

# 2018 End of Year Wrap Up & Hot Topics



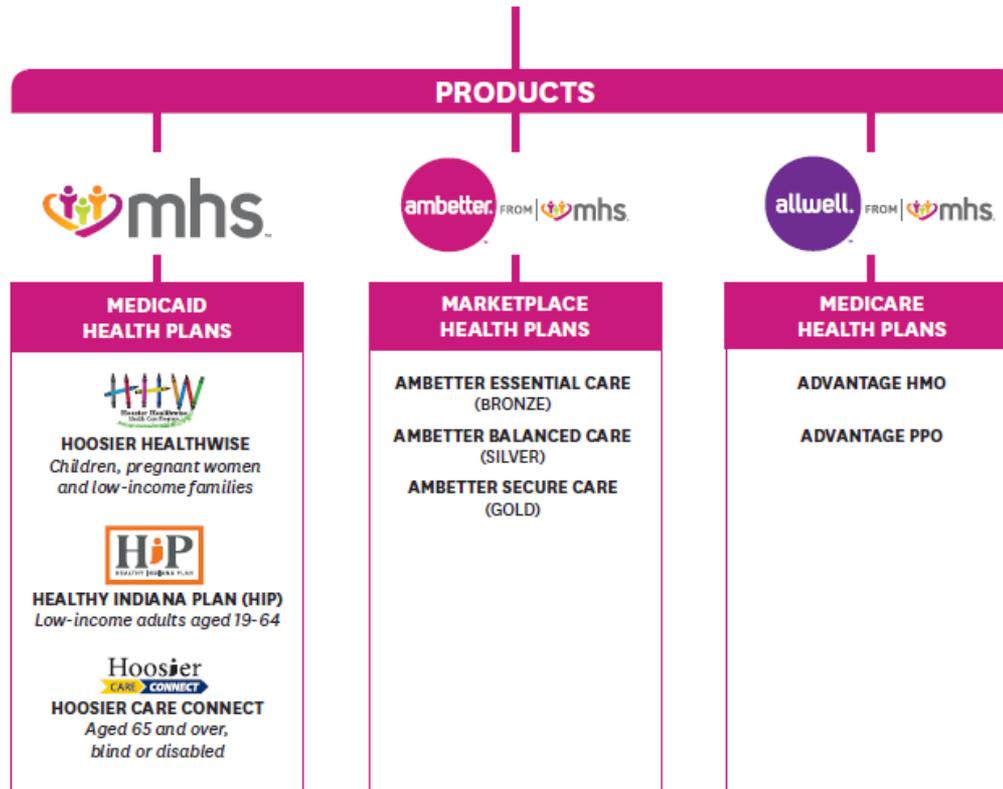
# Agenda

-  MHS Overview
  - Product expansion
-  Provider Analytics 2.0
  - Pay Above Initiatives
-  Patient Analytics
-  Pharmacy Updates
-  MHS Online tools
  - Mhsindiana.com
  - MHS Portal
-  Resources & Contacts
-  Questions

# Who is MHS?

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

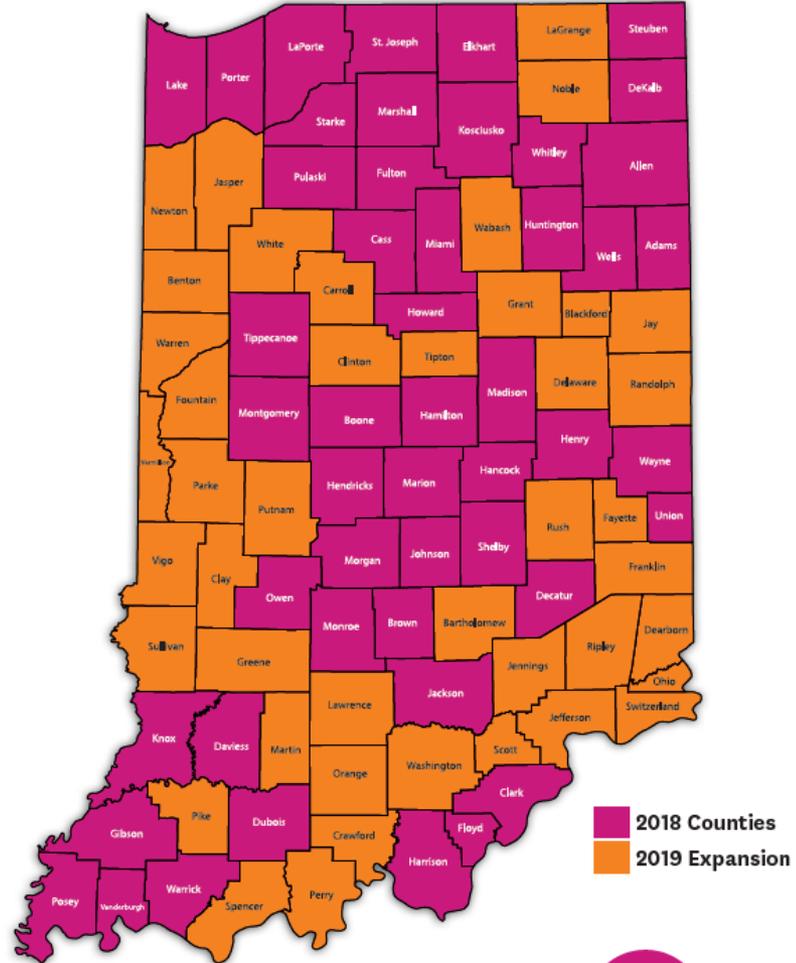
# MHS Products



# Ambetter

**Statewide Coverage 2019  
Member Open Enrollment  
11/1/18 to 12/15/18**

**2019 Coverage Map - Indiana**



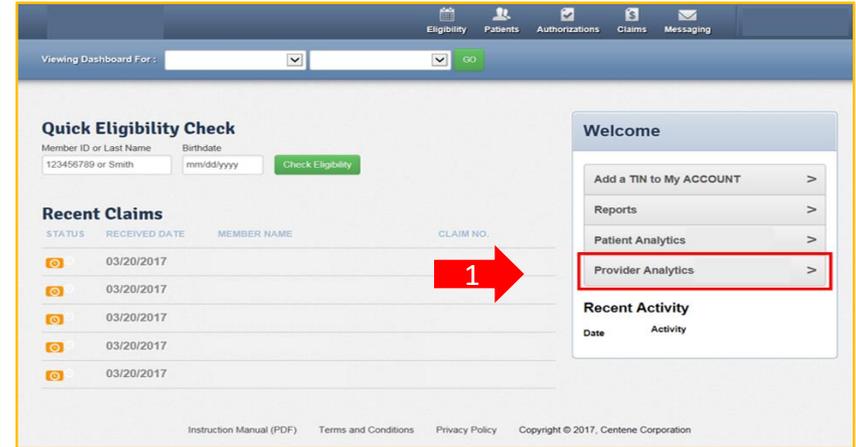


# **Provider Analytics 2.0**

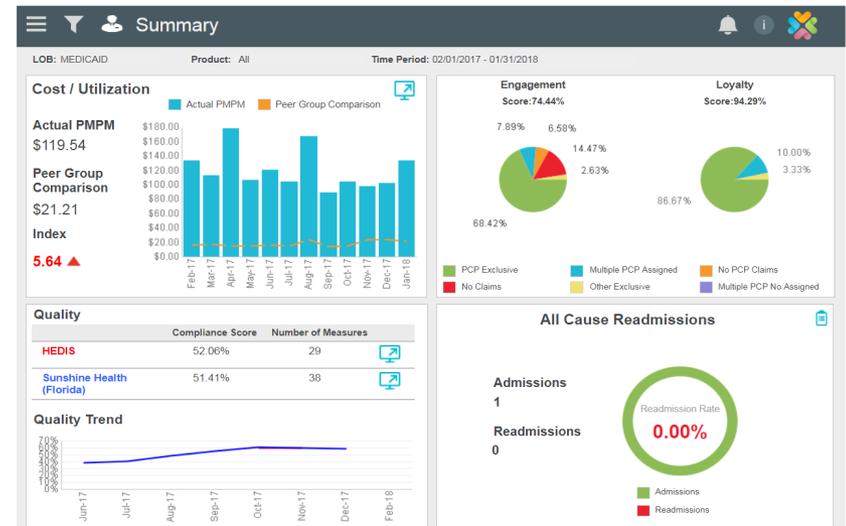
# Overview and Navigation Guide

To navigate Provider Analytics:

1. From the Provider Portal, click on the ***Provider Analytics*** link to be directed to the landing page



2. Here you will be able to view four dashboards:
  - a. Cost/Utilization
  - b. Engagement Analysis
  - c. Quality
  - d. Readmission by Disease State



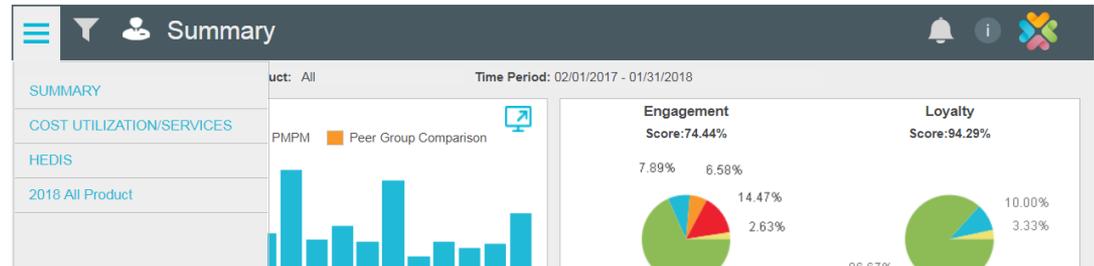
# Landing Page Overview

 **Summary Banner:** The dark grey banner contains five icons that will help you navigate the information on the page. You can hover over each icon to view a definition of each icon's purpose.

