



Indiana Health Coverage Programs Quick Reference Guide

| Nonpharmacy Contact Information | | | |
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| ADVANTAGE Health SolutionsSM Prior Authorization – Medical FFS P.O. Box 40789 Indianapolis, IN 46240 1-800-269-5720 Fax: 1-800-689-2759 | Automated Voice Response (AVR) System Including eligibility verification 1-800-738-6770 (317) 692-0819 | HP Member Hotline 1-800-457-4584 (317) 713-9627 Opt 1 = Member Services – English Opt 2 = Member Services – Spanish | Premium Collection Services Package C Payment Line 1-866-404-7113 Package C Payment Mailing Address Hoosier Healthwise P.O. Box 3127 Indianapolis, IN 46206-3127 M.E.D. Works Payment Line 1-866-273-5897 M.E.D. Works Payment Mailing Address P.O. Box 946 Indianapolis, IN 46206 |
| HP Electronic Solutions Help Desk INXIXElectronicSolution@hp.com 1-877-877-5182 (317) 488-5160 | HP Forms Requests P.O. Box 7263 Indianapolis, IN 46207-7263 | HP Administrative Review Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263 | |
| HP Third Party Liability (TPL) 1-800-457-4510 (317) 488-5046 Fax: (317) 488-5217 | HP Provider Enrollment and Waiver P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750 | HP Provider Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263 | |
| IHCP Program Integrity Department P.O. Box 636297 Cincinnati, OH 45263-6297 1-800-457-4515 (317) 234-7598 | HP Omni Help Desk 1-800-284-3548 (317) 488-5051 | HP Customer Assistance (Providers) 1-800-577-1278 (317) 655-3240 Opt 1 = Member Services Opt 2 = Pharmacy Services Opt 3 = Provider Enrollment Opt 4 = All Other Provider Inquires (Automated Voice Response) | IHCP Provider and Member Concern Line (Fraud and Abuse) 1-800-457-4515 (317) 234-7598 |
| Pharmacy Services Contact Information | | | |
| Indiana Drug Rebate Indiana Drug Rebate Catamaran 3025 Windward Plaza, Suite 200 Alpharetta, GA 30005 or indiana.rebates@catamaranrx.com | Pharmacy Services Assistance Catamaran Clinical/Technical Help Desk (All provider and member inquiries directly related to POS and pharmacy claims processing, pharmacy clinical inquiries, pharmacy audits, or requests for pharmacy prior authorization.) 1-855-577-6317 24 hours a day, seven days a week Member.ServicesINM@sxc.com | Pharmacy Claims Filing Catamaran Indiana Medicaid Pharmacy Claims P.O. Box 5206 Lisle, IL 60532-5206 | Pharmacy Claims Voids/Reversals Catamaran Indiana Medicaid Pharmacy Voids and Reversals P.O. Box 5206 Lisle, IL 60532-5206 |
| Pharmacy Benefit Management Inquiries PDL@fssa.in.gov | Catamaran Claims Admin. Review Catamaran P.O. Box 44085 Indianapolis, IN 46244-0085 | PA/Pro-DUR/Preferred Drug List – IHCP Pharmacy Benefits Catamaran Clinical Call Center 1-855-577-6317 Fax: 1-855-577-6384 | To make refunds to the IHCP for pharmacy claims, send check to: JP Morgan Chase Attn: Catamaran Rebates LBX26593 131 South Dearborn-6th Floor Chicago, IL 60603 |
| Enrollment Broker Helplines (MAXIMUS) | | Hoosier Healthwise Managed Care Entities (MCEs) | |
| Hoosier Healthwise indianamedicaid.com 1-800-889-9949 Care Select indianamedicaid.com 1-866-963-7383 HIP HIP.in.gov 1-877-438-4479 | Anthem anthem.com Claims 1-866-408-6132 Member Services 1-866-408-6131 Medical PA 1-866-408-7187 Inpatient Authorization Fax: 1-877-282-9831 Outpatient Clinical Services Fax: 1-877-282-9830 St Francis Health Network PA Authorizations: 1-800-291-4140 Provider Services: 1-866-427-3197 Fax: 1-800-747-3693 Pharmacy PA 1-855-577-6317 Fax: 1-855-577-6384 Provider Services 1-866-408-6132 Fax: 1-866-408-7087 Prospective Providers 1-800-455-6805 Fax: (317) 287-8906 Transportation 1-800-508-7230 | MDwise mdwise.org Claims, Member Services Medical PA /Medical Management, and Provider Services 1-800-356-1204 (317) 630-2831 Member Services Fax: Fax: 1-877-822-7190 Fax: (317) 829-5530 Medical PA/Management Fax: See Quick Contact Sheet at mdwise.org Pharmacy PA 1-855-577-6317 Fax: 1-855-577-6384 | Managed Health Services (MHS) mhsindiana.com Provider Services/Claims Member Services Administration Prior Authorization Network Management Case Management Cenpatico Transportation Family Education Network Language Assistance 1-877-647-4848 Pharmacy PA 1-855-577-6317 Fax: 1-855-577-6384 Ombudsman 1-877-647-5326 |



