



---

## Quality Matters: Driving Improvement Through Data

2026 IHCP Works Annual  
Seminar

# Agenda

- Quality and Incentive Programs
- Pay for Performance (P4P)
- Portal Navigation
- Continuity of Care Plus (CoC+)
- Smoking Cessation
- Availability
- MHS Network Team
- Questions

---

# Quality and Incentive Programs

---

# Quality and Incentive Programs

MHS offers several Quality and Incentive Programs that partner with providers to enhance the health of our patients in 2026. We will cover MHS's quality initiatives, Healthcare Effectiveness Data and Information Set (HEDIS®), and how providers can help improve performance metrics. Learn practical steps to enhance care delivery and achieve shared quality goals.

- Pay-for-Performance (P4P) Program
- Continuity of Care Plus (CoC+) Program
- Smoking Cessation Program

---

# Pay for Performance (P4P)

---

# 2026 P4P Program Overview

## Objective

- Enhance quality of care through a PMP-driven, pay-for-performance program focused on prevention and screening.
- Attribute a specific patient population to a provider for performance tracking.

## Member Attribution

- MHS funds an incentive pool for each program: HIP, HHW, and Hoosier Care Connect (HCC).
- Each program has its own set of measures, targets, and incentive amounts.

## Performance Incentive

- HEDIS® measurement year runs January 1 – December 31.
- Contract effective January 1, allowing full credit for all gaps closed in the period.

# P4P Program Overview

## Measurement Time Period

- HEDIS® measurement year runs January 1 – December 31.
- Contract effective January 1, allowing full credit for all gaps closed in the period.

## Requirements for Payout

- Minimum number of covered persons must be achieved for the applicable measure.
- Payouts are earned per compliant member once the measure's minimum Target Score is reached.

## Reports and Payouts

- Member-level care gap reports and scorecards post monthly on the Provider Portal.
- Final reconciliation and payout occur within 180 days after the measurement period.

# 2026 P4P Measurement Categories

## Hoosier Healthwise

Please reference schedule for specifications

Children's  
Care

Respiratory

Behavioral

# 2026 P4P Measurement Categories

## Healthy Indiana Plan

Please reference schedule for specifications

Women

Maternal

Diabetes

Heart

Adult

Behavioral

# 2026 P4P Measurement Categories

## Hoosier Care Connect

Please reference schedule for specifications

Diabetes

Women

Adult

Behavioral

---

# Portal Navigation

---

# Login to the MHS Provider Portal

Create a login or sign into the [Online Portal](#) to get started.

**mhs**

For Members ▾ For Providers ▾ Get Insured

**For Providers**

- Provider Portal Login
- Behavioral Health ▾
- Clinical & Payment Policies
- Dental Providers
- Education & Trainings ▾
- Email Sign Up
- Enrollment and Updates ▾
- News ▾
- Pharmacy ▾
- Prior Authorization ▾
- Quality Improvement ▾
- Resources ▾

## Provider 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 +

**Secure Provider Portal**

This login does not include Wellcare Complete.

**Login/Register**

**Wellcare Complete Provider Portal**

Wellcare Complete requires a distinct password and login.