- Navigation Bar (three horizontal lines)
- Funnel – Used to filter data
- Person – Provider information
- Bell – Alerts
- An “i” with a circle – Information

 **Navigation Bar Drop Down:** The following options appear:

- Summary
- Cost/Utilization Services
- Quality
- Lab
- Pharmacy

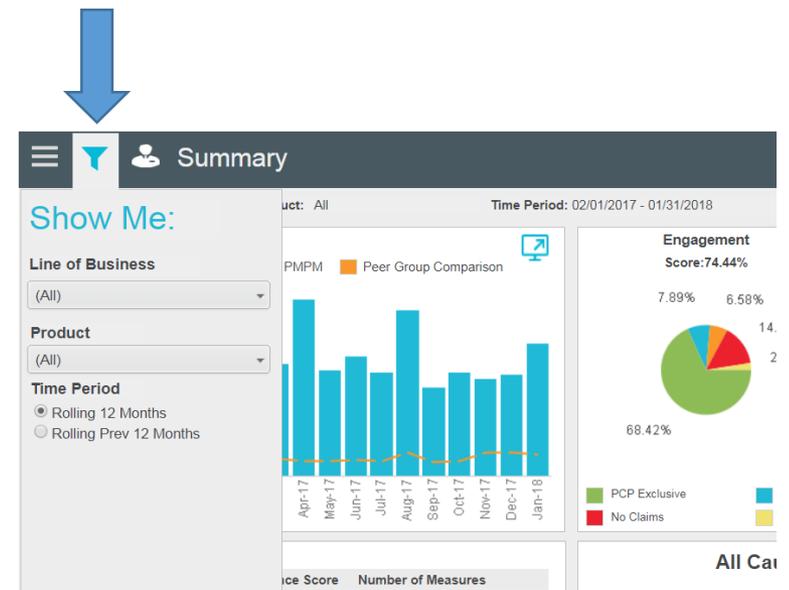


 Case studies have been developed that highlight detailed use cases for each tab.

# Landing Page Overview

 **Funnel Icon:** Use this to select an option to view data specific to selected criteria

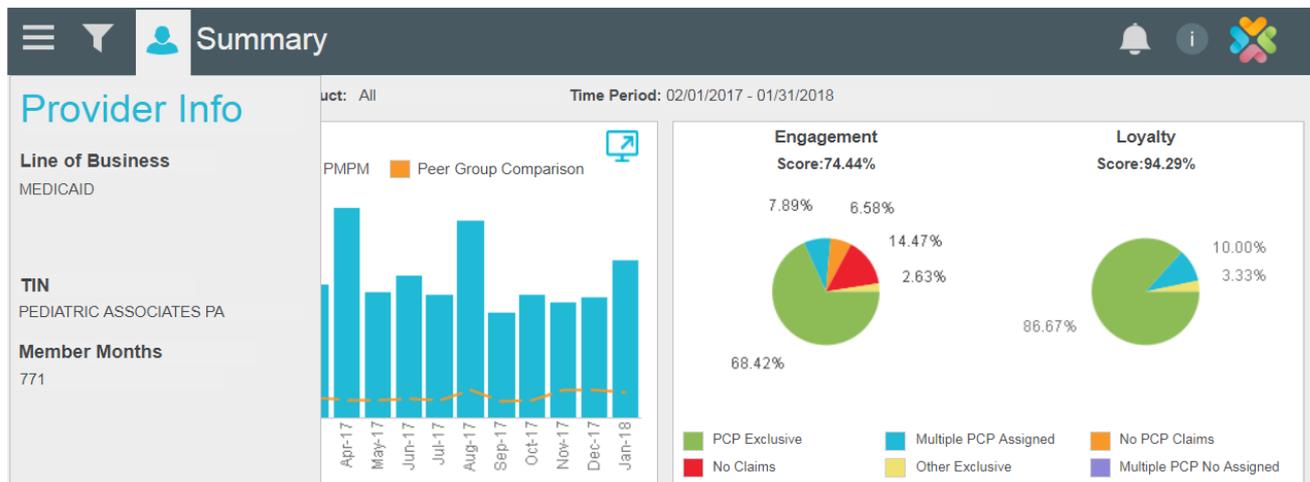
- Line of Business
  - Commercial
  - Medicaid
  - Medicare
- Product
  - Medicaid
  - Marketplace
  - Medicare
- Time Period
  - Rolling 12 months from current date
  - Previous rolling 12 months
  - Note: There is a 3-month data lag



# Landing Page Overview

Person Icon: Use this to select a provider information option to view data specific to selected criteria:

- Line of Business (LOB)
- TIN
- Member Months\*



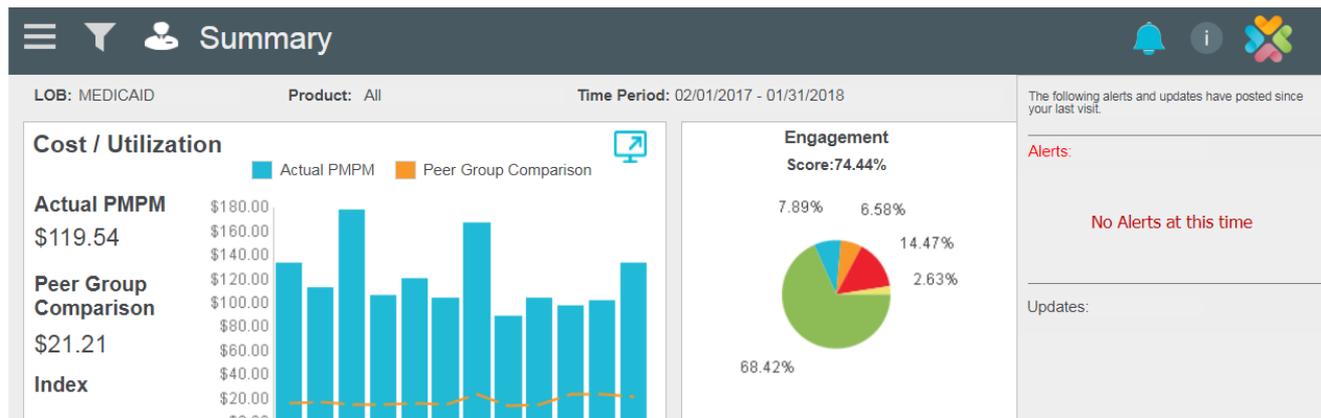
\*A **member month** is defined as **one member** being enrolled for **one month**. For example, an individual who is a patient of a provider for a full year generates 12 member months; a family of five enrolled for six months generates 30 member months

# Landing Page Overview

## Bell Icon: Alert icon with two features

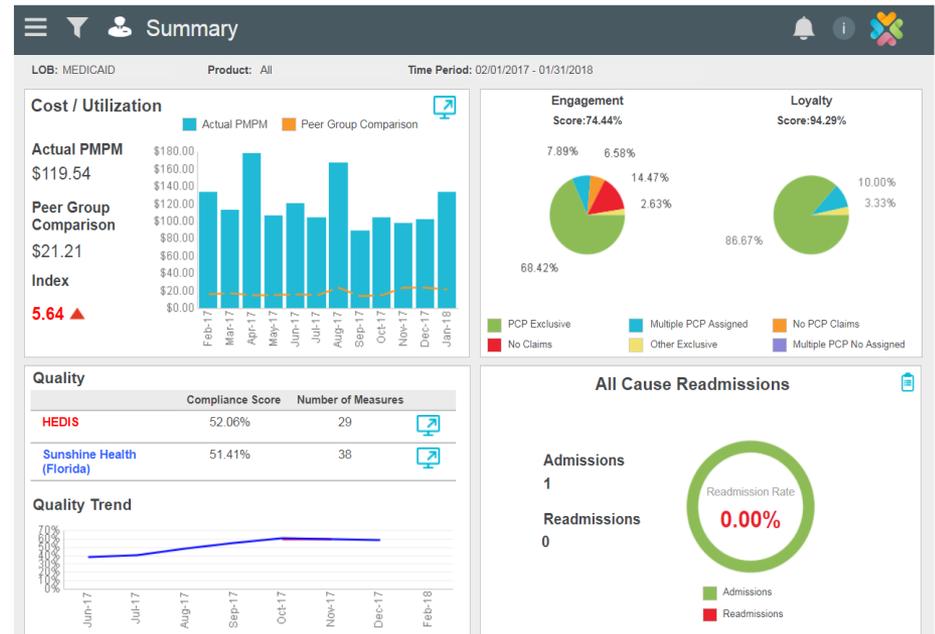
- **Blue** bell – Indicates an update, such as a new feature being added to the dashboard or a data refresh
- **Red** bell – Indicates an issue (can be specific to a particular health plan or can be for all users)

## Click on the bell for a description of the alert



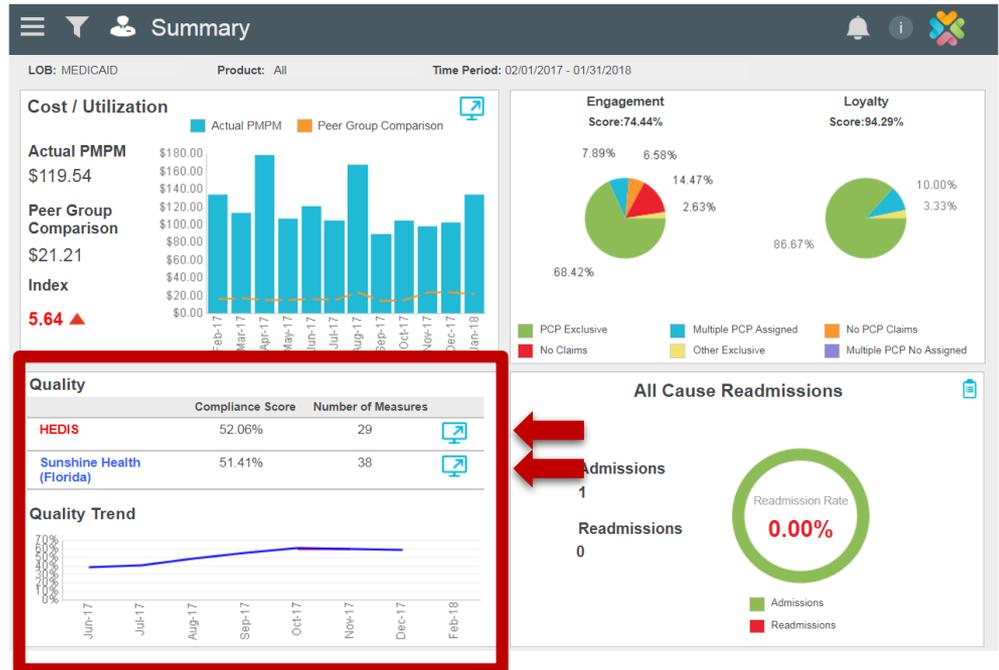
# Dashboard View

- Cost/Utilization:** This dashboard will show your actual PMPM compared to expected PMPM on a monthly basis.
- Quality:** The Quality dashboard in the lower left quadrant shows HEDIS and VBC performance
- Engagement Analysis:** This dashboard will show a view of your members' utilization of PCP and healthcare services.
- Readmission by Disease State:** This dashboard will show total inpatient visits and total readmits. It will show the number of total readmits and those without PCP follow-up and follow-up rate.
- The Cost/Utilization and Quality sections have dashboards providing more specific data down to the member level. To view this data, click on the **blue computer monitor icons**.