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| Check Submission | | | |
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| To make refunds to the IHCP HP Refunds P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303 | To Return Uncashed IHCP Checks HP Finance Department 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288 | Pharmacy See Pharmacy Services Contact Information | |
| Nonpharmacy Paper Claim Filing | | | |
| HP Claim Attachment Cover Sheets (Electronic Claims) P.O. Box 7259 Indianapolis, IN 46207-7259 | HP Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265 | HP Medical Crossover Claims, including 590 and Waiver P.O. Box 7267 Indianapolis, IN 46207-7267 | |
| HP Dental Claims P.O. Box 7268 Indianapolis, IN 46207-7268 | HP Institutional Crossover/UB-04 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims P.O. Box 7271 Indianapolis, IN 46207-7271 | HP CMS-1500 Claims, single and attachment claims including 590 and Waiver P.O. Box 7269 Indianapolis, IN 46207-7269 | |
| Care Select – Care Management Organizations (CMOs) | | | |
| ADVANTAGE Health SolutionsSM advantageplan.com Member Services 1-800-784-3981 Provider Services 1-866-504-6708 Medical PA P.O. Box 80068 Indianapolis, IN 46280 1-800-784-3981 Fax: 1-800-689-2759 Pharmacy PA 1-855-577-6317 Fax: 1-855-577-6384 Hospice Member Disenrollment Fax: (317) 810-4488 | MDwise mdwise.org Member Services and Provider Services 1-800-356-1204 (317) 630-2831 Member Services Fax 1-877-822-7188 Medical PA P.O. Box 44214 Indianapolis, IN 46244-0214 1-800-356-1204 (317) 630-2831 Fax: 1-877-822-7186 Pharmacy PA 1-855-577-6317 Fax: 1-855-577-6384 | Pharmacy See Pharmacy Services Contact Information | HP Claims Providers 1-800-577-1278 (317) 655-3240 Opt 1 = Member Services Opt 2 = Pharmacy Services Opt 3 = Provider Enrollment Opt 4 = All Other Provider Inquires (Automated Voice Response) Members 1-800-457-4584 (317) 713-9627 Opt 1 = Member Services – English Opt 2 = Member Services – Spanish |
| Healthy Indiana Plan (HIP) Organizations | | HIP – Enhanced Services Plan (ESP) Organizations | |
| MDwise mdwise.org Member Services and Provider Services 1-800-356-1204 (317) 630-2831 Fax: 1-877-822-7192 Fax: (317) 822-7192 Medical and Behavioral Health Claims Paper Claims: MDwise HIP Claims P.O. Box 78310 Indianapolis, IN 46278 Electronic Claims: WebMD/Emdeon Institutional Payer ID 12K81 Professional Payer ID SX172 McKesson/Relay Health Institutional Payer ID 4976 Professional Payer ID 4481 Medical PA /Management Fax: See Quick Contact Sheet at mdwise.org Pharmacy PA 1-855-577-6317 Fax: 1-855-577-6384 | Anthem anthem.com Member Services 1-866-408-6131 Provider Inquiry P.O. Box 37010 Louisville, KY 40233-7010 1-800-345-4344 Medical PA 1-866-398-1922 Pharmacy PA 1-855-577-6317 Fax: 1-855-577-6384 | Managed Health Services (MHS) mhsindiana.com Provider Services/Claims Member Services Administration Prior Authorization Network Management Case Management Cenpatico Transportation Family Education Network Language Assistance 1-877-647-4848 Medical Claims Managed Health Services P.O. Box 3002 Farmington, MO 63640-3802 Pharmacy PA 1-855-577-6317 Fax: 1-855-577-6384 Ombudsman 1-877-647-5326 | Nonpharmacy P.O. Box 33077 Indianapolis, IN 46203-0077 1-866-674-1461 (317) 614-2032 PA – Medical 1-877-217-7150 Pharmacy PA – IHCP Pharmacy Benefits Clinical Call Center 1-855-577-6317 Fax: 1-855-577-6384 Catamaran Pharmacy Benefits Manager Catamaran P.O. Box 5206 Lisle, IL 60532-5206 |
| Right Choices Program) | | | |
| ADVANTAGE Health Solutions – Care Select and FFS P. O. Box 40789 Indianapolis, IN 46240-0789 1-800-784-3981 Fax: 1-800-392-6894 | Anthem – HIP P.O. Box 6144 Indianapolis, IN 46206-6144 1-866-902-1690 – Option 3 Fax: 1-866-387-2959 | Anthem – HHW P.O. Box 6144 Indianapolis, IN 46206-6144 1-866-902-1690 – Option 3 Fax: 1-866-387-2959 | Managed Health Services (MHS) – HIP 1099 N. Meridian Street, Suite 400 Indianapolis, Indiana 46204-4287 1-877-647-4848 Fax: 1-866-753-7240 Fax: (317) 684-1785 |
| Managed Health Services (MHS) – HHW 1099 N. Meridian Street, Suite 400 Indianapolis, Indiana 46204-4287 1-877-647-4848 Fax: 1-866-753-7240 Fax: (317) 684-1785 | MDwise – Care Select P.O. Box 44214 Indianapolis, IN 46244-0214 1-800-356-1204 (317) 630-2831 Fax: 1-877-822-7188 Fax: (317) 822-7519 | MDwise – HIP P.O. Box 441423 Indianapolis, IN 46244-1423 1-800-356-1204 (317) 630-2831 Fax: 1-877-822-7192 Fax: (317) 822-7192 | MDwise – HHW P.O. Box 441423 Indianapolis, IN 46244-1423 1-800-356-1204 (317) 630-2831 Fax: 1-877-822-7190 Fax: (317) 829-5530 |