

# MEMBER BENEFITS AND CARE MANAGEMENT PROGRAMS

## 2022 IHCP Works Annual Seminar



# Agenda

-  MHS Overview
-  My Health Pays® Healthy Rewards Program
-  Benefits/Services
-  Self Referral Services
-  Care Coordination and Disease Management
-  Behavioral Health and Physical Health Integration
-  Pay for Performance (P4P) Overview
-  Member Resources
-  MHS Partnership
-  MHS Secure Member Portal
-  MHS Network Team
-  Questions



# **MHS OVERVIEW**

# Who is MHS?

-  Managed Health Services (MHS) is a health insurance provider that has been proudly serving Indiana residents for over 25 years through Hoosier Healthwise, the Healthy Indiana Plan (HIP) and Hoosier Care Connect.
-  MHS also offers a qualified health plan through the Health Insurance Marketplace called Ambetter from MHS and a Medicare Advantage product called Allwell from MHS. All of our plans include quality, comprehensive coverage with a provider network you can trust.
-  **MHS is your partner in care.**



# MHS Products



# Member & Provider Services

**1-877-647-4848**

-  Dedicated staff available, Monday-Friday from 8 a.m.-8 p.m.
-  Hoosier Healthwise, HIP and Hoosier Care Connect customer service
-  Eligibility verification, if needed
-  Claims status and assistance
-  Translation and transportation coordination
-  Health needs screening
-  New IVR option-telephonic, self-service verification of claims and eligibility
-  Spanish speaking representatives (additional languages available upon request)
-  Facilitates member disenrollment requests
-  Panel full/hold requests
-  New member tool kits
-  Member Quick Reference Guide (QRG)

# **My Health Pays® Healthy Rewards Program**

# Earn Rewards w/ Preventive Care

## MHS My Health Pays® Healthy Rewards Program

 MHS will reward members' healthy choices through our My Health Pays® Rewards program. Members can earn dollar rewards by staying up to date on preventive care.

 These rewards will be added to a My Health Pays® Prepaid Visa® Card.

- Members can use their My Health Pays® rewards to help pay for everyday items at Walmart\* or Walmart.com, utilities, transportation, telecommunications (cell phone bill), childcare services, education and rent.



*\*This card may not be used to buy alcohol, tobacco or firearms products. This card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC. Card cannot be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions. Funds expire 90 days after termination of insurance coverage or 365 days after date reward was earned, whichever comes first.*

# My Health Pays Rewards

## EARN MORE REWARDS BY COMPLETING THE FOLLOWING HEALTHY ACTIVITIES

	Healthy Indiana Plan (HIP)	Hoosier Healthwise (HHW)	Hoosier Care Connect (HCC)
Complete a Health Needs Screening (HNS) within 30 days of joining MHS	\$30	\$30	\$30
Complete a Health Needs Screening (HNS) within 90 days of joining MHS	\$10	\$10	\$10
Create a Secure Portal Account and Choose a PMP: Choose a primary medical provider (PMP) through your portal account within 30 days of becoming a member	\$15	\$15	\$15
Annual Well-Visit: Visit your primary medical provider (PMP) for a yearly check-up; members ages 16 months and older	\$20	\$20	\$20
Submit a Notification of Pregnancy (NOP) form to MHS: Login to your member portal account or call Member Services to complete your NOP	\$50 if within 1st trimester \$25 if within 2nd trimester	\$50 if within 1st trimester \$25 if within 2nd trimester	\$50 if within 1st trimester \$25 if within 2nd trimester
Participation in OB Case Management: Visit <a href="http://mhsindiana.com/rewards">mhsindiana.com/rewards</a> for details	up to \$80	up to \$80	up to \$80
Postpartum Visit: See your doctor 21-56 days post-delivery	\$20	\$20	\$20
Infant Well-Child Visits: See your child's primary medical provider (PMP) for check-ups at 3-5 days old, before 30 days old, and at 2, 4, 6, 9, 12 and 15 months old; \$60 max		\$10	\$10

# My Health Pays Rewards

EARN MORE REWARDS BY COMPLETING THE FOLLOWING HEALTHY ACTIVITIES	Healthy Indiana Plan (HIP)	Hoosier Healthwise (HHW)	Hoosier Care Connect (HCC)
<b>Annual Dental Visit:</b> Members ages 1-20 only	\$20	\$20	\$20
<b>Stop Smoking:</b> HIP/HCC: Enroll with the IN Tobacco Quitline (\$40), complete 1st coaching call (\$25), complete 3rd coaching call (\$30), complete the program (\$50); HHW: Enroll with the IN Tobacco Quitline (\$20)	up to \$145	\$20	up to \$145
<b>IndyReads Literacy Classes:</b> Enroll in classes and complete orientation (\$25), go up one reading level (\$25, up to 4 per year), reach your job-readiness reading goal (\$50)	up to \$175		
<b>Disease Management Coaching:</b> Initial intake assessment (\$10), creation of care plan with measurable goals (\$25), successful closure of care plan (\$50)	up to \$85		up to \$85

# Benefits/Services

# Crisis Text Line



**You are  
Not Alone**

Struggling with depression, anxiety,  
relationships, substance use or other issues?

