



Notification Date: September 25, 2017
To: Indiana Medicaid Health Partners
From: CareSource®
Subject: Notice of Changes to Retro Prior Authorizations
Effective Date: November 15, 2017

SUMMARY:

Effective November 15, 2017, CareSource will only review retro prior authorizations for services meeting the criteria as outlined in 405 IAC 5-3-9 for Indiana Medicaid members.

WHAT YOU SHOULD KNOW:

CareSource shall permit retrospective review where a prior authorization was required but not obtained (Retro Authorization) after services have begun or supplies have been delivered only under the following circumstances:

- If the member's eligibility is pending or retroactive. The prior authorization request must be submitted within 12 months of the date of the issuance of the member's Medicaid card.
- In the case of mechanical or administrative delays or errors by the office.
- When services were rendered outside Indiana by a provider who has not yet received a provider manual.
- For transportation services authorized under 405 IAC 5-30. The prior authorization request must be submitted within 12 months of the date of service.
- If the provider was unaware that the member was eligible for services at the time services were rendered. Prior authorization will be granted in this situation only if the following conditions are met:
 - The provider's records document that the member refused or was physically unable to provide the member identification (RID) number.
 - The provider can substantiate that the provider continually pursued reimbursement from the patient until Medicaid eligibility was discovered.
 - The provider submitted the request for prior authorization within 60 days of the date Medicaid eligibility was discovered.