









Provider Enrollment and Credentialing


2021 Annual IHCP Works Seminar




Agenda

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

MHS Provider Enrollment

 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 provider must have a current IHCP provider enrollment number before beginning the process of enrolling with MHS.

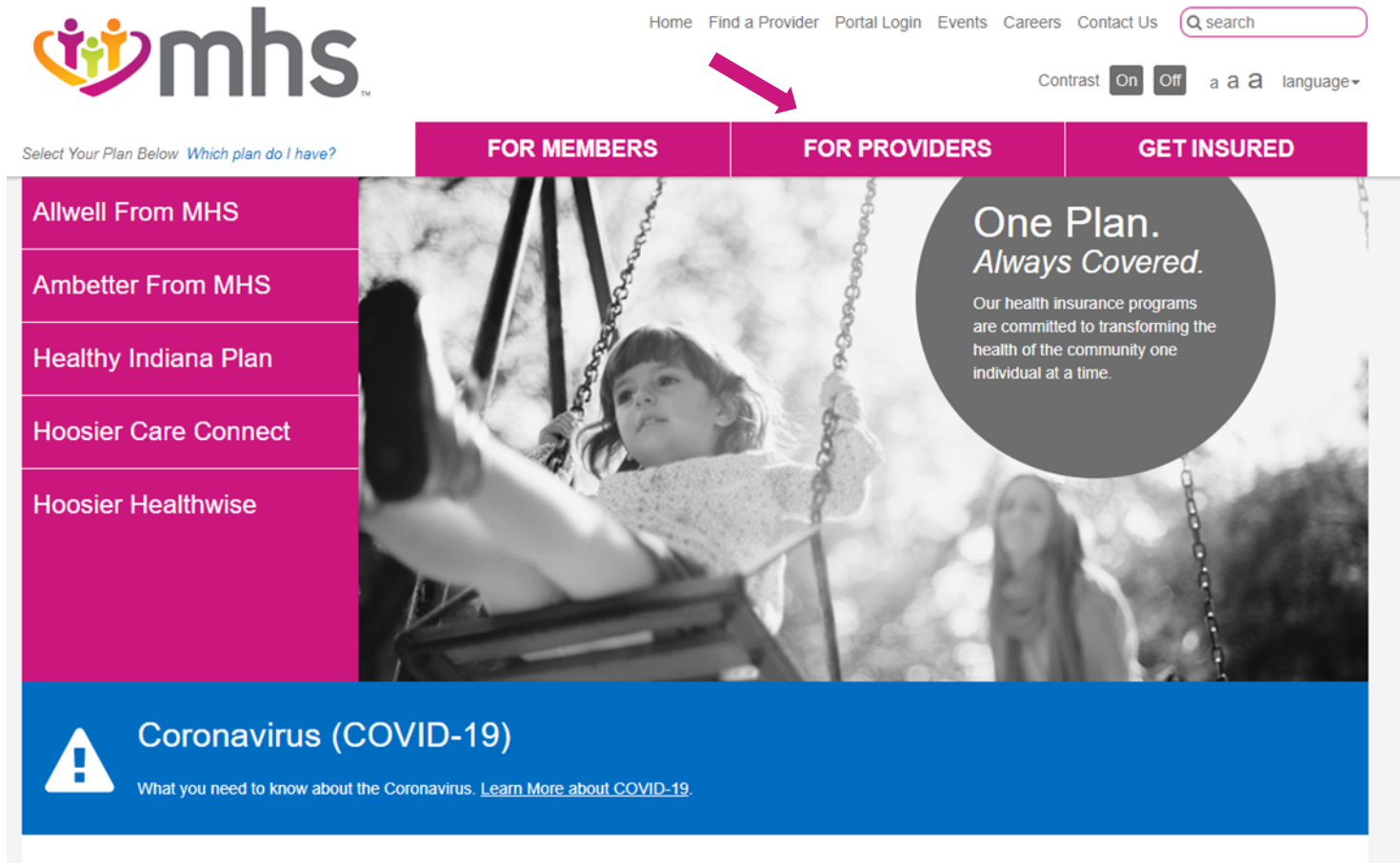
MHS Provider Enrollment

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

Contrast ☒ On ☐ Off a a a language

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

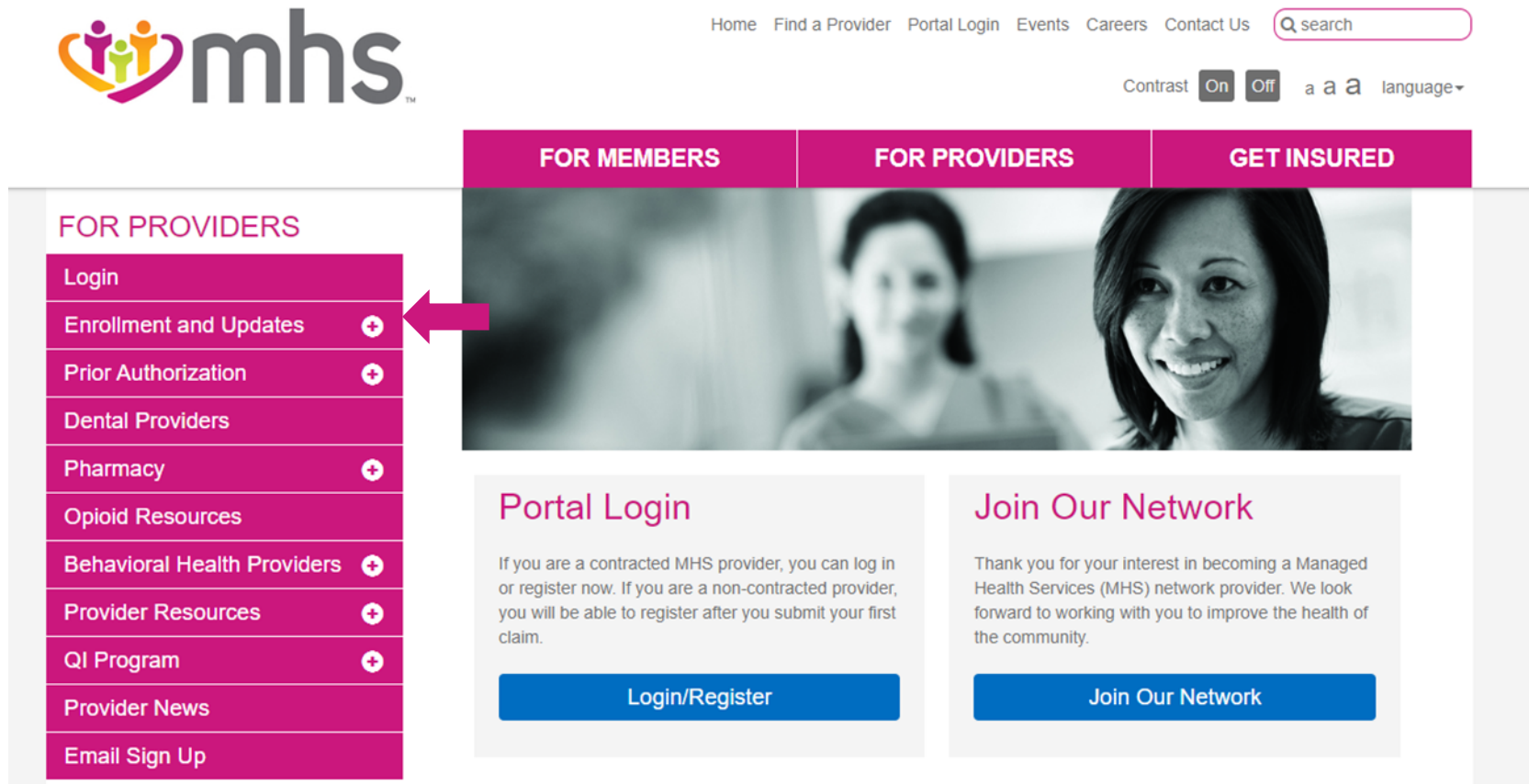
One Plan. Always Covered.

