



*A McLaren Company*

# Quick Contact Guide

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2022 Edition - Go to [MDwise.org/Providers](https://MDwise.org/Providers) for latest version.

## MDwise Product Information

| <b>Indiana Health Coverage Program (IHCP) Member Enrollment</b>  |   |
|--|---|
| <b>Hoosier Healthwise</b>  | <b>Healthy Indiana Plan (HIP)</b>   |
| Hoosier Healthwise Member Website:<br><a href="http://www.in.gov/medicaid/members">www.in.gov/medicaid/members</a><br>Children up to age 19<br>Pregnant Members (138%-208% FPL)<br>Package A Standard Plan<br>Package C CHIP | Healthy Indiana Plan Member Website:<br><a href="http://www.in.gov/fssa/hip">www.in.gov/fssa/hip</a><br>Adults ages 19-64<br>Pregnant Members (under 138% FPL)<br>HIP PLUS                                      HIP BASIC<br>HIP State Plan PLUS                      HIP State Plan BASIC<br>HIP Maternity |
| <b>IHCP Enrollment Broker: Maximus, Inc.</b>   |   |
| Hoosier Healthwise Helpline: 1-800-889-9949  | HIP Enrollment Helpline: 1-877-GET-HIP-9 (877-438-4479)   |

## General Information

| <b>MDwise Member Customer Service &amp; Transportation Reservations</b> |                             |
|---|-----------------------------|
| <b>Member Customer Service</b>  |                             |
| Phone Toll Free: 1-800-356-1204   | Phone Local: 1-317-630-2831 |
| Fax Toll Free: 1-877-822-7190   | Fax Local: 1-317-829-5530   |

| <b>MDwise Provider Services</b>  |  |
|--|--|
| <b>Provider Customer Service Unit (PCSU)</b>   | Phone: 1-833-654-9192  |
| <b>MDwise Provider Services</b><br>2955 N Meridian St. Ste. 201<br>Indianapolis, IN 46208                              | <b>Provider Enrollment</b><br>Email: <a href="mailto:prenrollment@mdwise.org">prenrollment@mdwise.org</a><br>Phone: 1-317-822-7300 option 1<br>Fax: 1-317-822-7310 |
| <b>Provider Relations Territory Representatives</b>  | <b>Provider Credentialing</b>  |
| <a href="http://www.mdwise.org/for-providers/contact-information">www.mdwise.org/for-providers/contact-information</a> | Email: <a href="mailto:credentialing@mdwise.org">credentialing@mdwise.org</a>  |

| <b>MDwise Health Services &amp; Medical Prior Authorization</b>  |  |
|--|--|
| <b>Phone &amp; Fax Authorization Requests</b>  | <b>Portal Authorization Requests</b>   |
| Phone: 1-888-961-3100<br>Main Fax: 1-888-465-5581<br>Inpatient Fax: 1-866-613-1631<br>Outpatient Fax: 1-866-613-1642 | <a href="http://www.mdwise.org/for-providers/prior-authorization">www.mdwise.org/for-providers/prior-authorization</a><br><br>E-Mail Inquiry: <a href="mailto:padept@mdwise.org">padept@mdwise.org</a> |

| <b>Appeals &amp; Grievances</b>  | <b>Right Choice Program (RCP)</b>            |
|--|--|
| Attention; Medical Management<br>P.O. Box 44236<br>Indianapolis, IN 46244-0236<br>Member Appeals Phone Inquiry: 1-800-356-1204 | Phone: 1-800-356-1204<br>Fax: 1-317-822-7500 |

## 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](http://www.optum.com/eps)  
Hoosier Healthwise Payer ID: 3519M  
Healthy Indiana Plan Payer ID: 3135M

### Claim Status Verification

myMDwise Provider Portal: [www.mdwise.org/for-providers/mymdwise-provider-portal](http://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

Email: [CDticket@mdwise.org](mailto:CDticket@mdwise.org)

*Claim Adjustment, Dispute, Readmission Dispute, and Refund Remittance forms can be found at:*  
[www.mdwise.org/for-providers/forms/claims](http://www.mdwise.org/for-providers/forms/claims)

### Pharmacy Claims

Pharmacy Information

RxBIN: 003585

PCN: ASPRODI

RxGRP: MDW

Preferred Drug List (PDL): [www.mdwise.org/for-providers/pharmacy-resources](http://www.mdwise.org/for-providers/pharmacy-resources)

Pharmacy Help Desk: 1-844-336-2677

Prior Authorization Phone: 1-800-788-2949

Prior Authorization Fax: 1-858-790-7100

Pharmacy Appeals Fax: 1-844-759-8548

### Dental Claims

#### Paper Claim Submissions

DentaQuest of IN- Claims  
P.O. Box 2906  
Milwaukee, WI 53201

#### Electronic Claim Submissions

Portal: [www.dentaquest.com](http://www.dentaquest.com)  
Plan Payer ID: CX014

### Subrogation Information & Recovery

MultiPlan

535 Diehl Road Ste. 100  
Naperville, IL

Phone: 1-866-223-9974

Fax: 1-866-297-3112

Website: [www.multiplan.us](http://www.multiplan.us)

### 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](mailto:SIU@MDwise.org)

#### OMPP Program Integrity

Phone: 1-800-457-4515

Email: [programintegrity.FSSA@fssa.in.gov](mailto:programintegrity.FSSA@fssa.in.gov)

[www.in.gov/medicaid/providers/business-transactions](http://www.in.gov/medicaid/providers/business-transactions)

