

Claims From A to UB

2025 IHCP Works Annual Seminar

Presented By: LaToya Robertson



Agenda

- Who is MDwise?
- Claim Submission Requirements
- Searching for a Claim on the Provider Portal
- Submitting a Corrected Claim
- Submitting a Claim Adjustment Request Form
- Submitting a Claim Dispute
- Important Reminders
- Claim Denials and Tips To Reduce Claim Denials and Rejections
- Resources



Who is MDwise?



MDwise Mission and Vision

Who Are We?

MDwise is your provider-led, local, Indiana-based nonprofit health care company. Our parent organization, McLaren Health Care, is a nonprofit integrated health system that believes all Indiana families should have access to high-quality health care regardless of income

What Is the MDwise Mission?

MDwise provides high-quality, affordable health care services and improves the well-being of our members by bringing together exceptional employees, community leaders and health care professionals

What Is the MDwise Vision?

MDwise strives to be the most influential, trusted choice in health plans by doing what is best for the communities we serve

MDwise Values



Trust

We trust each other and act with integrity. We are authentic, empowered to act and communicate openly with candor and caring. We make decisions for the greater good. We earn the trust of those we serve through transparency and accountability. We are dependable – a promise made is a promise kept.



Innovation

We continuously improve to be easier to do business with. We challenge the status quo, generate ideas, collaborate, value diversity and demonstrate agility. We are courageous, learn from experience and adjust quickly.



Excellence

We make sound decisions and deliver quality programs with precision. We are subject matter experts and perform at our full potential by working as a team.



Stewardship

We are mission-driven. We are entrusted as stewards of a company that serves members, associates, customers, business partners and our community. We care deeply about each other and all stakeholders. We are privileged to take care of our members and treat every dollar as if it were our own. We are efficient, set priorities and ensure our processes add value to enhance the member experience.



Leadership

We are industry thought leaders and advocates. We take initiative, are accountable for results and empower those around us to be their best. We roll up our sleeves and dig in to help. We lead by example.

Claim Submission Requirements



CMS-1500 Billing Tips and Reminders

Ensure the following information is included on all *CMS-1500* claims:

- Patient's Member ID number (Field 1)
 - This information can be obtained from the Member's ID card, virtual assistant system (GABBY), or Indiana Health Coverage Programs Portal verification
- Patient's name as listed on their Medicaid Card (Field 2)
 - Last Name, First Name, Middle Initial
- Tax Identification Number (TIN) – (Field 25)
- Rendering Provider Taxonomy Code (Field 24I)
 - Taxonomy is indicated by qualifier ZZ or PXC listed before the taxonomy code
- Rendering NPI – (Field 24j bottom half)

CMS-1500 Billing Tips and Reminders: Field 33

Billing Provider Info Field — (Field 33)

- Rendering Address – (No P.O. Box in this field)
 - Must match the SERVICE LOCATION address currently on file with IHCP where the service was rendered
- Billing Provider NPI Number – (Field 33a)
- Billing Provider Taxonomy Code – (Field 33b)
 - Include qualifier ZZ or PXC before taxonomy code
 - Taxonomy may be needed to establish a one-to-one NPI/Provider ID match if the provider has multiple locations. Required for healthcare providers if necessary for establishing a one-to-one match for the NPI in field 33a.

UB-04 Billing Tips and Reminders

Ensure your claims have the following information included on all UB-04 claims:

- Service location information (includes service location name and address with the expanded zip plus 4 – (Field 1)
 - This address must match the service location address currently on file with the IHCP for the group or billing provider where the services were rendered.
- Tax Identification Number (TIN) – (Field 5)
- Patient Status Codes (Field 17) - required for Inpatient, Outpatient, Long-Term Care, Home Health and Hospice
 - Enter the patient status code indicating the member's discharge status as of the ending service date of a period covered on this bill.
- Billing Provider's Taxonomy Code – (Field 81CCa)
- Attending Provider Name – (Field 76)
 - Do not use the NPI of a group provider. An individual person should always be listed as the attending provider.
- Rendering NPI – (Field 56)

Electronic Claims

Hoosier Healthwise EDI/Payer ID: 3519M
Healthy Indiana Plan EDI/Payer ID: 3135M

Paper Claims

MDwise/McLaren Health Plans
PO Box 1575
Flint, MI 48501

Submit Claims Electronically When Able

- **Top reasons you should file electronic claims:**
 - Expedites processing turnaround and potential payment timeframes
 - Reduces operation costs (no printing or postage costs)
 - Increases accuracy of data and efficient information delivery
- **Tips to avoid denials on paper claims:**
 - MDwise does not accept handwritten claims
 - Do not use liquid correction fluid, highlighters, stickers, labels or rubber stamps
 - Ensure printing is aligned correctly so that all data is contained within the corresponding boxes on the form

