



## Indiana Health Coverage Programs Quick Reference

Assistance, Enrollment, Eligibility, Help Desks, and Prior Authorization					
<b>ADVANTAGE Health Solutions<sup>SM</sup></b> <b>Prior Authorization – Medical FFS</b> P.O. Box 40789 Indianapolis, IN 46240 1-800-269-5720 Fax: 1-800-689-2759	<b>Automated Voice Response (AVR) System</b> Including eligibility verification 1-800-738-6770 (317) 692-0819	<b>HP Member Hotline</b> 1-800-457-4584 (317) 713-9627 Opt 1 = Member Services – English Opt 2 = Member Services – Spanish	<b>Premium Collection Services</b> <b>Package C Payment Line</b> 1-866-404-7113 <b>Package C Payment Mailing Address</b> Hoosier Healthwise P.O. Box 3127 Indianapolis, IN 46206-3127 <b>M.E.D. Works Payment Line</b> 1-866-273-5897 <b>M.E.D. Works Payment Mailing Address</b> P.O. Box 946 Indianapolis, IN 46206		
<b>HP Electronic Solutions Help Desk</b> <a href="mailto:INXIXElectronicSolution@hp.com">INXIXElectronicSolution@hp.com</a> 1-877-877-5182 (317) 488-5160	<b>HP Forms Requests</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>HP Administrative Review Written Correspondence</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>M.E.D. Works Payment Mailing Address</b> P.O. Box 946 Indianapolis, IN 46206		
<b>HP Third Party Liability (TPL)</b> 1-800-457-4510 (317) 488-5046 Fax: (317) 488-5217	<b>HP Provider Enrollment and Waiver</b> P.O. Box 7263 Indianapolis, IN 46207-7263 1-877-707-5750	<b>HP Provider Written Correspondence</b> P.O. Box 7263 Indianapolis, IN 46207-7263			
<b>IHCP Program Integrity Department</b> P.O. Box 636297 Cincinnati, OH 45263-6297 1-800-457-4515 (317) 234-7598	<b>HP Omni Help Desk</b> 1-800-284-3548 (317) 488-5051	<b>HP Customer Assistance (Providers)</b> 1-800-577-1278 (317) 655-3240 Opt 1 = Member Services Opt 2 = Pharmacy Services Opt 3 = Provider Enrollment Opt 4 = Other Provider Services	<b>IHCP Provider and Member Concern Line (Fraud and Abuse)</b> 1-800-457-4515 (317) 234-7598		
Pharmacy Services Contact Information					
<b>ACS Drug Rebate</b> <b>ACS State Healthcare</b> <b>ACS – Indiana Drug Rebate</b> P.O. Box 2011332 Dallas, TX 75320-1332	<b>HP Pharmacy Services Help Desk for POS Claims Processing</b> <a href="mailto:INXIXPharmacy@hp.com">INXIXPharmacy@hp.com</a> 1-800-577-1278 (317) 655-3240 Opt 2 = Pharmacy	<b>HP Pharmacy Claims</b> P.O. Box 7268 Indianapolis, IN 46207-7268	<b>HP Pharmacy Claims Adjustments</b> P.O. Box 7265 Indianapolis, IN 46207-7265		
<b>Pharmacy Benefit Management Inquiries</b> <a href="mailto:PDL@fssa.in.gov">PDL@fssa.in.gov</a>	<b>Indiana Administrative Review/Pharmacy Claims</b> <b>HP Pharmacy Claims Admin. Review</b> P.O. Box 7263 Indianapolis, IN 46207-7263	<b>PA for Pro-DUR and Preferred Drug List – ACS Clinical Call Center</b> 1-866-879-0106 Fax: 1-866-780-2198	<b>To make refunds to the IHCP for pharmacy claims, send check to:</b> HP Pharmacy Refunds P.O. Box 2303, Dept 130 Indianapolis, IN 46206-2303		
Enrollment Broker Helplines (MAXIMUS)	Hoosier Healthwise Managed Care Entities (MCEs)				