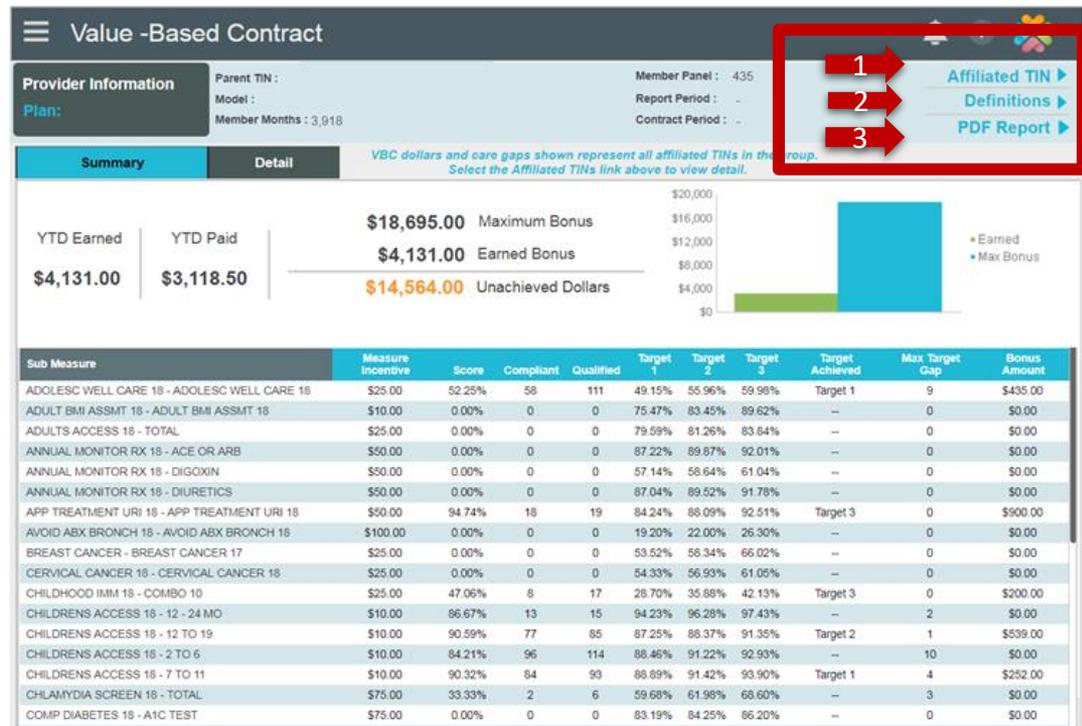
# Quality HEDIS View

- Shows trends in closing HEDIS care gaps and earnings from any P4P programs
- Click the blue screen next to HEDIS to view performance in 100+ care gaps and export member-level reports
- Click the blue screen next to VBC PPM to see earnings from P4P program, amount outstanding and amount left to earn per measure



# Quality HEDIS View: VBC

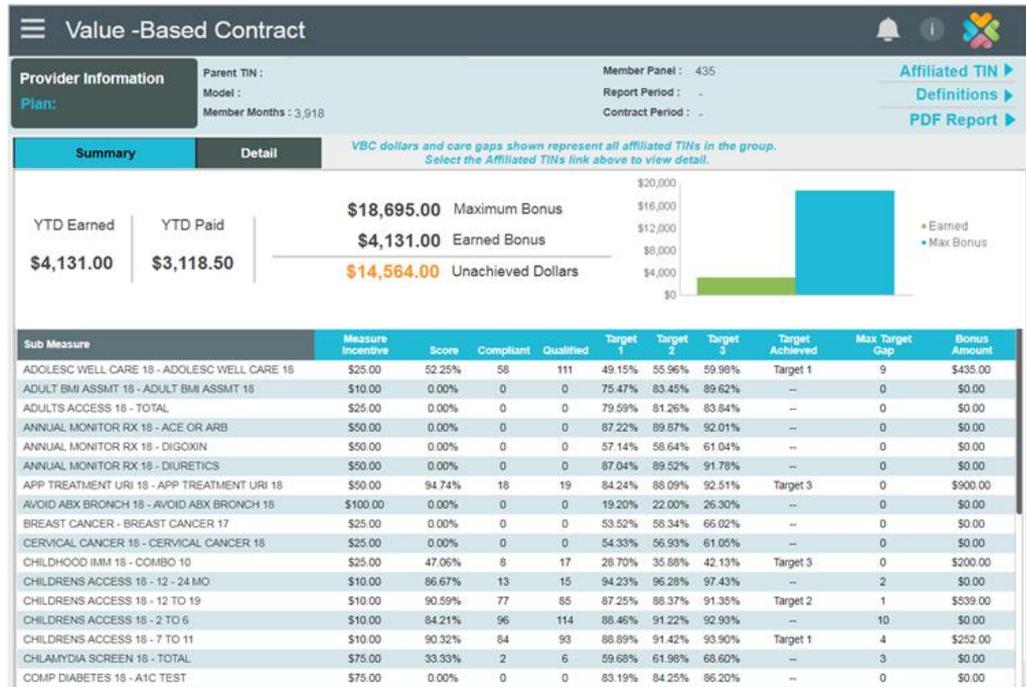
- For providers in P4P arrangement
- Value-Based Contract: Shows measure incentive, amount earned, and unachieved dollars
- In right hand corner:
  1. All TINs associated with P4P program
  2. List of definitions and meanings
  3. Scorecard summarizing provider's performance in Quality and VBC



# Quality HEDIS View: VBC

You can also view:

- Compliant Score
- Compliant and Qualified number per Sub Measure
- Target levels for compliant percentage needed to earn a payout
- Target level achieved
- Number of gaps needed to close to reach Maximum Target Level
- Bonus Amount earned



# Engagement & Loyalty Analysis

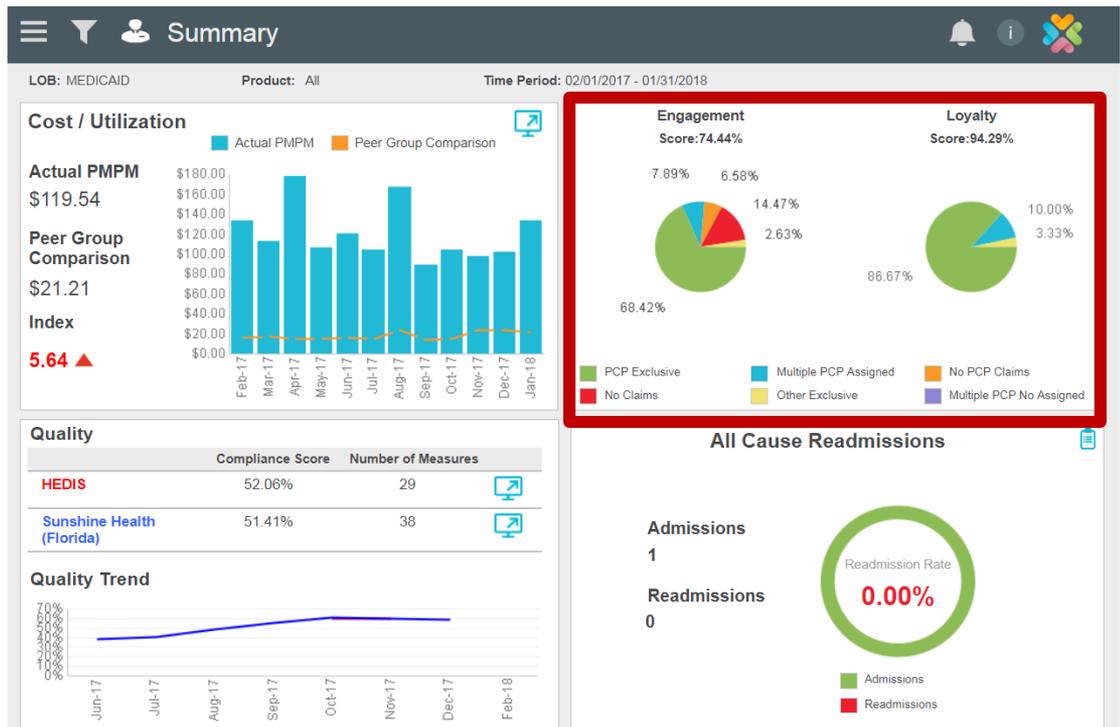
Classifies member interactions with PCP services into two main categories:

## Provider Engagement:

Measures provider's efficiency with engaging assigned members to be seen for a primary care visit annually; **includes all assigned members**

## Provider Loyalty:

Measures the provider's ongoing effort to maintain exclusivity as the PCP for assigned panel once members have PCP activity; **excludes assigned members without any PCP visits**



# Engagement & Loyalty Analysis

## Provider Engagement vs. Provider Loyalty

Provider Engagement*	Provider Loyalty
Assigned PCP Exclusive	Assigned PCP Exclusive
Multiple PCP with Assigned Visits	Multiple PCP with Assigned Visits
Multiple PCP with No Assigned Visits	Multiple PCP with No Assigned Visits
Other Exclusive	Other Exclusive
No PCP Claims	
No Claims	

\*In order to improve quality and cost, it's important to engage members who are not actively being managed; therefore, provider engagement provides the most inclusive view of member activity

# Engagement & Loyalty Analysis

 Provider Engagement is broken into six sub-categories to help identify patient activity and prioritize for outreach

Patient Segment	Segment Traits	Engagement Strategy
<b>PCP Exclusive</b>	These patients have been assigned to you and have been seen by you or one of your partners	Identify which of these members have care gaps and close at their next appointment
<b>Multiple PCP Assigned</b>	These patients are assigned to you, but have been seen by your practice <b>AND</b> other PCP groups	Initiate a patient outreach plan, set an appointment if appropriate, close care gaps, discuss benefits of PCP loyalty
<b>No PCP Claims</b>	These are patients who seek all of their care from specialists, ER, and Urgent Care.	Outreach and set an appointment for a PCP visit, identify health risks and set follow-up appointments, discuss benefits of loyalty
<b>Other Exclusive</b>	These patients are assigned to you, but have been seeing another PCP group exclusively	Outreach to members to discuss updating their assigned PCP to the doctor they have been seeing for care
<b>No Claims</b>	These patients are assigned to you but have no claim data to indicate they have received any medical care from a PCP, emergency department or urgent care center	Outreach and set an appointment for PCP visit. Identify health risks and set follow-up appointments, discuss benefits of loyalty
<b>Multiple PCP No Assigned</b>	These patients are assigned to you, but have only been seen by other PCP groups.	Outreach to members to discuss benefits of loyalty and promote hours and availability, identify members with care gaps and set appointment for PCP visit

# Pay Above Initiatives

-  Comprehensive diabetes care-Hb1Ac tests
-  Lead screening in children
  - Measure criteria: children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday
  - \$50 additional bonus for services rendered through 12/31/18
  - PMP incentive-separate bonus
  - Noncompliant listings on MHS portal

