

# MHS BEHAVIORAL HEALTH



Hoosier Healthwise | Healthy Indiana Plan | Hoosier Care Connect



# Agenda

-  Behavioral Health Provider Types
-  Covered Services
-  Substance Use Disorder (SUD) Residential Treatment Service
-  IOT, Crisis Intervention & Peer Recovery Services\_BT201929
-  Provider Enrollment
-  Demographic Updates
-  Prior Authorization
-  Claims Process
-  Behavioral Health Claims Issue Resolution
-  MHS Portal
-  Provider Relations Resources
-  Questions

# **Behavioral Health Provider Types**

# MHS Behavioral Health Network

## Provider Types

-  Hospitals
-  Community Mental Health Centers (CMHC)
-  BH Practitioners within FQHC/RHC setting
-  Behavioral Health Agency
-  Prescribers
  -  Psychiatrist –(MD/DO)
  -  Psych Nurses (RN, APRN, ARNP, LPN)
-  Psychologist (PHD, PSYD, HSPP)
-  Master Level Clinicians (LCSW, LMFT, Non-Licensed & Substance Abuse Providers)
-  Please note that professional covered services can only be billed and reimbursed to IHCP enrolled:
  -  Psychiatrists
  -  Psychologists (HSPP Only)
  -  Nurse Practitioners
    -  Independently Practicing
    -  Enrolled with IHCP & employed by a physician or group

# Covered Services

# Behavioral Health Covered Services

-  Inpatient & Outpatient Facility Services:
  -  Inpatient Admission for Mental Health or Substance Abuse
  -  Inpatient Eating Disorders
  -  Observation (limited to 72-hour stay)
  -  Telehealth Services
  -  Intensive Outpatient Treatment (IOT) for Mental Health or Substance Abuse\_BT201929
  -  Partial Hospitalization
  -  Psychiatric Clinic
  -  Psychiatric Outpatient Hospital Services
  -  SUD Services Residential Treatment\_BT201801

\* Listing is not all-inclusive and subject to change

# Behavioral Health Covered Services

-  Professional Services
    -  Psychiatric Diagnostic Evaluation
    -  Individual/Family/Group Psychotherapy
    -  Crisis Psychotherapy
    -  Psychoanalysis
    -  Psychological Testing
    -  Neuropsych Testing
    -  Applied Behavioral Analysis (ABA) Services
    -  Evaluation and Management
    -  Observation Care Discharge Services
    -  Initial Observation Care
    -  Initial Hospital Care
    -  Office Consultations
    -  Inpatient Consultations
    -  Smoking Cessation
    -  Alcohol and/or Substance Abuse structured screening and brief intervention
    -  Opioid Treatment Program (OTP)
- \* Listing is not all-inclusive and subject to change

# **Substance Use Disorder (SUD) Residential Treatment**

# SUD Residential Treatment Services

## Residential SUD Treatment Provider Enrollment

-  Effective March 1, 2018, IHCP established a new provider specialty for SUD residential addiction treatment facilities.
  - Provider type 35 – *Addiction Services*; and
  - Provider specialty 836 – *SUD Residential Addiction Treatment Facility*
  
-  To enroll, a facility must meet the following requirements and submit proof of both:
  - DMHA certification as a residential (sub-acute stabilization) facility or Department of Child Services (DCS) licensing as a child care institution or private secure care institution; and
  
  - DMHA designation indicating approval to offer ASAM Level 3.1; or Level 3.5 residential services

# SUD Residential Treatment Services

## Residential SUD Treatment Claims Submission:

-  SUD Billing :
- H2034 U1 or U2 – Low-Intensity Residential Treatment
  - H0010 U1 or U2 – High-Intensity Residential Treatment

 Reimbursement is limited to one unit per member per provider per day;

-  Facilities should bill using a CMS-1500:
- Claims **MUST** be submitted at the facility level with the facility NPI as rendering (box 24J) on the CMS-1500 claim form;

**\*(Practitioners may not bill or be listed as the rendering),**

# SUD Residential Treatment Services

## Residential SUD Treatment Claims Submission:

-  Providers will be reimbursed for residential stays for substance use treatment on a *per diem* basis;
-  The following services are included within the *per diem*:
  - H2034 U1 or U2 – Low-Intensity Residential Treatment:
    - Individual Therapy
    - Group Therapy
    - Medication Training and Support
    - Case Management
    - Drug Testing
    - Peer Recovery Supports
  - H0010 U1 or U2 – High-Intensity Residential Treatment
    - Individual Therapy
    - Group Therapy
    - Medication Training and Support
    - Case Management
    - Drug Testing
    - Peer Recovery Supports
    - Skills Training and Development

# SUD Residential Treatment Services

## Residential SUD Treatment Claims Submission:

-  SUD residential addiction treatment facilities rendering services other than those included in the *per diem* must bill for those additional services using another, appropriate IHCP enrolled provider type and specialty:
-  Services that are reimbursable outside the daily per diem rate include Physician Visits and Physician-administered medications;
-  Services included in the per diem payment will not be reimbursed separately for a member for the same DOS as the per diem payment is reimbursed;
-  Refer to IHCP Bulletin 201801 for further policy and reimbursement related details;

