How to Submit Claims to MDwise Marketplace

The MDwise Member ID Card Explained
A MDwise member’s ID card may have multiple numbers. Here is how to tell which to use on your claims.

The individual ID is immediately across from the patient’s name. The individual ID is always 10 digits. Please include all preceding zeros (example: 0000123456). The individual ID number should be used in Box 1A of the CMS 1500 claim form, or in Box 8A of the UB04 claim form. Please do not use any dashes.

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Health Plan: XXXX
Delivery System: Test Delivery System Name

Subscriber: Member Name
Spouse 0000000000
Dependent 1 0000000000
Dependent 2 0000000000
Dependent 3 0000000000
Dependent 4 0000000000

Dependent 5 0000000000
Dependent 6 0000000000
Dependent 7 0000000000
Dependent 8 0000000000
Dependent 9 0000000000

PMP: $X • Specialist: $X • Urgent Care: $X • ER: $X

Customer Service for Members and Providers:
1.855.417.5615, TTY/TDD: 1.800.743.3333
MDwiseMarketplace.org

Co-payment information is found at the bottom of the card. When checking eligibility on the myMDwise provider portal, more detailed copayment information is available in the member’s schedule of benefits. Go to MDwise.org/providers to log in.

This top number identifies the family group. It will match the main subscriber’s ID number.

Each individual under the same family insurance plan will be listed here. Each will have their own unique ID number. Use this number when submitting claims.
Below is information on how you may submit claims to MDwise Marketplace

**Electronic Claim Filing through a Clearinghouse.**

If you prefer to have a third party submit your claims to MDwise Marketplace, you can still enjoy all the benefits of electronic filing, including:

- Streamlined billing, helping to reduce paperwork.
- Faster claim delivery than traditional mail.
- Improved feedback/correction capability for claims with missing or invalid data.
- One address for all MDwise Marketplace claims.
- Confirmation that your claims were received by MDwise Marketplace.

**Change Health/ Emdeon / WebMD Payer ID: 45627**

**Paper Filing**

If you need to file a paper claim, use one of these forms:

- UB04 form
- CMS-1500

Mail to:
MDwise Marketplace
PO Box 331428
Corpus Christi, TX 78463-1428

Prior authorization numbers, addresses and electronic clearinghouse payer IDs can be found in our MDwise Marketplace quick contact guide located at [MDwise.org/for-providers/claims/mdwise-marketplace](http://MDwise.org/for-providers/claims/mdwise-marketplace).

For detailed information about how specific Marketplace benefits are covered and reimbursed, please see our MDwise Marketplace Reimbursement Manual located at [MDwise.org/for-providers/claims/mdwise-marketplace](http://MDwise.org/for-providers/claims/mdwise-marketplace).

**Tips for paper claim submission:**

After completing the appropriate form, mail it to:
MDwise Marketplace
PO Box 331428
Corpus Christi, TX 78463-1428

Use machine-printed claim forms whenever possible. Use black ink if you need to hand write information.
Marketplace Vision Claims

All MDwise Marketplace plans cover routine vision care for children. MDwise Marketplace also offers a selection of plans that cover adult routine vision as well. Vision network and claims questions should be directed to VSP. Please contact VSP at 1-855-868-4561. VSP.com