



Quick Contact Guide



MDwise Product Comparison

	Hoosier Healthwise	Healthy Indiana Plan	Indiana <i>Care Select</i>
Basic Information	<ul style="list-style-type: none"> • Operations began Jan. 1994 • Statewide operations • MDwise.org/hoosierhealthwise/providers 	<ul style="list-style-type: none"> • Operations began Jan. 2008 • Statewide operations • MDwise.org/healthyindiana/providers 	<ul style="list-style-type: none"> • Operations began Nov. 2007 • Statewide operations • MDwise.org/caresselect/providers
Members Served	<ul style="list-style-type: none"> • Packages A, B, C, & P • Children • Pregnant Women • Low income families (TANF) • Less than 150% FPL (Pkg A & B) • Between 150–200% FPL (Pkg C) 	<ul style="list-style-type: none"> • Package H • Adults ages 19–64 • Parents of CHIP children • Childless adults • Uninsured for at least 6 months • No access to employer-sponsored insurance • Up to 200% FPL 	<ul style="list-style-type: none"> • Aged, Blind and Disabled • Children Receiving Adoptive Services • Wards of the Court/Foster Children
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 	<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 	<ul style="list-style-type: none"> • Administered by MDwise Corporate Only • Not a delivery system model
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 	<ul style="list-style-type: none"> • Adjudicated by HP • Checks issued by HP • Claim filing limit: 365 days • Remittance from HP
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 	<ul style="list-style-type: none"> • MDwise Corporate • Prior Authorization required for services mandated by the State
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 	<ul style="list-style-type: none"> • Credentialing, Quality Improvement Program, Provider Relations, Hearings/ Appeals, Utilization Management, Right Choices Program Administration, Behavioral Health Integration, Disease Management
State Website Information	<ul style="list-style-type: none"> • www.indianamedicaid.com 	<ul style="list-style-type: none"> • www.HIP.in.gov 	<ul style="list-style-type: none"> • www.indianamedicaid.com • www.in.gov/fssa/ompp/2546.htm
Pharmacy	<ul style="list-style-type: none"> • Indiana Medicaid Formulary • ACS–Prior Authorization/Drug Rebate • HP–Processes Claims • Formulary www.indianapbm.com 	<ul style="list-style-type: none"> • Indiana Medicaid Formulary • ACS–Prior Authorization/ Drug Rebate • HP–Processes Claims • Formulary www.indianapbm.com 	<ul style="list-style-type: none"> • Indiana Medicaid Formulary • ACS–Prior Authorization/Drug Rebate • HP–Processes Claims • Formulary www.indianapbm.com
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 	<ul style="list-style-type: none"> • <i>Care Select</i> Helpline: 1-800-356-1204 • HP–Fiscal Agent: 1-800-577-1278 or 317-655-3240 • ADVANTAGE Health Solutions, Inc.– CMO: 1-866-504-7353 (Provider Services) • ACS (<i>Care Select</i> Pharmacy): 1-866-879-0106



MDwise Hoosier Healthwise Contact Information

MDwise.org/hoosierhealthwise/providers

General Information

Customer Service/Transportation

1-800-356-1204 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 Services: Medical Services

1-800-356-1204 or 317-630-2831
Fax: 317-822-7310

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

Provider Services: Behavioral Health Contracting and Credentialing

1-866-323-3464 or 317-237-5770
www.InteCare.org

InteCare
8604 N. Allisonville Road, Suite 325
Indianapolis, IN 46250-1546

Preferred Drug List: www.indianapbm.com/1-800-577-1278

Claims Disputes, Grievances & Appeals

Behavioral Health ONLY	MDwise P.O. Box 441423 Indianapolis, IN 46244-1423 Attention: Grievances & Appeals
Medical ONLY (contracted providers)	Submit to member's delivery system
Medical ONLY (non-contracted providers)	MDwise P.O. Box 441423 Indianapolis, IN 26244-1423 Attention: Grievance Coordinator

Please Note: MDwise St. Francis claims should be sent to the current MDwise St. Francis delivery system addresses for dates of service through 12/31/10 only.

