

# Secure Provider Portal

24-hour online access  
to your patients' health information.



## **MHS is your partner in providing the best care for your patients.**

We want to help you and your staff provide a higher level of service with instant access to your patients' information.

Providers can:

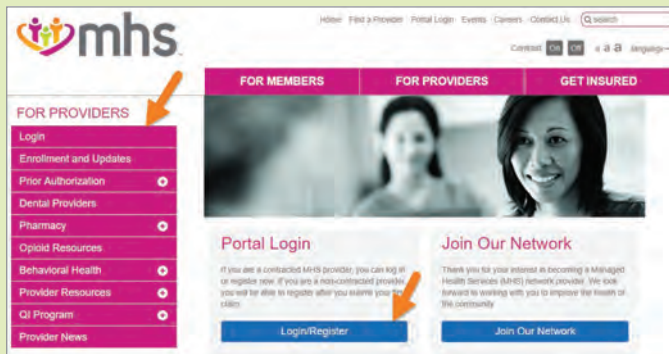
- *Manage multiple practices under one account*
- *Check member eligibility*
- *View Quality Reports*
- *View medical history and gaps in care \*PMP Only*
- *Submit and view Claim Details and Disputes*
- *Submit and view status of Prior Authorizations and Medical Necessity Appeals*
- *Submit Member Management Forms*



# Provider Portal: 24-hour online access to your patients' health information.

## LOGIN

Go to [mhsindiana.com](http://mhsindiana.com), click on **For Providers**, then click on **Login/Register** under **Portal Login**. For **Provider Portal Training Documents**, click on **Login**.



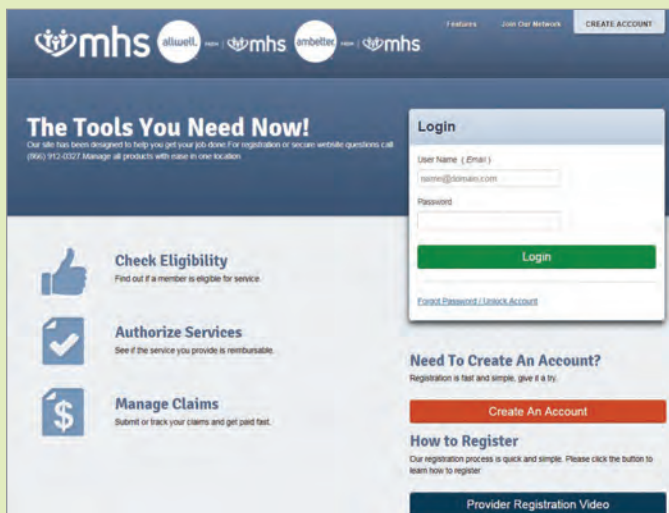
If you do not have an account, click on **Create An Account**.

If you do have an account, under **Login** enter your User Name and Password and click **Login**.

## CREATE AN ACCOUNT

The portal will walk you through a step-by-step process. Then, you'll be ready to access everything the portal offers. You can also add additional TINs once the account is created.

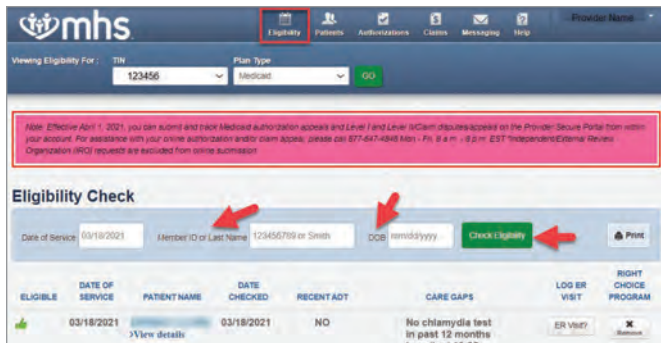
The following are just some of the functions you can use on the MHS Provider Portal.



## 1 Check Member Eligibility

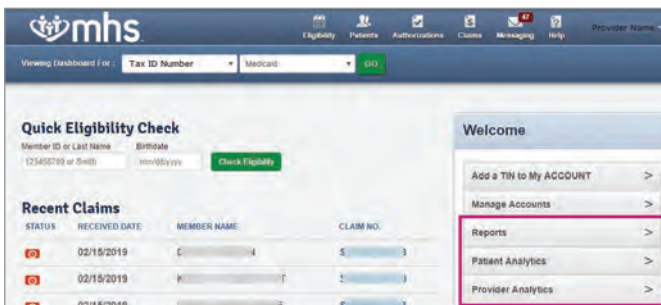
On the Provider Homepage, click on the **Eligibility Tab**.

**Eligibility Status** is indicated by a green thumbs-up for **Eligible** and an orange thumbs-down for **Ineligible/Not Found**.



## 2 View Quality Reports

On the Provider Homepage, click on **Reports, Patient Analytics** or **Provider Analytics**.

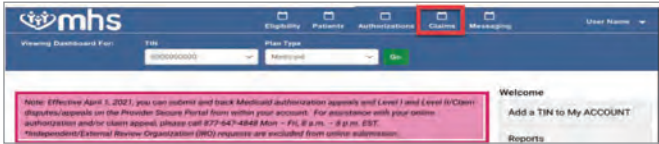




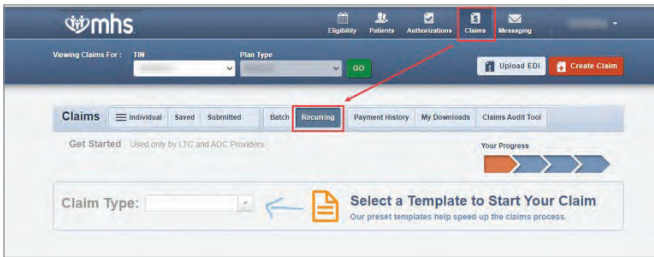


## 5 Using the Claims Wizard

Click on Claims tab to access **Claims Wizard**.