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



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 sections: "FOR MEMBERS", "FOR PROVIDERS", and "GET INSURED". The "FOR PROVIDERS" section is highlighted with a pink arrow pointing to a sidebar menu. This menu lists various options: Login, Enrollment and Updates (with a plus icon), Prior Authorization (with a plus icon), Dental Providers, Pharmacy (with a plus icon), Opioid Resources, Behavioral Health Providers (with a plus icon), Provider Resources (with a plus icon), QI Program (with a plus icon), Provider News, and Email Sign Up. To the right of the sidebar, there is a large image of two smiling women. Below the image, there are two main content areas: "Portal Login" and "Join Our Network". The "Portal Login" section includes a brief description of the login process for contracted and non-contracted providers, followed by a blue button labeled "Login/Register". The "Join Our Network" section includes a thank-you message for interest in becoming a Managed Health Services (MHS) network provider, followed by a blue button labeled "Join Our Network".

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

FOR PROVIDERS

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.

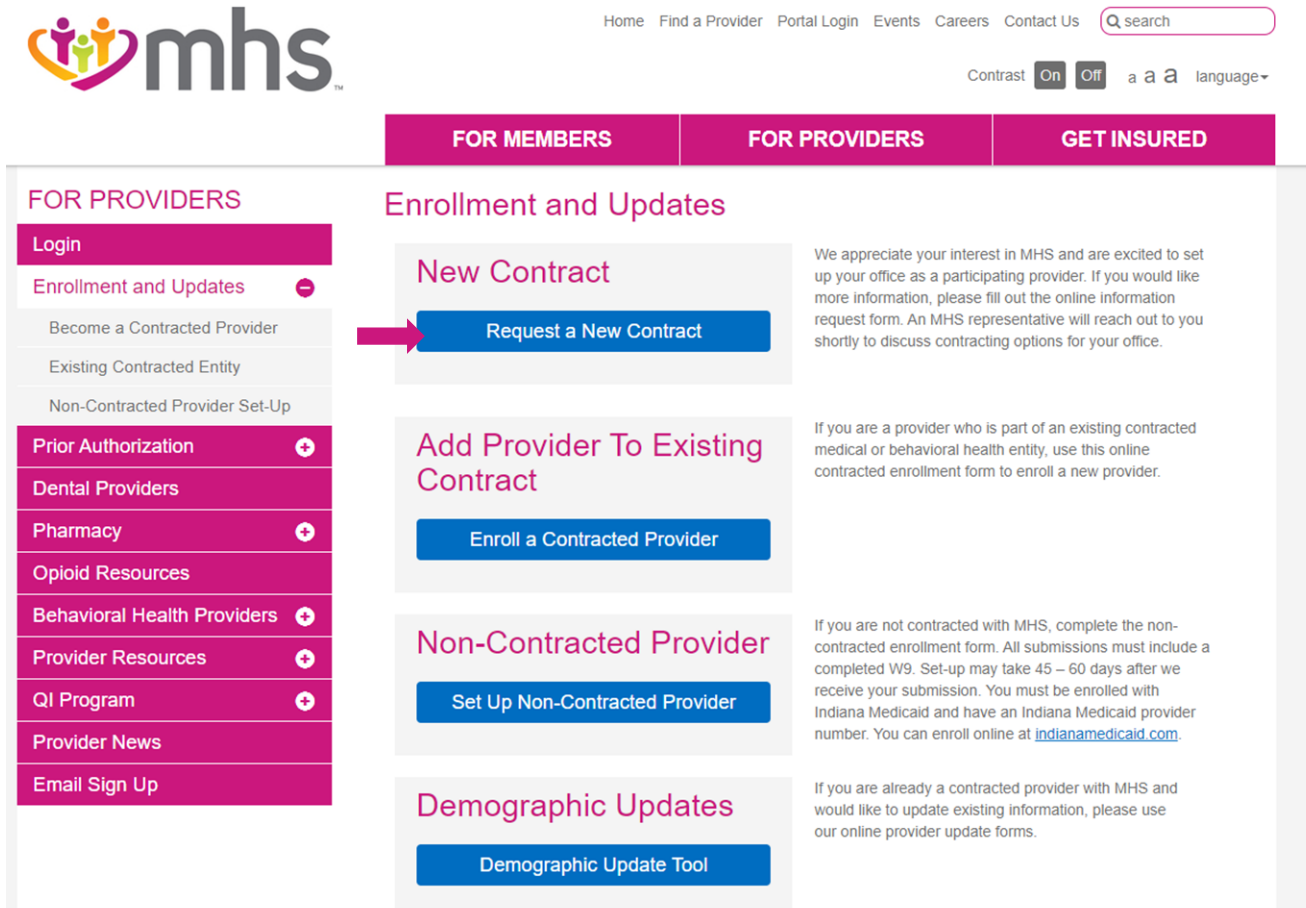
[Login/Register](#)

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 main categories: FOR MEMBERS, FOR PROVIDERS (highlighted), and GET INSURED. Under the FOR PROVIDERS category, 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 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. Each section includes a brief description of the process. A 'Demographic Updates' section with a 'Demographic Update Tool' button is also visible at the bottom.

