



MDwise with AmeriChoice Healthy Indiana Plan (HIP) Contact Information

GENERAL INFORMATION

ENROLLMENT BROKER

Maximus

I-877-GET-HIP-9 or
I-877-438-4479

CUSTOMER SERVICE

I-877-822-7196 or 317-822-7196
Fax: I-877-822-7192 or 317-822-7192

MDwise with AmeriChoice (HIP)
P.O. Box 44236
Indianapolis, IN 46244-0236

PROVIDER SERVICES

I-877-822-7196 or 317-822-7196
Fax: I-877-822-7192 or 317-822-7192

MDwise with AmeriChoice (HIP)
P.O. Box 44236
Indianapolis, IN 46244-0236

MEDICAL CLAIMS

I-877-822-7196 or 317-822-7196

MDwise with AmeriChoice (HIP)
P.O. Box 31363
Salt Lake City, UT 84131-0363
Payor ID for electronic claims: 87726

BEHAVIORAL HEALTH CLAIMS

I-866-218-1524 or 317-580-4679

MDwise
P.O. Box 33049
Indianapolis, IN 46202-0049
Payor ID: MDWIS
effective 5.8.09

Please see the back for Delivery System's Provider Relations and Prior Authorization contact information



MDwise with AmeriChoice Healthy Indiana Plan (HIP) Contact Information (including Delivery Systems)

Customer/Provider Service: 1-877-822-7196 or 317-822-7196 Fax: 1-877-822-7192 or 317-822-7192
Enrollment Broker: 1-877-GET-HIP-9 (1-877-438-4479)
Provider Relations: 317-829-5532
Web Site: www.MDwise.org (Preferred Drug List, member information, PA forms, Provider Manual, newsletters and more)

DELIVERY SYSTEMS

MDWISE WISHARD

Medical Management &
Prior Authorization: 317-860-2736
Fax: 317-860-2734/2735

Pharmacy Prior Auth: 1-800-558-1655
Fax: 877-234-4274

Provider Representative: 317-871-8814
1-800-927-7927

ST. CATHERINE

Medical Management &
Prior Authorization: 219-392-7066
(Hospital Auths Only)
219-392-7072
(All Other Auths)
Fax: 219-392-7090

Pharmacy Prior Auth: 219-392-7033
Fax: 219-392-7090

Provider Representative: 219-392-7160

MDWISE METHODIST

Medical Management &
Prior Authorization: 317-962-2378/
1-866-492-5878
Fax: 317-962-6219

Pharmacy Prior Auth: 1-800-558-1655
Fax: 1-877-234-4274

Provider Representative: 317-962-5681
(MDwise Methodist)
317-962-5661
(HealthNet Providers)

BEHAVIORAL HEALTH

Claims Inquiries: 1-866-218-1524/
317-580-5679

Medical Management &
Prior Authorization: Contact HIP member's
delivery system

Pharmacy Prior Auth: 1-800-558-1655
Fax: 1-877-234-4274

Provider Representative: 317-822-7196/
1-877-822-7196

Claims Dept. Address: Clarian Health Plans, Inc.
P.O. Box 447
Linthicum, MD 21090-0447
Payor ID: 95444

HOOSIER ALLIANCE

Medical Management &
Prior Authorization: 1-888-961-3100
Fax: 1-888-465-5581

Pharmacy Prior Auth: 1-800-558-1655
Fax: 1-877-234-4274

Provider Representative: 1-888-961-3100