














MHS
BEHAVIORAL
HEALTH
Services Made Easy



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Agenda

-  Behavioral Health Provider Types
-  Covered Services
-  Opioid Treatment Program
-  Substance Use Disorder (SUD) Residential Treatment
-  Provider Enrollment
-  Demographic Updates
-  Claims Process
-  NCCI Edits
-  Behavioral Health Claims Dispute Resolution
-  Prior Authorization
-  MHS Portal
-  Provider Relations Resources
-  Questions

Behavioral Health Provider Types

MHS Behavioral Health Network

Provider Types

-  Hospitals
-  Community Mental Health Centers (CMHC)
-  BH Practitioners within FQHC/RHC setting
-  Behavioral Health Agency
-  Prescribers
 - Psychiatrist –(MD/DO)
 - Psych Nurses (RN, APRN, ARNP, LPN)
-  Psychologist (PHD, PSYD, HSPP)
-  Non-Licensed & Substance Abuse Providers
-  Master Level Clinicians
 - LCSW
 - LMFT

MHS Behavioral Health Network



Please note that professional covered services can only be billed and reimbursed to IHCP enrolled:

- Psychiatrists
- Psychologists (HSPP Only)
- Mid-level practitioners
 - Licensed psychologist
 - Licensed independent practice school psychologist
 - LCSW
 - LMFT
 - LMHC
 - A person holding a master's degree in social work, marital and family therapy or mental health counseling
 - An APN who is licensed, registered nurse holding a master's degree in nursing, with a major in psychiatric or mental health nursing, from an accredited school of nursing
- Behavioral Analyst (ABA Services)
- Nurse Practitioners
 - Independently Practicing
 - Enrolled with IHCP & employed by a physician or group

Covered Services

Behavioral Health Covered Services



Inpatient & Outpatient Facility Services:

- Inpatient Admission for Mental Health or Substance Abuse
- Inpatient Eating Disorders
- Observation (limited to 72-hour stay)
- Telehealth Services
- Intensive Outpatient Program (IOP) for Mental Health or Substance Abuse
- Partial Hospitalization
- Psychiatric Clinic
- Psychiatric Outpatient Hospital Services
- SUD Services Residential Treatment. See bulletin *BT201801*

* Listing is not all-inclusive and subject to change

Behavioral Health Covered Services










Professional Services

- Psychiatric Diagnostic Evaluation
- Individual/Family/Group Psychotherapy
- Crisis Psychotherapy
- Psychoanalysis
- Psychological Testing
- Neuropsych Testing
- Applied Behavioral Analysis (ABA) Services
- Evaluation and Management
- Observation Care Discharge Services
- Initial Observation Care
- Initial Hospital Care
- Office Consultations
- Inpatient Consultations
- Smoking Cessation
- Alcohol and/or Substance Abuse structured screening and brief intervention
- Opioid Treatment Program (OTP)

* Listing is not all-inclusive and subject to change



Opioid Treatment Program

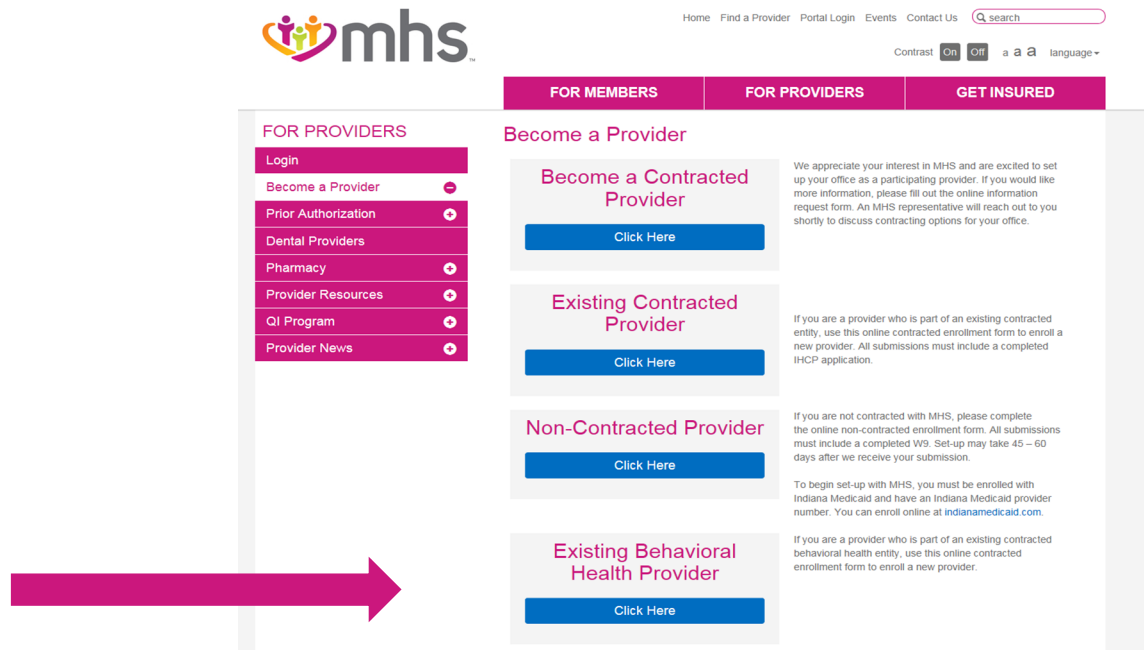
Opioid Treatment Program (OTP)

-  Indiana Health Coverage Programs (IHCP) has established a provider type of Addiction Services and a specialty of Opioid Treatment Program (OTP) that will be eligible to bill for services specific to opioid treatment.
-  BR202039 Effective November 1, 2020 IHCP made the following changes
 -  Provider type 35 – Addiction Services was discontinued
 -  Specialties under provider type 35 were moved to provider type 11.
 -  Provider specialty 835 – Opioid Treatment Program
-  All OTP providers enrolling with IHCP under the Addiction Services provider type and OTP specialty code will be required to have a Drug Enforcement Administration (DEA) license, as well as certification from the State's Division of Mental Health and Addiction (DMHA).
-  Out-of-state (OOS) providers are ineligible for IHCP provider enrollment.

Opioid Treatment Program (OTP)

OTP Provider Enrollment with MHS:





-  Providers may enroll with MHS through the website at mhsindiana.com once active with IHCP.
-  Current providers will need to enroll their new NPI with the Methadone taxonomy code 261QM2800X by selecting “Existing Behavioral Health Provider” option



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, and Contact Us, along with 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 the page content is divided into two columns. The left column contains a sidebar with a 'FOR PROVIDERS' header and several menu items: Login, Become a Provider (with a dropdown arrow), Prior Authorization (with a plus sign), Dental Providers (with a plus sign), Pharmacy (with a plus sign), Provider Resources (with a plus sign), QI Program (with a plus sign), and Provider News (with a plus sign). The right column is titled 'Become a Provider' and contains four options, each with a 'Click Here' button: 'Become a Contracted Provider', 'Existing Contracted Provider', 'Non-Contracted Provider', and 'Existing Behavioral Health Provider'. A large pink arrow points from the 'Become a Provider' link in the sidebar to the 'Existing Behavioral Health Provider' option in the main content area.





Opioid Treatment Program (OTP)

OTP Provider Enrollment with MHS:

-  New and Existing Contracted Providers: All forms needed for enrollment are provided within the “Become a Provider” process outlined on our website.
-  For Existing Contracted Providers: Please ensure that the rendering providers that will be submitting OTP related claims have been submitted for enrollment linking the rendering provider to the new OTP facility NPI.
-  Taxonomy 261QM2800X is recommended for Mental Health providers registering and enrolling with a new NPI specific to the Methadone.
-  Providers planning to use the same NPI (as their current BH enrolled group/clinic) must ensure that for OTP services they are billing with a service location (address, zip+4) or Taxonomy code (261QM2800X) unique from all other already enrolled locations/taxonomy codes to avoid claim processing issues.

Opioid Treatment Program (OTP)

OTP Services Claims Submission:






-  OTP services will be covered for members enrolled in IHCP, except for those in the benefit plans identified in *BT201744*.
-  Coverage of OTP services is subject to the restrictions outlined, and individuals must meet the defined medical necessity criteria.
-  Prior authorization (PA) is not required for OTP services. However, providers must maintain documentation demonstrating medical necessity and that the coverage criteria were met, as well as indicating the individual's length of treatment.
-  Please follow the revised reimbursement policy and billing guidelines outlined within IHCP bulletin *BT201755* when billing MHS.

***Please note OTP Providers have to be fully enrolled with IHCP and MHS prior to submitting claims for consideration and payment.**

Substance Use Disorder (SUD) Residential Treatment

SUD Residential Treatment Services

Residential SUD Treatment Provider Enrollment

-  BR202039 Effective November 1, 2020 IHCP made the following changes
 -  Provider type 35 – Addiction Services was discontinued
 -  Specialties under provider type 35 were moved to provider type 11.
 -  Provider specialty 836 – Substance Use Disorder (SUD) Residential Addiction Treatment Facility
-  To enroll, a facility must meet the following requirements and submit proof of both:
 - DMHA certification as a residential (sub-acute stabilization) facility or Department of Child Services (DCS) licensing as a child care institution or private secure care institution; and
 - DMHA designation indicating approval to offer ASAM Level 3.1; or Level 3.5 residential services (Facilities that have designations to offer both ASAM Level 3.1 and Level 3.5 services within the facility must include proof of both with their enrollment application)

*Please note SUD facilities have to be fully enrolled with IHCP and MHS prior to submitting claims for consideration and payment.

