

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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## MDwise to end participation as a managed care health plan for HIP and Hoosier Healthwise

Effective Jan. 1, 2026, MDwise will no longer be a managed care health plan option for Healthy Indiana Plan (HIP) or Hoosier Healthwise members. HIP and Hoosier Healthwise 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 MCEs listed in Table 1. Members who make an MCE selection will be assigned to the new MCE effective Jan. 1, 2026.

*Table 1 – Contact information for HIP and Hoosier Healthwise MCEs*

MCE	Member helpline	Website
Anthem	866-408-6131	<a href="#">Anthem</a>
CareSource	844-607-2829	<a href="#">CareSource</a>
Managed Health Services (MHS)	877-647-4848	<a href="#">MHS</a>

Members who have not chosen another MCE by Dec. 15, 2025, will be auto-assigned to one of the MCEs in Table 1.

The auto-assignment process has 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.

Providers currently serving HIP or Hoosier Healthwise members enrolled with MDwise should direct those members to the Enrollment Broker (Maximus) Helpline for HIP at 877-438-4479 or for Hoosier Healthwise at 800-889-9949 for MCE information or for assistance with selecting a new MCE. Providers may want to make their patients aware of which, if any, of the three remaining MCEs the provider currently participates in.

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 Hoosier Healthwise MCE can refer to Table 2 for contact information and links to provider credentialing information.

*Table 2 – MCE provider credentialing contact information*

MCE	Provider helpline Information	Website link
Anthem	800-516-7587	<a href="#">Anthem Join Our Network</a>
CareSource	844-607-2831	<a href="#">CareSource Become a Participating Provider</a>
MHS	877-647-4848	<a href="#">MHS Provider Network Participation</a>

### Continuity of care

The following sections provide information about measures that will be taken to ensure continuity of care for members transitioning from MDwise to another MCE.

#### **Member eligibility verification and identification cards**

The IHCP Member ID number for HIP and Hoosier Healthwise members transitioning from MDwise will not change.

Providers should continue to verify member eligibility 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 Hoosier Healthwise identification card from their newly selected MCE.

#### **Primary medical provider assignment**

Providers may view PMP assignments in the EVS options as described in this bulletin. If a member's current or previous PMP is enrolled with the newly assigned MCE, the member will be auto-assigned to that same PMP. If the current PMP is not in-network with the member's new MCE, the member will be given 60 days to make a new PMP selection, after which time a PMP will be auto-assigned.

**Prior authorizations**

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.

**Claims and care management**

Claims for members enrolled with MDwise will continue to be adjudicated by MDwise for dates of service (DOS) before the effective date of their assignment to a new MCE. Requests for administrative review and appeals related to claims adjudicated by MDwise will be the responsibility of MDwise. Claims for DOS on or after the effective date of the member's assignment to a new MCE will be adjudicated by the new MCE.

Questions and requests for care management should be directed toward the MCE with which the member is enrolled for the DOS in question.

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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