










MHS PROVIDER ENROLLMENT AND CREDENTIALING



Agenda

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

MHS Provider Enrollment

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

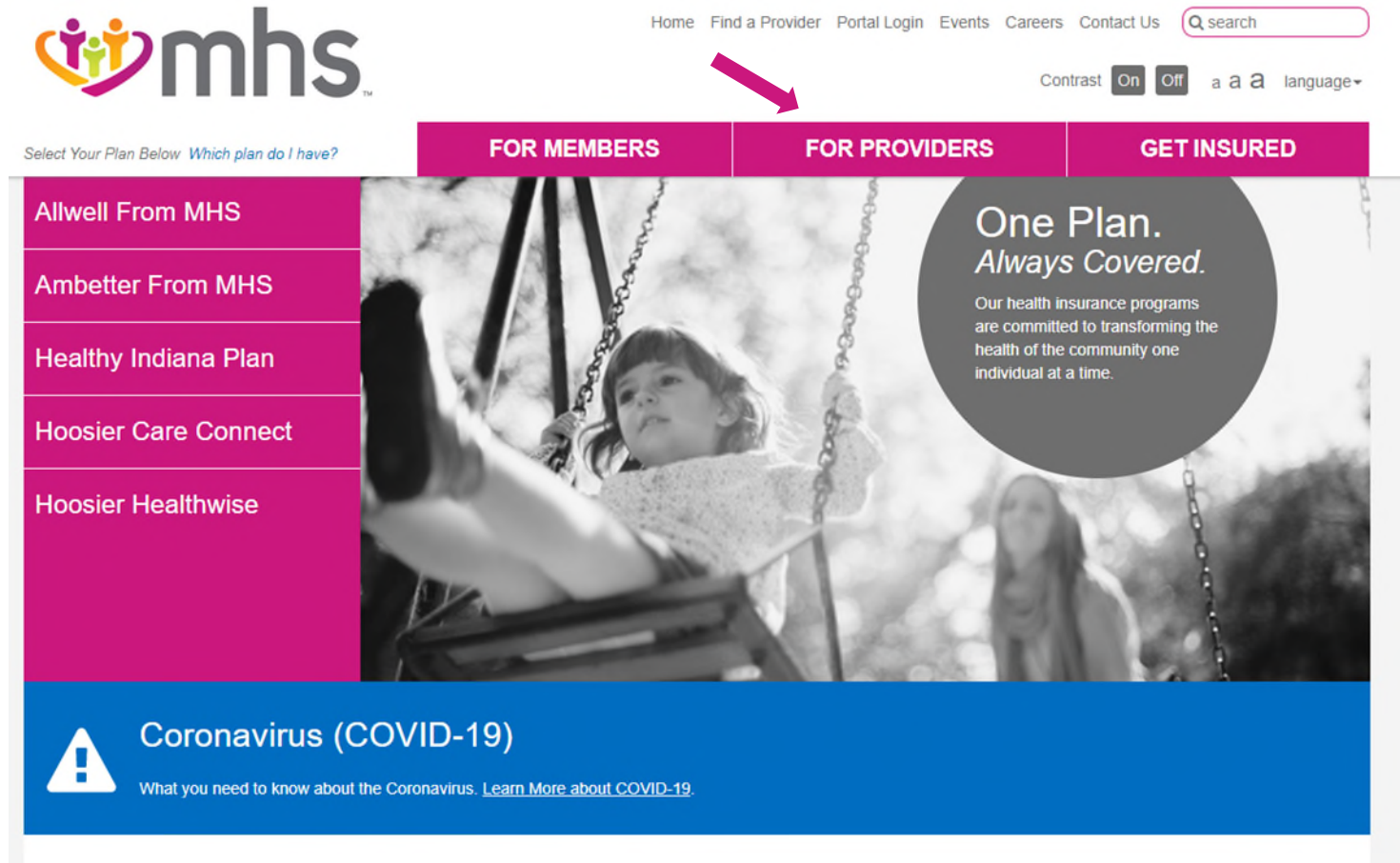
MHS Provider Enrollment

IHCP Provider Enrollment Link


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



MHS Provider Enrollment



The screenshot shows the MHS website with a pink header. The main navigation bar includes links for Home, Find a Provider, Portal Login, Events, Careers, and Contact Us, along with a search bar. A pink arrow points to the 'Find a Provider' link. Below the navigation bar, there are three tabs: 'FOR MEMBERS', 'FOR PROVIDERS', and 'GET INSURED'. The 'FOR PROVIDERS' tab is selected. On the left, a sidebar lists insurance plans: Allwell From MHS, Ambetter From MHS, Healthy Indiana Plan, Hoosier Care Connect, and Hoosier Healthwise. The main content area features a large image of a child on a swing with a text overlay that reads 'One Plan. Always Covered.' and a description of the health insurance programs. At the bottom, there is a blue banner with a warning icon and the text 'Coronavirus (COVID-19)' and a link to 'Learn More about COVID-19'.