Text **MHS** to **741741**.

A free, confidential text line for people in crisis.  
Trained Crisis Counselors are ready to help.  
Available 24 hours a day, 7 days a week.

0571MA.M.FL.5/17

# MHS 24-Hour Nurse Advice Line

## Help is just a phone call away

For questions about the symptoms and care for you or a family member, call 1-877-647-4848 (TDD/TTY 1-800-743-3333) and select 'nurse' at the prompt.

Nurse advice staff speaks English and Spanish. For additional languages, please ask for a translator when you are connected.

### *Immediate answers to your health questions*

If your doctor's office is closed, call the 24-hour nurse advice line for questions about health concerns or health-related topics. We are here to help with things such as:

- Symptoms you cannot or do not know how to manage
- Concern about a sick family member
- Proper dosage of medications
- Questions about pregnancy

Our team of medical professionals gives helpful advice that is easy to follow. They can also help determine if you need to visit your doctor or an urgent care.\*

\* If you or a family member are having a life-threatening condition, immediately call 911 or go to the emergency room.

# Pharmacy

-  MHS covers prescription medications and certain over-the-counter (OTC) medications when ordered by an Indiana Medicaid enrolled MHS practitioner.
-  Maintenance medications
-  Generic
-  Specialty Drugs
-  The pharmacy benefit has a Preferred Drug List (PDL). The PDL applies to drugs the members receive at retail pharmacies.

*Some specialty drugs may require authorization. Contact MHS Member services 1-877-647-4848 or [www.MHSIndiana.com](http://www.MHSIndiana.com) for details.*

# Preferred Drug Listing (PDL)

- The MHS Preferred Drug List (PDL) is the list of drugs covered by MHS.
- The PDL applies to drugs that members can buy at retail pharmacies.
- The MHS Pharmacy and Therapeutics Committee checks the PDL regularly to make sure the list includes medicines that are right for our members as well as cost-effective.
- The PDLs provide a broad selection of drugs for the treatment of most illnesses.
- This list includes generic drugs as well as brand-name drugs. Some drugs will only be covered with a prior authorization.
- Members with HIP Plus do not have a copayment for their prescriptions.

# Drug Search Tool

## HIP, HHW, and HCC Online Formulary

The MHS Online Formulary is the list of covered drugs. Providers can select a drug from the online list to see all coverage details regarding the medication. Some medications listed may have additional requirements or limitations of coverage. These requirements and limits may include prior authorization, quantity limits, age limits or step therapy.

- The MHS Formulary is continually evaluated by the MHS Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications.
- The Committee is composed of the MHS Medical Director, MHS Pharmacy Director, and several Indiana physicians, pharmacists, and specialists.

# **Self Referral Services**

# Self Referral Services

-  Birth control (family planning)
-  Behavioral healthcare/psychiatric services
-  Chiropractic care
-  MHS case management
-  Emergency room
-  Shots (immunizations)
-  Sexually-transmitted infection and treatment
-  Treatment for alcohol/drug abuse
-  Women's care
-  Eye/vision checkups, glasses/contacts
-  Dental care
-  Podiatric services
-  Diabetes self-management services

Please refer to the MHS website for detail specifics  
[www.MHSindiana.com](http://www.MHSindiana.com)

# **Care Coordination and Disease Management**

# Care Management Programs

 MHS Case Management is made up of nurses and social workers.

 **Case Managers will:**

- Help members, doctors, and other providers, including behavioral health providers.
- Help members obtain services covered by their Medicaid benefit package.
- Help explain and inform members about their condition.
- Work with provider's healthcare plan for the member.
- Inform members about community resources.

# Care Management Programs

-  Pregnancy
-  Diabetes
-  Asthma
-  COPD
-  Coronary Artery Disease
-  Chronic Kidney Disease
-  Congestive Heart Failure
-  Lead
-  Behavioral Health
-  Depression
-  Hypertension
-  Substance Use Disorder
-  ADHD
-  Autism & Autism Spectrum Disorders
-  Children with Special Needs Unit
-  Special Healthcare Needs

# Case Management Referral Tool

Back to Patient List **ANDREW L JONES**

Overview	*Source <input type="text" value="Please select Source"/>
Cost Sharing	*Date <input type="text" value="08/26/2021"/> 4 29 PM
Assessments	Last Name, First Name <input type="text" value="Marks"/> <input type="text" value="Lindsay"/>
Health Record	Phone Number, Extension <input type="text" value="() -"/> <input type="text"/>
Care Plan	Additional Comments    
Authorizations	
<b>Referrals</b>	<b>Submit</b>
Coordination of Benefits	
Claims	
Power Account Service Estimate	
Document Resource Center	
Notes	

# Behavioral Health Programs

 Hospital Admission Follow-Up for Children

 Intensive Care Management Programs:

