









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>



The screenshot shows the "INDIANA MEDICAID for Providers" website. The page has a green header with the "INDIANA MEDICAID for Providers" logo and navigation links for "Contact Us", "FAQs", and "Login". Below the header is a "Home" breadcrumb and a date/time stamp: "Wednesday 08/05/2020 10:59 AM". The main content area is titled "Provider Enrollment" and contains three sections: "Provider Enrollment Application" (Initiate a new provider enrollment application), "Resume Enrollment" (Resume an existing application for the following reasons: Application has been saved but not yet been submitted; Application has been RTP'd for correction; Application attachments need to be added), and "Enrollment Status" (Check the current status of an enrollment application). A "Customer Links" section at the bottom left provides links for "W-9 Form", "Provider Enrollment Type and Specialty Matrix", and "Specialty Matrix". On the right side of the page, there is a photograph of a healthcare professional in blue scrubs working at a computer workstation in a clinical setting.

MHS Provider Enrollment

The screenshot shows the MHS website header with the logo on the left and navigation links: Home, Find a Provider, Portal Login, Events, Careers, Contact Us, and a search bar. Below the navigation is a contrast control (On/Off) and a language selector. A red arrow points to the 'FOR PROVIDERS' button in a pink navigation bar. Below this bar is a list of insurance plans: Allwell From MHS, Ambetter From MHS, Healthy Indiana Plan, Hoosier Care Connect, and Hoosier Healthwise. To the right is a large banner with a child on a swing and the text 'One Plan. Always Covered.' Below the banner is a blue bar with a warning icon and the text 'Coronavirus (COVID-19) What you need to know about the Coronavirus. Learn More about COVID-19.'

MHS Provider Enrollment




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.