**Login/Register**

**Provider Email Sign Up**

**Sign Up**

**Availity**

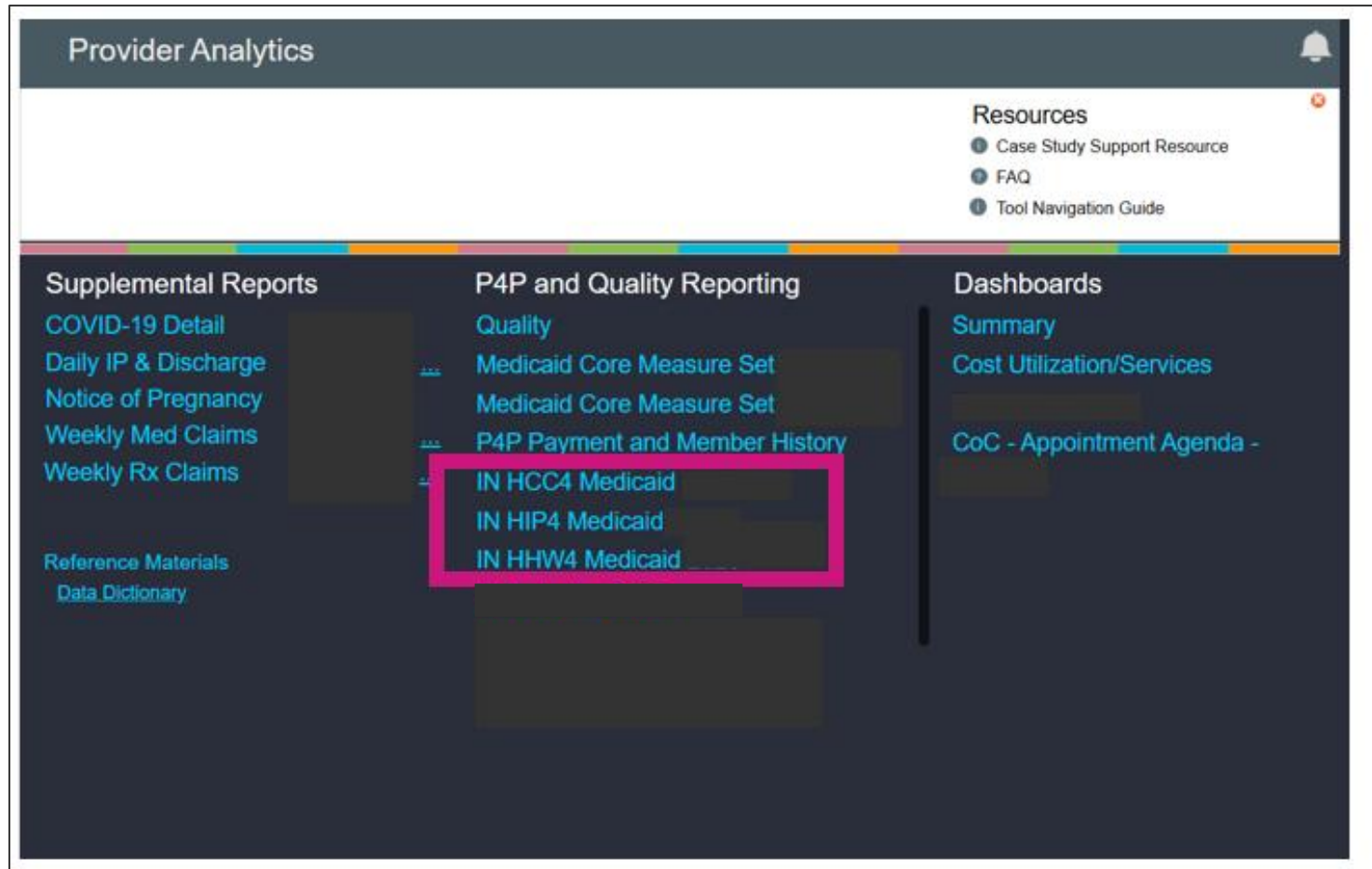
**Availity**

Check Eligibility, submit and check Claims and submit and confirm Auths

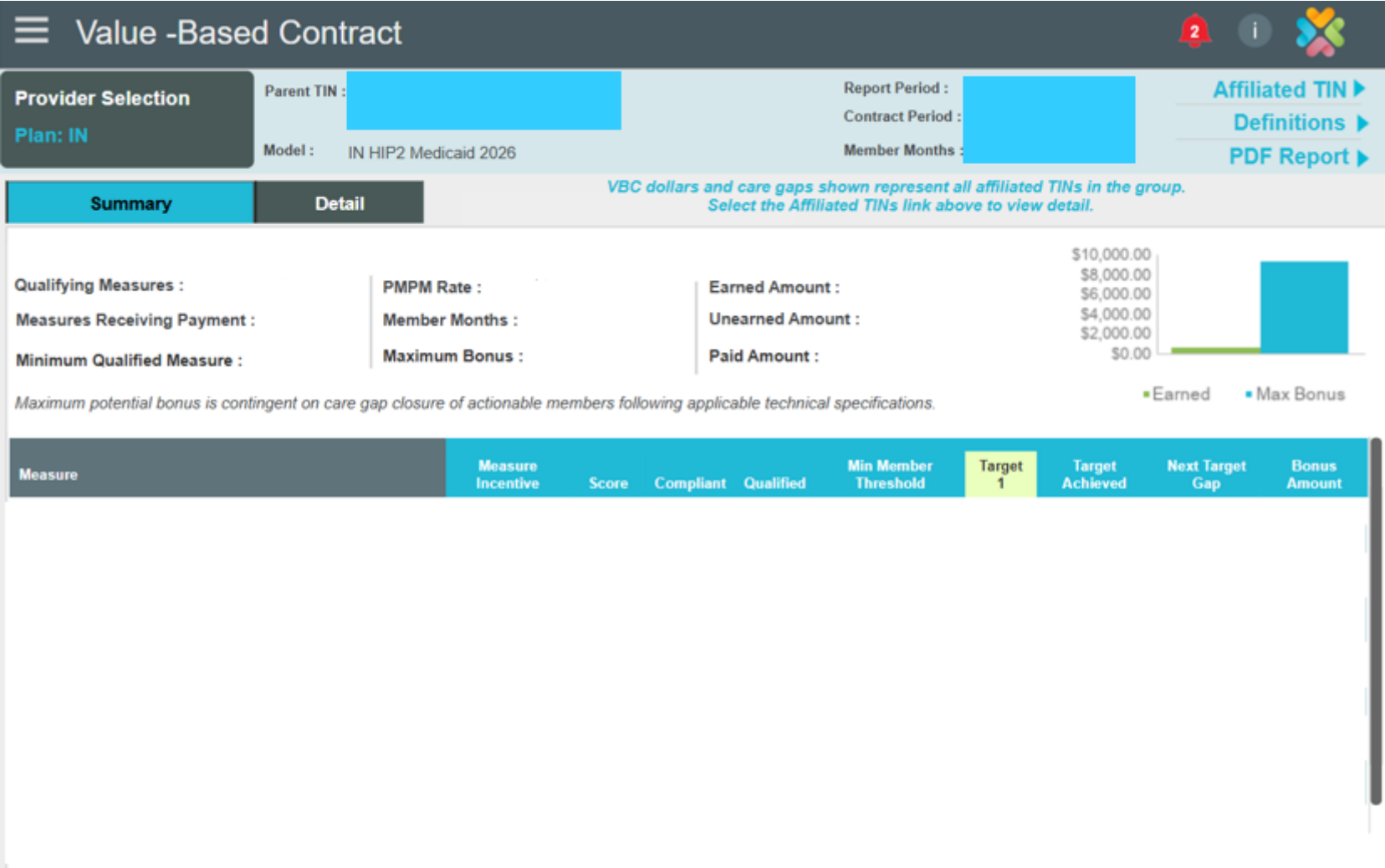
**Sign Up**

# Quality Navigation

Once you log into the [Online Portal](#) you will click on Provider Analytics to arrive at the Provider Navigation home screen.



# Provider Score Card



---

# Continuity of Care Plus (CoC+)

---

# What is the Continuity of Care Plus (CoC+) Program?

CoC+ is a risk adjustment bonus program for you, our provider partner, aimed at increasing visibility into members' existing, as well as suspected conditions, which leads to enhanced Quality of Care for chronic condition management and prevention.

## What's in it for members?

Members with existing or newly suspected chronic conditions will receive regular and proactive assessments to prevent chronic conditions from going undiagnosed or untreated.

## What's in it for providers?

Providers will receive incentive payments by continuously improving and maintaining performance in assessing members for conditions. Providers receive *incremental* bonuses for their *incremental* work.

# Who Is Included in the CoC+ Program?

- Eligible Providers and Members.
  - Providers and Members are loaded into the CoC+ Dashboard (CoC+ Appointment Agenda).
  - Members with disease conditions that need to be assessed annually.
- Targeted Lines of Business (LOB).
  - Ambetter Health
  - Wellcare
  - Medicaid

# CoC+ Program Overview

- Continuity of Care Plus (CoC+) – risk adjustment bonus program for providers
- Claims-based: PCP assesses the member during the program year, with a supporting claim
- Bonus payments for fully assessing each patient's current conditions
- Appointment Agenda guides the visit – historical diagnosis insights, verified for accuracy
- Every member condition assessed once per year
- Agenda completed during or after the visit – any supporting staff may sign and submit

# Provider Partnerships

- Visit completed by December 31, 2026 – real-time audio/video telehealth accepted
- Annual Preventive Visit (APV) required for every member in 2026
- Code all active conditions and care gaps on a claim using International Classification of Diseases, 10th Revision (ICD-10), Current Procedural Terminology (CPT and CPT Category II), Healthcare Common Procedure Coding System (HCPCS), or National Drug Code (NDC) – validates the Agenda
- Medical record must reflect all active conditions – not accepted as a submission
- Submit via the CoC+ Portal (MHS Provider Portal) **OR** fax the signed agenda to 1-844-608-0465 or secure email [agenda@centene.com](mailto:agenda@centene.com).