# Patient Analytics

# MHS Secure Portal

Home Find a Provider Portal Login Events Contact

Contrast  On  Off a a a language

Select Your Plan Below

- FOR MEMBERS
- FOR PROVIDERS**
- GET INSURED

Ambetter From MHS

Healthy Indiana Plan

Hoosier Healthwise

Hoosier Care Connect

**One Plan. Always Covered.**

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

**Find a Provider**

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

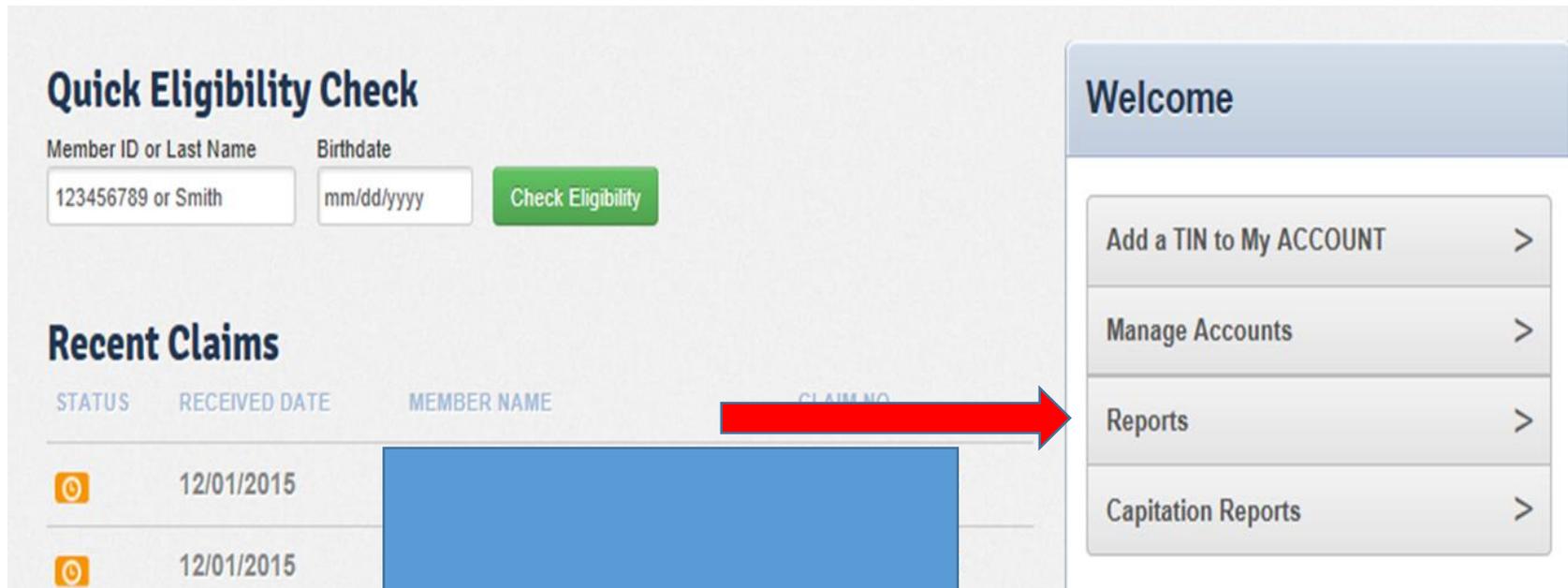
**Get Insured**

Health insurance shouldn't be stressful. Get more information on the health coverage we provide.

**Coming Soon!**

New health plans starting October 1!

# MHS Secure Portal



**Quick Eligibility Check**

Member ID or Last Name:  Birthdate:  [Check Eligibility](#)

**Recent Claims**

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	12/01/2015	[REDACTED]	[REDACTED]
	12/01/2015	[REDACTED]	[REDACTED]

**Welcome**

- [Add a TIN to My ACCOUNT >](#)
- [Manage Accounts >](#)
- [Reports >](#)
- [Capitation Reports >](#)

# Reports – Patient Analytics

## Functionalities of the Patient Tab

### Patient Analytics

The screenshot displays the 'Patient Analytics' interface. At the top, there are tabs for 'Patients' and 'Reports'. A search bar is located below the tabs, with a dropdown menu set to 'Patients by Name or Medicaid\_ID'. Below the search bar, there are buttons for 'View All Patients', 'Filter Patients', 'Create PDF', and 'Export'. A table of patient data is shown with columns for Member Number, Member Name, Member Address, Age\_Gender\_DOB, Member Phone, High Priority Care Opportunities, Risk Score, IP Probability Score, IP Stays in last 30 days, ER Visits within 90 Days, SubGroup, and Phy. A 'Manage Filters' dialog box is open, showing options to filter patients by Business Rules, SubGroup, or Physician. The dialog box includes a dropdown for 'Filter Patients By' and a list of medical specialties with checkboxes. At the bottom of the interface, there is a pagination bar and a note that says 'includes claims posted by 5/11/2017 10:00:00 AM'.

### Patients Tab

- 1. Tabs:** Allows the providers to choose between the Patients information and Reports.
- 2. Logout Button:** For security purposes, logout to protect patient information. Not shown, in upper right hand corner.
- 3. Search:** Allows providers to search by the patient's name, Medicaid, Medicare or Marketplace ID number.

- 4. Filters and Export Features:** Allows users to view all patients or filter by multiple criteria. The users will also have the ability to create a PDF document or export a detailed patient profile.

**4a. Manage Filters:** Filter the patient list by business rules, subgroups, and physicians.

- 5. Timeframe:** Provides the date when claims have been posted, followed by a link to contact for questions or concerns. <sup>3</sup>

# Reports – Patient Analytics

Each member has a detailed Patient Profile

## Patient Analytics

Currently logged into: [User] | Logged in as: [User] | Log Out

Patients | Reports

Search: Patients by Name or Medicaid ID [Back To Patient List]

1 Member Number: [Redacted] Member Name: [Redacted] Member Address: [Redacted]  
 Age\_Gender\_DOB: [Redacted] Member Phone: [Redacted] Preventative/Visit Care Opps: 1  
 Diabetic Care Opportunities: 4 Womens Health Care Opportunities: 1 IP Stays in last 30 days: 0  
 ER Visits within 90 Days: 0

2 All Care Opportunities 3 Diagnosis 4 Procedures 5 Medications 6 Lab/Observational 7 Care Team

Create PDF

\* = Prospective Measures

Conditions	All Patient Care Opportunities	Quality Measure	Compliance
Breast Cancer	* Breast Cancer-EBM - Pt(s) age 52 - 74 yrs should have a screening mammogram every 27 mos (HEDIS). NS-H	👑	No
Diabetes	* Diabetes-EBM - Adult(s) w/ diabetes should have an LDL cholesterol w/in prospective rpt period. CP-I	👑	No
Diabetes	* Diabetes-EBM - Pt(s) should have ambulatory care for diabetes w/in prospective rpt period. CP-I	👑	No
Diabetes	* Diabetes-EBM - Pt(s) 18 - 75 yrs of age w/ diabetes who should have an annual HbA1c test (HEDIS). NS-H	👑	No
Diabetes	* Diabetes-EBM - Pt(s) 18-75 yrs of age w/evidence of poor diabetic control (> 9.0%) should have an HbA1c test <9.0% (HEDIS). NSHA	👑	No
Diabetes	* Diabetes-ECC EBM - Pt(s) 18 - 75 yrs of age w/ diabetes who should have an annual screening for nephropathy or evidence of nephropathy. CP-N	👑	No

Inclusion claims posted by 3/13/2017  
[Contact Us](#)

### Patient Profile

- Member Demographics:** Displays information about the member.
- All Care Opportunities:** *The default landing page for patient details.* Displays care opportunities or measures that indicate if a patient has or has not received treatment for a health condition.
- Diagnosis:** Shows primary and secondary diagnoses from claims data.
- Procedures:** Shows patient procedures associated with primary and secondary diagnoses.
- Medications:** Displays a list of medications prescribed to the patient.
- Lab/Observational:** Shows lab values, interpretations, and trends.
- Care Team:** Allows users to view the patient's providers. Providers are labeled as Managing Doctor or Other Doctor.

# Reports – Patient Analytics

## Quality Measure Report by selected groups and filters

**Patient Analytics**

Currently logged into: [User Name] | [Log Out](#)

**Quality Measure Report**

View a report by clicking on image below

**Monitor Quality Measures**  
This report displays all Quality Measures for your patients. It includes the compliance rates of each measure and the ability to access the specific patient lists and details.

**Management Reports**  
**Patient Management Reports**  
This report displays all Patient Reports for your patients. It includes the number of patients for each report and the ability to access the specific patient lists and details.

**Additional Reports**  
**Saved Reports**  
This section displays all of your saved reports.

[Quality Measures added by 3/13/2017](#)  
[Contact Us](#)

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Currently logged into: [User Name] | [Log Out](#)

**Monitor Quality Measures** [Reports Landing Page](#)

[Submit](#) [Reset](#) [Create PDF](#) [Export](#) [Save](#)

Summary of Quality Measure Results Total | 1220 Compliant | 337 Non-Compliant | 883 Rate | 27.6%

Group by: 1 Group by Options selected

Refine your results with multiple-selection filters and click **Submit**

Filter by:

Filter by:

Filter by:

Table Grouped by | **Quality Measure** Total Number of Rows | 52

Page 1 of 6

Quality Measure Description	Total	Compliant	Non-Compliant	Compliance Rate (%)
ADHD-EBM - Pt(s) w/outpt, intensive outpt or partial hosp should have a follow-up visit w/prescrib provider during the 30 days after the initial ADHD Rx (HEDIS, HF) NS-H	1	0	1	0%
Alcohol / Tobacco / Substance Abuse-EBM - Current tobacco users should rec'v medical assistance for tobacco use cessation w/in the prospective rpt period. R-1	26	3	23	11.5%
Asthma-EBM - Adult(s) w/ presumed persistent asthma not using an inhaled corticosteroid or acceptable alternative. R-1	4	3	1	75%
Asthma-EBM - Ped pt(s) w/ presumed persistent asthma w/o inhaled corticosteroid or acceptable alternative. R-1	9	8	1	88.9%
Asthma-EBM - Pt(s) w/o ambulatory care for asthma in last 6 rpt mos. CP-I	22	12	10	44.4%
Body Mass Index-EBM - Pt(s) 3-17 yrs of age should have an output visit w/PCP or OB/GYN & have evidence of BMI % documented annually (HEDIS) NS-H	26	0	26	0%
Body Mass Index-EBM - Pt(s) 3-17 yrs of age should have an output visit w/PCP or OB/GYN & have nutrition counseling annually (HEDIS) NS-H	26	0	26	0%

[Includes claims posted by 3/13/2017](#)  
[Contact Us](#)

### Quality Measure Report: Monitor Quality Measures Report

- Users are able to view reports by selected grouping and filtering options.

