



# 2023 IHCP Works Seminar MProvider Connect

**Presented by: Lauryn Swift**

*Providing health coverage to Indiana families since 1994*

# About MDwise

## Our Mission

MDwise provides high-quality, affordable health care services and improves the well-being of our members by bringing together exceptional employees, community leaders and health care professionals

- MDwise is local and Indiana's only non-profit, provider-sponsored health plan
- Owned by McLaren Health Care Corporation, a provider-owned, not-for-profit integrated health system with multi-state experience committed to better serving Hoosier families
- MDwise administers Medicaid and Medicare programs throughout Indiana to ensure all families receive high-quality and affordable health care
- MDwise has a large network of doctors, specialists and hospitals throughout Indiana

# Agenda

- What is MProvider Connect
- How to register for MProvider Connect
- How to use MProvider Connect
- Case Communication
- Benefits of MProvider Connect





# What is MProvider Connect?

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# What is MProvider Connect

- MProvider Connect is an online tool that allows providers to submit enrollment requests with Mdwise
- MProvider Connect will replace the existing provider enrollment process of emailing [prenrollment@mdwise.org](mailto:prenrollment@mdwise.org) and will still provide providers with a case number for every submission for tracking purposes

# Features

- Request participation in MDwise networks
- Enroll new practitioners and facilities
- Add locations to existing practitioners
- Update provider demographics
- Disenroll practitioners or terminate locations
- Submit inquiries to MDwise Provider Enrollment
- Check status of previously submitted inquiries



# How to Register for MProvider Connect

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# Where To Find MProvider Connect

- To access MProvider Connect, you can go to our website under [For Providers | Mdwise](#)
- From there, select 'Become an MDwise Provider'

For Providers
<a href="#">Become an MDwise Provider</a> —
<a href="#">Step by Step Instructions</a>
<a href="#">Credentialing Requirements</a>
<a href="#">Effective Date Policy</a>

## Become an MDwise Provider

Please refer to the [step-by-step instructions](#) to assist you with enrolling in the MDwise network. Once you complete the applicable IHCP MCE Enrollment forms and compile the required documents, submit them to our MDwise Provider Enrollment via our online [MProvider Connect](#) tool. Account registration is required prior to submitting new enrollments or updates.

Additional options to submit enrollment forms include email, fax or mail, but the preferred option is through MProvider Connect.



# Step 1: Go to MProvider Connect

- Link to MProvider Connect: [Login \(site.com\)](#)

**MProvider  
CONNECT**

Create an Account

Username

Password

Log in

[Forgot your password?](#)

# Step 2: Click Create an Account

**MProvider  
CONNECT**

Create an Account

Username

Password

Log in

[Forgot your password?](#)

Create an Account

# Step 3: Enter Contact Information

- MProvider contact registration is available for groups with an existing MDwise Agreement and groups requesting new contracts



### Contact Information

Please fill out all of the following fields

* First Name	Phone
<input type="text"/>	<input type="text"/>
* Last Name	* TIN
<input type="text"/>	<input type="text"/>
	<input type="button" value="EIN"/> <input type="button" value="SSN"/>
* Title	Group Name
<input type="text"/>	<input type="text"/>
* Pronoun	* Email
<input type="text" value="Select a pronoun"/>	<input type="text"/>

If you can't find your Group Name, please email MDwise directly at [prregistration@mdwise.org](mailto:prregistration@mdwise.org) to be added before continuing.  
If this is for a disregarded entity, please indicate so in the email along with the Group's Name, TIN and other applicable information.

# Can't Find Your Tax ID?

- If a Tax ID is not found in the 'TIN' search field, the contact must send an email to [prregistration@mdwise.org](mailto:prregistration@mdwise.org) for the account to be added

**MProvider  
CONNECT**

**Contact Information**  
Please fill out all of the following fields

\*First Name Phone

If you can't find your Group Name, please email MDwise directly at [prregistration@mdwise.org](mailto:prregistration@mdwise.org) to be added before continuing.  
If this is for a disregarded entity, please indicate so in the email along with the Group's Name, TIN and other applicable information.