SUD Residential Treatment Services

Residential SUD Treatment Provider Enrollment with MHS:

To enroll with MHS for Residential SUD Treatment:

 Non-Contracted BH facilities will need to “Request a New Contract” from the MHS *Provider Enrollment and Updates* website:

<https://www.mhsindiana.com/providers/become-a-provider.html>

 Current contracted BH facilities, please:




1. Complete the Hospital and Ancillary Credentialing Form from our site:

<https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/mce-provider-credentialing-form.pdf>

2. Email the Provider Relations (Regional Mailbox) with the subject “SUD Enrollment” and include in the body of the email the IHCP enrolled NPI(s) for SUD and attach the Hospital and Ancillary Credentialing Form and all requested documents as detailed within the “Application Instructions” section of the form.

SUD Residential Treatment Services



Residential SUD Treatment Claims Submission:

-  A facility enrolled as a SUD residential addiction treatment facility (35/836 provider type and specialty) is limited to billing only the following procedure codes with modifiers under that enrollment:
 - H2034 U1 or U2 – Low-Intensity Residential Treatment
 - H0010 U1 or U2 – High-Intensity Residential Treatment
-  Reimbursement is limited to one unit per member per provider per day.
-  Facilities should bill using a professional claim:
 - Specialty 836 (SUD Residential Addiction Treatment Facility): IHCP does not have or allow rendering practitioners to be attached which means the provider/facility level itself must bill
 - Claims MUST be submitted at the facility level with the facility NPI as rendering (box 24J) on the CMS-1500 claim form

***(Practitioners may not bill or be listed as the rendering)**




SUD Residential Treatment Services

Residential SUD Treatment Claims Submission:

-  Providers will be reimbursed for residential stays for substance use treatment on a *per diem* basis.
-  The following services are included within the *per diem*:
 - H2034 U1 or U2 – Low-Intensity Residential Treatment:
 - Individual Therapy
 - Group Therapy
 - Medication Training and Support
 - Case Management
 - Drug Testing
 - Peer Recovery Supports
 - H0010 U1 or U2 – High-Intensity Residential Treatment
 - Individual Therapy
 - Group Therapy
 - Medication Training and Support
 - Case Management
 - Drug Testing
 - Peer Recovery Supports
 - Skills Training and Development


SUD Residential Treatment Services


Residential SUD Treatment Claims Submission:





-  SUD residential addiction treatment facilities rendering services other than those included in the *per diem* must bill for those additional services using another, appropriate IHCP enrolled provider type and specialty:
 - Services that are reimbursable outside the daily per diem rate include Physician Visits and Physician-administered medications.
-  Services included in the per diem payment will not be reimbursed separately for a member for the same DOS as the per diem payment is reimbursed.
-  Refer to IHCP Bulletin 201801 for further policy and reimbursement related details.


SUD Residential Treatment Services

Residential SUD Prior Authorization:

-  SUD residential addiction treatment services require Prior Authorization;

-  Please see the Provider Resources/Forms section of our website:
<https://www.mhsindiana.com/providers/resources/forms-resources.html>

-  The following forms are available for SUD Prior Authorization submission:
 -  Residential/Inpatient Substance Use Disorder Treatment Prior Authorization Request Form;
 -  Initial Assessment Form for Substance Use Disorder Treatment Admission (PDF)
 -  Reassessment Form for Continued Substance Use Disorder Treatment

-  Please refer to IHCP Bulletin BT201906 for additional instructions

Opioid Online Resource Center

Opioid Online Resource Center


MHS has taken a thoughtful approach to policy changes, recognizing that healthcare staff on the front lines need practical, realistic solutions. The provider resource center will help educate about best practices for:

 Opioid treatment

 Prescribing limits and alternatives

 Patient resources

 Links to statewide support services





 A companion member resource center offers links to helpful materials and statewide support services.

Access this new tool online at:

<https://www.mhsindiana.com/providers/opioid-resources.html>

Provider Enrollment

Provider Enrollment

-  We have updated the Contract Request Process to give a more streamlined approach.
-  This process will allow us to track the contract and credentialing throughout the process and allow visibility to all.
-  Providers can call Customer Service (877)647-4848 to obtain the status of their credentialing and contracting.
-  All contract requests will be initiated through mhsindiana.com.

Provider Enrollment

The screenshot shows the MHS website's provider enrollment page. At the top, there is a navigation bar with links for Home, Find a Provider, Portal Login, Events, 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 links: Login, Become a Provider (circled in red), Prior Authorization, Dental Providers, Pharmacy, Provider Resources, QI Program, and Provider News. The main content area is titled 'Become a Provider' and contains four options: 'Become a Contracted Provider' (with a 'Click Here' button circled in red), 'Existing Contracted Provider' (with a 'Click Here' button), 'Non-Contracted Provider' (with a 'Click Here' button), and 'Existing Behavioral Health Provider' (with a 'Click Here' button). Each option includes a brief description of the enrollment process.

Home Find a Provider Portal Login Events Contact Us

Contrast On Off a a a language

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

FOR PROVIDERS

- Login
- Become a Provider**
- Prior Authorization
- Dental Providers
- Pharmacy
- Provider Resources
- QI Program
- Provider News

Become a Provider

Become a Contracted Provider
[Click Here](#)

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

Existing Contracted Provider
[Click Here](#)

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

Non-Contracted Provider
[Click Here](#)

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


To begin set-up with MHS, you must be enrolled with Indiana Medicaid and have an Indiana Medicaid provider number. You can enroll online at indianamedicaid.com.

Existing Behavioral Health Provider
[Click Here](#)

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

Demographic Updates

Demographic Updates

 Providers can utilize the Demographic Update Tool to update information, such as:

- Address Changes.
- Demographic Changes.
- Term an Existing Provider.
- Make a Change to an IRS Number or NPI Number.

Provider Resources

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

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

Demographic Updates

Demographic Update Tool

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

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

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

What would you like to do?

MAKE AN ADDRESS CHANGE? +

MAKE A DEMOGRAPHIC CHANGE? +

UPDATE MEMBER ASSIGNMENT LIMITATIONS? +

TERM AN EXISTING PROVIDER? +

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

Claims Process

Claim Process



Electronic submission:

- Payer ID 68068
- MHS accepts Third Party Liability (TPL) information via EDI
- It is the responsibility of the provider to review the error reports received from the Clearinghouse (Payer Reject Report).



Online submission through the MHS Secure Provider Portal:

- Verify member eligibility.
- Submit and manage both Professional and Facility claims, including 937 batch files.
- To create an account, go to: mhsindiana.com/providers/login.



Paper Claims:





- MHS Behavioral Health
PO Box 6800
Farmington, MO 63640-3818



Claim Inquiries:

- Check status online with the MHS Secure Provider Portal.
- Call Provider Services at 1-877-647-4848.








Claim Process

-  MHS contracted providers have 90 calendar days from date of service to file a claim.
-  Non-contracted providers have 180 calendar days from date of service to file a claim.
-  MHS Secure Provider Portal – check claim status or file corrected claims. Corrected claims should be resubmitted within 60 calendar days of the date claim originally paid/denied.
-  EDI transactions accepted through the following vendors:

Trading Partner	Payor ID	Contact Number
Emdeon	68068	(800) 845-6592
Caprio	68068	(800) 792-5256, x812
Availity	68068	(800) 282-4548



Claim Process

90 Day Provision for Coordination of Benefits Billing Available Electronically



-  Providers may file claims electronically when other insurance fails to respond within 90 days of billing.
-  The provider can submit the claim to MHS for payment consideration demonstrating the attempt to bill the other insurance.
-  Previously, this documentation was required to be submitted as an attachment to the claim via the MHS web portal or via a paper claim.
-  Providers may now submit claims via EDI. To complete the electronic submission simply complete the following steps:
 -  Complete the COB loop on the 837P transaction as with any other electronic claim (see chapter 4 of the MHS Provider Manual for more information on the COB loop)
 -  Indicate a paid amount of \$0.00 in the COB Paid Amount field
 -  Document the phrase “No response after 90 days” in the claim note segment of the 837P

NCCI Edits





NCCI Edits

-  The National Correct Coding Initiative in Medicaid: The Center for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) promotes national correct coding methodologies and reduces improper coding which may result in inappropriate payments of Medicare/Medicaid claims.
-  Types of NCCI Edits:
 - NCCI procedure-to-procedure (PTP) edits that define pairs of Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes that should not be reported together for a variety of reasons. The purpose of the PTP edits is to prevent improper payments when incorrect code combinations are reported.
 - Medically Unlikely Edits (MUEs) define for each HCPCS/CPT code the maximum units of service (UOS) that a provider would report under most circumstances for a single beneficiary on a single date of service.

NCCI Edits




-  90837 when billed with 90832 is ***not allowed*** as they are considered mutually exclusive.
-  90832 is ***not allowed*** with 90834 they are considered mutually exclusive.

NCCI Edits

-  According to NCCI claims must be submitted including an appropriate modifier to identify distinct and separate procedure, encounter, session, etc:
 - Examples of modifiers are XE or XP.
-  Most individual and group therapy is **allowable** on the same date of service with the appropriate modifier.
-  90853 and 90832 are **allowed** with the appropriate modifier.
-  96151 and 96152 for ABA Therapy is **allowed**:
 - Must contain the appropriate U modifier to indicate services are for ABA therapy, as well as to specify the educational level of the rendering provider; plus
 - Must be submitted including an appropriate modifier to identify distinct and separate procedure, encounter, session etc.



