









MHS Enrollment: Navigating Enrollment



2022 Annual IHCP Works Seminar



Agenda

-  MHS Provider Enrollment
-  Request for a New Contract
-  Add Provider to Existing Contract
-  Non-Contracted Provider Enrollments
-  Demographic Updates
-  Provider Directory Requirements
-  Credentialing and Re-credentialing
-  MHS Team

MHS Provider Enrollment

- 
- A small icon of three stylized human figures in blue, green, and orange, arranged in a heart shape.
- MHS offers most provider enrollment processes via the MHS website mhsindiana.com, including:
- Request for a new contract
 - Enrolling a practitioner with an existing contract
 - Demographic updates, including address changes, panel updates, terminations, etc.
 - Non-contracted enrollments
- 
- A small icon of three stylized human figures in blue, green, and orange, arranged in a heart shape.
- A provider must have a current IHCP provider enrollment number before beginning the process of enrolling with MHS.


MHS Provider Enrollment

IHCP Provider Enrollment Link

<https://portal.indianamedicaid.com/hcp/provider/Home/ProviderEnrollment/tabid/477/Default.aspx>



MHS Provider Enrollment

 Effective for new network participation requests received after 01/01/2022, IHCP has established a network participation request effective date policy for providers wishing to participate with a managed care entity (MCE).

 Bulletin BT2021104

MHS Provider Enrollment



[Home](#) [Find a Provider](#) [Portal Login](#) [Events](#) [Careers](#) [Contact Us](#)

Contrast ☐ On ☐ Off [a](#) [a](#) [a](#) language ▾



FOR MEMBERS

FOR PROVIDERS

GET INSURED

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

Wellcare By Allwell

Ambetter From MHS

Healthy Indiana Plan

Hoosier Care Connect

Hoosier Healthwise

**One Plan.
Always Covered.**

Our Indiana health insurance plans & programs are committed to transforming the health of the community one individual at a time.

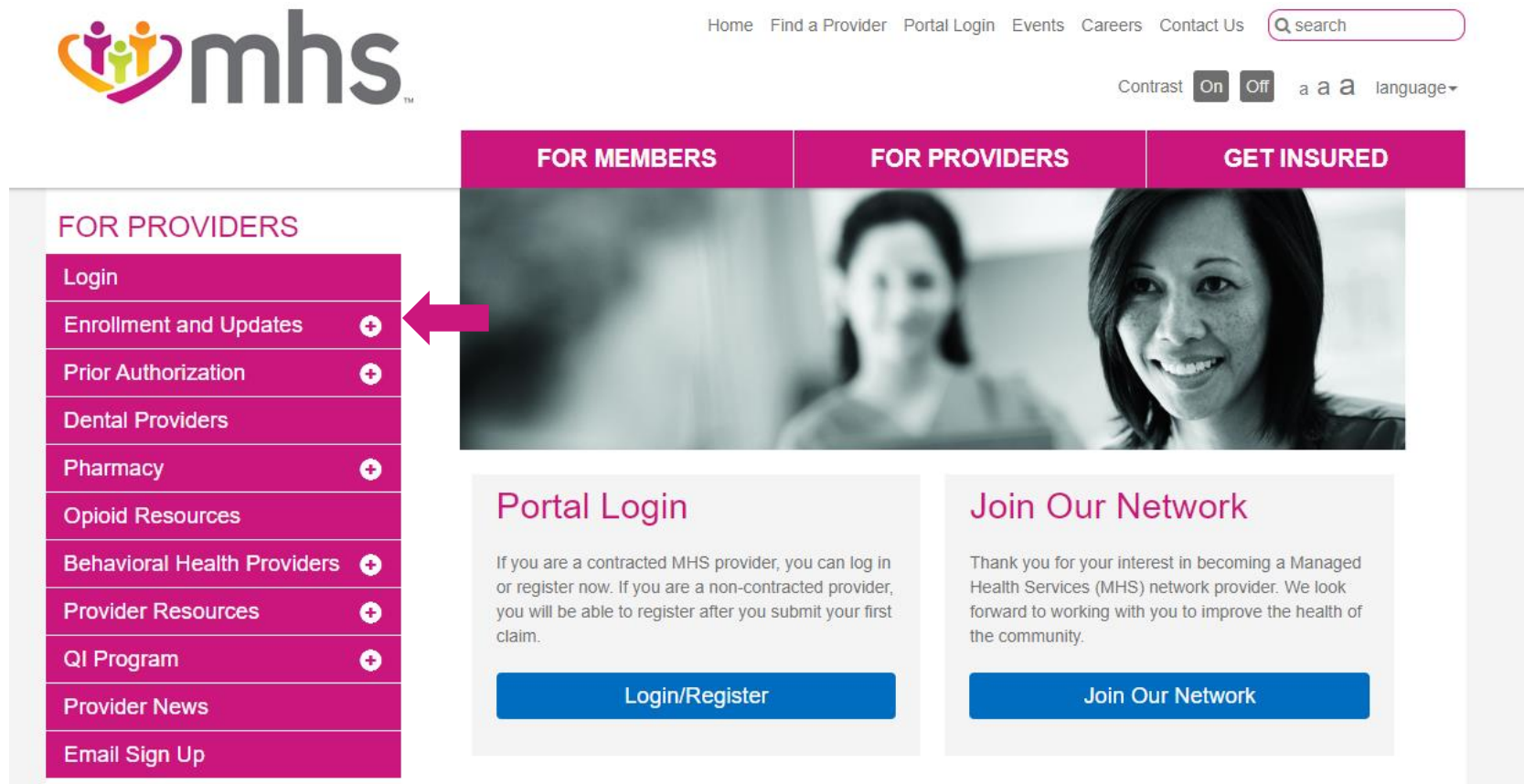


Coronavirus (COVID-19)

What you need to know about the Coronavirus. [Learn More about COVID-19.](#)

Protect yourself and your loved ones. Get your [COVID-19 vaccine](#) today!

