











2022 IHCP ROADSHOW UPDATES, REPORTS and REMINDERS




Agenda

-  MHS Overview
-  COVID-19 Updates
-  Daily Inpatient & Discharge Report
-  Weekly Medical Claims and Prescription Claims Reports
-  Provider Incentives
-  Behavioral Health Prior Authorization Process for Outpatient Therapy
-  Behavioral Health and Physical Health Integration
-  Provider Enrollment for New Contract Requests and Adding a Provider to an Existing Contract
-  MHS Team
-  Questions

MHS Overview

Who is MHS?

 Managed Health Services (MHS) is a health insurance provider that has been proudly serving Indiana residents for more than twenty-five years through Hoosier Healthwise, the Healthy Indiana Plan (HIP) and Hoosier Care Connect.

 **MHS is your choice for better healthcare.**

MHS Products



COVID-19 Updates

Temporary COVID-19 Policy Changes Rescinded by IHCP






 The IHCP Bulletins listed on BT202215 were no longer effective after March 31, 2022.

Table 1 – Temporary COVID-19 policies announced in bulletins that will end March 31, 2022


Bulletin	Policy start date	Policy end date
BT202174 : IHCP temporarily reinstates revisions to PA process for acute care hospital non-elective inpatient admissions	8/30/21	3/31/22
BT202178 : IHCP temporarily revises time frames for certain PA approvals	9/1/21	3/31/22
BT202179 : IHCP reinstates inpatient SUD and psychiatric admission policy changes	9/8/21	3/31/22
BT202180 : PA changes temporarily reinstated for some DME/HME supplies and services	9/8/21	3/31/22
BT202181 : IHCP reinstates temporary PA changes for managed care SNF admissions	9/8/21	3/31/22
BT202182 : IHCP temporarily reinstates PA policy for LTAC and AIR facility admissions	9/8/21	3/31/22

[BT202215 \(indianamedicaid.com\)](#)

