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FOR IMMEDIATE RELEASE

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FSSA Announces End of MDwise Participation in Indiana Medicaid Programs

Indianapolis — The Indiana Family and Social Services Administration (FSSA) today announced that **MDwise will no longer serve as a managed care health plan for Indiana Medicaid's Healthy Indiana Plan (HIP) and Hoosier Healthwise programs, effective Jan. 1, 2026.**

This decision follows a comprehensive review of MDwise's performance and its ability to meet FSSA's standards for member services, provider support and program accountability. FSSA determined that ending the contract with MDwise is necessary to ensure the long-term strength and sustainability of Indiana Medicaid.

"Indiana Medicaid exists to provide dependable, high-quality care for the Hoosiers who rely on it," said Mitch Roob, Secretary of FSSA. "Our review found that, of the four plans, MDwise was both the most expensive and the lowest in quality. Federal rules require us to maintain at least three plans, and this decision allows us to meet those standards while safeguarding members' access to care."

What this means for members:

- **Coverage continues:** Members will not lose Medicaid benefits.
- **New plan options:** Members must choose a new health plan—Anthem, CareSource, or MHS—during open enrollment.
- **Automatic assignment:** Members who do not choose will be assigned to a plan, with the option to change within 90 days after Jan. 1, 2026.



- **Continuity of care:** Existing authorizations and treatments will be honored for a transition period.

Members will receive letters with detailed instructions on how to select a new plan. For assistance, they can contact the Enrollment Broker for HIP at 1-877-GET-HIP9 (1-877-438-4479) and Hoosier Healthwise at 1-800-889-9949 or [click here](#).

Current Medicaid providers will receive more detailed information on the transition in an upcoming provider bulletin.

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