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.

Request a New Contract

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.

Enroll a Contracted 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.

Set Up Non-Contracted Provider


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.

Demographic Update Tool

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 MHS Contracting 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
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		
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 <div> <div> Tax ID Number <input type="text"/> </div> <div> Individual NPI Number * <input type="text"/> </div> </div> <div> Group NPI Number * <input type="text"/> </div> <div> Specialty <input type="text"/> </div> <div> Contract Type* <input type="checkbox"/> Medical <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Medical & Behavioral Health </div> <div> Provider Type* <input type="checkbox"/> Sole Proprietor (Practitioner billing under own TIN) <input type="checkbox"/> Group Practice <input type="checkbox"/> Facility/Ancillary <input type="checkbox"/> DME </div> <div> 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 </div> <div> Contact Name * <input type="text"/> </div> <div> Legal Name (W9) * <input type="text"/> </div>		

Contact Title *

Legal Practice Name *

Practice County *


Contact Phone *

Contact Email *

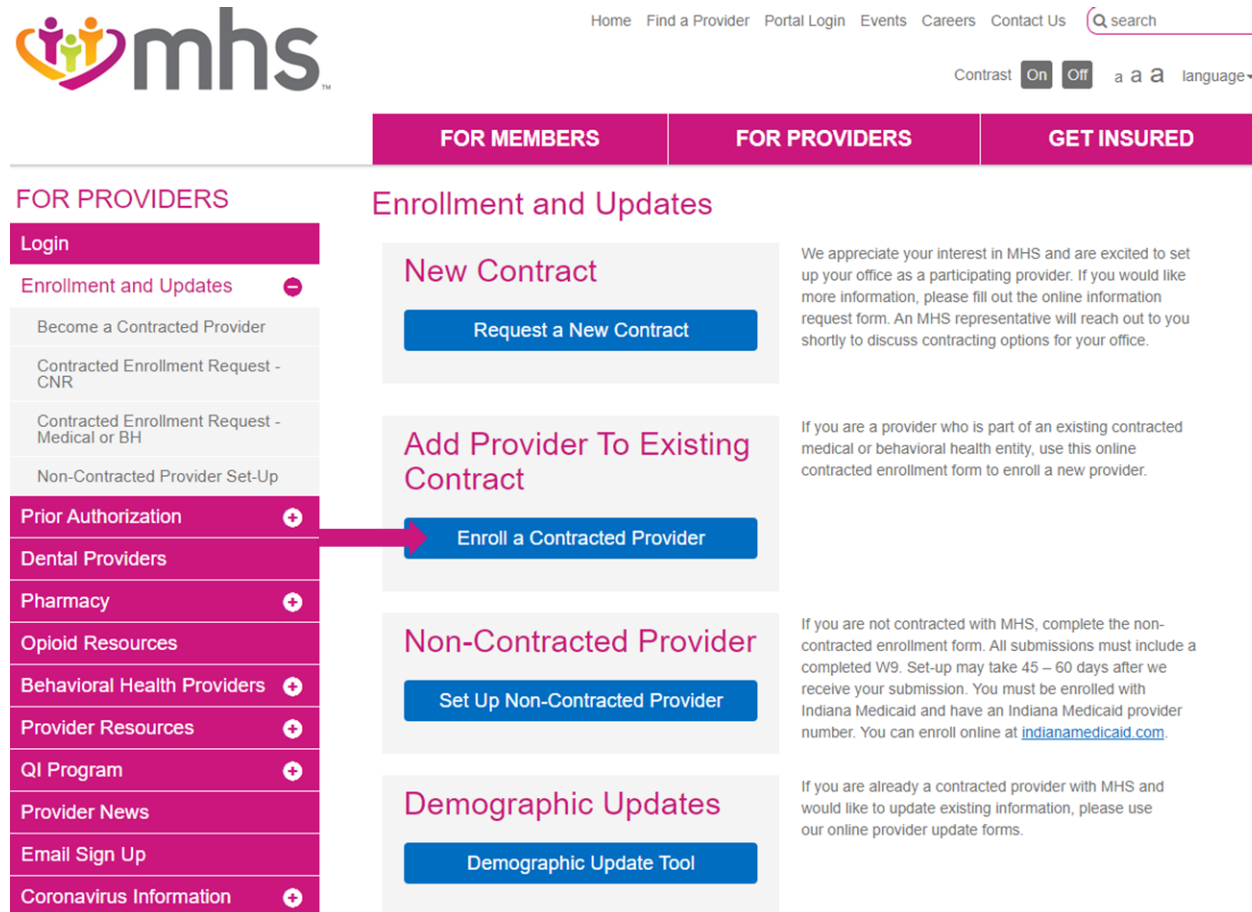


Add Provider to Existing Contract

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



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

Contracted Enrollment Request - CNR

Contracted Enrollment Request - Medical or BH

Non-Contracted Provider Set-Up

Prior Authorization +

Dental Providers

Pharmacy +

Opioid Resources

Behavioral Health Providers +

Provider Resources +

QI Program +

Provider News

Email Sign Up

Coronavirus Information +

Enrollment and Updates

New Contract

Request a New Contract

Add Provider To Existing Contract

Enroll a Contracted Provider

Non-Contracted Provider

Set Up Non-Contracted Provider

Demographic Updates

Demographic Update Tool


