



# Quick Contact Guide



# MDwise Product Comparison

	Hoosier Healthwise	Healthy Indiana Plan	Hoosier Care Connect
<b>Basic Information</b>	<ul style="list-style-type: none"> <li>• Operations began Jan. 1994</li> <li>• Statewide operations</li> <li>• <a href="http://MDwise.org/providers">MDwise.org/providers</a></li> </ul>	<ul style="list-style-type: none"> <li>• Operations began Jan. 2008</li> <li>• Statewide operations</li> <li>• <a href="http://MDwise.org/providers">MDwise.org/providers</a></li> </ul>	<ul style="list-style-type: none"> <li>• Operations began April 2015</li> <li>• Statewide operations</li> <li>• <a href="http://MDwise.org/providers">MDwise.org/providers</a></li> </ul>
<b>Members Served</b>	<ul style="list-style-type: none"> <li>• Packages A, C, &amp; P</li> <li>• Children under the age of 19 living in a low-income household</li> <li>• Less than 150% FPL (Package A)</li> <li>• Between 150–200% FPL (Package C)</li> </ul>	<ul style="list-style-type: none"> <li>• Adults ages 19–64</li> <li>• Parents of CHIP children</li> <li>• Up to 138% FPL</li> <li>• HIP Basic</li> <li>• HIP Plus</li> <li>• HIP State Plan Basic</li> <li>• HIP State Plan Plus</li> </ul>	<ul style="list-style-type: none"> <li>• Aged, blind and disabled</li> <li>• Children receiving adoptive services</li> </ul>
<b>Customer Service</b>	<ul style="list-style-type: none"> <li>• Call 1-800-356-1204 or 317-630-2831</li> </ul>	<ul style="list-style-type: none"> <li>• Call 1-800-356-1204 or 317-630-2831</li> </ul>	<ul style="list-style-type: none"> <li>• Call 1-800-356-1204 or 317-630-2831</li> </ul>
<b>Business Structure</b>	<ul style="list-style-type: none"> <li>• Administered by MDwise and its delivery systems throughout the state of Indiana</li> </ul>	<ul style="list-style-type: none"> <li>• Administered by MDwise and its delivery systems throughout the state of Indiana</li> </ul>	<ul style="list-style-type: none"> <li>• Managed by MDwise corporate only</li> <li>• Not a delivery system model</li> </ul>
<b>Claims/Reimbursement</b>	<ul style="list-style-type: none"> <li>• Adjudicated by the delivery systems</li> <li>• Checks issued by the delivery systems</li> <li>• Claim filing limit: 90 days</li> <li>• Remittance from delivery systems</li> </ul>	<ul style="list-style-type: none"> <li>• Checks issued by HIP delivery systems</li> <li>• POWER Account managed by MDwise</li> <li>• Claim filing limit: 90 days</li> <li>• Remittance from HIP delivery system</li> </ul>	<ul style="list-style-type: none"> <li>• Adjudicated by MDwise</li> <li>• Checks issued by MDwise</li> <li>• Claim filing limit: 90 days</li> <li>• Remittance from MDwise</li> </ul>
<b>Authorization Required</b>	<ul style="list-style-type: none"> <li>• MDwise delivery systems—closed network model</li> <li>• Prior authorization required for services mandated by State and the delivery system</li> </ul>	<ul style="list-style-type: none"> <li>• MDwise delivery systems</li> <li>• Prior authorization required for services mandated by State and the delivery system</li> </ul>	<ul style="list-style-type: none"> <li>• Submit prior authorization requests to MDwise.</li> </ul>
<b>Other Program Responsibilities</b>	<ul style="list-style-type: none"> <li>• Credentialing, quality improvement program, provider relations, hearings/appeals, utilization management, claims adjudication, Right Choices program administration, behavioral health integration</li> </ul>	<ul style="list-style-type: none"> <li>• Credentialing, quality improvement program, provider relations, hearings/appeals, utilization management, claims adjudication, Right Choices program administration, behavioral health integration</li> </ul>	<ul style="list-style-type: none"> <li>• Credentialing, quality improvement program, provider relations, hearings/appeals, utilization management, Right Choices program administration, behavioral health integration, disease management</li> </ul>
<b>State Website Information</b>	<ul style="list-style-type: none"> <li>• <a href="http://indianamedicaid.com">indianamedicaid.com</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://HIP.in.gov">HIP.in.gov</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.hoosiercareconnect.in.gov">www.hoosiercareconnect.in.gov</a></li> </ul>
<b>Pharmacy</b>	<ul style="list-style-type: none"> <li>• Indiana Medicaid formulary</li> <li>• Catamaran—prior authorization/drug rebate</li> <li>• HP—processes claims</li> <li>• Formulary—<a href="http://indianamedicaid.com">indianamedicaid.com</a>, click Providers, then Pharmacy Services</li> </ul>	<ul style="list-style-type: none"> <li>• MDwise HIP formulary</li> <li>• MedImpact—prior authorization/drug rebate</li> <li>• Formulary—<a href="http://MDwise.org/providers/hip/pharmacy">MDwise.org/providers/hip/pharmacy</a> select HIP Basic, HIP State or HIP Plus</li> </ul>	<ul style="list-style-type: none"> <li>• MDwise formulary</li> <li>• MedImpact—prior authorization/drug rebate</li> <li>• MDwise—processes claims</li> <li>• Formulary: <a href="http://MDwise.org/providers/hcc/pharmacy">MDwise.org/providers/hcc/pharmacy</a></li> </ul>
<b>Other Stakeholders</b>	<ul style="list-style-type: none"> <li>• Hoosier Healthwise Helpline: 1-800-889-9949</li> <li>• Anthem (MCE): 1-866-408-6132</li> <li>• MHS (MCE): 1-877-647-4848</li> </ul>	<ul style="list-style-type: none"> <li>• Anthem HIP Plan: 1-800-553-2019</li> <li>• MHS HIP Plan: 1-866-674-1461</li> <li>• Enhanced Service Plan</li> <li>• ESP Prior Authorization: 1-866-504-7353</li> <li>• HIP Helpline: 1-877-GET-HIP-9</li> </ul>	<ul style="list-style-type: none"> <li>• Hoosier Care Connect Helpline: 1-800-356-1204</li> <li>• MedImpact (Hoosier Care Connect pharmacy): 1-844-336-2677</li> </ul>



