



# NETWORK *Notification*

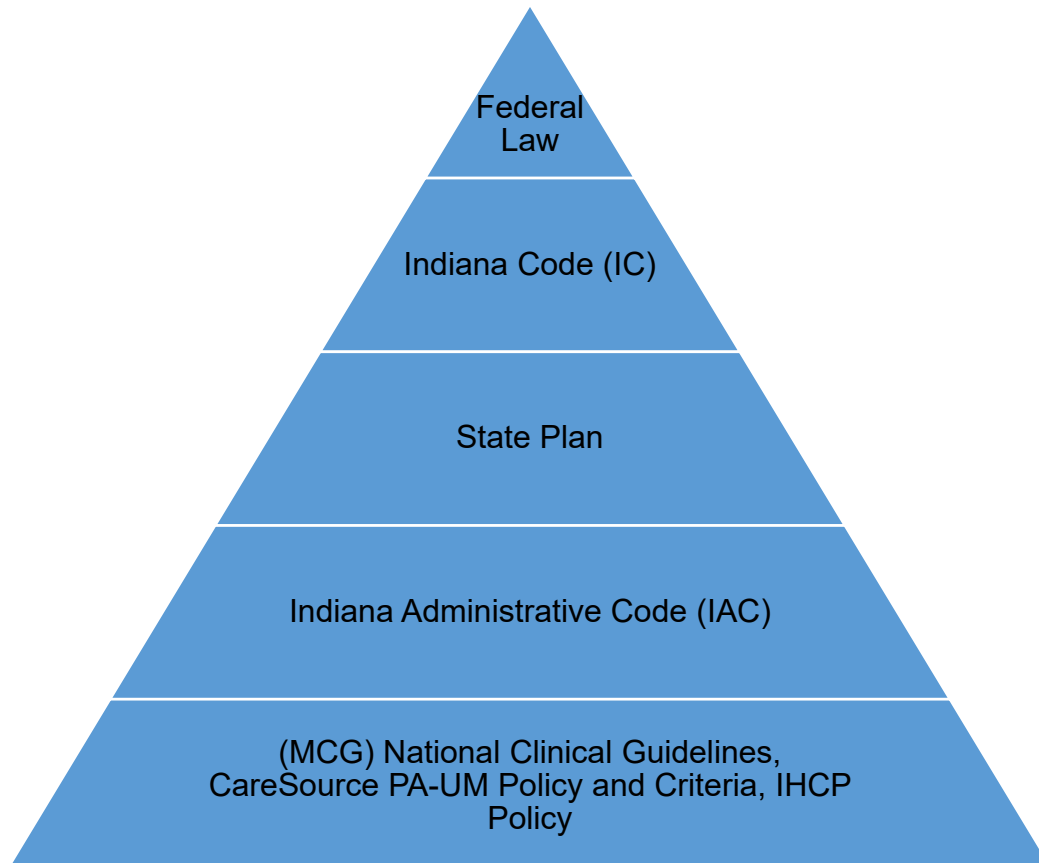
**Notice Date:** January 12, 2026  
**To:** Indiana Hoosier Healthwise and Healthy Indiana Plan Providers  
**From:** CareSource  
**Subject:** **Update:** Utilization Management Hierarchy  
**Effective Date:** August 1, 2025

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**This notification is an update to the network notification posted on May 16, 2023.**

## Summary

Effective 08/01/2025, CareSource updated the utilization management (UM) hierarchy for Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) members. The hierarchy has been updated as follows:



**Impact**

Effective 08/01/2025, CareSource updated the prior authorization (PA) and utilization management (UM) hierarchy per Indiana Health Coverage Programs (IHCP) guidelines. CareSource utilizes the full suite of Milliman Care Guidelines (MCG) inclusive of:

- Medicare national coverage determinations (NCDs) and Medicare local coverage determinations (LCDs)
- [CareSource derived UM PA policy and criteria](#)
- IHCP Policy and criteria

**Importance**

Please refer to [IHCP Bulletin BT2025102](#) to view the medical review criteria hierarchy.

**Questions?**

Please contact your [Health Partner Engagement Specialist](#) with any questions regarding this policy.