Find Group

If you can't find your Group Name, please email MDwise directly at [prregistration@mdwise.org](mailto:prregistration@mdwise.org) to be added before continuing.  
If this is for a disregarded entity, please indicate so in the email along with the Group's Name, TIN and other applicable information.

Find Group

# Step 4: Confirmation Email

- Once the registration is submitted, the contact will receive confirmation in addition to a welcome email containing a link to verify their new account

MProvider  
CONNECT

You should receive an email to setup your credentials to continue with the submission process.

Your username is

From: **MDwise Pre Enrollment** <[prenrollment@mdwise.org](mailto:prenrollment@mdwise.org)>

Date: Wed, Jul 26, 2023 at 1:45 PM

Subject: Sandbox: Welcome to MDwise

To:

Hi Test,

Thanks for creating your MDwise group account. Please click [here](#) to finish your account setup.

Your username is [gmail.com.mdwise](#)

Or use the following URL if the link does not work : <https://mclarenhealthcare--uat.sandbox.my.site.com/mdwise/s/setup-password?token=7f1b220490b96d1b64769951d53230d0db5c9a513fa656f71a0595002090515a6969d265d3816b2130ad23742bbffa4897c4f3f2ca029223c4fe79119>

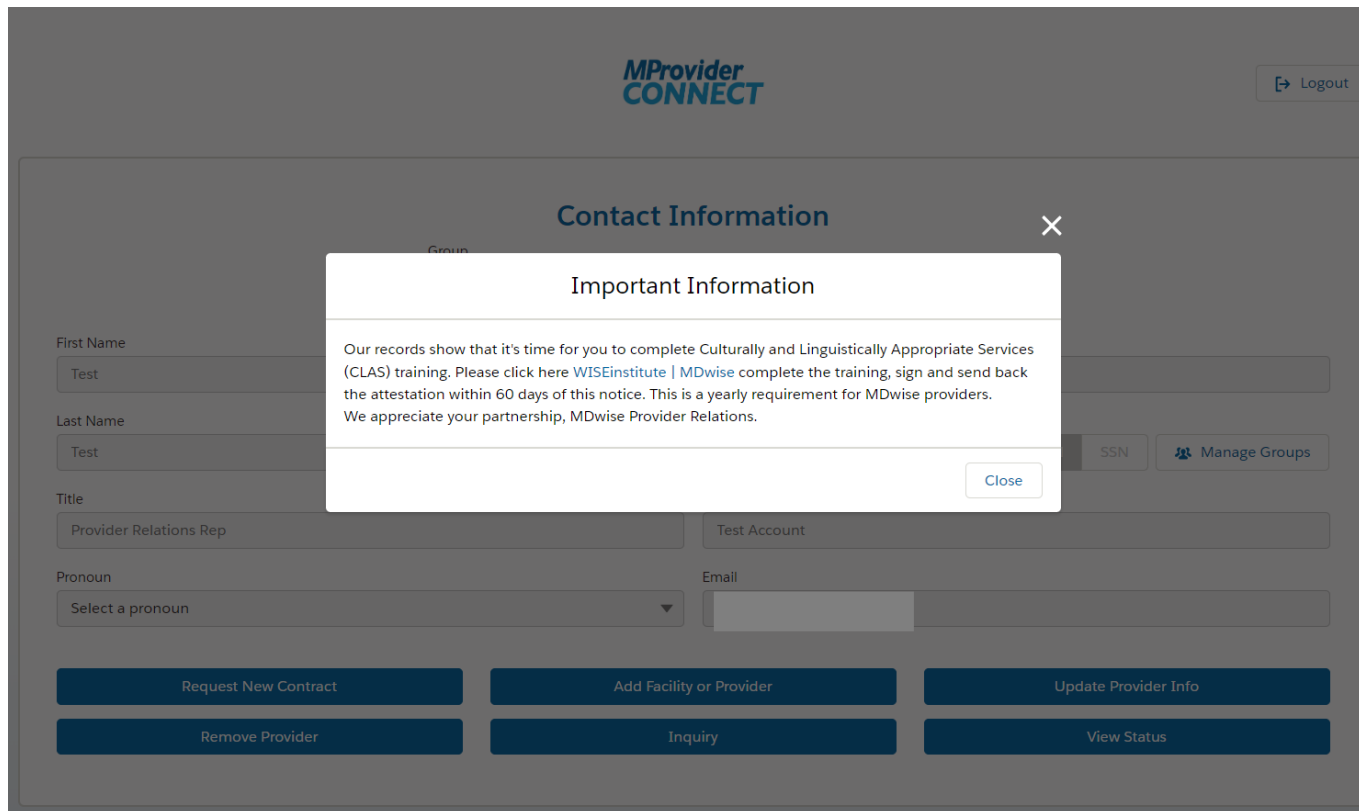


# How to use MProvider Connect

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# MProvider Connect Login Important Information

- **Important Information** statements appear upon each login attempt
- These messages will change periodically to fit the current MDwise provider-related initiatives



The screenshot shows the MProvider Connect login interface. At the top, the logo 'MProvider CONNECT' is visible on the left, and a 'Logout' button is on the right. The main content area is titled 'Contact Information' and contains a form with the following fields: 'First Name' (Test), 'Last Name' (Test), 'Title' (Provider Relations Rep), 'Pronoun' (Select a pronoun), and 'Email'. There are also buttons for 'SSN' and 'Manage Groups'. At the bottom, there are six action buttons: 'Request New Contract', 'Add Facility or Provider', 'Update Provider Info', 'Remove Provider', 'Inquiry', and 'View Status'. A modal box titled 'Important Information' is overlaid on the form, containing the following text: 'Our records show that it's time for you to complete Culturally and Linguistically Appropriate Services (CLAS) training. Please click here [WISEInstitute | MDwise](#) complete the training, sign and send back the attestation within 60 days of this notice. This is a yearly requirement for MDwise providers. We appreciate your partnership, MDwise Provider Relations.' A 'Close' button is located at the bottom right of the modal box.