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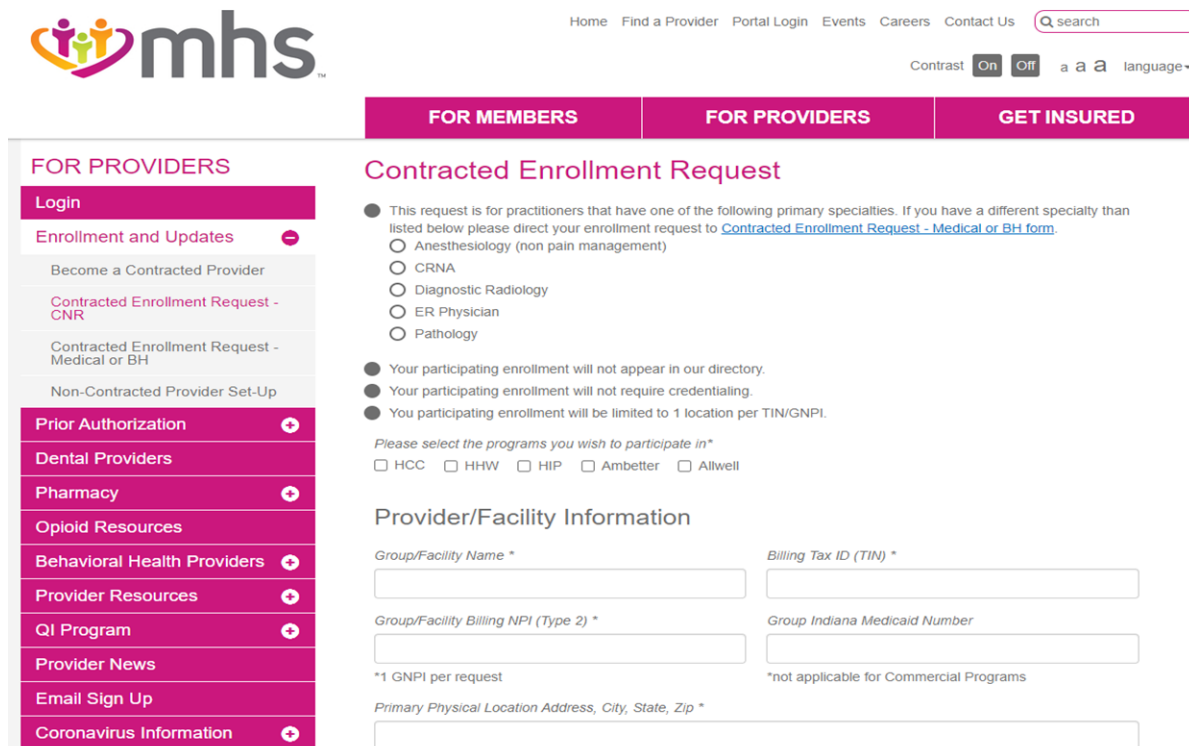
If you are a provider who is part of an existing contracted medical or behavioral health entity, use this online contracted enrollment form to enroll a new provider.

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.

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 specialty type.



The screenshot shows the MHS website interface. At the top, there is a navigation bar with links: Home, Find a Provider, Portal Login, Events, Careers, Contact Us, and a search bar. Below this is a secondary bar with 'Contrast' (On/Off), font size controls (a a a), and a language dropdown. The main content area has three tabs: 'FOR MEMBERS', 'FOR PROVIDERS' (selected), and 'GET INSURED'. Under the 'FOR PROVIDERS' tab, there is a sidebar menu with options: Login, Enrollment and Updates (selected), Become a Contracted Provider, Contracted Enrollment Request - CNR, Contracted Enrollment Request - Medical or BH, Non-Contracted Provider Set-Up, Prior Authorization, Dental Providers, Pharmacy, Opioid Resources, Behavioral Health Providers, Provider Resources, QI Program, Provider News, Email Sign Up, and Coronavirus Information. The main content area is titled 'Contracted Enrollment Request' and contains the following text and form elements:

- This request is for practitioners that have one of the following primary specialties. If you have a different specialty than listed below please direct your enrollment request to [Contracted Enrollment Request - Medical or BH form](#).
 - ☐ Anesthesiology (non pain management)
 - ☐ CRNA
 - ☐ Diagnostic Radiology
 - ☐ ER Physician
 - ☐ Pathology
- Your participating enrollment will not appear in our directory.
- Your participating enrollment will not require credentialing.
- You participating enrollment will be limited to 1 location per TIN/GNPI.

Please select the programs you wish to participate in*

☐ HCC ☐ HHW ☐ HIP ☐ Ambetter ☐ Allwell

Provider/Facility Information


Group/Facility Name * Billing Tax ID (TIN) *

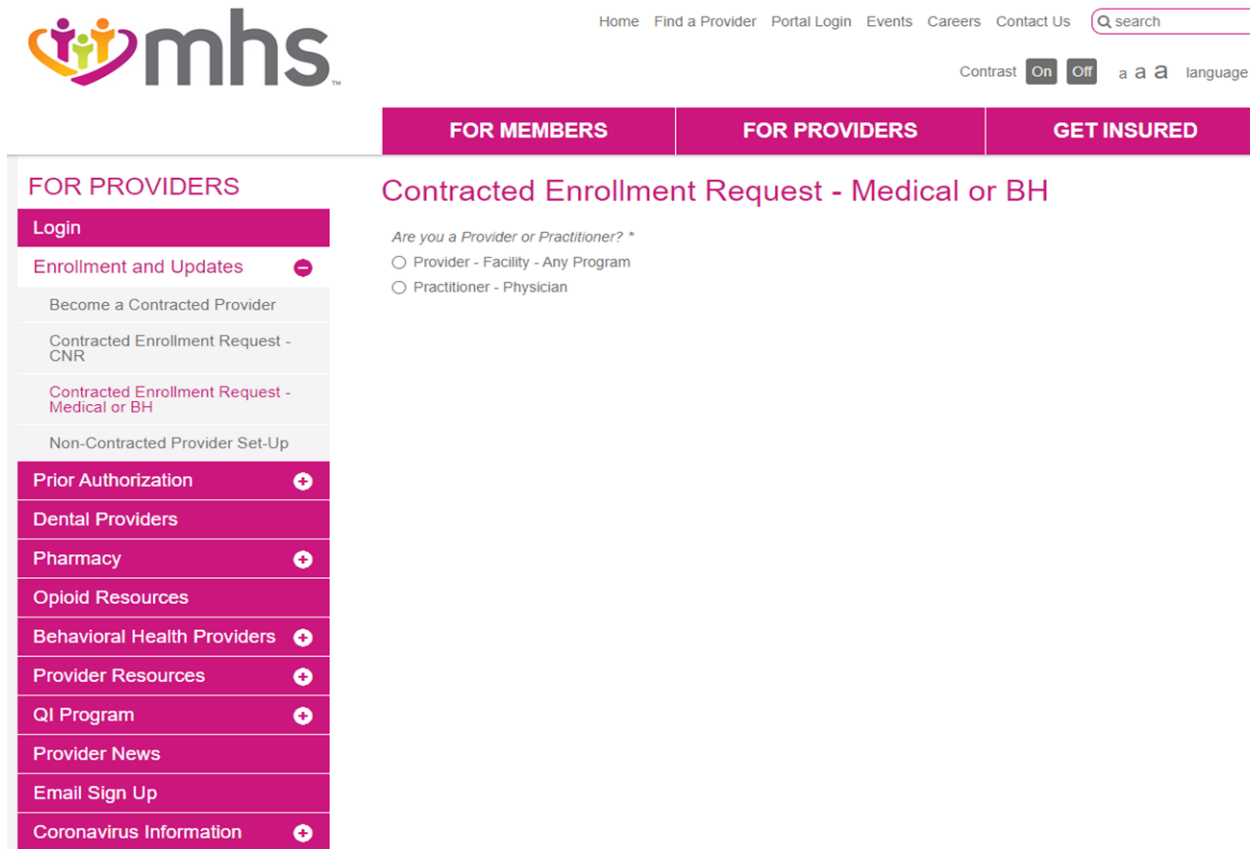
Group/Facility Billing NPI (Type 2) * Group Indiana Medicaid Number