# Summary of the CoC+ Program



**FOCUS ON  
SCHEDULING  
MEMBER  
ANNUAL  
PREVENTIVE  
VISITS (APV)**



**ADDRESS ALL  
CHRONIC  
CONDITIONS**



**ADDRESS ALL  
CLINICAL  
INSIGHTS**



**BILL THE  
CLAIM TO  
MHS**



**COMPLETE  
AN AGENDA  
FOR EACH  
MEMBER**

# 2026 CoC+ One Program Offers Two Distinct Opportunities

|                       | Risk Adjustment                                                                                                                                          | Comprehensive Insights                                                                                                                                                           |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provider Compensation | <p>Electronic Rate \$100, \$200, \$300</p> <p>Paper Rate \$50, \$100, \$150</p> <p>(All LOBs – based on thresholds)</p>                                  | <p>Medicare Electronic / Paper Rate \$150</p> <p>Medicaid / Marketplace Electronic / Paper Rate \$100</p>                                                                        |
| Risk Adjustment       | <p>Persistent and/or Predictive Risk insights</p> <p>Provider to assess and be sure to document active conditions as clinically appropriate on claim</p> | N/A                                                                                                                                                                              |
| High Complexity       | N/A                                                                                                                                                      | <p>Displays patient emergency room (ER) visits and highlights key details such as the visit date, the facility visited, and the diagnoses from that facility (as applicable)</p> |

# 2026 CoC+ One Program Offers Two Distinct Opportunities (cont.)

## Risk Adjustment

## Comprehensive Insights

|                                |     |                                                                                                                                                                                                 |
|--------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Quality</b>                 | N/A | Quality insights, aka HEDIS insights, are tracked in collaboration with Centene's Quality department to improve overall quality of care                                                         |
| <b>Drivers of Health (DOH)</b> | N/A | Drivers of Health (DOH) refer to non-medical factors that influence health outcomes. Factors may include access to transportation, affordable housing, and other social factors. Medicaid only. |
| <b>Clinical</b>                | N/A | Clinical insights highlight patients who have not had a visit with a Primary Care Physician (PCP)                                                                                               |

**All insights need to be completed for each program opportunity**  
**Refer to your provider collateral for program details and requirements**

# CoC+ Program Updates for 2026



Rebranding to Continuity of Care Plus (CoC+)



Bonus dollars earned related to addressing Chronic Risk Adjustment conditions and Comprehensive Insights



Enhancements include additional provider insight response options available for agenda selection



New icon for online access; Centene Critical Access (CCA)

# Centene Clinical Action (CCA)

Providers can access the new CCA portal from the secure [MHS Provider Portal](#). Once logged in, click **Care and Risk Gaps – Daily View** under Useful Links.

## Useful Links

### Reports

This repository contains reports that are uploaded and maintained by the health plan.

### Provider Analytics

Used by PCP groups to access data/reports/dashboard that assist in providing better health outcomes and lower cost.

### Care and Risk Gaps - Daily View

Providers, use Centene Clinical Action for High/Risk data in selected population



### Provider Complaints

View submitted complaints to the provider.

### PAI Provider Survey

This survey enables providers to update their accessibility information.

### Provider Resources

Supplies you with tools and resources that are easy to find and supportive to your work

# Enhanced Insight Response Options

When reviewing each insight on the Appointment Agenda, providers choose one of these four responses to tell MHS how the condition or care gap was handled at the visit.

|                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br><b>ACTIVE &amp; DOCUMENTED</b><br>The condition remains active, or insight is clinically relevant and should be documented on a claim using appropriate coding standards, when applicable. | <br><b>RESOLVED/ NOT PRESENT</b><br>The condition is resolved, inactive, or the insight is not relevant to the patient's current clinical status. |
| <br><b>ADDRESSED PREVIOUSLY</b><br>The insight was resolved in a prior visit and does not require further action.                                                                             | <br><b>PATIENT REFERRED</b><br>The insight requires evaluation by a specialist or another provider.                                              |



---

# Smoking Cessation

---

# Smoking Cessation

- All counseling can be billed to MHS using CPT codes:
  - 99406 – Intermediate counseling greater than **three** minutes, **up to 10** minutes.
  - 99407- Intensive counseling greater than **10** minutes.
- Counseling is billable as individual or group; if billing group session, the use of HQ (group setting) modifier is required.
- \$50 “pay above” incentive for initial counseling visit for Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect Members.
- The Indiana Tobacco Quitline:
  - 1-800-QUIT-NOW (1-800-784-8669).
  - Free, phone-based counseling service that helps Indiana smokers quit.
  - One-on-one coaching for tobacco users trying to quit.
  - Resources available for both providers and patients.

