

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024128 AUGUST 15, 2024

IHCP provides clarification for BT202489 and hospice member disenrollment

Indiana Health Coverage Programs (IHCP) Bulletin [BT202489](#) provided information about a new fax number used for hospice member disenrollment. This bulletin provides clarification about when that fax line should be used and how to transfer a member between hospice providers.

Disenrollment from Hoosier Healthwise for hospice services

For members enrolled in Hoosier Healthwise, hospice providers must fax the *Medicaid Hospice Election* form, available on the [Forms](#) page at in.gov/medicaid/providers, to the dedicated hospice disenrollment fax line at 800-922-9805. Providers should include “**Hospice Member Disenrollment from Managed Care**” on the cover sheet. Providers must follow up the fax with a telephone call to 866-725-9991, notifying Acentra Health, the fee-for-service (FFS) prior authorization and utilization management (PA-UM) contractor, that a fax has been sent for disenrollment of a hospice member from managed care.



Providers can then submit the prior authorization (PA) request after confirming with Acentra Health that the eligibility has been completed.

For members enrolled in all other managed care plans, the hospice provider must contact the member’s managed care entity (MCE) for changes being requested.

Transfer between hospice providers

When transferring a member between FFS hospice providers, the process differs depending on which provider requests the change.

Incoming provider

If the incoming provider is requesting the change, those new requests may be submitted to Acentra Health via the [Atrezzo Provider Portal](#), Customer Service at 866-725-9991, or fax at 800-261-2774.

Providers may submit PA requests via the Atrezzo Provider Portal or fax with the following documentation attached to the request:

- [IHCP Prior Authorization Revision Request Form](#)
- [Hospice Provider Change Request Between Indiana Hospice Providers form \(State Form 48733 \[R12-02\] OMPP 0009\)](#)

These forms are accessible from the [Forms](#) page at in.gov/medicaid/providers.

Current provider

If the current provider is requesting to end date their authorization, they may submit an authorization revision on their current authorization. This request may be done via the Atrezzo Provider Portal by selecting **“authorization revision”** from the drop down menu and uploading the two forms previously listed. A provider may also fax the request to Acentra Health with a request for authorization revision.

For more information

For more information, providers can see the [Hospice Services](#) provider reference module at in.gov/medicaid/providers.

QUESTIONS?

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

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