Provider Updates with MHS Made Easy 2021

mhs™

ACCREDITED NCQA HEALTH PLAN

ambetter.

Hoosier Healthwise

HIP HEALTHY INDIANA PLAN

Hoosier CARE CONNECT

allwell.

Agenda

- How to request New contract
- How to add a provider to an existing contract
  - Contracted Enrollment Request – CNR
  - Contracted Enrollment Request – Medical or BH
- How to add Non-Contracted provider
- Demographic Updates
  - Address, Phone, Email, Name, Languages Hours, office relocation, member assignment limitations, Provider and address terms, IRS and NPI updates
  - How to add or remove members from panel
    - o Remember you are responsible for your panel.

      If someone is on your panel who does not belong, you need to notify us to move the panel to an appropriate PMP
  - LexisNexis
- Credentialing and Re-credentialing
- MHS Team

MHS Provider Enrollment

- MHS offers most provider enrollment processes via the MHS website at: https://www.mhsindiana.com/providers/become-a-provider.html

- 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.

For Providers

Enrollment and Updates

Online Forms

Requesting a New Contract

New Contract Request

Requesting a New Contract

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 ⊕

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 *

New Contract Request

- Complete the online information request form/application and it will then be routed to an MHS representative.

- If you should select at this level the second button "I have a contract" you will be routed to select Contract Enrollment Request.

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

To enroll a new provider to your existing contract, use the Contract Enrollment Request form.

Add Provider to Existing Contract

Contracted Enrollment Request

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.

Contracted Enrollment Request – CNR

Contracted Enrollment Request

● This request is for practitioners that have one of the following primary specialties. If you have a different specialty than listed below please direct your enrollment request to Contracted Enrollment Request - Medical or BH form.

○ Anesthesiology (non pain management)
○ CRNA
○ Diagnostic Radiology
○ ER Physician
○ Pathology

● Your participating enrollment will not appear in our directory.
● Your participating enrollment will not require credentialing.
● You participating enrollment will be limited to 1 location per TIN/GNPI.

Please select the programs you wish to participate in*
☐ HCC ☐ HHW ☐ HIP ☐ Ambetter ☐ Allwell

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

Primary Physical Location Address, City, State, Zip *

Location Appointment Phone Number *

Group/Facility Specialty *

*i.e. Clinic, Hospital, Group Practice, etc.

Location Fax Number *

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 *

☐ I'm not a robot reCAPTCHA Privacy - Terms

Submit

https://www.mhsindiana.com/providers/become-a-provider/contracted-enrollment-request-CNR.html

Contracted Enrollment Request – Medical or BH

https://www.mhsindiana.com/providers/become-a-provider/contracted-enrollment-request-medical-BH.html

Enrollment Request-Medical or BH

Contracted Enrollment Request - Medical or BH

Are you a Provider or Practitioner? *

◉ Provider - Facility - Any Program
○ Practitioner - Physician

*Please select the programs you wish to participate in**

☐ HCC   ☐ HHW   ☐ HIP   ☐ Ambetter   ☐ Allwell

Provider/Facility Information

Billing Tax ID (TIN) *

Primary Location Group/Facility Billing NPI *

Primary Group Indiana Medicaid Number

Primary Location Appointment Phone Number *

*not applicable for Commercial Programs

Provider/Facility Name *

Do you offer Telehealth Appointment? *
○ Yes
○ No

Are you providing Behavioral Services? *
○ Yes
○ No

Requestor Full Name *

Requestor Phone Number for Questions *

Requestor Email Contact for Questions *

Additional Comments

Required Document Attachments

Please complete the provider form below.

Provider Credentialing Form (PDF) →

Please attach a copy of your completed provider form *

[Choose File] No file chosen →

[Submit]

Contracted Enrollment Request-Medical or BH Practitioner-Physician

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 ⊕

Contracted Enrollment Request - Medical or BH

Are you a Provider or Practitioner? *

○ Provider - Facility - Any Program

◉ Practitioner - Physician

Do you wish to enroll in Medicaid? (HHC, HHW, HIP)

○ Yes

○ No

Contracted Enrollment Request-Medical or BH

Contracted Enrollment Request-Medical or BH

Contracted Enrollment Request - Medical or BH

*Are you a Provider or Practitioner? **

○ Provider - Facility - Any Program
● Practitioner - Physician

Do you wish to enroll in Medicaid? (HHC, HHW, HIP)

