




MHS PROVIDER CLAIMS RESOLUTION



Hoosier Healthwise | Healthy Indiana Plan | Hoosier Care Connect








Agenda

-  MHS Provider Claims Issue Resolution Process
-  Provider Relations Resources
-  Questions

Provider Claims Issue Resolution

Provider Claims Issue Resolution







PROCESS

-  **Step 1:** Informal Claims Dispute or Objection Form
-  Step 2: Provider Services Phone Requests & Web Portal Inquiries
-  Step 3: Provider Relations Regional Mailboxes
-  **Step 4:** Formal Claim Dispute - Administrative Claim Appeal
-  **Step 5:** Arbitration

****Please Note:** Steps 1, 4 & 5 are considered MHS's formal provider claims dispute and appeal process. These steps are strongly recommended to substantiate official proof of provider submission of dispute.

Informal Claims Dispute or Objection Form

Step 1:

-  Must be submitted in writing by using the MHS Informal Claim Dispute or Objection form, available at mhsindiana.com/providers/resources/forms; there is a general form for medical and a separate form for Behavioral Health claims;
-  Submit all documentation supporting your objection.
-  Send to MHS within **67 calendar days** of receipt of the MHS Explanation of Payment (EOP). *Please reference the original claim number.* Requests received after day 67 will not be considered;
-  MHS will make all reasonable efforts to review your documentation and respond to you within 30 calendar days.
-  If you do not receive a response within 30 calendar days, consider the original decision to have been upheld.
-  At that time (or upon receipt of our response if sooner), you will have up to 67 calendar days from date of Dispute response to initiate a formal claim appeal (Step 4).

Informal Claims Dispute or Objection Form

Step 1:



Helpful Tips:



Serves as official notice to MHS of a dispute or appeal on a claim. Skipping this step could jeopardize consideration to review your request through other listed steps;



The provider must include sufficient information for MHS to identify the claim(s) in question and the reason the provider is disputing or objecting to MHS' processing of the claim(s);



Disputing multiple claim denials:



Submit separate Informal Claims Dispute Forms for each member/patient experiencing the denial;



Provide additional information such as:



The MHS denial code and description found on the EOPP/remit;



Briefly describe why you are disputing this denial;



For multiple claims please either list all claim numbers or in the "Reason for Dispute" section state that "[member is experiencing denial reason _____ for all claims DOS _____ to _____](#); Please review all associated claims";









Save copies of all submitted BH informal claims dispute forms;



Provider Services Phone Requests & Web Portal Inquiries

Step 2:

-  Step 2 is a companion avenue of resolution but is not considered a formal notification of provider dispute; it is required that providers complete Steps 1&2 prior to contacting Provider Relations.
-  Claim issues presented by providers to the Provider Services phone line & Web Portal Inquiries will be logged and assigned a ticket number; Please keep this ticket number for your reference, as well as to use later in case you choose to utilize Step 3.
-  The provider must include sufficient information to identify the claim(s) in question and the reason the provider is disputing or objecting to MHS' processing of the claim(s).
-  **Phone: 1-877-647-4848; Provider Services 8 a.m. to 8 p.m.**
-  **Provider Web Portal: <https://www.mhsindiana.com/providers/login.html>**
-  **Use the Messaging Tool**




Customer/Provider Services Phone Requests & Web Portal Inquiries


Step 2:


Helpful Tips:


Disputing multiple claim denials:


 Provide the provider services rep or web portal team member with 1 claim number as an example of the specific denial.

Communication is Key!:

 Tell the rep you have a “claims research request” to review all claims for the specific denial reason;

 State if this denial is happening for 1 or multiple practitioners within your group or clinic; (if multiple, provide your TIN)

 Provide the MHS denial code and description found on the EOPP/remit;







 Briefly describe why you are disputing this denial or seeking research.

