



Quick Contact Guide



MDwise Product Comparison

Hoosier Healthwise

Healthy Indiana Plan

Basic Information	<ul style="list-style-type: none"> • Operations began Jan. 1994 • Statewide operations • MDwise.org/providers 	<ul style="list-style-type: none"> • Operations began Jan. 2008 • Statewide operations • MDwise.org/providers
Members Served	<ul style="list-style-type: none"> • Packages A, C, & P • Children under the age of 19 living in a low-income household • Less than 150% FPL (Package A) • Between 150–200% FPL (Package C) 	<ul style="list-style-type: none"> • Adults ages 19–64 • Parents of CHIP children • Up to 138% FPL • HIP Basic • HIP Plus • HIP State Plan Basic • HIP State Plan Plus
Customer Service	<ul style="list-style-type: none"> • Call 1-800-356-1204 or 317-630-2831 	<ul style="list-style-type: none"> • Call 1-800-356-1204 or 317-630-2831
Business Structure	<ul style="list-style-type: none"> • Administered by MDwise and its delivery systems throughout the state of Indiana 	<ul style="list-style-type: none"> • Administered by MDwise and its delivery systems throughout the state of Indiana
Claims/Reimbursement	<ul style="list-style-type: none"> • Adjudicated by the delivery systems • Checks issued by the delivery systems • Claim filing limit: 90 days • Remittance from delivery systems 	<ul style="list-style-type: none"> • Checks issued by HIP delivery systems • POWER Account managed by MDwise • Claim filing limit: 90 days • Remittance from HIP delivery system
Authorization Required	<ul style="list-style-type: none"> • MDwise delivery systems—closed network model • Prior authorization required for services mandated by State and the delivery system 	<ul style="list-style-type: none"> • MDwise delivery systems • Prior authorization required for services mandated by State and the delivery system
Other Program Responsibilities	<ul style="list-style-type: none"> • Credentialing, quality improvement program, provider relations, hearings/appeals, utilization management, claims adjudication, Right Choices program administration, behavioral health integration 	<ul style="list-style-type: none"> • Credentialing, quality improvement program, provider relations, hearings/appeals, utilization management, claims adjudication, Right Choices program administration, behavioral health integration
State Website Information	<ul style="list-style-type: none"> • indianamedicaid.com 	<ul style="list-style-type: none"> • HIP.in.gov
Pharmacy	<ul style="list-style-type: none"> • MDwise HHW Formulary • MedImpact—prior authorization • MedImpact—processes claims • Formulary—MDwise.org/hhw-find-a-drug 	<ul style="list-style-type: none"> • MDwise HIP formulary (Basic, State or Plus) • MedImpact—prior authorization • MedImpact—processes claims • Formulary—MDwise.org/providers/hip/pharmacy select HIP Basic, HIP State or HIP Plus
Other Stakeholders	<ul style="list-style-type: none"> • Hoosier Healthwise Helpline: 1-800-889-9949 • Anthem (MCE): 1-866-408-6132 • MHS (MCE): 1-877-647-4848 	<ul style="list-style-type: none"> • Anthem HIP Plan: 1-800-553-2019 • MHS HIP Plan: 1-866-674-1461 • Enhanced Service Plan • ESP Prior Authorization: 1-866-504-7353 • HIP Helpline: 1-877-GET-HIP-9



MDwise Hoosier Healthwise Contact Information

MDwise.org/providers

General Information

Customer Service/Transportation

I-800-356-1204 or 317-630-2831
Fax: 1-877-822-7190 or 317-829-5530

MDwise Hoosier Healthwise Customer Service
P.O. Box 441423
Indianapolis, IN 46244-1423

Provider Relations Services: Medical Services

I-800-356-1204 or 317-630-2831
Fax: 317-822-7310
(Please refer to the delivery systems contact info for more specific phone and fax numbers)

MDwise Hoosier Healthwise Provider Services
1200 Madison Avenue, Suite 400
Indianapolis, IN 46225

Provider Services: Behavioral Health Contracting and Credentialing

I-800-356-1204 or 317-822-7300 ext. 5800

MDwise Behavioral Health Contracting and Credentialing
1200 Madison Avenue, Suite 400
Indianapolis, IN 46225

Right Choices Program

I-800-356-1204 or 317-630-2831
Fax: 317-822-7500

Preferred Drug List

MDwise.org/providers/hhw/pharmacy

Fraud & Abuse

I-800-356-1204 or 317-822-7400

Claims Disputes, Grievances & Appeals

Behavioral Health ONLY	MDwise P.O. Box 441423 Indianapolis, IN 46244-1423 Attention: Grievances & Appeals
Medical ONLY <i>(contracted providers)</i>	Submit to member's delivery system, except MDwise Eskenazi Health, IU Health and Total Health delivery systems submit to: MDwise P.O. Box 441423 Indianapolis, IN 46244-1423 Attention: Grievance Coordinator
Medical ONLY <i>(non-contracted providers)</i>	MDwise P.O. Box 441423 Indianapolis, IN 46244-1423 Attention: Grievance Coordinator