MDwise Claims Turnaround Timeline

Processing time from date of receipt:

- 21 calendar days for electronic clean claims
- 30 calendar days for paper clean claims

Claim Timelines

Claim Submission Type	Submission Deadline (calendar days)
MDwise Contracted Providers	90 days from the date of service
Non-Contracted Providers	180 days from the date of service
Secondary Claims	90 days from the date of the primary EOB
Claim Adjustments	60 days from the date of EOB
Claim Dispute	90 days from the date of EOB
Newborn Claims	365 days from the date of service within the first 30 days of life

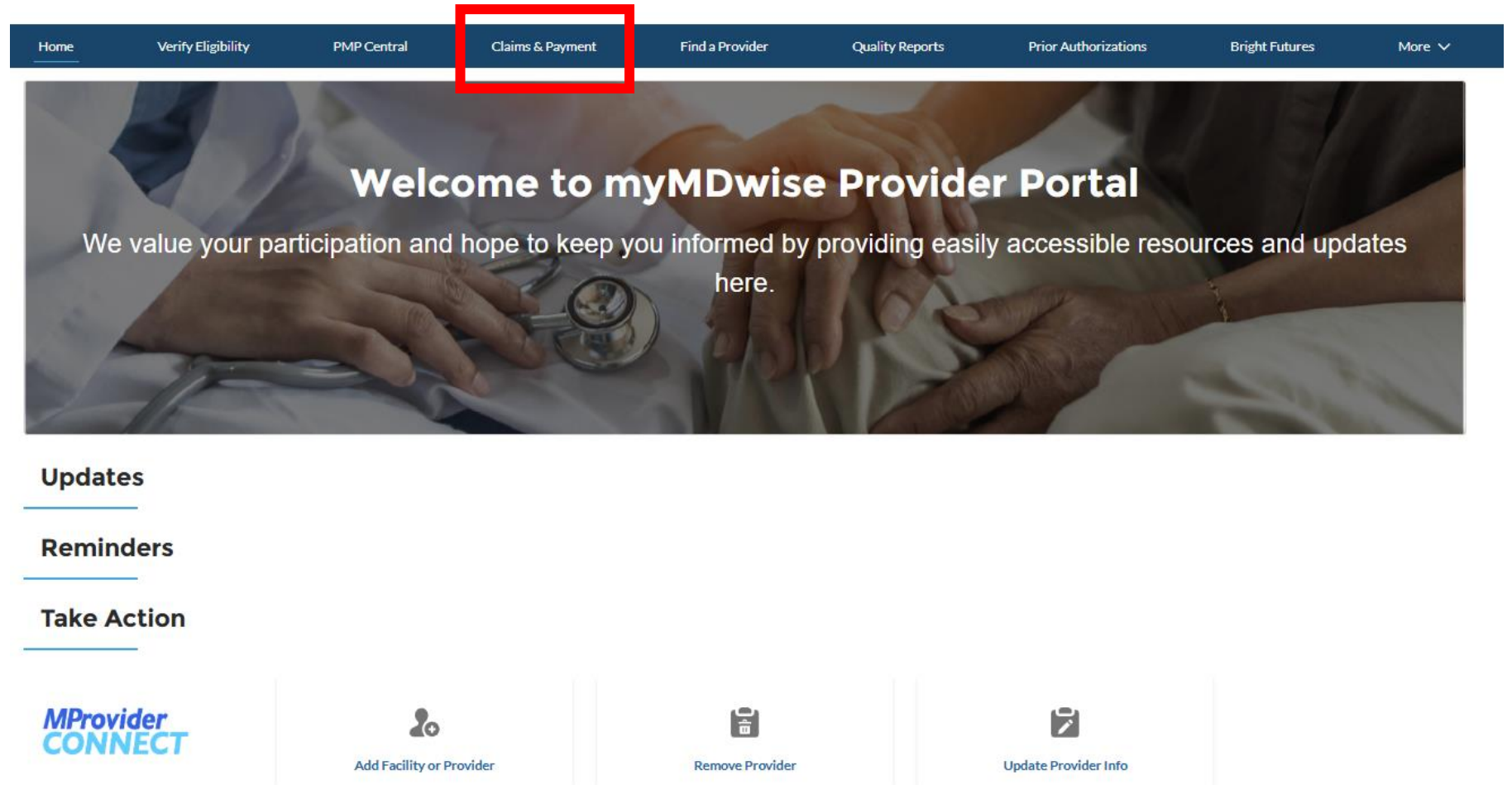


Searching for a Claim on the Provider Portal



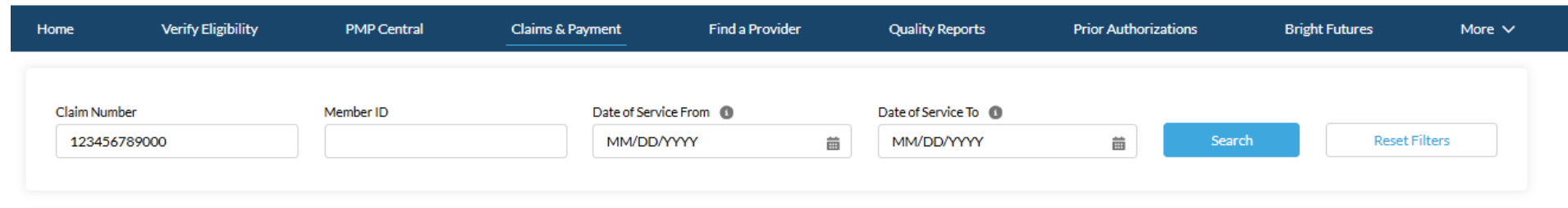
Claims & Payment

- From the home screen of your [myMDwise Provider Portal](#), click the **Claims & Payment** option



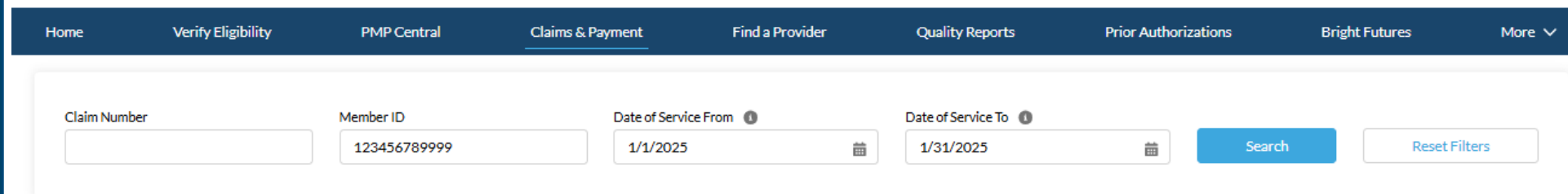
Searching Claims on the Provider Portal

- When searching for a claim on the Provider Portal, it is best practice to use the claim number



The screenshot shows the top navigation bar of the Provider Portal with the following links: Home, Verify Eligibility, PMP Central, Claims & Payment (highlighted), Find a Provider, Quality Reports, Prior Authorizations, Bright Futures, and More. Below the navigation bar is a search form with four input fields: Claim Number (containing 123456789000), Member ID (empty), Date of Service From (placeholder MM/DD/YYYY), and Date of Service To (placeholder MM/DD/YYYY). To the right of the fields are a blue Search button and a Reset Filters button.

- If the claim Number is not available, you can search by the member's ID number (MID number) and date of service
- Providers are also able to search with a Date Span



The screenshot shows the same search form as above, but with different data entered. The Claim Number field is empty. The Member ID field contains 123456789999. The Date of Service From field contains 1/1/2025, and the Date of Service To field contains 1/31/2025. The Search and Reset Filters buttons are still present.

Important Reminders When Searching a Claim

