

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2025183    DECEMBER 18, 2025

## MDwise prior authorization and utilization management transition update provided

As previously announced in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT2025157](#), effective Jan. 1, 2026, MDwise will no longer be a managed care health plan option for Healthy Indiana Plan (HIP) or Hoosier Healthwise members. This bulletin addresses the transition of MDwise members' medical, dental and behavioral health prior authorization and utilization management (PA-UM) requests. A forthcoming bulletin will address pharmacy PA-UM requests reimbursed through the pharmacy and medical benefits.

### Authorization processing runout and transition

Until March 31, 2026, providers will be able to submit authorization requests for dates of service (DOS) on or before Dec. 31, 2025, to MDwise for MDwise-eligible members. Additionally, providers should continue to submit concurrent authorization requests for diagnosis-related group (DRG) inpatient stays for members admitted on or before Dec. 31, 2025, to MDwise. MDwise will continue to receive and process concurrent review authorizations for DRG inpatient stays with an admission date on or before Dec. 31, 2025, if the member remains in the hospital after Jan. 1, 2026. Those requests should be submitted through fax, secure email or the [MDwise provider portal](#). Effective Jan. 1, 2026, new authorization requests for DOS on or after Jan. 1, 2026, must go to the member's new managed care entity (MCE).



### MDwise PA-UM intake and customer service updates

Effective April 1, 2026, providers should no longer submit authorization requests to MDwise as the PA-UM fax numbers will no longer be operational. The PA-UM MDwise provider portal will no longer accept submissions. After April 1, 2026, PA-UM questions or issues can be sent securely to MDwise's PA email at [padept@mdwise.org](mailto:padept@mdwise.org). There will still continue to be customer service representation through April 30, 2026, to answer PA-UM-related questions, or questions pertaining to other areas. MDwise's customer service phone numbers and mailing address are available on the [IHCP Quick Reference Guide](#) at [in.gov/medicaid/providers](https://in.gov/medicaid/providers).

### MDwise claim processing pertaining to PA-UM

Effective April 1, 2026, any services that occurred on or before Dec. 31, 2025, and are eligible for retro-authorization with MDwise should be billed to MDwise's claims department. These claims will follow the current claims process. The claim will deny for no authorization. The provider should dispute the claims and note the claim filing is late due to retro-enrollment. The claim will then be adjudicated. All claims are still subject to audit and verification for accuracy and compliance with MDwise and IHCP policies. MDwise will not process claims for DOS on or after Jan. 1, 2026, with the exception of inpatient DRG admissions with an admission date on or before Dec. 31, 2025.

**MDwise peer-to-peer availability**

MCE peer-to-peer reviews are only available for 48 hours following a denial determination. MDwise will complete all timely requested peer-to-peer reviews for PA-UM determinations made prior to April 1, 2026, for DOS on or before Dec. 31, 2025, and for inpatient DRG admissions that occurred on or before Dec. 31, 2025. Providers should submit a new authorization request to the member's new MCE for DOS on or after Jan. 1, 2026.

**MDwise authorization appeal processing**

MCE authorization appeals are only available for up to 60 days following denial determinations. MDwise will complete all timely requested authorization appeals for PA-UM determinations made prior to April 1, 2026, for DOS on or before Dec. 31, 2025, and for concurrent reviews on inpatient DRG admissions that began on or before Dec. 31, 2025. Appeal requests submitted on or after April 1, 2026, should be sent securely to MDwise's email address, [padept@mdwise.org](mailto:padept@mdwise.org). Providers should submit a new authorization request to the new MCE for DOS on or after Jan. 1, 2026.

**MDwise state fair hearing representation and external independent review completion for authorization denials**

If a provider desires to pursue an external independent review (EIR) following an upheld appeal denial, they must request the EIR within 120 days following the MDwise appeal determination. If the denial is upheld through EIR, providers and members may pursue a state fair hearing. The request for state fair hearing must be requested by members and providers within 120 days from the EIR decision or the MCE appeal denial determination, whichever occurs later.

MDwise will attend all authorization state fair hearings scheduled through Dec. 31, 2026, for MDwise authorization denials for DOS on or before Dec. 31, 2025, and for concurrent reviews on inpatient DRG admissions that began on or before Dec. 31, 2025. MDwise will ensure all timely EIRs requested through Dec. 31, 2026, for MDwise authorization denials for DOS on or before Dec. 31, 2025, and for concurrent reviews on inpatient DRG admissions that began on or before Dec. 31, 2025 are completed. Providers should submit a new authorization request to the member's new MCE for DOS on or after Jan. 1, 2026.

**Provider timely authorization submission grace**

Effective for dates beginning Jan. 1, 2026 through Jan. 31, 2026, HIP and Hoosier Healthwise MCEs will waive timely notification for any authorization requests received for members transitioning from MDwise on Jan. 1, 2026, provided the authorization request is submitted within 30 calendar days from the start date of service. Any late authorization requests submitted to MCEs on or after Feb. 1, 2026, will be subject to timely submission requirements and reviewed per timeliness standards in MCE retrospective authorization policies.

**QUESTIONS?**

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

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