MDwise Hoosier Healthwise Delivery Systems

MDwise Hoosier Alliance

Claims Inquiries	1-800-581-2488
Medical Management & Prior Authorization	1-888-961-3100 Fax: 1-888-465-5581
Provider Representative	1-888-961-3100 Fax: 1-866-465-2985
Claim Dept. Address <i>(includes behavioral claims)</i>	MDwise Hoosier Alliance P.O. Box 7303 London, KY 40742 EDI Payor ID: 20475 mental/behavioral health eff. 1.1.09
Family Planning Claims	MDwise Family Planning Claims P.O. Box 68970 Indianapolis, IN 46268-0970 317-871-8814/ 1-800-927-7927 McKesson/Relay Health Institutional Payor ID: 4976 Professional Claims Payor ID: 4481 Emdeon/WebMD Institutional Payor ID: 12K81 Professional Claims: SX172

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 Payor ID Relay Health: 2235 Emdeon: 35199
Family Planning Claims	MDwise Family Planning Claims P.O. Box 68970 Indianapolis, IN 46268-0970 317-871-8814/ 1-800-927-7927 McKesson/Relay Health Institutional Payor ID: 4976 Professional Claims Payor ID: 4481

MDwise St. Catherine

Claims Inquiries	1-866-427-3197/ 317-596-7827
Medical Management & Prior Authorization	219-392-7066 (Hospital Auths Only) 855-784-2576 (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 219-392-7097
Claim Dept. Address <i>(includes behavioral claims)</i>	MDwise St. Catherine P.O. Box 50888 Indianapolis, IN 46250 Payor ID Emdeon 35199 Relay Health/McKesson 2235 mental/behavioral health eff. 1.1.09
Family Planning Claims	MDwise Family Planning Claims P.O. Box 68970 Indianapolis, IN 46268-0970 317-871-8814/ 1-800-927-7927 McKesson/Relay Health Institutional Payor ID: 4976 Professional Claims Payor ID: 4481 Emdeon/WebMD Institutional Payor ID: 12K81 Professional Claims: SX172

MDwise Wishard

Claims Inquiries	317-871-8814/ 1-800-927-7927
Medical Management & Prior Authorization	317-630-6007/ 1-877-687-0022 Fax: 317-656-4002/ 1-877-360-6142
Provider Representative	317-871-8248
Claim Dept. Address <i>(includes behavioral claims)</i>	MDwise Wishard P.O. Box 68970 Indianapolis, IN 46268-0970 mental/behavioral health eff. 1.1.09
All Medical Claims: Emdeon/WebMD Institutional Payor ID: 12K81 Professional Claims: SX172 McKesson/Relay Health Institutional Payor ID: 4976 Professional Claims Payor ID: 4481	

MDwise SHN

Claims Inquiries	574-283-5918
Medical Management & Prior Authorization	1-888-652-0697 Fax: 1-800-747-3693
Provider Representative	574-283-5925
Claim Dept. Address (includes behavioral claims)	MDwise Select Health Network P.O. Box 50678 Indianapolis, IN 46250 EDI Payor IDs: WebMD 64157 McKesson 6139
Family Planning Claims	MDwise Family Planning Claims P.O. Box 68970 Indianapolis, IN 46268-0970 317-871-8814/ 1-800-927-7927 McKesson/Relay Health Institutional Payor ID: 4976 Professional Claims Payor ID: 4481 Emdeon/WebMD Institutional Payor ID: 12K81 Professional Claims: SX172

MDwise Total Health

Claims Inquiries	317-871-8814/ 1-800-927-7927
Medical Management & Prior Authorization	317-860-2736/ 1-877-570-8977 Fax: 317-860-2734/2735
Provider Representative	260-373-9120 Fax: 260-373-9003
Claim Dept. Address (includes behavioral claims)	MDwise Total Health P.O. Box 68970 Indianapolis, IN 46268
All Medical Claims: Emdeon/WebMD Institutional Payor ID: 12K81 Professional Claims: SX172 McKesson/Relay Health Institutional Payor ID: 4976 Professional Claims Payor ID: 4481	

MDwise St. Margaret

Claims Inquiries	1-866-427-3197/ 317-596-7827
Medical Management & Prior Authorization	1-800-291-4140 Fax: 1-800-747-3693
Provider Representative	219-933-2162
Claim Dept. Address (includes behavioral claims)	MDwise St. Margaret P.O. Box 501310 Indianapolis, IN 46250 Payor ID Emdeon 35199 Relay Health/McKesson 2235 MDwise St. Anthony P.O. Box 503050 Indianapolis, IN 46250
Family Planning Claims	MDwise Family Planning Claims P.O. Box 68970 Indianapolis, IN 46268-0970 317-871-8814/ 1-800-927-7927 McKesson/Relay Health Institutional Payor ID: 4976 Professional Claims Payor ID: 4481 Emdeon/WebMD Institutional Payor ID: 12K81 Professional Claims: SX172