MHS Provider Enrollment



The screenshot displays the MHS website's navigation and provider enrollment section. At the top, the MHS logo is on the left, and navigation links (Home, Find a Provider, Portal Login, Events, Careers, Contact Us) and a search bar are on the right. Below the navigation bar are three main tabs: FOR MEMBERS, FOR PROVIDERS, and GET INSURED. The FOR PROVIDERS tab is active, showing a sidebar menu on the left and a main content area on the right. The sidebar menu includes links for Login, Enrollment and Updates (highlighted with a pink arrow), Prior Authorization, Dental Providers, Pharmacy, Opioid Resources, Behavioral Health Providers, Provider Resources, QI Program, Provider News, and Email Sign Up. The main content area features a large image of two women, with two sections below it: Portal Login and Join Our Network. The Portal Login section includes a description of the login process and a Login/Register button. The Join Our Network section includes a thank-you message and a Join Our Network button.

FOR PROVIDERS

- Login
- Enrollment and Updates
- Prior Authorization
- Dental Providers
- Pharmacy
- Opioid Resources
- Behavioral Health Providers
- Provider Resources
- QI Program
- Provider News
- Email Sign Up

FOR PROVIDERS

Portal Login

If you are a contracted MHS provider, you can log in or register now. If you are a non-contracted provider, you will be able to register after you submit your first claim.

Login/Register

Join Our Network

Thank you for your interest in becoming a Managed Health Services (MHS) network provider. We look forward to working with you to improve the health of the community.

Join Our Network

MHS Provider Enrollment

FOR MEMBERS

FOR PROVIDERS

GET INSURED

FOR PROVIDERS

Login

Enrollment and Updates



Demographic Update Tool

Non-Contracted Provider Set-Up

Become a Contracted Provider

Contracted Enrollment Request

Provider Effective Date Policy

Prior Authorization



Dental Providers

Pharmacy



Opioid Resources

Behavioral Health Providers



Provider Resources



QI Program



Provider News

Email Sign Up

Provider Network Participation & Enrollment Process

New Contract

Request a New Contract

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.

Add Provider To Existing Contract

Enroll a Contracted Provider

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

Non-Contracted Provider

Set Up Non-Contracted Provider

If you are not contracted with MHS, complete the non-contracted enrollment form. All submissions must include a completed W9. Set-up may take 45 – 60 days after we receive your submission. You must be enrolled with Indiana Medicaid and have an Indiana Medicaid provider number. You can enroll online at indianamedicaid.com.


Demographic Updates

Demographic Update Tool




If you are already a contracted provider with MHS and would like to update existing information, please use our online provider update forms.

Requesting a New Contract

Requesting a New Contract

 If your provider group or office is not contracted with MHS, the following screens will guide you through the online process of contacting the MHS Contracting Department to request a new contract.

Provider Enrollment for New Contract Requests and Adding a Provider to an Existing Contract

-  The effective date for a brand-new provider **that is not part of an existing contract with MHS** will be the first of the month following receipt of the network participation request from the provider.
-  The network participation receipt date is the date that MHS receives the provider's **complete** network participation request electronically via our online portal.
-  All required fields must be completed, and all required supporting documentation must be provided to MHS for the network participation request to be considered complete.

Definition of Enrollment, Credentialing, and Contracting/Negotiating



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Search

Contrast On Off a a a language

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Coronavirus Information

Provider Network Participation & Enrollment Process

Definition of Enrollment, Credentialing, and Contracting/Negotiating

Provider (Facility/Hospital)

Ancillary Services (Ambulance, Ambulatory Surgery Center, Clinic Facility, Dialysis, Durable Medical Equipment (DME), Home Health, Home Infusion, Hospice, Imaging/Radiology, Labs, Urgent Care), Hospitals (Critical Access Care, Behavioral Health (Community Mental Health Center (CMHC)), Long Term Acute Care, Long Term Care, Rehabilitation), Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), and Skilled Nursing Facilities.

Practitioner (Physician/Group)

A Medical or Behavioral Health practitioner participating in a group, RHC, or FQHC setting.

Enrollments

The process of loading a contracted and credentialed provider to all Managed Care Entity (MCE) internal systems, loading for claims payment, and loading to the provider directory (if applicable).

Credentialing

The process of reviewing the qualifications and appropriateness of a provider to join the health plan's network. Credentialing requirements and processes will follow the National Committee for Quality Assurance (NCQA) guidelines.

Contracting/Negotiating

The process of the provider and MCE formally executing an agreement for the provider to deliver medical services that outlines reimbursement rates, scopes of services, and so on.

Network Participation Request

A network participation request is when the provider makes a formal request to enter into a new agreement/contract with the MCE. This includes the mechanism utilized by the MCE to receive the request from the provider or group to join the MCE's network as a contracted provider. The network participation request must include at a minimum the information/fields outlined on the Indiana Health Coverage Programs (IHCP) MCE Practitioner and IHCP MCE Hospital/Ancillary Provider Enrollment and Credentialing Forms and any supporting documentation required from providers for the MCE to enroll, credential, and initiate contracting with the provider. MCEs may not require a signed contract in order for a network participation request to be considered complete as it's only the information necessary to begin processing the request.

Proceed to Contract Request

Request a New Contract

Please complete the online submission form and click submit.

This request will then be sent to the MHS Contracting Department, and a Contract Negotiator will be in touch.



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Q search

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Become a Contracted Provider

- ☐ I have a contract and need to add a line of business
- ☒ I do not have a contract and need to apply
- ☐ I have a contract or have started the process of contracting with MHS, and want to add provider(s) to a Group or Facility contract
- ☐ I am unsure if I have an MHS contract

Provider Type *

- ☐ Sole Proprietor (Practitioner billing under own TIN)
- ☒ Group Practice
- ☐ Facility/Ancillary
- ☐ DME

Please complete all fields on this form and attach all required credentialing and enrollment documents. Any incomplete requests will be denied.

Tax ID Number *

Group NPI Number *

Specialty

Contract Type *

- ☐ Medical
- ☐ Behavioral Health
- ☐ Medical & Behavioral Health

Contract Products*

- ☐ All Products
- ☐ Hoosier Healthwise
- ☐ Healthy Indiana Plan (HIP)
- ☐ Hoosier Care Connect
- ☐ Ambetter from MHS
- ☐ Wellcare by Allwell

Contact Name *

Contact Title *

Contact Phone *

Please attach completed Practitioner Enrollment Spreadsheet, if applicable.

