

# IHCP Quick Reference Guide – Contact Information



<b>General Information for the Indiana Health Coverage Programs (IHCP)</b>	<b>Provider Customer Assistance</b> 800-457-4584  <b>Member Customer Assistance</b> 800-457-4584  <b>Member Applications</b> 800-403-0864  <b>Indiana Medicaid Website</b> <a href="http://in.gov/medicaid">in.gov/medicaid</a>	<b>Provider Enrollment</b> IHCP Provider Enrollment PO Box 50443 Indianapolis, IN 46250-0418 800-457-4584  <i>IHCP Provider Healthcare Portal</i> <a href="http://portal.indianamedicaid.com">portal.indianamedicaid.com</a>	<b>Third-Party Liability (TPL)</b> IHCP Third-Party Liability PO Box 50441 Indianapolis, IN 46250-0418 800-457-4584 Fax: 866-667-6579 <a href="mailto:INXIXTPLRequests@gainwelltechnologies.com">INXIXTPLRequests@gainwelltechnologies.com</a>  <i>TPL Casualty</i> <a href="mailto:INXIXTPLCasualty@gainwelltechnologies.com">INXIXTPLCasualty@gainwelltechnologies.com</a>	<b>Fraud, Waste and Abuse Reporting</b> Office of Medicaid Policy & Planning (OMPP) Program Integrity 402 W. Washington St., Room W374 Indianapolis, IN 46204-2739 <a href="mailto:Program.Integrity@fssa.in.gov">Program.Integrity@fssa.in.gov</a>  <i>IHCP Provider and Member Concerns Line</i> 800-457-4515	<b>Long-Term Care Rate-Setting</b> <b>Long-Term Care Audits</b> Myers and Stauffer 800-877-6927 Fax: 317-571-8481 <a href="mailto:mversandstauffer.com/client-portal/indiana">mversandstauffer.com/client-portal/indiana</a>
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## Fee-for-Service (FFS), Including Traditional Medicaid, Waiver, 590 Program and Other FFS Coverage

<b>FFS Information</b> <i>(Other than for Pharmacy and Nonemergency Medical Transportation [NEMT])</i>	<b>FFS Prior Authorization and Utilization Management (PA-UM) Contractor</b> <i>PA Submission by Mail, Phone, Fax and Portal</i>  For Medical, Dental and Substance Use Disorder (SUD): Acentra Health – Prior Authorization 6802 Paragon Place, Suite 440 Richmond, VA 23230  866-725-9991 Fax: 800-261-2774 Atrezzo Provider Portal: <a href="http://atrezzo.acentra.com">atrezzo.acentra.com</a>  <i>Disenrollment From Hoosier Healthwise for FFS Hospice</i> 866-725-9991 Fax: 800-922-9805	<b>FFS Electronic Transactions</b> <i>Electronic Data Interchange</i> <a href="mailto:INXIXTradingPartner@gainwelltechnologies.com">INXIXTradingPartner@gainwelltechnologies.com</a> 800-457-4584  <i>Paper Attachments for Electronic Claims</i> Gainwell – Claim Attachments PO Box 50440 Indianapolis, IN 46250-0440  <i>IHCP Provider Healthcare Portal</i> <a href="http://portal.indianamedicaid.com">portal.indianamedicaid.com</a>  <i>IHCP Portal Help Desk – Technical Assistance</i> <a href="mailto:INXIXElectronicSolution@gainwelltechnologies.com">INXIXElectronicSolution@gainwelltechnologies.com</a> 800-457-4584  <i>Atrezzo Provider Portal (for PA-UM)</i> <a href="http://atrezzo.acentra.com">atrezzo.acentra.com</a>	<b>FFS Paper Claim Submission</b> <i>Professional (Excluding Crossover)</i> Gainwell – CMS-1500 Claims PO Box 50447 Indianapolis, IN 46250-0418  <i>Professional Crossover</i> Gainwell – CMS-1500 Crossover Claims PO Box 50445 Indianapolis, IN 46250-0418  <i>Institutional (Inpatient Hospital, Home Health, Hospice, Long-Term Care, Outpatient Facility – Including Crossover)</i> Gainwell – UB-04 Claims PO Box 50448 Indianapolis, IN 46250-0418  <i>Dental</i> Gainwell – Dental Claims PO Box 50446 Indianapolis, IN 46250-0418	<b>FFS Adjustment Forms (No Refund Checks)</b> Gainwell – Adjustments PO Box 50444 Indianapolis, IN 46250-0420  <b>FFS Refunds</b> Gainwell – Refunds PO Box 2303, Dept. 130 Indianapolis, IN 46206-2303  <b>Uncashed FFS Check Returns</b> Gainwell – Finance PO Box 50458 Indianapolis, IN 46250-0418	<b>Form Requests</b> Gainwell – Written Correspondence PO Box 50442 Indianapolis, IN 46250-0418  <b>FFS Nonpharmacy and non-PA Provider Inquiries and Claim Administrative Review Requests</b> Gainwell – Written Correspondence <a href="http://IHCP.ProviderHealthcare.Portal">IHCP.ProviderHealthcare.Portal</a> <i>(In the IHCP Portal, click the <b>Secure Correspondence</b> link to submit a request)</i>