NCCI Edits

Billing for Psychotherapy, Evaluation, and Management Services on the Same Day



-  Please review IHCP Bulletin BT2020122 released 12/01/2020. Revised billing effective January 1, 2021
-  It continues to be appropriate for the behavioral health practitioner to bill the stand-alone psychotherapy service and the applicable medical practitioner may bill the evaluation and management service.
-  If after submitting claims, for same patient rendered on the same date of service with the appropriate modifiers, you receive an EXYs denial response (REIMBURSEMENT INCLUDED IN ANOTHER CODE PER CMS/AMA/MEDICAL GUIDELINES), please appeal the claim providing medical records to support the determination of both services being separate and distinct.

Behavioral Health Claims Dispute Resolution

Claims Dispute Resolution


-  Must be made in writing by using the MHS Behavioral Health Informal Claim Dispute or objection form, available on the MHS website. Submit all documentation supporting your objection.
-  Send to MHS within **60 calendar days** of receipt of the MHS EOP. *Please reference the original claim number.* Requests received after day 60 will not be considered:

MHS Behavioral Health Services
Attn: Appeals Department
P.O. Box 6000
Farmington, MO 63640-3809

-  MHS will make all reasonable efforts to review your documentation and respond to you within 30 calendar days.
-  Upon receipt of our response, you will have 60 calendar days from date of dispute response to initiate a formal claim appeal (Level 2).

Prior Authorization

Prior Authorization

-  **Prior Authorization:**
- Please call MHS Care Management for inpatient and partial hospitalization authorizations at 1-877-647-4848.
 - Follow prompts to Behavioral Health
 - Inpatient and Partial Hospitalization requires facilities to **fax** in the clinical information to 1-844-288-2591
 - MHS accepts the IHCP Universal Prior Authorization form for BH services.
 - Providers also have the option of using the MHS template BH PA forms available on our website.

Prior Authorization

Prior Authorization (cont.):

- MHS Authorization forms may be obtained on our website:
<https://www.mhsindiana.com/providers/behavioral-health/bh-provider-forms.html>
 - Outpatient Treatment Request (OTR) Form; Fax: 1-866-694-3649
 - Intensive Outpatient/Day Treatment Form Mental Health/Chemical Dependency; Fax: 1-866-694-3649
 - Applied Behavioral Analysis Treatment (OTR); Fax: 1-866-694-3649
 - Psychological & Neuropsych Testing Authorization Request Form Fax: 1-866-694-3649
 - Residential/Inpatient Substance Use Disorder Treatment Prior Auth Form:
 - Fax Inpatient: 1-844-288-2591; Fax: Outpatient: 1-866-694-3649
 - Initial Assessment and Re-Assessment Forms
- If using the IHCP Universal form, please fax to the numbers listed above to reduce fax transfers.

Prior Authorization

Prior Authorization (cont.):

- If MHS determines that additional information is needed, MHS will call the provider, using the contact information provided on the OTR form, and providers are typically given 23-48 hours to call us back.
- Medical Necessity appeals must be received by MHS within 60 calendar days of the date listed on the denial determination letter. The monitoring of the appeal timeline will begin the day MHS receives and receipt-stamps the appeal. Medical necessity behavioral health appeals should be mailed or faxed to:

MHS Behavioral Health

ATTN: Appeals Coordinator

12515 Research Blvd, Suite 400

Austin, TX 78701

FAX: 1-866-714-7991

Prior Authorization

Services Requiring Prior Auth:

Facility Services:

- Inpatient Admissions
- Intensive Outpatient Treatment (IOT)
- Partial Hospitalization
- SUD Residential Treatment

Prior Authorization


Services Requiring Prior Auth (Cont.)

Professional Services:

- Psychiatric Diagnostic Evaluation (Limited to 1 per member per 12 month rolling year without authorization)
- Behavioral Health Outpatient Therapy “**BHOP Therapy**” (Limited to 20 visits per member, per practitioner, per 12 month Rolling period)
- Electroconvulsive Therapy
- Psychological Testing
 - Unless for Autism: then no auth is required
- Developmental Testing, with interpretation and report (non-EPSDT)
- Neurobehavioral status exam, with interpretation and report
- Neuropsych Testing per hour, face to face
 - Unless for Autism: then no auth is required
- ABA Services

Prior Authorization

Limitations on BHOP Therapy:






 Effective 12/15/2018 MHS implemented The Indiana Health Coverage Programs Mental Health and Addiction limitation policy for the following CPT codes that, in combination, are limited 20 units per member, per practitioner, per rolling 12-month period:

<u>Code</u>	<u>Description</u>
90832 - 90834	Individual Psychotherapy
90837 - 90840	Psychotherapy, with patient and/or family member & Crisis Psychotherapy
90845 – 90847, 90849, 90853	Psychoanalysis & Family/Group Psychotherapy with or without patient

Please Note: CPT codes 90833, 90836, and 90838 for psychotherapy with medical evaluation and management are medical services. Therefore, the IHCP does not reimburse clinical social workers, clinical psychologists, or any mid-level practitioners (excluding nurse practitioners and clinical nurse specialists) for these codes.


Prior Authorization

Limitations on BHOP Therapy (Cont.):


-  Claims exceeding the limit will deny EXTh: “Services exceeding 20 visits require Prior Authorization.”
-  If the member requires additional services beyond the 20 unit limitation, practitioners may request prior authorization for additional units. Approval will be given based on the necessity of the services as determined by the review of medical records.
 - Please do not submit for BHOP Prior Auth until the 20 allowed visits have been fully exhausted. Requesting Prior authorization pre-maturely will result in the loss of a portion or all 20 allowed visits as the PA will take precedent over the 20 allowed visits.
-  Providers will need to determine if they have provided 20 visits to the member in the past rolling 12 months to determine if a prior authorization request is needed.
-  “Per Practitioner” is defined by MHS as per individual rendering practitioner NPI being billed on the CMS-1500 claim form (Box 24J).
-  This change is related to professional services being billed on CMS 1500 claims only.


Prior Authorization


Limitations on BHOP Therapy (cont.):


-  For submission of prior authorization:
- BH prior authorization outpatient treatment request (OTR) forms located: <https://www.mhsindiana.com/providers/behavioral-health/bh-provider-forms.html>
 - Fax number for submission at the top: 1-866-694-3649.
 - It is best to include all service codes, duration/units/frequency requests on one OTR form per member.
 - MHS typical approved authorization date span is 3-6 months depending on medical necessity determination.
 - MHS internal turn-around time on OTR request is 7 days, while our contractual turnaround time is 14 days.
 - Decision letters, referred to either as a Notice of Coverage or Denial Letter is sent as a response to every request.

Prior Authorization Form Submission (Helpful Tips)

-  The following section provides helpful tips when submitting BH and Substance Abuse prior authorizations. The following information's focus is related to the "Provider Information" section of the BH Prior Authorization form, and what should be entered by Providers upon submission.

-  This information is being provided to reduce authorization submission errors which we anticipate will result in a decrease in provider claim denials.

-  Please Note: Previously approved PA's can be updated, within 30 days of the original request submission, for changes to:
 - Practitioner, and/or;
 - Dates of Service;
 - Unless the DOS overlaps a previous adverse determination (denial or partial approval), OR;
 - The DOS includes retro days (dates more than 1 business day prior to the initial request)

-  Updates/Corrections to Prior Authorizations must be requested prior to related claim denials.

MHS Portal

Secure Web Portal Login or Registration

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

Home Find a Provider **Portal Login** Events Contact Us

Contrast On Off a a a language ▾

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

FOR PROVIDERS

Login

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

Portal Login

Login/Register

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

Behavioral Health Secure Portal

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

Registration Help

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

Create your own online account today!

MHS offers you many convenient and secure tools to assist you. To enter our secure portal, click on the login/register button. A new window will open. You can login or register for a new account.

Creating an account is free and easy.

By creating a MHS account, you can:

- Verify member eligibility
- Submit and check claims
- Submit and confirm authorizations
- View detailed patient list

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

Web Portal Training Documents



Home Find a Provider Portal Login Events Contact Us

Contrast On Off a a a language -

- FOR MEMBERS
- FOR PROVIDERS
- GET INSURED

FOR PROVIDERS

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

Web Portal

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

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

We also have the following enhanced features below:

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

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

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

MHS Secure Provider Portal Training Documents

Guides:

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

How To:

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



Documents Include:

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

Complete Registration or Login

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

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

Authorize Services
See if the service you provide is reimbursable.

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

Login

User Name (Email)
name@domain.com

Password

[Forgot Password / Unlock Account](#)

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

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

Quick Eligibility Check

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

Recent Claims

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

Welcome

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

Recent Activity

Date
Activity

Quick Links

[Provider Resources](#)

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

Registration Complete! Your Progress

Thank you for completing your registration! A Superior HealthPlan provider services specialist will be sending you an email when your profile has been activated. Please allow up to 2 business days for processing.

If you do not receive an email within 2 business days, please log in and contact us using secure messaging or call 866-895-8443 for additional assistance.

