



A McLaren Company

Quick Contact Guide



2023 Edition - Go to MDwise.org/Providers for latest version.
Click on **MDwise Advantage** and then **For Providers**.

MDwise Product Information

MDwise Medicare Member Enrollment Plans

MDwise Medicare Inspire (HMO)

Monthly Premium: \$0
 Annual Deductible: \$0
 Annual Out of Pocket Max: \$3,900
 Office Visit Copay:
 PCP - \$0
 Specialist - \$40
 Inpatient Hospital Copay (per day): \$295/day (days 1-7)
 Prescription Drug Deductible (Part D): \$0

MDwise Medicare Inspire Plus (HMO)

Monthly Premium: \$25
 Annual Deductible: \$0
 Annual Out of Pocket Max: \$3,400
 Office Visit Copay:
 PCP - \$0
 Specialist - \$40
 Inpatient Hospital Copay (per day): \$290/day (days 1-7)
 Prescription Drug Deductible (Part D): \$0

MDwise Medicare Inspire Flex (HMO-POS)

Monthly Premium: \$49
 Annual Deductible: \$0
 Annual Out of Pocket Max: \$10,000 in-network and out-of-network combined; \$4,300 in-network
 Office Visit Copay:
 PCP - \$0
 Specialist - \$40
 Inpatient Hospital Copay (per day): \$310/day (days 1-7)
 Prescription Drug Deductible (Part D): \$0

MDwise Medicare Inspire Duals (HMO DSNP)

Monthly Premium: \$0
 Annual Deductible: \$0
 Annual Out of Pocket Max: \$0
 Office Visit Copay:
 PCP - \$0
 Specialist - \$0
 Inpatient Hospital Copay (per day): \$0
 Prescription Drug Deductible (Part D): \$0

General Information

MDwise Member Service & Transportation Reservations

Member Customer Service

Phone Toll Free: 1-833-358-2140
 Fax Toll Free: 1-855-331-8382

MDwise Provider Services

Provider Customer Service Unit (PCSU) Phone: 1-833-654-9192

MDwise Provider Services
 2955 N Meridian St. Ste. 201
 Indianapolis, IN 46208

Provider Enrollment
 E-mail: prenrollment@mdwise.org
 Phone: 1-317-822-7300 opt. 1
 Fax: 1-317-822-7310

Provider Relations Territory Representatives
www.mdwise.org/for-providers/contact-information

Provider Credentialing
 E-mail: credentialing@mdwise.org

MDwise Health Services & Medical Prior Authorization

Phone & Fax Authorization Requests

Phone: 1-833-358-2140
Inpatient PA Fax: 1-855-331-8384
General PA Fax: 1-855-377-3653

Portal Authorization Requests

<https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin>
E-mail: medicarepriorauthorization@mdwise.org

Appeals & Grievances

Attention: Medical Management
P.O. Box 44092
Indianapolis, IN 46244-0092
Member Appeals Phone Inquiry: 1-833-358-2140

MDwise Claim Contact Information

Medical Claims

Paper Claim Submissions
MDwise/McLaren Health Plans
P.O. Box 1575
Flint, MI 48501

Electronic Claim Submissions
Clearinghouse: Optum Financial www.optum.com/eps
Medicare Payer Id: MDADV

Claim Status Verification

myMDwise Provider Portal: www.mdwise.org/for-providers/mymdwise-provider-portal
Provider Customer Service Unit (PCSU): 1-833-654-9192

Claim Inquiry, Adjustments & Disputes

MDwise, Inc.
Attention: Claim Dispute Team
P.O. Box 441423
Indianapolis, IN 46225

E-mail: CDticket@mdwise.org
Claim Adjustment, Dispute, Readmission Dispute, and
Refund Remittance forms can be found at:
www.mdwise.org/for-providers/forms/claims

Pharmacy Claims

Pharmacy Information
RxBIN: 015574
PCN: ASPRODI
RxGRP: MD500, MD501

Pharmacy Help Desk: 1-800-910-4691
Prior Authorization Phone: 1-800-910-4691
Prior Authorization Fax: 1-858-790-7100
Pharmacy Appeals Fax: 1-858-790-7100

Preferred Drug List (PDL): www.mclaren.org/mdwise-medicare/formulary-mdwise

MDwise Program Integrity

MDwise Special Investigation Unit (SIU)

Toll Free Phone: 1-800-356-1204
Local Phone: 1-317-822-7400
E-mail: SIU@MDwise.org

U.S. Department of Health and Human Services

Office of Inspector General
Phone: 1-800-HHS-TIPS (1-800-4447-8477)
Online: <https://oig.hhs.gov/fraud/report-fraud/index.asp>



<https://www.mdwise.org/mdwise-medicare/provider-information-mdwise-ma>