MDwise Methodist

Claims Inquiries	317-871-8814/ 1-800-927-7927
Medical Management & Prior Authorization	317-962-2378 Fax: 317-962-6219
Provider Representative	317-962-5681 (Indiana University Health & Indiana clinics) 317-962-5661 (HealthNet & Ancillary providers) 317-963-7917 (All other providers)
Claim Dept. Address (includes behavioral claims)	MDwise Methodist P.O. Box 68970 Indianapolis, IN 46268-0970
Claim Disputes Address	P.O. Box 441423 Indianapolis, IN 46244
Emdeon/WebMD Institutional Payor ID: 12K81 Professional Claims: SX172 McKesson/Relay Health Institutional Payor ID: 4976 Professional Claims Payor ID: 4481	



HEALTHY INDIANA PLANSM
Health Coverage = Peace of Mind

MDwise Healthy Indiana Plan (HIP) Contact Information

MDwise.org/healthyindiana/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 HIP Claims
P.O. Box 78310
Indianapolis, IN 46278

Medical & Behavioral Health Claims

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

Effective **8-1-11** all HIP claims regardless of date of service should be mailed to:

MDwise HIP Claims
P.O. Box 78310
Indianapolis, IN 46278

WebMD/Emdeon

Institutional Payer ID: 12K81

Professional Payer ID: SX172

McKesson/Relay Health

Institutional Payer ID: 4976

Professional Payer ID: 4481

Preferred Drug List: www.indianapbm.com/1-800-577-1278

MDwise Healthy Indiana Plan Delivery Systems

MDwise Wishard

Medical Management & Prior Authorization	317-630-6007/ 1-877-687-0022 Fax: 317-656-4002/ 1-877-360-6142
Provider Representative	317-871-8248

MDwise Methodist

Medical Management & Prior Authorization	317-962-2378/ 1-866-492-5878 Fax: 317-962-6219
Provider Representative	317-962-5681 (MDwise Methodist) 317-962-5661 (HealthNet Providers)

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

MDwise St. Catherine

Medical Management & Prior Authorization	219-392-7066 (Hospital Auths Only) 855-784-2576 (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 219-392-7097

MDwise Hoosier Alliance

Medical Management & Prior Authorization	1-888-961-3100 Fax: 1-888-465-5581
Provider Representative	1-888-961-3100

MDwise St. Margaret

Medical Management & Prior Authorization	1-800-291-4140 Fax: 1-800-747-3693
Provider Representative	219-933-2162

MDwise Total Health

Medical Management & Prior Authorization	317-860-2736/ 1-877-570-8977 Fax: 317-860-2734/2735
Provider Representative	260-373-9120 Fax: 260-373-9003

MDwise SHN

Medical Management & Prior Authorization	1-888-652-0697 Fax: 1-800-747-3693
Provider Representative	574-283-5925

Note: Medical Management and Prior Authorization for Behavioral Health—Contact HIP member's Delivery System



MDwise Care Select Contact Information

MDwise.org/caresselect/providers

General Information

Customer Service *Members and Providers may call customer service for all Care Select related questions*

I-800-356-1204 or 317-630-2831	MDwise Care Select Customer Service
Fax: 1-877-822-7188 or 317-822-7519	P.O. Box 44214
NURSEon-call: 1-800-356-1204 or 317-630-2831, Option #4	Indianapolis, Indiana 46244-0214
Indiana Relay services: 1-800-743-3333	

Provider Services

I-800-356-1204 or 317-630-2831	MDwise Care Select Provider Services
Fax: 317-630-2835	P.O. Box 44214
	Indianapolis, Indiana 46244-0214

Prior Authorization

I-800-356-1204 or 317-630-2831	MDwise Care Select Prior Authorization
HP Web interChange Prior Authorization website: www.indianamedicaid.com	P.O. Box 44214
Fax: 1-877-822-7186 or 317-822-7515	Indianapolis, Indiana 46244-0214

Care Management

I-800-356-1204 or 317-630-2831	MDwise Care Select Care Management
Fax: 1-877-822-7187 or 317-822-7517	P.O. Box 44214
	Indianapolis, Indiana 46244-0214

Disease Management

I-800-356-1204 or 317-630-2831	MDwise Care Select Disease Management
Fax: 1-877-822-7188 or 317-822-7519	P.O. Box 44214
	Indianapolis, Indiana 46244-0214