# Reports – Patient Analytics

## Creating Saved Reports for frequent use

Currently logged into: [User] | [Log Out](#)

Patients | **Reports**

[Reports Landing Page](#)

Logged in as: [User] | [Log Out](#)

**Saved Reports**

Total Number of Saved Reports | 1

Report Name	Saved Date & Time	Last Updated Date & Time	Saved By	Report Description	Filter Selections	Report Type	Actions
Lack of Preventative Care All Plans	3/23/2017 2:19:53 PM	3/23/2017 2:20:52 PM	[User]		<a href="#">View Filters</a>	Disease Registries Report	

**Monitor Quality Measures**  
This report displays all Quality Measures for your patients. It includes the compliance status of each measure and the ability to access the specific patient lists and details.

**Management Reports**  
**Patient Management Reports**  
This report displays all Patient Registries for your patients. It includes the number of patients for each registry and the ability to access the specific patient lists and details.

**Additional Reports**  
**Saved Reports**  
This section displays all of your saved reports.

**User Reference Guide**  
This section displays all imported reports.

Includes claims posted by 3/13/2017  
[Contact Us](#)

### Additional Reports

#### Saved Reports:

- Shows reports saved by current user.

# Pharmacy Updates

# Pharmacy Requests

## Engolve Pharmacy Solutions

 Preferred Drug Lists and authorization forms are available at [mhsindiana.com/provider/pharmacy](https://mhsindiana.com/provider/pharmacy)

- PA requests
  - Phone 1-866-399-0928
  - Fax non specialty drugs 1-866-399-0929
  - Specialty drugs 1-866-678-6976
  - [pharmacy.engolvehealth.com](https://pharmacy.engolvehealth.com)

 Formulary integrated into many EHR solutions

 Online PA submission available through CoverMyMeds

- [covermymeds.com](https://covermymeds.com)

 Online PA forms for Specialty Drugs on [mhsindiana.com](https://mhsindiana.com)

# New! Pharmacy Look Up Tool

 [mhsindiana.com/provider/pharmacy](https://mhsindiana.com/provider/pharmacy)

 Quickly determines which drugs are preferred or non-preferred

 View drug limitations-quantity limit, age limit or PA requirements

 PA requirements

- Link to the prior authorization form with clinical guidelines
- The online search tool will identify specialty drugs

# MHS Portal

# Secure Web Portal Login or Registration

Login/Register is the same for **MHS, Ambetter from MHS, Allwell from MHS** and **Behavioral Health Providers**



FOR MEMBERS

FOR PROVIDERS

GET INSURED

## FOR PROVIDERS

Login

Become a Provider

Prior Authorization

Dental Providers

Pharmacy

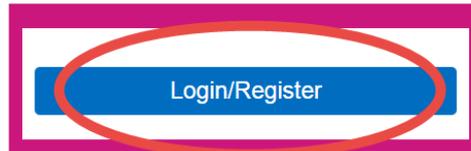
Behavioral Health

Provider Resources

QI Program

Provider News

## Portal Login



[Click here for additional information and step by step guides.](#)

Behavioral Health Secure Portal

[Click here for the Cenpatico behavioral health portal.](#)

Registration Help

If you are having trouble with your registration, you may need to submit a non-par set-up form. Visit our [Become a Provider](#) page to get started. For further assistance, you can call our Secure Provider Portal Help Line at 1-866-912-0327.

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

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

# Web Portal Training Documents



## FOR PROVIDERS

- Login
- Become a Provider
- Prior Authorization +
- Dental Providers
- Pharmacy +
- Behavioral Health +
- Provider Resources +
- QI Program +
- Provider News

## Web Portal

We encourage our providers to take advantage of our easy-to-use secure Provider Portal instead of making a phone call. On our secure portal, you can:

- Manage multiple practices under one account
- Check member eligibility
- View medical history and gaps in care
- Submit and manage claims
- Submit prior authorizations
- Securely contact a plan representative

We also have the following enhanced features below:

- Update demographic information
- Assist your patients in completing their Health Risk Assessment forms
- See patient Care Gaps (indicates if your patient is due for a preventive exam or service)
- Check the status of Prior Authorization requests
- Utilize the Member Management Forms

Follow the [registration guide \(PDF\)](#) or if you have any questions, please call the Web Portal helpdesk line at 1-866-912-0327.

There's no waiting, no on-hold music, no time limits. Registration is free and easy.

### MHS Secure Provider Portal Training Documents

#### Guides:

- [Provider Secure Portal Guide \(PDF\)](#)
- [Provider Secure Portal Flyer \(PDF\)](#)
- [Account Details QRG \(PDF\)](#)
- [Account Manager User Guide \(PDF\)](#)
- [Member Management Forms Guide \(PDF\)](#)

#### How To:

- [Submit a Claim CMS 1500 \(PDF\)](#)
- [Submit a Claim CMS UB-04 \(PDF\)](#)
- [Submit a Corrected Claim \(PDF\)](#)
- [View Claim Status \(PDF\)](#)
- [View Payment History \(PDF\)](#)



## Documents Include:

- Registration Guide
- MHS Web Portal Functionality Guides
- How To Complete Specific Tasks on the MHS Web Portal

# Complete Registration or Login

**The Tools You Need Now!**  
Our site has been designed to help you get your job done. For registration or secure website questions call (866) 912-0327. Manage all products with ease in one location.

**Check Eligibility**  
Find out if a member is eligible for service.

**Authorize Services**  
See if the service you provide is reimbursable.

**Manage Claims**  
Submit or track your claims and get paid fast.

**Need To Create An Account?**  
Registration is fast and simple, give it a try.

**How to Register**  
Our registration process is quick and simple. Please click the button to learn how to register.

**Registration Complete!**  
Your Progress

**Quick Eligibility Check**

Member ID or Last Name: 123456789 or Smith  
Birthdate: mm/dd/yyyy  
[Check Eligibility](#)

**Recent Claims**

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
🟡	08/19/2017	(	4
🟡	08/19/2017	T	3
🟡	08/19/2017	E	1
🟡	08/19/2017	F	8

**Welcome**

- Add a TIN to My ACCOUNT >
- Manage Accounts >
- Reports >
- Patient Analytics >
- Provider Analytics--Coming Soon >

**Recent Activity**

Date  
Activity

**Quick Links**

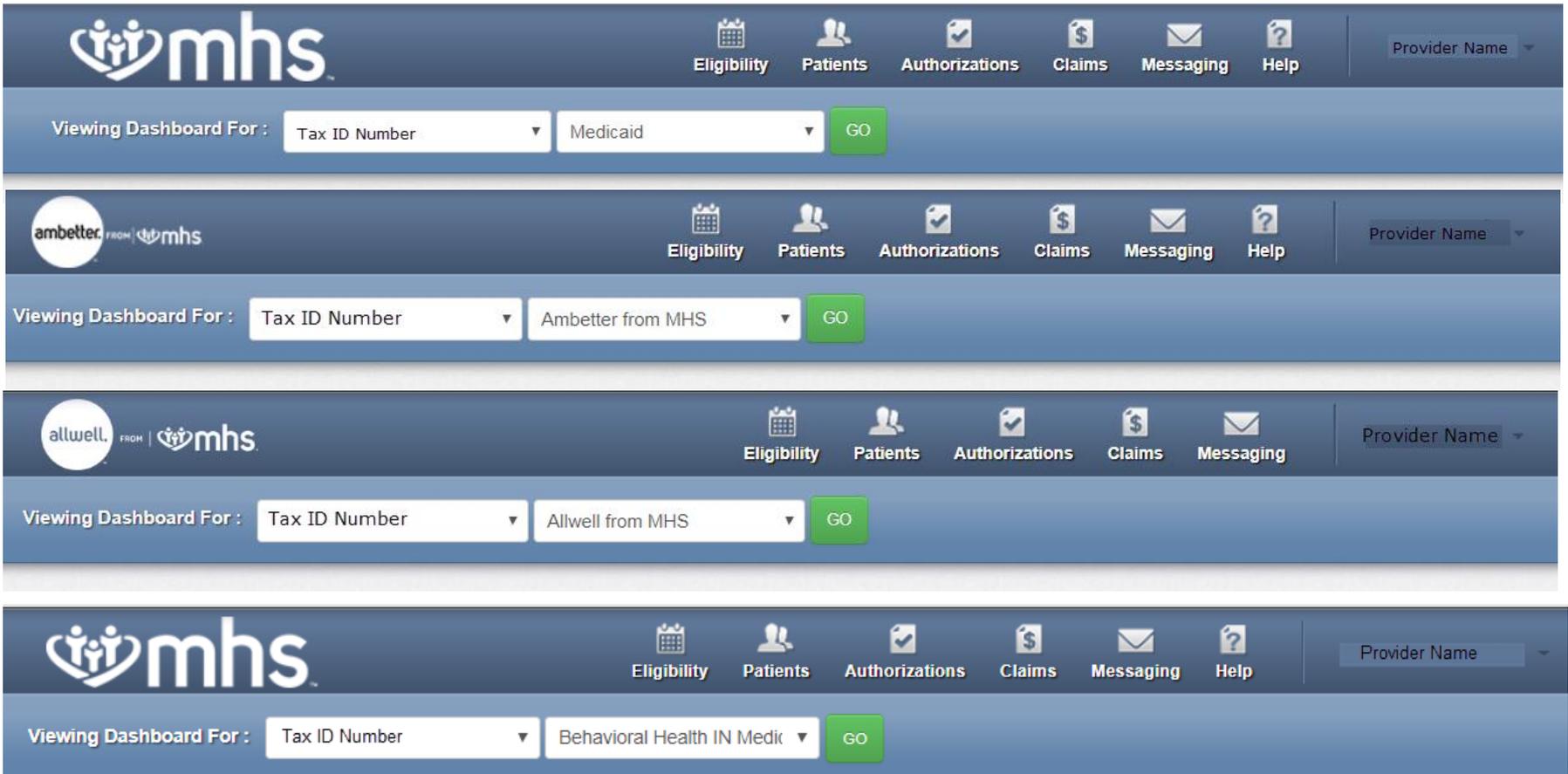
[Provider Resources](#)

The Registration is complete and the Secure Portal homepage will be visible!

An email will be sent to the provider when they have access to specific tools.

# Dashboard Change

User has the ability to change between **Tax IDs** added along with choices for: **Medicaid, Ambetter from MHS, Allwell from MHS** and **Behavioral Health IN Medicaid**



The image displays four sequential screenshots of the MHS dashboard interface, illustrating the process of switching between different insurance plans. Each screenshot shows a navigation bar with the MHS logo and icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. A dropdown menu for 'Provider Name' is visible on the right. Below the navigation bar, there is a section for 'Viewing Dashboard For:' with two dropdown menus and a 'GO' button. The first screenshot shows 'Tax ID Number' and 'Medicaid'. The second screenshot shows 'Tax ID Number' and 'Ambetter from MHS'. The third screenshot shows 'Tax ID Number' and 'Allwell from MHS'. The fourth screenshot shows 'Tax ID Number' and 'Behavioral Health IN Medic'.