○ Yes
● No

Please select the applicable program and provider type you wish to participate in

Ambetter
○ PMP
○ Supporting PMP
○ Specialist, Behavioral or Other

Allwell
○ PMP
○ Supporting PMP
○ Specialist, Behavioral or Other

Provider/Facility Information

*Billing Tax ID (TIN) **

*Primary Location Group/Facility Billing NPI **

*Primary Location Appointment Phone Number **

Practitioner Information

*Practitioner Full Name **

*Practitioner NPI (Type 1) **

*Do you offer Telehealth Appointment? **
○ Yes
○ No

*Are you providing Behavioral Services? **
○ Yes
○ No

*Requestor Full Name **

*Requestor Phone Number for Questions **

*Requestor Email Contact for Questions **

Additional Comments

➡ Member/Panel Size on IHCP/Ambetter/Allwell enrollment form will be applied to all contracted programs.

➡ If you would like this panel size to vary by program please explain details in 'Additional Comments' field.

Required Document Attachments

If you requesting Commercial only programs complete the Ambetter/Allwell PDF enrollment form.

Ambetter & Allwell Provider Enrollment Form (PDF)

*Please attach a copy of your Ambetter & Allwell Provider Enrollment Form **
[Choose File] No file chosen

Supplemental Document Attachments

The below documents are required or optional depending on your specialty and directory preferences.

● If you are a **Nurse Practitioner, Physician Assistant, Midwife or Clinical Nurse Specialist** you will be required to submit a collaboration agreement or your request will be rejected and you will have to submit a new enrollment request.

● If you are a **Behavioral Health Practitioner** and request your training, modalities, populations and certifications display on our member directory this form should be completed.
○ This is an optional document.

Behavioral Health Specialty Profile (PDF)

Please attach a copy of your Collaboration Agreement
[Choose File] No file chosen

Please attach a copy of your Behavioral Health Specialty Profile
[Choose File] No file chosen

[Submit]

Non-Contracted Provider Enrollment

Non-Contracted 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.

Non-Contracted Provider Set-Up

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

https://www.mhsindiana.com/providers/become-a-provider/non-contacted-provider.html

Non-Contracted Provider Set-Up Facility

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

Facility Name *

Billing Tax ID (TIN) *

Facility Billing/Rendering NPI (Type 2) *

Indiana Medicaid Number

*1 GNPI per request

*not applicable for Commercial Programs

Practicing Primary Physical Location Address, City, State, Zip *

Location Appointment Phone Number *

Facility Specialty *

*i.e. Clinic, Hospital, DME, RHC, FQHC, Ambulance, etc.

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. *

→ Choose File No file chosen

☐ I'm not a robot reCAPTCHA
Privacy - Terms
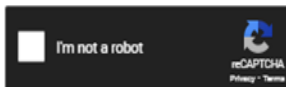
Submit

Non-Contracted Provider Set-Up Practitioner-Physician

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 *

*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. *
Choose File No file chosen

☐ I'm not a robot   reCAPTCHA
Privacy - Terms

Submit
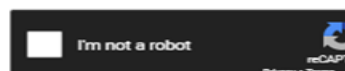
Demographic Updates

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

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.

Demographic Updates

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
- Coronavirus Information ⊕

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? ⊕

https://www.mhsindiana.com/providers/resources/demographic-update-tool.html

Make an Address Change-Billing

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

Update a Billing Address

Group/Facility Name *

Group Indiana Medicaid #

Tax ID # *

Group NPI # *

Billing Address

Street Address *

Address Line 2

City *   ZIP / Postal Code *

State/Province/Region *

Alabama ▾

Billing Address Phone Number *

Should the 1099 address be updated?
○ Yes (please attach W9)
○ No

Please Attach a Completed W9
[Choose File] No file chosen

Comments

Update Requested By:

First Name *   Last Name *

Date *

Contact Email *

Contact Phone *

☐ I'm not a robot

Submit

Make an Address Change-Primary Location

Make an Address Change-Additional Location

Make an Address Change- Remove a Location

Make an Address Change- Office Move

Login

Enrollment and Updates ⊕

Prior Authorization ⊕

Dental Providers

Pharmacy ⊕

Opioid Resources

Behavioral Health Providers ⊕

Provider Resources ⊖

Case and Disease Management

Clinical & Payment Policies

Demographic Update Tool

Electronic Transactions ⊕

Forms

Frequently Asked Questions

Grievance Process

Guides and Manuals

Health Library

Helpful Links

Newsletters

Partnered Member Events

POWER Account

Provider Education & Training ⊕

Provider Performance ⊕

Resource Center ⊕

QI Program ⊕

Provider News

Email Sign Up

Coronavirus Information ⊕

Notify Us of an Office Move

This form must be used *Only* when the entire office moves locations.

