

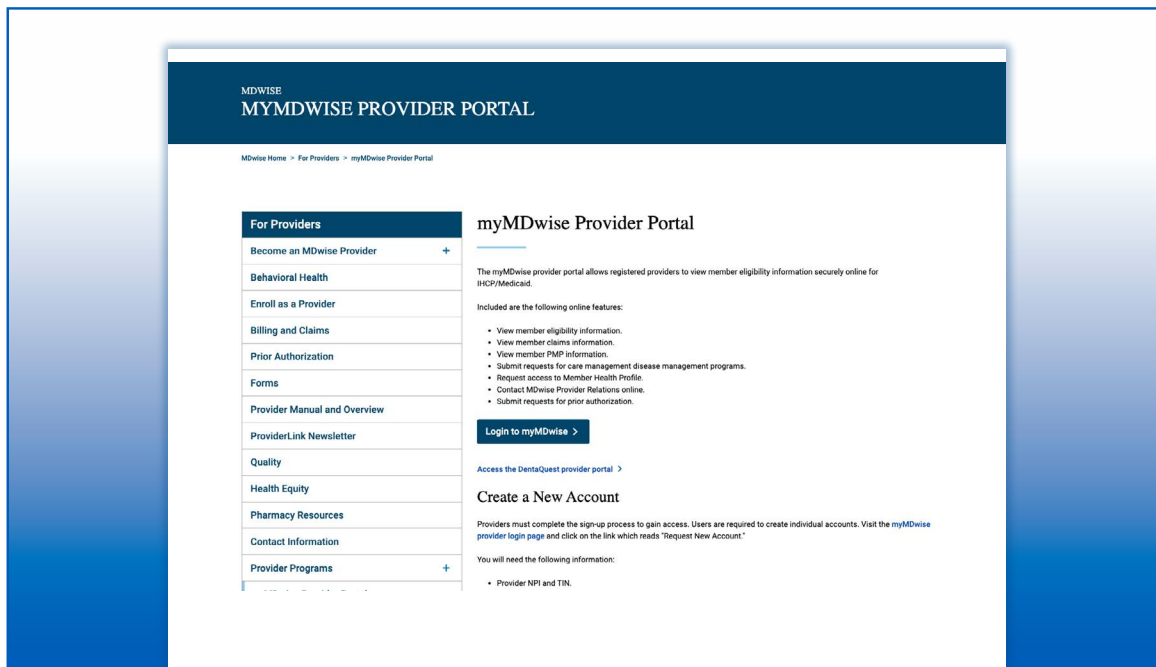
Creating a myMDwise Provider Portal Account

The myMDwise provider portal is a great way to check MDwise member eligibility and view claims status. Here is the URL: <https://secure.healthx.com/mymdwiseprovider.aspx>

If you need assistance using the myMDwise provider web portal please contact provider relations at 317-822-7300, Option 1.

Getting Started

Visit <https://www.mdwise.org/mdwise/mdwise-for-providers> to get started!



After clicking the link for the myMDwise portal, a log in screen will appear. If you already have an account, you can log in as usual. If you need to create a username and password, click "Request a new account" and proceed through the steps.



Welcome to myMDwise

The myMDwise provider portal allows registered providers to view member eligibility information securely online for both IHCP/Medicaid.

Included are the following online features:

- View member eligibility information.
- View member claims information.
- View member PHAP information.
- Submit requests for care management disease management programs.
- Request access to Member Health Profile.
- Contact MDwise Provider Relations online.
- Submit requests for prior authorization.

Request for Access

Providers must complete the sign-up process to gain access. Users are required to create individual accounts. [View our sign-up guide for additional help info.](#)

MDwise is Here to Help

If you have questions please contact MDwise Provider Relations at 317-822-7300, option 1.

[MDwise Prior Authorization Appeal Form](#)

Supported browsers

myMDwise portal supports the latest 2 versions of the following major browsers:

Chrome | Internet Explorer | Firefox | Safari

Other browsers are supported on a limited basis and may display differently from the newer browsers. Organizations that depend on old versions of Internet Explorer may want to consider a dual browser strategy.

[MDwise Terms of Use](#)

[MDwise Privacy Policy](#)

[MDwise HIPAA Policy](#)

Sign in to your account

Username

Password

Sign in

Create account

[Provider Portal Help Guide](#)

[Prior Authorization Help Guide](#)

Providers:

[Request a new account](#)

[Forgot your username or Password?](#)

ePSS Tool:

The United States Preventive Services Task Force (USPSTF) develops evidence-based recommendations for clinical preventive services, and has created an Electronic Preventive Services Selector (ePSS) Tool for Primary Care Providers.