- If you are linked to more than one Tax Identification Number (TIN), please be sure that you are logged into the correct TIN for the claim in question
- Providers can use the SWITCH TIN option, located in the top right corner of your screen (under your name), to toggle between TINs



- If you are using a Date Span for your claims search, you could receive an error message if the results exceed 500 records

[Home](#) [Verify Eligibility](#) [PMP Central](#) [Claims & Payment](#) [Find a Provider](#) [Quality Reports](#) [Prior Authorizations](#) [Bright Futures](#) [More](#)

Claim Number

Member ID

Date of Service From ⓘ
1/1/2025

Date of Service To ⓘ
2/28/2025

Search

Reset Filters

Claims

Your search results exceed the 500 records limit.

Please update the search parameters or contact the MDwise Provider Customer Service Unit at 1-833-654-9192 so we can help you find what you are looking for.

Submitting a Corrected Claim



Corrected Claim Overview

- **What is a Corrected Claim?**
 - A corrected claim is a revised version of a previously submitted claim. The original claim was submitted with errors, such as incorrect patient information, coding errors or missing data
- **How does MDwise identify a corrected claim?**
 - A corrected claim requires a frequency code of “7” to indicate a replacement/corrected claim, accompanied by the original claim number
- **How long does a provider have to submit a corrected claim?**
 - A provider must submit a corrected claim within 90 calendar days of the Explanation of Benefit (EOB) date



Ways To Submit a Corrected Claim

- Providers can submit a corrected claim on the Provider Portal or by resubmitting the claim with the correct resubmission code electronically/on paper.
 - On a *CMS-1500* form, in Field 22, a resubmission code of “7” alongside the original claim number indicates the provider is submitting a corrected claim.
 - On a UB-04 form, in Field 4, a resubmission code of “7” must be the third digit in the Type of Bill field. Additionally, in Field 64, the provider must enter the original claim number of the claim being corrected.
- Submitting a corrected claim on the Provider Portal is preferred.