Group/Facility Name *

Group NPI # *

Tax ID # *

Office moving From:

Street Address *

Address Line 2

City *   Zip / Postal Code *

State *   Group Medicaid # *

Alabama

Alpha Suffix

A

Office moving To:

Street Address *

Address Line 2

City *   State *

Alabama

Zip / Postal Code *

Group Medicaid # *

Alpha Suffix *

A

Appointment Phone Number *

Office Phone Number *

Office Hours (Monday) *

Office Hours (Tuesday) *

Office Hours (Wednesday) *

Office Hours (Thursday) *

Office Hours (Friday) *

Office Hours (Saturday) *

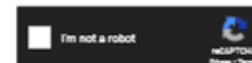Office Hours (Sunday) *

Comments

Update Requested By:

First Name *   Last Name *

Date *

Contact Email *

Contact Phone Number *

☐ I'm not a robot   reCAPTCHA
Privacy - Terms

Submit

Demographic Update Tool

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
  - Demographic Update Tool
  - Electronic Transactions ⊙
  - Forms
  - Frequently Asked Questions
  - Grievance Process
  - Guides and Manuals
  - Health Library
  - Helpful Links
  - Newsletters
  - Partnered Member Events
  - POWER Account
  - Provider Education & Training ⊙
  - Provider Performance ⊙
  - Resource Center ⊙
- QI Program ⊕
- Provider News
- Email Sign Up
- Coronavirus Information ⊕

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? ⊖

- Change Phone Number
- Change Email Address
- Change Provider Name
- Add/Remove a Language Spoken
- Update Service Location Office Hours

UPDATE MEMBER ASSIGNMENT LIMITATIONS? ⊕

TERM AN EXISTING PROVIDER? ⊕

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

Make a Demographic Change

Change a Phone Number

Group/Facility Name *

Tax ID # *

Group NPI # *

Service Location Address

Street Address *

Address Line 2

City *

ZIP / Postal Code *

State *

Alabama ▼

Old Phone Number

New Phone Number *

Comments

Update Requested By:

First Name *

Last Name *

Date *

Contact Email *

Contact Phone Number *

[ ] I'm not a robot   reCAPTCHA

Submit

Add or Update Email Address

Group/Facility Name *

Tax ID # *

Group NPI # *

○ New Email Address
○ Update Existing Email Address

Email Address *

Email Name *

Please enter first and last name of the person associated with the email address.

Role *

○ Practitioner
○ Office Staff
○ Other

If 'Other', please explain in the comments box below.

Comments

Update Requested By:

First Name *

Last Name *

Date *

Contact Email *

Contact Phone Number *

[ ] I'm not a robot   reCAPTCHA

Submit

Make a Demographic Change

Change Provider Name

This form is not for members to change their practitioner.

Provider NPI # *

Provider Current Name

Provider Current First Name *   Provider Current Last Name *

Provider New Name

Provider New First Name *   Provider New Last Name *

Comments

Update Requested By:

First Name *   Last Name *

Date *

Contact Email *

Contact Phone Number *

I'm not a robot — reCAPTCHA — Privacy - Terms
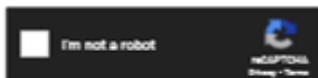
Submit

Add or Remove a Language Spoken

Provider NPI # *

Provider First Name *   Provider Last Name *

Additional Language(s) Spoken

Language(s) No Longer Spoken

Comments

Update Requested By:

First Name *   Last Name *

Date *

Contact Email *

Contact Phone *

I'm not a robot — reCAPTCHA — Privacy - Terms
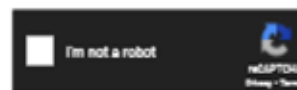
Submit

Make a Demographic Change

Update Service Location Office Hours

Use this form to change office hours for an entire group

Group NPI # *

Group Name *

Group Medicaid Number *

Please write Ambetter Only in this box if not enrolled with IHCP

Group Medicaid Location Code

A ▼

Service Location Address

Street Address *

Address Line 2

City *

State *

Alabama ▼

ZIP/Postal Code *

Appointment Phone Number *

New Office Hours (Monday)

New Office Hours (Tuesday)

New Office Hours (Wednesday)

New Office Hours (Thursday)

New Office Hours (Friday)

New Office Hours (Saturday)

New Office Hours (Sunday)

Comments

Update Requested By:

First Name *

Last Name *

Date *

Contact Email *

Contact Phone Number *

☐ I'm not a robot   reCAPTCHA
Privacy - Terms

Submit

Demographic Update Tool
Update Member Assignment Limitations

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?