[Login](#) ←

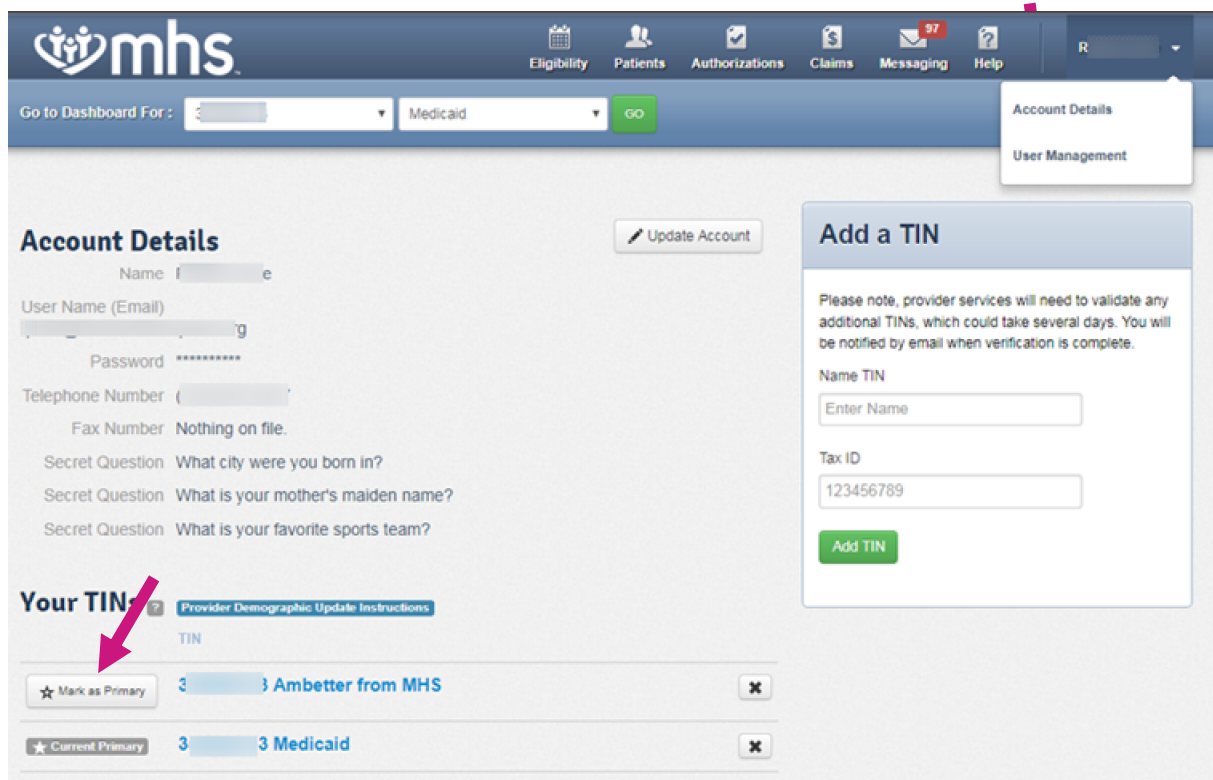
- An email will be sent to the provider when they have access to specific tools.

Account Details

 To view your Account Details:

1. Select the **drop-down arrow** next to user name in the upper right corner on the dashboard.
2. Click **Account Details**.

Note: Under Your TINs you see the Current **Primary** Default TIN for the account, and can select another TIN to **Mark As Default** or **Remove** a TIN.



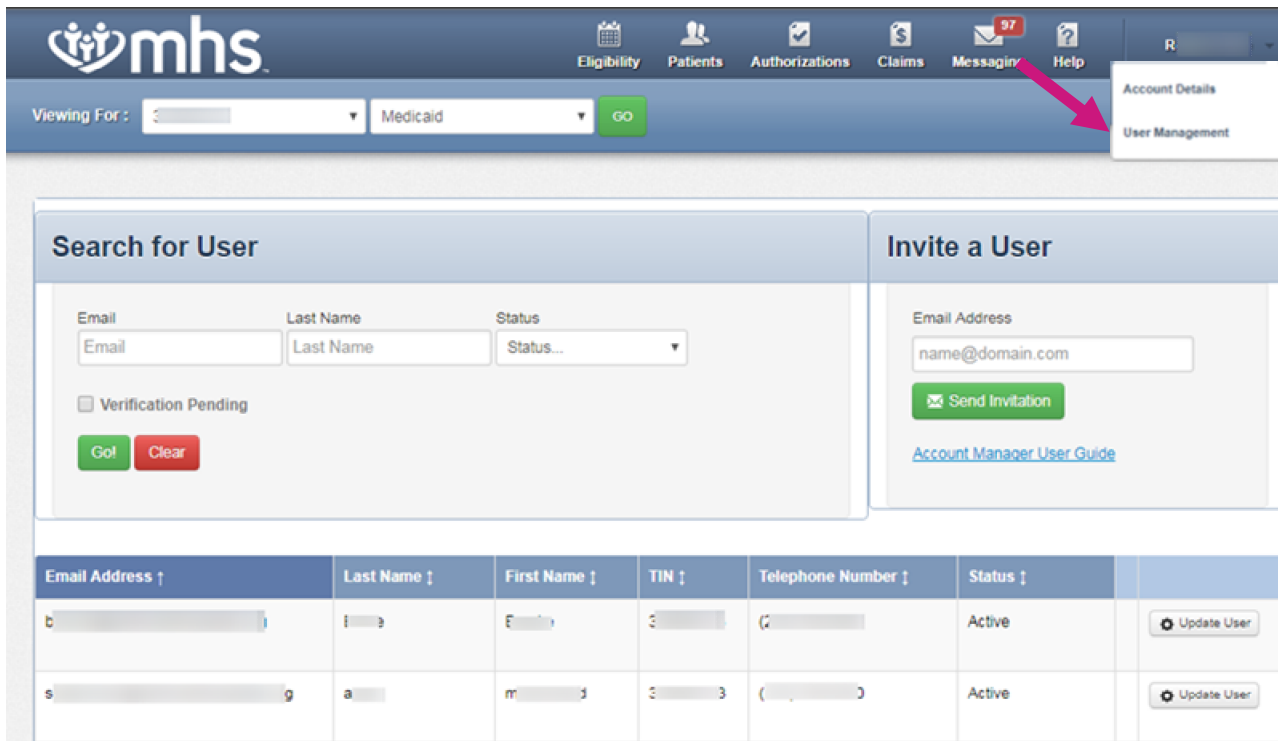
The screenshot displays the mhs user interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging (97), and Help. Below this is a 'Go to Dashboard For' section with a dropdown menu set to 'Medicaid' and a 'GO' button. The main content area is titled 'Account Details' and includes an 'Update Account' button. The form fields include Name, User Name (Email), Password, Telephone Number, Fax Number, Secret Question, and a 'Your TINs' section. The 'Your TINs' section shows a list of TINs with a 'Mark as Primary' button and a 'Current Primary' button. A red arrow points to the 'Mark as Primary' button. To the right of the 'Account Details' section is an 'Add a TIN' section with a text box for 'Name TIN', a text box for 'Tax ID' (containing '123456789'), and an 'Add TIN' button.

Account Manager



User Management:

For **Account Managers** to manage their office staff/users associated to their practice:
When using this feature you can disable/enable users, and manage permissions for your account.

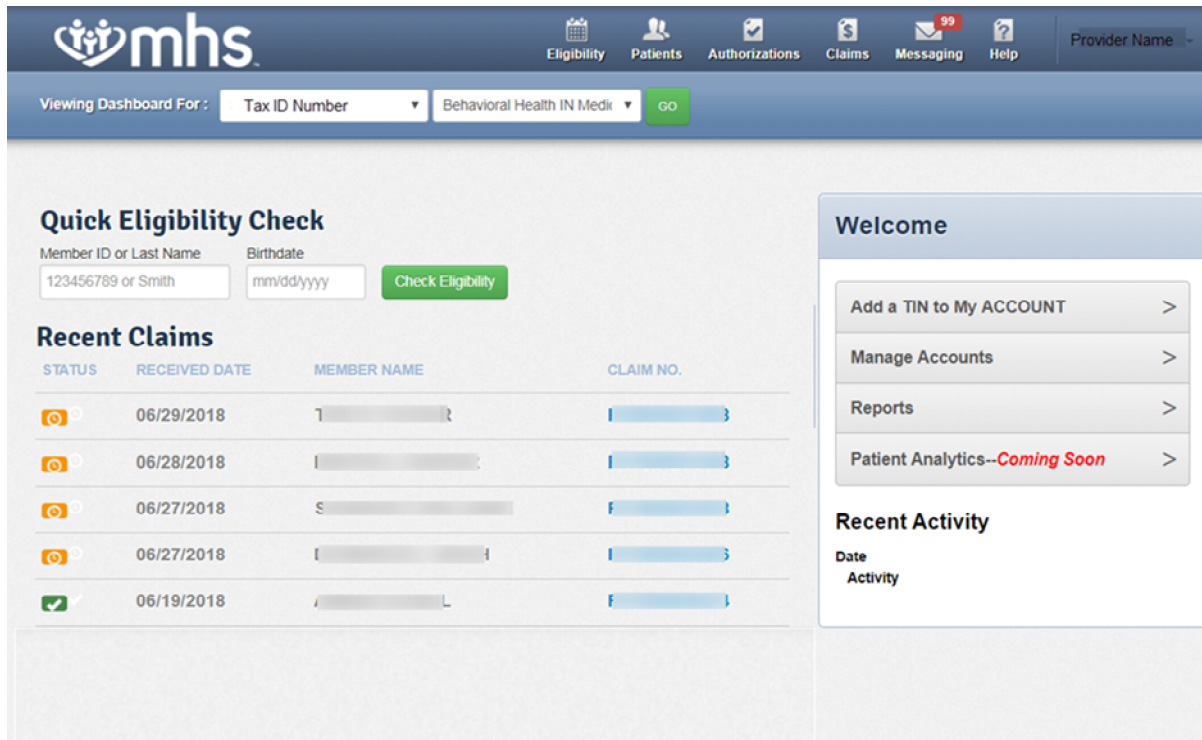
1. Select the drop-down arrow next to your name in the upper right corner.
2. Select **User Management**.
3. Click **Update User** next to the user name.