[Choose File](#) No file chosen

[*BH Provider Specialty Profile \(BH Only\).\(PDF\)](#)

Please attach completed BH Provider Specialty Profile

[Choose File](#) No file chosen

[Provider Location Listing Spreadsheet](#)

Please attach completed Provider Location Listing Spreadsheet *

[Choose File](#) No file chosen

Collaborative Agreement (required for NP/PA/CNS)

Please attach completed Collaborative Agreement

[Choose File](#) No file chosen

[Provider Credentialing Disability Form \(Medical Groups Only\).\(PDF\)](#)

Please attach completed Provider Credentialing Disability Form *

[Choose File](#) No file chosen

[HSPP Attestation \(BH Only\).\(PDF\)](#)

Please attach completed HSPP Attestation

[Choose File](#) No file chosen

W-9


Please attach a copy of your W-9 *

[Choose File](#) No file chosen




[Submit](#)

Add Provider to Existing Contract

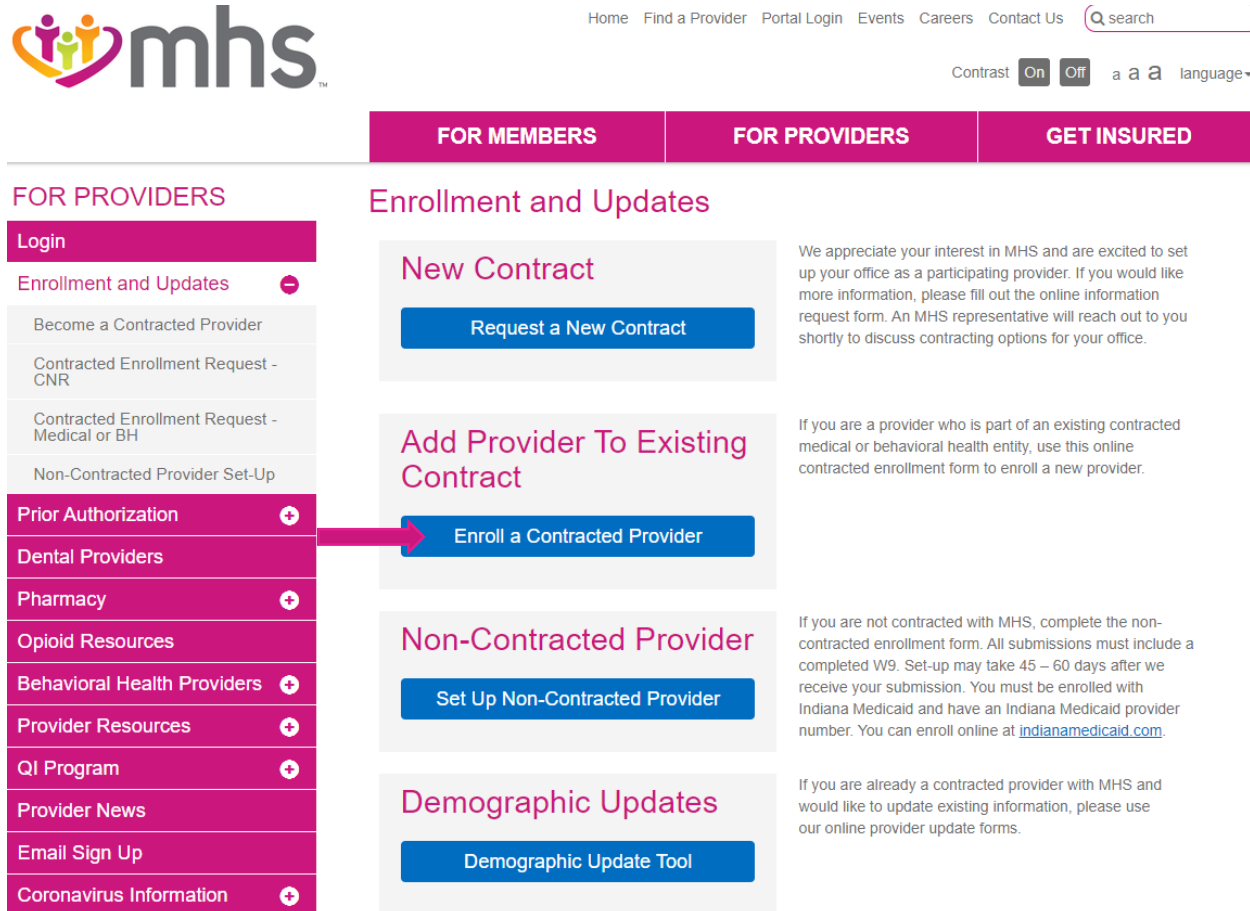
Add Provider to Existing Contract

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

Provider Enrollment for Adding a Provider to an Existing Contract

-  A provider **that is being added to an existing contract** will also be effective the first of the month following receipt of the network participation request from the provider.
-  The network participation receipt date is the date MHS receives the provider's **complete** network participation request electronically via our online portal.
-  All required fields must be completed, and all required supporting documentation must be provided to the MCE for the network participation request to be considered complete.

Add Provider to Existing Contract



The screenshot shows the MHS website interface. At the top, there is a navigation bar with links: Home, Find a Provider, Portal Login, Events, Careers, Contact Us, and a search bar. Below this is a secondary navigation bar with links: Contrast (On/Off), a a a, and language. The main content area is divided into three sections: FOR MEMBERS, FOR PROVIDERS, and GET INSURED. The FOR PROVIDERS section is expanded, showing a list of links on the left: Login, Enrollment and Updates (with a minus sign), Become a Contracted Provider, Contracted Enrollment Request - CNR, Contracted Enrollment Request - Medical or BH, Non-Contracted Provider Set-Up, Prior Authorization (with a plus sign), Dental Providers, Pharmacy (with a plus sign), Opioid Resources, Behavioral Health Providers (with a plus sign), Provider Resources (with a plus sign), QI Program (with a plus sign), Provider News, Email Sign Up, and Coronavirus Information (with a plus sign). A red arrow points from the 'Prior Authorization' link to the 'Enroll a Contracted Provider' button in the 'Add Provider To Existing Contract' section. The 'Enrollment and Updates' section contains three main options: 'New Contract' with a 'Request a New Contract' button, 'Add Provider To Existing Contract' with an 'Enroll a Contracted Provider' button, and 'Non-Contracted Provider' with a 'Set Up Non-Contracted Provider' button. The 'Demographic Updates' section has a 'Demographic Update Tool' button. Text descriptions are provided for each of these sections.