Home Find a Provider Portal Login Events Careers Contact Us

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

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

Allwell From MHS

Ambetter From MHS


Healthy Indiana Plan

Hoosier Care Connect

Hoosier Healthwise

**One Plan.
Always Covered.**

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

 **Coronavirus (COVID-19)**

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

MHS Provider Enrollment



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

Contrast ☒ On ☐ Off [a](#) [a](#) [a](#) language▼

FOR MEMBERS

FOR PROVIDERS

GET INSURED

FOR PROVIDERS

Login

Enrollment and Updates



Prior Authorization



Dental Providers

Pharmacy



Opioid Resources

Behavioral Health Providers



Provider Resources



QI Program



Provider News

Email Sign Up



Portal Login

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

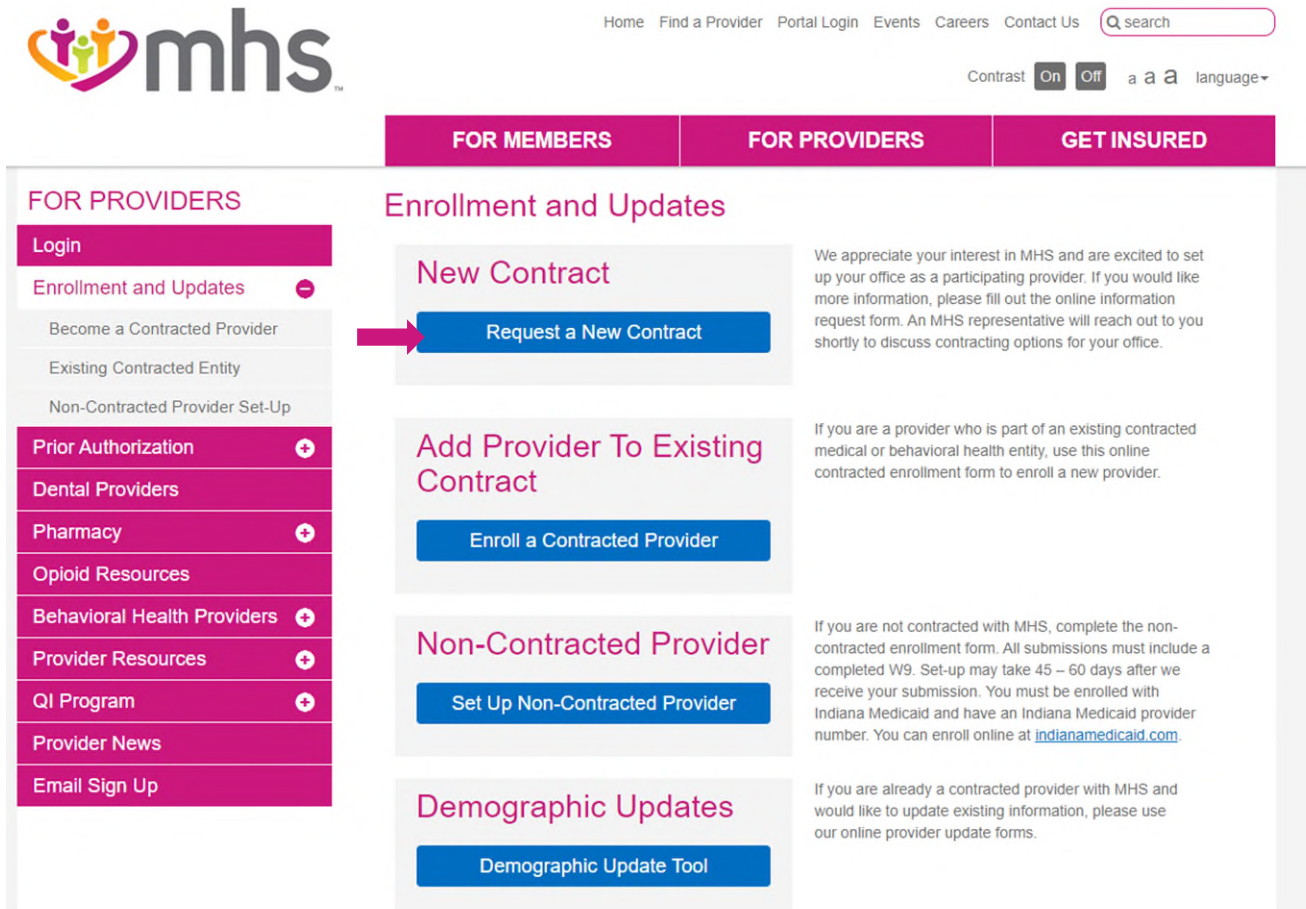
Login/Register

Join Our Network

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

Join Our Network

MHS Provider Enrollment



The screenshot shows the MHS website's provider enrollment section. At the top, there's a navigation bar with links: Home, Find a Provider, Portal Login, Events, Careers, Contact Us, and a search bar. Below this is a secondary navigation bar with three tabs: FOR MEMBERS, FOR PROVIDERS (which is active), and GET INSURED. On the left side of the FOR PROVIDERS section, there's a sidebar menu with options: Login, Enrollment and Updates (highlighted with a red arrow), Become a Contracted Provider, Existing Contracted Entity, Non-Contracted Provider Set-Up, Prior Authorization, Dental Providers, Pharmacy, Opioid Resources, Behavioral Health Providers, Provider Resources, QI Program, Provider News, and Email Sign Up. The main content area is titled 'Enrollment and Updates' and contains three primary sections: 'New Contract' with a 'Request a New Contract' button, 'Add Provider To Existing Contract' with an 'Enroll a Contracted Provider' button, and 'Non-Contracted Provider' with a 'Set Up Non-Contracted Provider' button. Below these are 'Demographic Updates' with a 'Demographic Update Tool' button. Each section includes explanatory text about the process and requirements.

FOR PROVIDERS

Enrollment and Updates

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

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


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

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