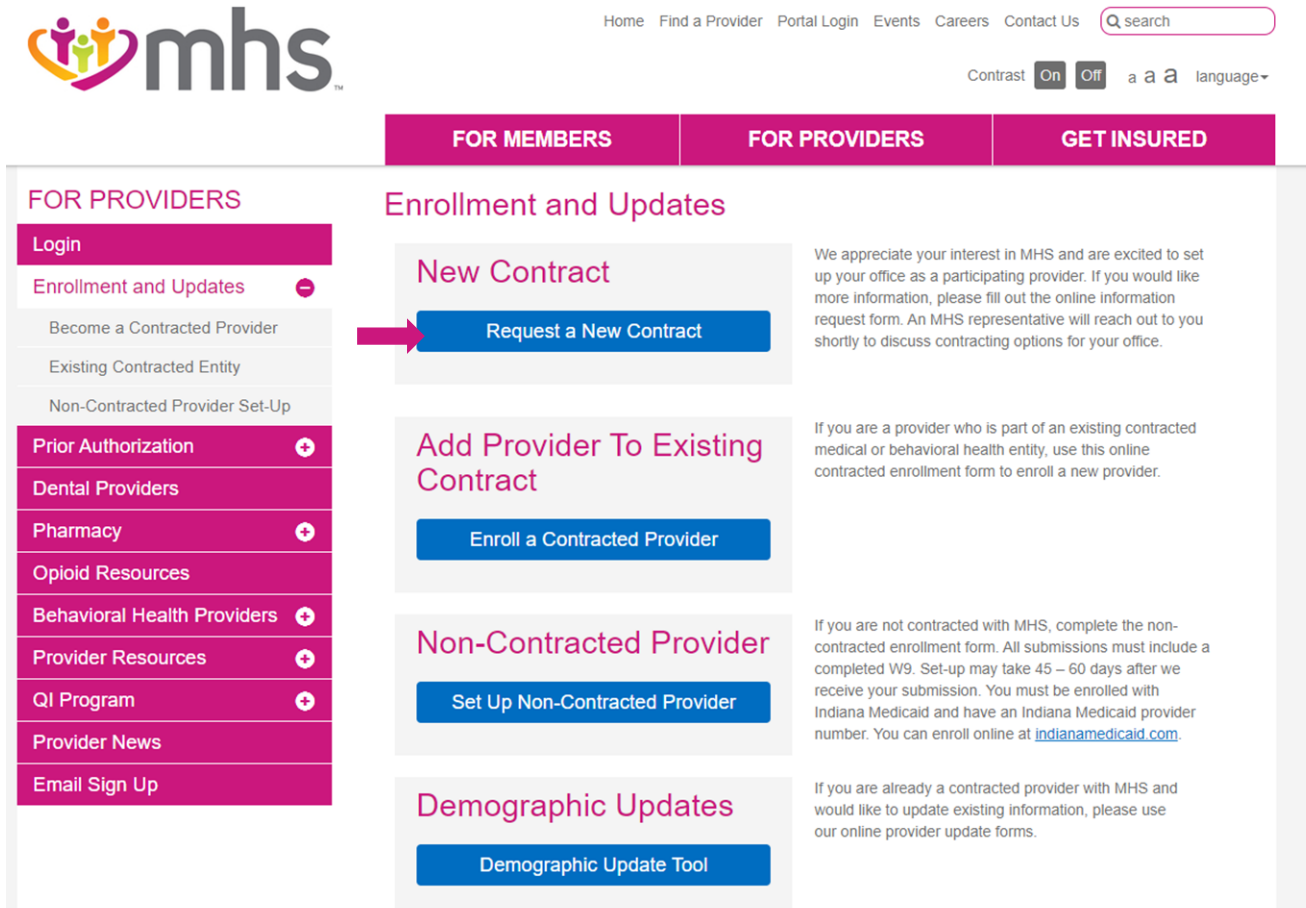
Login/Register

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 is a navigation bar with links for Home, Find a Provider, Portal Login, Events, Careers, and Contact Us, along with a search bar. Below the navigation bar are three main tabs: FOR MEMBERS, FOR PROVIDERS (which is selected), and GET INSURED. On the left side, there is a sidebar menu for the FOR PROVIDERS section, listing options like Login, Enrollment and Updates (with a minus sign), Become a Contracted Provider, Existing Contracted Entity, Non-Contracted Provider Set-Up, Prior Authorization (with a plus sign), Dental Providers, Pharmacy (with a plus sign), Opioid Resources, Behavioral Health Providers (with a plus sign), Provider Resources (with a plus sign), QI Program (with a plus sign), 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 (highlighted by a red arrow), '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 a brief explanatory paragraph.

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

Become a Contracted Provider

I do not have a contract and need to apply
 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 *

Group NPI Number *

Specialty

Contract Type*
 Medical
 Behavioral Health
 Medical & Behavioral Health

Provider Type*
 Sole Proprietor (Practitioner billing under own TIN)
 Group Practice
 Facility/Ancillary
 DME

Contract Products*
 All Products
 Hoosier Healthwise
 Healthy Indiana Plan (HIP)
 Hoosier Care Connect
 Ambetter from MHS
 Allwell from MHS

Contact Name *

Legal Name (W9) *

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

The screenshot shows the MHS website interface. At the top, there is a navigation bar with 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 menu items: FOR MEMBERS, FOR PROVIDERS, and GET INSURED. The FOR PROVIDERS menu is expanded, showing a list of options: Login, Enrollment and Updates (with a minus sign), Become a Contracted Provider, Contracted Enrollment Request - CNR, Contracted Enrollment Request - Medical or BH, Non-Contracted Provider Set-Up, Prior Authorization (with a plus sign and a red arrow pointing to the 'Enroll a Contracted Provider' button), Dental Providers, Pharmacy (with a plus sign), Opioid Resources, Behavioral Health Providers (with a plus sign), Provider Resources (with a plus sign), QI Program (with a plus sign), Provider News, Email Sign Up, and Coronavirus Information (with a plus sign). 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. There is also a 'Demographic Updates' section with a 'Demographic Update Tool' button. Text descriptions are provided for each section.

Home Find a Provider Portal Login Events Careers Contact Us

Contrast On Off a a a language ▾

FOR PROVIDERS

FOR PROVIDERS

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.