- Attention Deficit and Hyperactivity Disorder (ADHD)
- Autism/Pervasive Developmental Disease
- Bipolar Disorder Management
- Depression

 Medicaid Rehabilitation Option (MRO)

 Pregnancy and Post-Partum Care

# Opioid Resources

-  Fresh Start for You
-  Indiana's Opioid Epidemic
-  Krames Health Library
-  Forming an Opioid Treatment Plan
-  Taking Opioid Medicines
-  Understanding Opioid Medicines for Pain Management
-  Understanding the Risks and Side Effects of Opioid Medicines Opioid Information
-  Recovery is Possible
-  Stay Safe When Using Pain Medication

# Opioid Resources

- Indiana 211 - Can connect Hoosiers to substance abuse resources by dialing 2-1-1 on your landline or cellular phone.
- Next Level Recovery Indiana - Provides access to resources on prevention, education, treatment options, and how parents can protect their kids. The geolocation feature can tell you what treatment services are available in real time.

Want to talk to a Care Manager about the personalized support and services MHS offers? Call 1-877-647-4848 and ask for Care Management.

***These PDFs are available on the public website***  
[Opioid Resources for Providers | MHS Indiana](#)

# Pregnancy

-  MHS offers two educational care management programs for MHS members who are pregnant called **Start Smart for Your Baby** and **MHS Special Deliveries**.
-  These programs are designed to match a pregnant member with an OB Nurse Care Manager who can help the member receive proper care throughout her pregnancy and after she delivers.

# First Year of Life

-  This Care Management program is designed to encourage education and compliance with immunizations and well visits for babies.
-  The First Year of Life program matches a member with a Nurse Care Manager who is there to answer questions and provide helpful information sheets to let the member know what to expect as the baby grows.
-  The Nurse Care Manager will also call the member and send reminders to schedule upcoming immunizations and well-child visits with the baby's doctor as needed.

*\*By participating in the program, members will be eligible to earn more My Health Pays rewards.*

# Children with Special Needs Unit



Designed to support coordination of care for children with chronic conditions, children enrolled in the program receive care management services by a dedicated team of MHS doctors, nurses, social workers and care coordinators. This includes conditions such as:

- Cerebral palsy
- Cystic fibrosis
- Developmental disabilities
- Autism
- Traumatic brain injuries
- Congenital syndromes with significant developmental delays
- Other special healthcare needs

# Disease Management

 Disease Management (DM) has a goal of helping members with targeted diagnoses achieve the highest levels of wellness and quality of life.

- DM outreaches to members *before* symptoms for targeted conditions or behaviors become detrimental to the member's health.
- Identify and provide effective resources.
- Establish disease-specific measurable goals.
- Provides educational materials to health providers of those members who might benefit from this educational program.

# Right Choices Program

-  Members identified as high utilizers in need of specialized intervention are enrolled into the Right Choices Program (RCP).
-  The member is “locked-in” to their primary physician and delivery of care for specialty services is coordinated through that provider’s office.
-  RCP participants are assigned to:
  - One primary medical provider (PMP)
  - One pharmacy

# Smoking Cessation

- My Health Pays® rewards by working with the Indiana Tobacco Quitline. The Quitline is a telephone counseling program that offers one-on-one coaching to tobacco users who have decided to quit.
- Reward dollars to help pay for everyday items at Walmart, utilities, transportation, telecommunications (cell phone bill), childcare services, education and rent. It's easy to get started - just call 1-800-QUIT-NOW.
- MHS will pay for quit aids like Nicotine gum, lozenges and patches as part of health coverage.
- Resources available for both providers and patients

# Health Needs Screening

- The Health Needs Screening (HNS) is a questionnaire that asks members about their health history or any healthcare conditions. MHS wants to know about our members health so we can help match the member needs with the right healthcare team.
- Members get \$30 My Health Pays reward when they complete the questionnaire within 30 days of becoming a member or a \$10 My Health Pays reward for completing (HNS) within 90 days of becoming a member.
- Members login to the member portal
- Sign up for a secure member portal account
- Call MHS Member Services is available from 8 a.m. to 8 p.m. Monday through Friday at 1-877-647-4848.

# Culturally and Linguistic Appropriate Services (CLAS)

- CLAS refers to healthcare services that are respectful of and responsive to the cultural and linguistic needs of patients.
- Visit [www.mhsindiana.com](http://www.mhsindiana.com) provider guides page for a brochure about CLAS standards.

# Person Centered Thinking Training

-  MHS has developed training via podcast for our contracted providers. Please contact your Provider Partnership Associate to register.
-  The core concept of Person Centered Thinking training is to instruct staff on how to discover what is important to the member and to find balance with the provider.
-  Continued Educational Credits (CEUs) are offered for these trainings.