Requesting a New Contract

Requesting a New Contract

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



Request a New Contract

Please complete the online submission form and click submit.

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

FOR MEMBERS	FOR PROVIDERS	GET INSURED
Become a Contracted Provider		
<input checked="" type="radio"/> I do not have a contract and need to apply		
<input type="radio"/> I have a contract or have started the process of contracting with MHS, and want to add provider(s) to a Group or Facility contract		
Tax ID Number		Individual NPI Number *
<input type="text"/>		<input type="text"/>
Group NPI Number *		
<input type="text"/>		
Specialty		
<input type="text"/>		
Contract Type*		Provider Type*
<input type="checkbox"/> Medical		<input type="checkbox"/> Sole Proprietor (Practitioner billing under own TIN)
<input type="checkbox"/> Behavioral Health		<input type="checkbox"/> Group Practice
<input type="checkbox"/> Medical & Behavioral Health		<input type="checkbox"/> Facility/Ancillary
		<input type="checkbox"/> DME
Contract Products*		
<input type="checkbox"/> All Products		
<input type="checkbox"/> Hoosier Healthwise		
<input type="checkbox"/> Healthy Indiana Plan (HIP)		
<input type="checkbox"/> Hoosier Care Connect		
<input type="checkbox"/> Ambetter from MHS		
<input type="checkbox"/> Allwell from MHS		
Contact Name *		
<input type="text"/>		
Legal Name (W9) *		
<input type="text"/>		

Contact Title *

Legal Practice Name *

Practice County *


Contact Phone *

Contact Email *




Submit

Add Provider to Existing Contract


Add Provider to Existing Contract

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

Add Provider to Existing Contract

**FOR MEMBERS****FOR PROVIDERS****GET INSURED****FOR PROVIDERS**[Login](#)[Enrollment and Updates](#) [Become a Contracted Provider](#)[Existing Contracted Entity](#)[Non-Contracted Provider Set-Up](#)[Prior Authorization](#) [Dental Providers](#)[Pharmacy](#) [Opioid Resources](#)[Behavioral Health Providers](#) [Provider Resources](#) [QI Program](#) [Provider News](#)[Email Sign Up](#)**Enrollment and Updates****New Contract**[Request a New Contract](#)

We appreciate your interest in MHS and are excited to set up your office as a participating provider. If you would like more information, please fill out the online information request form. An MHS representative will reach out to you shortly to discuss contracting options for your office.