---

# Availity

---

# Availity Essentials Providers Tools and Support

## Availity Essentials core features

- Eligibility & Benefits Verification
- Claims Management
- Authorizations and Referrals
- Remittance & Payment Tracking
- Dedicated Payer Spaces

## Help & Support

Availity Client Services is available for providers Monday - Friday. For plan specific questions, you can access payer specific payer spaces or call the health plan.

## Training & Resources

With an Availity account, you have access to region specific help resources within your workflows, plus live webinars and on-demand demos.

## Need an Account?

Not sure if your organization has an account? If your organization is registered, ask your Availity Essentials administrator to create an account for you. For helpful tips go to [www.availity.com](http://www.availity.com).

# Sign Up for Availity

The screenshot shows the MHS website's Provider Portal Login page. On the left is a navigation menu for providers. The main content area is titled 'Provider Portal Login' and includes instructions on how to create an account, a list of benefits, and links to training guides. There are three main sign-up options on the right: 'Secure Provider Portal', 'Wellcare Complete Provider Portal', and 'Availity'. A red arrow points to the 'Sign Up' button in the Availity section.

**mhs** For Members ▾ For Providers ▾ Get Insured

**For Providers**

- Provider Portal Login
- Behavioral Health ▾
- Clinical & Payment Policies
- Dental Providers
- Education & Trainings ▾
- Email Sign Up
- Enrollment and Updates ▾
- News ▾
- Pharmacy ▾
- Prior Authorization ▾
- Quality Improvement ▾
- Resources ▾

## Provider 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 +

### Secure Provider Portal

This login does not include Wellcare Complete.

Login/Register

### Wellcare Complete Provider Portal

Wellcare Complete requires a distinct password and login.

Login/Register

### Availity

 Availity

Check Eligibility, submit and check Claims and submit and confirm Auths

Sign Up

# MHS Network Team

---



# MHS Resources

- For additional information, please contact your MHS Provider Engagement Account Manager (PEAM) to schedule an appointment today.
- Additional resources available at on the **MHS Website**.
- Register online for additional **Monthly Web Sessions**.

# PEAM Contact Information

## NORTHEAST REGION

For claims issues, email:  
MHS\_ProviderRelations\_NE@mhsindiana.com  
joy.k.diarra@mhsindiana.com  
Joy Diarra, Provider Engagement Account Manager  
1-317-864-2378

## NORTHWEST REGION

For claims issues, email:  
MHS\_ProviderRelations\_NW@mhsindiana.com  
Candace.V.Ervin@mhsindiana.com  
Candace Ervin, Provider Engagement Account Manager  
1-317-364-7635

## NORTH CENTRAL REGION

For claims issues, email:  
MHS\_ProviderRelations\_NC@mhsindiana.com  
Natalie.Smith@mhsindiana.com  
Natalie Smith, Provider Engagement Account Manager  
1-317-379-9035

## CENTRAL REGION

For claims issues, email:  
MHS\_ProviderRelations\_C@mhsindiana.com  
ldavis@mhsindiana.com  
Latisha Davis, Provider Engagement Account Manager  
1-317-601-5999

## SOUTH CENTRAL REGION

For claims issues, email:  
MHS\_ProviderRelations\_SC@mhsindiana.com  
DDENNING@mhsindiana.com  
Dalesia Denning, Provider Engagement Account Manager  
1-317-951-3800