# SUD Residential Treatment Services

## Residential SUD Treatment Prior Authorization:

-  SUD residential treatment services require prior authorization;
-  Please visit the MHS website at the following location for PA forms specific to SUD services: <https://www.mhsindiana.com/providers/behavioral-health/bh-provider-forms.html>;
-  PA Forms specific to SUD services include:
  -  Initial Assessment Form for Substance Use Disorder Treatment Admission;
  -  Residential/Inpatient Substance Use Disorder Treatment Prior Authorization Request Form;
  -  Reassessment Form for Continued Substance Use Disorder Treatment;

# **IOT, Crisis Intervention & Peer Recovery Services\_BT201929**

# IOT, Crisis Intervention & Peer Recovery Services

-  Effective July 1, 2019, the Indiana Health Coverage Programs (IHCP) has modified the coverage of crisis intervention, intensive outpatient treatment (IOT), and peer recovery services;
-  For dates of service (DOS) on or after July 1, 2019, IOT, Crisis Intervention and peer recovery services will no longer be restricted to members eligible for the Medicaid Rehabilitation Option (MRO) benefit plan; in addition, all three services will no longer be carved out of managed care;
-  BT201929 provides a description of providers that can perform these services, including description of services, and billing information;
-  For IOT services, BT201929 billing guidance supersedes the instructions in prior BT201739 for managed care billing of IOP (Intensive Outpatient Program) services.

# IOT, Crisis Intervention & Peer Recovery Services

## Description of Providers for Mental Health Services

-  Licensed Professionals;
-  Qualified Behavioral Health Professional (QBHP);
-  Licensed Independent Practice School Psychologist;
-  Authorized Health Care Professional (AHCP);
-  Other Behavioral Health Professional (OBHP);

Please review the details outlined in BT201929.

# IOT, Crisis Intervention & Peer Recovery Services

## Description of Services/Provider Qualifications/Billing

### Crisis Intervention

-  Crisis Intervention Services (HCPCS code H2011): Crisis intervention is available to all members. Crisis intervention is a short-term emergency behavioral health service, available 24 hours a day, 7 days a week.
  
-  Crisis intervention does not require prior authorization;
  
-  Crisis Intervention Service (Provider Qualifications): The following providers may deliver crisis intervention:
  -  Licensed professional
  -  QBHP
  -  OBHP

# IOT, Crisis Intervention & Peer Recovery Services

## Description of Services/Provider Qualifications/Billing

### Crisis Intervention (cont.)

-  Crisis Intervention Service (Billing)
  -  Must be billed using HCPCS code H2011;
  -  CMS 1500 Billing is allowed but must contain the rendering practitioner information within box 24J of the claim form. As a reminder (BR201930), midlevel practitioners must bill using the supervising MD or HSPP's NPI including applicable modifiers;
  -  Facility charges may be billed on a UB-04 claim form, Provider Healthcare Portal institutional claim, or 837I electronic transaction), using national coding guidelines;
-  Crisis Intervention Service (Program Standards, Rates & Limitations): Please review the details outlined in BT201929;

# IOT, Crisis Intervention & Peer Recovery Services

## Description of Services/Provider Qualifications/Billing

### Intensive Outpatient Treatment

-  Intensive Outpatient Treatment: a treatment program that operates at least 3 hours per day, at least 3 days per week; for rehabilitation of alcohol and other drug abuse or dependence in a group setting;
-  IOT includes individual and family therapy, group therapy, skills training, medication training and support, peer recovery services, care coordination, and counseling. IHCP requires the provision of at least 120 minutes of therapeutic intervention per 3 hour session;
-  IOT Services require Prior Authorization;
-  Intensive Outpatient Treatment (Provider Qualifications): The following providers are authorized to deliver IOT:
  -  Licensed professionals;
  -  QBHPs;
  -  OBHPs

# IOT, Crisis Intervention & Peer Recovery Services

## Description of Services/Provider Qualifications/Billing

### Intensive Outpatient Treatment

-  Intensive Outpatient Treatment (Billing)
  -  Facility Billing: Must be billed on a UB-04 claim form with Revenue Codes 905 (IOT Psychiatric) or 906 (IOT Chemical Dependency) as stand-alone codes;
  -  Professional Billing: May be billed on a CMS-1500 claim form with either HCPCS codes:
    -  H0015: Alcohol and/or drug services;
    -  S9480: Intensive outpatient psychiatric services, per diem;
-  Intensive Outpatient Treatment (Program Standards, Rates, Limitations & Exclusions): Please review the details outlined in BT201929;

# IOT, Crisis Intervention & Peer Recovery Services

## Description of Services/Provider Qualifications/Billing

### Peer Recovery Services

-  Peer Recovery Services: are individual, face-to-face services that provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills.
-  Peer recovery services are available without prior authorization up to 365 hours (1,460 units) per rolling calendar year;
-  Peer recovery services must be delivered by individuals certified in peer recovery services per the Department of Mental Health and Addiction (DMHA) training and competency standards for a certified recovery specialist (CRS).

