additional clinical information may be needed before submitting a request.

Use of the integrated InterQual workflow is entirely voluntary. Providers may continue to submit FFS PA requests through existing submission processes without completing the integrated InterQual review.

InterQual is available as a nationally recognized clinical decision support resource for all service types handled by Acentra Health *except* dental, physician-administered drug (PAD), traumatic brain injury (TBI) and transportation. When submitting a PA request for a service for which InterQual offers guidelines, providers may elect to access and complete the integrated InterQual review workflow within the Atrezzo Provider Portal to support a more complete PA submission.

Providers should keep the following in mind:

- Completion of the InterQual criteria does not guarantee approval of a PA request.
- The result generated through the integrated InterQual workflow does not independently determine the final authorization decision.
- All PA requests will continue to be reviewed in accordance with applicable state requirements, coverage policies, Indiana Medicaid's clinical review hierarchy and approved medical necessity criteria.

As outlined in Indiana Medicaid’s established clinical review hierarchy and governing requirements, the IHCP does not use InterQual criteria for all services. Depending on the service requested, the medical necessity review may instead be based on another accepted source higher in the hierarchy, such as the applicable provider reference module or *Indiana Administrative Code (IAC)* requirements.

The integrated InterQual workflow is intended to provide additional information and guidance during the submission process, helping providers better understand the clinical information generally needed to support medical necessity review and improve the completeness of PA submissions.

Training resources

To help providers become familiar with this new functionality, training materials will be available on the Acentra Health *Provider Education & Training* webpage at inmedicaidffs.acentra.com.

Providers are encouraged to review these resources and take advantage of available educational opportunities before implementation.

For more information

For questions regarding FFS PA submissions or use of the Atrezzo Provider Portal, please contact Acentra Health Customer Service at 866-725-9991.

Thank you for your partnership and continued dedication to serving Indiana Medicaid members.

QUESTIONS

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

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