# Contact Information

- The Contact Information landing page allows the users to update their profile, submit new requests and verify the status of the cases they submitted through MProvider Connect

MProvider  
CONNECT

Logout

### Contact Information

Group  
Test Account

First Name  
Test

Last Name  
Test

Title  
Provider Relations Rep

Pronoun  
Select a pronoun

Phone

TIN  
77-777777

EIN SSN Manage Groups

Group Name  
Test Account

Email

Request New Contract Add Facility or Provider Update Provider Info

Remove Provider Inquiry View Status

Case Number Case Status Submission Date Case Type Practitioner Name Credentialing Status

# Group Affiliations

### Contact Information

Group  
Test Account

First Name  
Test

Phone

Last Name  
Test

TIN  
77-7777777

EIN SSN [Manage Groups](#)

Title  
Provider Relations Rep

Group Name  
Test Account

Pronoun  
Select a pro

Email

TIN  
77-7777777

EIN SSN [Manage Groups](#)

Group Name  
Test Account

Email

Case Number Case Status Submission Date Case Type Practitioner Name Credentialing Status

# Managing Group Affiliations

- By selecting “Manage Groups,” the contact can add additional group TINs to their profile
- The contact can then use the drop-down to choose which group they wish to submit the request

The image shows two overlapping screenshots from a web application. The top screenshot is a modal window titled "Manage your groups" with a close button (X) in the top right corner. It features a "TIN" input field, an "Add" button, and two buttons labeled "EIN" and "SSN". Below this is a table with columns for "Group Name" and "TIN". The table contains one row: "1 Test Account" with the TIN "77777777". A "Delete" button is positioned to the right of this row. The bottom screenshot shows the "Contact Information" form. It has a "Group" dropdown menu currently set to "Test Account", with a list of options below it: "Test Account" and "✓ Test Account". Below the dropdown is a "TIN" input field containing "77-777777", followed by "EIN" and "SSN" buttons, and a "Manage Groups" button with a group icon.