The screenshot shows the Account Manager interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging (with a 97 notification), and Help. A dropdown menu is open next to the user's name 'R', showing options for Account Details and User Management. A red arrow points to the User Management option. Below the navigation bar, there is a 'Viewing For:' section with a dropdown menu set to 'Medicaid' and a 'GO' button. The main content area is divided into two panels: 'Search for User' and 'Invite a User'. The 'Search for User' panel has input fields for Email, Last Name, and Status, along with a 'Verification Pending' checkbox and 'Go' and 'Clear' buttons. The 'Invite a User' panel has an 'Email Address' input field with 'name@domain.com' and a 'Send Invitation' button. Below these panels is a table of users with columns for Email Address, Last Name, First Name, TIN, Telephone Number, and Status. Each row has an 'Update User' button.

Email Address ↑	Last Name ↓	First Name ↓	TIN ↓	Telephone Number ↓	Status ↓	
b					Active	 Update User
s	g	a	m		Active	 Update User

Homepage – Behavioral Health




The screenshot shows the mhs Behavioral Health homepage. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging (with a 99 notification), and Help. A 'Provider Name' dropdown is also present. Below this is a 'Viewing Dashboard For:' section with a dropdown menu set to 'Tax ID Number' and another dropdown set to 'Behavioral Health IN Medic', followed by a green 'GO' button.

The main content area is divided into two columns. The left column features a 'Quick Eligibility Check' section with input fields for 'Member ID or Last Name' (containing '123456789 or Smith') and 'Birthdate' (containing 'mm/dd/yyyy'), and a green 'Check Eligibility' button. Below this is a 'Recent Claims' table:

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

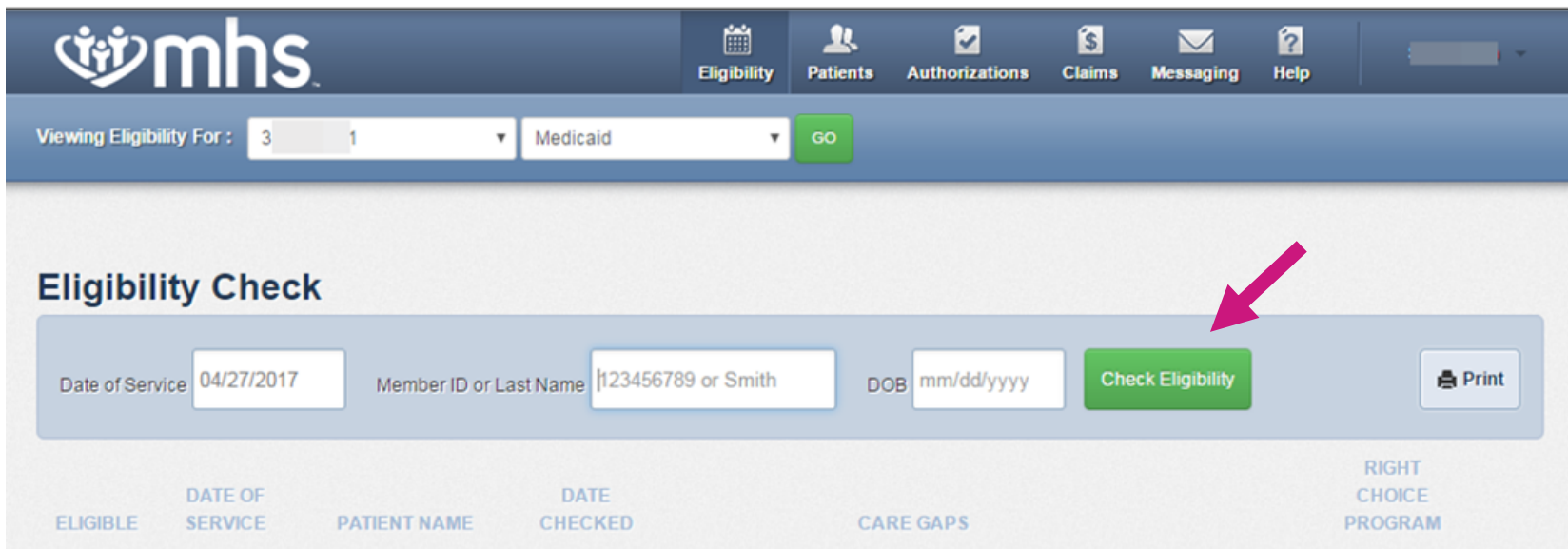
The right column features a 'Welcome' section with a list of quick links: 'Add a TIN to My ACCOUNT', 'Manage Accounts', 'Reports', and 'Patient Analytics--Coming Soon'. Below this is a 'Recent Activity' section with columns for 'Date' and 'Activity'.

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

Check Eligibility

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

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



The screenshot shows the mhs web application interface. At the top, there is a navigation bar with the mhs logo and several menu items: Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below the navigation bar, there is a section for "Viewing Eligibility For" with a dropdown menu set to "3 1" and another dropdown set to "Medicaid", followed by a green "GO" button. The main content area is titled "Eligibility Check" and contains a form with the following fields: "Date of Service" (04/27/2017), "Member ID or Last Name" (123456789 or Smith), and "DOB" (mm/dd/yyyy). A green "Check Eligibility" button is highlighted with a red arrow. To the right of the form is a "Print" button. Below the form, there is a table with the following headers: ELIGIBLE, DATE OF SERVICE, PATIENT NAME, DATE CHECKED, CARE GAPS, and RIGHT CHOICE PROGRAM.

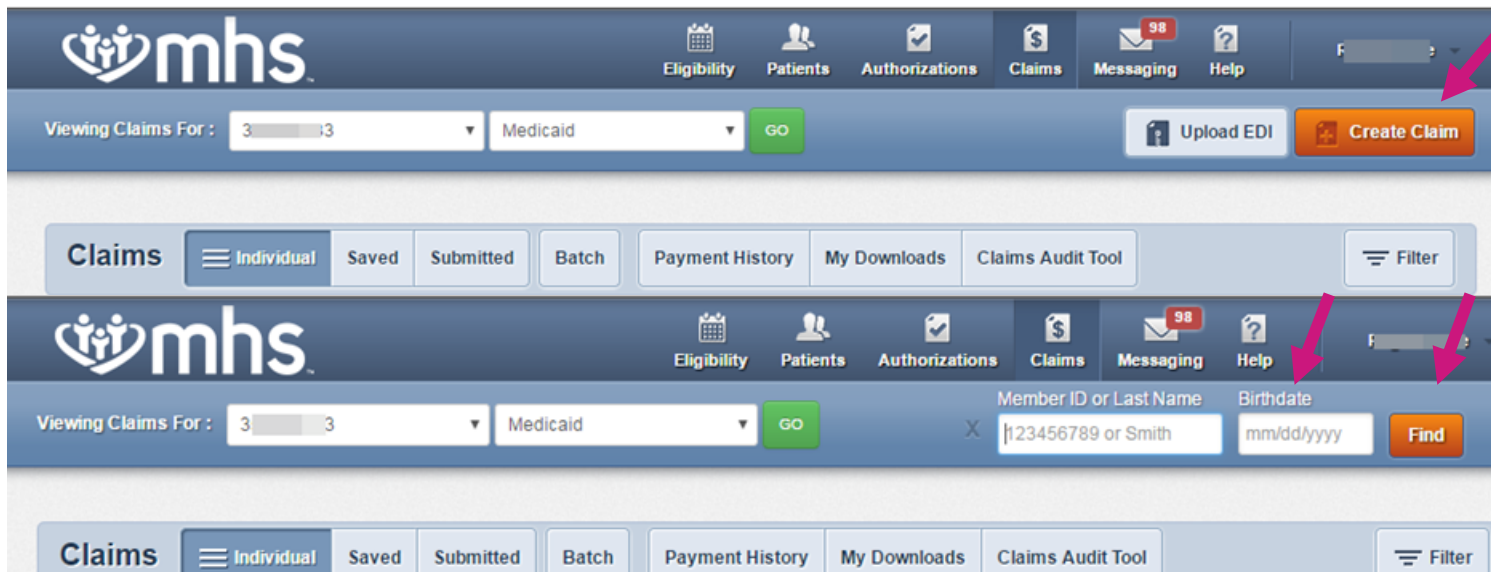
Claims

Web Portal Claims Functionalities:

- **Submit** new claim.
- **Review claims** information on file for a patient.
- **Correct** claims.
- **View payment history**.

Submit a New Claim:

- Click **Create Claim** and enter **Member ID** and **Birthdate**.