Customer/Provider Services Phone Requests & Web Portal Inquiries

Step 2:

 Helpful Tips:

 **Communication is Key!** (cont.):

-  Do not include multiple claim denial reasons within the same research request. Submit separate research requests for each individual denial reason.
-  Please refrain submitting research requests for vague reasons or if you can clearly determine the denial is valid; For example:
 -  Valid timely filing denials;
 -  Services that require prior authorization but PA wasn't obtained;
-  Retain all reference numbers provided by the Provider Services and Web-Portal teams.
-  Research can take up to 30-45 days; At any time you can follow up with the Provider Services or Web Portal team with a status update request (make sure to provide the original reference number).



Customer/Provider Services Phone Requests & Web Portal Inquiries

Step 2:




 Communication Example:

 Helpful Tips:

“Hello, I am calling from XYZ Provider group and we are experiencing multiple claim denials for denial code EX__. We would like to have a claims research ticket created to research this issue. Claim Number_____ is an example. This denial is occurring for multiple patients being treated by our practitioner Dr. Smith and her NPI is _____. This denial has occurred on a total of # claims DOS ____ to _____. We believe this is an invalid denial because_____.”

Provider Relations Regional Mailboxes


Step 3:











-  Step 3 is a companion avenue of resolution but is not considered a formal notification of provider dispute; Step 3 should only be used after provider has exhausted Steps 1 and 2.
-  If Step 1 results in an upheld denial and Step 2 is not resolved within 45 calendar days, please contact the Provider Relations team through the claims issues mailbox assigned to your region.
-  Issues will be logged by the internal Provider Relations team and providers will receive a response email with next steps and any assigned reference numbers. Response to incoming email can take 2-4 weeks depending on workload.

Provider Relations Regional Mailboxes

Step 3:

Helpful Tips:

 After Steps 1 & 2 have been performed, but no resolution or issue upheld; submit the following information to the provider relations regional mailbox (**attach spreadsheet if multiple claims but below fields must be included**)

-  Issue Reference Number(s);
-  TIN
-  Group/Facility Name
-  Practitioner Name & NPI
-  Member Name and Rid Number
-  Product (Medicaid/Ambetter/Allwell)
-  Claim Number(s)
-  DOS or DOS Range if multiple denials
-  Related Prior Authorization Numbers (this is key if issue involves claims denied for no authorization)
-  Provider reason for dispute



Provider Relations Regional Mailboxes

Step 3:

Regional Mailboxes

 Northeast Region: MHS_ProviderRelations_NE@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




Formal Claim Dispute - Administrative Claim Appeal

Step 4:

-  Step 4 is a continuation of Step 1 and is a Formal Claim Dispute, Administrative Claim Appeal;
-  Administrative claim appeals are reviewed by a panel of one or more MHS employees or consultants who are trained in the operations of the MHS claims system as well as state and federal Medicaid laws, regulations and provider payments and coding practices;
-  See the MHS Provider Manual Chapter 5 Claims Administrative Reviews and Appeals for more instructions;

Arbitration

Step 5:

-  Step 5 is a continuation of Steps 1 & 4 and is a part of the formal MHS Provider Claims dispute process;
-  In the event a provider is not satisfied with the outcome of the administrative claim appeal process (Step 4), the provider may request arbitration. Claims with similar issues from the same provider may be grouped together for the purpose of requesting arbitration.
-  See the MHS Provider Manual Chapter 5 Claims Administrative Reviews and Appeals for more instructions;

Provider Relations Team



MHS Provider Network Territories

NORTHEAST REGION

Claims Issues: MHS_ProviderRelations_NE@mhsindiana.com
Chad Pratt, Provider Partnership Associate
1-877-647-4848 ext. 20454
ripratt@mhsindiana.com

CENTRAL REGION

Claims Issues: MHS_ProviderRelations_C@mhsindiana.com
Esther Cervantes, Provider Partnership Associate
1-877-647-4848 ext. 20947
Estherling.A.PimentelCervantes@mhsindiana.com

NORTHWEST REGION

Claims Issues: MHS_ProviderRelations_NW@mhsindiana.com
Candace Ervin, Provider Partnership Associate
1-877-647-4848 ext. 20187
Candace.V.Ervin@mhsindiana.com