# Request New Contract

Request New Contract

Remove Provider



Request New Contract

Remove Provider

# Request New Contract

New contract requests for Practitioner and Hospital/Ancillary Participation require all the relevant documents listed in the Network Participation Request process

## New Contract Request

Please review the document checklist to ensure all necessary documents are submitted.

### ∨ Practitioner Participation Document Requirements

- [IHCP MCE Practitioner Enrollment Form](#)
- Collaborative/Supervisory Agreement <sup>1</sup>
- CAQH Proview Online Application, if not currently enrolled <sup>1</sup>
- For more information about the CAQH Application please visit [MDwise.org](#)
- [Form W-9](#) <sup>1</sup>
- [Disclosure Ownership and Interest Form \(required for brand new contacts\)](#)
- Attestation must be signed no more than 365 calendar days prior to application submission.

### > Hospital/Ancillary Participation Document Requirements

### > Upload Documents

### > Additional Notes

Submit

# Add Facility or Provider

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

Add Facility or Provider

Inquiry

# Existing Contracts: Add Facility or Practitioner

- Documentation submission requirements are dependent on the type of provider enrollment
  - Limit of ten documents can be uploaded at 2MB each
- Users can upload all documentation in the initial request

Add Facility or Provider

Please submit the MCE Hospital/Ancillary Provider Enrollment and Credentialing Form or MCE Practitioner Enrollment Form.

---

Type of provider you are enrolling


Select an Option ▼

> Upload Documents

---

▼ Additional Notes

Requested Effective Date (MM/DD/YYYY) ⓘ



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[Submit](#)



# Case Practitioners

Users can add one (1) to four (4) practitioners within each submission

**Add Facility or Provider**  
Please submit the MCE Hospital/Ancillary Provider Enrollment and Credentialing Form or MCE Practitioner Enrollment Form.

Type of provider you are enrolling  
Practitioner

▼ Add Practitioner

Enter the information for each practitioner you're enrolling up to a max of 4.

	Practitioner First ...	Practitioner Last ...	NPI	Type	
1	Test	Test	0000000000	PMP	+
2	Test	Test2	0000000001	Specialist	+
3	Test	Test3	0000000002	Both	+
4	Test	Test4	0000000003	Specialist	+

> Upload Documents  
> Additional Notes

Cancel Save

Submit

# Inquiries

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

Add Facility or Provider

Inquiry

# General Inquiry Requests

General inquiries do not require documents to be uploaded, but in some cases, it may help or be needed.

Inquiry


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\* Please submit your inquiry:

**Upload Documents**

Suggested file types are .doc, .docx, .xls, .xlsx, .ppt, .pptx, .zip, .zipx, .pdf, .gif, .jpg, .jpeg, .png  
and each file must be smaller than 2mb in size.

Attachments

 Upload Files Or drop files

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# Existing Practitioner and Facility Updates



Update Provider Info

View Status



Update Provider Info

View Status

# Existing Practitioner and Facility Updates

- Update requests can be submitted for basic updates
  - For example, name changes can be documented in the detail text box, in addition to extensive changes submitted on an MCE Universal Enrollment Form

Update Provider Info

Please submit the MCE Practitioner Enrollment Form for update requests.


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**Additional Update Detail**

**Upload Documents**

Suggested file types are .doc, .docx, .xls, .xlsx, .ppt, .pptx, .zip, .zipx, .pdf, .gif, .jpg, .jpeg, .png and each file must be smaller than 2mb in size.

Attachments

 Upload Files Or drop files

---

Submit

# Disenrollment and Termination Requests

Request New Contract

Remove Provider

Request New Contract

Remove Provider

# Disenrollment and Termination Requests

- Submissions to remove a provider from the network or transition from a PMP to a specialist are submitted through the “Remove Provider” option
- Disenrolling PMPs are encouraged to name a default PMP to transition existing members