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<b>FFS NEMT Information</b>	<b>Verida Trip Reservation Line</b> 855-325-7586  <i>Member Portal:</i> <a href="http://member.verida.com">member.verida.com</a>  <i>Member Webpage:</i> <a href="http://myverida.com/member-resources">myverida.com/member-resources</a>	<b>Verida Provider Assistance Line</b> 855-325-7611  <i>Provider Portal:</i> <a href="http://provider.verida.com">provider.verida.com</a>  <i>Provider Webpage:</i> <a href="http://myverida.com/transportation-providers">myverida.com/transportation-providers</a>	<b>Verida Facility Dispatch Line</b> 888-822-6104  <i>Facility Portal:</i> <a href="http://facility.verida.com">facility.verida.com</a>  <i>Facility Webpage:</i> <a href="http://myverida.com/facilities">myverida.com/facilities</a>	<b>Verida Facility Assistance Line (standing orders)</b> 855-325-7588  <b>Verida Website</b> <a href="http://verida.com">verida.com</a>	<b>Request Administrative Review</b> <a href="mailto:INClaims@verida.com">INClaims@verida.com</a>  <b>Claim Processing</b> Verida 4751 Best Rd., Suite 300 Atlanta, GA 30337  <b>Claim Appeals</b> Verida Claims 843 Dallas Highway Villa Rica, GA 30180
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# IHCP Quick Reference Guide – Contact Information

<b>FFS Pharmacy Information</b>	<b>FFS Pharmacy Inquiries and Prior Authorization</b> Optum Rx Clinical and Technical Help Desk 855-577-6317 Fax: 855-678-6976 PA Fax: 855-577-6384  Optum Rx – PA PO Box 44085 Indianapolis, IN 46244-0085	<b>FFS Pharmacy Paper Claim Filing</b> Optum Rx Manual Claims Manual Claim Processing PO Box 29044 Hot Springs, AR 71903	<b>FFS Pharmacy Claim Voids/ Reversals</b> Optum Rx – Void/Reversals Manual Claim Processing PO Box 29044 Hot Springs, AR 71903  <b>FFS Pharmacy Benefit Management Inquiries</b> <a href="mailto:PD_L@FSSA.in.gov">PD_L@FSSA.in.gov</a>	<b>FFS Pharmacy Administrative Review of Claim Requests</b> Optum Rx Manual Claim Processing PO Box 29044 Hot Springs, AR 71903  <b>Optum Rx Indiana Drug Rebate Operations</b> 2100 Riveredge Parkway NW, Suite 400 Atlanta, GA 30328 <a href="mailto:indiana.rebates@optum.com">indiana.rebates@optum.com</a>	<b>FFS Pharmacy Refunds</b>  <i>Courier Mail</i> JP Morgan Chase Optum Rx Claims LBX 26594 131 South Dearborn – 6th Floor Chicago, IL 60603  <i>First-Class Mail</i> Optum Rx Claims 26594 Network Place Chicago, IL 60673-1265
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## Managed Care

<b>Healthy Indiana Plan (HIP)</b>  <b>Enrollment Broker (MAXIMUS) Helpline:</b> 877-438-4479 Fax: 317-238-3120	<b>Anthem</b>  <i>Provider Services</i> <a href="http://Anthem.com">Anthem.com</a> 844-533-1995 Fax: 866-408-7087  <i>Member Services</i> <a href="http://Anthem.Medicicaid.Insurance.in.Indiana">Anthem Medicaid Insurance in Indiana</a> 866-408-6131  <i>Claims</i> <a href="http://Anthem.Reimbursement">Anthem Reimbursement</a>  <i>Prior Authorization – Medical and Substance Use Disorder (SUD)</i> <a href="http://Anthem.PA">Anthem PA</a> 844-533-1995 Fax (Physical Health Inpatient and Outpatient): 