



| Addendum/Maintenance Form

IHCP Electronic Prior Authorization Exemption Request Form

in.gov/medicaid/providers

Background: Indiana Senate Enrollment Act 480 (2025) requires Indiana Health Coverage Programs (IHCP) providers to submit prior authorization (PA) requests for managed care members through secure electronic transmission or application programming interface (API). However, providers may request an exemption from this requirement due to one of the following conditions:

- A secure electronic transmission or API of prior authorization requests would cause financial hardship for the healthcare provider.
- The area in which the healthcare provider is located lacks sufficient Internet access.
- The healthcare provider has an insufficient number of covered individuals as patients or customers to warrant the financial expense that compliance would require.

Instructions: If you would like to request an exemption from this requirement, please select the reason for your exemption request and attach a brief narrative supporting your position:

- ☐ Financial Hardship
- ☐ Lacks Sufficient Internet Access
- ☐ Insufficient Number of Covered Individuals

Provider Name:					
National Provider Identifier:		IHCP Provider ID (if already enrolled):		Taxonomy:	
Provider Signature:				Today's Date:	