FOR PROVIDERS

Enrollment and Updates

New Contract

Request a New Contract

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.

Add Provider To Existing Contract

Enroll a Contracted Provider

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

Non-Contracted Provider

Set Up Non-Contracted Provider


If you are not contracted with MHS, complete the non-contracted enrollment form. All submissions must include a completed W9. Set-up may take 45 – 60 days after we receive your submission. You must be enrolled with Indiana Medicaid and have an Indiana Medicaid provider number. You can enroll online at indianamedicaid.com.

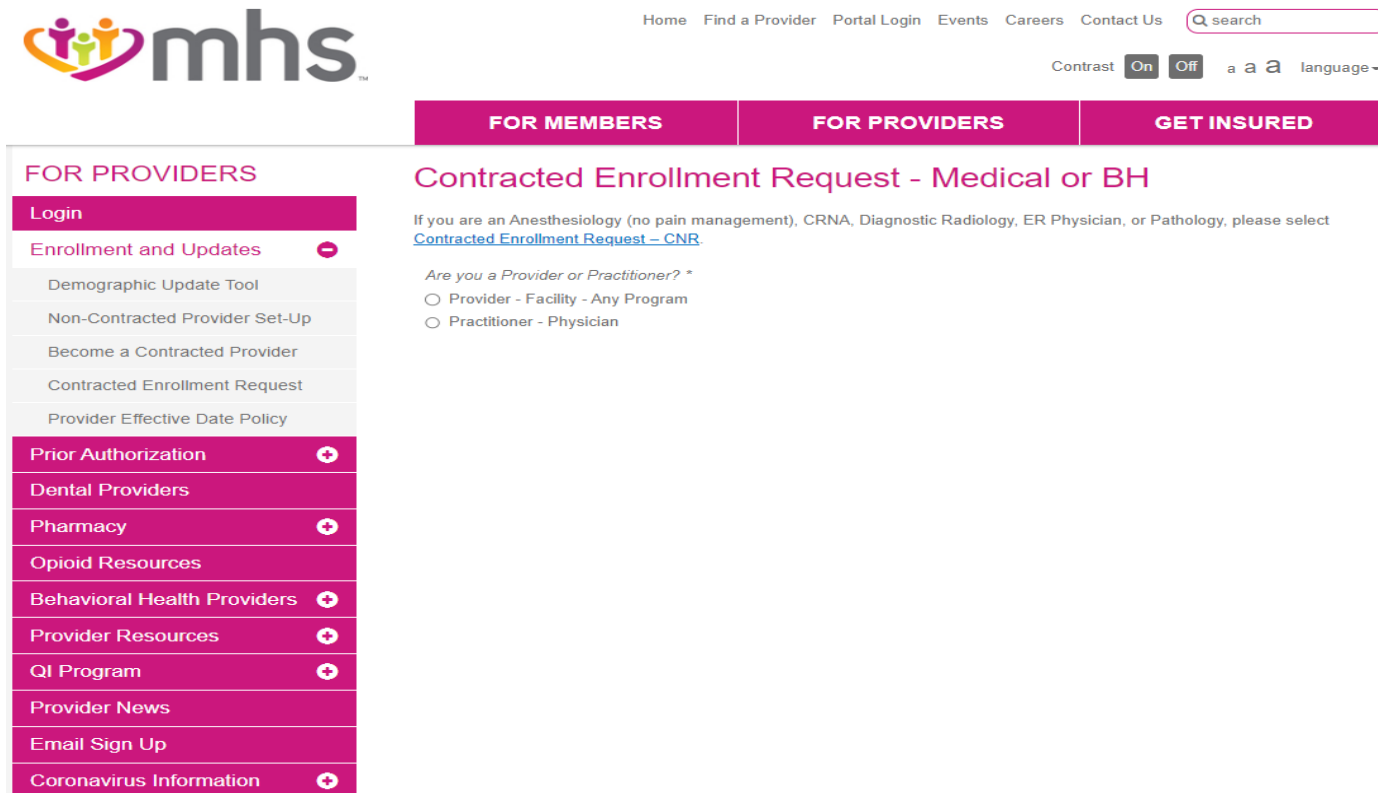
Demographic Updates

Demographic Update Tool

If you are already a contracted provider with MHS and would like to update existing information, please use our online provider update forms.

Add Provider to Existing Contract

 From this screen you will need to choose your provider specialty type.



The screenshot shows the MHS website interface. At the top, there is a navigation bar with links: Home, Find a Provider, Portal Login, Events, Careers, Contact Us, and a search bar. Below the navigation bar, there are three main sections: FOR MEMBERS, FOR PROVIDERS (which is highlighted), and GET INSURED. Under the FOR PROVIDERS section, there is a list of options: Login, Enrollment and Updates (with a minus icon), Demographic Update Tool, Non-Contracted Provider Set-Up, Become a Contracted Provider, Contracted Enrollment Request (which is highlighted), and Provider Effective Date Policy. Below this list, there are several other options with plus icons: Prior Authorization, Dental Providers, Pharmacy, Opioid Resources, Behavioral Health Providers, Provider Resources, QI Program, Provider News, Email Sign Up, and Coronavirus Information. The main content area displays the 'Contracted Enrollment Request - Medical or BH' page. It includes a heading, a paragraph stating 'If you are an Anesthesiology (no pain management), CRNA, Diagnostic Radiology, ER Physician, or Pathology, please select [Contracted Enrollment Request – CNR](#).', and a question 'Are you a Provider or Practitioner? *' with two radio button options: 'Provider - Facility - Any Program' and 'Practitioner - Physician'.

Add Provider to Existing Contract



You will need to make sure that you complete the entire online submission form, including uploading the required attachments prior to clicking Submit.



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Contrast ☒ On ☐ Off a a a language ▾


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Become a Contracted Provider

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Contracted Enrollment Request - Medical or BH

If you are an Anesthesiology (no pain management), CRNA, Diagnostic Radiology, ER Physician, or Pathology, please select [Contracted Enrollment Request – CNR](#).