Hoosier Healthwise and HIP Maternity Delivery Systems

MDwise Excel Network

Claims Inquiries	1-800-356-1204
Medical Management & Prior Authorization	1-888-961-3100 Fax: 888-465-5581
Provider Representative	1-888-961-3100
Claim Dept. Address <i>(includes behavioral claims)</i>	MDwise HHW Excel Network P.O. Box 331550 Corpus Christi, TX 78463-1550 Change Health/Emdeon/WebMD Payer ID: 35191 *For Claims with dates of service prior to 1/1/17: MDwise Excel Network P.O. Box 830120 Birmingham, AL 35283-0120 317-630-2831/1-800-356-1204 WebMD/Emdeon Institutional Payer ID: 12k81 Professional Payer ID: SX172 McKesson/ Relay Health Institutional Payer ID: 4976 Professional Payer ID: 4481
Family Planning Claims	MDwise HHW Family Planning Claims P.O. Box 331550 Corpus Christi, TX 78463-1550 Change Health/Emdeon/ WebMD Payer ID: 35191 *For Claims with dates of service prior to 1/1/17: MDwise HHW Family Planning Claims P.O. Box 830120 Birmingham, AL 35283-0120 317-630-2831/ 1-800-356-1204 WebMD/Emdeon Institutional Payer ID: 12k81 Professional Payer ID: SX172 McKesson/ Relay Health Institutional Payer ID: 4976 Professional Payer ID: 4481

MDwise St.Vincent

Claims Inquiries	317-569-2029/ 1-877-247-1513
Medical Management & Prior Authorization	317-569-2028/ 1-877-247-0820 Fax: 317-570-6818/ 1-800-747-3693
Provider Representative	317-575-7515 Fax: 317-575-7587
Claim Dept. Address <i>(includes behavioral claims)</i>	MDwise St. Vincent P.O. Box 503010 Indianapolis, IN 46250 EDI Payer ID Relay Health: Professional Payer ID: 2235 Institutional Payer ID: 2911 Emdeon: 35199
Family Planning Claims	MDwise Family Planning Claims P.O. Box 331550 Corpus Christi, TX 78463-1550 Change Health/Emdeon/WebMD Payer ID: 35191 *For Claims with dates of service prior to 1/1/17: MDwise HHW Family Planning Claims P.O. Box 830120 Birmingham, AL 35283-0120 WebMD/Emdeon Institutional Payer ID: 12k81 Professional Payer ID: SX172 McKesson/ Relay Health Institutional Payer ID: 4976 Professional Payer ID: 4481

MDwise St. Catherine

Claims Inquiries	1-866-427-3197/ 317-596-7827
Medical Management & Prior Authorization	219-392-7066 (Hospital Auths Only) 866-666-7327 (Toll Free Prior Auth) 219-392-7072 (All Other Auths) Fax: 219-392-7090
Behavioral Health	1-866-770-0208 Fax: 1-800-747-3693
Provider Representative	St. Mary Medical Center Providers Munster Community Hospital Providers 219-947-6154 St. Catherine Hospital Providers 219-947-6135
Claim Dept. Address <i>(includes behavioral claims)</i>	MDwise St. Catherine P.O. Box 50888 Indianapolis, IN 46250 Payer ID Emdeon 35199 Relay Health/McKesson: Professional Payer ID: 2235 Institutional Payer ID: 2911
Family Planning Claims	MDwise Family Planning Claims P.O. Box 331550 Corpus Christi, TX 78463-1550 Change Health/Emdeon/WebMD Payer ID: 35191 *For Claims with dates of service prior to 1/1/17: MDwise HHW Family Planning Claims P.O. Box 830120 Birmingham, AL 35283-0120 WebMD/Emdeon Institutional Payer ID: 12k81 Professional Payer ID: SX172 McKesson/ Relay Health Institutional Payer ID: 4976 Professional Payer ID: 4481

MDwise SHN

Claims Inquiries	574-283-5918
Medical Management & Prior Authorization	1-855-325-8041 Fax: 1-855-325-9093
Provider Representative	574-283-5925
Claim Dept. Address <i>(includes behavioral claims)</i>	MDwise Select Health Network P.O. Box 50678 Indianapolis, IN 46250 EDI Payer ID Relay Health: 6139
Family Planning Claims	MDwise Family Planning Claims P.O. Box 331550 Corpus Christi, TX 78463-1550 Change Health/Emdeon/WebMD Payer ID: 35191 *For Claims with dates of service prior to 1/1/17: MDwise HHW Family Planning Claims P.O. Box 830120 Birmingham, AL 35283-0120 WebMD/Emdeon Institutional Payer ID: 12k81 Professional Payer ID: SX172 McKesson/ Relay Health Institutional Payer ID: 4976 Professional Payer ID: 4481

