

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:

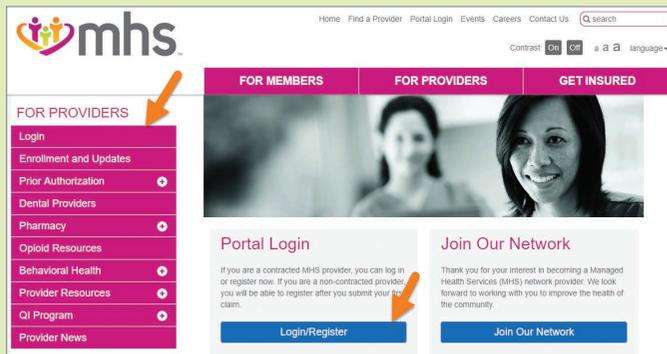
- *Manage multiple practices under one account*
- *Check member eligibility*
- *View Quality Reports*
- *View medical history and gaps in care *PMP Only*
- *Submit and view Claim Details and Disputes*
- *Submit and view status of Prior Authorizations and Medical Necessity Appeals*
- *Submit Member Management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



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

LOGIN

Go to mhsindiana.com, 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 New Account**.

If you do have an account, under **Login** enter your Username (email) and click **Next**. Then enter your **Password** and click **Log In**.

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.

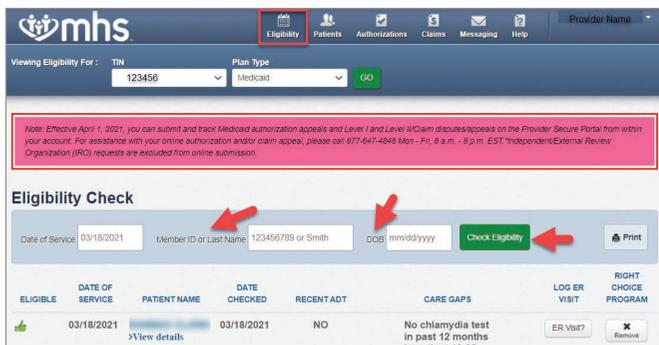
The screenshot shows the mhs Login page. It features the mhs logo at the top, followed by the text 'Log In'. Below this is a 'Username (Email)' input field and a 'LOG IN' button. At the bottom, there is a 'Create New Account' link.

The screenshot shows the mhs Provider Registration page. It features the text 'Provider Registration' and 'Enter your account details to complete your registration:'. Below this are input fields for 'Tax ID', 'Business Phone', and 'Fax Number'. At the bottom, there are 'SUBMIT' and 'CANCEL' buttons.

1 Check Member Eligibility

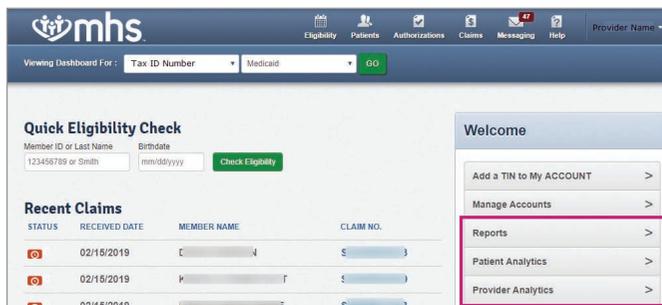
On the Provider Homepage, click on the **Eligibility Tab**.

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**.



3 View Patient List

On the Provider Homepage, click on **Patients**.

The **Patient List** appears and can be downloaded to an Excel document by clicking, **Download**.

4 View Claims Tab

On the Provider Homepage, click **Claims**.

On the **Individual tab** click on **Claim No.** to see additional information.

The ability to update a Denied Claim is included by clicking on **Dispute Claim**.

Click on the **Submitted Tab** (View claims submitted via the Portal).

Click on **Payment History** tab to view **Transaction Details**. To view Transaction details, click the **Check Date**.

