



Network Notification

Notice Date: April 17, 2019
To: Indiana Medicaid Providers
From: CareSource®
Subject: Fast Track Notification Forms
Effective Date: April 1, 2019

Summary

Effective April 1, 2019, a new prior authorization (PA) process is in place for Indiana Health Coverage Programs (IHCP) providers that assist individuals with a Healthy Indiana Plan HIP Fast Track payment. IHCP providers must use the notification process referenced in [IHCP bulletin BT201913](#) for inpatient stays to ensure you can properly submit a retroactive PA request for individuals utilizing a Fast Track payment. An authorization for the inpatient stay must be approved prior to submitting a claim for reimbursement.

As of January 2018, and part of the HIP waiver renewal, once a managed care entity (MCE) is selected or assigned, the member will stay with that MCE for the remainder of the calendar year, even if the member leaves the program and returns with a new application. Please keep this in mind when assisting members who may be returning to the program with new applications.

After assisting with the application and prepayment, within five (5) calendar days of the date of admission the provider must complete a [Fast Track Notification Form](#). The *Fast Track Notification Form* should not be submitted for members with Hospital Presumptive Eligibility (HPE) and HPE services should be billed as Fee-for-Service (FFS). For forms that are received timely, CareSource will monitor the member's eligibility for 60 days. If the member becomes fully eligible during that time, CareSource will notify the provider with a *Full Eligibility Notification Form*.

In efforts to streamline your *Fast Track Notification Forms*, CareSource has a designated fax number. CareSource forms should be faxed to **1-937-487-0802** and additional questions may be emailed to IN_IHCP_FastTrack@caresource.com. This number should only be used for *Fast Track Notification Forms* and does not affect the current prior authorization process.

Requests for retroactive authorizations must include the *Full Eligibility Notification Form* and be submitted with the request within 60 days of receiving the form, and be returned to the MCE listed on the form. Prior Authorization requests and claims should not be submitted until the member is fully eligible with CareSource. Any requests received prior to the member becoming fully eligible, will be denied.

Questions?

Please contact Provider Services at **1-844-6072831** (8 a.m. to 8 p.m. Eastern Standard Time, Monday through Friday).