866-406-2803 Fax (Behavioral Health Inpatient): 877-434-7578 Fax (Behavioral Health Outpatient): 866-877-5229  <i>Pharmacy Services</i> <a href="http://Anthem.Pharmacy.Information">Anthem Pharmacy Information</a> PBM: CarelonRx Claims: 833-205-6007 PA: 844-533-1995 PA Fax (Retail Pharmacy): 844-864-7860 PA Fax (Medical Injectable): 888-209-7838 Help for Pharmacists: 833-217-1320  <i>Dental Services</i> <a href="http://DentaQuest.Provider.Portal">DentaQuest Provider Portal</a> DBM: DentaQuest 855-453-5286 Fax: 262-834-3589  <i>Vision Services</i> <a href="http://Superior.Vision">Superior Vision</a> VBM: Superior Vision 877-235-5317 Fax: 518-556-7707	<b>Managed Health Services (MHS)</b>  <i>Provider Services</i> <a href="http://MHSIndiana.com">MHSIndiana.com</a> 877-647-4848 Fax: 866-912-1629  <i>Member Services</i> 877-647-4848  <i>Claims</i> <a href="http://MHS.Payment.Policies">MHS Payment Policies</a>  <i>Prior Authorization – Medical and SUD</i> <a href="http://MHS.PA">MHS PA</a> 877-647-4848 Fax (Physical Health Inpatient and Outpatient): 866-912-4245 Fax (Behavioral Health Inpatient): 844-288-2591 Fax (Behavioral Health Outpatient): 866-694-3649  <i>Pharmacy Services</i> <a href="http://MHS.Pharmacy.Information">MHS Pharmacy Information</a> PBM Claims: Express Scripts PBM PA: Centene Pharmacy Services Claims: 855-772-7125 PA: 833-750-4430 (for pharmacist only) PA Fax: 833-645-2742  <i>Dental Services</i> <a href="http://Centene.Dental.Services.Portal">Centene Dental Services Portal</a> DBM: Centene Dental Services 855-609-5157  <i>Vision Services</i> <a href="http://Centene.Vision.Benefits">Centene Vision Benefits</a> VBM: Centene Vision Services 866-599-1774 (Hoosier Healthwise and Hoosier Care Connect) 844-820-6523 (HIP)	<b>MDwise</b>  <i>Provider Services</i> <a href="http://MDwise.org">MDwise.org</a> 833-654-9192 Fax: 463-426-5854  <i>Member Services</i> 800-356-1204  <i>Claims</i> <a href="http://HIP.Claims">HIP Claims</a>  <i>Prior Authorization – Medical and SUD</i> <a href="http://MDwise.PA">MDwise PA</a> 888-961-3100 Fax (Physical Health Inpatient and Outpatient): 866-613-1642 Fax (Behavioral Health Inpatient): 866-613-1631 Fax (Behavioral Health Outpatient): 866-613-1642  <i>Pharmacy Services</i> <a href="http://MDwise.Pharmacy.Information">MDwise Pharmacy Information</a> PBM: MedImpact Claims: 844-336-2677 PA: 800-788-2949 PA Fax: 858-790-7100  <i>Dental Services</i> <a href="http://Delta.Dental.Provider.Portal">Delta Dental Provider Portal</a> DBM: Delta Dental 800-356-1204	<b>CareSource</b>  <i>Provider Services</i> <a href="http://CareSource.com">CareSource.com</a> 844-607-2831  <i>Member Services</i> 844-607-2829  <i>Claims</i> <a href="http://CareSource.Claims">CareSource Claims</a> 844-607-2831  <i>Prior Authorization – Medical and SUD</i> <a href="http://CareSource.PA">CareSource PA</a> 844-607-2831 Fax: 844-432-8924  <i>Pharmacy Services</i> <a href="http://CareSource.Pharmacy.Information">CareSource Pharmacy Information</a> PBM Claims: Express Scripts (ESI) Pharmacy Help Desk: 800-440-0474 PA: 844-607-2831 Pharmacy Benefit PA Fax: 866-930-0019 Physician-Administered Drugs (Medical Benefit) PA Fax: 888-399-0271  <i>Dental Services</i> <a href="http://CareSource.Dental">CareSource Dental</a> 844-607-2831  <i>Vision Services</i> <a href="http://CareSource.Vision.Services">CareSource Vision Services</a> VBM: Superior Vision Provider Customer Service: 800-507-3800 Utilization Management (PA): Fax: 855-313-3106 Portal: <a href="http://superiorvision.com">superiorvision.com</a>