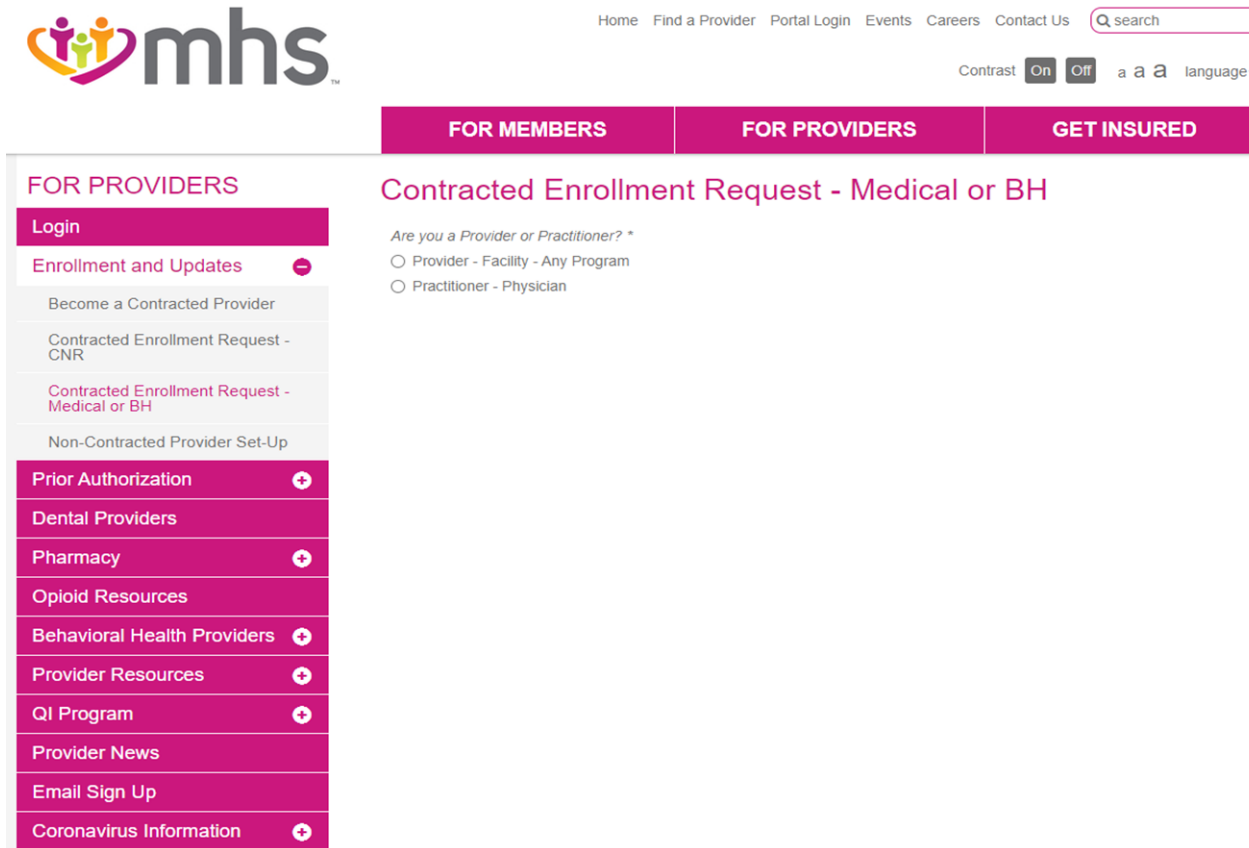
Add Provider to Existing Contract

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

The screenshot shows the MHS website interface. At the top, there is a navigation bar with links for Home, Find a Provider, Portal Login, Events, Careers, and Contact Us, along with a search bar. Below the navigation bar are three main menu items: FOR MEMBERS, FOR PROVIDERS (which is highlighted), and GET INSURED. On the left side, there is a sidebar menu for 'FOR PROVIDERS' with various options like Login, Enrollment and Updates, and Prior Authorization. The main content area is titled 'Contracted Enrollment Request' and contains a list of bullet points regarding enrollment requirements, a section for selecting programs to participate in, and a form for 'Provider/Facility Information' with fields for Group/Facility Name, Billing Tax ID (TIN), Group/Facility Billing NPI (Type 2), Group Indiana Medicaid Number, and Primary Physical Location Address, City, State, Zip.