COVID-19 Vaccine Counseling

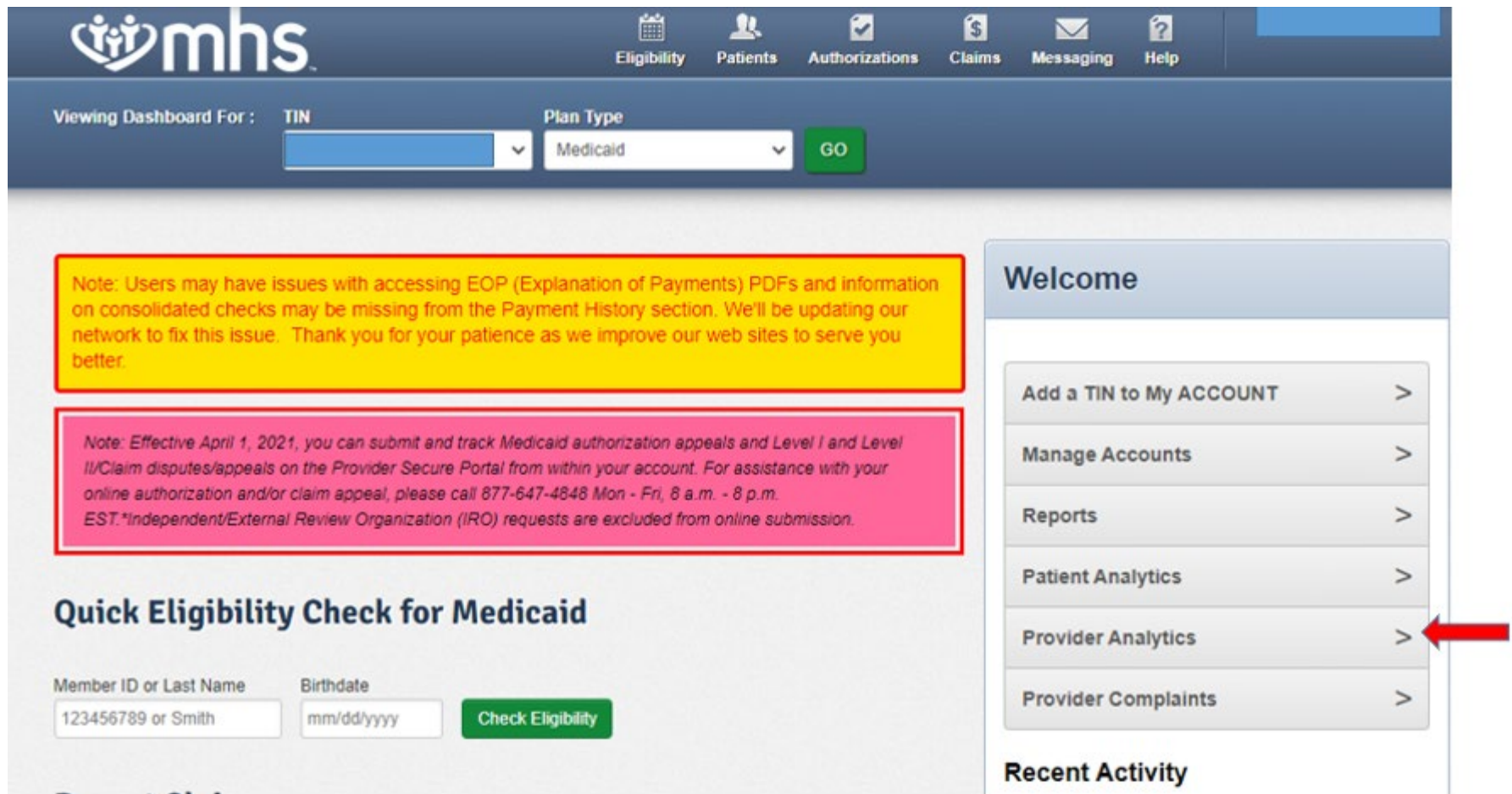
-  As part of the effort to increase vaccination rates among Indiana Medicaid recipients, MHS reimburses providers for providing coronavirus disease 2019 (COVID-19) vaccine information and/or education to members effective for dates of service on or after 11/02/2021.
-  Procedure code 99401 – Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes.
-  Providers must include modifier 25 when billing or the claim will deny.
-  Reference IHCP Bulletin BT202196
[BT202196 \(indianamedicaid.com\)](https://www.in.gov/indianamedicaid/2021/02/196)

COVID-19 Detail Report

 MHS has a report available for our PMPs that shows detail of their assigned member's COVID-19 history of testing and vaccination status.

 Providers can access this report on our Secure Provider Web Portal.

COVID-19 Detail Report



The screenshot shows the MHS provider dashboard. At the top is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this is a section for 'Viewing Dashboard For:' with a TIN dropdown, a Plan Type dropdown set to 'Medicaid', and a 'GO' button. Two informational boxes are present: a yellow one with a note about EOP PDFs and a pink one with a note about Medicaid appeals. The main content area is titled 'Quick Eligibility Check for Medicaid' and contains input fields for 'Member ID or Last Name' (with the example '123456789 or Smith') and 'Birthdate' (with the format 'mm/dd/yyyy'), followed by a 'Check Eligibility' button. On the right side, there is a 'Welcome' sidebar with a list of links: 'Add a TIN to My ACCOUNT', 'Manage Accounts', 'Reports', 'Patient Analytics', 'Provider Analytics' (highlighted with a red arrow), and 'Provider Complaints'. Below the sidebar is a 'Recent Activity' section.

mhs

Eligibility Patients Authorizations Claims Messaging Help

Viewing Dashboard For : TIN [dropdown] Plan Type [dropdown] Medicaid [dropdown] **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 Birthdate

123456789 or Smith mm/dd/yyyy **Check Eligibility**

Welcome

- Add a TIN to My ACCOUNT >
- Manage Accounts >
- Reports >
- Patient Analytics >
- Provider Analytics >**
- Provider Complaints >

Recent Activity

COVID-19 Detail Report

Provider Analytics



Resources

- Case Study Support Resource
- FAQ
- Tool Navigation Guide

Supplemental Reports

COVID-19 Detail	03-07-2022	←
Daily IP & Discharge	03-08-2022	...
Weekly Med Claims	03-06-2022	...
Weekly Rx Claims	03-06-2022	...