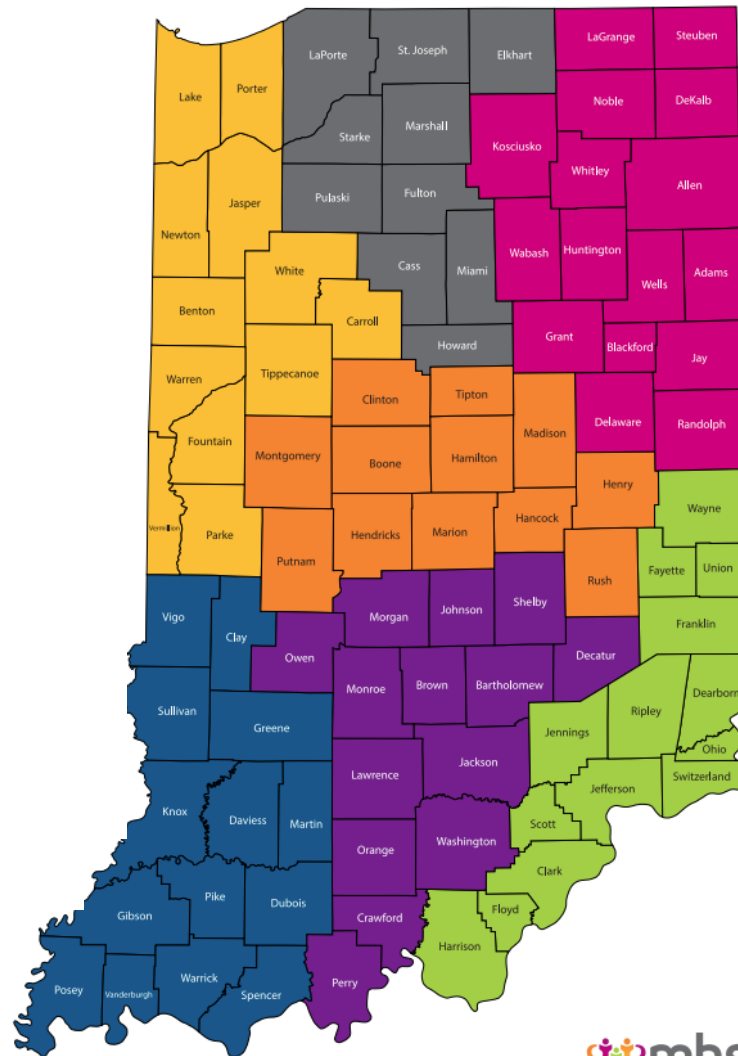
## SOUTHWEST REGION

For claims issues, email:  
MHS\_ProviderRelations\_SW@mhsindiana.com  
Dawnalee.A.McCarty@mhsindiana.com  
Dawn McCarty, Provider Engagement Account Manager  
1-317-556-6171

## SOUTHEAST REGION

For claims issues, email:  
MHS\_ProviderRelations\_SE@mhsindiana.com  
tiffany.calloway@centene.com  
Tiffany Calloway,  
Provider Engagement Account Manager  
1-812-697-8126

# PEAM Manager Map Color Key



# Large Provider Groups - Carolyn

---

## **CAROLYN VALACHOVIC MONROE**

Provider Engagement Account Manager

1-317-443-8243

CMONROE@mhsindiana.com

## **PROVIDER GROUPS**

Eskenazi/The Health and Hospital  
Corp.

Baptist Health

Lifespring

Wellcare

Deaconess (including Little Company  
of Mary)

Good Samaritan

Norton (including King's Daughters,  
Clark & Scott Memorial)

Indiana University Health

Reid Hospital

St. Elizabeth Hospital

Community Health

---

# Behavioral Health Provider Contact

---

## ANGEL JOHNSON

Provider Engagement Account Manager

1-317-468-5184

angel.johnson3@centene.com

## PROVIDER GROUPS

Park Center

Otis Bowen

Centerstone

Valley Oaks Health

Grant-Blackford

Four County

Hamilton Center

Community Mental Health  
Center (Lawrenceburg)

Oaklawn

Northeastern Center

Edgewater Health

Regional Mental Health

Swanson Center

Porter-Starke Services

Southwestern Behavioral  
Community Mental Health  
Center (Vevay/Batesville)

# Additional Contact Information

---

## NETWORK LEADERSHIP

### JILL CLAYPOOL

Senior Vice President, Network  
Development & Contracting  
1-877-647-4848  
Jill.E.Claypool@mhsindiana.com

### JENNIFER GARNER

Manager, Provider Relations  
1-317-771-5537  
jgarner@mhsindiana.com

---

## NETWORK OPERATIONS

### KELVIN ORR

Director, Network Operations  
1-877-647-4848  
Kelvin.D.Orr@mhsindiana.Com

---

## NEW PROVIDER CONTRACTING

### TIM BALKO

Director, Network Development & Contracting  
1-877-647-4848  
TBALKO@mhsindiana.com

### MICHAEL FUNK

Manager, Network Development & Contracting  
1-877-647-4848  
Michael.J.Funk@mhsindiana.com

---

## CENTENE VISION

### SIERRA HICKS

sierra.hicks@centene.com  
Vision Provider Services: 1-844-820-6523

---

## CENTENE DENTAL

### THOMAS “TONY” SMITH

thomas.smith3@centene.com  
Dental Provider Services: 1-855-609-5157

---

# Questions?

Thank you for being our partner in care.