# IOT, Crisis Intervention & Peer Recovery Services

## Description of Services/Provider Qualifications/Billing

### Peer Recovery Services

-  Peer Recover Services (Provider Qualifications): Individuals providing peer recovery services must be under the supervision of a licensed professional, including:
  -  Licensed physician (including licensed psychiatrist);
  -  Licensed psychologist or a psychologist endorsed as an HSPP;
  -  LCSW;
  -  LMHC;
  -  LMFT;
  -  LCAC, as defined under IC 25-23.6-10.5;
  -  QBHP;
  -  Opioid Treatment Program (OTP) enrolled as provider specialty 835;

# IOT, Crisis Intervention & Peer Recovery Services

## Description of Services/Provider Qualifications/Billing

### Peer Recovery Services

-  Peer Recovery Services (Billing):
  -  Must be billed using HCPCS code H0038;
  -  Facility charges may be billed on a UB-04 claim form;
  -  Professional Services may be billed on a CMS-1500 claim form;
-  Peer Recovery Services (Program Standards & Rates): Please review the details outlined in BT201929;

# Provider Enrollment

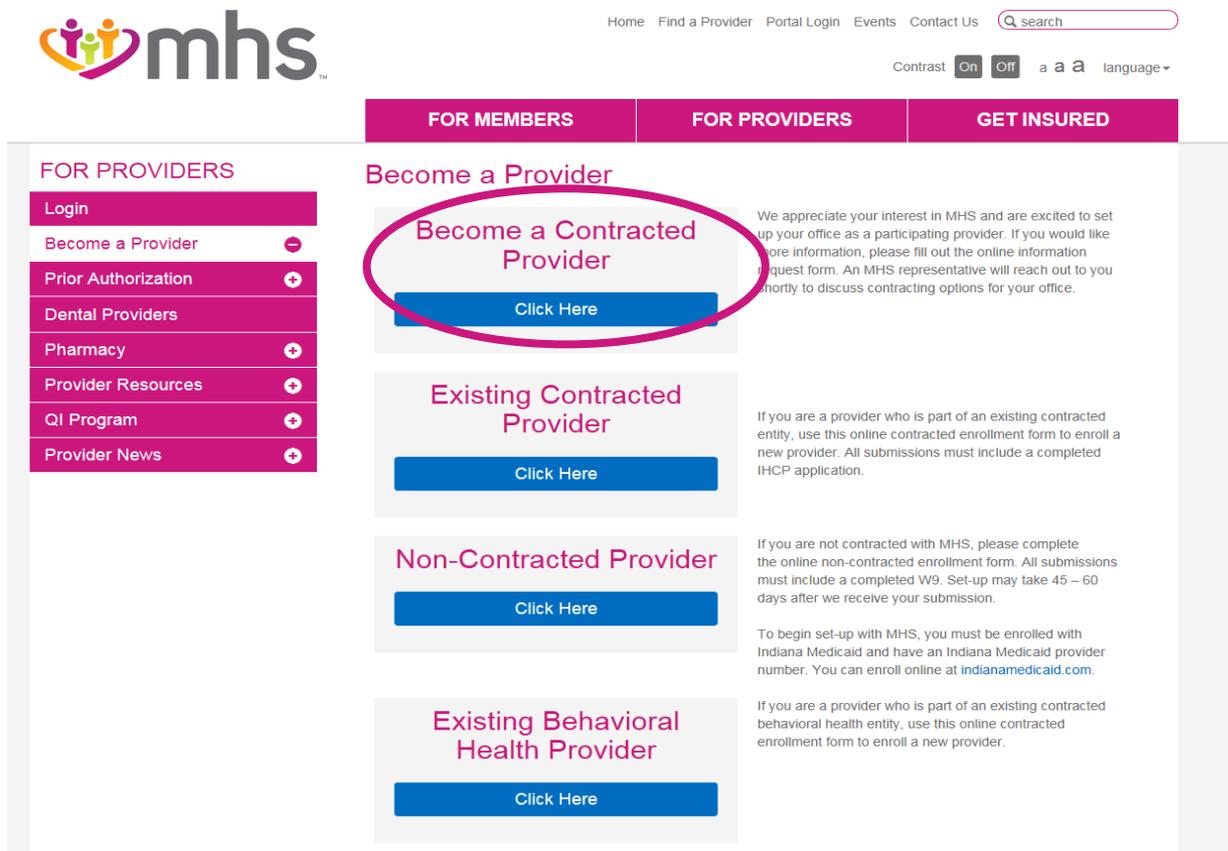
# Provider Enrollment

 All contracting, enrollment, and demographic update requests are initiated through the MHS website at the following location:

<https://www.mhsindiana.com/providers/become-a-provider.html>

 Providers can call Customer Service (877) 647-4848 to obtain the status of their requests;

# Provider Enrollment



The screenshot shows the MHS website's provider enrollment section. At the top, there is a navigation bar with links for Home, Find a Provider, Portal Login, Events, and Contact Us, along with a search bar. Below this is a secondary navigation bar with 'FOR MEMBERS', 'FOR PROVIDERS', and 'GET INSURED'. The 'FOR PROVIDERS' section is active, displaying a sidebar with links for Login, Become a Provider (circled in red), Prior Authorization, Dental Providers, Pharmacy, Provider Resources, QI Program, and Provider News. The main content area is titled 'Become a Provider' and contains four options: 'Become a Contracted Provider' (circled in red), 'Existing Contracted Provider', 'Non-Contracted Provider', and 'Existing Behavioral Health Provider'. Each option includes a 'Click Here' button and a brief description of the enrollment process.

**FOR PROVIDERS**

- Login
- Become a Provider**
- Prior Authorization
- Dental Providers
- Pharmacy
- Provider Resources
- QI Program
- Provider News

**Become a Provider**

**Become a Contracted Provider**

Click Here

We appreciate your interest in MHS and are excited to set up your office as a participating provider. If you would like more information, please fill out the online information request form. An MHS representative will reach out to you shortly to discuss contracting options for your office.

**Existing Contracted Provider**

Click Here

If you are a provider who is part of an existing contracted entity, use this online contracted enrollment form to enroll a new provider. All submissions must include a completed IHCP application.

**Non-Contracted Provider**

Click Here

If you are not contracted with MHS, please complete the online non-contracted enrollment form. All submissions must include a completed W9. Set-up may take 45 – 60 days after we receive your submission.

To begin set-up with MHS, you must be enrolled with Indiana Medicaid and have an Indiana Medicaid provider number. You can enroll online at [indianamedicaid.com](http://indianamedicaid.com).

**Existing Behavioral Health Provider**

Click Here

If you are a provider who is part of an existing contracted behavioral health entity, use this online contracted enrollment form to enroll a new provider.

# Demographic Updates

# Demographic Updates

 Providers can utilize the Demographic Update Tool to update information, such as:

- Address Changes
- Demographic Changes
- Term an Existing Provider
- Make a Change to an IRS Number or NPI Number

## Provider Resources

MHS provides the tools and support you need to deliver the best quality of care. Please view the listing on the left, or below, that covers forms, guidelines, helpful links, and training.

- [Demographic Update Tool](#)
- [Guides and Manuals](#)
- [Electronic Transactions](#)
- [Preferred Drug Lists](#)
- [Provider Education](#)
- [Newsletters](#)
- [Helpful Links](#)

# Demographic Updates

## Demographic Update Tool

MHS is committed to providing our providers with the best tools possible to support their administrative needs. We have created an easy way for you to request updates to your information and ensure we receive what we need to complete your request in a timely manner.

Need to review your existing information or have a question? If you are a contracted provider you can visit our [Provider Directory](#) to review your information. Please note that hospital-based and midlevel providers will not show in the directory. If you are a non-contracted provider, please call Provider Services at 1-877-647-4848. Our [Contact Us](#) page is always available for general questions as well.

Ambetter only provider? Visit our [Ambetter website](#).

What would you like to do?

*MAKE AN ADDRESS CHANGE?* +

*MAKE A DEMOGRAPHIC CHANGE?* +

*UPDATE MEMBER ASSIGNMENT LIMITATIONS?* +

*TERM AN EXISTING PROVIDER?* +

*MAKE A CHANGE TO AN IRS NUMBER OR NPI NUMBER?* +

# **Prior Authorization**

# Prior Authorization

## Prior Authorization:

- Please call MHS Care Management for inpatient and partial hospitalization authorizations at 1-877-647-4848. Follow prompts to Behavioral Health;
- Authorization forms may be obtained on our website:
  - Outpatient Treatment Request (OTR) Form/Tip-Sheet/Training
  - Intensive Outpatient/Day Treatment Form Mental Health/Chemical Dependency
  - Applied Behavioral Analysis Treatment (OTR)
  - Psychological Testing Authorization Request Form (Outpatient & Inpatient)
  - SUD Residential Treatment Services Prior Auth Form(s)

# Prior Authorization

## Facility Services:

-  Inpatient Admissions
-  Intensive Outpatient Treatment (IOT)
-  Partial Hospitalization
-  SUD Residential Treatment

# Prior Authorization

## Professional Services:

-  Psychiatric Diagnostic Evaluation (Limited to 1 per member per 12 month rolling year without authorization)
-  Electroconvulsive Therapy
-  Psychological Testing
  -  Unless for Autism: then no auth is required
-  Developmental Testing, with interpretation and report (non-EPSDT)
-  Neurobehavioral status exam, with interpretation and report
-  Neuropsych Testing per hour, face to face
  -  Unless for Autism: then no auth is required
  -  Non-Participating Providers only
-  ABA Services