*1 GNPI per request *not applicable for Commercial Programs

Primary Physical Location Address, City, State, Zip *

Add Provider to Existing Contract

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



The screenshot shows the MHS website interface for providers. At the top, there is a navigation bar with links: Home, Find a Provider, Portal Login, Events, Careers, and Contact Us. A search bar is located to the right of these links. Below the navigation bar, there are three main tabs: FOR MEMBERS, FOR PROVIDERS (which is selected), and GET INSURED. The FOR PROVIDERS tab is active, displaying a sidebar menu on the left and a main content area on the right. The sidebar menu includes options like Login, Enrollment and Updates (with a minus icon), Become a Contracted Provider, Contracted Enrollment Request - CNR, Contracted Enrollment Request - Medical or BH, Non-Contracted Provider Set-Up, Prior Authorization (with a plus icon), Dental Providers, Pharmacy (with a plus icon), Opioid Resources, Behavioral Health Providers (with a plus icon), Provider Resources (with a plus icon), QI Program (with a plus icon), Provider News, Email Sign Up, and Coronavirus Information (with a plus icon). The main content area is titled 'Contracted Enrollment Request - Medical or BH' and contains a form with the question 'Are you a Provider or Practitioner? *'. Below this question are two radio button options: 'Provider - Facility - Any Program' and 'Practitioner - Physician'.