Add Provider to Existing Contract

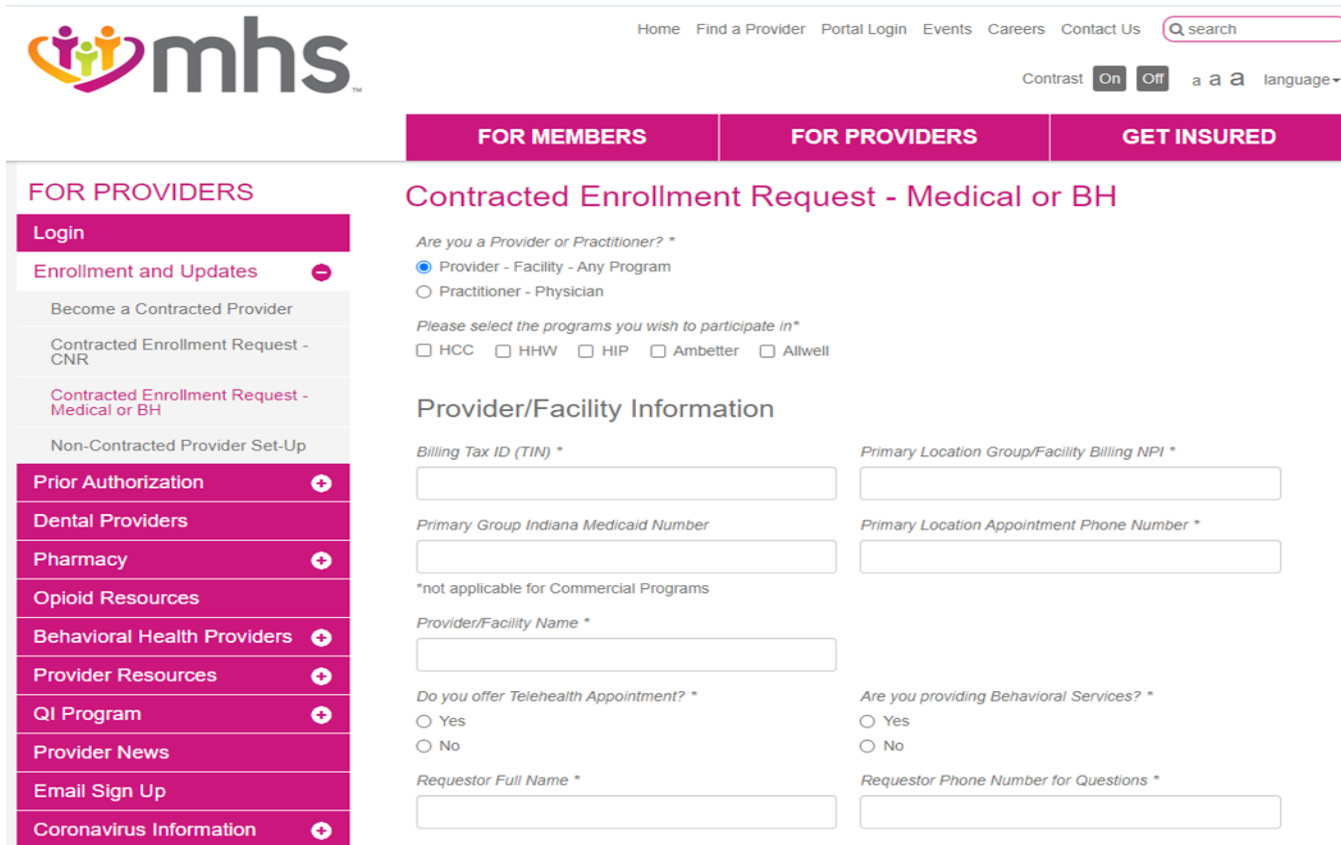
 From this screen you will need to choose your provider type.