Submitting a Corrected Claim on the Provider Portal

- Submitting a Corrected Claim via the myMDwise Provider Portal is the recommended method.
- Providers should log in to their account. Click on **Claims & Payment**. Then you can either enter your **Claim Number** or **Member Number**, and the **Date of Service**. Click **Search**.

Claim Number

111222333456

Member ID

Date of Service From ⓘ

MM/DD/YYYY

Date of Service To ⓘ

MM/DD/YYYY

Search

Reset Filters

Claims

	Claim Number	Member ID	Member Name	Date of Service ...	Claim Status	Total Billed	Total Paid	Benefit Network
1	111222333456	1000000000999	MICKEY MOUSE	Jun 3, 2024	Paid	\$383.35	\$100.64	In-network

- The claim results should populate in the box below.
- Click the Claim Number.

myMDwise Provider Portal: Submit Corrected Claim

- Once the claim has opened, click the **Submit Corrected Claim** button.

[Submit Corrected Claim](#) [File Claim Dispute](#) [File a Claim Adjustment Form](#)

▼ Claim # 111222333456

Location Address 125 N TOONSTOWN	Member Name MICKEY MOUSE	Member Id 1000000000999
Account Name YOUR PROVIDER GROUP	Service Provider JOHN SMITT, MD	Provider Tax ID 12-3456789
Mailing Address PO BOX 12345, DISNEY, CALIFORNIA 46274	Line Of Business HHW	Claim Status Paid

▼ Payment Summary

Claim Receipt Date Jun 23, 2024	Payment Amount \$100.64	Check Paid Date Feb 26, 2025	
Check Number 2-23456	Diagnosis Code F91.3	Line of Business HHW	Bill Type

Corrected Claim Details

MDwise Provider Submit Corrected Claim

Complete the following required information.

Member Name

Member Medicaid ID #

000000000000

MDwise Claim #

111222333456

Date of Service ⓘ

Provider Name

Your Provider Gorup

Tax ID #

12-23456789

* Office Contact

Rendering NPI #

0123456789

* Email

mdodger@toontown.org

* Phone #

123-456-789

* Claim Adjustment Form Submission Date

Sep 23, 2025

Fax #

* Please indicate the field on the claim form you are correcting below and upload attachment of the new claim image

☐ Date of Service

Submit

Cancel

- Click the appropriate reason for submitting the corrected claim (be sure to upload supporting documentation) and click Submit.

Submitting a Claim Adjustment Request Form



Claim Adjustment Overview

- **What is a Claim Adjustment Form?**
 - If a provider disagrees with the reimbursement or processing of a claim, they can submit a request for review before doing a formal dispute.
- **Common reasons to file a Claim Adjustment Form:**
 - If you feel your claim has been denied or paid in error, and you want your claim reconsidered
 - If the claim paid at an inappropriate rate
 - To submit attachments missing from original claim submission
- **Time frame to file a Claim Adjustment Form?**
 - Claim adjustment forms must be received within 60 calendar days of the most recent MDwise Explanation of Benefits (EOB).

➤ [MDwise | Provider Forms: Claim Adjustment Form](#)

Ways To Submit a Claim Adjustment

- Providers can submit a Claim Adjustment on the Provider Portal or by submitting a Claim Adjustment Form and emailing it to the Claims Department at **MDwiseClaims@MDwise.org**.
- Submitting the Claim Adjustment on the Provider Portal is preferred.

myMDwise Provider Portal: File a Claim Adjustment Form

- Submitting a Claim Adjustment via the myMDwise Provider Portal is the recommended method.
- Once you have accessed the claim by following the previously outlined steps, the next action is to click the **File a Claim Adjustment Form** button. This will direct you to the pre-populated template of the claim adjustment form.

[Submit Corrected Claim](#) [File Claim Dispute](#) [File a Claim Adjustment Form](#)

▼ Claim # 111222333456

Location Address 125 N TOONSTOWN	Member Name MICKEY MOUSE	Member Id 1000000000999
Account Name YOUR PROVIDER GROUP	Service Provider JOHN SMITT, MD	Provider Tax ID 12-3456789
Mailing Address PO BOX 12345, DISNEY, CALIFORNIA 46274	Line Of Business HHW	Claim Status Paid

▼ Payment Summary

Claim Receipt Date Jun 23, 2024	Payment Amount \$100.64	Check Paid Date Feb 26, 2025	
Check Number	Diagnosis Code F91.3	Line of Business HHW	Bill Type

▼ Claim Details

Claim Adjustment Details

- Complete the required information for the Claim Adjustment Form, upload any supporting documentation and click **Submit**.