<b>Hoosier Healthwise</b> <a href="http://indianamedicaid.com">indianamedicaid.com</a> 1-800-889-9949 <b>Care Select</b> <a href="http://indianamedicaid.com">indianamedicaid.com</a> 1-866-963-7383 <b>HIP</b> <a href="http://HIP.in.gov">HIP.in.gov</a> 1-877-438-4479	<b>Anthem</b> <a href="http://anthem.com">anthem.com</a> <b>Claims</b> 1-866-408-6132 <b>Member Services</b> 1-866-408-6131 <b>Medical PA</b> 1-866-408-7187 Fax: 1-866-406-2803 <b>St Francis Health Network PA</b> 1-800-291-4140 Fax: 1-800-747-3692 <b>Pharmacy PA</b> 1-866-879-0106 Fax: 1-866-780-2198 <b>Provider Services</b> 1-866-408-6132 Fax: 1-866-408-7087 <b>Prospective Providers</b> 1-800-618-3141 Fax: 1-866-408-7087 <b>Transportation</b> 1-800-508-7230	<b>MDwise</b> <a href="http://mdwise.org">mdwise.org</a> <b>Claims, Member Services</b> <b>Medical PA /Medical Management, and Provider Services</b> 1-800-356-1204 (317) 630-2831 <b>Member Services Fax:</b> Fax: 1-877-822-7190 Fax: (317) 829-5530 <b>Medical PA /Management Fax:</b> See <a href="#">Quick Contact Sheet</a> at <a href="http://mdwise.org">mdwise.org</a> <b>Pharmacy PA</b> 1-866-879-0106 Fax: 1-866-780-2198	<b>Managed Health Services (MHS)</b> <a href="http://mhsindiana.com">mhsindiana.com</a> <b>Provider Services/Claims</b> <b>Member Services</b> <b>Administration</b> <b>Prior Authorization</b> <b>Network Management</b> <b>Case Management</b> <b>Cenpatico</b> <b>Transportation</b> <b>Family Education Network</b> <b>Language Assistance</b> 1-877-647-4848 <b>Pharmacy PA</b> 1-866-879-0106 Fax: 1-866-780-2198 <b>Ombudsman</b> 1-877-647-5326		
Check Submission					
<b>To make refunds to the IHCP</b> HP Refunds P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303	<b>To make refunds for CA- PRTF</b> HP/CA-PRTF Refunds P.O. Box 7247 Indianapolis, IN 46207	<b>To make refunds for MFP</b> HP/MFP Refunds P.O. Box 7194 Indianapolis, IN 46207	<b>To Return Uncashed IHCP Checks</b> HP Finance Department 950 N. Meridian St., Suite 1150 Indianapolis, IN 46204-4288	<b>Pharmacy</b> See Pharmacy Services Contact Information above	



## Indiana Health Coverage Programs Quick Reference

Paper Claim Filing			
<p>HP Claim Attachment Cover Sheets (Electronic Claims) P.O. Box 7259 Indianapolis, IN 46207-7259</p>	<p>HP Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265</p>	<p>HP Medical Crossover Claims, including 590 and Waiver P.O. Box 7267 Indianapolis, IN 46207-7267</p>	
<p>HP Dental Claims P.O. Box 7268 Indianapolis, IN 46207-7268</p>	<p>HP Institutional Crossover/UB-04 Inpatient Hospital, Home Health, Outpatient, and Nursing Home Claims P.O. Box 7271 Indianapolis, IN 46207-7271</p>	<p>HP CMS-1500 Claims, single and attachment claims including 590 and Waiver P.O. Box 7269 Indianapolis, IN 46207-7269</p>	
Care Select – Care Management Organizations (CMOs)			
<p><b>ADVANTAGE Health Solutions<sup>SM</sup></b> <a href="http://advantageplan.com">advantageplan.com</a> <b>Member Services</b> 1-800-784-3981 <b>Provider Services</b> 1-866-504-6708 <b>Medical PA</b> P.O. Box 80068 Indianapolis, IN 46280 1-800-784-3981 Fax: 1-800-689-2759 <b>Pharmacy PA</b> 1-866-879-0106 Fax: 1-866-780-2198 <b>Hospice Member Disenrollment</b> Fax: (317) 810-4488</p>	<p><b>MDwise</b> <a href="http://mdwise.org">mdwise.org</a> <b>Member Services and Provider Services</b> 1-800-356-1204 (317) 630-2831 <b>Member Services Fax</b> 1-877-822-7188 <b>Medical PA</b> P.O. Box 44214 Indianapolis, IN 46244-0214 1-800-356-1204 (317) 630-2831 Fax: 1-877-822-7186 <b>Pharmacy PA</b> 1-866-879-0106 Fax: 1-866-780-2198</p>	<p><b>Pharmacy</b> See Pharmacy Services Contact Information on page one.</p>	<p><b>HP Claims Providers</b> 1-800-577-1278 (317) 655-3240 Opt 1 = Member Services Opt 2 = Pharmacy Services Opt 3 = Provider Enrollment Opt 4 = Other Provider Services <b>Members</b> 1-800-457-4584 (317) 713-9627 Opt 1 = Member Services – English Opt 2 = Member Services – Spanish</p>