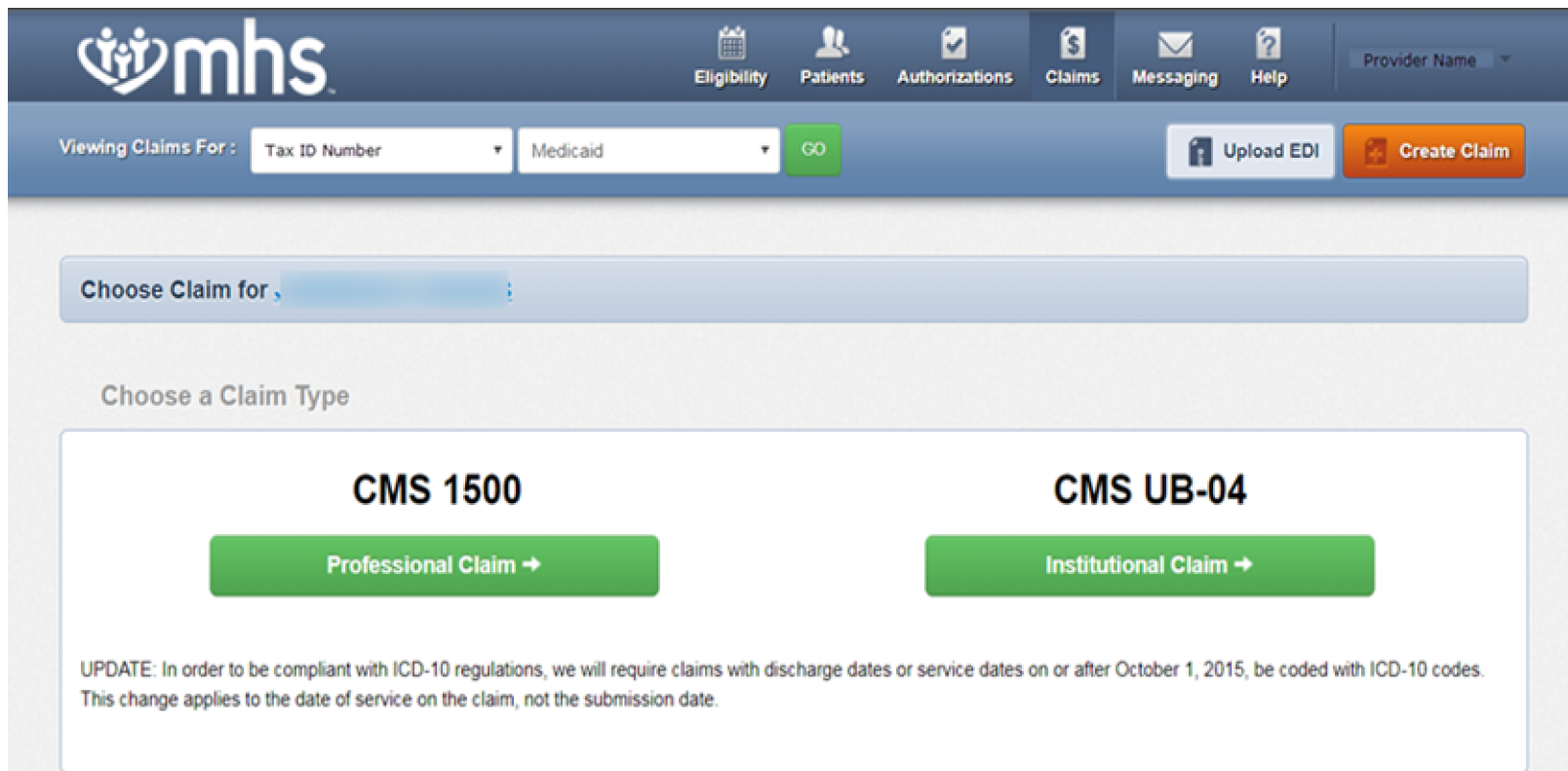


The screenshot displays the mhs web portal interface. At the top, the mhs logo is on the left, and navigation icons for Eligibility, Patients, Authorizations, Claims, Messaging (with a 98 notification), and Help are on the right. Below the navigation bar, there are two rows of filters. The first row shows 'Viewing Claims For' with a dropdown set to '3' and a 'GO' button. The second row shows 'Viewing Claims For' with a dropdown set to '3' and 'Medicaid', with a 'GO' button and an 'Upload EDI' button. A prominent orange 'Create Claim' button is located to the right of the 'Upload EDI' button, with a red arrow pointing to it. Below the filters, there is a horizontal menu with tabs for 'Claims', 'Individual', 'Saved', 'Submitted', 'Batch', 'Payment History', 'My Downloads', and 'Claims Audit Tool'. A 'Filter' button is on the far right of this menu. The bottom section of the screenshot shows a search form with two input fields: 'Member ID or Last Name' containing '123456789 or Smith' and 'Birthdate' with a placeholder 'mm/dd/yyyy'. A 'Find' button is to the right of these fields. Red arrows point to the 'Create Claim' button and the search fields.

Claim Submission

 Choose the **Claim Type**:

- **Professional** or **Institutional** claim submission.



The screenshot shows the mhs web application interface for claim submission. At the top, there is a navigation bar with the mhs logo and several menu items: Eligibility, Patients, Authorizations, Claims, Messaging, and Help. A dropdown menu for 'Provider Name' is also visible. Below the navigation bar, there is a section for 'Viewing Claims For:' with two dropdown menus: 'Tax ID Number' and 'Medicaid', followed by a green 'GO' button. To the right of this section are two buttons: 'Upload EDI' and 'Create Claim'. Below this is a large light blue box with the text 'Choose Claim for , :'. Underneath, there is a section titled 'Choose a Claim Type' which contains two columns. The left column is for 'CMS 1500' and has a green button labeled 'Professional Claim →'. The right column is for 'CMS UB-04' and has a green button labeled 'Institutional Claim →'. At the bottom of the page, there is an 'UPDATE' notice: 'UPDATE: In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date.'

Submitted Claims

The **Submitted** tab will show only claims created via the MHS portal:

- **Paid** is a green thumbs up.
- **Denied** is a orange thumbs down.
- **Pending** is a clock.

RTEP claims also show if eligible (i.e. line 2 was submitted, but was not eligible for RTEP)

Viewing Claims For : Tax ID Number Medicaid Upload EDI Create Claim

Claims Individual Saved Submitted Batch Payment History My Downloads Claims Audit Tool Filter

SUBMITTED STATUS ↑	DATE SUBMITTED ↓	WEB #/ REF # ↓	CLAIM NUMBER ↓	CLAIM TYPE ↓	MEMBER NAME ↓	MEMBER ID ↓	ORIGINAL CLAIM # ↓	TOTAL CHARGES ↓	
🕒	08/16/2017	8-16-17	C-1500	CMS-1500	S-1500 J	1-1500	C-1500-6	\$150.00	
👍	08/10/2017	8-10-17	C-1500	CMS-1500	C-1500	1-1500		\$150.00	RTEP 👍
👍	08/02/2017	8-02-17	C-1500	CMS-1500	S-1500	1-1500		\$150.00	RTEP 👎
👍	07/24/2017	7-24-17	C-1500	CMS-1500	S-1500	1-1500		\$150.00	RTEP 👍

4 items found, displaying all items. Page 1/1 1

Individual Claims

- On the **Individual** tab, submitted using paper, portal or clearing house:
- View the Claim Number, Claim Type, Member Name, Service Dates, Billed/Paid, and Claim Status.

The screenshot shows the mhs Claims portal interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, there are filters for 'Viewing Claims For' (set to 3) and 'Medicaid'. A 'GO' button and 'Upload EDI' and 'Create Claim' buttons are also present. The main section is titled 'Claims' and has a sub-tab 'Individual' highlighted with a red box. Below the sub-tabs are buttons for 'Saved', 'Submitted', 'Batch', 'Payment History', 'My Downloads', and 'Claims Audit Tool'. A 'Filter' button is on the right. The main content is a table with the following columns: CLAIM NO. ↑, CLAIM TYPE ↓, MEMBER NAME ↓, SERVICE DATE(S) ↓, BILLED/ PAID ↓, and CLAIM STATUS ↓. The table contains five rows of data, each with a claim number, type (CMS-1500), member name, service dates, billed/paid amounts, and a status icon (green thumbs up, orange thumbs down, or a clock).

CLAIM NO. ↑	CLAIM TYPE ↓	MEMBER NAME ↓	SERVICE DATE(S) ↓	BILLED/ PAID ↓	CLAIM STATUS ↓
012345	CMS-1500	K [REDACTED] R	07/24/2017 - 07/24/2017	\$65.00 / \$41.38	👍
012346	CMS-1500	JE [REDACTED] EN	07/24/2017 - 07/24/2017	\$171.00 / \$106.34	👍
012347	CMS-1500	E [REDACTED] R	07/24/2017 - 07/24/2017	\$253.00 / \$101.04	👍
012348	CMS-1500	EI [REDACTED] R	07/24/2017 - 07/24/2017	\$2,783.00 / \$118.86	👍
012349	CMS-1500	E [REDACTED] R	07/24/2017 - 07/24/2017	\$2,783.00 / \$0.00	👎

Paid is a green thumbs up,
Deny is a orange thumbs
 down and a clock is **Pending**.

Saved Claims

To view **Saved** claims: Drafts, Professional or Institutional:

1. Select **Saved**.
2. Click **Edit** to view a claim.
3. Fix any errors or complete before submitting
- Or
4. Click **Delete** to delete saved claim that is no longer necessary
5. Click **OK** to confirm the deletion.