The image displays two overlapping screenshots of the 'Remove Provider' web form. The form is titled 'Remove Provider' and includes a sub-header: 'For disenrolling PMPs, please submit a letter indicating where to move the current provider's assigned members to, the new provider's Name, NPI, LPI and the effective date.' Below this, there is a section for 'Current Provider' with an empty input field. The main section is titled 'Enter the new PMP's information' and contains four optional input fields: 'New Provider' (with 'Optional' text above it), 'NPI' (with 'Optional' text above it), 'Group LPI' (with 'Optional' text above it), and 'Effective Date (MM/DD/YYYY)' (with 'Optional' text above it). Below this is an 'Additional Update Detail' section with a large text area. A 'Submit' button is located at the bottom right of the form. The right screenshot shows the same form with test data: 'Test Account' in the 'Current Provider' field, 'Test' in the 'New Provider' field, '000000000' in the 'NPI' field, '000000000' in the 'Group LPI' field, and '8/1/2023' in the 'Effective Date' field. The 'Submit' button is also visible in this screenshot.



# Case Numbers and View Status Ability

Update Provider Info

View Status

Update Provider Info

View Status

# Case Numbers and View Status Ability

- Users can select the “View Status” option from the menu to view all cases submitted by the user

The screenshot shows the MProvider CONNECT interface. At the top right, there is a 'Logo' button. Below it, a 'View Status' button is highlighted with a green box. The main content area is titled 'My Submissions' and contains a table with the following columns: Case Number, Case Status, Submission Date, Case Type, Practitioner Name, and Credentialing Status. The table lists several cases, including Case Number 00001145 which is in 'Work In Progress' status. Below the table, there are buttons for 'Update Provider Info' and 'View Status', with the latter also highlighted in a green box.

Case Number	Case Status	Submission Date	Case Type	Practitioner Name	Credentialing Status
00001146	Pending	May 23, 2023	General Inquiries		
00001148	Pending	May 23, 2023	Disenrollment		
00001147	Pending	May 23, 2023	Demographic / Panel Inqu...		
00001145	Work In Progress	May 23, 2023	Existing - Add Provider	Ororo Munroe	Credentialing in Progress
				Anna Marie LeBeau	Credentialing in Progress
				Hank Pimm	Credentialing in Progress
				James Dean	Credentialing in Progress

# Case Numbers and View Status Ability

- Users who have submitted requests can also view the individual open submissions below the action buttons

The screenshot displays the MProvider CONNECT user interface. At the top, the logo 'MProvider CONNECT' is visible on the left, and a 'Logout' button is on the right. The main section is titled 'Contact Information' and contains a 'Group' dropdown menu set to 'Test Account'. Below this are several input fields: 'First Name' (Test), 'Last Name' (Test), 'Title' (Provider Relations Rep), 'Pronoun' (Select a pronoun), 'Phone', 'TIN' (77-7777777), 'EIN', 'SSN', 'Group Name' (Test Account), and 'Email' (lauryn.gooch@gmail.com). A 'Manage Groups' button is located next to the TIN field. Below the form are six action buttons: 'Request New Contract', 'Add Facility or Provider', 'Update Provider Info', 'Remove Provider', 'Inquiry', and 'View Status'. At the bottom, a table with a green border shows a list of case submissions. The table has columns for Case Number, Case Status, Submission Date, Case Type, Practitioner Name, and Credentialing Status. The first row shows Case Number 00001145, Case Status Pending, Submission Date May 23, 2023, Case Type Existing - Add Provider, and Practitioner Name Ororo Munroe, James Dean, Hank Pimm, and Anna Marie LeBeau.

Case Number	Case Status	Submission Date	Case Type	Practitioner Name	Credentialing Status
00001145	Pending	May 23, 2023	Existing - Add Provider	Ororo Munroe James Dean Hank Pimm Anna Marie LeBeau	



# Case Communication

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# Case Communication

- To increase communication and collaboration, the MDwise enrollment team can correspond via email with the contact that has submitted the case
- Contacts that have submitted cases may receive communication via email from MDwise Enrollment.
  - Some examples include:
    - Details on submitted cases
    - Case Status
    - Communication regarding cases

# Communication Example – Case Details

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**From:** [noreply@salesforce.com](mailto:noreply@salesforce.com) <[noreply@salesforce.com](mailto:noreply@salesforce.com)> on behalf of

**Sent:** Friday, June 16, 2023 1:28 PM

**To:** .

**Subject:** Case 00002090

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear ,

Please find below details of your submission ticket:

Ticket ID : 00002090

Ticket Opened : 6/16/2023

Status : Pending

# Communication Example – Case Status

Dear (

Please find below details of your submission ticket:

Ticket ID :

Ticket Opened :

Status : Closed

is not an active provider for MDwise. Please submit enrollment application to become a participating provider.