MDwise Provider Claim Adjustment Request

Complete the following required information.

Member Name Mickey Mouse	Member Medicaid ID # 100000000099
MDwise Claim # 111222333456	Date of Service ⓘ Jun 3, 2024
Provider Name Your Provider Group	Tax ID # 12-3456789
* Office Contact <input type="text"/>	Rendering NPI # 0123456789
* Email mdodger@toontown.org	* Phone # 123-456-7890
* Claim Adjustment Form Submission Date <input type="text"/>	Fax # <input type="text"/>
* Reason for Request Your reason for the Claim Adjustment Request	

Reconsideration Reason (supporting documentation required)

- | | |
|---|---|
| <input type="checkbox"/> Service denied for lack of authorization
Attach a copy of the authorization information or number | <input type="checkbox"/> PLP Review
Attach ER records to prove service was Emergent under PLP Review |
| <input type="checkbox"/> Service denied as other insurance primary (COB)
Attach copy of primary EOB | <input type="checkbox"/> Service denied for member not eligible
Provide supporting documentation |
| <input type="checkbox"/> Service denied as a duplicate
Attach documentation | <input type="checkbox"/> Service did not price as expected |
| <input type="checkbox"/> Service denied for lack of attachment
Attach any of the following: MSRP, cost invoice, sterilization consent form, etc. | <input type="checkbox"/> Other |

Where To Submit a Claim Adjustment Form

Suppose you are deciding to submit the paper copy of the Claim Adjustment Form. In that case, the completed Provider Claim Adjustment Form, a copy of the original claim, along with supporting documentation, should be sent to one of the following:

- MDwiseClaims@mdwise.org
- Fax request: **(463) 426-5854**

Note:

- For questions on the claim adjustment process and status, call MDwise Provider Customer Service Unit (PCSU) at **(833) 654-9192**.
- Please add the required attachments when submitting a Claim Adjustment Request Form.

MDwise Provider Claim Adjustment Request Form

COMPLETE THE FOLLOWING REQUIRED INFORMATION:

Member Name: _____	Member Medicaid ID #: _____
MDwise Claim #: _____	DOS: _____ <small>(Dates of Service (DOS) 1/1/19 and AFTER)</small>
Provider Name: _____	Tax ID#: _____
Office Contact: _____	Rendering NPI #: _____
Claim Adjustment Form Submission Date: _____	Phone #: _____
Email: _____	Fax #: _____
<u>Reason for Request (please check appropriate box & provide description below):</u>	
For a correction to a previously submitted claim: <input type="checkbox"/> Date of Service <input type="checkbox"/> Diagnosis Code <input type="checkbox"/> Modifier <input type="checkbox"/> Place of Service <input type="checkbox"/> Procedure Code <input type="checkbox"/> Provider/Tax ID <input type="checkbox"/> Other: _____	For reconsideration: (supporting documentation required) <input type="checkbox"/> Service denied for lack of authorization <small>(Attach a copy of the authorization information or number)</small> <input type="checkbox"/> Service denied as other insurance primary (COB) <small>(attach copy of primary EOB)</small> <input type="checkbox"/> Service denied as a duplicate (attach documentation)

Submitting a Claim Dispute



Claim Dispute Overview

- **What is a Dispute?**
 - If a provider disagrees with the way the claim was processed.
- **Common reason to file a Dispute:**
 - Authorization Discrepancies
 - Coordination of Benefit Discrepancies
 - Timely Filing Denials
 - Eligibility Discrepancies
 - Coding Review
 - Anything that a Claim Adjustment Form did not resolve
- **Timeframe to file a Dispute?**
 - Claim disputes must be received within **90 calendar days** of the most recent MDwise Explanation of Benefits (EOB).
 - Claims disputes will be reviewed and replied to within 30 calendar days when submitted via myMDwise Provider Portal, email or mailed.

- [MDwise | Provider Forms: Dispute Form](#)

Ways To Submit a Claim Dispute

- Providers can submit a claim dispute on the Provider Portal by completing a Claim Dispute Form and sending it to the Claims Dispute Department by email (cdticket@mdwise.org) or by mail:

MDwise

PO Box 441423

Indianapolis, IN 46244-1423

Attn: MDwise Dispute Team

- **NOTE:** Submitting the Claim Dispute Form through the Provider Portal is preferred.

myMDwise Provider Portal: File Claim Dispute

- Like a corrected claim or claim adjustment, submitting a Claim Dispute via the myMDwise Provider Portal is the recommended method.
- Once you've accessed the claim using the steps outlined earlier, the next crucial step is to click the **File Claim Dispute** button.