Add Provider To Existing Contract [Enroll a Contracted Provider](#)

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


Non-Contracted Provider[Set Up Non-Contracted Provider](#)


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

Demographic Updates[Demographic Update Tool](#)

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







Add Provider to Existing Contract

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



Home Find a Provider Portal Login Events Careers Contact Us

Contrast ☒ On ☐ Off a a a language▼

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

Existing Contracted Entity

Contract Type *

- ☐ Medical - Diagnostic Radiology, Pathology, ER Physician, Anesthesiology (non-pain management), CRNA
- ☐ Medical - Other
- ☐ Behavioral Health

Add Provider to Existing Contract



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

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

Existing Contracted Entity

Contract Type *

☐ Medical - Diagnostic Radiology, Pathology, ER Physician, Anesthesiology (non-pain management), CRNA

☒ Medical - Other

☐ Behavioral Health

CAQH Number *

Practitioner Name

First Name * Last Name *

Practitioner NPI *

Degree (select one) *

☐ MD

☐ DO

☐ DPM

☐ NP

☐ Other

Practitioner Email Address Practitioner Taxonomy Code *

Enrolling in Hoosier Healthwise? *

☐ Yes

☐ No

Enrolling in Healthy Indiana Plan? *

☐ Yes

☐ No

Add Provider to Existing Contract



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

Enrolling in Hoosier Care Connect? *

- ☐ Yes
☐ No

Enrolling in Ambetter from MHS? *

- ☐ Yes
☐ No

Enrolling in Allwell from MHS *

- ☐ Yes
☐ No

Do you ONLY provide care in a facility setting?

- ☐ Yes
☐ No

(i.e. hospital-based, hospitalist, etc.)

Age Restrictions*

- ☐ None ☐ 0-2 Years ☐ 0-12 Years ☐ 0-20 Years ☐ 3+ Years ☐ 13+ Years ☐ 0-17 Years
☐ 13-20 Years ☐ 17+ Years ☐ 21+ Years ☐ 65+ Years

Group NPI

Group Medicaid Number *

Alpha Suffix

TIN *

Only One Enrollment Form Required

If enrolling in HHW, HIP and/or HCC, you must the attach [MCE Universal form \(PDF\)](#).
If enrolling in Ambetter or Allwell ONLY, please attach [Ambetter/Allwell form \(PDF\)](#).

MCE Universal Enrollment Form (for HHW, HIP and/or HCC, or for all products)

No file chosen

Practitioner Enrollment Form (Ambetter/Allwell only)

No file chosen

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

No file chosen

Add Provider to Existing Contract



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

Comments

Enrollment Requested By:

*First Name **

*Last Name **

*Contact Email **

*Contact Phone **


*Date **



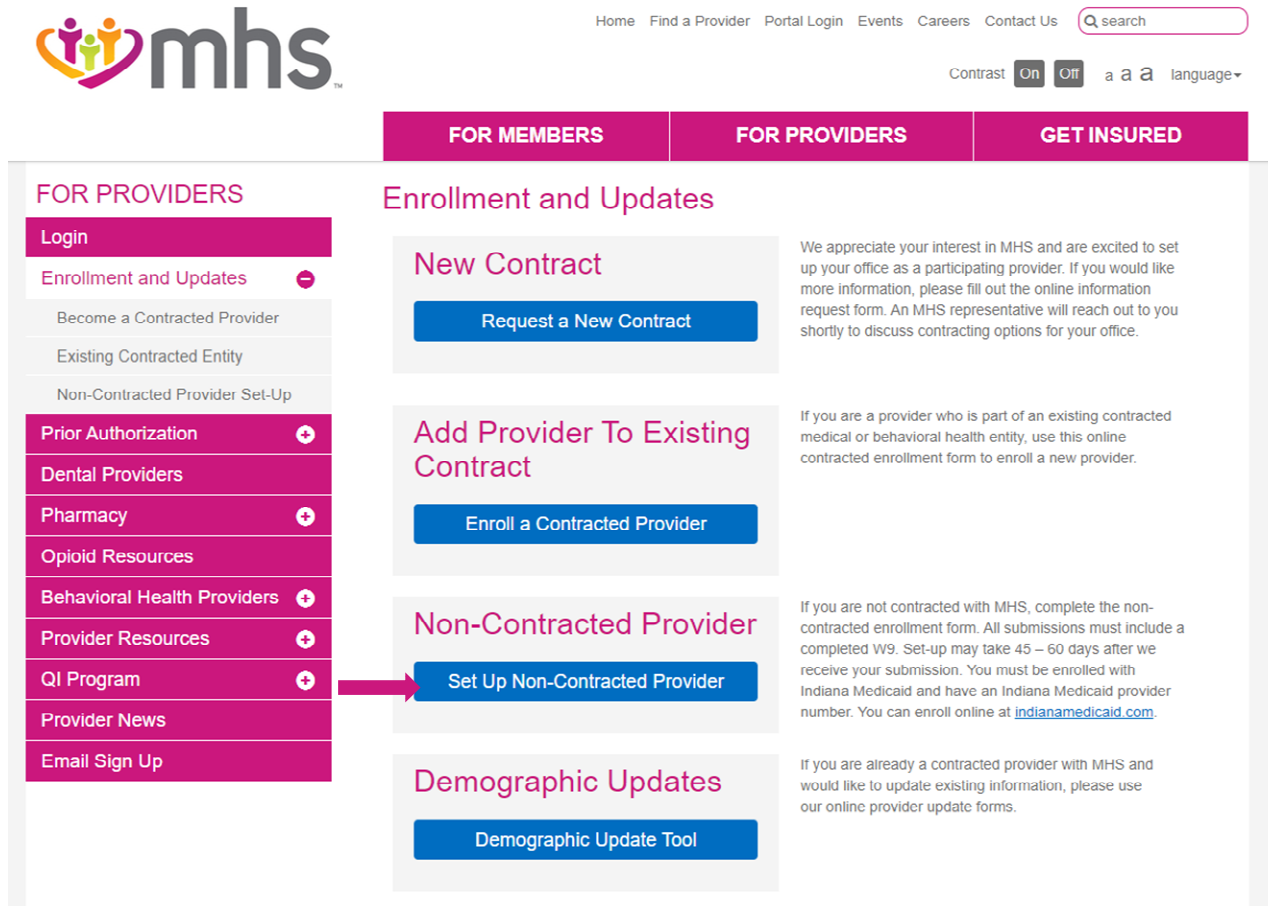
Submit

Non-Contracted Provider Enrollment

Non-Contracted Provider Enrollment







 If you are not contracted with MHS and do not wish to become contracted, complete the non-contracted enrollment form. All submissions must include a completed 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.

Non-Contracted Provider Enrollment



The screenshot displays the MHS website interface. At the top, the MHS logo is on the left, and navigation links (Home, Find a Provider, Portal Login, Events, Careers, Contact Us) and a search bar are on the right. Below the navigation bar, there are three main tabs: "FOR MEMBERS", "FOR PROVIDERS", and "GET INSURED". The "FOR PROVIDERS" tab is selected, and a sidebar on the left lists various provider-related options. A red arrow points from the "Set Up Non-Contracted Provider" option in the sidebar to the corresponding button in the main content area.

FOR PROVIDERS

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

Enrollment and Updates

New Contract

[Request a New Contract](#)

We appreciate your interest in MHS and are excited to set up your office as a participating provider. If you would like more information, please fill out the online information request form. An MHS representative will reach out to you shortly to discuss contracting options for your office.

Add Provider To Existing Contract

[Enroll a Contracted Provider](#)

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

Non-Contracted Provider

[Set Up Non-Contracted Provider](#)

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

Demographic Updates

[Demographic Update Tool](#)

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

Non-Contracted Provider Enrollment

 Please remember to upload a copy of the W9 Form.