- Change Accepting New Members Status
- Change Panel Size (PMP Only)
- Change Age Restrictions

TERM AN EXISTING PROVIDER?

MAKE A CHANGE TO AN IRS NUMBER OR NPI NUMBER?

Update Member Assignment Limitations

Change Accepting New Member Status

Provider Name

First Name *

Last Name *

Provider NPI # *

Tax ID # *

Group Name *

Group NPI # *

Group Medicaid Number *

Please write Ambetter Only in this box if not enrolled with IHCP

Group Medicaid Location Code

[A ▾]

Service Location Address

Street Address *

Address Line 2

City *

ZIP / Postal Code *

State *

[Alabama ▾]

Provider Type(Choose one) *

○ Primary Care Provider (PMP)
○ Specialist

Is Provider Accepting New Members *

○ Yes
○ No

Programs to Update (Choose all that apply) *

☐ Hoosier Healthwise (HHW)
☐ Healthy Indiana Plan (HIP)
☐ Hoosier Care Connect (HCC)
☐ Ambetter from MHS

Comments

Requested By:

First Name *

Last Name *

Date *

Contact Email *

Contact Phone *

☐ I'm not a robot   reCAPTCHA
Privacy - Terms

[Submit]

Update Member Assignment Limitations

Change Panel Size (PMP Only)

Primary Medical Provider (PMP) NPI # *

Primary Medical Provider (PMP) Name

First Name *

Last Name *

Tax ID # *

Group Name *

Group NPI # *

Group Medicaid Number *

Please write Ambetter Only in this box if not enrolled with IHCP

Group Medicaid Location Code

A

Service Location Address

Street Address *

Address Line 2

City *

ZIP/Postal Code *

State *

Alabama

New Hoosier Healthwise (HHW) Panel Size

New Healthy Indiana Plan (HIP) Panel Size

New Hoosier Care Connect (HCC) Panel Size

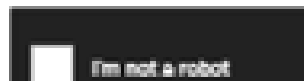New Ambetter from MHS Panel Size

Comments

Update Requested By:

First Name *

Last Name *

Date *

Contact Email *

Contact Phone *

[ ] I'm not a robot

Submit

Update Member Assignment Limitations

Change Age Restrictions

Primary Care Provider (PI)(P) NPI # *

[   ]

Provider Name

First Name *

[   ]

Last Name *

[   ]

Tax ID # *

[   ]

Group Name *

[   ]

Group NPI # *

[   ]

Group Medicaid Number *

[   ]

Please write Ambetter Only in this box if not enrolled with IHCP

Group Medicaid Location Code

[A   ▼]

Service Location Address

Street Address *

[   ]

Address Line 2

[   ]

City *

[   ]

ZIP / Postal Code *

[   ]

State *

[Alabama   ▼]

Provider Type (choose one) *

○ Primary Care Provider (PCP)
○ Specialist

New Hoosier Healthwise (HHW) Age Restrictions

[   ]

New Healthy Indiana Plan (HIP) Age Restrictions

[   ]

New Hoosier Care Connect (HCC) Age Restrictions

[   ]

New Ambetter from MHS Age Restrictions

[   ]

Comments

[   ]

Update Requested By:

First Name *

[   ]

Last Name *

[   ]

Date *

[   ]

Contact Email *

[   ]

Contact Phone Number *

[   ]

[☐ I'm not a robot   ]
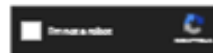
[Submit]

Member Moves

- To dis-enroll a member go to: https://www.mhsindiana.com/providers/login.html , log into the secure provider portal, select Quick links, then select member management forms, complete the member disenrollment form and submit.

- To add a member, if a panel is full, complete the enrollment form and submit.