Reference Materials

[Data Dictionary](#)

P4P and Quality Reporting

Quality

2021 IN Medicaid HIP

2021 IN Medicaid HHW

2021 IN Medicaid HCC

2021 Ambetter P4P Scorecard

2021 Medicare CoC

P4P Payment History

Dashboards

Summary

Cost Utilization/Services

CoC - Appointment Agenda - 2022

COVID-19 Detail Report

COVID-19 Member Report

[COVID-19 High Risk Member Campaign Outreach Guidance](#)

At Risk	Vaccination Status	Vaccine Brand	Age Band	Vulnerable	COVID Test Status	Risk Factor Flags	Loyalty Category	Active CM
All N Y	All Fully Vaccinated Late For 2nd Dose Unknown	All J&J Moderna Pediatric Pfizer Pfizer Unknown	All <18 19-60 60+	All N Y	All Positive Presumptive Tested - Negative Tested - Unknown Untested	Asthma/COPD/CF <input checked="" type="radio"/> (All) <input type="radio"/> N <input type="radio"/> Y Cancer <input checked="" type="radio"/> (All) <input type="radio"/> N <input type="radio"/> Y Cardiac <input checked="" type="radio"/> (All) <input type="radio"/> N <input type="radio"/> Y Diabetes <input checked="" type="radio"/> (All) <input type="radio"/> N <input type="radio"/> Y HIV AIDS <input checked="" type="radio"/> (All) <input type="radio"/> N <input type="radio"/> Y Kidney Disease <input checked="" type="radio"/> (All) <input type="radio"/> N <input type="radio"/> Y Liver Disease <input checked="" type="radio"/> (All) <input type="radio"/> N <input type="radio"/> Y	All ASSIGNED PCP EXCLUSIVE MULTIPLE PCP WITH ASSIGNED VISITS MULTIPLE PCP WITH NO ASSIGNED VISITS NO CLAIMS NO PCP CLAIMS NOT QUALIFIED OTHER EXCLUSIVE	All N Y


COVID-19 Member Report

Click drop down menu to export



PCP_TIN	PCP_TIN_NAME	PCP_NPI	PCP_NPI_NAME	LINE_OF_BUSIN	PRODUCT	MEMBER_NBR	MEDICAID_NBR	MEDICARE_ID	LAST_NAME	FIRST_NAME
				MEDICAID	TANF					
				MEDICAID	TANF					

COVID-19 Detail Report

 Providers can also download this report to an Excel Spreadsheet or PDF.

COVID-19 Member Report

COVID-19 High Risk Member Campaign Outreach Guidance

At Risk	Vaccination Status	Vaccine Brand	Age Band	Vulnerable	COVID Test Status	Risk Factor Flags	Loyalty Category	Active CM
All N Y	All Fully Vaccinated Late For 2nd Dose Unknown	All J&J Moderna Pediatric Pfizer Pfizer Unknown	All <18 19-60 60+	All N Y	All Positive Presumptive Tested - Negative Tested - Unknown Untested	Asthma/COPD/CF <input checked="" type="radio"/> (All) <input type="radio"/> N <input type="radio"/> Y Cancer <input checked="" type="radio"/> (All) <input type="radio"/> N <input type="radio"/> Y Cardiac <input checked="" type="radio"/> (All) <input type="radio"/> N <input type="radio"/> Y Diabetes <input checked="" type="radio"/> (All) <input type="radio"/> N <input type="radio"/> Y HIV AIDS <input checked="" type="radio"/> (All) <input type="radio"/> N <input type="radio"/> Y Kidney Disease <input checked="" type="radio"/> (All) <input type="radio"/> N <input type="radio"/> Y Liver Disease <input checked="" type="radio"/> (All) <input type="radio"/> N <input type="radio"/> Y	All ASSIGNED PCP EXCLUSIVE MULTIPLE PCP WITH ASSIGNED VISITS MULTIPLE PCP WITH NO ASSIGNED VISITS NO CLAIMS NO PCP CLAIMS NOT QUALIFIED OTHER EXCLUSIVE	All N Y