SOUTHWEST REGION

Claims Issues: MHS_ProviderRelations_SW@mhsindiana.com
Dawn McCarty, Provider Partnership Associate
1-877-647-4848 ext. 20117
Dawnalee.A.McCarty@mhsindiana.com

SOUTHEAST REGION

Claims Issues: MHS_ProviderRelations_SE@mhsindiana.com
Carolyn Valachovic Monroe, Provider Partnership Associate
1-877-647-4848 ext. 20114
cmonroe@mhsindiana.com

NETWORK LEADERSHIP

Jill Claypool
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NEW PROVIDER CONTRACTING

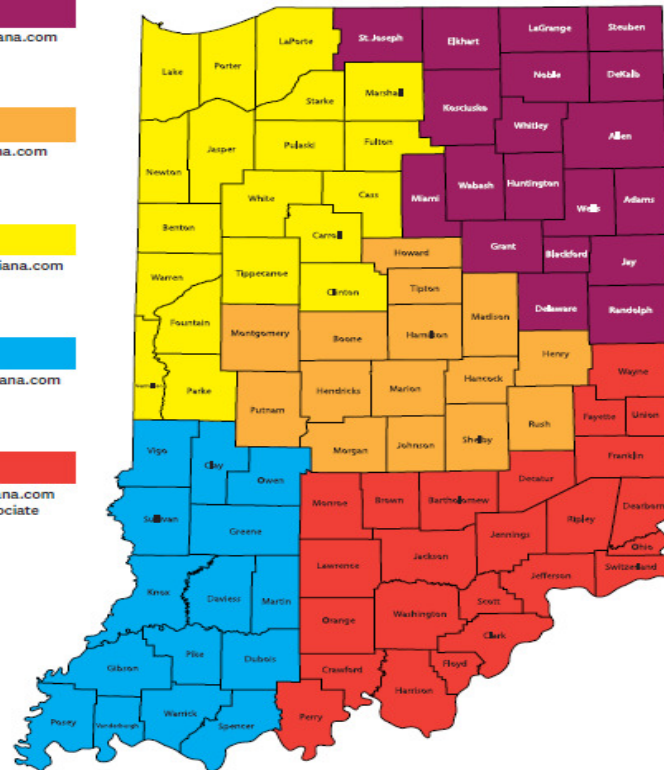
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NETWORK OPERATIONS

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Indiana





MHS Provider Network Territories

TAWANNA DANZIE

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

PROVIDER GROUPS

Beacon Medical Group
Community Care Network
Franciscan Alliance
Goshen Health System
HealthLinc
Heart City Health Center
Indiana Health Centers
Lutheran Medical Group
Northshore Health Centers
Parkview Health System
South Bend Clinic

JENNIFER GARNER

Provider Partnership Associate II
1-877-647-4848 ext. 20149
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PROVIDER GROUPS

American Health Network of Indiana
Columbus Regional Health
Community Physicians of Indiana
Good Samaritan Hospital Physician Services
HealthNet
Health & Hospital Corporation of Marion County
Indiana University Health
Little Company of Mary Hospital of Indiana
Riverview Hospital
St. Vincent Medical Group

INTERNAL REPRESENTATIVES

JENNIFER DEAN

Provider Network Specialist
1-877-647-4848 ext. 20221
jedean@mhsindiana.com

GRETCHEN SCHALLER

Provider Relations Specialist
1-877-647-4848 ext. 40235
gschaller@mhsindiana.com

ENVOLVE DENTAL, INC.

MICHAEL J. WILLIAMS

Provider Relations Specialist
1-727-437-1832
Dental Provider Services: 1-855-609-5157
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MHS Provider Relations Team

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Candace Ervin	Provider Relations Specialist – Northwest Region	1-877-647-4848 ext. 20187	candace.ervin@mhsindiana.com
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Questions?

Thank you for being our partner in care.