- MHS follows a state-defined process which requires MHS approval before a member can be dismissed from a PMP's panel. Please complete the Member Disenrollment form in its entirety to request a member be removed from your panel. It can take 30 - 45 days for this removal to occur.

- For a list of valid reasons for a request for member disenrollment and other important information please review the Provider Manual.

Demographic Update Tool
Term an Existing Provider

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
  - Demographic Update Tool
  - Electronic Transactions ➕
  - Forms
  - Frequently Asked Questions
  - Grievance Process
  - Guides and Manuals
  - Health Library
  - Helpful Links
  - Newsletters
  - Partnered Member Events
  - POWER Account
  - Provider Education & Training ➕
  - Provider Performance ➕
  - Resource Center ➕
- QI Program ➕
- Provider News
- Email Sign Up
- Coronavirus Information ➕

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? ➖

- PMP
- Specialist

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

Term an Existing Provider
PMP

PMP Term

Primary Medical Provider (PMP) NPI # *

Primary Medical Provider (PMP) Name

First Name *

Last Name *

Degree *

Tax ID # *

Practitioner will be termed from all locations associated with this TIN

Group Name *

Group NPI # *

Group Medicaid Number *

Please write Ambetter Only in this box if not enrolled with IHCP

Group Medicaid Location Code

Service Location Address

Street Address *

Address Line 2

City *

ZIP / Postal Code *

State *

Date Term Effective *

Term Reason *

Programs to Term (choose all that apply)*
- ☐ Healthy Indiana Plan (HIP)
- ☐ Hoosier Care Connect (HCC)
- ☐ Hoosier Healthwise (HHW)
- ☐ Ambetter from MHS
- ☐ Allwell from MHS
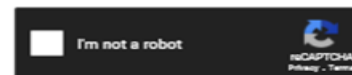- ☐ Behavioral Health

Update Requested By:

First Name *

Last Name *

Date *

Contact Email *

Contact Phone Number *

Move Members To (choose one): *
- ○ Auto-Assignment
- ○ Provider

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Privacy - Terms

Submit

Term an Existing Provider
PMP

Move Members To (choose one): *

○ Auto-Assignment

● Provider

If the accepting provider is not a current MHS panel holding PMP, and/or the panel size or age restrictions cannot accommodate individual members being assigned to the requested provider, the members will be auto assigned.

Provider #1 NPI *	Provider #1 TIN *

Provider #1 First Name *	Provider #1 Last Name *

Provider #2 NPI	Provider #2 TIN

Provider #2 First Name	Provider #2 Last Name

Provider #3 NPI	Provider #3 TIN

Provider #3 First Name	Provider #3 Last Name

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Submit

By selecting Auto Assignment you are able to control where your members/patients are moved to. Maybe it is a new PMP in your group, or just one of the other Practitioners in your practice. The only requirement is the PMP does need to be a contracted with MHS as a PMP, prior to the member move being completed.

![mhs logo]

Term an Existing Provider
SCP

Specialist Term

Specialist NPI # *

Specialist Name

First Name *

Last Name *

Degree *

Tax ID # *

Practitioner will be termed from all locations associated with this TIN

Group Name *

Group NPI # *

Group Medicaid Number *

(Please write Ambetter Only in this box if not enrolled with IHCP)

Group Medicaid Location Code

Service Location Address

Street Address *

Address Line 2

City *

ZIP / Postal Code *

State *

Date Term Effective *

Term Reason *

Programs to Term (choose all that apply) *
- ☐ Healthy Indiana Plan (HIP)
- ☐ Hoosier Care Connect (HCC)
- ☐ Hoosier Healthwise (HHW)
- ☐ Ambetter from MHS
- ☐ Allwell from MHS
- ☐ Behavioral Health

Update Requested By:

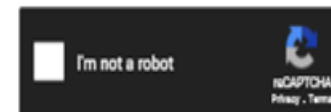First Name *

Last Name *

Date *

Contact Email *

Contact Phone Number *

Move Members To (choose one): *
- ○ Auto Assignment
- ○ Provider

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Submit

Demographic Update Tool
Make a change to an IRS Number or NPI Number

FOR PROVIDERS

- Login
- Enrollment and Updates ⊕
- Prior Authorization ⊕
- Dental Providers
- Pharmacy ⊕
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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? ⊖

- Change an IRS Number (TIN)
- Change an NPI Number
- Update an IRS Address

Change an IRS Number or NPI Number

Change an IRS Number (TIN)

Group/Facility Name *

Old Tax Identification Number (TIN) *

Old Group NPI # *

New Tax Identification Number (TIN) *

New Group NPI # *

Please Attach a Completed W9 *

Choose File | No file chosen
Please attach a completed W9. Please submit enrollments through your Provider Relations staff member if you bill with a SSN as your TIN.