<https://www.mdwise.org/for-providers/become-a-provider>

MDwise has no Contract on file for tax id; Please submit; MCE Practitioner Enrollment form; IHCP Provider Ownership and Managing Individual Maintenance Form; W-9

Currently only participating providers may create a MDwise Provider Portal account. If you would like to become a participating provider please visit our website for step by step instructions => <https://www.mdwise.org/for-providers/become-a-provider/step-by-step-instructions> If you have questions regarding this communication or any of the MDwise Participation Policies, please call our Provider Relations line at 317-822-7300 Option 1 or email [preenrollment@mdwise.org](mailto:preenrollment@mdwise.org). Thank you, MDwise Provider Relations



# Communication Example

**From:** [noreply@salesforce.com](mailto:noreply@salesforce.com) <[noreply@salesforce.com](mailto:noreply@salesforce.com)> **On Behalf Of** MDwise Pre Enrollment

**Sent:**

**To:**

**Subject:** Case

**CAUTION:** This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear

Ticket ID :

Per Ticket#

we don't enroll this type of provider (OPR) see attachment]

If you have questions regarding this communication or any of the MDwise Participation Policies, please call our Provider Relations line at 317-822-7300 option 1 or email [prenrollment@mdwise.org](mailto:prenrollment@mdwise.org).

Thank you for servicing our members,

MDwise Provider Relations



# Benefits of MProvider Connect

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# Benefits of MProvider Connect

- Creates transparency for providers
- Is a self-service tool
- Secure online tool for document submission
- Better communication within each case
- Turnaround time remains 30 days

# Helpful Resources

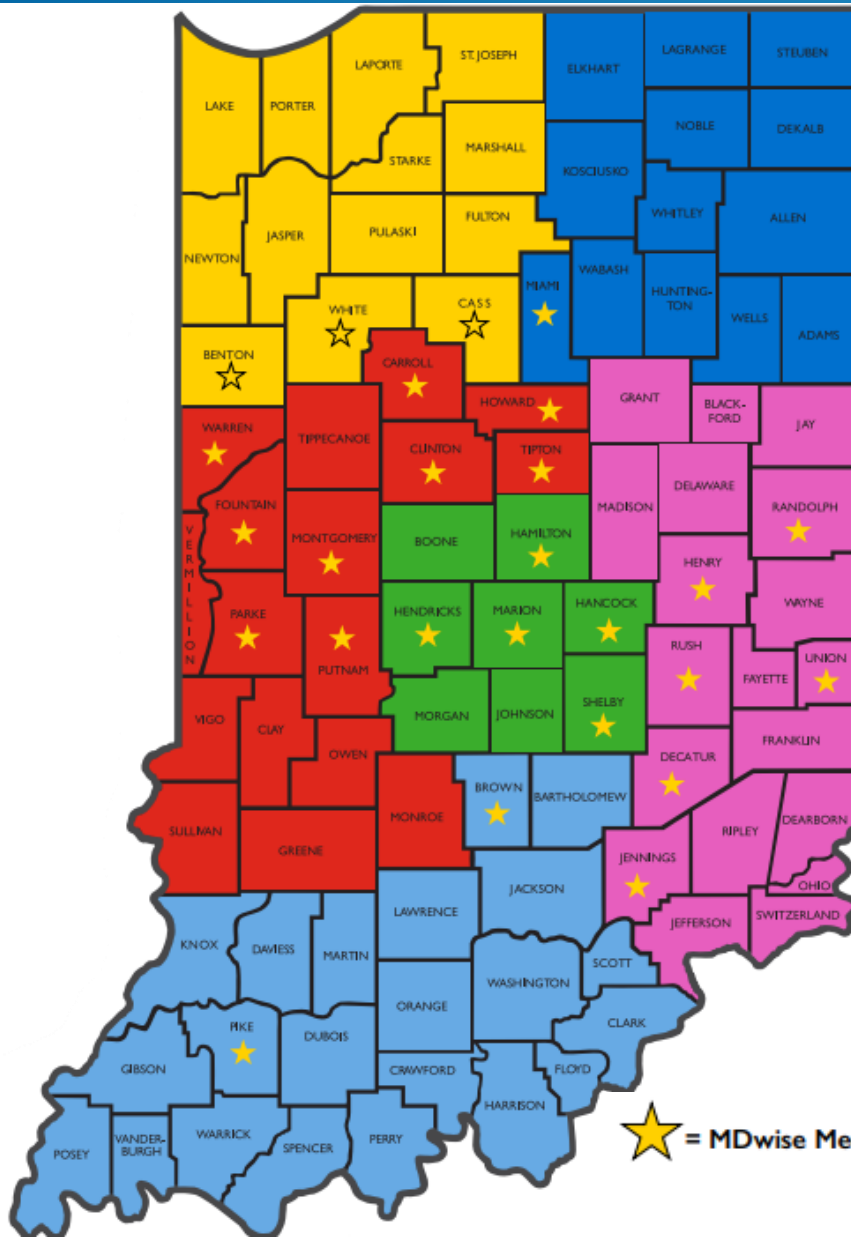
IHCP Provider Portal  
[Login Page](#)