The screenshot shows the mhs Claims management interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging (with 88 notifications), and Help. Below the navigation is a search bar for 'Viewing Claims For' with a dropdown set to '3' and a filter set to 'Medicaid'. There are buttons for 'Upload EDI' and 'Create Claim'. Below this is a 'Claims' section with tabs for Individual, Saved (highlighted in pink), Submitted (with 11 notifications), Batch, Payment History, My Downloads, and Claims Audit Tool. A warning message states: 'Claims listed below have missing information or contain errors. Click 'Edit' to view a claim, then fix any errors or complete it before submitting.' Below the warning are three filter tabs: Drafts, Professional Ready to be Submitted, and Institutional Ready to be Submitted. The main table displays a list of claims with columns for DATE CREATED, CLAIM TYPE, CLAIM ID, MEMBER NAME, MEMBER ID, ORIGINAL CLAIM #, and TOTAL CHARGES. Each row includes 'Edit' and 'Delete' links.

DATE CREATED ↑	CLAIM TYPE ↑	CLAIM ID ↑	MEMBER NAME ↑	MEMBER ID ↑	ORIGINAL CLAIM # ↑	TOTAL CHARGES ↑		
08/10/2017	Institutional	8100	R...	109	Q...3	\$54,159.07	Edit	Delete
08/07/2017	Institutional	805	P...	109	Q...1	\$461.75	Edit	Delete
08/02/2017	CMS-1500	8100	A...	109	Q...4	\$292.00	Edit	Delete
08/01/2017	Institutional	807	J...	109	Q...6	\$461.75	Edit	Delete
08/01/2017	Institutional	801	F...	109	Q...1	\$461.75	Edit	Delete
07/17/2017	Institutional	803	...	109		\$507.00	Edit	Delete

Correcting Claims


 After clicking on a **Claim #** link:

1. Click **Correct Claim**.
2. Proceed through the claims screens correcting the information that you may have omitted when the claim was originally submitted.
3. Continue clicking **Next** to move through the screens required to resubmit.
4. Review the claim information .
5. Click **Submit**.


Back to Claims Correct Claim Copy Claim Claim No.: Q180INE01235

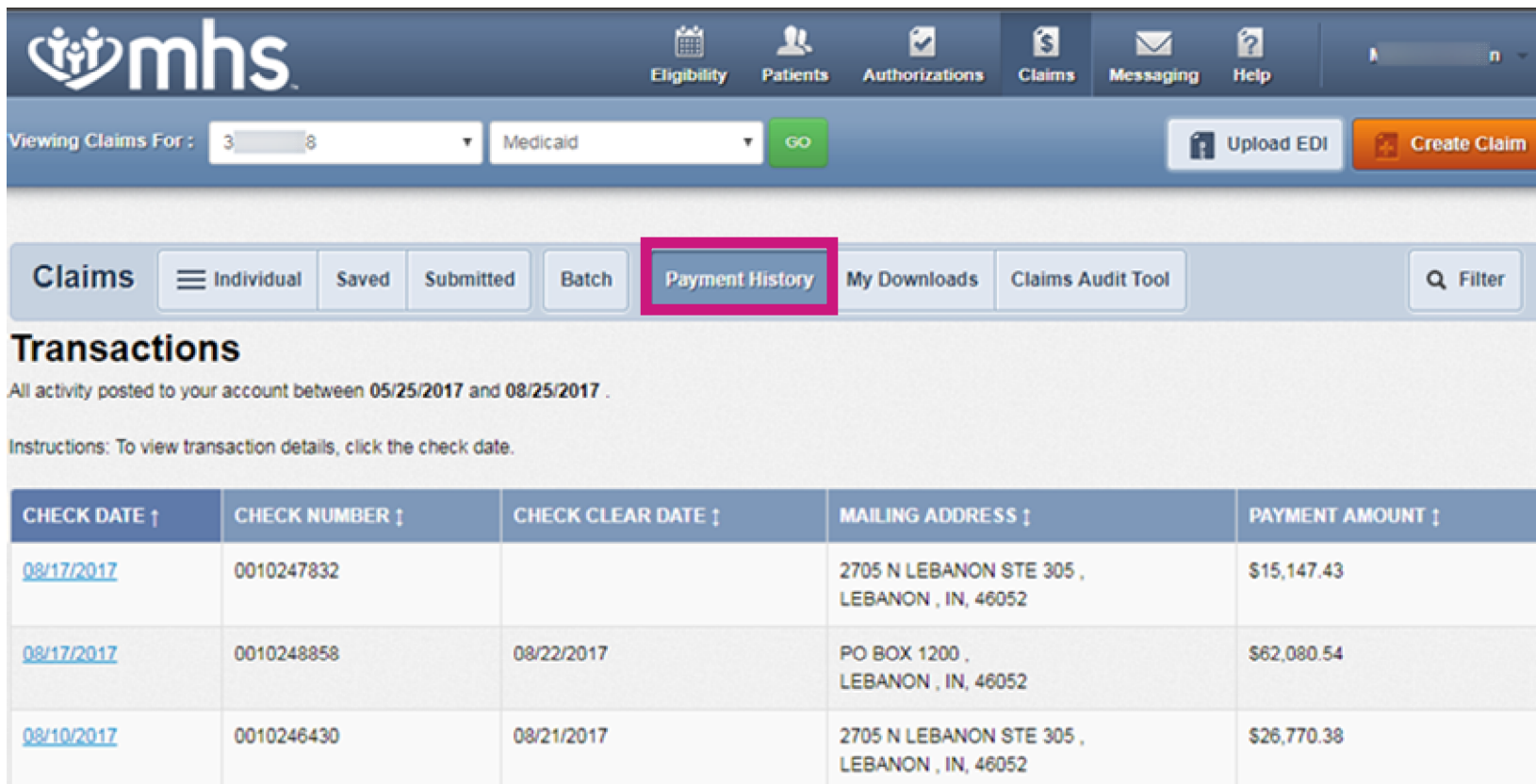
Ref/Acct No.: P10007521700 Member ID: 1[]9 Member Name: [] Member DOB: 1[]? Servicing Provider: SHAH, VINEET Servicing NPI: 1699868455 DOS Range: 05/25/2017 - 05/25/2017	Received Date: 06/29/2017 Billed Amount: \$99.00 Payment Amount: \$0.00 Payment Date: 07/10/2017 Status: DENIED
--	---

LINE	DOS	PROC	DX	MODIFIERS	PLACE OF SERVICE	CHARGED	PAYMENT AMOUNT	PAYMENT DATE	CHECK NO.	STATUS	STATUS DESCRIPTION
1	05/25/2017	73110	S62101 A	TC, RT	11	\$99.00	\$0.00	07/10/2017	09004 13973	DENY	DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S)

 Only claims with a status of **PAID** or **Deny** can be corrected online.

Payment History

-  Click on **Payment History** to view Check Date, Check Number, Check Clear Date, Mailing Address and Payment Amount:
 - Click on **Check Date** to view Explanation of Payment,