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

Contracted Enrollment Request - CNR

Contracted Enrollment Request - Medical or BH

Non-Contracted Provider Set-Up

Prior Authorization +

Dental Providers

Pharmacy +

Opioid Resources

Behavioral Health Providers +

Provider Resources +

QI Program +

Provider News

Email Sign Up

Coronavirus Information +

Contracted Enrollment Request - Medical or BH

Are you a Provider or Practitioner? *

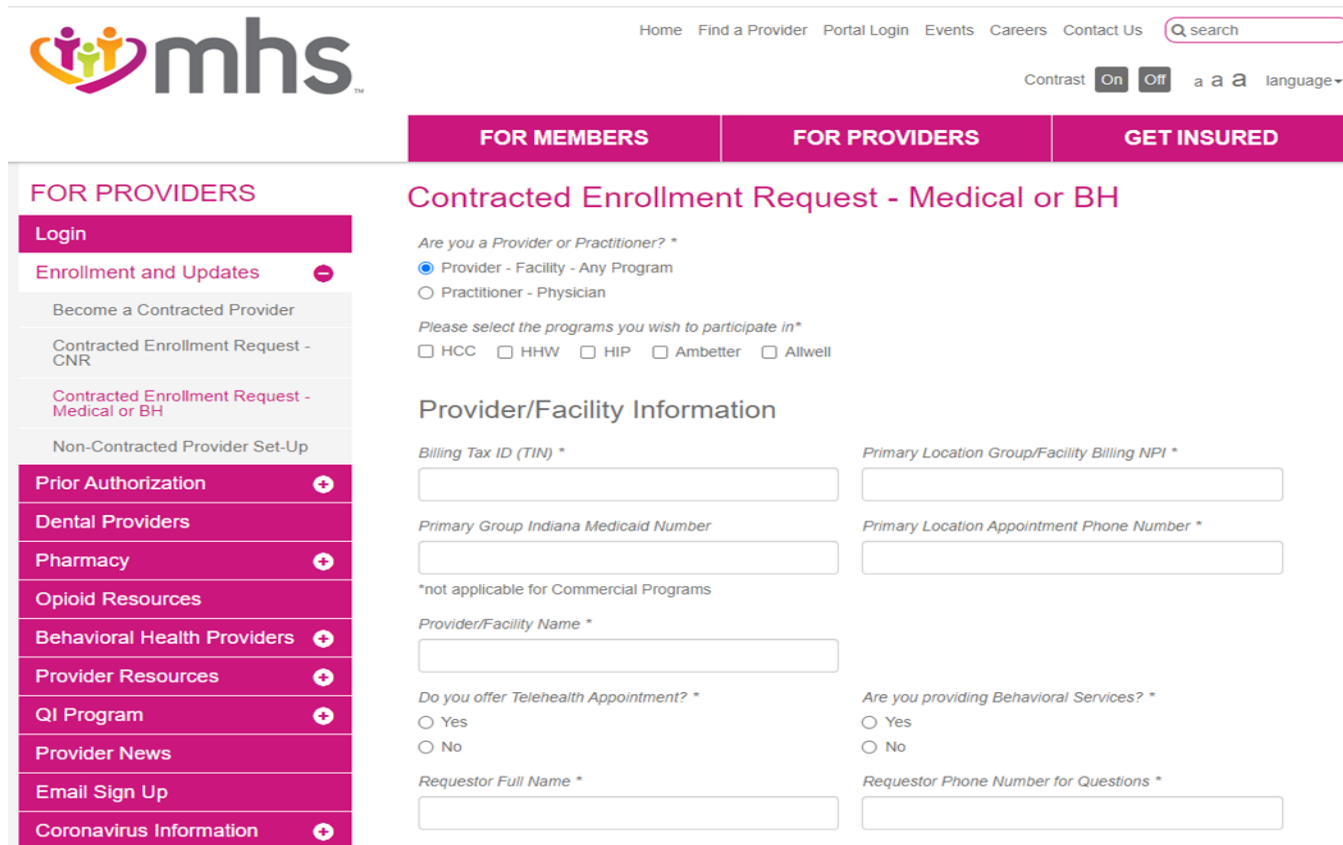
☐ Provider - Facility - Any Program

☐ Practitioner - Physician

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.



The screenshot shows the MHS website interface for adding a provider to an existing contract. The top navigation bar includes links for Home, Find a Provider, Portal Login, Events, Careers, and Contact Us, along with a search bar. Below the navigation bar, there are three main tabs: FOR MEMBERS, FOR PROVIDERS (selected), and GET INSURED. The FOR PROVIDERS tab is active, showing a sidebar with various options like Login, Enrollment and Updates, and Prior Authorization. The main content area is titled 'Contracted Enrollment Request - Medical or BH' and contains a form with several sections: 'Are you a Provider or Practitioner?' (with radio buttons for Provider - Facility - Any Program and Practitioner - Physician), 'Please select the programs you wish to participate in*' (with checkboxes for HCC, HHW, HIP, Ambetter, and Allwell), 'Provider/Facility Information' (with fields for Billing Tax ID (TIN), Primary Group Indiana Medicaid Number, Provider/Facility Name, and Requestor Full Name), and 'Primary Location Group/Facility Billing NPI' (with a field for Primary Location Appointment Phone Number). There are also checkboxes for 'Do you offer Telehealth Appointment?' and 'Are you providing Behavioral Services?'. The form is designed to collect necessary information for enrolling a provider into a specific program.

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 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 **



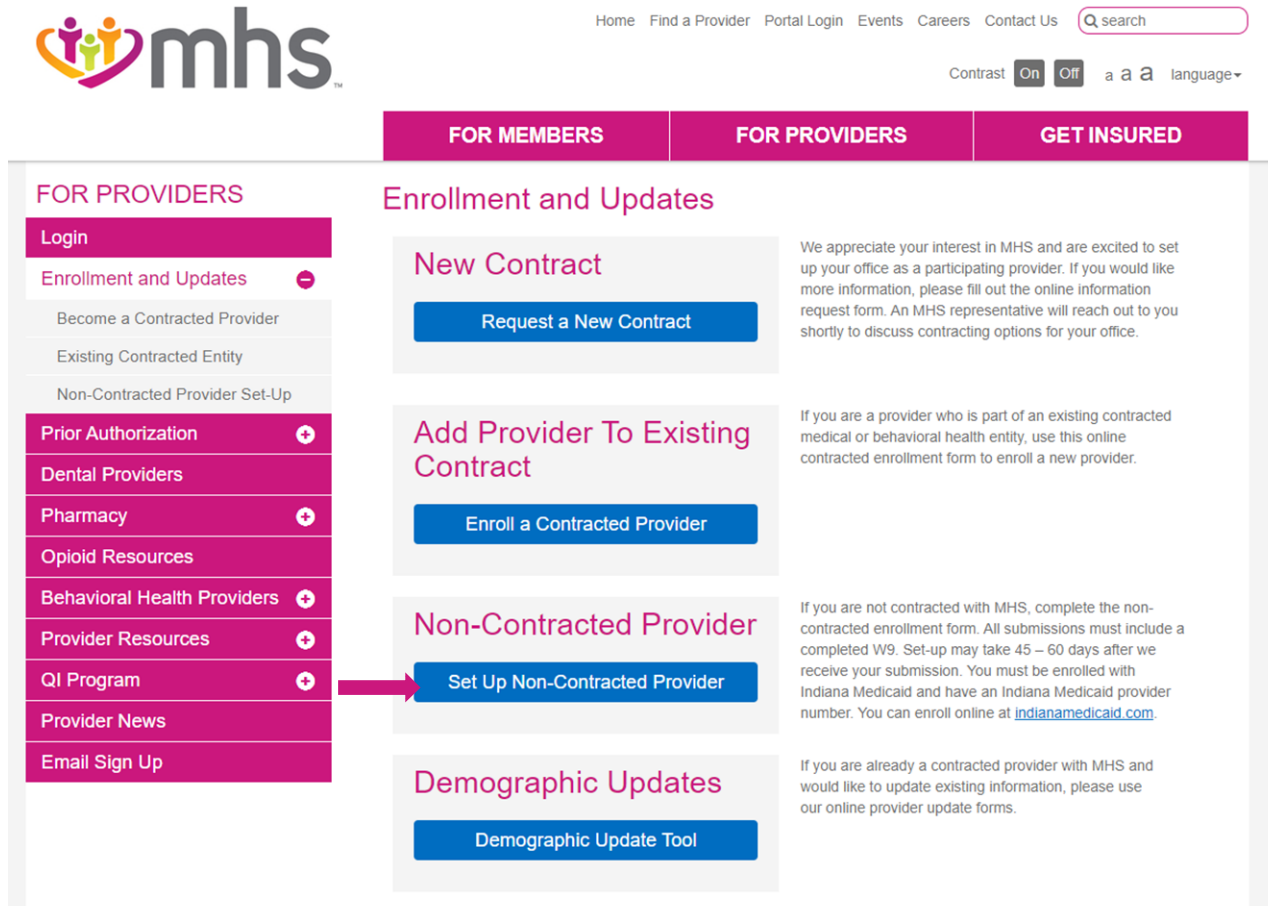
Submit

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 shows the MHS website interface. At the top, there is a navigation bar with links: Home, Find a Provider, Portal Login, Events, Careers, Contact Us, and a search bar. 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 resources. The main content area is titled 'Enrollment and Updates' and contains three sections: 'New Contract', 'Add Provider To Existing Contract', and 'Non-Contracted Provider'. The 'Non-Contracted Provider' section has a blue button labeled 'Set Up Non-Contracted Provider', which is highlighted with a red arrow from the sidebar. The 'Non-Contracted Provider' section also includes a description of the enrollment process and a link to the online enrollment form.