# Prior Authorization

## Limitations on Outpatient Mental Health Services:

 Effective 12/15/2018 MHS has implemented The Indiana Health Coverage Programs Mental Health and Addiction limitation policy for the following CPT codes that, in combination, are limited 20 units per member, per provider, per rolling 12-month period:

<u>Code</u>	<u>Description</u>
90832 - 90834	Individual Psychotherapy
90837 - 90840	Psychotherapy, with patient and/or family member & Crisis Psychotherapy
90845 - 90853	Psychoanalysis & Family/Group Psychotherapy with or without patient

Please Note: CPT codes 90833, 90836, and 90838 for psychotherapy with medical evaluation and management are medical services. Therefore, the IHCP does not reimburse clinical social workers, clinical psychologists, or any mid-level practitioners (excluding nurse practitioners and clinical nurse specialists) for these codes.

# Prior Authorization

## Limitations on Outpatient Mental Health Services (Cont.):

-  Effective 12/15/18, Managed Health Services (MHS) has begun applying this limitation for claims with dates of service (DOS) on or after 12/15/18. Claims exceeding the limit will deny EX Mb: Maximum Benefit Reached.
-  If the member requires additional services beyond the 20 unit limitation, providers may request prior authorization for additional units. Approval will be given based on the necessity of the services as determined by the review of medical records.
-  Providers will need to determine if they have provided 20 units to the member in the past rolling 12 months (starting with DOS 12/15/18) to determine if a prior authorization request is needed. DOS prior to 12/15/18 are not counted towards the 20 unit limitation.
-  “Per Provider” is defined by MHS as per individual rendering practitioner NPI being billed on the CMS-1500 claim form (Box 24J).
-  This change is related to professional services being billed on CMS 1500 claims only.

# Prior Authorization

## Limitations on Outpatient Mental Health Services (cont.):

-  For submission of prior authorization:
  -  BH prior authorization outpatient treatment request (OTR) forms located: <https://www.mhsindiana.com/providers/behavioral-health/bh-provider-forms.html>;
  -  Fax number for submission at the top: 1-866-694-3649;
  -  It is best to include all service codes, duration/units/frequency requests on one OTR form per member;
  -  MHS typical approved authorization date span is 3-6 months depending on medical necessity determination;
  -  MHS internal turn-around time on OTR request is 7 days, while our contractual turnaround time is 14 days;
  -  Decision letters, referred to either as a Notice of Coverage or Denial Letter is sent as a response to every request;

# Prior Authorization

## Limitations on Outpatient Mental Health Services (Cont.):

 For submission of prior authorization (cont.):

 If MHS determines that additional information is needed, MHS will call the provider, using the contact information provided on the OTR form, and providers are typically given 23-48 hours to call us back. If a denial is issued, providers have 30 days to appeal that decision and provide additional documentation.

 Medical Necessity appeals must be received by MHS within 60 calendar days of the date listed on the denial determination letter. The monitoring of the appeal timeline will begin the day MHS receives and receipt-stamps the appeal. Medical necessity behavioral health appeals should be mailed or faxed to:

MHS Behavioral Health  
ATTN: Appeals Coordinator  
12515 Research Blvd, Suite 400  
Austin, TX 78701  
FAX: 1-866-714-7991

# Claims Process

# Claim Process



## Electronic submission:

- Payer ID 68068
- MHS accepts Third Party Liability (TPL) information via EDI
- It is the responsibility of the provider to review the error reports received from the Clearinghouse (Payer Reject Report).



## Online submission through the MHS Secure Provider Portal:

- Verify member eligibility.
- Submit and manage both Professional and Facility claims, including 937 batch files.
- To create an account, go to: [mhsindiana.com/providers/login](https://mhsindiana.com/providers/login).



## Paper Claims:

- MHS Behavioral Health  
PO Box 6800  
Farmington, MO 63640-3818



## Claim Inquiries:

- Check status online with the MHS Secure Provider Portal.
- Call Provider Services at 1-877-647-4848.

# Claim Process

## Filing Limits:

-  For contracted providers, all claims must be submitted within 90 calendar days of the date of service.
-  Claims with primary insurance must be received within 365 days of the date of service with primary EOB information. If primary EOB is received after the 365 days, providers have 60 days from date of primary EOB to file claim to MHS.
-  Claims for non-contracted providers must be submitted within 180 calendar days of the date of service.

# Claim Process

-  Corrected claims should be resubmitted electronically or on our portal within 60 calendar days of the date claim originally processed.
-  MHS Secure Provider Portal – check claim status or file corrected claims.
-  EDI transactions accepted through the following vendors:

Trading Partner	Payor ID	Contact Number
Emdeon	68068	(800) 845-6592
Capario	68068	(800) 792-5256, x812
Availity	68068	(800) 282-4548

# **Behavioral Health Claims Issue Resolution**

# Behavioral Health Claims Issue Resolution

-  **Step 1:** BH Informal Claims Dispute Form
-  Step 2: Provider Services Phone Requests & Web Portal Inquiries
-  Step 3: Provider Relations Regional Mailboxes
-  **Step 4:** Formal Claim Dispute - Administrative Claim Appeal
-  **Step 5:** Arbitration

\*\*Please Note: Steps 1, 4 & 5 are considered MHS's formal provider claims dispute and appeal process. These steps are strongly recommended to substantiate official proof of provider submission of dispute.