MDwise Total Health

Claims Inquiries	317-630-2831/ 1-800-356-1204
Medical Management & Prior Authorization	Phone and Fax: 1-877-822-7191/ 1-855-269-1842
Provider Representative	260-266-5527 Fax: 260-266-5505
Claim Dept. Address <i>(includes behavioral claims)</i>	MDwise HHW Total Health P.O. Box 331550 Corpus Christi, TX 78463-1550 <i>*For Claims with dates of service prior to 1/1/17: MDwise Total health P.O. Box 830120 Birmingham, AL 35283-0120</i>
<p>All Medical Claims: Change Health/Emdeon/WebMD Payer ID: 35191 <i>*For Claims with dates of service prior to 1/1/17:</i> All Medical Claims: Emdeon/WebMD Institutional Payer ID: 12K81 Professional Claims: SX172 McKesson/Relay Health Institutional Payer ID: 4976 Professional Claims Payer ID: 4481</p>	

MDwise Eskenazi Health

Claims Inquiries	317-630-2831/ 1-800-356-1204
Medical Management & Prior Authorization	317-880-6788/ 1-877-687-0022 Fax: 317-880-0384/ 1-844-227-1842
Provider Representative	317-880-0344
Claim Dept. Address <i>(includes behavioral claims)</i>	MDwise HHW Eskenazi Health P.O. Box 331550 Corpus Christi, TX 78463-1550 <i>*For Claims with dates of service prior to 1/1/17: MDwise Eskenazi health P.O. Box 830120 Birmingham, AL 35283-0120 317-630-2831/ 1-800-356-1204</i>
<p>All Medical Claims: Change Health/Emdeon/WebMD Payer ID: 35191 <i>*For Claims with dates of service prior to 1/1/17:</i> All Medical Claims: Emdeon/WebMD Institutional Payer ID: 12K81 Professional Claims: SX172 McKesson/Relay Health Institutional Payer ID: 4976 Professional Claims Payer ID: 4481</p>	

MDwise Community Health Network

Claims Inquiries	1-800-356-1204
Medical Management & Prior Authorization	317-621-7575 / 800-344-8672 Fax: 317-983-7757 / 844-309-4009
Provider Representative	317-621-7593
Claim Dept. Address <i>(includes behavioral claims) HIP Maternity Claims</i>	MDwise Community Health Network P.O. Box 331550 Corpus Christi, TX 78463-1550 Change Health/Emdeon/WebMD Payer ID: 35191 <i>*For Claims with dates of service prior to 1/1/17: MDwise Community Health Network P.O. Box 830120 Birmingham, AL 35283-0120 WebMD/Emdeon Institutional Payer ID: 12k81 Professional Payer ID: SX172 McKesson/ Relay Health Institutional Payer ID: 4976 Professional Payer ID: 4481</i>
Family Planning Claims	MDwise HHW Family Planning Claims P.O. Box 331550 Corpus Christi, TX 78463-1550 Change Health/Emdeon/WebMD Payer ID: 35191 <i>*For Claims with dates of service prior to 1/1/17: MDwise Family Planning Claims P.O. Box 830120 Birmingham, AL 35283-0120 317-630-2831/ 1-800-356-1204 McKesson/Relay Health Institutional Payer ID: 4976 Professional Claims Payer ID: 4481 Emdeon/WebMD Institutional Payer ID: 12K81 Professional Claims: SX172</i>

MDwise Indiana University Health

Claims Inquiries	317-630-2831 / 1-800-356-1204
Medical Management & Prior Authorization	317-962-2378 Fax: 317-962-6219
Provider Representative	317-963-9931
Claim Dept. Address <i>(includes behavioral claims)</i>	MDwise IU Health P.O. Box 331550 Corpus Christi, TX 78463-1550 *For Claims with dates of service prior to 1/1/17: MDwise HHW IU Health P.O. Box 830120 Birmingham, AL 35283-0120
Claim Disputes Address	P.O. Box 441423 Indianapolis, IN 46244
Change Health/Emdeon/WebMD Payer ID: 35191 *For Claims with dates of service prior to 1/1/17: Emdeon/WebMD Institutional Payer ID: 12K81 Professional Claims: SX172 McKesson/Relay Health Institutional Payer ID: 4976 Professional Claims Payer ID: 4481	

