



NETWORK Notification

Notice Date: July 10, 2025
To: Indiana Marketplace Providers
From: CareSource
Subject: Prior Authorization Determination Requirement Update

Summary

Pursuant to Senate Bill 0480.06, CareSource has updated the timeframes for prior authorization determinations and notifications to the following:

Review Type	Determination Timeframe	Notification Timeframe
Initial Inpatient	3 calendar days from receipt of request	3 calendar days from receipt of request
Concurrent/Continued Stay	48 hours* from receipt of request	48 hours* from receipt of request
Pre-Service Urgent	24 hours* from receipt of request	24 hours* from receipt of request
Standard Pre-Service	48 hours* from receipt of request	48 hours* from receipt of request
Retrospective	Within 2 business days from receipt of request	Within 2 business days from receipt of request

*Excludes weekends and federal holidays

It is imperative to submit sufficient information to determine medical necessity. If sufficient information is not provided, CareSource will notify the member or member's representative, within twenty-four (24) hours of receipt request of the specific information necessary to make an authorization determination. The member or member's representative will be afforded a reasonable amount of time, considering the circumstances, but not less than twenty-four (24) hours, to provide the specified information. Notification of the benefit determination will be made as soon as possible, but in no case later than twenty-four (24) hours after the earlier of CareSource's receipt of the specified additional information; or the end of the period afforded to the member or member's representative to provide the specified additional information.

In the event of a denial determination, alter or limit coverage for an admission, service, procedure or extension of stay, based on medical necessity, or to approve a service in an amount, duration or scope that is less than requested, the requesting practitioner/provider will be offered the ability to have the determination reconsidered through a Peer-to-Peer discussion within seven (7) business days of the denial notification.

Questions?

Please contact Health Partner Services at **1-833-230-2101**, Monday through Friday 7 a.m. Central Time (CT)/8 a.m. Eastern Time (ET) to 5 p.m. CT/6 p.m. ET.