# BH Informal Claims Dispute Form

## Step 1:

-  Must be submitted in writing by using the MHS Behavioral Health Informal Claim Dispute form, available at [mhsindiana.com/provider-forms](https://mhsindiana.com/provider-forms).
-  Submit all documentation supporting your objection.
-  Send to MHS within **67 calendar days** of receipt of the MHS Explanation of Payment (EOP). *Please reference the original claim number.* Requests received after day 67 will not be considered:

MHS Behavioral Health Services  
Attn: Appeals Department  
P.O. Box 6000  
Farmington, MO 63640-3809

-  MHS will make all reasonable efforts to review your documentation and respond to you within 30 calendar days.
-  If you do not receive a response within 30 calendar days, consider the original decision to have been upheld.
-  At that time (or upon receipt of our response if sooner), you will have up to 67 calendar days from date on EOP to initiate a formal claim appeal (Step 4).

# BH Informal Claims Dispute Form

## Step 1:

### Helpful Tips:

-  Serves as official notice to MHS of a dispute or appeal on a claim. Skipping this step could jeopardize consideration to review your request through other listed steps;
-  The provider must include sufficient information for MHS to identify the claim(s) in question and the reason the provider is disputing or objecting to MHS' processing of the claim(s);
-  Disputing multiple claim denials:
  -  Submit separate BH Informal Claims Dispute Forms for each member/patient experiencing the denial;
  -  Provide additional information such as:
    -  The MHS denial code and description found on the EOP remit;
    -  Briefly describe why you are disputing this denial;
    -  For multiple claims please either list all claim numbers or in the “Reason for Dispute” section state that “**member is experiencing denial reason \_\_\_\_ for all claims DOS \_\_\_\_ to \_\_\_\_; Please review all associated claims**”;
-  Save copies of all submitted BH informal claims dispute forms;

# Provider Services Phone Requests & Web Portal Inquiries

## Step 2:

-  Step 2 is a companion avenue of resolution but is not considered a formal notification of provider dispute; it is required that providers complete Step 2 prior to contacting Provider Relations.
-  Claim issues presented by providers to the Provider Services phone line & Web Portal Inquiries will be logged and assigned a ticket number; Please keep this ticket number for your reference, as well as to use later in case you choose to utilize Step 3.
-  The provider must include sufficient information to identify the claim(s) in question and the reason the provider is disputing or objecting to MHS' processing of the claim(s).
-  **Phone: 1-877-647-4848; Provider Services 8 a.m. to 8 p.m.**
-  **Provider Web Portal: <https://www.mhsindiana.com/providers/login.html>**
-  **Use the Messaging Tool**

# Customer/Provider Services Phone Requests & Web Portal Inquiries

## Step 2:

### Helpful Tips:

#### Disputing multiple claim denials:

 Provide the provider services rep or web portal team member with 1 claim number as an example of the specific denial.

#### **Communication is Key!:**

 Tell the rep you have a “claims research request” to review all claims for the specific denial reason;

 State if this denial is happening for 1 or multiple practitioners within you group or clinic; (if multiple, provide your TIN)

 Provide the MHS denial code and description found on the EOP remit;

 Briefly describe why you are disputing this denial or seeking research.

# Customer/Provider Services Phone Requests & Web Portal Inquiries

## Step 2:

### Helpful Tips:

#### **Communication is Key!** (cont.):

-  Do not include multiple claim denial reasons within the same research request. Submit separate research requests for each individual denial reason.
-  Please refrain submitting research requests for vague reasons or if you can clearly determine the denial is valid; For example:
  -  Valid timely filing denials;
  -  Services that require prior authorization but PA wasn't obtained;
-  Retain all reference numbers provided by the Provider Services and Web-Portal teams.
  
-  Research can take up to 30-45 days; At any time you can follow up with the Provider Services or Web Portal team with a status update request (make sure to provide the original reference number).

# Customer/Provider Services Phone Requests & Web Portal Inquiries

## Step 2:

 Communication Example:

 Helpful Tips:

*“Hello, I am calling from XYZ Provider group and we are experiencing multiple claim denials for denial code EX\_\_. We would like to have a claims research ticket created to research this issue. Claim Number\_\_\_\_\_ is an example. This denial is occurring for multiple patients being treated by our practitioner Dr. Smith and her NPI is \_\_\_\_\_. This denial has occurred on a total of # claims DOS \_\_\_\_ to \_\_\_\_\_. We believe this is an invalid denial because\_\_\_\_\_.”*

# Provider Relations Regional Mailboxes

## Step 3:

-  Step 3 is a companion avenue of resolution but is not considered a formal notification of provider dispute; Step 3 should only be used after provider has exhausted Steps 1 and 2.
-  If Step 1 results in an upheld denial and Step 2 is not resolved to within 45 calendar days, please contact the Provider Relations team through the claims issues mailbox assigned to your region.
-  Issues will be logged by the internal Provider Relations team and providers will receive a response email with next steps and any assigned reference numbers. Response to incoming email can take 2-4 weeks depending on workload.

