

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026164 SEPTEMBER 29, 2026

IHCP updates pharmacy exclusion for Medicare-eligible members

The Indiana Health Coverage Programs (IHCP) announced in *IHCP Bulletin* [BT202685](#) that effective Oct. 1, 2026, providers will no longer receive Medicaid reimbursement for Medicare Part D-eligible prescriptions for members who are age 65 and 4 months or older and also qualify for Medicare but are not enrolled in Medicare.

Beginning Oct. 1, 2026, members who qualify for Medicare but are not enrolled in Medicare will be denied Medicaid reimbursement for Medicare Part D-eligible prescriptions.



To facilitate the transition to this new policy and allow members to begin the Medicare application process, for a limited period, the IHCP is allowing coverage of these drugs with authorization. Pharmacy providers will be required to call the member's assigned health plan (or Optum Rx for fee-for-service [FFS] members) to seek a one-time 30-day authorization, not to extend beyond Nov. 15, 2026, to fill Part D-eligible prescriptions for these members. Between Oct. 1 and Nov. 15, 2026, all programs – including FFS Traditional Medicaid and managed care organizations (MCOs) for Indiana PathWays for Aging (PathWays) – will be authorizing prescriptions as emergency supplies only for members who qualify for but are not enrolled in Medicare, and pharmacies will be required to seek prior authorization (PA) for all medications dispensed. Providers should contact the member's health plan or Optum Rx (for FFS) for further instructions.

Beginning Nov. 16, 2026, Medicare Part D-eligible prescriptions will not be covered by Medicaid for members age 65 and 4 months or older unless the member has been granted an exception. The Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) will use an exception process for members that have shown proof that they have applied to Medicare or were denied Medicare eligibility. Traditional Medicaid members should send their confirmation of their Medicare application or Medicare denial letter to DSNP@fssa.in.gov as soon as possible, and managed care members should contact their health plan's member services line for further instructions.

- Anthem Member Services:
⇒ 833-412-4405
- Humana:
⇒ 866-274-5888
- UnitedHealthcare:
⇒ 800-832-4643, TTY 711

How can pharmacy providers help members?

Pharmacies should immediately notify individuals who are age 65 and four months or older who are not enrolled with Medicare to sign up for Medicare.

Members can sign up for Medicare through the following ways:

- By calling the Social Security Administration (SSA) at 800-773-1213 or by visiting the [SSA office locator](#) at ssa.gov to find the local SSA office
- By calling the Indiana State Health Insurance Assistance Program (SHIP) at 800-452-4800
 - ⇒ SHIP counselors do not submit applications but assist members in understanding their options and how to begin the application process.
- By contacting a trusted insurance agent



Most impacted members will need to make an appointment with their local SSA office to complete their Medicare application. These members are not eligible to use the SSA application portal and **should not** apply online through the SSA website. Members need to inform the SSA that they want to file for Medicare and any other benefits and to include Medicaid eligibility/status as well as a case/ID number, if possible.

Members denied Medicare coverage

Members who are denied Medicare coverage may send a copy of their SSA denial notice by email to DSNP@fssa.in.gov or send a physical copy of the notice to Indiana Medicare-Medicaid Coordination, 402 W. Washington Street, Room W374, Indianapolis, Indiana 46204. The OMPP will review the Medicare denial reason and render an exception decision based on the denial reason. Members who receive an exception will continue to have Medicaid pay their prescription costs. If the OMPP does not receive the denial letter in a timely manner, an exception will not be entered, and the member will be responsible for covering their Part-D prescriptions.

QUESTIONS

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