COVID-19 Member Report

Click drop down menu to export

CASE_MANAGEI

CASE_MANAGEI

ANY_OUTREACH

COVID_MC_SUC

AT_RISK

FIRST_DOSE_DF

SECOND_DOSE

BRAND

VACCINATION_S

DAYS_SINCE_FII


REPORT

Export to PDF

Export to Excel

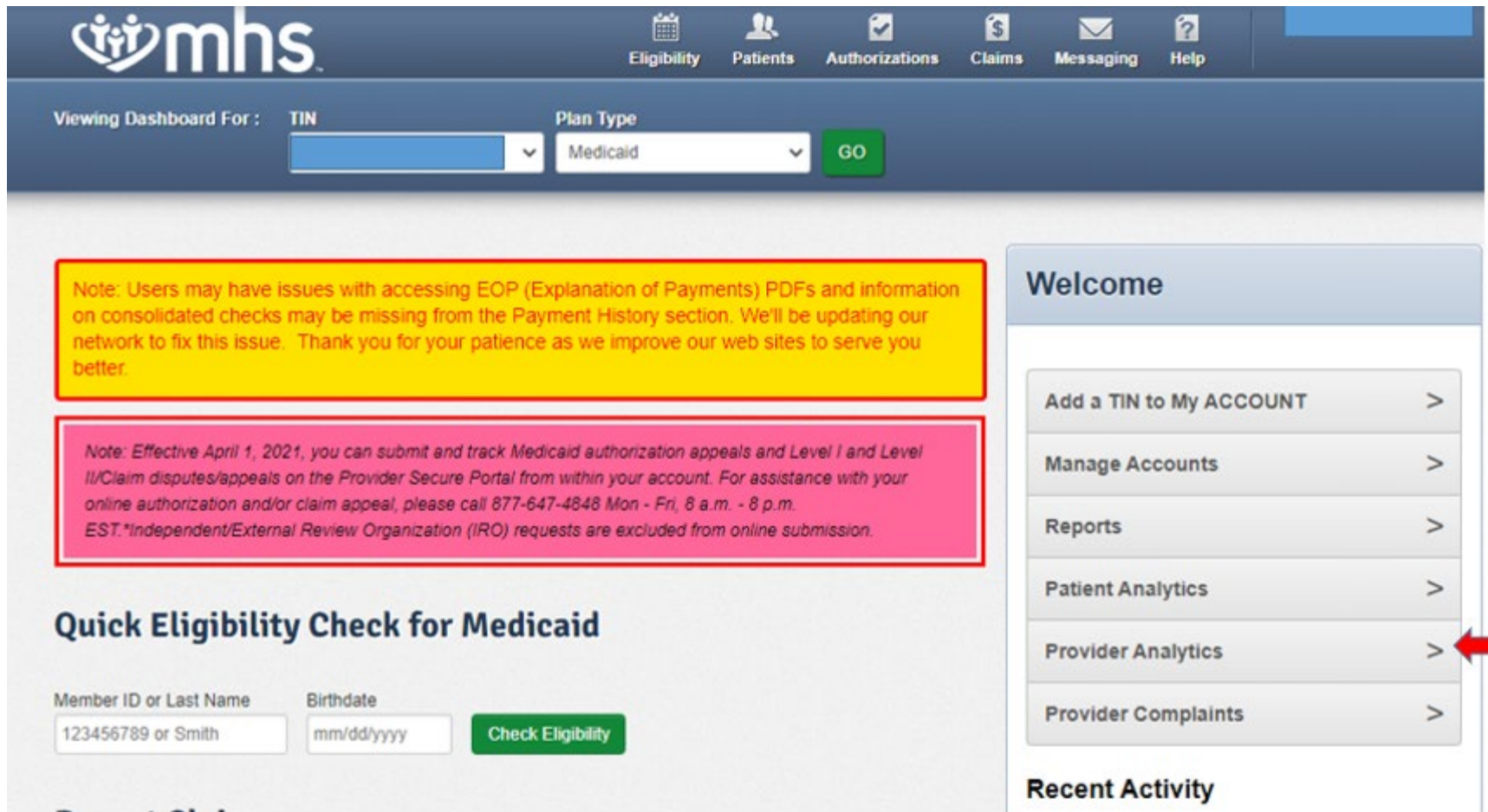
Daily Inpatient and Discharge Report

Daily Inpatient and Discharge Report

 MHS has a Daily Inpatient and Discharge report for PMPs that show their assigned members that have been admitted and discharged.

 Providers can access their report on our Secure Provider Web Portal.

Daily Inpatient and Discharge Report



The screenshot shows the MHS provider portal dashboard. At the top is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this is a section for 'Viewing Dashboard For:' with a TIN dropdown menu, a Plan Type dropdown menu set to 'Medicaid', and a green 'GO' button. Two informational boxes are present: a yellow one with a note about EOP PDFs and a pink one with a note about Medicaid authorization appeals. The main content area features a 'Quick Eligibility Check for Medicaid' section with input fields for Member ID or Last Name (123456789 or Smith) and Birthdate (mm/dd/yyyy), and a green 'Check Eligibility' button. On the right side, there is a 'Welcome' section with a list of links: 'Add a TIN to My ACCOUNT', 'Manage Accounts', 'Reports', 'Patient Analytics', 'Provider Analytics' (highlighted with a red arrow), and 'Provider Complaints'. Below this is a 'Recent Activity' section.

mhs