# **Behavioral Health and Physical Health Integration**

# Behavioral Health and Physical Health Integration

- MHS offers trainings for both behavioral health and physical health providers in our network at no cost. Our team provides mostly clinical, provider-focused education on topics that are geared towards improving member outcomes. The majority of our clinical trainings also offer behavioral health continuing education units also at no cost to the attendee. Trainings are completed via live/virtual webinars.
- MHS encourages the use of the Behavioral/Physical Health Coordination Form so that providers can easily, efficiently, and legally exchange information.
- Providers can find the form on the MHS website under the Behavioral Health Providers tab and then click on Form.
  - [MHS - Behavioral Physical Health Coordination Form \(mhsindiana.com\)](http://mhsindiana.com)

# Behavioral Health and Physical Health Integration

## How does this affect me as a PMP?

-  PMPs can assist in coordinating care for members with known or suspected behavioral health needs by helping them access an MHS Behavioral Health Provider.
-  PMPs have access to complete claim history via the online MHS Secure Provider Portal which includes details regarding Behavioral Health services received by their members.
-  Members may also self-refer for outpatient Behavioral Health services by scheduling an appointment directly with an MHS Provider; these services **do not** require a referral from the PMP.



# **Pay for Performance (P4P) Overview**

# MHS Pay-For-Performance (P4P) Program

- Provide screening services while promoting engagement with our members.
- Based on program performance, you are eligible to earn compensation in addition to that which you are paid through your Participating Provider Agreement.
- Is “upside only” and involves no risk to you.
- Contract document is not required to participate in this program.
- Provides financial incentives for closing care gaps, based on NCQA and HEDIS quality performance standards.
- Each care gap has its own incentive amount and is paid for each compliant member event once the target has been achieved for that specific measure.
- Incentives are paid based on member primary medical provider assignment. A closed care gap results in an incentive to the tax identification numbers for the primary medical provider of record for that member.
- Incentives are paid annually, and providers will receive credit for all care gaps closed during the calendar year.

# How Does the P4P Program Work?

- Each measure is assigned an incentive dollar amount and target percentage.
- Targets are based on HEDIS 75<sup>th</sup> percentile.
- Qualified and Compliant events are determined for each measure using HEDIS specifications and coding guidelines established by NCQA.
- Each measure is evaluated independently so that the provider can qualify and receive an incentive payment for one, multiple or all of the measures.
- Measures are intended to be closed with claims data, although supplemental data is accepted.
- Payments via paper checks, based on Tax ID. Rollup to one Tax ID ("parent") is available.

# Getting Started with P4P

- 💡 MHS providers, are you ready to get started in the Pay for Performance Program?
- 💡 Are you ready to enhance quality of care through a focus on preventative and screening services while promoting engagement with our members?

It's easy to get started.

1. Register on the MHS Secure Provider Portal
2. Log in
3. Click on Providers
4. Click on Provider Analytics
5. Now you can view P4P member reporting details and much more!

You can also contact your Provider Partnership Associate for One-on-One provider education sessions.

Go to [www.mhsindiana.com](http://www.mhsindiana.com) for more details.

Select Your Plan Below [Which plan do I have?](#)

[FOR MEMBERS](#)[FOR PROVIDERS](#)[GET INSURED](#)[Allwell From MHS](#)[Ambetter From MHS](#)[Healthy Indiana Plan](#)[Hoosier Care Connect](#)[Hoosier Healthwise](#)

### Find a Provider

Finding a doctor is quick and easy. Search for Primary Medical Providers, hospitals, pharmacies and more.



### Opioid Resource Center

Opioid use disorder is a disease. Recovery is possible  
– find support and resources here.



### Complete Your HNS

Take the Health Needs Screening (HNS) and start earning CentAccount rewards today!

[FOR MEMBERS](#)[FOR PROVIDERS](#)[GET INSURED](#)

## FOR PROVIDERS

### Login

[Enrollment and Updates](#)[Prior Authorization](#) [Dental Providers](#)[Pharmacy](#) [Opioid Resources](#)[Behavioral Health](#) [Provider Resources](#) [QI Program](#) [Provider News](#)[Email Sign Up](#)

## Portal Login

### Create your own online account today!

MHS offers you many convenient and secure tools to assist you. To enter our secure portal, click on the login/register button. A new window will open. You can login or register for a new account.

Creating an account is free and easy.

By creating a MHS account, you can:

- Verify member eligibility
- Submit and check claims
- Submit and confirm authorizations
- View detailed patient list

### PORTAL TRAINING GUIDES

Please note that Clear Claim Connection does not provide an all inclusive listing of claim edits. MHS does utilize additional prepayment review edits in keeping with NCCI procedures and guidelines.

### Registration Help

If you are having trouble with your registration, you may need to submit a non-par set-up form. Visit our [Become a Provider](#) page to get started. For further assistance, you can call Provider Services at 1-877-647-4848 or see our [Account Registration Guide \(PDF\)](#).