# Provider Relations Regional Mailboxes

## Step 3:

### Helpful Tips:

 After Step 2 has been performed, but no resolution or issue upheld; submit the following information to the provider relations regional mailbox (**attach spreadsheet if multiple claims but below fields must be included**)

-  Issue Reference Number(s);
-  TIN
-  Group/Facility Name
-  Practitioner Name & NPI
-  Member Name and Rid Number
-  Product (Medicaid/Ambetter/Allwell)
-  Claim Number(s)
-  DOS or DOS Range if multiple denials
-  Related Prior Authorization Numbers (this is key if issue involves claims denied for no authorization)
-  Provider reason for dispute

# Provider Relations Regional Mailboxes

## Step 3:

### Regional Mailboxes

 Northeast Region: [MHS\\_ProviderRelations\\_NE@mhsindiana.com](mailto:MHS_ProviderRelations_NE@mhsindiana.com)

 Central Region: [MHS\\_ProviderRelations\\_C@mhsindiana.com](mailto:MHS_ProviderRelations_C@mhsindiana.com)

 Northwest Region: [MHS\\_ProviderRelations\\_NW@mhsindiana.com](mailto:MHS_ProviderRelations_NW@mhsindiana.com)

 Southwest Region: [MHS\\_ProviderRelations\\_SW@mhsindiana.com](mailto:MHS_ProviderRelations_SW@mhsindiana.com)

 Southeast Region: [MHS\\_ProviderRelations\\_SE@mhsindiana.com](mailto:MHS_ProviderRelations_SE@mhsindiana.com)

# Formal Claim Dispute - Administrative Claim Appeal

## Step 4:

-  Step 4 is a continuation of Step 1 and is a Formal Claim Dispute, Administrative Claim Appeal;
-  Administrative claim appeals are reviewed by a panel of one or more MHS employees or consultants who are trained in the operations of the MHS claims system as well as state and federal Medicaid laws, regulations and provider payments and coding practices;
-  See the MHS Provider Manual Chapter 5 Claims Administrative Reviews and Appeals for more instructions;

# Arbitration

## Step 5:

-  Step 5 is a continuation of Steps 1 & 4 and is a part of the formal MHS Provider Claims dispute process;
-  In the event a provider is not satisfied with the outcome of the administrative claim appeal process (Step 4), the provider may request arbitration. Claims with similar issues from the same provider may be grouped together for the purpose of requesting arbitration.
-  See the MHS Provider Manual Chapter 5 Claims Administrative Reviews and Appeals for more instructions;

# **PROVIDER NEWS**

# Provider News

 To ensure that your practice is up to date on all MHS related news announcements, please sign up to receive provider email updates here:

<https://www.mhsindiana.com/providers/email-sign-up.html>

# MHS Portal

# MHS Web Portal

 Please visit our website at the following location for enrollment and user guides related to our provider web portal tool:

<https://www.mhsindiana.com/providers/login.html>

 By creating a MHS account, you can:

 Verify member eligibility

 Submit and check claims

 Submit and confirm authorizations

 View detailed patient list

 Message the web-portal team regarding claim denials

 Review the Portal Training Guides located at the above site location;

# **Provider Relations Team**

# MHS Provider Network Territories

## NORTHEAST REGION

**Claims Issues:** MHS\_ProviderRelations\_NE@mhsindiana.com  
 Chad Pratt, Provider Partnership Associate  
 1-877-647-4848 ext. 20454  
 rpratt@mhsindiana.com

## CENTRAL REGION

**Claims Issues:** MHS\_ProviderRelations\_C@mhsindiana.com  
 Esther Cervantes, Provider Partnership Associate  
 1-877-647-4848 ext. 20947  
 Estherling.A.PimentelCervantes@mhsindiana.com

## NORTHWEST REGION

**Claims Issues:** MHS\_ProviderRelations\_NW@mhsindiana.com  
 Candace Ervin, Provider Partnership Associate  
 1-877-647-4848 ext. 20187  
 Candace.V.Ervin@mhsindiana.com

## SOUTHWEST REGION

**Claims Issues:** MHS\_ProviderRelations\_SW@mhsindiana.com  
 Dawn McCarty, Provider Partnership Associate  
 1-877-647-4848 ext. 20117  
 Dawnalee.A.McCarty@mhsindiana.com