# MDwise Hoosier Healthwise Contact Information

[MDwise.org/providers](http://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

[indianamedicaid.com](http://indianamedicaid.com) (Choose Providers, then Pharmacy Services)/1-855-577-6317

### 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 (contracted providers)	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 (non-contracted providers)	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: 2235 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 2235
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 (includes behavioral claims)	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:</i> MDwise Total health P.O. Box 830120 Birmingham, AL 35283-0120
<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: 317-880-0509/ 1-877-360-6142
Provider Representative	317-880-4053
Claim Dept. Address (includes behavioral claims)	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:</i> MDwise Eskenazi health P.O. Box 830120 Birmingham, AL 35283-0120 317-630-2831/ 1-800-356-1204
<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 (includes behavioral claims) HIP Maternity Claims	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:</i> 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
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:</i> 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

## 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



# MDwise Healthy Indiana Plan (HIP) Contact Information

[MDwise.org/providers](http://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](http://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](http://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: 317-880-0509/ 1-877-360-6142
Provider Representative	317-880-4053

### 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 Hoosier Care Connect Contact Information

[MDwise.org/providers](http://MDwise.org/providers)

## General Information

**Customer Service** *Members and providers may call customer service for all Hoosier Care Connect related questions*

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

Fax: 1-877-822-7188 or 317-822-7519

NURSEon-call: 1-800-356-1204 or 317-630-2831, Option #4

Indiana Relay services: 1-800-743-3333

MDwise Hoosier Care Connect Customer Service

P.O. Box 44214

Indianapolis, Indiana 46244-0214

## Provider Services

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

Fax: 317-630-2835

MDwise Hoosier Care Connect Provider Services

P.O. Box 44214

Indianapolis, Indiana 46244-0214

## Prior Authorization

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

Fax: 844-407-6454 and 317-715-4214

MDwise Hoosier Care Connect Prior Authorization

P.O. Box 44214

Indianapolis, Indiana 46244-0214

## Care Management

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

Fax: 1-877-822-7187 or 317-822-7517

MDwise Hoosier Care Connect Care Management

P.O. Box 44214

Indianapolis, Indiana 46244-0214

## 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

## Disease Management

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

Fax: 1-877-822-7188 or 317-822-7519

MDwise Hoosier Care Connect Disease Management

P.O. Box 44214

Indianapolis, Indiana 46244-0214

## Hoosier Care Connect Claims *(UB04, CMS-1500, Pharmacy) (HP), formerly EDS*

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

Fax: 1-877-822-7187

MDwise Hoosier Care Connect Claims

P.O. Box 331538

Corpus Christi, TX 78463-1538

Change Health, Emdeon/WebMD Payer ID: 91313

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

MDwise Hoosier Care Connect Claims

P.O. Box 830120

Birmingham, AL 35283-0120

Hoosier Care Connect Payor ID info:

[WebMD/Emdeon](#)

Institutional Payer ID: 12K81

Professional Payer ID: SX172

[McKesson/Relay Health](#)

Institutional Payer ID: 4976

Professional Payer ID: 4481

## Hoosier Care Connect Contact Information (cont.)

### Hoosier Care Connect 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](http://www.dentaquest.com) or  
Via Clearinghouse - Payer ID CX014  
DentaQuest, LLC  
12121 N. Corporate Parkway  
Mequon, Wisconsin 53092

### Hoosier Care Connect Pharmacy Prior Authorization *and Pro-Dur Preferred Drug List Processed by MedImpact*

---

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

MDwise Hoosier Care Connect  
P.O. Box 44214  
Indianapolis, Indiana 46244-0214

#### 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

## Services Requiring Prior Authorization

---

Please refer to the Hoosier Care Connect Prior Authorization List on our website at [MDwise.org](http://MDwise.org).



MDwise.org

Last updated January 2017

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