The screenshot shows the MHS website interface. At the top left is the MHS logo. To the right are navigation links: Home, Find a Provider, Portal Login, Events, Careers, Contact Us, and a search bar. Below these are contrast settings (On/Off) and a language selector. A navigation bar contains three tabs: FOR MEMBERS, FOR PROVIDERS (selected), and GET INSURED. On the left, a sidebar menu for 'FOR PROVIDERS' lists various options, with 'Contracted Enrollment Request - Medical or BH' highlighted. The main content area displays the title 'Contracted Enrollment Request - Medical or BH' and a form with the question 'Are you a Provider or Practitioner? *' and two radio button options: 'Provider - Facility - Any Program' and '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. At the top, there is a navigation bar with 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 menu items: FOR MEMBERS, FOR PROVIDERS (which is highlighted), and GET INSURED. The FOR PROVIDERS menu is expanded, showing options like 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, and Coronavirus Information. The main content area displays the 'Contracted Enrollment Request - Medical or BH' form. The form includes a question 'Are you a Provider or Practitioner?' with radio button options for 'Provider - Facility - Any Program' (selected) and 'Practitioner - Physician'. Below this is a section for selecting programs to participate in, with checkboxes for HCC, HHW, HIP, Ambetter, and Allwell. The form also has sections for 'Provider/Facility Information' and 'Billing Tax ID (TIN)', each with input fields. There are also sections for 'Primary Location Group/Facility Billing NPI', 'Primary Location Appointment Phone Number', 'Provider/Facility Name', 'Do you offer Telehealth Appointment?', 'Are you providing Behavioral Services?', 'Requestor Full Name', and 'Requestor Phone Number for Questions', each with input fields or radio button options.