## SOUTHEAST REGION

**Claims Issues:** MHS\_ProviderRelations\_SE@mhsindiana.com  
 1-877-647-4848

### NETWORK LEADERSHIP

**Jill Claypool**  
 Vice President, Network Development & Contracting  
 1-877-647-4848 ext. 20855  
 jill.e.claypool@mhsindiana.com

**Nancy Robinson**  
 Senior Director, Provider Network  
 1-877-647-4848 ext. 20180  
 nrobinson@mhsindiana.com

**Mark Vonderheit**  
 Director, Provider Network  
 1-877-647-4848 Ext. 20240  
 mvonderheit@mhsindiana.com

### NEW PROVIDER CONTRACTING

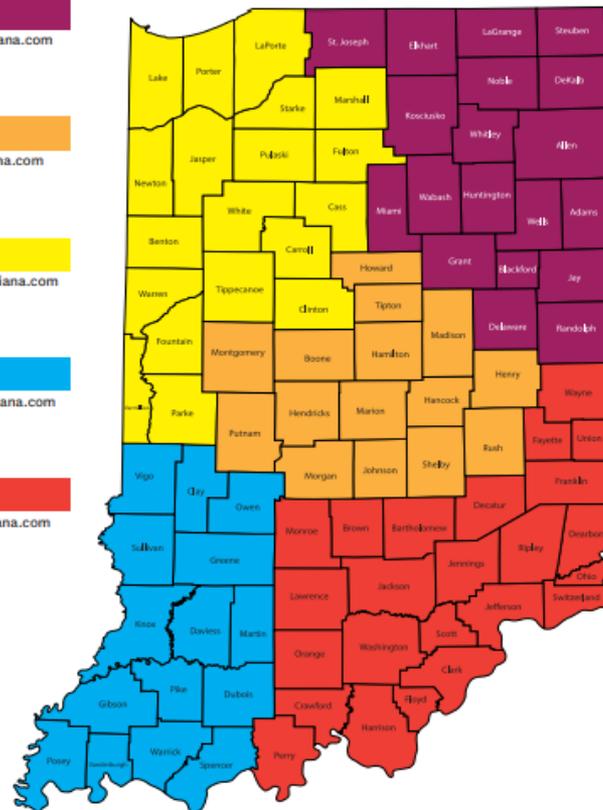
**Tim Balko**  
 Director, Network Development & Contracting  
 1-877-647-4848 ext. 20120  
 tbalko@mhsindiana.com

**Michael Funk**  
 Manager, Network Development & Contracting  
 1-877-647-4848 ext. 20017  
 michael.j.funk@mhsindiana.com

### NETWORK OPERATIONS

**Kelvin Orr**  
 Director, Network Operations  
 1-877-647-4848 ext. 20049  
 kelvin.d.orr@mhsindiana.com

## Indiana





## MHS Provider Network Territories

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### TAWANNA DANZIE

Provider Partnership Associate II  
1-877-647-4848 ext. 20022  
tdanzie@mhsindiana.com

### PROVIDER GROUPS

Beacon Medical Group  
Community Care Network  
Franciscan Alliance  
Goshen Health System  
HealthLinc  
Heart City Health Center  
Indiana Health Centers  
Lutheran Medical Group  
Northshore Health Centers  
Parkview Health System  
South Bend Clinic

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### JENNIFER GARNER

Provider Partnership Associate II  
1-877-647-4848 ext. 20149  
jgarner@mhsindiana.com

### PROVIDER GROUPS

American Health Network of Indiana  
Columbus Regional Health  
Community Physicians of Indiana  
Good Samaritan Hospital Physician Services  
HealthNet  
Health & Hospital Corporation of Marion County  
Indiana University Health  
Little Company of Mary Hospital of Indiana  
Riverview Hospital  
St. Vincent Medical Group

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### INTERNAL REPRESENTATIVES

#### JENNIFER DEAN

Provider Network Specialist  
1-877-647-4848 ext. 20221  
jedean@mhsindiana.com

#### LAKISHA BROWDER

Provider Relations Specialist  
1-877-647-4848 ext. 20224  
lbrowder@mhsindiana.com

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### ENVOLVE DENTAL, INC.

#### MICHAEL J. WILLIAMS

Provider Relations Specialist  
1-727-437-1832  
Dental Provider Services: 1-855-609-5157  
Michael.Williams@EnvolveHealth.com



# MHS Provider Relations Team

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Esther Cervantes	Provider Relations Specialist – Central Region	1-877-647-4848 ext. 20947	<a href="mailto:Estherling.A.PimentelCervantes@mhsindiana.com">Estherling.A.PimentelCervantes@mhsindiana.com</a>
<b>Open</b>	Provider Relations Specialist – Southeast Region	1-877-647-4848 ext.	
Dawnalee A. McCarty	Provider Relations Specialist – South West Region	1-877-647-4848 ext. 20117	<a href="mailto:Dawnalee.a.mccarty@mhsindiana.com">Dawnalee.a.mccarty@mhsindiana.com</a>

# Questions?

*Thank you for being our partner in care.*

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- Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



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