Are you a Provider or Practitioner? *

☒ Provider - Facility - Any Program

☐ Practitioner - Physician

Please select the programs you wish to participate in*

☐ HCC ☐ HHW ☐ HIP ☐ Ambetter ☐ Wellcare by Allwell

Provider/Facility Information

Billing Tax ID (TIN) *

Primary Group Indiana Medicaid Number

*not applicable for Commercial Programs

Provider/Facility Name *

Do you offer Telehealth Appointment? *

☐ Yes

☐ No

Requestor Full Name *

Primary Location Group/Facility Billing NPI *

Primary Location Appointment Phone Number *

Are you providing Behavioral Services? *

☐ Yes

☐ No

Requestor Phone Number for Questions *

Add Provider to Existing Contract



It is imperative that you upload and attach the MCE Universal Enrollment Form and the Collaborative Agreement for Midlevel Practitioners.

Required Document Attachments

If you requesting to participate in at least one of our Medicaid programs please complete the applicable practitioner form below (HHW, HCC, HIP).

[MCE Universal form \(PDF\)](#)

Please attach a copy of your MCE Universal Enrollment Form *

No file chosen

Supplemental Document Attachments

The below documents are required or optional depending on your specialty and directory preferences.

- If you are a Nurse Practitioner, Physician Assistant, Midwife or Clinical Nurse Specialist you will be required to submit a collaboration agreement or your request will be rejected and you will have to submit a new enrollment request.
- If you are a Behavioral Health Practitioner this form should be completed.

[Behavioral Health Specialty Profile \(PDF\)](#)


Please attach a copy of your Collaboration Agreement

No file chosen

Please attach a copy of your Behavioral Health Specialty Profile

No file chosen

Add Provider to Existing Contract

 Once the form has been submitted it will be sent to the MHS Enrollment Team to begin the enrollment process.

Required Document Attachments

Please complete the provider forms below.

[Provider Credentialing Form \(PDF\)](#)

*Please attach a copy of your completed Provider Credentialing Form **

No file chosen


*Please attach a copy of your completed W9 **

No file chosen

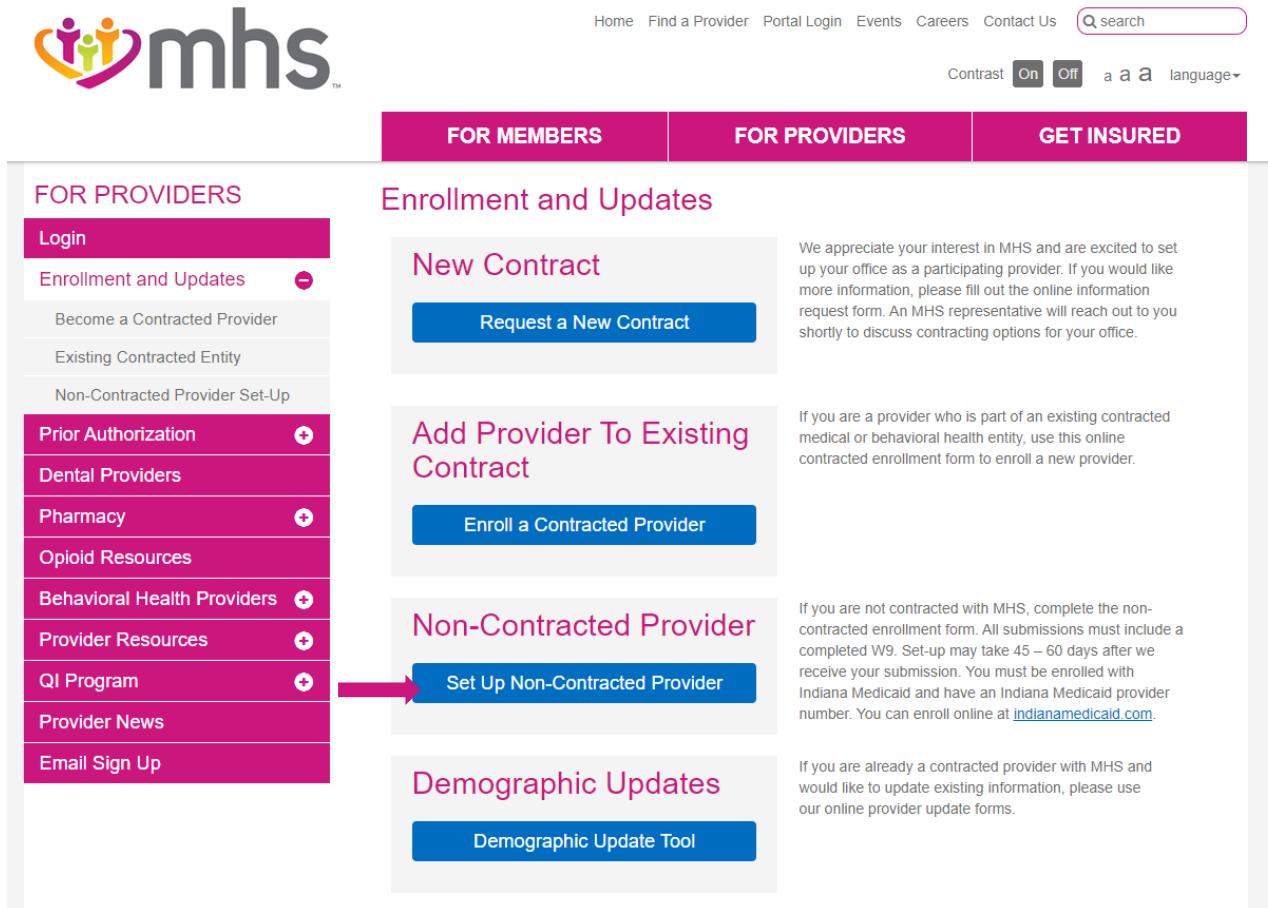


Non-Contracted Provider Enrollment

Non-Contracted Provider Enrollment

 If you are not contracted with MHS and do not wish to become contracted, complete the non-contracted enrollment form. All submissions must include a completed W-9. Set-up may take 45–60 days after we receive your submission. You must be enrolled with Indiana Medicaid and have an Indiana Medicaid Provider ID.