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



[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

Contracted Enrollment Request -
CNR

Contracted Enrollment Request -
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Non-Contracted Provider Set-Up

Prior Authorization

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Behavioral Health Providers

Provider Resources

QI Program

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Email Sign Up

Coronavirus Information

Non-Contracted Provider Set-Up

Are you a Provider or Practitioner? *

☐ Provider - Facility

☒ Practitioner - Physician

Provider/Facility Information

Group/Facility Name *

Billing Tax ID (TIN) *

Group/Facility Billing NPI (Type 2) *

Group Indiana Medicaid Number

*1 GNPI per request

*not applicable for Commercial Programs

Practicing Primary Physical Location Address, City, State, Zip *

Location Appointment Phone Number *

Group/Facility Specialty *

*i.e. Clinic, Hospital, DME, RHC, FQHC, Ambulance,
Group Practice, etc.

Practitioner Information

Practitioner Full Name *

Practitioner NPI (Type 1) *

Practitioner Indiana Medicaid Number

Practitioner Primary Specialty *

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.

*Practicing Primary Physical Location Address, City, State, Zip **

*Location Appointment Phone Number **

*Group/Facility Specialty **

*i.e. Clinic, Hospital, DME, RHC, FQHC, Ambulance, Group Practice, etc.

Practitioner Information

*Practitioner Full Name **

*Practitioner NPI (Type 1) **

Practitioner Indiana Medicaid Number

*not applicable for Commercial Programs

*Practitioner Primary Specialty **

*Practitioner Primary Taxonomy **

*Requestor Full Name **


*Requestor Phone Number for Questions **

*Requestor Email Contact for Questions **

Document Attachments Required

Please attach a copy of your most current W9 for accurate 1099 processing. *

[Choose File](#) No file chosen


☐ I'm not a robot 

[Submit](#)

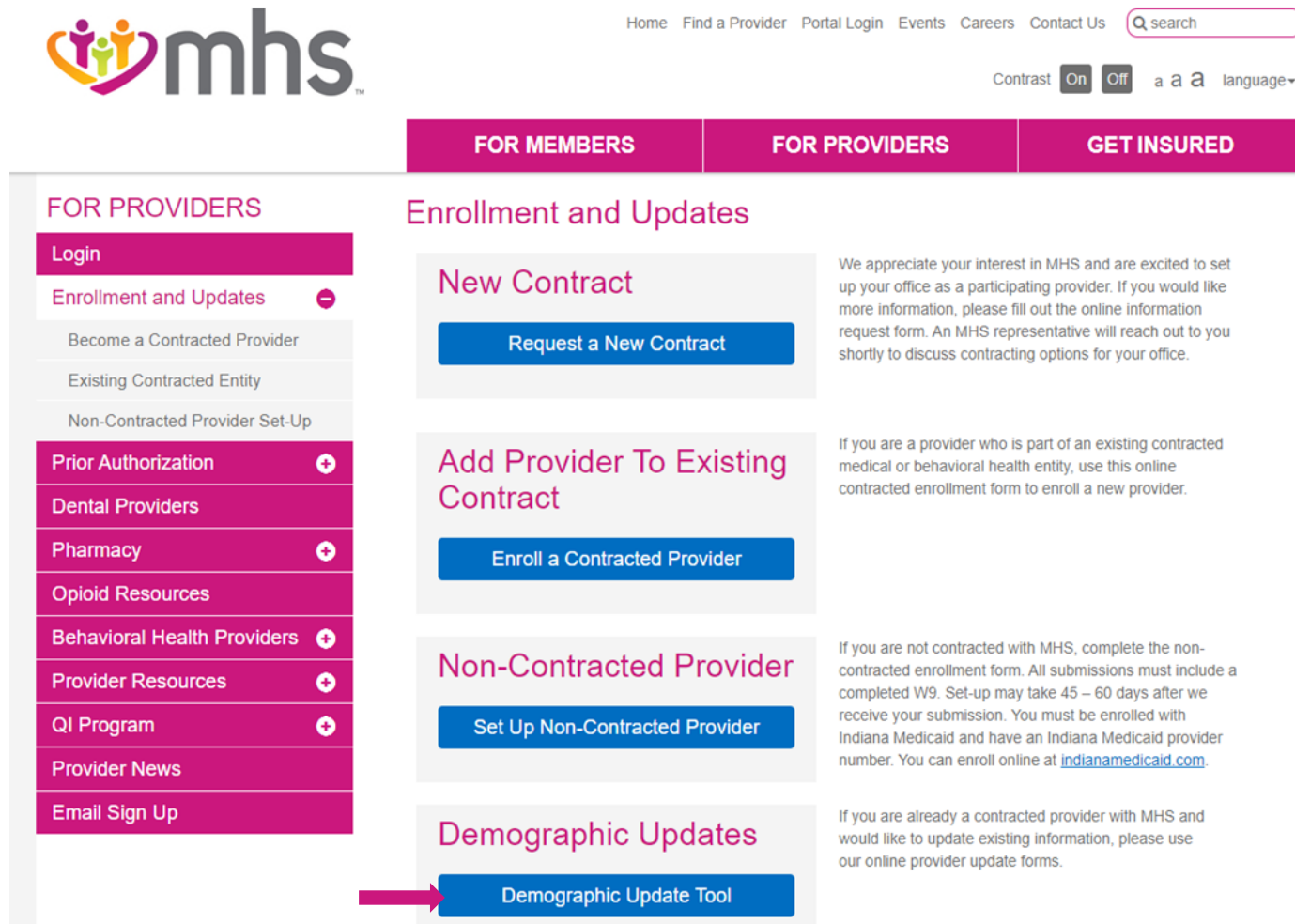


Demographic Updates

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



The screenshot shows the MHS website interface. At the top, there is 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 main sections: FOR MEMBERS, FOR PROVIDERS, and GET INSURED. The FOR PROVIDERS section is active, showing a sidebar menu on the left and a main content area on the right. The sidebar menu includes links for Login, Enrollment and Updates (with a minus icon), Become a Contracted Provider, Existing Contracted Entity, Non-Contracted Provider Set-Up, Prior Authorization (with a plus icon), Dental Providers, Pharmacy (with a plus icon), Opioid Resources, Behavioral Health Providers (with a plus icon), Provider Resources (with a plus icon), QI Program (with a plus icon), Provider News, and Email Sign Up. The main content area is titled 'Enrollment and Updates' and contains three 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 is a 'Demographic Updates' section with a 'Demographic Update Tool' button, which is highlighted by a red arrow. Text descriptions are provided for each section, explaining the process for new and existing providers.