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<p><b>Hoosier Care Connect</b></p> <p><b>Enrollment Broker (MAXIMUS) Helpline:</b>              866-963-7383              Fax: 317-238-3120</p>	<p><b>Anthem</b></p> <p><i>Provider Services</i>  <a href="http://Anthem.com">Anthem.com</a>              844-284-1798              Fax: 888-859-3046</p> <p><i>Member Services</i>  <a href="http://Anthem Medicaid Insurance in Indiana">Anthem Medicaid Insurance in Indiana</a>              844-284-1797</p> <p><i>Claims</i>  <a href="http://Anthem Reimbursement">Anthem Reimbursement</a></p> <p><i>Prior Authorization – Medical and Substance Use Disorder (SUD)</i>  <a href="http://Anthem PA">Anthem PA</a>              844-284-1798              Fax (Physical Health Inpatient and Outpatient): 866-406-2803              Fax (Behavioral Health Inpatient): 877-434-7578              Fax (Behavioral Health Outpatient): 866-877-5229</p> <p><i>Pharmacy Services</i>  <a href="http://Anthem Pharmacy Information">Anthem Pharmacy Information</a>              PBM: CarelonRx              Claims: 833-235-2024              PA: 844-284-1798              PA Fax (Retail Pharmacy): 844-864-7860              PA Fax (Medical Injectable): 888-209-7838              Help for Pharmacists: 833-217-1322</p> <p><i>Dental Services</i>  <a href="http://DentaQuest Provider Portal">DentaQuest Provider Portal</a>              DBM: DentaQuest              855-453-5286              Fax: 262-834-3589</p> <p><i>Vision Services</i>  <a href="http://Superior Vision">Superior Vision</a>              VBM: Superior Vision              877-235-5317              Fax: 518-556-7707</p>	<p><b>Managed Health Services (MHS)</b></p> <p><i>Provider Services</i>  <a href="http://MHSIndiana.com">MHSIndiana.com</a>              877-647-4848              Fax: 866-912-1629</p> <p><i>Member Services</i>              877-647-4848</p> <p><i>Claims</i>  <a href="http://MHS Payment Policies">MHS Payment Policies</a></p> <p><i>Prior Authorization – Medical and SUD</i>  <a href="http://MHS PA">MHS PA</a>              877-647-4848              Fax (Physical Health Inpatient and Outpatient): 866-912-4245              Fax (Behavioral Health Inpatient): 844-288-2591              Fax (Behavioral Health Outpatient): 866-694-3649</p> <p><i>Pharmacy Services</i>  <a href="http://MHS Pharmacy Information">MHS Pharmacy Information</a>              PBM Claims: Express Scripts              PBM PA: Centene Pharmacy Services              Claims: 855-772-7125              PA: 833-750-4441 (for pharmacist only)              PA Fax: 833-645-2742</p> <p><i>Dental Services</i>  <a href="http://Centene Dental Services Portal">Centene Dental Services Portal</a>              DBM: Centene Dental Services              855-609-5157</p> <p><i>Vision Services</i>  <a href="http://Centene Vision Benefits">Centene Vision Benefits</a>              VBM: Centene Vision Services              866-599-1774 (Hoosier Healthwise and Hoosier Care Connect)              844-820-6523 (HIP)</p>	<p><b>UnitedHealthcare</b></p> <p><i>Provider Services</i>  <a href="http://UnitedHealthcare Community Plan of Indiana">UnitedHealthcare Community Plan of Indiana</a>              877-610-9785</p> <p><i>Member Services</i>  <a href="http://UnitedHealthcare Community Plan">UnitedHealthcare Community Plan</a>              800-832-4643</p> <p><i>Claims</i>  <a href="http://UnitedHealthcare Claims">UnitedHealthcare Claims</a>              877-610-9785</p> <p>Mailing address:              UnitedHealthcare Community Plan              PO Box 5270              Kingston, NY 12402-5270</p> <p>Electronic Payer ID: 87726  <i>Prior Authorization – Medical