



**QUICK REFERENCE GUIDE  
HMC HEALTHWORKS**

<b>Important Information on Departments</b>	
<p><b>Provider Relations:</b></p> <p>Provider complaints, information on provider application, fee schedules, credentialing status, etc.</p>	<p>HMC HealthWorks            Attn: Provider Relations            5840 Banneker Rd, Suite 270            Columbia, MD 21044            Phone: 855-487-8914            Fax: 860-785-4860            Email: providerrelations@hmcebs.com</p>
<p><b>Appeals:</b></p> <p>For appeals, providers may file an appeal in writing via mail or fax within 180 days for initial denial (level 1)</p>	<p>HMC HealthWorks            Attn: Appeals            5840 Banneker Rd, Suite 270            Columbia, MD 21044            Phone: 877-726-3418            Fax: 443-583-4830</p>
<p><b>Claims Submission – Paper</b></p> <p>Submit original “red claim” form for claim and encounter submissions. No handwritten claims will be accepted.</p>	<p>HMC HealthWorks            P.O. Box 981605            El Paso, TX 79998-1605            Phone: 877-746-7471</p>
<p><b>Claims Submissions - Electronic</b></p>	<p>Preferred EDI Parter: Change Healthcare  <i>(Formerly known as Emdeon)</i></p> <p>EDI Payer ID: 75318</p>