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 **



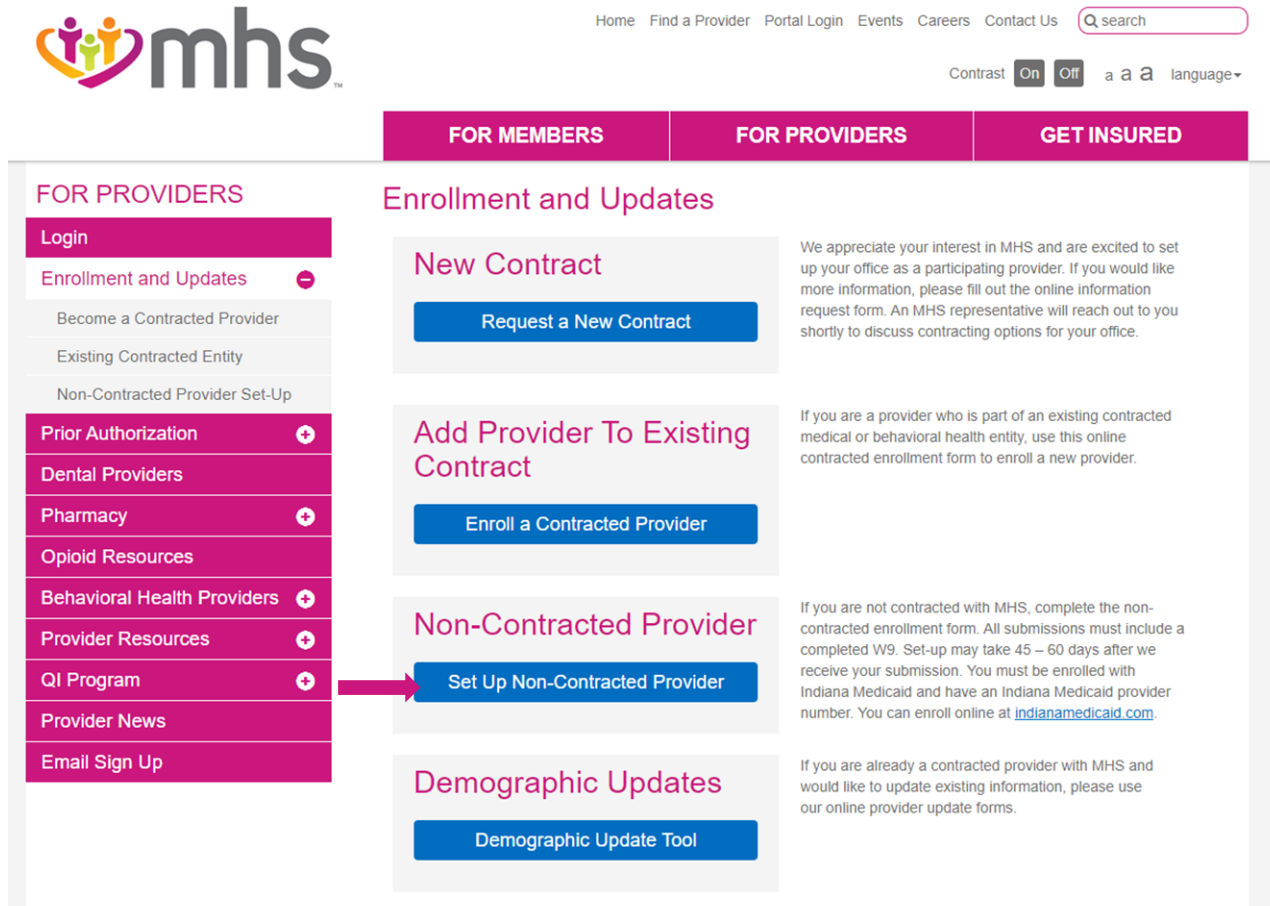
Submit

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 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 sections: FOR MEMBERS, FOR PROVIDERS, and GET INSURED. The FOR PROVIDERS section is expanded, showing a list of options: Login, Enrollment and Updates (with a minus sign), 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. A red arrow points to the 'Set Up Non-Contracted Provider' button in the 'Non-Contracted Provider' section. The 'Enrollment and Updates' section contains three main options: '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. The 'Demographic Updates' section has a 'Demographic Update Tool' button. Text descriptions are provided for each of these three main options.

Home Find a Provider Portal Login Events Careers Contact Us

Contrast On Off a a language

FOR PROVIDERS

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

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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



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 ⊕

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 *Practitioner Primary Specialty **
*not applicable for Commercial Programs

*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. **


No file chosen

I'm not a robot  [Privacy - Terms](#)



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 for Home, Find a Provider, Portal Login, Events, Careers, and Contact Us, along with a search bar and a contrast toggle (On/Off) and language settings. Below the navigation bar, there are three main sections: FOR MEMBERS, FOR PROVIDERS, and GET INSURED. The FOR PROVIDERS section is expanded, showing a list of options on the left and a main content area on the right. The left sidebar includes: Login, Enrollment and Updates (with a minus sign), Become a Contracted Provider, Existing Contracted Entity, Non-Contracted Provider Set-Up, Prior Authorization (with a plus sign), Dental Providers, Pharmacy (with a plus sign), Opioid Resources, Behavioral Health Providers (with a plus sign), Provider Resources (with a plus sign), QI Program (with a plus sign), 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: 'New Contract' explains the process of becoming a participating provider; 'Add Provider To Existing Contract' describes enrolling a new provider into an existing contract; 'Non-Contracted Provider' details the requirements for non-contracted providers; and 'Demographic Updates' explains how to update existing provider information.

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/latest through **ONE channel**

VS

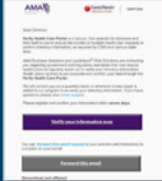


Directory Updates
Updated/added through **multiple channels**

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

Indiana

NORTHEAST REGION
 For claims issues, email:
 MHS_ProviderRelations_NE@mhsindiana.com
 Chad Pratt, Provider Partnership Associate
 1-877-647-4848, ext. 20454

NORTHWEST REGION
 For claims issues, email:
 MHS_ProviderRelations_NW@mhsindiana.com
 Candace Ervin, Provider Partnership Associate
 1-877-647-4848, ext. 20187

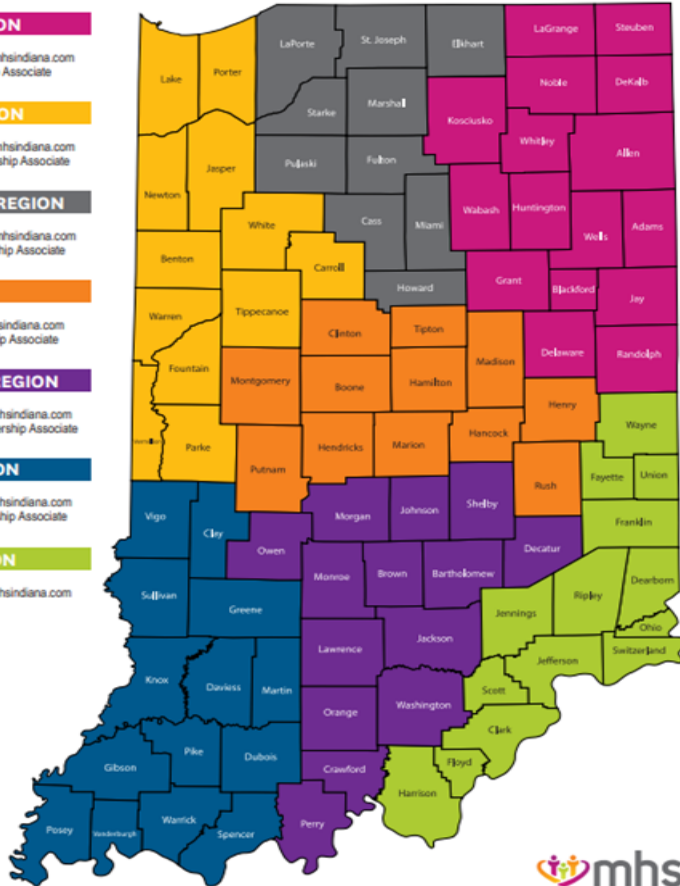
NORTH CENTRAL REGION
 For claims issues, email:
 MHS_ProviderRelations_NC@mhsindiana.com
 Natalie Smith, Provider Partnership Associate
 1-877-647-4848, ext. 20127