and SUD</i>  <a href="http://United Healthcare Prior Authorization">United Healthcare Prior Authorization</a>              877-610-9785              Fax: 844-897-6514</p> <p><i>Pharmacy Services</i>  <a href="http://UnitedHealthcare Pharmacy Information">UnitedHealthcare Pharmacy Information</a>              PBM: Optum Rx              Claims: 866-215-5046              PA: 800-310-6826              PA Fax: 866-940-7328</p> <p><i>Dental Services</i>  <a href="http://SKYGEN Dental Hub Portal">SKYGEN Dental Hub Portal</a>              DBM: UHC Dental              844-402-9118</p> <p><i>Vision Services</i>  <a href="http://MARCH Vision Care">MARCH Vision Care</a>              VBM: MARCH Vision Care              844-486-2724</p>
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<p><b>Hoosier Healthwise</b></p> <p><b>Enrollment Broker (MAXIMUS) Helpline:</b> 800-889-9949 Fax: 317-238-3120</p>	<p><b>Anthem</b> <i>Provider Services</i> <a href="http://Anthem.com">Anthem.com</a> 866-408-6132 Fax: 866-408-7087</p> <p><i>Member Services</i> <a href="http://Anthem Medicaid Insurance in Indiana">Anthem Medicaid Insurance in Indiana</a> 866-408-6131</p> <p><i>Claims</i> <a href="http://Anthem Reimbursement">Anthem Reimbursement</a></p> <p><i>Prior Authorization (PA) – Medical and Substance Use Disorder (SUD)</i> <a href="http://Anthem PA">Anthem PA</a> 866-408-6132 Fax (Physical Health Inpatient and Outpatient): 866-406-2803 Fax (Behavioral Health Inpatient): 877-434-7578 Fax (Behavioral Health Outpatient): 866-877-5229</p> <p><i>Pharmacy Services</i> <a href="http://Anthem Pharmacy Information">Anthem Pharmacy Information</a> PBM: CarelonRx Claims: 833-235-2023 PA: 866-408-6132 PA Fax (Retail Pharmacy): 844-864-7860 PA Fax (Medical Injectable): 888-209-7838 Help for Pharmacists: 833-217-1321</p> <p><i>Dental Services</i> <a href="http://DentaQuest Provider Portal">DentaQuest Provider Portal</a> DBM: DentaQuest 855-453-5286 Fax: 262-834-3589</p> <p><i>Vision Services</i> <a href="http://Superior Vision">Superior Vision</a> VBM: Superior Vision 877-235-5317 Fax: 518-556-7707</p>	<p><b>Managed Health Services (MHS)</b> <i>Provider Services</i> <a href="http://MHSIndiana.com">MHSIndiana.com</a> 877-647-4848 Fax: 866-912-1629</p> <p><i>Member Services</i> 877-647-4848</p> <p><i>Claims</i> <a href="http://MHS Payment Policies">MHS Payment Policies</a></p> <p><i>Prior Authorization – Medical and SUD</i> <a href="http://MHS PA">MHS PA</a> 877-647-4848 Fax (Physical Health Inpatient and Outpatient): 866-912-4245 Fax (Behavioral Health Inpatient): 844-288-2591 Fax (Behavioral Health Outpatient): 866-694-3649</p> <p><i>Pharmacy Services</i> <a href="http://MHS Pharmacy Information">MHS Pharmacy Information</a> PBM Claims: Express Scripts PBM PA: Centene Pharmacy Services Claims: 855-772-7125 PA: 833-750-4445 (for pharmacist only) PA Fax: 833-645-2742</p> <p><i>Dental Services</i> <a href="http://Centene Dental Services Portal">Centene Dental Services Portal</a> DBM: Centene Dental Services 855-609-5157</p> <p><i>Vision Services</i> <a href="http://Centene Vision Benefits">Centene Vision Benefits</a> VBM: Centene Vision Services 866-599-1774 (Hoosier Healthwise and Hoosier Care Connect) 844-820-6523 (HIP)</p>	<p><b>MDwise</b> <i>Provider Services</i> <a href="http://MDwise.org">MDwise.org</a> 833-654-9192 Fax: 463-426-5854</p> <p><i>Member Services</i> 800-356-1204</p> <p><i>Claims</i> <a href="http://MDwise Hoosier Healthwise Claims">MDwise Hoosier Healthwise Claims</a> 800-356-1204</p> <p><i>Prior Authorization – Medical and SUD</i> <a href="http://MDwise PA">MDwise PA</a> 