# Homepage –MHS (Medicaid)

[Eligibility](#)
[Patients](#)
[Authorizations](#)
[Claims](#)
[Messaging 99](#)
[Help](#)

Viewing Dashboard For: Tax ID Number Medicaid GO

### Quick Eligibility Check

Member ID or Last Name  Birthdate  Check Eligibility

### Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	06/29/2018	C [redacted]	[redacted] 0
	06/29/2018	S [redacted]	[redacted] 3
	06/29/2018	I [redacted]	[redacted] 3
	06/29/2018	S [redacted]	[redacted] 3
	06/29/2018	J [redacted]	[redacted] 4

### Welcome

- Add a TIN to My ACCOUNT >
- Manage Accounts >
- Reports >
- Patient Analytics >
- Provider Analytics--Coming Soon >

### Recent Activity

Date	Activity

### Quick Links

[Provider Resources](#)

[Member Management Forms](#)

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

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

Go to the [IHCP Provider Healthcare Portal](#)

Please note: Claims information is updated every 24 hours.

For HIP Pharmacy information and PDLs, please visit the [Pharmacy](#) page.

### Go Paperless

**Empower your practice with electronic settlement.** Now you can receive EFT's and ERA's without investing in new technology and without changes to current systems.

PlaySpan Site

# MHS Welcome and Quick Links

**Welcome**

Add a TIN to My ACCOUNT >

Manage Accounts >

Reports >

Patient Analytics >

Provider Analytics--Coming Soon >

**Recent Activity**

Date

Activity

**Quick Links**

[Provider Resources](#)

---

[Member Management Forms](#)

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

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

---

Go to the [IHCP Provider Healthcare Portal](#)

---

Please note: Claims information is updated every 24 hours.

---

For HIP Pharmacy information and PDLs, please visit the [Pharmacy](#) page.

**Go Paperless**

Empower your practice with electronic settlement. Now you can receive EFT's and ERA's without investing in new technology and without changes to current systems.

PaySpan Site

## Welcome

- **Multiple TINs** can be managed from a single account.
- **Account Managers** can oversee the secure portal accounts of their staff/office. User can be added, disabled, and have their permissions changed.
- **Reports** are available here
- **Patient and Provider Analytics**

## Quick Links

- Public link to **Provider Resources**
  - Demographic Update Tool
  - Preferred Drug Lists
  - Provider Education
- **Member Management Forms**
- **IHCP Provider Healthcare Portal link**
- **Pharmacy Information**

## Go Paperless

# MHS Member Management Forms

Click on **Member Management Forms** under **Quick Links**

- Choose between:**
- Member Disenrollment Form
  - Panel Management Form

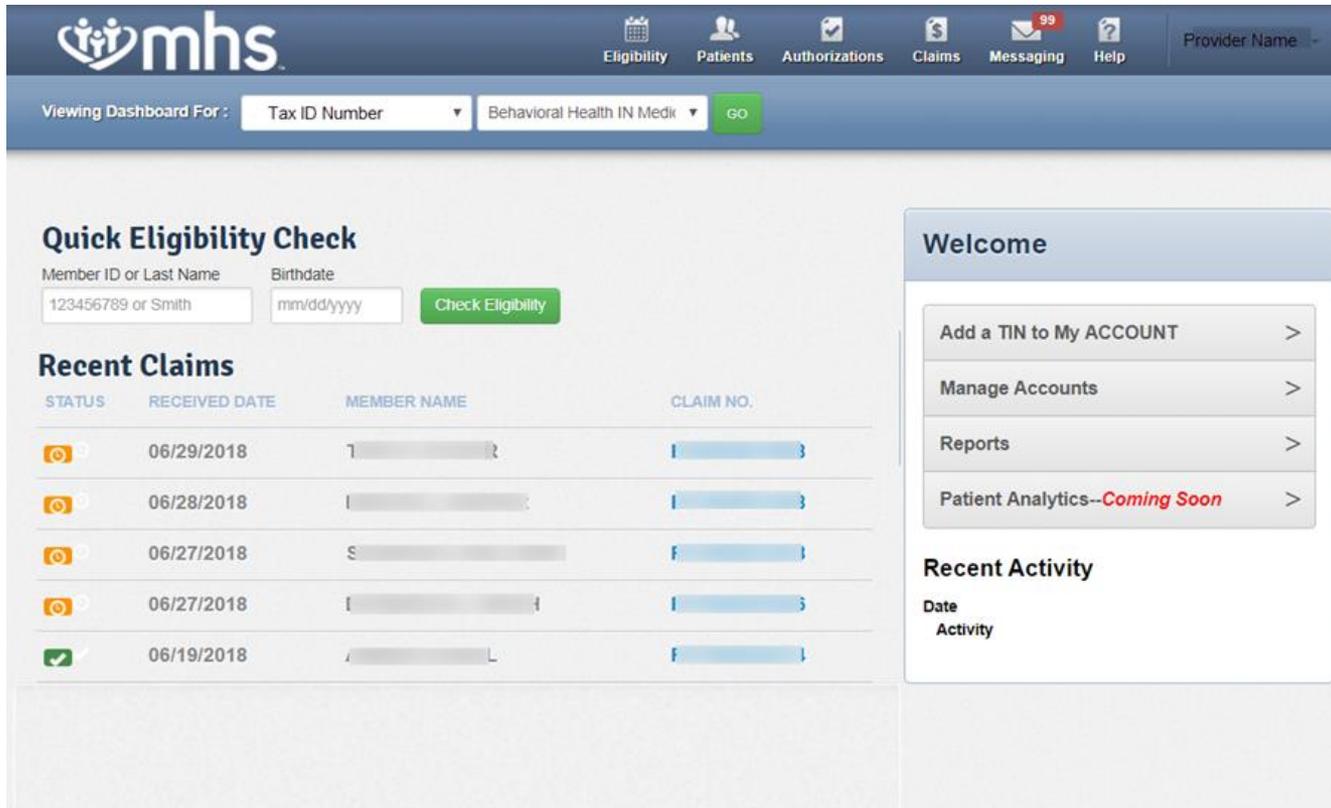


# Homepage –Ambetter from MHS

The screenshot shows the Ambetter from MHS homepage. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging (with a 99 notification), and Help. The user is logged in as 'Provider Name'. Below the navigation bar, there is a 'Viewing Dashboard For:' section with a dropdown menu set to 'Tax ID Number' and another dropdown set to 'Ambetter from MHS', followed by a 'GO' button. A red-bordered note box contains the following text: 'Note: If you are seeing an Ambetter member who resides in another state, they will not show up in the provider portal. Our customer call center at (844) 818-1633 can verify eligibility and benefits for any out-of-state members for you. The call center staff can be reached between 8 AM and 5 PM.' Below the note is a 'Quick Eligibility Check' section with input fields for 'Member ID or Last Name' (containing '123456789 or Smith') and 'Birthdate' (containing 'mm/dd/yyyy'), and a 'Check Eligibility' button. To the right of the note and eligibility check is a 'Welcome' sidebar with a list of quick links: 'Add a TIN to My ACCOUNT', 'Manage Accounts', 'Patient Analytics', and 'Provider Analytics'. Below the quick links is a 'Recent Activity' section with columns for 'Date' and 'Activity'. At the bottom of the sidebar is a 'Go Paperless' section with the text 'Empower your practice with electronic settlement. Now you can receive EFT's and ERA's without investing in new technology and without changes to current systems.' and a 'PaySpan Site' button. The main content area below the note and eligibility check is titled 'Recent Claims' and contains a table with columns for 'STATUS', 'RECEIVED DATE', 'MEMBER NAME', and 'CLAIM NO.'. The table lists five claims, all with a status of 'P' and a received date of '06/29/2018'. The member names are partially redacted with grey bars, and the claim numbers are also partially redacted.

- Quick Links:**
- Eligibility Check
  - Add a TIN
  - Account Manager
  - Analytics
  - Secure Messaging

# Homepage – Behavioral Health IN Medicaid



The screenshot shows the MHS Behavioral Health IN Medicaid homepage. At the top, there is a navigation bar with the MHS logo and several menu items: Eligibility, Patients, Authorizations, Claims, Messaging (with a notification badge of 99), and Help. A 'Provider Name' dropdown is also present. Below the navigation bar, there is a 'Viewing Dashboard For:' section with a dropdown menu set to 'Tax ID Number' and another dropdown set to 'Behavioral Health IN Medi', followed by a green 'GO' button. The main content area is divided into two columns. The left column features a 'Quick Eligibility Check' section with input fields for 'Member ID or Last Name' (containing '123456789 or Smith') and 'Birthdate' (containing 'mm/dd/yyyy'), and a green 'Check Eligibility' button. Below this is a 'Recent Claims' table with columns for STATUS, RECEIVED DATE, MEMBER NAME, and CLAIM NO. The right column contains a 'Welcome' section with a list of quick links: 'Add a TIN to My ACCOUNT', 'Manage Accounts', 'Reports', and 'Patient Analytics--Coming Soon'. Below the quick links is a 'Recent Activity' section with columns for Date and Activity.