5 Using the Claims Wizard

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

The screenshot shows the mhs portal dashboard. The top navigation bar includes tabs for Eligibility, Patients, Authorizations, **Claims** (highlighted with a red box), and Messaging. Below the navigation bar, there are fields for 'Viewing Dashboard For:' (TIN: 000000000) and 'Plan Type:' (Medicaid). A 'Go' button is visible. A pink note box contains the following text: 'Note: Effective April 1, 2021, you can submit and track Medicaid authorization appeals and Level I and Level II/Claim disputes/appeals on the Provider Secure Portal from within your account. For assistance with your online authorization and/or claim appeal, please call 877-647-4848 Mon - Fri, 8 a.m. - 8 p.m. EST. *Independent/External Review Organization (IRO) requests are excluded from online submission.' A 'Welcome' section includes 'Add a TIN to My ACCOUNT' and 'Reports' links.

Click on **Recurring**.

The screenshot shows the mhs portal Claims Wizard. The top navigation bar includes tabs for Eligibility, Patients, Authorizations, **Claims** (highlighted with a red box), and Messaging. Below the navigation bar, there are fields for 'Viewing Claims For:' (TIN) and 'Plan Type:'. A 'Go' button is visible. A 'Claims' section includes tabs for Individual, Save, Submitted, Batch, **Recurring** (highlighted with a red box), Payment History, My Downloads, and Claims Audit Tool. Below this, there is a 'Get Started' section with a progress indicator and a 'Claim Type:' dropdown menu. A 'Select a Template to Start Your Claim' button is also present.

6 Authorizations

View, create and filter **Authorizations**.

The screenshot shows the mhs portal Authorizations page. The top navigation bar includes tabs for Eligibility, Patients, **Authorizations** (highlighted with a red box), Claims, Messaging, and Help. Below the navigation bar, there are fields for 'Viewing Authorizations For:' (Tax ID Number) and 'Medicaid'. A 'Go' button and a 'Create Authorization' button are visible. The main content area has tabs for Authorizations, Processed, Errors, and Discontinue. A 'Filter' button is also present. Below the tabs, there is a note: 'Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.' A table of authorization records is displayed:

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	I 9	C T	03/08/2019	12/31/9999	E66.01	INPATIENT	Surgical
APPROVE	C 4	C T	03/08/2019	03/08/2019	E66.01	OUTPATIENT	Inpatient Services (S&P)
DENY	I)	F N	03/08/2019	12/31/9999	E66.01	INPATIENT	Surgical
PENDING APPROVAL	C 3	A T	02/25/2019	03/25/2019	C50.919	OUTPATIENT	Outpatient Surgery



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 Disclaimer Filter

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
DENY	OP	C	03/16/2021	04/16/2021	E11.621	OUTPATIENT	Outpatient Services
DENY	OP	T	03/15/2021	03/15/2022	M43.16	OUTPATIENT	Outpatient Surgery

Click **Request Appeal**.

Viewing Authorizations For: TIN 0000000000 Plan Type Medicaid Go Create Authorization

Back to Authorizations

Overview: Auth Status: DENIED, Auth Nbr: IP1236718263, Explanation: Does not meet medical necessity criteria per CH 14 Section 4

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	Requested by	Submitted
No appeal requests have been submitted for this authorization.				

8 Member Management Forms Link

Viewing Dashboard For: Tax ID Number Medicaid GO

Quick Eligibility Check: Member ID or Last Name 123456789 or Smith, Birthdate mm/dd/yyyy, Check Eligibility

Recent Claims Table:

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
OK	02/16/2019		S

Quick Links: Provider Resources, Member Management Forms

FOR PROVIDERS

Member Management Forms

All PMP's 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 IHCP auto-assignment process, therefore, MHS does not guarantee any PMP will receive a set number of members.

PMP's 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 enrollees under MHS agreements. To make a change to your panel size, please contact your Provider Partnership Associate.

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://www.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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