Healthy Indiana Plan (HIP) Organizations		HIP – Enhanced Services Plan (ESP) Organizations	
<p><b>MDwise</b> <a href="http://mdwise.org">mdwise.org</a> <b>Member Services and Provider Services</b> 1-800-356-1204 (317) 630-2831 Fax: 1-877-822-7192 Fax: (317) 822-7192 <b>Medical and Behavioral Health Claims</b> <b>Paper Claims:</b> MDwise HIP Claims P.O. Box 78310 Indianapolis, IN 46278 <b>Electronic Claims:</b> WebMD/Emdeon Institutional Payer ID 12K81 Professional Payer ID SX172 McKesson/Relay Health Institutional Payer ID 4976 Professional Payer ID 4481 <b>Medical PA /Management Fax:</b> See <a href="#">Quick Contact Sheet</a> at <a href="http://mdwise.org">mdwise.org</a> <b>Pharmacy PA</b> 1-866-879-0106 Fax: 1-866-780-2198</p>	<p><b>Anthem</b> <a href="http://anthem.com">anthem.com</a> <b>Member Services</b> 1-866-408-6131 <b>Provider Inquiry</b> P.O. Box 37010 Louisville, KY 40233-7010 1-800-345-4344 <b>Medical PA</b> 1-866-398-1922 <b>Pharmacy PA</b> 1-866-879-0106 Fax: 1-866-780-2198</p>	<p><b>Managed Health Services (MHS)</b> <a href="http://mhsindiana.com">mhsindiana.com</a> <b>Provider Services/Claims</b> <b>Member Services</b> <b>Administration</b> <b>Prior Authorization</b> <b>Network Management</b> <b>Case Management</b> <b>Centipaco</b> <b>Transportation</b> <b>Family Education Network</b> <b>Language Assistance</b> 1-877-647-4848 <b>Medical Claims</b> Managed Health Services P.O. Box 3002 Farmington, MO 63640-3802 <b>Pharmacy PA</b> 1-866-879-0106 Fax: 1-866-780-2198 <b>Ombudsman</b> 1-877-647-5326</p>	<p><b>ACS – Non-Pharmacy</b> P.O. Box 33077 Indianapolis, IN 46203-0077 1-866-674-1461 (317) 614-2032 <b>PA – Medical</b> 1-877-217-7150 <b>Pharmacy PA ACS</b> 1-866-879-0106 Fax: 1-866-780-2198 <b>HP Pharmacy Claims</b> P.O. Box 7268 Indianapolis, IN 46207-7268 1-800-577-1278 (317) 655-3240</p>
Right Choices Program (formerly the Restricted Card Program)			
<p><b>ADVANTAGE Health Solutions – Care Select and FFS</b> P. O. Box 40789 Indianapolis, IN 46240-0789 1-800-784-3981 Fax: 1-877-392-6894</p>	<p><b>Anthem – HIP</b> P.O. Box 6144 Indianapolis, IN 46206-6144 1-866-902-1690 – Option 3 Fax: 1-866-387-2959</p>	<p><b>Anthem – HHW</b> P.O. Box 6144 Indianapolis, IN 46206-6144 1-866-902-1690 – Option 3 Fax: 1-866-387-2959</p>	<p><b>Managed Health Services (MHS) – HIP</b> 1099 N. Meridian Street, Suite 400 Indianapolis, Indiana 46204-4287 1-877-647-4848 Fax: 1-866-753-7240</p>
<p><b>Managed Health Services (MHS) – HHW</b> 1099 N. Meridian Street, Suite 400 Indianapolis, Indiana 46204-4287 1-877-647-4848 Fax: 1-866-753-7240</p>	<p><b>MDwise – Care Select</b> P.O. Box 44214 Indianapolis, IN 46244-0214 1-800-356-1204 (317) 630-2831 Fax: 1-877-822-7188 Fax: (317) 822-7519</p>	<p><b>MDwise – HIP</b> P.O. Box 44236 Indianapolis, IN 46244-0236 1-800-356-1204 (317) 630-2831 Fax: 1-877-822-7192 Fax: (317) 822-7192</p>	<p><b>MDwise – HHW</b> P.O. Box 441423 Indianapolis, IN 46244-1423 1-800-356-1204 (317) 630-2831 Fax: 1-877-822-7190 Fax: (317) 829-5530</p>