Provider Enrollment  
[Become a Provider](#)

MDwise Provider Portal  
[Login Page](#)

Provider Customer Service Unit (PCSU)  
1-833-654-9192

# MDwise Provider Relations Team



## Region 1

**Danyelle Pittman**  
[dpittman@mdwise.org](mailto:dpittman@mdwise.org)  
 317-719-5377

## Region 4

**Joy Diarra**  
[jdiarra@mdwise.org](mailto:jdiarra@mdwise.org)  
 317-619-5622

## Region 2

**Amy Kerr**  
[akerr@mdwise.org](mailto:akerr@mdwise.org)  
 317-741-4352

## Region 5

**LeAnne Ramsey**  
[lramsey@mdwise.org](mailto:lramsey@mdwise.org)  
 317-460-4697

## Region 3

**Lauryn Gooch**  
[lgooch@mdwise.org](mailto:lgooch@mdwise.org)  
 317-460-3419

## Region 6

**Chris Bryant**  
[cbryant@mdwise.org](mailto:cbryant@mdwise.org)  
 317-517-4776

Click [here](#) to find our map online.

★ = MDwise Medicare Advantage Plan Available

# MDwise Provider Relations Team

## PROVIDER GROUP REPRESENTATIVES

### **Tonya Trout**

[ttrout@mdwise.org](mailto:ttrout@mdwise.org)

317-766-0505

### **Provider Groups**

Ascension St. Vincent  
Franciscan Alliance  
Beacon  
Union  
Parkview  
Home Health and Hospice  
Skilled Nursing Facilities (SNFs)

### **LaToya Robertson**

[lrobertson@mdwise.org](mailto:lrobertson@mdwise.org)

317-552-8420

### **Provider Groups**

Federally Qualified Health Centers (FQHCs)  
Rural Health Center (RHCs)  
Community Mental Health Centers (CMHCs)  
Eskenazi Health

### **Amanda Deaton**

[adeaton@mdwise.org](mailto:adeaton@mdwise.org)

317-914-5953

### **Provider Groups**

DME and HME  
Laboratory Services  
Dialysis Clinics  
American Health Network  
Out of State Providers

## PROVIDER RELATIONS LEADERSHIP

### **Josh Burger**

Director of Provider Relations

[jburger@mdwise.org](mailto:jburger@mdwise.org)

317-460-4510

**Thank  
you!**

# QUESTIONS?