Eligibility Patients Authorizations Claims Messaging Help

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Quick Eligibility Check for Medicaid

Member ID or Last Name Birthdate

123456789 or Smith mm/dd/yyyy **Check Eligibility**

Welcome

- Add a TIN to My ACCOUNT >
- Manage Accounts >
- Reports >
- Patient Analytics >
- Provider Analytics >**
- Provider Complaints >

Recent Activity

Daily Inpatient and Discharge Report


Provider Analytics

Resources

- Case Study Support Resource
- FAQ
- Tool Navigation Guide



Supplemental Reports		P4P and Quality Reporting	Dashboards
COVID-19 Detail	03-07-2022	Quality	Summary
Daily IP & Discharge	03-08-2022	2021 IN Medicaid HIP	Cost Utilization/Services
Weekly Med Claims	03-06-2022	2021 IN Medicaid HHW	CoC - Appointment Agenda - 2022
Weekly Rx Claims	03-06-2022	2021 IN Medicaid HCC	
		2021 Ambetter P4P Scorecard	
		2021 Medicare CoC	
		P4P Payment History	
Reference Materials			
Data Dictionary			

Daily Inpatient and Discharge Report

 This report will provide PMP information, Member information, Admitting and Discharging Facility and Dates, as well as Diagnosis Codes and Descriptions.

Weekly Medical Claims and Prescription Claims Report

Weekly Medical Claims and Prescription Claims Report

-  MHS has Weekly Medical and Weekly Prescription (Rx) reports for PMPs that show all Medical or Rx claims their assigned members had processed within the week.
-  Providers can access their report on our Secure Provider Web Portal.

