

Plan Update

Notification Date: 12/4/2025

To: Pharmacy Providers

From: MDwise Provider Relations

Subject: MDwise Health Plan Closure

Effective Date: 1/1/2026

Summary

Effective **1/1/2026**, MDwise will no longer be a managed care health plan option for Healthy Indiana Plan (HIP) or Hoosier Healthwise (HHW) members. HIP and HHW members currently enrolled with MDwise will receive notices from the Office of Medicaid Policy and Planning (OMPP) informing them of this change and giving them instructions to select another managed care entity (MCE) contracted with the Indiana Family and Social Services Administration (FSSA) for their Medicaid benefits.

Member MCE selection and auto-assignment

Members transitioning from MDwise are required to select another MCE. Members will have an open enrollment period from Nov. 1, 2025, through Dec. 15, 2025, to select one of the following MCEs:

- Anthem
- CareSource
- Managed Health Services (MHS)

Members who make an MCE selection will be assigned to the new MCE, effective Jan. 1, 2026.

Members who have not chosen another MCE by Dec. 15, 2025, will be auto-assigned to one of these MCEs. The auto-assignment process uses logic that matches members with MCE provider networks based on whether the member's existing primary medical provider (PMP) is in those networks. All transitions based on auto-assignments will be effective with the new MCE on Jan. 1, 2026. Members can change their Medicaid health plan up to 90 days after their transition effective date.

Members will receive letters from FSSA with detailed instructions on how to select a new plan. Members will also receive notice from MDwise. Members seeking information or assistance with selecting a new plan/MCE may contact the following:

Enrollment Broker for HIP at 1-877-438-4479
Enrollment Broker for HHW at 1-800-889-9949

The IHCP Member ID number for HIP and HHW members transitioning from MDwise to another MCE will not change. Providers should continue to verify member eligibility and MCE assignment using the existing IHCP Eligibility Verification System (EVS) options:

- IHCP Provider Healthcare Portal (IHCP Portal)
- 270/271 electronic data interchange (EDI) eligibility benefit transactions
- Phone-based virtual assistant (GABBY) at 800-457-4584, option 2

The EVS identifies the following information:

- The member's eligibility
- The member's assigned MCE and the corresponding MCE contact information
- The member's assigned PMP

Members will receive a new HIP or HHW identification card from their newly selected MCE.

PHARMACY CLAIMS PROCESSING

Pharmacy claims for MDwise members with dates of service (DOS) prior to Jan. 1, 2026, should continue to be processed by the MDwise pharmacy benefit manager, MedImpact, using the following billing information:

BIN: 017142 PCN: ASPROD1 Group: MDW

Pharmacy claims for members currently enrolled with MDwise with DOS prior to Jan. 1, 2026 will continue to be accepted by MedImpact through Mar. 31, 2026. Pharmacies should use the information below to contact MedImpact for assistance with claims processing issues.

Impact

CONTINUITY OF CARE

Approved prior authorizations (PAs) – medical, dental and pharmacy – for members transitioning from MDwise will be honored by the newly selected MCE for up to 90 days, until the PA expires or the approved units of services are exhausted, whichever comes first. No action will be required by providers for members to be authorized for previously approved services. As PAs expire, providers must request new authorizations from the member's new MCE or MCE benefit management vendor.

Requests for administrative review and appeals related to claims adjudicated by MDwise will be the responsibility of MDwise.

Reference: IHCP Bulletin BT2025157

Action

MDwise and MedImpact participating pharmacies do not need to take any required action or return information to MedImpact related to this.

Providers are reminded that when members change MCEs, the network of providers available to them may be different from the network available under the MDwise health plan. This difference in providers is particularly true for pharmacy networks, which may be limited in scope.

Providers participating in the MDwise network that may be interested in participating with another HIP or HHW MCE can refer to the following contact information and links to provider credentialing information:

Anthem Provider Helpline 800-516-7587 or <https://providers.anthem.com/indiana-provider/contact-us>

CareSource Provider Helpline 844-607-2831 or
<https://www.caresource.com/in/providers/education/become-caresource-provider/medicaid/>

MHS Provider Helpline 877-647-4848 or <https://www.mhsindiana.com/providers/become-a-provider/Provider-Network-Participation-Enrollment-Process.html>

For **pharmacy claims and prior authorizations** through 12/31/2025, please contact the MedImpact Pharmacy Help Desk at 800-681-9568 (HHW) or 844-336-2677 (HIP).

Effective Jan. 1, 2026, contact the member's new MCE for pharmacy claims and prior authorizations.

For **member enrollment questions**, please contact Enrollment Broker, Maximus, at 1-877-438-4479 for HIP or 1-800-889-9949 for HHW.

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