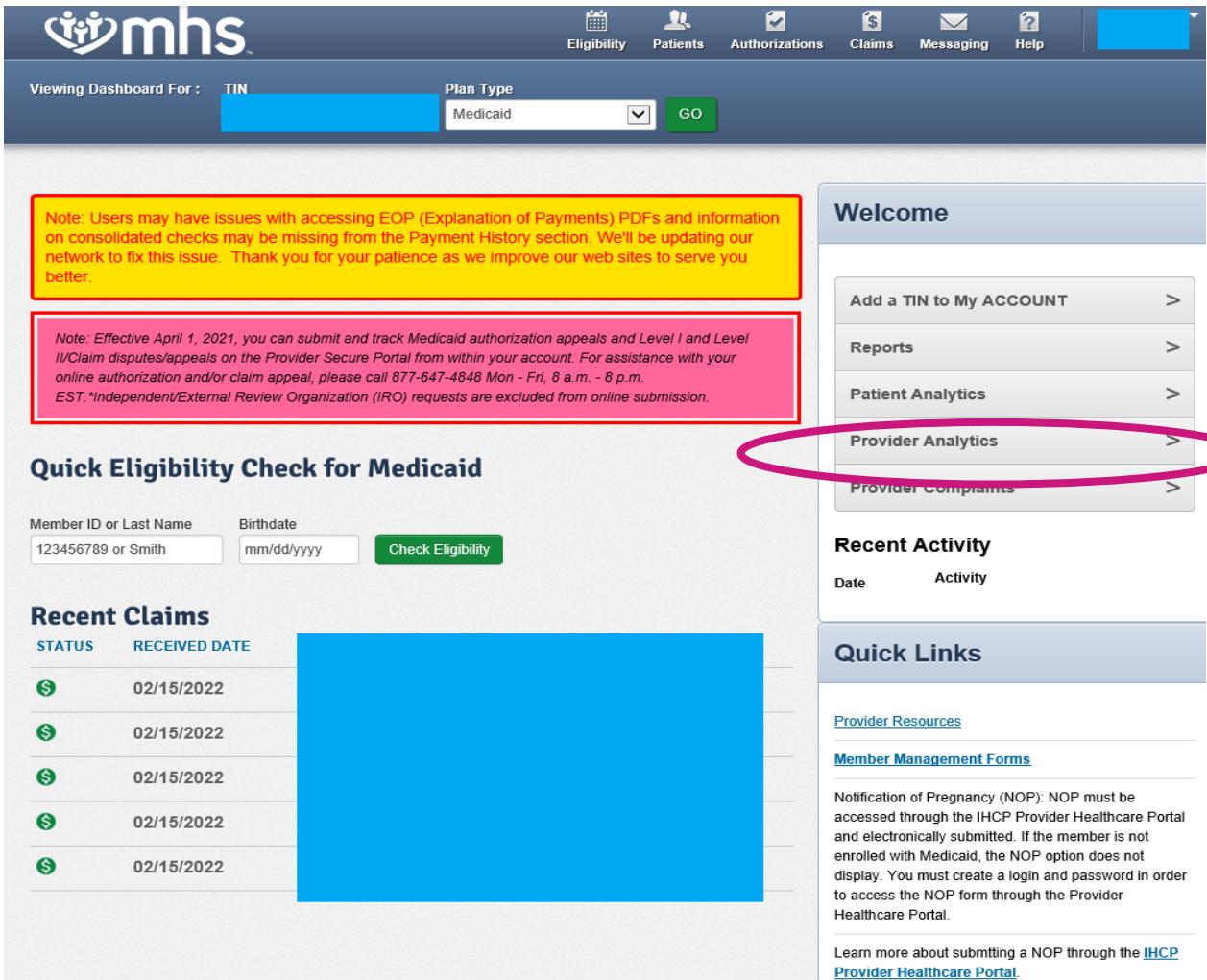
### Secure Provider Portal

[Login/Register](#)

### Provider Email Sign Up

[Sign Up](#)

# MHS Secure Portal



**Viewing Dashboard For :** TIN **Plan Type:** Medicaid **GO**

**Note:** Users may have issues with accessing EOP (Explanation of Payments) PDFs and information on consolidated checks may be missing from the Payment History section. We'll be updating our network to fix this issue. Thank you for your patience as we improve our web sites to serve you better.

**Note:** Effective April 1, 2021, you can submit and track Medicaid authorization appeals and Level I and Level II/Claim disputes/appeals on the Provider Secure Portal from within your account. For assistance with your online authorization and/or claim appeal, please call 877-647-4848 Mon - Fri, 8 a.m. - 8 p.m.  
EST. \*Independent/External Review Organization (IRO) requests are excluded from online submission.