FOR PROVIDERS

Enrollment and Updates

New Contract

Request a New Contract

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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

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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

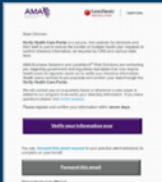


Updates received through **multiple** channels

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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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.

Provider Directory Requirements

Provider Directory Requirements



Health plans/issuers are required to **establish a provider directory on their public website** that contains a list of providers and facilities they have a direct or indirect contractual relationship with for furnishing items or services under the plan.



Additionally, plans/issuers are required to:

- Establish the required verification process.
 - Verify and update the provider directory information every **90 days**.
 - Establish a process to remove providers that are unable to be verified during a timeframe established by issuer.
 - Make updates within 2 business days of receiving updates from a provider.
- Establish the required response protocol.
 - If a member requests information on whether a provider is in-network through a telephone call or electronic, web-based, or internet-based manner, the issuer must:
 - Respond as soon as practicable but **not later than 1 business day** after a request is received, through a written electronic or print communication (as requested by the member)
 - Retain communication in the member's file **for at least 2 years** following the response


Provider Directory Requirements

 **Effective Date:** Plan years beginning on or after January 1, 2022.

 **Impacted Lines of Business:** Group plans and individual market issuers.

 **Mandates Information to be Included in Directory.**

- The following information must be included in the provider directory:
 - Name
 - Address
 - Specialty
 - Telephone number
 - Digital contact information on each health care provider or facility for which a plan/issuer has a contractual relationship for furnishing items and services

 **Print Directory Disclaimer:** With respect to a print directory containing provider directory information, a notification should be included that the information was accurate as of the date of publication and that members should consult the online database or contact the plan/issuer to obtain the most current information.

 **State Preemption**

The No Surprises Act does not preempt state laws related to healthcare provider directories.

Provider Directory Requirements



Cost-Sharing for Services Provided Based on Reliance on Incorrect Provider Network Information

- If a member receives services from an out-of-network provider/facility, but received information through a provider directory or the response protocol stating that the provider/facility was in-network, **the member should not be responsible for cost-sharing beyond what they would pay if they had received services from an in-network provider**. In this situation, the in-network deductible or out of pocket maximum will apply.





Disclosure on Patient Protections against Balance Billing


- EOB updates needed: Plans/issuers must make publicly available, post on a website, and include **on each EOB** the following in plain language:
- The requirements and prohibitions on balance billing in the No Surprises Act and any applicable state laws that include requirements on providers regarding amounts they may charge a member for an item or service not covered under the member's plan
- Information on contacting applicable State and Federal agencies if an individual believes a provider has violated any balance billing requirements.

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 requires 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

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

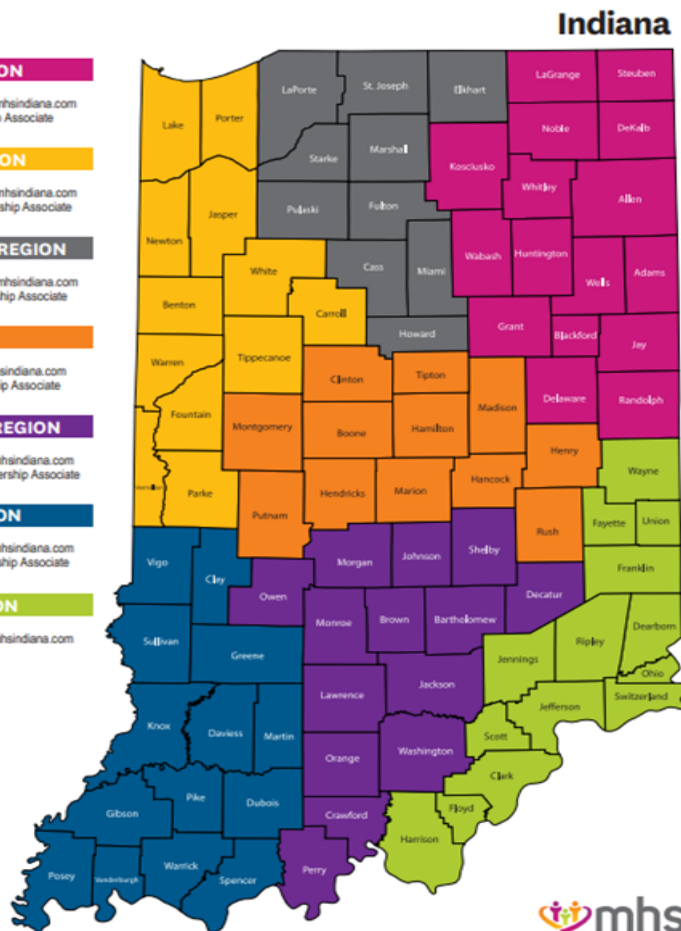
For claims issues, email:
MHS_ProviderRelations_SC@mhsindiana.com
Dalesia Denning, Provider Partnership Associate
1-877-647-4848, ext. 20026

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



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Allwell from MHS • Ambetter from MHS • Healthy Indiana Plan (HIP) • Hoosier Care Connect • Hoosier Healthwise

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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
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Questions: Envolve_AdvancedCaseUnit@EnvolveHealth.com

Network Leadership

NETWORK LEADERSHIP

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MARK VONDERHEIT

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NEW PROVIDER CONTRACTING

TIM BALKO

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MICHAEL FUNK

Manager, Network Development & Contracting
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NETWORK OPERATIONS

KELVIN ORR

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kelvin.d.orr@mhsindiana.com

Questions?

Thank you for being our partner in care.