Hoosier Healthwise Dental Claims

Claims should be sent to:
DentaQuest of IN-Claims
12121 N. Corporate Parkway
Mequon, Wisconsin 53092

Electronic Claims should be sent to:
www.dentaquest.com or
Via Clearinghouse - Payer ID CX014
DentaQuest, LLC
12121 N. Corporate Parkway
Mequon, Wisconsin 53092

Hoosier Healthwise Pharmacy Claims

Pharmacy Help Desk: 844-336-2677
Prior Authorization: 1-800-788-2949
Fax: 858-790-7100
Pharmacy Appeals Fax: 844-759-8548
RxBIN: 003585
PCN: ASPROD1
RxGRP: MDW



MDwise Healthy Indiana Plan (HIP) Contact Information

MDwise.org/providers

General Information

Enrollment Broker

Maximus
1-877-GET-HIP-9 or
1-877-438-4479

Customer/Provider Service

1-800-356-1204 or 317-630-2831
Fax: 1-877-822-7192 or 317-822-7192

MDwise Healthy Indiana Plan
P.O. Box 44236
Indianapolis, IN 46244-0236

Dental

General Provider and Authorization line:
855-453-5286

Claims address:
DENTAQUEST of IN-Claims
12121 N. Corporate Parkway
Mequon, WI 53092

Electronic Claims should be sent:
Direct entry on the web: dentaquest.com
Or,
Via Clearinghouse: Payer ID CX014
Include address on electronic claims:
DentalQuest, LLC
12121 N Corporate Parkway
Mequon, WI 53092

Right Choices Program

1-800-356-1204 or 317-630-2831
Fax: 317-822-7500

Fraud & Abuse

1-800-356-1204 or 317-822-7400

Medical & Behavioral Health Claims

1-800-356-1204 or 317-630-2831

MDwise HIP Claims
P.O. Box 331609
Corpus Christi, TX 78463-1609
Change Health/Emdeon/WebMD Payer ID: 31354

**For Claims with dates of service prior to 1/1/17:*

*MDwise HIP Claims
P.O. Box 830120
Birmingham, AL 35283-0120*

WebMD/Emdeon McKesson/Relay Health
Institutional Payer ID: 12K81 Institutional Payer ID: 4976
Professional Payer ID: SX172 Professional Payer ID: 4481

Pharmacy

Pharmacy Help Desk: 844-336-2677
Prior Authorization: 1-800-788-2949 Fax: 858-790-7100
Pharmacy Appeals Fax: 844-759-8548
RxBIN: 003585
PCN: ASPROD1
RxGRP: MDW

Preferred Drug List

MDwise.org/providers/hip/pharmacy
(select HIP Basic, HIP State or HIP Plus)

MDwise Healthy Indiana Plan Delivery Systems

MDwise Eskenazi Health

Medical Management & Prior Authorization	317-880-6788/ 1-877-687-0022 Fax: 317-880-0384/ 1-844-227-1842
Provider Representative	317-880-0344

MDwise Indiana University Health

Medical Management & Prior Authorization	317-962-2378/ 1-866-492-5878 Fax: 317-962-6219
Provider Representative	317-963-9875 317-963-1826

MDwise St. Catherine

Medical Management & Prior Authorization	219-392-7066 (Hospital Auths Only) 866-666-7327 (Toll Free Prior Auth) 219-392-7072 (All Other Auths) Fax: 219-392-7090
Behavioral Health	1-866-770-0208 Fax: 1-800-747-3693
Provider Representative	St. Mary Medical Center Providers Munster Community Hospital Providers 219-947-6154 St. Catherine Hospital Providers 219-947-6135

MDwise Community Health Network

Medical Management & Prior Authorization	317-621-7575 / 800-344-8672 Fax: 317-983-7757 / 844-309-4009
Provider Representative	317-621-7593

MDwise Excel Network

Medical Management & Prior Authorization	1-888-961-3100 866-613-1631 (Inpatient/Observation) 866-613-1642 (All Other Auths)
Provider Representative	1-888-961-3100

MDwise St. Margaret

Medical Management & Prior Authorization	1-888-961-3100 866-613-1631 (Inpatient/Observation) 866-613-1642 (All Other Auths)
Provider Representative	317-822-7300 ext. 5800

MDwise SHN

Medical Management & Prior Authorization	1-855-325-8041 Fax: 1-855-325-9093
Provider Representative	574-283-5925

MDwise St. Vincent

Medical Management & Prior Authorization	317-569-2028/ 1-877-247-0820 Fax: 317-570-6818/ 1-800-747-3693
Provider Representative	317-575-7515 Fax: 317-575-7587

Note: Medical Management and prior authorization for behavioral health—Contact HIP member's delivery system



MDwise.org

Last updated April 2017

HHW-HIPP0463 (5/16)
HCCP0031 (3/15)