[Submit Corrected Claim](#) [File Claim Dispute](#) [File a Claim Adjustment Form](#)

▼ Claim # 111222333456

Location Address	Member Name	Member Id
125 N TOONSTOWN	MICKEY MOUSE	1000000000999
Account Name	Service Provider	Provider Tax ID
YOUR PROVIDER GROUP	JOHN SMITT, MD	12-3456789
Mailing Address	Line Of Business	Claim Status
PO BOX 12345, DISNEY, CALIFORNIA 46274	HHW	Paid

▼ Payment Summary

Claim Receipt Date	Payment Amount	Check Paid Date
Jun 23, 2024	\$100.64	Feb 26, 2025
Check Number	Diagnosis Code	Line of Business
2-23456	F91.3	HHW
		Bill Type

▼ Claim Details

Claim Dispute Details

- Complete the required information for the Claim Dispute Form, upload any supporting documentation, and click **Submit**.

Claim Dispute Form

If you need to mail in disputes, please print a Claim Dispute form [here](#)

Please describe disputed claim. The description should include the reason why this claim should be paid and include any supporting documentation. Providers must file their claim dispute within 90 calendar days of the initial EOP determination.

Facility/Provider Name

Provider Group

Telephone Number ⓘ

123-456-7890

Member Name

Mickey Mouse

Date of Service

Jun 3, 2024

Billed Amount

\$100

MDwise Program

HHW

* Dispute Level

1st Level

2nd Level

* Claim Dispute Denial Reason

Select an Option

* Date ⓘ

Jun 3, 2024

* Email

mdodger@toontown.org

* Claim #

11122233456

Please describe disputed claim. The description should include the reason why this claim should be paid and include any supporting documentation.


Upload Documents

Suggested file types are .doc, .docx, .xls, .xlsx, .ppt, .pptx, .zip, .zipx, .pdf, .gif, .jpg, .jpeg, .png

Attachments

Upload Files

Or drop files


A McLaren Company

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Where To Submit a Claim Dispute Form

- **Where to submit a completed Claims Dispute Form:**

- Send via email to cdticket@mdwise.org
- A return email will be issued with a tracking ticket number
- If email is unavailable, mail to:

MDwise
PO Box 441423
Indianapolis, IN 46244-1423
ATTN: MDwise Dispute Team

- **When submitting a dispute, providers should include:**

- Explanation of payment (EOP)
- Completed dispute form
- An explanation of the reason for disputing the claim
- Only **ONE (1)** claim can be submitted **PER** dispute form **PER** portal/email.



Claims Dispute Form

Please submit disputes electronically to cdticket@mdwise.org. Only **ONE** claim can be submitted **PER** dispute form **PER** email.
Please use a Claim Adjustment Form for corrected claims, medical records, invoices, consent forms or recoupment requests.
These do not constitute a dispute.

Facility/Provider Name:		Date:	
Telephone Number:		Email:	
Member Name:		Date of birth:	
Date of Service:		Member ID #:	
Billed Amount:		Claim #:	

MDwise Program: ☐ Hoosier Healthwise ☐ HIP
(please select one)

Dispute Level: ☐ 1st Level ☐ 2nd Level
(please select one)

Claim dispute denial reason:

Describe disputed claim. Description should include, but not be limited to the following items: reason given for denial and position statement that explains why this claim should be paid.

Please attach, as available, explanation of payment, denial letter and any documentation that you believe may be relevant for your claim dispute.

Form Completed By (please print):

<input type="text"/>	Date: <input type="text"/>
----------------------	----------------------------

If you are unable to email disputes please mail them to the following address:
MDwise
P.O. Box 441423
Indianapolis, IN 46244-1423
Attn: MDwise Dispute Team

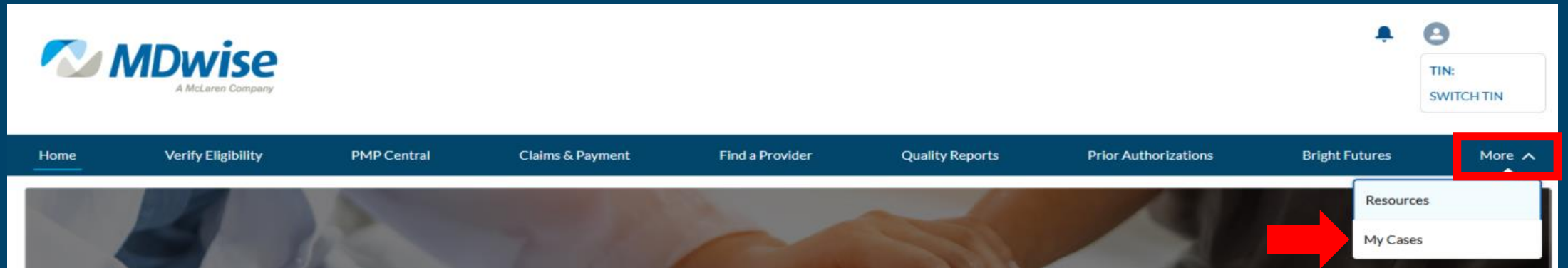
Please provide correspondence address:

Important Reminders



Important Reminders: My Cases

- Once you hit the Submit button, the Status of your submitted form will say **CLOSED**. Don't be alarmed! There is no need to resubmit the form. The appropriate team has received your submission, and it is in the queue. If you need to verify you have submitted the appropriate form, providers should go to the **MORE** option on the toolbar. Click **MY CASES**.



- The next screen will list the types of requests and member information for cases you have submitted. This list will be all-inclusive.

00012345	Claim Dispute	MICKEY MOUSE	1234567890	Closed	May 5, 2025	May 5, 2025
00012346	Claim Dispute	MICKEY MOUSE	2345678901	Closed	May 5, 2025	May 5, 2025
00012387	Claim Correction Request	DAFFY DUCK	3456789012	Closed	Apr 24, 2025	Apr 24, 2025
00024596	Claim Correction Request	DAFFY DUCK	3456789013	Closed	Apr 24, 2025	Apr 24, 2025
00024597	Claim Correction Request	MINNIE MOUSE	4567890123	Closed	Apr 24, 2025	Apr 24, 2025

Claim Denials

Tips to Reduce Claim Denials and Rejections



Most Common Reasons for Claim Denials of 2025

1. Timely filing
2. Billing errors (following IHCP guidelines)
3. Prior authorization
4. Provider not enrolled
5. Missing or invalid information on claim form



Tips for Reducing Claim Denials and Rejections

- **Submit the Claim on Time**
 - Contracted providers have 90 calendar days from Date of Service (DOS) and Non-contracted providers have 180 calendar days from DOS
- **Collect Accurate and Complete Patient Information**
 - Ensure the name matches the IHCP enrollment files
 - Ensure the correct MCE is billed
- **Verify Referrals, Authorizations and Medical Necessity Determinations**
 - Ensure that your referral number is listed on your claim
 - Providers are encouraged to check the [Prior Authorization](#) resources to determine if services require a PA

Avoiding Claim Denials and Rejections

- **Ensure Accurate Coding**
 - Ensure correct HCPCs and/or Code Sets are billed
- **Know Your Payers – And Their Rules**
 - Refer to the [IHCP Modules](#)
- **Review Revenue/CPT Code Indicators on UB-04**
 - See *Revenue Codes with Special Procedure Code Linkages* [Code Sets](#)
- **Present on Admission (POA) indicator is missing or invalid for ICD-10 diagnosis codes**
- **Ensure your providers are enrolled correctly**
 - Review Provider Rosters on MProvider Connect to ensure providers are linked to the correct locations, in the correct payer network and as the correct provider type.

Claim Denials vs. Rejected Claims

- **What is a Denied Claim?**
 - Claim that has been adjudicated by the payer and will include an EOP with a denial code and description.
- **What is a Rejected Claim?**
 - Rejected claims are returned to the provider or Electronic Data Interchange (EDI) vendor without registering in the claim processing system.
 - Provider must resubmit the claim within the timely filing limit.
 - Rejected claims do not extend the timely filing limit.
 - Rejected claims cannot be reprocessed, corrected, disputed or appealed.

Resources



- **Pharmacy Claims should be submitted to MedImpact:**

Pharmacy Resources

Electronic claims

BIN – 017142

PCN – ASPROD1

RX GROUP – MDW

- **MedImpact Customer Service for Hoosier Healthwise and HIP prescribers, members and pharmacies:**
 - **(844) 336-2677**
 - **24 hours, 7 days per week**