888-961-3100 Fax: 888-465-5581</p> <p><i>Pharmacy Services</i> <a href="http://MDwise Pharmacy Information">MDwise Pharmacy Information</a> PBM: MedImpact Claims: 844-336-2677 PA: 800-788-2949 PA Fax: 858-790-7100</p> <p><i>Dental Services</i> <a href="http://Delta Dental Provider Portal">Delta Dental Provider Portal</a> DBM: Delta Dental 800-356-1204</p>	<p><b>CareSource</b> <i>Provider Services</i> <a href="http://CareSource.com">CareSource.com</a> 844-607-2831</p> <p><i>Member Services</i> 844-607-2829</p> <p><i>Claims</i> <a href="http://CareSource Claims">CareSource Claims</a> 844-607-2831</p> <p><i>Prior Authorization – Medical and SUD</i> <a href="http://CareSource PA">CareSource PA</a> 844-607-2831 Fax: 844-432-8924</p> <p><i>Pharmacy Services</i> <a href="http://CareSource Pharmacy Information">CareSource Pharmacy Information</a> PBM Claims: Express Scripts (ESI) Pharmacy Help Desk: 800-416-3632 PA: 844-607-2831 Pharmacy Benefit PA Fax: 866-930-0019 Physician Administered Drugs (Medical Benefit) PA Fax: 888-399-0271</p> <p><i>Dental Services</i> <a href="http://CareSource Dental">CareSource Dental</a> 844-607-2831</p> <p><i>Vision Services</i> <a href="http://CareSource Vision Services">CareSource Vision Services</a> VBM: Superior Vision Provider Customer Service: 800-507-3800 Utilization Management (PA): Fax: 855-313-3106 Portal: <a href="http://superiorvision.com">superiorvision.com</a></p>
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# IHCP Quick Reference Guide – Contact Information



PathWays	Anthem	Humana	UnitedHealthcare
<b>Enrollment Broker (MAXIMUS) Helpline:</b> 877-284-9294 Fax: 317-238-3120	<p><i>Provider Network – Credentialing and Contracting</i>                      Anthem Provider Relations at  <a href="mailto:INMLTSSProviderRelations@anthem.com">INMLTSSProviderRelations@anthem.com</a></p> <p><i>Provider Services</i>  <a href="#">Anthem Indiana PathWays for Aging</a>                      833-569-4739</p> <p><i>Member Services</i>  <a href="#">Anthem Medicaid Insurance in Indiana</a>                      833-412-4405</p> <p><i>Claims</i>  <a href="http://availity.com">availity.com</a></p> <p>Paper claims (initial only):                      Mailstop: IN999                      Anthem Blue Cross and Blue Shield Claims                      PO Box 61010                      Virginia Beach, VA 23466</p> <p><i>Prior Authorization</i>                      844-284-1798                      Fax: 866-406-2803</p> <p><i>Pharmacy Services</i>  <a href="#">Anthem Pharmacy Information</a>                      PBM: CarelonRx                      Claims: 844-691-2486                      PA Fax (Retail Pharmacy): 844-864-7860                      PA Fax (Medical Injectables): 888-209-7838                      Help for Pharmacists: 844-691-2487</p> <p><i>Dental Services</i>  <a href="#">DentaQuest Provider Portal</a>                      DBM: DentaQuest                      855-453-5286                      Fax: 262-834-3589</p> <p><i>Vision Services</i>  <a href="#">Superior Vision</a>                      VBM: Superior Vision                      877-235-5317                      Fax: 518-556-7707</p>	<p><i>Provider Network – Credentialing and Contracting</i>                      Humana Provider Relations at  <a href="mailto:INMedicaidProviderRelations@humana.com">INMedicaidProviderRelations@humana.com</a></p> <p><i>Provider Services</i>  <a href="#">Humana Healthy Horizons in Indiana for Providers</a>                      866-274-5888</p> <p><i>Member Services</i>  <a href="#">Humana Healthy Horizons in Indiana for Members</a>                      