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	06/29/2018	[REDACTED]	[REDACTED]
	06/28/2018	[REDACTED]	[REDACTED]
	06/27/2018	[REDACTED]	[REDACTED]
	06/27/2018	[REDACTED]	[REDACTED]
	06/19/2018	[REDACTED]	[REDACTED]

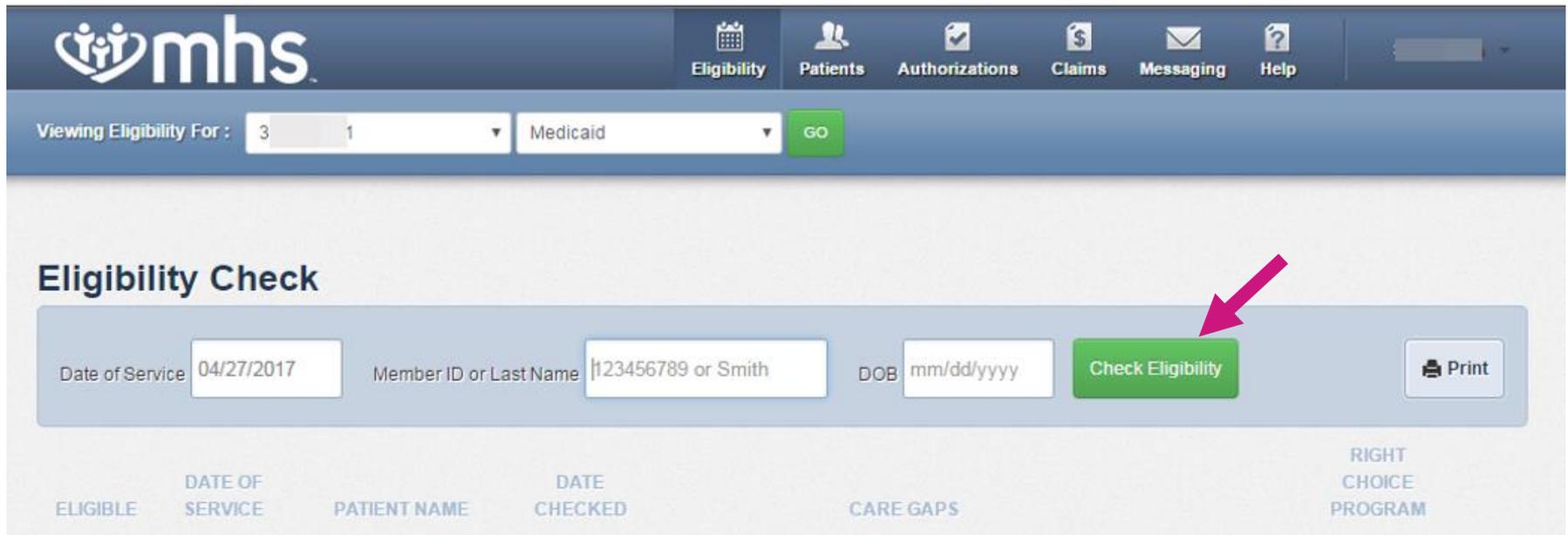
-  **Quick Links:**
- Eligibility Check
  - Add a TIN
  - Account Manager

# Eligibility

# Check Eligibility

 The **Eligibility** tab offers an **Eligibility Check** tool designed to quickly check the status of any member.

- Update the **Date of Service**, if necessary
- Enter the **Member ID** or **Last Name** and **DOB (Date of Birth)**
- Click **Check Eligibility**



The screenshot shows the MHS web interface for the Eligibility Check tool. At the top, there is a navigation bar with the MHS logo and several menu items: Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below the navigation bar, there is a section for "Viewing Eligibility For:" with a dropdown menu set to "3" and "Medicaid", and a green "GO" button. The main section is titled "Eligibility Check" and contains a form with the following fields: "Date of Service" (04/27/2017), "Member ID or Last Name" (123456789 or Smith), and "DOB" (mm/dd/yyyy). A green "Check Eligibility" button is highlighted with a red arrow. To the right of the form is a "Print" button. Below the form, there is a table header with the following columns: ELIGIBLE, DATE OF SERVICE, PATIENT NAME, DATE CHECKED, CARE GAPS, and RIGHT CHOICE PROGRAM.

# Check Eligibility

Eligibility status is indicated by a **Green** Thumbs-Up for **Eligible** and an **Orange** Thumbs-Down for **Ineligible**.

**Eligibility Check**

Date of Service: 08/28/2017    Member ID or Last Name: 123456789 or Smith    DOB: mm/dd/yyyy    **Check Eligibility**    **Print**

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS	RIGHT CHOICE PROGRAM
Ineligible	08/28/2017	F [redacted] N	08/28/2017		
	08/28/2017	T [redacted] S	08/28/2017	Risk Category Alerts: COPD/Asthma	
	08/28/2017	T [redacted] P S	08/28/2017	Risk Category Alerts: COPD/Asthma Member has had 3 or more emergency room visits in past 90 days.	Yes

Details for any member can be viewed by clicking on the **Member's Name**.

**Care Gaps** can also be seen within the search results.

By clicking **Emergency Room Visit?**, an ER visit will be indicated.

**Right Choice Program** indicator labeled **Yes**

# Member Record

# Member Record Details

-  Member Overview
-  Cost Sharing
-  Assessments
-  Health Record
-  Visits, Medications, Immunizations, Labs, and Allergies
-  Care Plan
-  Authorizations
-  Referrals
-  Coordination of Benefits
-  Claims
-  Power Account Service Estimate \*only HIP Members
-  Document Resource Center
-  Notes

# Member Overview

[Back to Patient List](#) **Member Name**

**Overview**

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Power Account Service Estimate

Document Resource Center

Notes

This patient is eligible as of today, Jun 11, 2018.

**Patient Information**

Name S [redacted] S  
 Gender F  
 Birthdate [redacted]  
 Age 5 [redacted]  
 Member # 1 [redacted]  
 Member # U [redacted]  
 Address 4 [redacted]  
 E [redacted]  
 Phone Number [redacted]  
 Email N/A

**PCP Information**

Name [redacted]  
 Address [redacted]  
 Practice Type [redacted]  
 Phone Number [redacted]

[View PCP History](#)

[EPSDT](#)

[Care Gaps](#)

**Eligibility History**

Start Date	End Date	Program
May 1, 2018	Ongoing	State Plus, Copay - ER only

[View Clinical Information](#)

Risk Category Alerts: Ischemic Vascular Disease  
 Non-compliant for annual well visit.

[Allergies](#)

None On File

## Overview Tab

1. Patient Information
2. Eligibility History
3. PMP Information and PMP History
4. EPSDT
5. Care Gaps
6. Allergies

# View Clinical Information

[View Clinical Information](#)

## Three Most Recent ER Visits

Primary Diagnosis	Date	Facility/Provider
<a href="#">ANXIETY DISORDER UNSPECIFIED</a>	05/05/2017	
<a href="#">CONTUSION LEFT FOREARM INITIAL ENC</a>	04/27/2017	
<a href="#">DIZZINESS AND GIDDINESS</a>	04/08/2017	

## Three Most Recent Inpatient

Primary Diagnosis	Date
<a href="#">MAJ DEPRESS RECURR SEV W/PSYCH SX</a>	04/02/2017
<a href="#">MAJOR DEPRESSIVE D/O RECURRENT UNS</a>	12/08/2016
<a href="#">BIPOLAR CURR DEPRESS SEV W/PSYCH</a>	08/16/2016

## Three Most Recent Office V

Primary Diagnosis	Date
<a href="#">UNSPECIFIED MOOD AFFECTIVE DISORDER</a>	04/27/2017
<a href="#">MIXED HYPERLIPIDEMIA</a>	04/18/2017
<a href="#">IMPACTED CERUMEN BILATERAL</a>	03/14/2017

## Top 5 Most Occurring Diagnosis

BIPOLAR CURR DEPRESS SEV W/PSYCH
SUICIDAL IDEATIONS
UNSPECIFIED ACUTE APPENDICITIS
UNSPECIFIED ABDOMINAL PAIN
MAJOR DEPRESSIVE D/O RECURRENT UNS

## Recent Pharmacy Activity

DIVALPROEX TAB 500MG DR
HALOPERIDOL TAB 2MG
HYDROXYZ PAM CAP 25MG

## Clinical Information

- Three Most Recent ER Visits
- Three Most Recent Inpatient Admissions
- Three Most Recent Office Visits
- Top 5 Most Occurring Diagnosis
- Recent Pharmacy Activity

# Cost Sharing

 **Cost Sharing** shows if a member has any co-payments

Back to Patient List
Member Name

Overview		
<b>Cost Sharing</b>	<b>HIP BASIC MEMBER COST SHARING GRID</b>	
Assessments	<b>Type of Service</b>	<b>Co-Pay Amount</b>
Health Record	Preventive Care	No co-pay
Care Plan	Family Planning Services	No co-pay
Authorizations	Outpatient Services	\$4.00
Referrals	Inpatient Services	\$75.00
Coordination of Benefits	Preferred Drugs	\$4.00
Claims	Non-Preferred Drugs	\$8.00
Power Account Service Estimate	*MHS will not collect POWER Account contributions or impose any other cost-sharing, including co-pays for non-urgent care use of hospital emergency departments, on members who are pregnant or Native American Indian.	
Document Resource Center	<b>NON-EMERGENCY USE OF AN EMERGENCY ROOM CO-PAYS</b>	
Notes	<b># of Non-Emergency Emergency Room Visits</b>	<b>Co-Pay Amount</b>
	Each Visit	\$8.00
	*Co-pays for non-emergency use of an emergency room will be collected by all eligible HIP member EXCEPT for those exempt from cost-sharing (pregnancy or Native American Indian).	

# Referrals

 Refer a member to **Case Management** or **Behavioral Health**

[Back to Eligibility Check](#) **Member Record**

- Overview
- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations
- Referrals**
- Coordination of Benefits
- Claims

\*Source

\*Date

Last Name, First Name

Phone Number, Extension

Additional Comments

# Coordination of Benefits

 This screen shows if a member has other insurance.

[Back to Patient List](#) **Member Name**

Overview	Effective Date	Term Date	Policy Number	Group Number	Carrier Name	Coverage
Cost Sharing	06/01/2008	12/21/2013	V	[Redacted]		
Assessments						
Health Record						
Care Plan						
Authorizations						
<b>Coordination of Benefits</b>						
Claims						