### Quick Eligibility Check for Medicaid

Member ID or Last Name: 123456789 or Smith Birthdate: mm/dd/yyyy **Check Eligibility**

### Recent Claims

STATUS	RECEIVED DATE
\$	02/15/2022
\$	02/15/2022
\$	02/15/2022
\$	02/15/2022
\$	02/15/2022

### Welcome

[Add a TIN to My ACCOUNT](#) >

[Reports](#) >

[Patient Analytics](#) >

[Provider Analytics](#) > **Provider Analytics** (highlighted with a pink circle)

[Provider Complaints](#) >

### Recent Activity

Date	Activity
------	----------

### Quick Links

[Provider Resources](#)

[Member Management Forms](#)

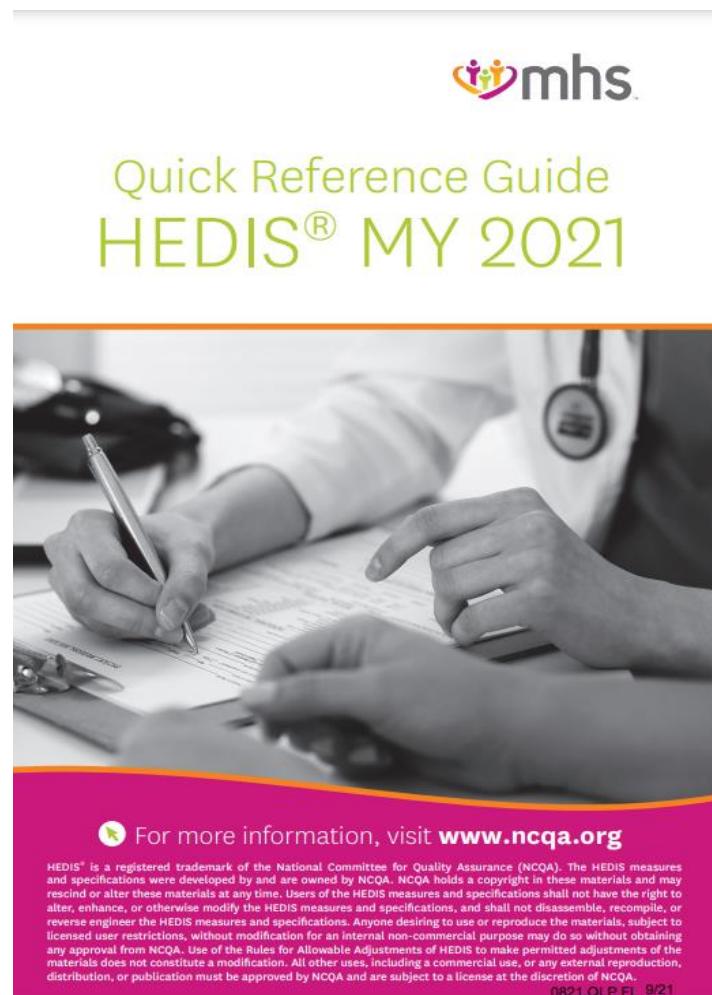
Notification of Pregnancy (NOP): NOP must be accessed through the IHCP Provider Healthcare Portal and electronically submitted. If the member is not enrolled with Medicaid, the NOP option does not display. You must create a login and password in order to access the NOP form through the Provider Healthcare Portal.

Learn more about submitting a NOP through the [IHCP Provider Healthcare Portal](#).

# Measure Requirements and Coding

-  Find additional information on the measurement requirements and some tips for coding on our website located under HEDIS.
-  The HEDIS Quick Reference Guide (shown here) is available online or from your Provider Partnership Associate.

[MHS - Quick Reference Guide HEDIS® MY 2021 \(mhsindiana.com\)](https://mhsindiana.com)



The image shows the cover of the "Quick Reference Guide HEDIS® MY 2021". The cover features the mhs logo at the top right. The title "Quick Reference Guide" is in a light green font, and "HEDIS® MY 2021" is in a larger, bold, light green font. Below the title is a black and white photograph of a healthcare professional's hands writing on a clipboard. The professional is wearing a stethoscope around their neck. At the bottom of the cover, there is a pink bar with white text that reads: "For more information, visit [www.ncqa.org](http://www.ncqa.org)". Below this, there is a small paragraph of fine print about the HEDIS trademark and usage rules, followed by the text "0621.QI-P.FL 9/21".

# Member Resources

# Member Resources

-  **Brochures and Guides**
-  **Complaints and Appeals**
-  **FAQ's**
-  **Get the most from your coverage**
-  **Helpful Links**
-  **Maximize your health**
-  **Member and Community Events**
-  **Member Forms**
-  **Members Rights and Responsibility**
-  **New Member Check List**
-  **Newsletters**
-  **Quality Improvement Program**
-  **Special Programs and Services**
-  **Interoperability and Patient Access**
-  **Community Connect**

# Cell Phones

## SafeLink Cell Phone

- 350 minutes, 3 GB of data and unlimited texts.
- The option to buy extra minutes at a discount. Only \$0.10 per extra minute.
- A free phone and monthly minutes.
- The ability to make and receive calls from your doctors, nurses, 911, family and friends.
- Communication access 24 hours a day.
- Ability to participate in educational programs.
- MHS members get all the same benefits of a SafeLink phone, plus more!

## Connections Plus Cell Phone

- MHS can lend a cell phone to members enrolled in care management who do not have access to a regular phone. Connections Plus cell phones are programmed to make and receive calls from the MHS Care Management team, a member's PMP, doctors in the treatment plan, the MHS 24/7 Nurse Advice Line and family who support the member's care plan.