Links and Resources

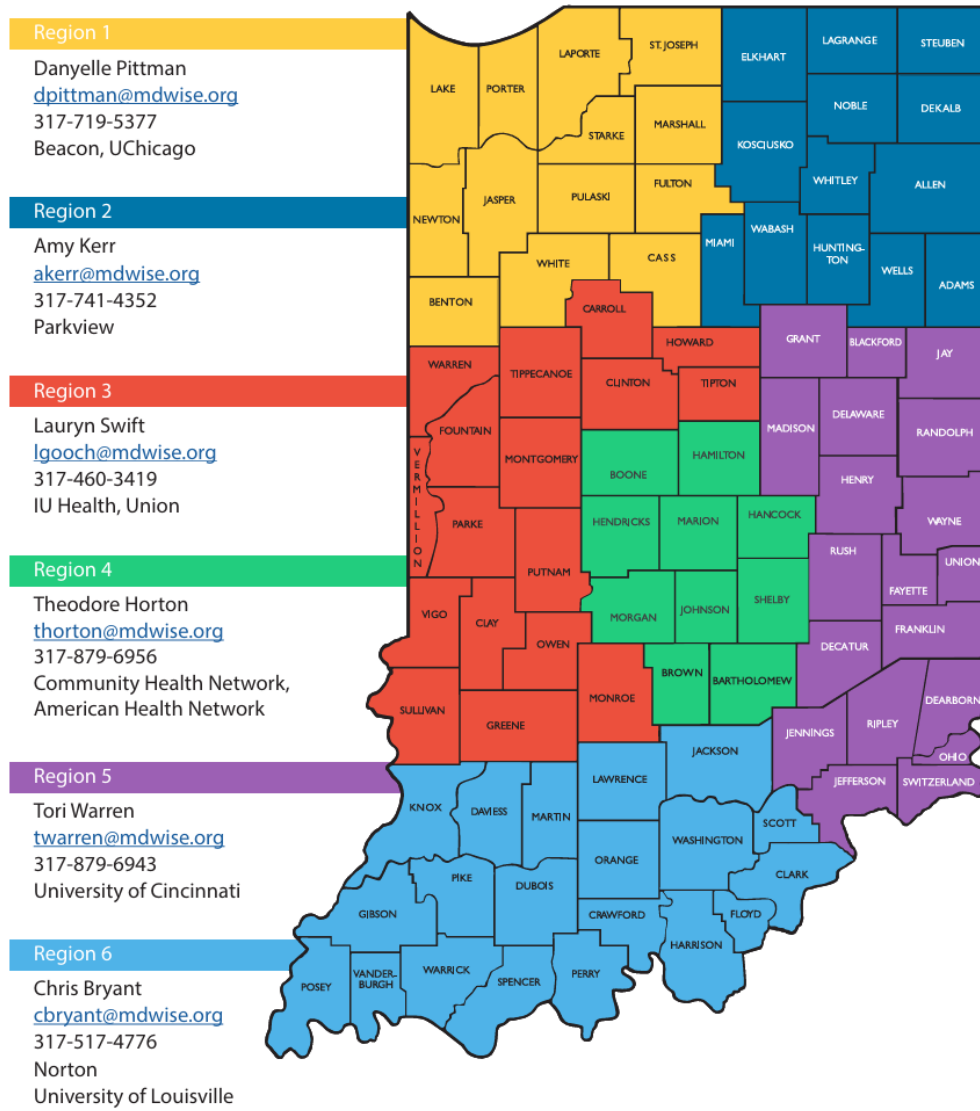
- [MDwise Website](#)
- [MDwise Prior Authorization](#)
- [MDwise Provider Manual](#)
- [Billing and Claims](#)
- [Claim Forms](#)
 - Claim Adjustment Request Form
 - Claim Dispute Form
 - Provider Refund Remittance Form
- **Claim Inquiries:** Providers can use [myMDwise Provider Portal](#) to view the status of claims quickly.
- **MDwise Claims: Provider Customer Service Unit: (833) 654-9192** Monday through Friday, 8:00 a.m. to 8:00 p.m. (Eastern Time Zone)
- **MDwise Customer Service: (800) 356-1204** Monday through Friday, 8:00 a.m. to 8:00 p.m. (Eastern Time Zone)
- [MDwise Contact Information](#)
 - [Quick Contact Guide](#)
 - [Provider Relations Territory Map](#)

IHCP Links

- [Indiana Medicaid: Home](#)
 - [IHCP Code Sets](#)
 - [IHCP Modules](#)
 - [IHCP Bulletins](#)
 - [IHCP Fee Schedules](#)



MDwise Provider Relations Team



PROVIDER GROUP REPRESENTATIVES

Tonya Trout

ttrout@mdwise.org

317-766-0505

Provider Groups

Ascension St. Vincent
Franciscan Alliance
Home Health and Hospice
Skilled Nursing Facilities (SNFs)

LaToya Robertson

lrobertson@mdwise.org

317-552-8420

Provider Groups

Federally Qualified Health Centers (FQHCs)
Rural Health Center (RHCs)
Community Mental Health Centers (CMHCs)
Eskenazi Health

LeAnne Ramsey

lr Ramsey@mdwise.org

317-460-4697

Provider Groups

DME and HME
Laboratory Services
Dialysis Clinics
ABA Providers
Out of State Providers

PROVIDER RELATIONS LEADERSHIP

Amanda Deaton

Provider Relations Supervisor

adeaton@mdwise.org

317-914-5953

Josh Burger

Director of Provider Relations

jburger@mdwise.org

317-460-4510

Questions?



Thank you!



**Please take a few moments
to complete the event and
session evaluations. We
appreciate your feedback!**