



NETWORK *Notification*

Notice Date: January 8, 2021
To: Indiana Medicaid Providers
From: CareSource
Subject: Elective Transplant Process Change
Effective Date: September 28, 2020

Summary

Effective Sept. 28, 2020, all transplant requests are to be sent to the elective transplant mailbox.

Email address: electivetransplant@caresource.com

Impact

This will only impact the method of which our Providers are to submit transplant requests. This change will also allow increased visibility into transplant requests, thus improving overall member care.

Questions?

Please contact Provider Services at **1-844-607-2831**.