# Document Resource Center

## Medical Necessity or Quality Management Document Upload

[Back to Patient List](#) **Member Name**

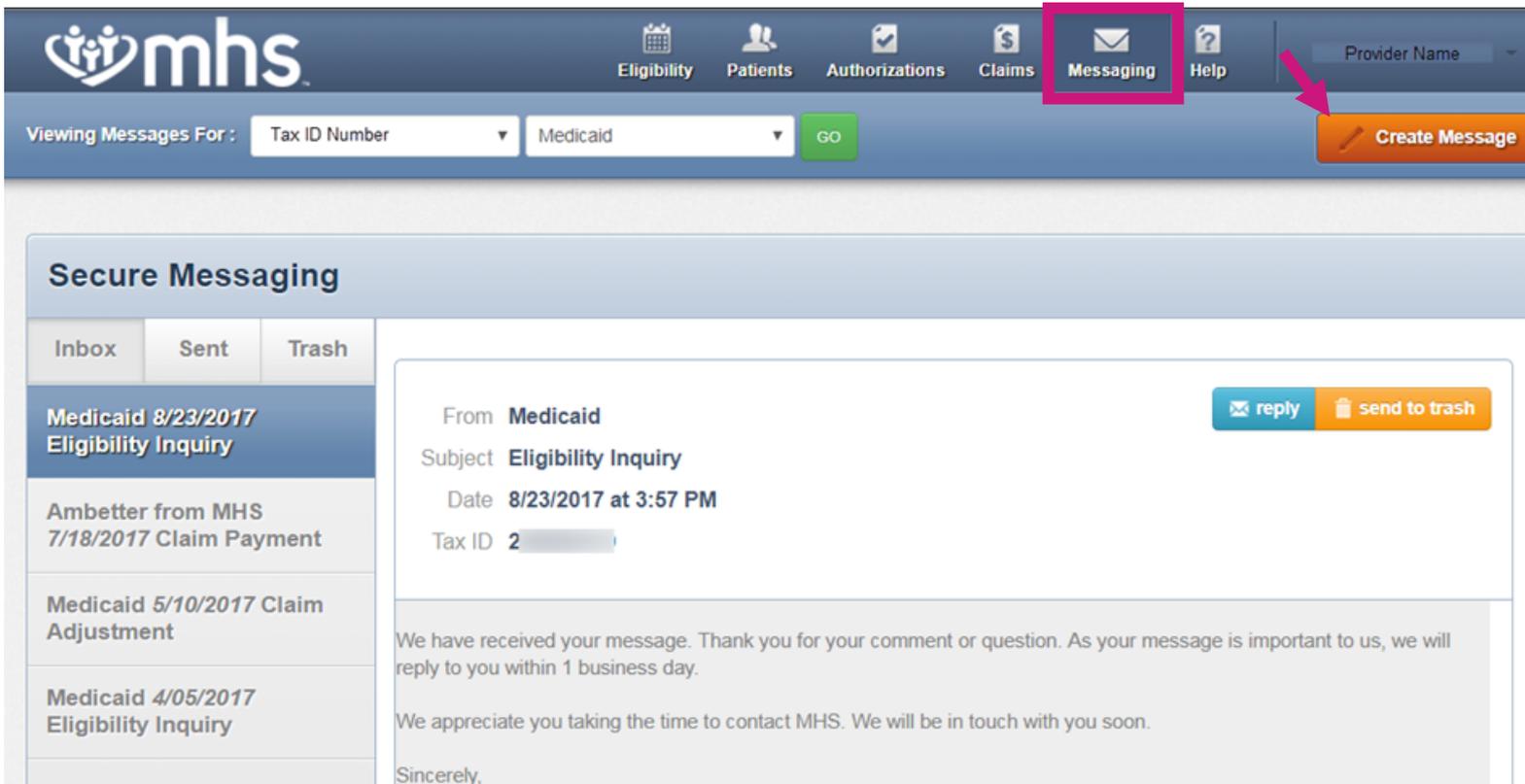
Overview	<div><b>Document Upload</b> <b>Document Review</b></div> <ol style="list-style-type: none"><li>Document Category: <input type="text" value="Please Select a Category"/><ul style="list-style-type: none"><li>Please Select a Category</li><li>Medical Necessity</li><li>Quality Management</li></ul></li><li>Document Type: <input type="text" value="Please Select a Category"/></li><li>Upload File: <input type="button" value="Choose File"/> No file chosen</li><li><input type="button" value="Submit"/></li></ol>
Cost Sharing	
Assessments	
Health Record	
Care Plan	
Authorizations	
Referrals	
Coordination of Benefits	
Claims	
<b>Document Resource Center</b>	

# Secure Messaging

# Secure Messaging

## Create a New Secure Message

- Click **Messaging** tab from the Dashboard.
- Click **Create Message**



The screenshot shows the MHS Secure Messaging interface. At the top, there is a navigation bar with the MHS logo and several tabs: Eligibility, Patients, Authorizations, Claims, **Messaging** (highlighted with a pink box), and Help. To the right of the tabs is a dropdown menu for 'Provider Name'. Below the navigation bar, there is a search area with 'Viewing Messages For:' followed by two dropdown menus: 'Tax ID Number' and 'Medicaid', and a green 'GO' button. To the right of the search area is an orange 'Create Message' button with a pink arrow pointing to it. The main content area is titled 'Secure Messaging' and has three tabs: 'Inbox', 'Sent', and 'Trash'. The 'Inbox' tab is selected, showing a list of messages. The first message is highlighted in blue and has the subject 'Medicaid 8/23/2017 Eligibility Inquiry'. The message details are shown in a larger view to the right, including 'From Medicaid', 'Subject Eligibility Inquiry', 'Date 8/23/2017 at 3:57 PM', and 'Tax ID 2'. There are 'reply' and 'send to trash' buttons next to the message details. The message body contains the text: 'We have received your message. Thank you for your comment or question. As your message is important to us, we will reply to you within 1 business day. We appreciate you taking the time to contact MHS. We will be in touch with you soon. Sincerely,'

# Secure Messaging

## Contents of a Secure Message

- Select **Subject** and if applicable **Member ID** and **Date of Birth** along with your message then click **Send**
- A confirmation message appears that your message successfully sent.

### New Message

If your message is about a specific member, please include their ID and Date of Birth below.

To	<input type="text" value="Medicaid"/>	Member ID	<input type="text" value="123456789"/>
Subject	<input type="text" value="Select a subject"/>	Date of Birth	<input type="text" value="mm/dd/yyyy"/>

Your Message

# MHS Website

# Provider Enrollment



FOR MEMBERS

FOR PROVIDERS

GET INSURED

## FOR PROVIDERS

Login

Become a Provider

Prior Authorization +

Dental Providers

Pharmacy +

Provider Resources +

QI Program +

Provider News

## Become a Provider

### Become A Contracted Provider

[Click Here](#)

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.

### Existing Contracted Provider

[Click Here](#)

If you are a provider who is part of an existing contracted entity, use this online contracted enrollment form to enroll a new provider. All submissions must include a completed IHCP application.



# Provider Enrollment

## Non-Contracted Provider

Click Here

If you are not contracted with MHS, please complete the online non-contracted enrollment form. All submissions must include a completed W9. Set-up may take 45 – 60 days after we receive your submission.

To begin set-up with MHS, you must be enrolled with Indiana Medicaid and have an Indiana Medicaid provider number. You can enroll online at [indianamedicaid.com](http://indianamedicaid.com).

## Existing Behavioral Health Provider

Click Here

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



# Provider Enrollment

When referring patients to the hospital, do you utilize hospitalists?

Yes

No

Group NPI

Group Medicaid Number \*

Alpha Suffix

TIN \*

Please attach a copy of your completed IHCP enrollment form. Required for Medicaid (HIP, HHW or HCC).

No file chosen

If a midlevel practitioner, please attach a copy of your collaboration agreement.

No file chosen

Comments



# Provider Enrollment

Enrollment Requested By:

*First Name \**

*Last Name \**

*Date \**

*Contact Email \**

*Contact Phone \**

# MHS Behavioral Health Provider Enrollment

*Please attach a copy of your completed IHCP enrollment form. \**

Choose File No file chosen

*Please attach a copy of your Health Service Provider of Psychology (HSPP) Attestation. \**

Choose File No file chosen

*Please attach a copy of your Behavioral Health Specialty Profile. \**

Choose File No file chosen

# Demographic Updates

# Provider Demographic Updates

## Provider Resources

MHS provides the tools and support you need to deliver the best quality of care. Please view the listing on the left, or below, that covers forms, guidelines, helpful links, and training.

- [Demographic Update Tool](#)
- [Guides and Manuals](#)
- [Electronic Transactions](#)
- [Preferred Drug Lists](#)
- [Provider Education](#)
- [Newsletters](#)
- [Helpful Links](#)



 Providers can utilize the Demographic Update Tool to update below information.

 Address Changes

 Demographic Changes

 Update Member Assignment Limitations

 Term an Existing Provider

 Make a Change to an IRS Number or NPI Number

# Provider Demographic Updates

## 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?* +

# **MHS Resources & Contacts**

# Provider Resources

 **MHS Provider Inquiry Customer Service: 1-877-647-4848**

 Online Resources

- [mhsindiana.com/provider](https://mhsindiana.com/provider)
  - MHS Provider Manual
    - Dispute resolution process
- Secure Portal message option

# Provider Network Territories (Update Coming soon)

## Physical Health

### PROVIDER NETWORK TERRITORIES

#### TAWANNA DANZIE

Provider Performance Associate  
 1-877-647-4848 ext. 20022  
 tdanzie@mhsindiana.com  
 Exception to map: Franciscan Alliance

#### CHAD PRATT

Provider Performance Associate  
 1-877-647-4848 ext. 20454  
 ripratt@mhsindiana.com

#### TANEYA WAGAMAN

Provider Performance Associate  
 1-877-647-4848 ext. 20202  
 twagaman@mhsindiana.com

#### KAT GIBSON

Provider Performance Associate  
 1-877-647-4848 ext. 20959  
 kagibson@mhsindiana.com

#### ESTHER CERVANTES

Provider Performance Associate  
 1-877-647-4848 ext. 20947  
 escervantes@mhsindiana.com

#### JENNIFER GARNER

Provider Performance Associate  
 1-877-647-4848 ext. 20149  
 jgarner@mhsindiana.com  
 Exception to map: IU Health, Eskenazi Health

## Indiana





# MHS Provider Relations Team:

Candace Ervin	Involve Dental Indiana Provider Relations	1-877-647-4848 ext. 20187	<a href="mailto:Candace.Ervin@involvehealth.com">Candace.Ervin@involvehealth.com</a>
Chad Pratt	Provider Relations Specialist – Northeast Region	1-877-647-4848 ext. 20454	<a href="mailto:ripratt@mhsindiana.com">ripratt@mhsindiana.com</a>
Tawanna Danzie	Provider Relations Specialist – Northwest Region	1-877-647-4848 ext. 20022	<a href="mailto:tdanzie@mhsindiana.com">tdanzie@mhsindiana.com</a>
Jennifer Garner	Provider Relations Specialist – Southeast Region	1-877-647-4848 ext. 20149	<a href="mailto:jgarner@mhsindiana.com">jgarner@mhsindiana.com</a>
Taneya Wagaman	Provider Relations Specialist – Central Region	1-877-647-4848 ext. 20202	<a href="mailto:twagaman@mhsindiana.com">twagaman@mhsindiana.com</a>
Katherine Gibson	Provider Relations Specialist – North Central Region	1-877-647-4848 ext. 20959	<a href="mailto:kagibson@mhsindiana.com">kagibson@mhsindiana.com</a>
Esther Cervantes	Provider Relations Specialist – South West Region	1-877-647-4848 ext. 20947	<a href="mailto:Estherling.A.PimentelCervantes@mhsindiana.com">Estherling.A.PimentelCervantes@mhsindiana.com</a>
LaKisha Browder	Behavioral Health Provider Relations Specialist - East Region	1-877-647-4848 ext. 20224	<a href="mailto:lakisha.j.browder@mhsindiana.com">lakisha.j.browder@mhsindiana.com</a>

# Review

We hope you learned more about the following topics:

-  What products are offered by MHS and 2019 expansion plans
-  Details regarding Provider Analytics 2.0 and how this tool can enhance your quality performance to assist in closing member gaps
-  How Patient Analytics may be utilized to examine your MHS membership
-  New Pharmacy look up tool
-  Benefits using the MHS Portal
-  Online provider enrollment and demographic change applications
-  MHS contacts

# **Questions?**

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