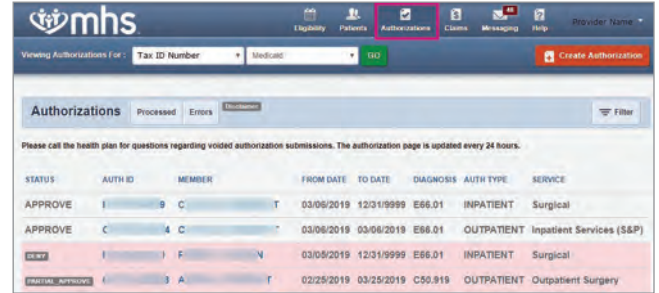


Click on **Recurring**.



## 6 Authorizations

View, create and filter **Authorizations**.



## 7 Submit Prior Authorization/Medical Necessity Appeals

To submit, click on **Authorization Tab**.  
Click on **Auth ID** link highlighted in blue.

Viewing Authorizations For: TIN: 123456 Plan Type: Medicaid GO Create Authorization

Authorizations Processed Errors

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
OKAY	OP2	C	03/16/2021	04/16/2021	E11.621	OUTPATIENT	Outpatient Services
OKAY	OP	T	03/15/2021	03/15/2022	M43.16	OUTPATIENT	Outpatient Surgery

Click **Request Appeal**.

Viewing Authorizations For: TIN: 123456789 Plan Type: Medicaid GO Create Authorization

Back to Authorizations

Overview: Auth Status: DENIED, Auth Nbr: IP1236718263, Amitt Date: 03/27/2019, Service Date: 03/27/2019, Provider of Service(s): Mary Littleland, MD, Diagnosis Code(s): H10.04

Explanation: Does not meet medical necessity criteria per CDR 123 Section 4

Auth Type: INPATIENT, Service: Medical, Discharge: 04/02/2019, Procedure Code(s): 92002, Note & Attachments: X12345

Line Item	Service Type	From Date	To Date	Stay Level	Location	Status	Medical Necessity	Decision Date
1	Medical	03/27/2019	03/27/2019	N/A	St. Louis Children's Hospital	DENY	N/A	N/A
2	Medical	03/27/2019	03/27/2019	N/A	St. Louis Children's Hospital	DENY	N/A	N/A

Appeal Requests for Authorization IP1236718263

Status	Request ID	Type	Submitted by	Submitted

## 8 Member Management Forms Link

Viewing Dashboard For: Tax ID Number: Medicaid GO

Quick Eligibility Check: Member ID or Last Name: 123456789 or SMID: mm/99/YY Check Eligibility

Recent Claims Table:

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
OKAY	02/19/2019		S
OKAY	02/19/2019		S
OKAY	02/19/2019		S
OKAY	02/19/2019		S
OKAY	02/19/2019		S

Welcome

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

Recent Activity: Date, Activity

Quick Links: Provider Resources, Member Management Forms

FOR PROVIDERS

Member Management Forms

All PMPs have the right to state the number of members they are willing to accept into their practice. The panel size for members is based on the panel size requested on the Provider Enrollment form. Member assignment is based on the member's choice and the HCP auto-assignment process, therefore MHS does not guarantee any PMP will receive a set number of members.

PMPs shall not refuse to treat MHS members on his or her panel as long as the panel limit has not been met. MHS must be notified 45 calendar days in advance of a PMP's inability to accept additional covered members under terms agreements. To make a change to your panel size, please contact your Provider Relationship Associate.

MHS follows a state-defined process which requires MHS approval before a member can be disenrolled from a PMP's panel. Please complete the Member Disenrollment form before its entirety to request a member be removed from your panel. It can take 30 - 45 days for this removal to occur. For a full of valid reasons for a request for member disenrollment and other important information, please review the Provider Manual.

If your panel is full or has been placed on hold and you would like to wait a member, please use the Panel Management Form below. There is no limit on the number or frequency of additions. For additional information about when a member can change their PMP location and other important information, please review the Provider Manual.

FOR MEMBERS FOR PROVIDERS GET INSURED

FOR PROVIDERS

- Login
- Enrollment and Updates
- Prior Authorization
- Dental Providers
- Pharmacy
- Opioid Resources
- Behavioral Health
- Provider Resources
- QI Program
- Provider News

Member Disenrollment: Click Here

Panel Management Form: Click Here

Managed Health Services (MHS) is a health insurance provider that has been proudly serving Indiana residents for two decades through Hoosier Healthwise, the Healthy Indiana Plan and Hoosier Care Connect. MHS also offers a qualified health plan through the Health Insurance Marketplace called Ambetter from MHS. All of our plans include quality, comprehensive coverage, with a provider network you can trust. MHS is your choice for affordable health insurance.

Staying informed is simple, and if you have questions, we're always ready to talk:



Visit **[mhsindiana.com](https://mhsindiana.com)**



Call **1-877-647-4848**  
(TTY/TDD 1-800-743-3333)  
Monday - Friday 8 a.m. - 8 p.m.



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