CENTRAL REGION
 For claims issues, email:
 MHS_ProviderRelations_C@mhsindiana.com
 Mona Green, Provider Partnership Associate
 1-877-647-4848, ext. 20080

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

SOUTHWEST REGION
 For claims issues, email:
 MHS_ProviderRelations_SW@mhsindiana.com
 Dawn McCarty, Provider Partnership Associate
 1-877-647-4848, ext. 20117

SOUTHEAST REGION
 For claims issues, email:
 MHS_ProviderRelations_SE@mhsindiana.com
 Carolyn Valachovic Monroe
 Provider Partnership Associate
 1-877-647-4848, ext. 20114



550 N. Meridian Street, Suite 101 - Indianapolis, IN 46204 • 1-877-647-4848 - mhsindiana.com
 Allwell from MHS - Ambetter from MHS - Hoosier Healthwise | Healthy Indiana Plan (HIP) - Hoosier Care Connect - Hoosier Healthwise

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 Mona Green, Provider Partnership Associate
 1-877-647-4848, ext. 20080

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 Dalesia Denning, Provider Partnership Associate
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 Carolyn Valachovic Monroe
 Provider Partnership Associate
 1-877-647-4848, ext. 20114

Available online:

https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ProviderTerritory_map_2021.pdf

MHS Provider Network Territories

TAWANNA DANZIE

Provider Partnership Associate II
1-877-647-4848 ext. 20022
tdanzie@mhsindiana.com

PROVIDER GROUPS

Beacon Medical Group
Franciscan Alliance
HealthLinc
Heart City Health Center
Indiana Health Centers
Lutheran Medical Group
Parkview Health System
South Bend Clinic

JENNIFER GARNER

Program Manager,
Provider Engagement
1-877-647-4848 ext. 20149
jgarner@mhsindiana.com

PROVIDER GROUPS

American Health Network of Indiana
Columbus Regional Health
Community Physicians of Indiana
HealthNet
Health & Hospital Corporation of
Marion County
Indiana University Health
St. Vincent Medical Group

ENVOLVE DENTAL, INC.

ANTWAN PEREZ-ALVAREZ

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

ENVOLVE VISION, INC.

CHANTEL MCKINNEY

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

Network Leadership

NETWORK LEADERSHIP

JILL CLAYPOOL

Vice President, Network
Development & Contracting
1-877-647-4848 ext. 20855
jill.e.claypool@mhsindiana.com

NANCY ROBINSON

Senior Director, Provider Network
1-877-647-4848 ext. 20180
nrobinson@mhsindiana.com

MARK VONDERHEIT

Director, Provider Network
1-877-647-4848 Ext. 20240
mvonderheit@mhsindiana.com

NEW PROVIDER CONTRACTING

TIM BALKO

Director, Network Development & Contracting
1-877-647-4848 ext. 20120
tbalko@mhsindiana.com

MICHAEL FUNK

Manager, Network Development & Contracting
1-877-647-4848 ext. 20017
michael.j.funk@mhsindiana.com

NETWORK OPERATIONS

KELVIN ORR

Director, Network Operations
1-877-647-4848 ext. 20049
kelvin.d.orr@mhsindiana.com

Questions?

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