

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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Update to prior authorization process: Peer-to-peer reviews ending Nov. 1, 2026

The Indiana Health Coverage Programs (IHCP) is announcing that beginning Nov. 1, 2026, requests for fee-for-service (Traditional Medicaid) peer-to-peer reviews will no longer be offered for prior authorization (PA) requests. All authorization determinations will be completed through the administrative review and appeal processes. Peer-to-peer review scheduling will end effective Oct. 31, 2026.

This update does not affect existing provider administrative review or appeal processes, which will continue following current policies and timelines. Providers should update their internal workflows and communications to reflect the removal of peer-to-peer review options and inform their staff of this change. This change also does not affect the appeal process for members.



Providers should continue to reference IHCP provider reference modules, IHCP bulletins and Provider Relations communications for guidance related to authorization processes. In addition, previously announced in [IHCP Bulletin BT2026142](#), Acentra Health now incorporates InterQual® (IQ) criteria functionality into the authorization submission workflow for applicable service types. This enhancement improves PA efficiency by outlining the clinical information and documentation generally required for medical necessity.

Please note that completion of IQ criteria does not guarantee approval of a PA request.

For more information on the PA administrative review and appeal procedures, see the [Prior Authorization](#) provider reference module at in.gov/medicaid/providers.

QUESTIONS

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