# Translation Services

- Available to MHS members/providers at no cost.
- Can accommodate most languages and locations.
- Interpretation services available in person or telephonically.
- Please contact MHS Member Services at 1-877-647-4848 for specific information on accessing these services.
- Spanish speaking representatives available to speak with members if needed (additional languages are available upon request).

# Transportation

-  All MHS Hoosier Healthwise, Hoosier Care Connect, and Healthy Indiana Plan (HIP) members qualify for transportation services provided by LCP.
-  Rides will take members to and from:
  - Doctor visits
  - Medicaid enrollment visits and reenrollment visits
  - Pharmacy visits (following a doctor's visit)
-  Members need to call MHS Member Services at 1-877-647-4848 to schedule their ride at least three business days before their appointment.

## Join the MHS Healthy Kids Club!

It's FREE and fun for kids!

MHS is your partner in health. We are starting a new **MHS Healthy Kids Club**, and we want your kids to join!

This is a FREE educational program. The club is geared towards kids MHS members 12 and under. It will promote fun ways for kids to stay healthy.

MHS Healthy Kids Club members will get:

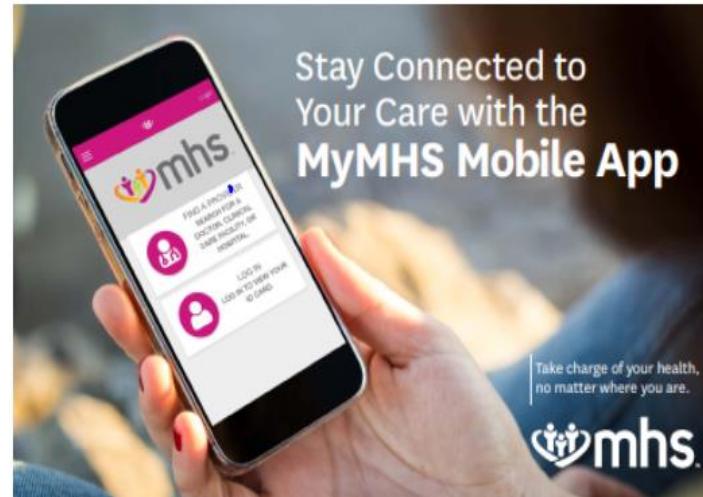
- A membership card from RosieRoo.
- A monthly e-newsletter with healthy tips and recipes.
- Fun activities to share with friends and family.
- A fun, educational book mailed every three months.



# MyMHS Mobile App

The MyMHS Mobile App puts these tools at your fingertips:

- **Find a Provider**
- **My Health Pays Rewards**
- **Health Needs Screening (HNS)**
- **HIP Payment**
- **Health Alerts**
- **ID Card**
- **Benefits**
- **Notification of Pregnancy (NOP)**
- **Call Your Doctor**
- **Contact MHS**



Access your MHS info, even on the go, with the free, easy-to-use MyMHS app. Search for 'MHS Indiana' on the App Store® or on Google Play™. Download the app today and stay connected to your care!



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# MHS Partnership

# High School Equivalency (HSE) Program & MHS

-  The HSE diploma can be earned after completing a test based on five subject areas including Math, Reading, Writing, Science, and Social Studies.
-  MHS partners with Department of Workforce Development to provide HIP members with vouchers to cover the cost.
-  Members can call MHS Member Service line at 1-877-647-4848 for help to sign up and to discuss all options for the HSE education classes.

# Teladoc

Teladoc is an easy way for MHS members to get telehealth services and get help for non-emergency medical issues 24 hours a day. All providers are in the MHS network.

Get medical advice, a diagnosis or a prescription by video or phone. Telehealth services are there when members need them using Teladoc. Members can make an appointment for a time that works for them.



Colds, flu  
& fevers



Rash, skin  
conditions



Sinuses,  
allergies



Respiratory  
infections



Behavioral  
health\*

\*Behavioral health services are only for MHS members 18 years and older at this time.

# ConferMED Overview

ConferMED is a telehealth company with expertise in primary care and asynchronous telehealth using eConsults.

eConsults are responded to by a board-certified specialist within 2-business days.

PCPs will have access to eConsults. ConferMED will work with the PCP practice to implement eConsult into the practice's current referral process.



- The ConferMED specialists are IN licensed, board certified and Medicaid enrolled.
- ConferMED works to recruit local IN specialists to join their virtual eConsult network.
- ConferMED contracts directly with the specialist and is reimbursed for each eConsult performed.

# ConferMED Overview

## How ConferMED Works

- Provider orders consults in their Electronic Health Record (EHR) following usual referral workflow.
- Specialist reviews consult information responds with advice and guidance for the PCP.
- eConsults note returned to PCP's referral inbox within their EHR.
- The eConsult solution is:
  - HIPAA – compliant
  - Interoperable with all major EHRs
  - Workflow is tailored to your organization.