Comments

Update Requested By:

First Name *   Last Name *

Date *

Contact Email *

Contact Phone Number *

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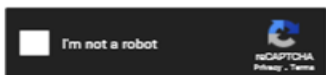
Submit

Change an NPI Number

Group/Facility Name *

Old Group NPI *

New Group NPI *

Tax ID # *

Comments

Update Requested By:

First Name *   Last Name *

Date *

Contact Email *

Contact Phone Number *

I'm not a robot
reCAPTCHA
Privacy - Terms
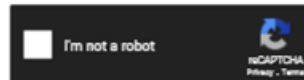
Submit

Change an IRS Number or NPI Number

Update an IRS Address

Group/Facility Name *

[   ]

Tax ID # *

[   ]

Group NPI # *

[   ]

IRS Address

Street Address *

[   ]

Address Line 2

[   ]

City

[   ]

ZIP / Postal Code

[   ]

State *

[Alabama   ▾]

Please Attach a Completed W9

[Choose File] No file chosen

Comments

[   ]

Update Requested By:

First Name *

[   ]

Last Name *

[   ]

Date *

[   ]

Contact Email *

[   ]

Contact Phone Number *

[   ]

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[Submit]

Demographic Updates

- 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.

- If someone from LexisNexis reaches out to you, please respond, as a no response or incorrect response could accidentally result in your provider being incorrectly terminated.

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.

- 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/508-Provider-Manual-2021.pdf

Credentialing and Re-credentialing

- MHS encourages 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.

![mhs logo]

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 re-credentialing process for practitioners and providers at least once every 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

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

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
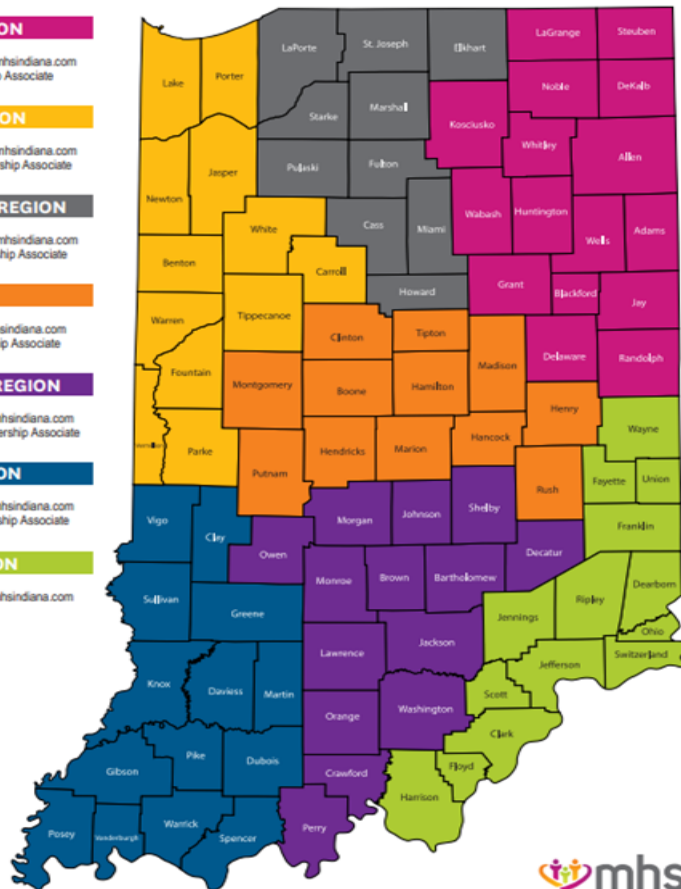1-877-647-4848, ext. 20080

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

Allwell from MHS │ Ambetter from MHS │ Hoosier Healthwise │ Healthy Indiana Plan │ Hoosier Care Connect

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

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Vice President, Network
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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

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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

Allwell from MHS │ Ambetter from MHS │ Hoosier Healthwise │ Healthy Indiana Plan │ Hoosier Care Connect

Thank you for being our partner in care.