Weekly Medical Claims and Prescription Claims Report

Provider Analytics





Resources

- Case Study Support Resource
- FAQ
- Tool Navigation Guide











Supplemental Reports	P4P and Quality Reporting	Dashboards
COVID-19 Detail 03-28-2022	Quality	Summary
Daily IP & Discharge 03-31-2022	2021 IN Medicaid HIP	Cost Utilization/Services
Weekly Med Claims 03-27-2022	2021 IN Medicaid HHW	CoC - Appointment Agenda - 2022
Weekly Rx Claims 03-27-2022	2021 IN Medicaid HCC	
	2021 Ambetter P4P Scorecard	
	2021 Medicare CoC	
	P4P Payment History	
Reference Materials		
Data Dictionary		

Provider Incentives

Notification of Pregnancy (NOP)



-  The program requests the IHCP's NOP form be completed and submitted through the IHCP Provider Healthcare Portal for each pregnancy.
-  Providers completing the online NOP form in a timely manner will receive an incentive of \$60 per notification.
-  Reimbursement is obtained by billing CPT 99354 with modifier TH on claim form.
-  The form must be valid - meaning it is a non-duplicative form, the pregnancy is less than 30 weeks gestation, and a valid RID number is included.

Smoking Cessation

-  Tobacco counseling visits
 -  3-10 minutes 99406
 -  10+ minutes 99407/omit U6
 -  D1320
-  **\$50 “pay above” incentive for the initial counseling visit for 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.

Behavioral Health Prior Authorization Process for Outpatient Therapy




Behavioral Health Prior Authorization Process for Outpatient Therapy

-  **As of 1/1/2022, the rolling 12-month period was changed to a calendar year limitation.**
-  On 1/1/2022 all MHS Medicaid members were allotted a new set of available units of BHOP therapy, without needing prior authorization. Once the allotted units are exhausted (per member/per practitioner), prior authorization will be required.





Behavioral Health and Physical Health Integration

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 a MHS Behavioral Health Provider.
-  PMPs have access to complete claim history via the online MHS Secure Provider Portal that 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 a MHS provider; these services **DO NOT** require a referral from the PMP.

Behavioral Health and Physical Health Integration

-  Training is available to assist in the identification of members who may be in need of behavioral health services in order to ensure coordination of both physical and behavioral healthcare among all providers.
-  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 Forms.
-  <https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/0715-CBH-CP-P-FO-1-ININ-ALL-Behavioral-Physical-Health-Coordination-Form-1-23-2018.pdf>



Behavioral Health and Physical Health Integration

**BEHAVIORAL/PHYSICAL HEALTH COORDINATION FORM**

Date (month, day, year)	
Name of member	Date of birth (month, day, year)
Health care provider	Behavioral health provider
Address (number and street)	Address (number and street)
City, state, ZIP code	City, state, ZIP code
Telephone number () ()	Fax number () ()
Telephone number () ()	Fax number () ()

This form was filled out by _____

The sharing of prescribed medication and treatment recommendations between this patient's physical healthcare provider and behavioral healthcare provider are essential for safe, effective coordination of care. Please complete the applicable section of this form and forward to the appropriate health care professional.
More information: mhsindiana.com

PATIENT CONSENT

Please check if you **DO NOT** want the following protected health information released: ☐ Behavioral Health ☐ Substance Abuse ☐ HIV/AIDS

This authorization will expire on _____. I authorize the use and/or disclosure of my protected health information as described above. I understand this authorization for release of protected health information is made to confirm my wishes. I understand that I may revoke this authorization at any time by giving written notice to the person or organization that is authorized above to release information. My health care provided by _____ will not be affected if I do not sign this form. This information disclosed by this release may be re-disclosed _____
by the recipient and may no longer be protected.

Signature of member _____
Signature of member _____

☐ Member declined to participate

PHYSICAL HEALTH CARE PROFESSIONAL TO COMPLETE THE FOLLOWING			<input type="checkbox"/> Medication log attached
MEDICATION	DATE STARTED	PRESCRIBED DOSAGE	Allergies to medications:
1.			
2.			Current diagnosis:
3.			
4.			Comments:
5.			
6.			

BEHAVIORAL HEALTH PROVIDER TO COMPLETE THE FOLLOWING			<input type="checkbox"/> Medication log attached
MEDICATION	DATE STARTED	PRESCRIBED DOSAGE	Allergies to medications:
1.			
2.			Current diagnosis:
3.			
4.			Comments:
5.			
6.			