## ConferMED Specialty Network

- Nearly 200 Specialists in adult and Pediatrics
- Board Certification in specialty or subspecialty
- Key 15 specialties and building on other specialties
- NCQA level credentialing process

# ConferMED Key Benefits



## PMP Experience:

- MHS will cover all costs for ConferMED eConsults for MHS patients.
- Expand scope of practice
- Get rapid guidance and answers to clinical questions from specialists
- Keep more of your patients in primary care
- Consult with our extensive network of board-certified specialists in numerous specialties and subspecialties
- Increased access to needed specialty care for patients.



## Patient Experience:

- Patients avoid unnecessary medical visits
- Patients get more care in primary care with expedited guidance from specialist
- Reduce co-pays and medical cost sharing
- Avoid unnecessary travel
- Avoid unnecessary time off from work

More information on [www.ConferMED.com](http://www.ConferMED.com)



# **MHS Secure Member Portal**

# MHS Secure Member Portal

 The MHS secure member portal contains many helpful tools to help members manage their health. Creating an account is free and easy! Members can:

- Access health information online, 24/7!
- Complete the Health Needs Screening (HNS)
- View all dependents under one account
- View, print and request a Member ID Card
- View the MHS Member Handbook
- Get reminders for annual medical services
- Change a doctor
- View My Health Pays Rewards
- Make a HIP Premium payment
- View claim status and EOB
- Send secure emails to MHS Member Services



# **MHS Network Team**

## MHS Provider Network Territories

### NORTHEAST REGION

For claims issues, email:  
 MHS\_ProviderRelations\_NE@mhsindiana.com  
 Chad Pratt, Provider Partnership Associate  
 1-877-647-4848, ext. 20454

### NORTHWEST REGION

For claims issues, email:  
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### NORTH CENTRAL REGION

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 1-877-647-4848, ext. 20800

### SOUTH CENTRAL REGION

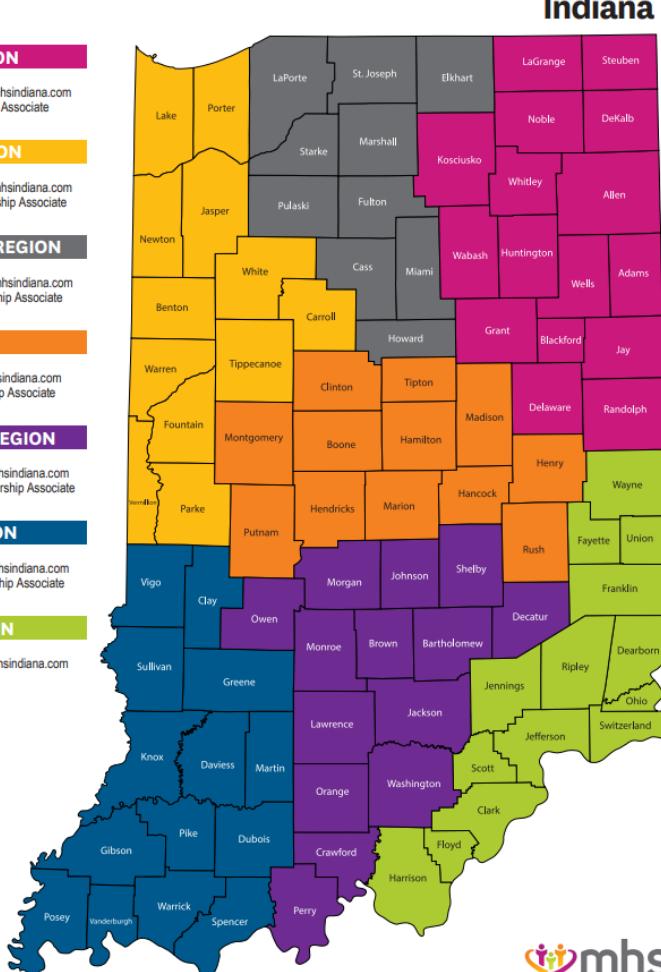
For claims issues, email:  
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Available online:

[MHS - Provider Quick Reference Guide 2021 \(mhsindiana.com\)](http://mhsindiana.com)

# MHS Provider Network Territories

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Provider Partnership Associate II  
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## PROVIDER GROUPS

Beacon Medical Group  
Franciscan Alliance  
HealthLinc  
Heart City Health Center  
Indiana Health Centers  
Lutheran Medical Group  
Parkview Health System  
South Bend Clinic

## JENNIFER GARNER

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## PROVIDER GROUPS

American Health Network of Indiana  
Columbus Regional Health  
Community Physicians of Indiana  
HealthNet  
Health & Hospital Corporation of Marion County  
Indiana University Health  
St. Vincent Medical Group

## ENVOLVE DENTAL, INC.

### THOMAS “TONY” SMITH

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## ENVOLVE VISION, INC.

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# Network Leadership

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## NETWORK LEADERSHIP

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## NEW PROVIDER CONTRACTING

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## NETWORK OPERATIONS

### **KELVIN ORR**

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# Questions?

***Thank you for being our partner in care.***