Care Select Claims *(UB04, CMS-1500, Pharmacy, Dental) Processed by Hewlett Packard Enterprise Services (HP), formerly EDS*

HP Customer Service Phone Number: 1-800-577-1278 or 317-655-3240	HP Electronic Solutions Help Desk <i>(Not for eligibility or claim inquiry):</i> 1-877-877-5182 or 317-488-5160 www.indianamedicaid.com
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Care Select Pharmacy Prior Authorization *and Pro-Dur Preferred Drug List Processed by ACS*

I-866-879-0106 Fax: 1-866-780-2198	www.indianapbm.com (Preferred Drug List)
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Services Requiring Prior Authorization

It is the responsibility of the provider to obtain PA for services from the Prior Authorization (PA) Unit PRIOR to providing that service. Providers must check PA status using HP's web interChange at www.indianamedicaid.com.

Institutional Services

- Inpatient Substance Abuse
- Psychiatric Treatment Facility (PRTF)
- Short-term Nursing Facility
- Inpatient Surgical Services
- Hospice (Traditional Medicaid only—Member must be disenrolled from *Care Select*)
- Long-term Acute Care Hospitalizations
- Inpatient Psychiatric Admissions
- Emergency Services that Require PA in Normal Non-Emergency Situation
- Outpatient Procedures Rendered while Inpatient

Non-Institutional Services

- Bariatric Services
- Stem Cell Transplants
- Home Health/Certain Types of Therapy
- Reconstructive Surgeries
- Reduction Mammoplasties
- Sliding Mandibular Osteomies
- Surgical Procedures Involving the Foot
- Out of State Services Performed in Non-Designated Areas (Non-Emergent)
- Blepharoplastics
- Brand Name Medically Necessary Drugs (Contact ACS)
- Intersex Surgeries
- Maxillo-facial Surgeries
- Rehabilitation Inpatient Admissions
- Stress Electrocardiograms
- Medically Necessary Office Visits > 30 per year
- Certain Durable Medical Equipment (DME)
- Bone Marrow
- Genetic Testing for Detection of Cancer
- Mastectomies for Gynecomastia
- Organ Transplants
- Rhinoplasty
- Submucous Resection of Nasal Septum and Septoplasty
- Podiatry Services— Inpatient or Outpatient
- Certain Home Medical Equipment (HME)
- Transportation > 20 per year
- Drugs not on the state PDL
- Transportation > 50 miles one way

Dental Services

- Dentures
- Dental Services Rendered in a Hospital
- Relines for dentures/partials for Members > Age 21
- Dental Services Rendered in an Ambulatory Surgical Center (ASC)
- Repairs for dentures/partials for Members > Age 21
- Facility/Anesthesia Services in an ASC or Hospital

Dental and pharmacy services use the Indiana Prior Review and Authorization Request Form located at www.indianamedicaid.com. All other PA requests must use the Universal PA form located at www.indianamedicaid.com unless the provider is submitting the PA request via web interChange (see the IHCP Provider Manual Chapter 6, Section 1, pages 6–8 for a list of providers who may submit PA requests via web interChange). All PA system updates must be submitted on the Prior Authorization System Update Request form also located at www.indianamedicaid.com. New PA requests should not be submitted on a Prior Authorization System Update Request form (i.e. modifying date ranges approved on a PA). All forms must be complete and signed. MDwise recommends faxing all PA information to 1-877-822-7186 or 317-822-7515.

Providers should submit PA requests to the care management organization (CMO) that the member is affiliated with on the date of the request. The CMO who receives the PA request will also process any requests for additional information related to a PA that is suspended and finalize that PA decision. Providers whose PA is suspended, have 30 days to respond to requests for additional information or that PA request will be denied. Physician authorization as well as PA may be required for some specialty services (see BT200804). Medicaid Rehabilitation Option Services PA are processed by Advantage Health Solutions.

Certification Code Policy (For *Care Select* claims prior to January 1, 2011)

It is the responsibility of each provider to verify the eligibility of each *Care Select* member PRIOR to providing services. The primary medical provider's (PMP) certification code and NPI are used by the PMP to authorize the referral of a *Care Select* member for necessary specialty services. Specialty providers must contact the member's PMP to seek the certification code PRIOR to providing services. (Please note: this includes non-emergency services provided in an emergency room in the hospital as well as all services related to an inpatient admission. Refer to BT200804 located at www.indianamedicaid.com for a list of services by provider specialty that does not require the PMP's certification code.



MDwise.org

Last Updated February 2012