Non-Contracted Provider Enrollment



Home Find a Provider Portal Login Events Careers Contact Us

Contrast ☒ On ☐ Off a a a language

FOR MEMBERS **FOR PROVIDERS** **GET INSURED**

FOR PROVIDERS

- Login
- Enrollment and Updates
 - Become a Contracted Provider
 - Existing Contracted Entity
 - Non-Contracted Provider Set-Up
- Prior Authorization
- Dental Providers
- Pharmacy
- Opioid Resources
- Behavioral Health Providers
- Provider Resources
- QI Program
- Provider News
- Email Sign Up

Enrollment and Updates

New Contract

Request a New Contract

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.

Add Provider To Existing Contract

Enroll a Contracted Provider

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

Non-Contracted Provider

Set Up Non-Contracted Provider

If you are not contracted with MHS, complete the non-contracted enrollment form. All submissions must include a completed W9. Set-up may take 45 – 60 days after we receive your submission. You must be enrolled with Indiana Medicaid and have an Indiana Medicaid provider number. You can enroll online at indianamedicaid.com.

Demographic Updates

Demographic Update Tool

If you are already a contracted provider with MHS and would like to update existing information, please use our online provider update forms.

Non-Contracted Provider Enrollment



[Home](#)
[Find a Provider](#)
[Portal Login](#)
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search

Contrast
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FOR MEMBERS

FOR PROVIDERS

GET INSURED

FOR PROVIDERS

Login

Enrollment and Updates

Become a Contracted Provider

Contracted Enrollment Request - CNR

Contracted Enrollment Request - Medical or BH

Non-Contracted Provider Set-Up

Prior Authorization

Dental Providers

Pharmacy

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Behavioral Health Providers

Provider Resources

QI Program

Provider News

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Coronavirus Information

Non-Contracted Provider Set-Up

Are you a Provider or Practitioner? *

☐ Provider - Facility

☒ Practitioner - Physician

Provider/Facility Information

Group/Facility Name *

Billing Tax ID (TIN) *

Group/Facility Billing NPI (Type 2) *

Group Indiana Medicaid Number

*1 GNPI per request

*not applicable for Commercial Programs

Practicing Primary Physical Location Address, City, State, Zip *

Location Appointment Phone Number *

Group/Facility Specialty *

*I.e. Clinic, Hospital, DME, RHC, FQHC, Ambulance, Group Practice, etc.

Practitioner Information

Practitioner Full Name *

Practitioner NPI (Type 1) *

Practitioner Indiana Medicaid Number

Practitioner Primary Specialty *

Non-Contracted Provider Enrollment



Once the form is completed and you have uploaded the W-9 Form, click Submit, and this will be routed to the MHS Enrollment Team.

*Practicing Primary Physical Location Address, City, State, Zip **

*Location Appointment Phone Number **

*Group/Facility Specialty **

*I.e. Clinic, Hospital, DME, RHC, FQHC, Ambulance, Group Practice, etc.

Practitioner Information

*Practitioner Full Name **

*Practitioner NPI (Type 1) **

Practitioner Indiana Medicaid Number

*Practitioner Primary Specialty **

*not applicable for Commercial Programs

*Practitioner Primary Taxonomy **

*Requestor Full Name **

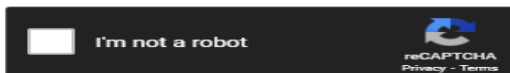
*Requestor Phone Number for Questions **