FOR MEMBERS

FOR PROVIDERS

GET INSURED

FOR PROVIDERS

Login

Enrollment and Updates

Become a Contracted Provider

Existing Contracted Entity

Non-Contracted Provider Set-Up

Prior Authorization

Dental Providers

Pharmacy

Opioid Resources

Behavioral Health Providers

Provider Resources

QI Program

Provider News

Email Sign Up

Non-Contracted Provider Set-Up

W9 Form *
Choose File No file chosen

Please attach a completed W9. Please submit enrollments through your Provider Relations staff member if you bill with a SSN as your TIN.

Is this an update or a new submission? *
☒ Yes, we are already set-up with MHS
☐ No, we have not been set up with MHS before

Provider Indiana Medicaid # *

Group/Facility Name *

Group Indiana Medicaid # *

Practitioner Name
First Name *

Last Name *

Practitioner Gender *
☐ Male
☐ Female
☐ N/A (Facility)

Practitioner Email Address

Non-Contracted Provider Enrollment

*Tax ID # **

*Individual NPI # **

*Group NPI # **

*Primary Taxonomy Code **

Specialty

Billing Address

Street Address


City

Zip / Postal Code

State

Billing Address Phone

Non-Contracted Provider Enrollment

 Once the form is completed and you have uploaded the W9 Form, click Submit and this will be routed to the MHS Enrollment Team.

Service Location Address

Street Address

City

Zip / Postal Code

State

Alabama

Service Location Phone


Contact First Name *

Contact Last Name *

Contact Title *


Contact Phone *

Contact Email *



Demographic Updates

Demographic Updates

 MHS is committed to providing our providers with the best tools possible to support their administrative needs. We have created an easy way for you to request updates to your information and ensure we receive what we need to complete your request in a timely manner.

Demographic Updates



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

Contrast ☒ On ☐ Off language ▾


FOR MEMBERS

FOR PROVIDERS

GET INSURED

FOR PROVIDERS


Login

Enrollment and Updates 


Become a Contracted Provider

Existing Contracted Entity

Non-Contracted Provider Set-Up

Prior Authorization 


Dental Providers

Pharmacy 

Opioid Resources

Behavioral Health Providers 

Provider Resources 

QI Program 

Provider News

Email Sign Up

Enrollment and Updates

New Contract

[Request a New Contract](#)

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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](#)

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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.

Demographic Updates

FOR MEMBERS

FOR PROVIDERS

GET INSURED

FOR PROVIDERS

Login

Enrollment and Updates +

Prior Authorization +

Dental Providers

Pharmacy +

Opioid Resources

Behavioral Health Providers +

Provider Resources -

Case and Disease Management

Clinical & Payment Policies

Electronic Transactions +

Demographic Update Tool

Forms

Frequently Asked Questions

Grievance Process

Demographic Update Tool

MHS is committed to providing our providers with the best tools possible to support their administrative needs. We have created an easy way for you to request updates to your information and ensure we receive what we need to complete your request in a timely manner.

Need to review your existing information or have a question? If you are a contracted provider you can visit our [Provider Directory](#) to review your information. Please note that hospital-based and midlevel providers will not show in the directory. If you are a non-contracted provider, please call Provider Services at 1-877-647-4848. Our [Contact Us](#) page is always available for general questions as well.

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

What would you like to do?

MAKE AN ADDRESS CHANGE? +

MAKE A DEMOGRAPHIC CHANGE? +

UPDATE MEMBER ASSIGNMENT LIMITATIONS? +

TERM AN EXISTING PROVIDER? +

MAKE A CHANGE TO AN IRS NUMBER OR NPI NUMBER? +

Demographic Updates

FOR MEMBERS

FOR PROVIDERS

GET INSURED

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.

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

What would you like to do?

MAKE AN ADDRESS CHANGE?

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

MAKE A DEMOGRAPHIC CHANGE?

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

Demographic Updates

UPDATE MEMBER ASSIGNMENT LIMITATIONS?

[Change Accepting New Members Status](#)

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

[Change Age Restrictions](#)

TERM AN EXISTING PROVIDER?

[PMP](#)

[Specialist](#)




MAKE A CHANGE TO AN IRS NUMBER OR NPI NUMBER?