866-274-5888  <a href="mailto:INHealthyHorizons@humana.com">INHealthyHorizons@humana.com</a></p> <p><i>Claims</i>  <a href="http://availity.com">availity.com</a></p> <p>Paper claims must be mailed to:                      Humana Claims                      PO Box 14169                      Lexington, KY 40512-4169</p> <p><i>Prior Authorization</i>                      All UM: 866-274-5888 (TTY: 711)                      Fax: 502-324-6376</p> <p><i>Pharmacy Services</i>                      PBM: Humana Pharmacy Solutions                      800-555-CLIN (2546)                      Fax: 877-486-2621</p> <p><i>Dental Services</i>                      DBM: DentaQuest                      Submit claims via the <a href="#">DentaQuest web portal</a>                      855-398-8411</p> <p><i>Vision Services</i>                      VBM: EyeMed                      For Medicaid Members:                      844-961-2057                      Medicare/Duals:                      888-289-0595</p>	<p><i>Provider Network – Credentialing and Contracting</i>                      UnitedHealthcare Provider Relations at  <a href="http://IN_ProviderServices@uhc.com">IN_ProviderServices@uhc.com</a></p> <p><i>Provider Services</i>  <a href="#">UnitedHealthcare Community Plan of Indiana</a>                      877-610-9785</p> <p><i>Member Services</i>  <a href="#">UnitedHealthcare Community Plan</a>                      800-832-4643  <a href="mailto:IN_HPops@uhc.com">IN_HPops@uhc.com</a></p> <p><i>Claims</i>  <a href="#">United Healthcare Claims</a>                      877-610-9785</p> <p>Mailing address:                      UnitedHealthcare Community Plan                      PO Box 5270                      Kingston, NY 12402-5270                      Electronic Payer ID: 87726</p> <p><i>Prior Authorization</i>  <a href="#">United Healthcare Prior Authorization</a>                      877-610-9785                      Fax: 844-897-6514</p> <p><i>Pharmacy Services</i>  <a href="#">UnitedHealthcare Pharmacy Information</a>                      PBM: Optum Rx                      Claims: 866-215-5046                      PA: 800-310-6826                      PA Fax: 866-940-7328</p> <p><i>Dental Services</i>  <a href="#">SKYGEN Dental Hub Portal</a>                      DBM: UHC Dental                      844-402-9118</p> <p><i>Vision Services</i>  <a href="#">MARCH Vision Care</a>                      VBM: MARCH Vision Care                      844-486-2724</p>

# IHCP Quick Reference Guide – Contact Information



<b>Program of All-Inclusive Care for the Elderly (PACE)</b>	For contact information, see the <a href="#">Program of All-Inclusive Care for the Elderly</a> page at in.gov/fssa/da.
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## Care Management – Right Choices Program (RCP)

<b>RCP Administrator</b>	<b>Acentra Health – FFS Traditional Medicaid</b> 866-725-9991 Fax: 800-261-2774	<b>Anthem – HIP, Hoosier Care Connect, PathWays and Hoosier Healthwise</b> 866-902-1690, option 1 Fax: 866-387-2959	<b>MHS – HIP, Hoosier Care Connect and Hoosier Healthwise</b> 877-647-4848 Fax: 866-753-7240	<b>MDwise – HIP and Hoosier Healthwise</b> 800-356-1204 Fax: 317-829-7818	<b>CareSource – HIP and Hoosier Healthwise</b> 844-607-2829 (TTY: 800-743-3333 or 711) Email: <a href="mailto:lockinprogram@caresource.com">lockinprogram@caresource.com</a>	<b>Humana – PathWays</b> 833- 410-2496 Fax: 502-996-8184	<b>UnitedHealthcare – Hoosier Care Connect and PathWays</b> 800-832-4643, (TTY and TDD: 711) Fax: 888-843-6007
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