Step 1: Licensing Agreement

Review and click on **Agree**



Welcome Providers!

Please read the License Agreement. Click 'Agree' to continue or 'Disagree' to go back to the login page.

[MDwise Terms of Use](#)
[MDwise Privacy Policy](#)
[MDwise HIPAA Policy](#)

Step 1 of 6: License Agreement

Internet. However, nothing is entirely foolproof, and as a customer, you accept the risk of conducting financial and private transactions via the Internet.

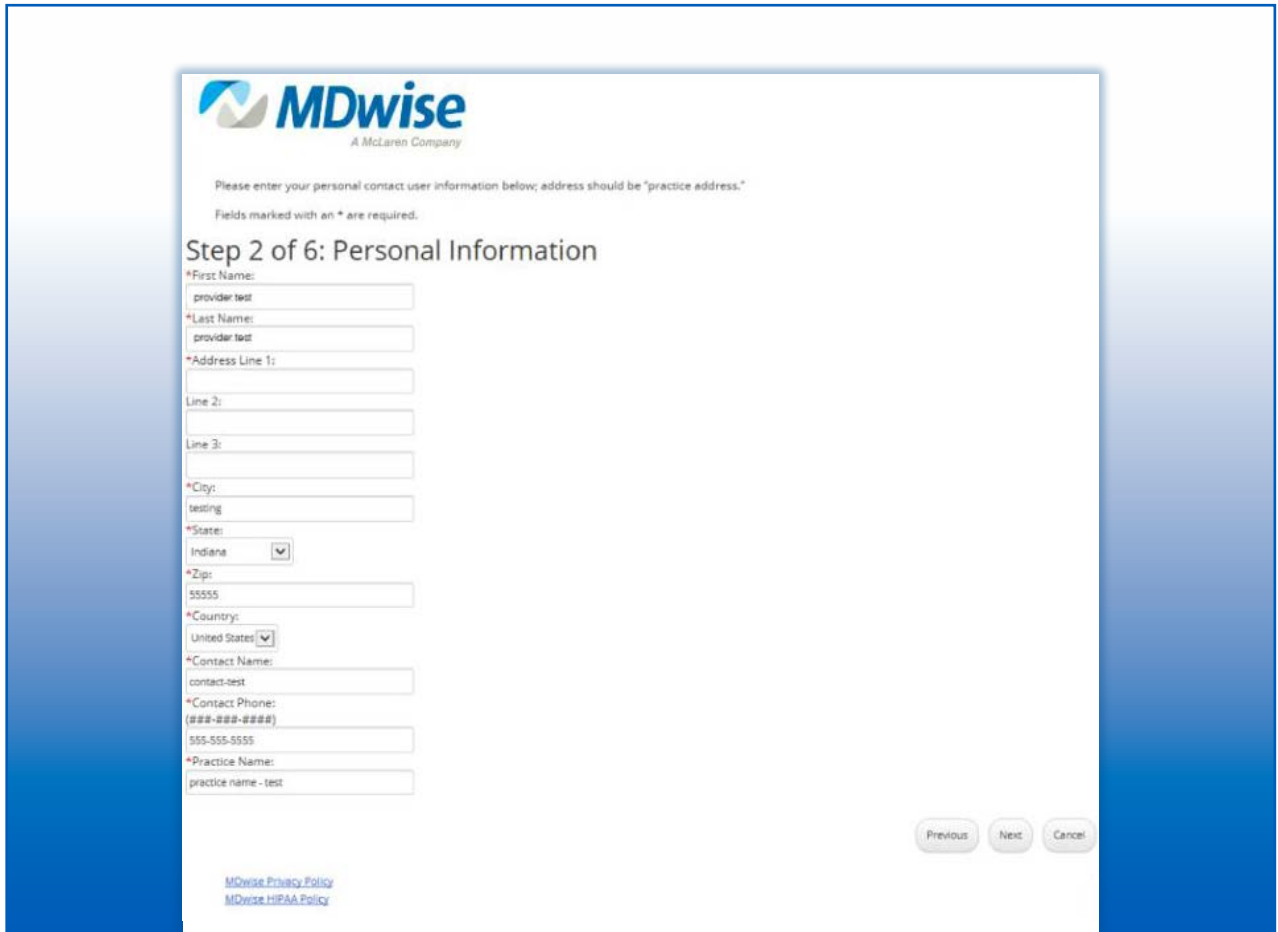
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Limitation of Liability. UNDER NO CIRCUMSTANCES SHALL WE BE LIABLE TO YOU OR ANY THIRD PARTY ON ACCOUNT OF ANY CLAIM, LOSS OR DAMAGE (WHETHER BASED UPON PRINCIPLES OF CONTRACT, WARRANTY, MISREPRESENTATION, NEGLIGENCE OR OTHER TORT, BREACH OF ANY STATUTORY DUTY, PRINCIPLES OF INDEMNITY, THE FAILURE OF ANY LIMITED REMEDY TO ACHIEVE ITS ESSENTIAL PURPOSE, OR OTHERWISE) FOR ANY SPECIAL, INDIRECT, RELIANCE, CONSEQUENTIAL, INCIDENTAL, OR EXEMPLARY DAMAGES OR ATTORNEY FEES, INCLUDING BUT NOT LIMITED TO LOST PROFITS, LOST SAVINGS, LOST BENEFITS, LOST DATA, OR FOR ANY DAMAGES OR SUMS PAID BY YOU TO THIRD PARTIES, EVEN IF WE HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