Please provide the following information regarding (Member name) _____

2. Is another appointment required? If yes, date and time scheduled ☐ AM ☐ PM
☐ Yes ☐ No

1. Results of appointment, including any prescriptions ordered (attach forms as necessary) _____ 3. Are there any special instructions for this member to follow? (please describe) _____


555 N. Meridian Street, Suite 101 • Indianapolis, IN 46204 • 1-877-247-4848 • mhsindiana.com Members with speech or hearing disabilities call 1-800-743-3333 for TTY/1000. MHS is a health insurance provider that has been proudly serving Indiana residents for nearly two decades through Hoosier Healthwise, the Healthy Indiana Plan and Hoosier Care Connect. MHS also offers a qualified health plan through the Health Insurance Marketplace called Ambetter from MHS. MHS is your choice for better healthcare. Learn more at mhsindiana.com. 0715.CBH.CP.P.FO.1 07/15


Behavioral Health and Physical Health Integration

-  MHS offers a variety of live training opportunities.
-  For a list of upcoming trainings and to register, providers can visit the [GoToTraining](#) page. Below is an example list of the trainings that are offered.
-  Substance Related and Addictive Disorders, Module 1
-  Behavioral Health 101 Series Anxiety
-  DSM 5 module1
-  Motivational Interviewing Level 1 Part 1
-  Behavioral Health 101 Series Bipolar Disorder




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

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

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

 Bulletin BT2021104
[BT2021104 \(indianamedicaid.com\)](https://indianamedicaid.com/BT2021104)

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.

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



Home Find a Provider Portal Login Events Careers Contact Us

Contract ☐ On ☐ Off language

FOR MEMBERS

FOR PROVIDERS

GET INSURED

FOR PROVIDERS

Login

Enrollment and Updates

Become a Contracted Provider

Contracted Enrollment Request

Demographic Update Tool

Non-Contracted Provider Set-Up

Provider Effective Date Policy

Prior Authorization

Dental Providers

Pharmacy

Opioid Resources

Behavioral Health Providers

Provider Resources

QI Program

Provider News

Email Sign Up

Coronavirus Information

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.