*Requestor Email Contact for Questions **

Document Attachments Required

*Please attach a copy of your most current W9 for accurate 1099 processing. **


Choose File No file chosen



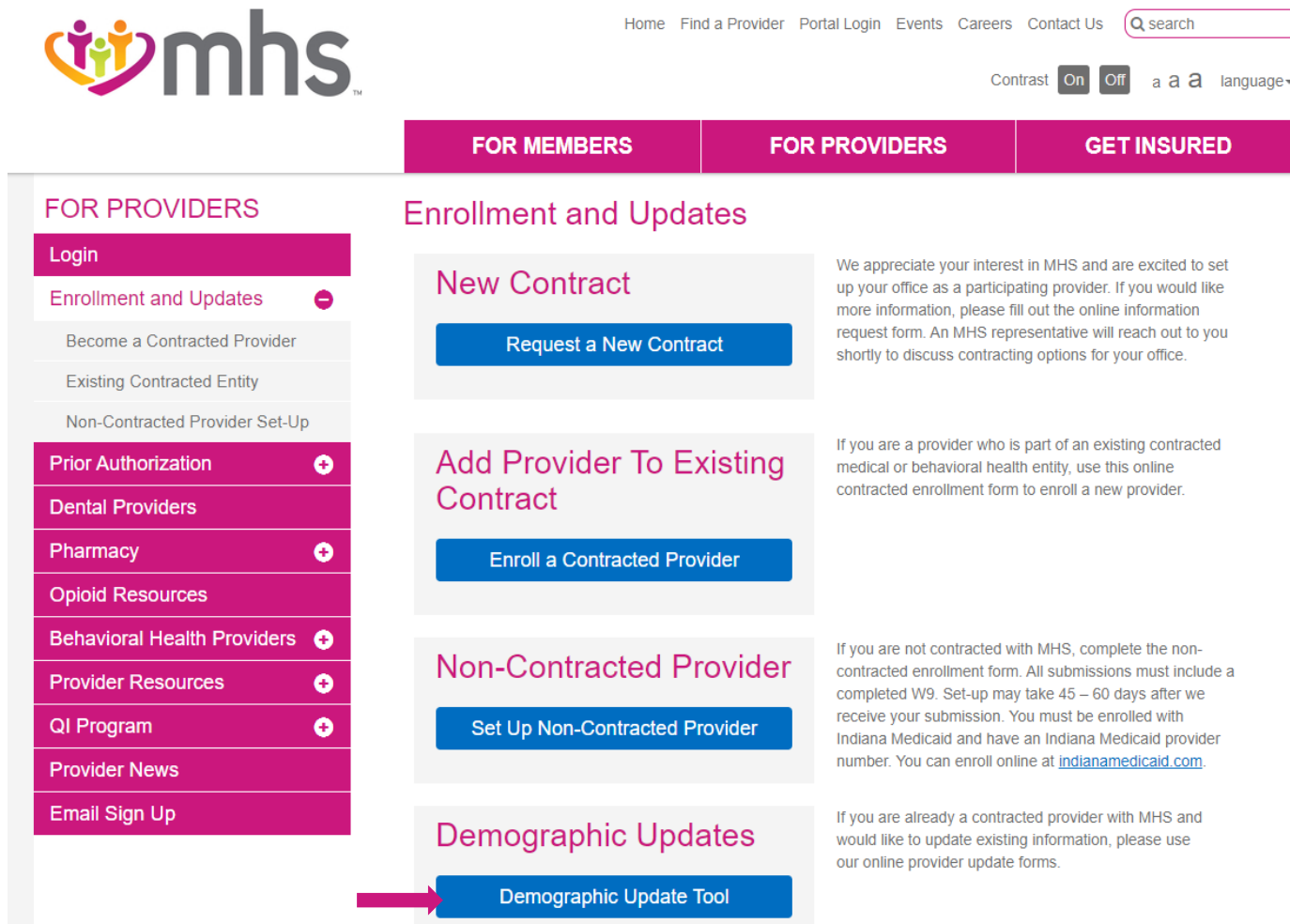
Submit

Demographic Updates

Demographic Updates

 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.

Demographic Updates



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FOR PROVIDERS

FOR PROVIDERS

Enrollment and Updates

New Contract

Request a New Contract

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Demographic Updates

FOR MEMBERS

FOR PROVIDERS

GET INSURED

FOR PROVIDERS

Login

Enrollment and Updates +

Prior Authorization +

Dental Providers

Pharmacy +

Opioid Resources

Behavioral Health Providers +

Provider Resources -

Case and Disease Management

Clinical & Payment Policies

Electronic Transactions +

Demographic Update Tool

Forms

Frequently Asked Questions

Grievance Process

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? +

Demographic Updates

FOR MEMBERS

FOR PROVIDERS

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

What would you like to do?

MAKE AN ADDRESS CHANGE?

[Update a Billing Address](#)
[Change a Primary Location](#)
[Add an Additional Location](#)
[Remove a Location](#)
[Notify Us of an Office Move](#)

MAKE A DEMOGRAPHIC CHANGE?

[Change Phone Number](#)
[Change Email Address](#)
[Change Provider Name](#)
[Add/Remove a Language Spoken](#)
[Update Provider Office Hours](#)
[Update Service Location Office Hours](#)

Demographic Updates

UPDATE MEMBER ASSIGNMENT LIMITATIONS?

[Change Accepting New Members Status](#)

[Change Panel Size \(PMP Only\)](#)

[Change Age Restrictions](#)

TERM AN EXISTING PROVIDER?

[PMP](#)

[Specialist](#)

MAKE A CHANGE TO AN IRS NUMBER OR NPI NUMBER?



[Change an IRS Number \(TIN\)](#)

[Change an NPI Number](#)




[Update an IRS Address](#)

Provider Directory Requirements




Provider Directory Requirements

-  Health plans/issuer are required to **establish a provider directory on their public website** that contains a list of providers and facilities that have a contractual relationship, for furnishing items or services under the plan.
-  Additionally, plans/issuers are required to:
 - Establish the required verification process:
 - Verify and update the provider directory information every **90 days**
 - Establish a required response protocol:
 - If a member requests information on whether a provider is in-network through a telephone call or electronic, web-based, or internet-based manner, the issuer must have a process in place to respond to request.

Provider Directory Requirements

-  Effective January 1, 2022
-  **Impacted lines of business:** Group plans and individual market issuers
-  The following information must be included in the provider directory:
 - Name
 - Address
 - Specialty
 - Telephone number
 - Digital contact information on each health care provider or facility for which a plan/issuer has a contractual relationship for furnishing items and services

Provider Directory Requirements




Health Care

What is VerifyHCP.

VerifyHealthCarePortal (VerifyHCP) is a product developed by LexisNexis® Risk Solutions and AMA Business Solutions to streamline and simplify the process of validating clinician directory information in one secure and centralized location. The accuracy of clinician directories is essential for patients when choosing a plan and seeking medical care.

HOW IT WORKS:

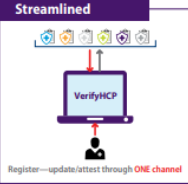
1. Participating health plans provide VerifyHCP with their directory data
2. VerifyHCP cleanses the data and pre-populates the most accurate information into your verification platform for easy review
3. You may be notified to confirm information already pre-populated for you via email, phone, or fax. (Refer to the outreach section below)

Why we do it: To ensure patients have access to accurate directory information, federal and state regulations require health plans to conduct regular outreach (usually quarterly). This can lead to practice burden and disruption. VerifyHCP was developed to minimize the burden while addressing this important issue.

WHAT TO EXPECT

We will contact you to verify clinician directory information quarterly. You are encouraged to reply to the initial email to avoid triggering follow up emails, faxes, or phone calls which can be more intrusive to your practice. You may also be contacted when a new payer is added to our program. Please note that clinicians can forward these requests to their practice manager.

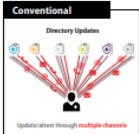
Streamlined



Register—update/attest through **ONE** channel

VS

Conventional

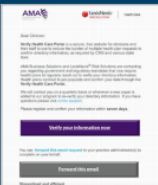


Updates/attest through **multiple** channels

EMAIL OUTREACH

Be on the lookout for an email from VerifyHealthCarePortal asking you to register and verify information your payer has provided. Please follow these steps:

1. Click on "Verify your information now" in the email to visit the Portal
2. Register on the Portal
3. Confirm pre-populated directory information in each section and submit your verification on the summary page



FAX OUTREACH

Depending on the size of the practice, you may receive outreach via fax.

1. Review the information on the form and make updates where needed.
2. Complete the signature section and fax all pages back to the number listed on the cover page.

PHONE OUTREACH

As a last resort, when verification has not been received via email, you may be contacted via phone. Note: some regulations require a response from the practice, otherwise you may be removed from the directory and/or have reimbursements withheld.

LARGE GROUP OUTREACH

For large groups, VerifyHCP will provide a pre-populated spreadsheet via email or phone containing payer-provided clinician data.

1. Confirm correct data attributes in each tab of the spreadsheet and make the necessary corrections.
2. Send your updated spreadsheet back to the VerifyHCP representative.


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MHS has partnered with LexisNexis to assist with keeping our Find A Provider online directory current. It is very important to keep provider information updated and most current.