Governing Law. This Agreement shall be governed by and construed in accordance with

Step 2: Personal Information

Complete required fields and click on **Next**



The screenshot shows the MDwise registration interface. At the top left is the MDwise logo with the tagline "A McLaren Company". Below the logo, there is a instruction: "Please enter your personal contact user information below; address should be 'practice address.'" and a note: "Fields marked with an * are required." The main heading is "Step 2 of 6: Personal Information". The form contains the following fields:

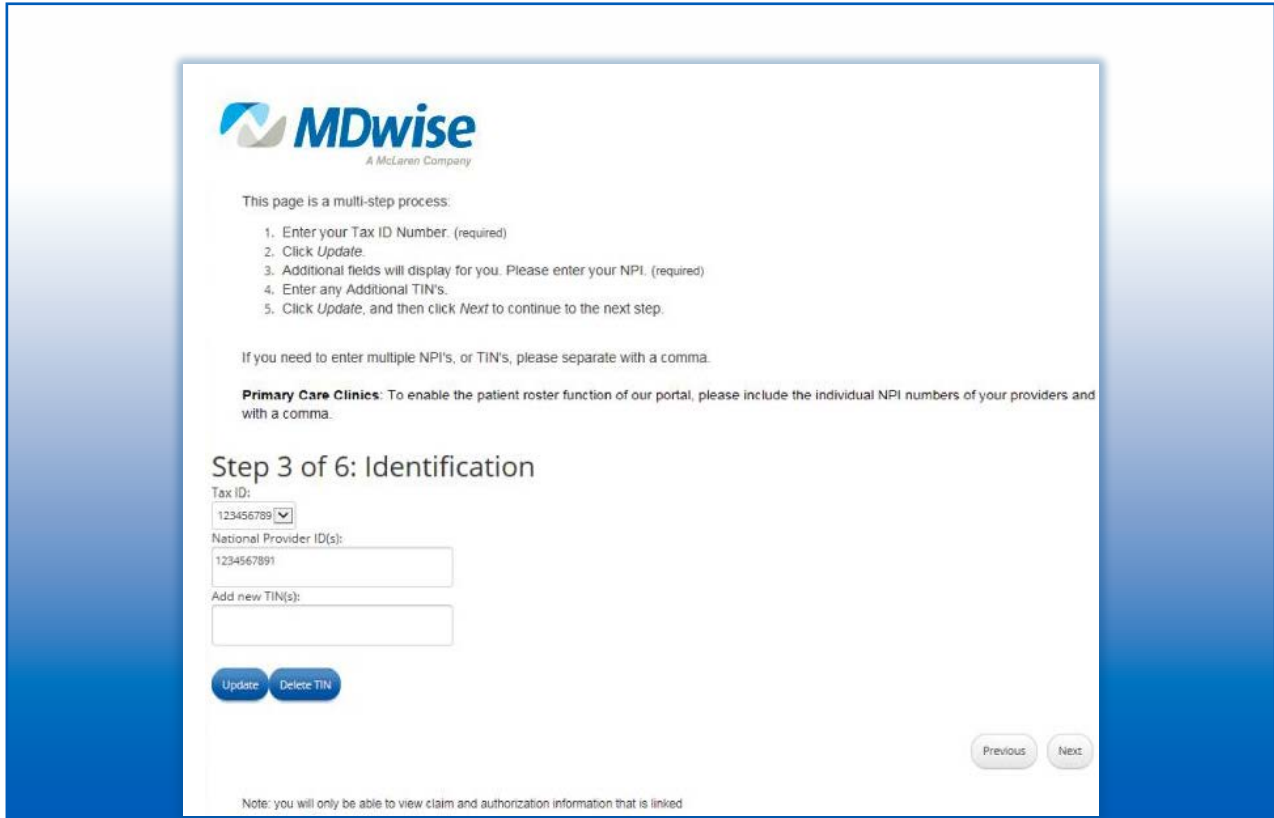
- *First Name: provider-test
- *Last Name: provider-test
- *Address Line 1: (empty)
- Line 2: (empty)
- Line 3: (empty)
- *City: testing
- *State: Indiana (dropdown menu)
- *Zip: 55555
- *Country: United States (dropdown menu)
- *Contact Name: contact-test
- *Contact Phone: (###-###-####) 555-555-5555
- *Practice Name: practice name - test