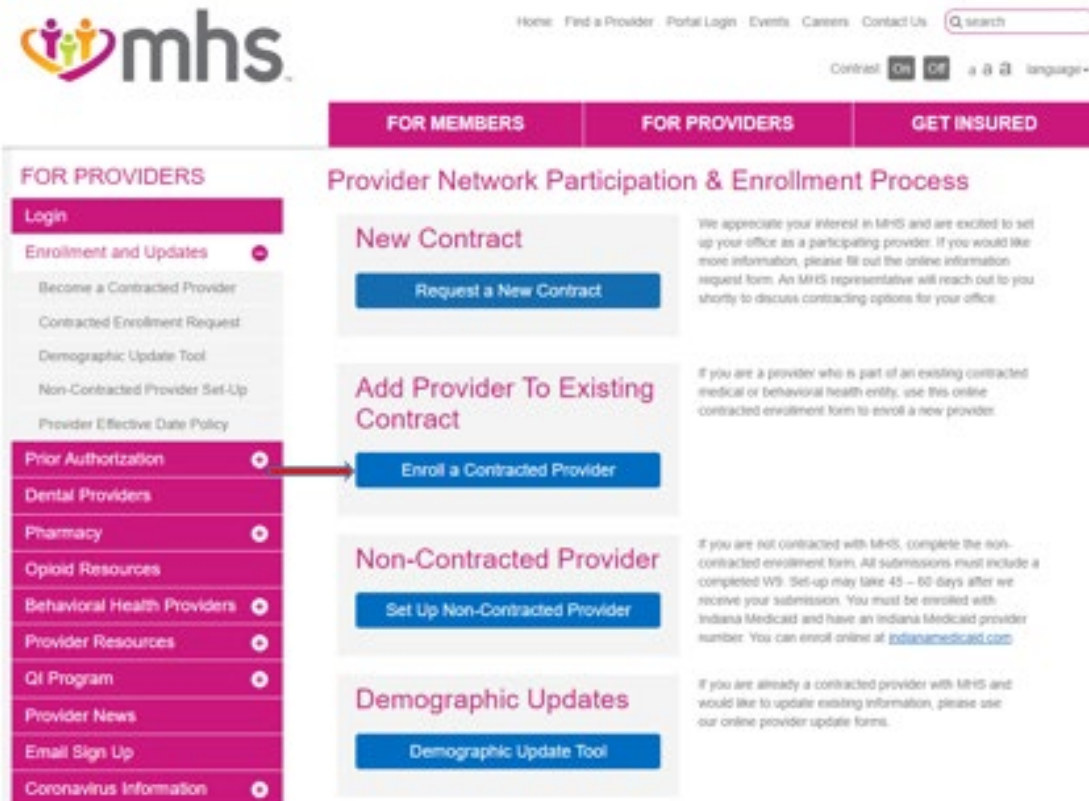


[Become a Provider | Indiana Medicaid | MHS Indiana](#)

Provider Enrollment for New Contract Requests and 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.

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




[Become a Provider](#)
[Indiana Medicaid](#)
[MHS Indiana](#)

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

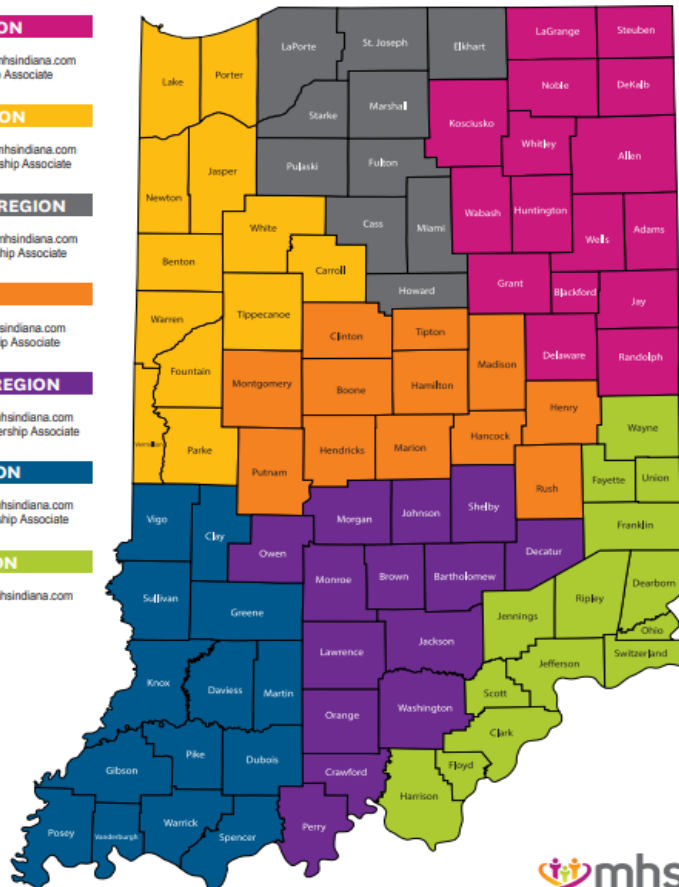
For claims issues, email:
MHS_ProviderRelations_SC@mhsindiana.com
Dalesia Denning, Provider Partnership Associate
1-877-647-4848, ext. 20026

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



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

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.

ANTWAN PEREZ-ALVAREZ

Antwan.Perez-Alvarez@EnvolveHealth.com
Tyneshia James
Tyneshia.James@EnvolveHealth.com
Dental Provider Services: 1-855-609-5157
Questions: ProviderRelations@EnvolveHealth.com

ENVOLVE VISION, INC.

CHANTEL MCKINNEY

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

Network Leadership

NETWORK LEADERSHIP

JILL CLAYPOOL

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jill.e.claypool@mhsindiana.com

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.**