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

[Change an NPI Number](#)

[Update an IRS Address](#)

Demographic Updates




Health Care

What is VerifyHCP.

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

HOW IT WORKS:


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

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

WHAT TO EXPECT

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


Streamlined



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

VS

Conventional

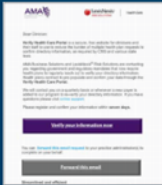


Updates tested through **multiple** channels

EMAIL OUTREACH

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

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



FAX OUTREACH

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

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

PHONE OUTREACH

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

LARGE GROUP OUTREACH

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

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


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0219.PR.P.FL 3/19




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

Credentialing and Re-credentialing

Credentialing and Re-credentialing






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

Credentialing and Re-credentialing




 The minimum requirements for participation in the MHS network are available in the MHS Provider Manual, Chapter 16.

https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/Provider_Manual_2020.pdf






Credentialing and Re-credentialing

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

Credentialing and Re-credentialing

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

Credentialing and Re-credentialing

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

Credentialing and Re-credentialing









Re-Credentialing

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

MHS Team

Provider Relations Regional Mailboxes

Regional Mailboxes

-  Northeast Region: MHS_ProviderRelations_NE@mhsindiana.com
-  North Central Region: MHS_ProviderRelations_NC@mhsindiana.com
-  Central Region: MHS_ProviderRelations_C@mhsindiana.com
-  Northwest Region: MHS_ProviderRelations_NW@mhsindiana.com
-  Southwest Region: MHS_ProviderRelations_SW@mhsindiana.com
-  Southeast Region: MHS_ProviderRelations_SE@mhsindiana.com
-  South Central Region: MHS_ProviderRelations_SC@mhsindiana.com
-  Tier 1 Providers: IndyProvRelations@mhsindiana.com

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

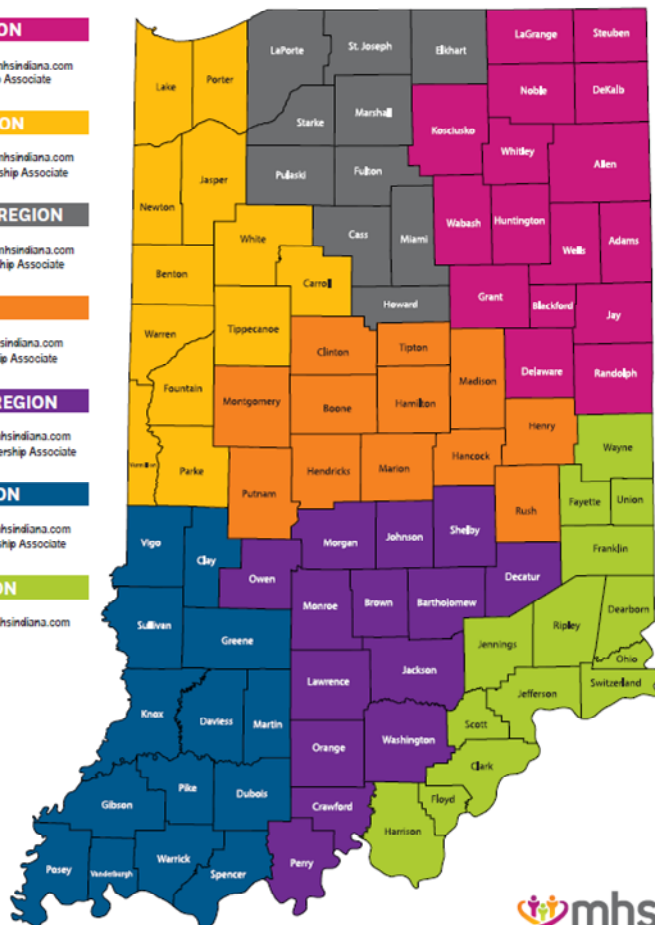
For claims issues, email:
MHS_ProviderRelations_SC@mhsindiana.com
Dalesia Denning, Provider Partnership Associate
1-877-647-4848, ext. 20026

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
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Available online:

https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ProviderTerritory_map_2020.pdf

MHS Provider Network Territories

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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

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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

NETWORK LEADERSHIP

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Back of Map

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