At the bottom right of the form are three buttons: "Previous", "Next", and "Cancel". At the bottom left, there are two links: "MDwise Privacy Policy" and "MDwise HIPAA Policy".

Step 3: Identification

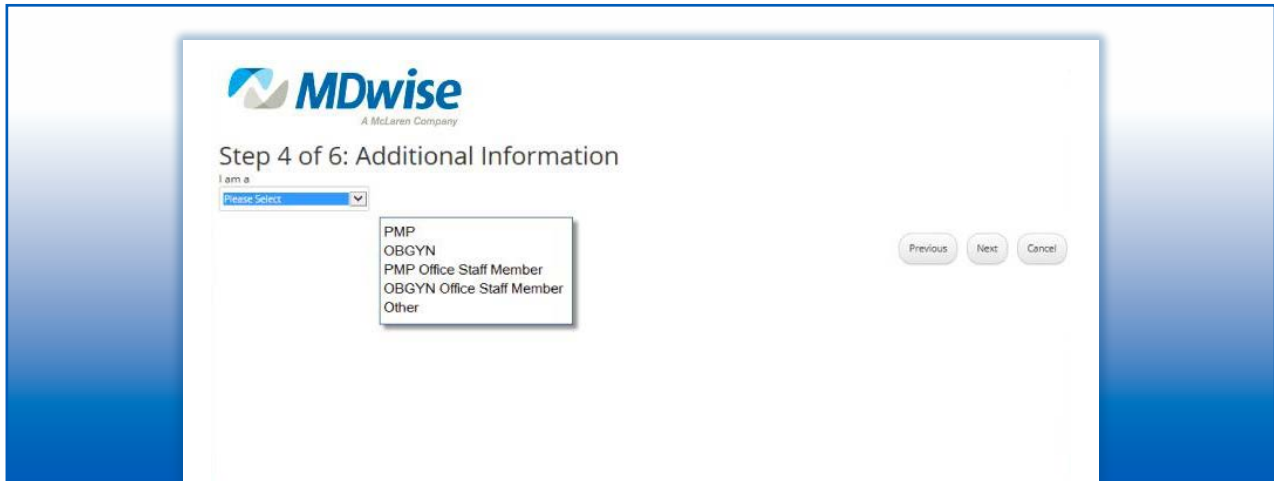
Enter the Tax IDs and NPIs for your practice here. You will only be able to view claim and authorization information that is linked to the NPIs and Tax IDs you include. For primary care physicians please include your individual NPI numbers so that you can easily pull a roster of the patients' assigned to you.

Once you have completed this step, click next.



Step 4: Additional Information

Primary care providers please select an appropriate option from the drop down menu. This will enable you to see quality reports associated with members on your panel. Specialists who do not hold a panel should choose "other:"



Step 5: Create Username and Password

Follow the instructions for creating username and password for the myMDwise web portal

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Username: Must be at least 3 in length, starting with a letter. Characters accepted are alpha-numeric, . (dot), - (dash), _ (underscore) and @ (at sign)

Please enter your full email address, for example.name@domain.com

Password: At least 8 characters/Alpha-numeric and special characters -_#%&*~^!/?/+

Step 5 of 6: Create User ID (Username) and Password

*Username:
testing-signup

*E-mail Address:
provider@test.org

*Confirm E-mail Address:
provider@test.org

*Password:

*Confirm Password:

*Secret Question:
What's the city where you were born? [v]

*Secret Answer:
test x

Previous Next

Step 6: Verification

Verify that the information you entered is correct and click finish

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Step 6 of 6: Verify

Username: testing-signup

First Name: provider
Last Name: test
E-Mail Address: provider@test.org
Address: testing address
testing, IN 55555

Contact: contact-test
Phone: 555-555-5555
Practice Name: practice name - test

TIN: 123456789
NPI(s): 1234567891

Previous Finish

After submitting you will be taken to your myMDwise home screen. This is the same screen you will see whenever you log into the myMDwise web portal.

Please note: Until your access is approved you will not be able to view eligibility and claims. Please allow up to three days for MDwise Provider Relations to process your request.