Credentialing and Re-credentialing

Credentialing and Re-credentialing






 The purpose of the credentialing and re-credentialing process is to ensure all practitioners and organizational providers initially meet and continue to meet the established criteria for participation in the MHS provider network. In order to participate in the MHS network, all licensed physicians, healthcare professionals and facilities must meet minimum requirements as set forth by MHS.

Credentialing and Re-credentialing




 The minimum requirements for participation in the MHS network are available in the MHS Provider Manual, Chapter 17.

<https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/508-Provider-Manual-2021.pdf>






Credentialing and Re-credentialing

-  MHS requires practitioners to enroll with the Council for Affordable Quality Healthcare (CAQH).
-  CAQH is a practitioner database website where practitioners can register their credentialing information for any and all organizations to which they want to apply.
-  It is free to practitioners and is convenient because you only have to submit information to one place one time (and, of course, as it gets updated) rather than to each MCE, hospital or network you wish to join.
-  It is also secure, as only authorized credentialing organizations may access your information with your permission.
-  Please visit their website at caqh.org.

Credentialing and Re-credentialing

-  MHS Credentialing will ensure the provider has met all federal and state regulatory requirements by reviewing the submitted information.
-  Once the application is reviewed, the Credentialing Committee (CC) will render a final decision on acceptance within 60 calendar days.
-  MHS will send the practitioner a letter notifying the practitioner if he or she is approved by the CC as well as identify the effective date the practitioner can begin to see MHS members.

Credentialing and Re-credentialing

-  The MHS CC consists of MHS staff physicians and other physicians in the MHS network.
-  The CC is supported by MHS Credentialing, Provider Relations, Compliance and QI staff.
-  This committee reports regularly to the MHS Senior Executive Quality Improvement Committee.
-  It has the responsibility to establish and adopt, as necessary, criteria for physician participation and termination and to direct the credentialing procedures, including physician participation, denial and termination.
-  Committee meetings are held once a month or as deemed necessary.

Credentialing and Re-credentialing

Re-Credentialing

- MHS conducts the re-credentialing process for practitioners and providers at least three years from the date of the initial credentialing decision.
- The purpose of this process is to identify any changes in the practitioner's facility, license, sanctions, certification, competence or other related information that may affect their ability to perform the services for which the practitioner or provider is contracted to provide.
- This process includes all practitioners (PMPs and specialists), ancillary providers and hospitals previously credentialed to practice within the MHS network.

MHS Team

MHS Provider Network Territories

Indiana

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:
MHS_ProviderRelations_NW@mhsindiana.com
Candace Ervin, Provider Partnership Associate
1-877-647-4848, ext. 20187

NORTH CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_NC@mhsindiana.com
Natalie Smith, Provider Partnership Associate
1-877-647-4848, ext. 20127

CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_C@mhsindiana.com
Mona Green, Provider Partnership Associate
1-877-647-4848, ext. 20080

SOUTH CENTRAL REGION

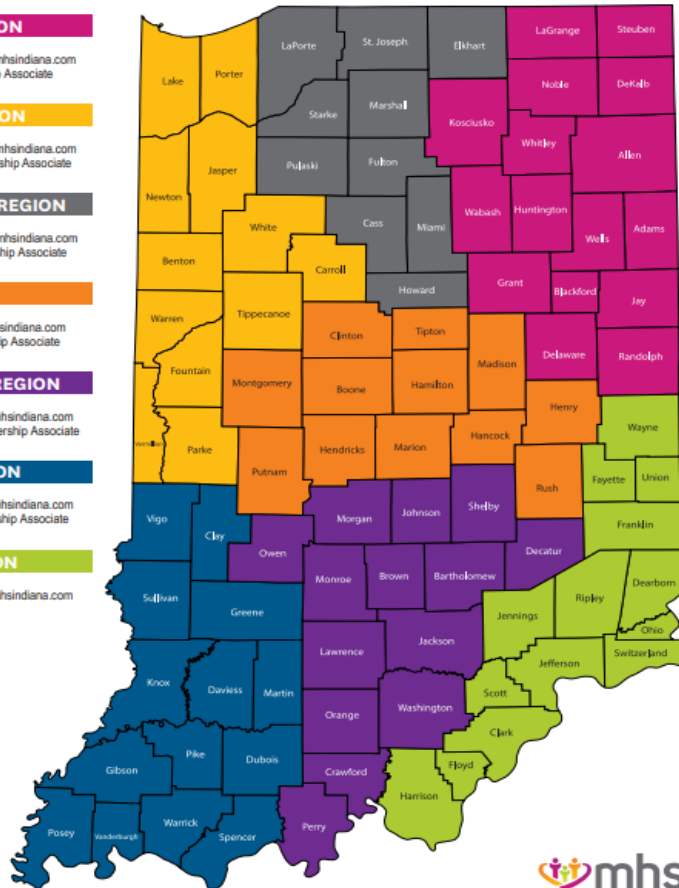
For claims issues, email:
MHS_ProviderRelations_SC@mhsindiana.com
Dalesia Denning, Provider Partnership Associate
1-877-647-4848, ext. 20026

SOUTHWEST REGION

For claims issues, email:
MHS_ProviderRelations_SW@mhsindiana.com
Dawn McCarty, Provider Partnership Associate
1-877-647-4848, ext. 20117

SOUTHEAST REGION

For claims issues, email:
MHS_ProviderRelations_SE@mhsindiana.com
Carolyn Valachovic Monroe
Provider Partnership Associate
1-877-647-4848, ext. 20114



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Available online:

https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ProviderTerritory_map_2021.pdf

MHS Provider Network Territories

TAWANNA DANZIE

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

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

Program Manager,
Provider Engagement
1-877-647-4848 ext. 20149
jgarner@mhsindiana.com

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

Thomas.Smith@EnvolveHealth.com
Dental Provider Services: 1-855-609-5157
Questions: ProviderRelations@EnvolveHealth.com

ENVOLVE VISION, INC.

CHANTEL MCKINNEY

Chantel.McKinney@EnvolveHealth.com
Vision Provider Services: 1-844-820-6523
Questions: Envolve_AdvancedCaseUnit@EnvolveHealth.com

Network Leadership

NETWORK LEADERSHIP

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NANCY ROBINSON

Senior Director, Provider Network
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nrobinson@mhsindiana.com

MARK VONDERHEIT

Director, Provider Network
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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

Questions?

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