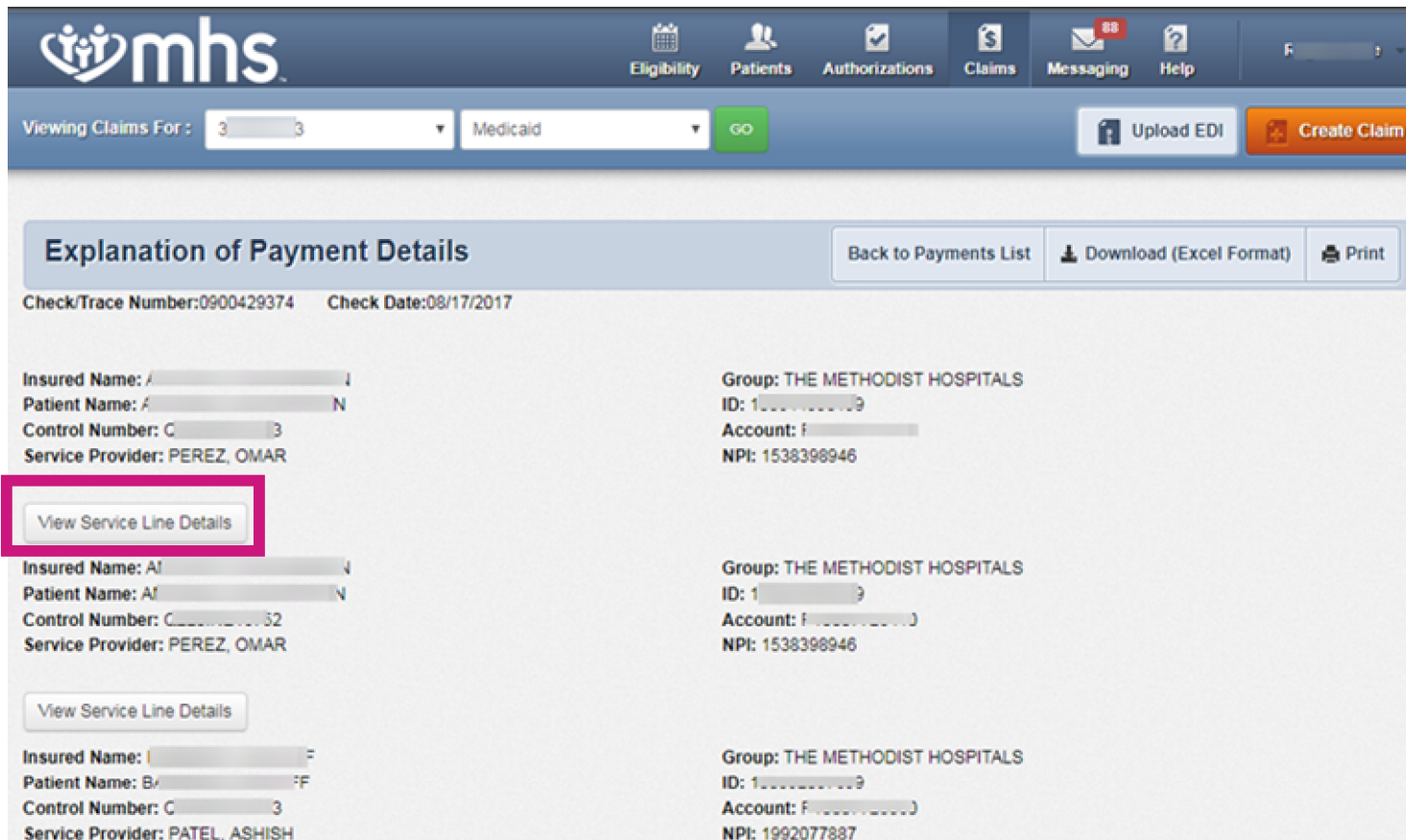


The screenshot shows the mhs web application interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this is a search bar for 'Viewing Claims For' with a dropdown menu set to '3' and a 'Medicaid' filter. There are buttons for 'Upload EDI' and 'Create Claim'. A secondary navigation bar includes 'Claims', 'Individual', 'Saved', 'Submitted', 'Batch', 'Payment History' (highlighted with a pink box), 'My Downloads', 'Claims Audit Tool', and a 'Filter' button. The main content area is titled 'Transactions' and shows a list of payment transactions with columns for Check Date, Check Number, Check Clear Date, Mailing Address, and Payment Amount.

CHECK DATE ↑	CHECK NUMBER ↑	CHECK CLEAR DATE ↑	MAILING ADDRESS ↑	PAYMENT AMOUNT ↑
08/17/2017	0010247832		2705 N LEBANON STE 305 , LEBANON , IN, 46052	\$15,147.43
08/17/2017	0010248858	08/22/2017	PO BOX 1200 , LEBANON , IN, 46052	\$62,080.54
08/10/2017	0010246430	08/21/2017	2705 N LEBANON STE 305 , LEBANON , IN, 46052	\$26,770.38

Payment History

 Click on **View Service Line Details**.



The screenshot shows the mhs web application interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging (with a notification badge), and Help. Below this is a search bar with 'Viewing Claims For:' followed by a dropdown menu showing '3' and another dropdown menu showing 'Medicaid', with a 'GO' button. To the right are buttons for 'Upload EDI' and 'Create Claim'. The main content area is titled 'Explanation of Payment Details' and includes buttons for 'Back to Payments List', 'Download (Excel Format)', and 'Print'. Below the title, it displays 'Check/Trace Number:0900429374' and 'Check Date:08/17/2017'. There are three rows of claim details. The first row has a 'View Service Line Details' button highlighted with a red box. Each row lists 'Insured Name', 'Patient Name', 'Control Number', 'Service Provider', 'Group', 'ID', 'Account', and 'NPI'.

Explanation of Payment Details [Back to Payments List](#) [Download \(Excel Format\)](#) [Print](#)

Check/Trace Number:0900429374 Check Date:08/17/2017

Insured Name: A	Group: THE METHODIST HOSPITALS
Patient Name: A N	ID: 1000000009
Control Number: C 3	Account: F
Service Provider: PEREZ, OMAR	NPI: 1538398946
View Service Line Details	
Insured Name: A	Group: THE METHODIST HOSPITALS
Patient Name: A N	ID: 1000000009
Control Number: C 32	Account: F
Service Provider: PEREZ, OMAR	NPI: 1538398946
View Service Line Details	
Insured Name: F	Group: THE METHODIST HOSPITALS
Patient Name: B F	ID: 1000000009
Control Number: C 3	Account: F
Service Provider: PATEL, ASHISH	NPI: 1992077887

Payment History

View Service Line Details:

- The **Explanation of Payment** details displays the Date and Check Number.
- This view shows each patient payment by service line detail made on the check.

Explanation of Payment Details

[Back to Payments List](#)
[Download \(Excel Format\)](#)
[Print](#)

Your request has been received X

Go to [Claims>My Downloads](#) to retrieve your file or check the status of your download request.

Check/Trace Number: 0900428203 Check Date: 08/17/2017

Insured Name: ██████████ E

Patient Name: A ██████████ E

Control Number: C ██████████ 7

Service Provider: IWUAGWU, ANTHONY

Group: T ██████████ 3,

ID: 1 ██████████

Account: F ██████████

NPI: 1699844886

Insured Name: E ██████████

Patient Name: I ██████████ A

Control Number: C ██████████ 7

Service Provider: IWUAGWU, ANTHONY

Group: T ██████████ 3,

ID: 1 ██████████

Account: F ██████████

NPI: 1699844886

[View Service Line Details](#)

[View Service Line Details](#)

Serv	Date	Proc#/ Proc2	Mod	Days/ Cnt Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	Remit Codes	Payment
10	06/03/2017	99235		0/1	305.00	160.37	0.00/0.00	0.00	0.00/0.00	0.00/0.00	0.00	0.00	on	160.37
Sub Total:					\$305.00	\$160.37	\$0.00/\$0.00	\$0.00	\$0.00/\$0.00	\$0.00/\$0.00	\$0.00	\$0.00		\$160.37

Remit Code Descriptions

on

REDUCED PAYMENT FOR OUT OF NETWORK PROVIDER

Tips to Remember

- Clicking on items (claim numbers, check numbers, dates) that are highlighted blue will reveal additional information.
- When filtering to find a claim or payment history, only a 1 month span can be used.
- Click on the Saved Claims tab to view claims that have been Created but not Submitted. Claims in this queue can be edited for submission or deleted from this tab.
- In order to utilize the Correct Claim feature, the claim needs to be in a Paid or Denied status.
- When managing multiple tax id numbers, change to a new tax id number and view the dashboard associated with that TIN from any screen.

Provider Relations Resources

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. 20800

SOUTH CENTRAL REGION

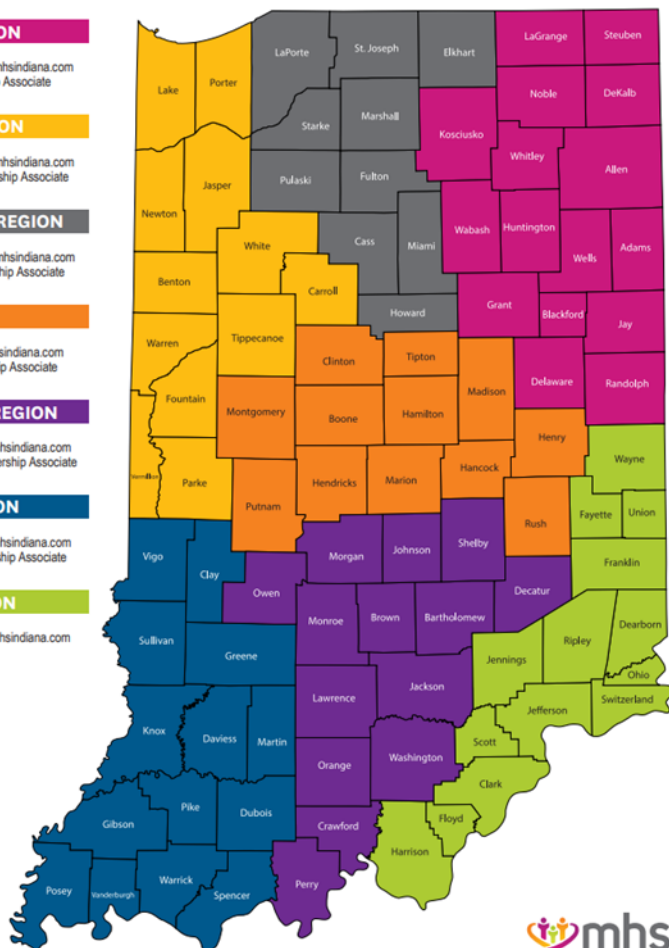
For claims issues, email:
MHS_ProviderRelations_SC@mhsindiana.com
Dalesia Denning, Provider Partnership Associate
1-877-647-4848, ext. 20026

SOUTHWEST REGION

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

SOUTHEAST REGION

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



NORTHEAST REGION

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

NORTHWEST REGION

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

NORTH CENTRAL REGION

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

CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_C@mhsindiana.com
Mona Green, Provider Partnership Associate
1-877-647-4848, ext. 20800

SOUTH CENTRAL REGION

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

SOUTHWEST REGION

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

SOUTHEAST REGION

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

Available online:

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

MHS Provider Network Territories

TAWANNA DANZIE

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

PROVIDER GROUPS

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

JENNIFER GARNER

Provider Partnership Associate II
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

NETWORK LEADERSHIP

JILL CLAYPOOL

Vice President, Network
Development & Contracting
1-877-647-4848 ext. 20855
jille.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

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Available online:
https://www.mhsindiana.com/content/dam/centene/mhsindiana/medical/pdfs/ProviderTerritory_map_2021.pdf

Questions?

Thank you for being our partner in care.