







Provider Updates with MHS Made Easy 2021





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
 - 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



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Contrast ☐ On ☒ Off ☐ a ☐ a ☐ a [language](#)

Select Your Plan Below [Which plan do I have?](#)

FOR MEMBERS

FOR PROVIDERS

GET INSURED

Allwell From MHS

Ambetter From MHS

Healthy Indiana Plan

Hoosier Care Connect

Hoosier Healthwise



**One Plan.
Always Covered.**

Our health insurance programs are committed to transforming the health of the community one individual at a time.



Coronavirus (COVID-19)

What you need to know about the Coronavirus. [Learn More about COVID-19.](#)



Find a Provider

Finding a doctor is quick and easy. Search for Primary Medical Providers, hospitals, pharmacies and more.



Community Connect

Find assistance close to you. Search for programs to help with food, education, housing, jobs, family and more.



Complete Your HNS

Take the Health Needs Screening (HNS) and start earning My Health Pays rewards today!



Enrollment and Updates



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Contrast language ▾

Select Your Plan Below [Which plan do I have?](#)

FOR MEMBERS

Allwell From MHS

Ambetter From MHS

Healthy Indiana Plan

Hoosier Care Connect

Hoosier Healthwise

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GET INSURED

Plan.
vs Covered.

insurance programs
mitted to transforming the
the community one
at a time.



Coronavirus (COVID-19)

What you need to know about the Coronavirus. [Learn More about COVID-19.](#)



Online Forms



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Contrast ☒ On ☐ Off language ▾

FOR MEMBERS

FOR PROVIDERS

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FOR PROVIDERS

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New Contract

[Request a New Contract](#)

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.

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.

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.

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.

Requesting a New Contract

New Contract Request

FOR PROVIDERS

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Contracted Enrollment Request -
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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

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

Requesting a New Contract

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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 (WS) *

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

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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.
- Your 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

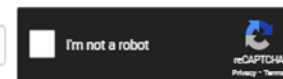
*not applicable for Commercial Programs

Practitioner Primary Taxonomy

Requestor Full Name *

Requestor Phone Number for Questions *

Requestor Email Contact for Questions *



Submit

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



Contracted Enrollment Request – Medical or BH

The screenshot shows the MHS website interface. At the top, there is a navigation bar with links: Home, Find a Provider, Portal Login, Events, Careers, Contact Us, and a search bar. Below this, there are three main tabs: FOR MEMBERS, FOR PROVIDERS, and GET INSURED. The FOR PROVIDERS tab is selected. On the left sidebar, under the FOR PROVIDERS section, there is a list of links: Login, Enrollment and Updates, Become a Contracted Provider, Contracted Enrollment Request - CNR, Contracted Enrollment Request - Medical or BH (highlighted with a blue arrow), Non-Contracted Provider Set-Up, Prior Authorization, Dental Providers, Pharmacy, Opioid Resources, Behavioral Health Providers, Provider Resources, QI Program, Provider News, Email Sign Up, and Coronavirus Information. The main content area displays the title 'Contracted Enrollment Request - Medical or BH' and a question 'Are you a Provider or Practitioner? *' with two radio button options: 'Provider - Facility - Any Program' and 'Practitioner - Physician'.

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

Enrollment Request-Medical or BH

FOR PROVIDERS

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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 *

No file chosen

Contracted Enrollment Request-Medical or BH Practitioner-Physician

FOR PROVIDERS

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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

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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

HCC

- ☐ PMP
☐ Supporting PMP
☐ Specialist, Behavioral or Other

HIP

- ☐ PMP
☐ Supporting PMP
☐ Specialist, Behavioral or Other

Allwell

- ☐ PMP
☐ Supporting PMP
☐ Specialist, Behavioral or Other

HHW

- ☐ PMP
☐ Supporting PMP
☐ Specialist, Behavioral or Other

Ambetter

- ☐ PMP
☐ Supporting PMP
☐ Specialist, Behavioral or Other

Provider/Facility Information

Billing Tax ID (TIN) *

Primary Group Indiana Medicaid Number

*not applicable for Commercial Programs

Primary Location Group/Facility Billing NPI *

Primary Location Appointment Phone Number *

Practitioner Information

Practitioner Full Name *

Do you offer Telehealth Appointment? *

- ☐ Yes
☐ No

Requestor Full Name *

Requestor Email Contact for Questions *

Additional Comments

Practitioner NPI (Type 1) *

Are you providing Behavioral Services? *

- ☐ Yes
☐ No

Requestor Phone Number for Questions *

→ 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 to participate in at least one of our Medicaid programs please complete the applicable practitioner form below (HHW, HCC, HIP).

→ [MCE Universal form \(PDF\)](#)

Please attach a copy of your MCE Universal Enrollment Form *

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

No file chosen

Please attach a copy of your Behavioral Health Specialty Profile

No file chosen

Contracted Enrollment Request-Medical or BH

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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 *

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

No file chosen

Please attach a copy of your Behavioral Health Specialty Profile

No file chosen

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

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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

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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 *

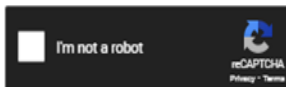
Requestor Email Contact for Questions *

Document Attachments Required

Please attach a copy of your most current W9 for accurate 1099 processing. *

Choose File

No file chosen



Submit

Non-Contracted Provider Set-Up Practitioner-Physician

FOR PROVIDERS

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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 *

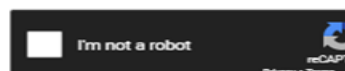
Requestor Phone Number for Questions *

Requestor Email Contact for Questions *

Document Attachments Required



Please attach a copy of your most current W9 for accurate 1099 processing. *

No file chosen



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

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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

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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 *

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? 

- [Update a Billing Address](#)
- [Change a Primary Location](#)
- [Add an Additional Location](#)
- [Remove a Location](#)
- [Notify Us of an Office Move](#)

Make an Address Change-Primary Location

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 - Partnered Member Events
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Change a Primary Location

Group/Facility Name *

Group NPI *

Group Medicaid Number *

Alpha Suffix

Tax ID # *

Practitioner First Name *

Practitioner Last Name *

Practitioner NPI

Multiple Practitioners

[Choose File](#) No file chosen

If multiple practitioners are moving, please attach a spreadsheet with their names and NPI numbers

Old Primary Location Address

Street Address *

Address Line 2

City *

State *

Zip / Postal Code *

New Primary Location Address

Street Address *

Address Line 2

City *

Zip / Postal Code *

State *

Appointment Phone Number *

Primary Phone *

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:

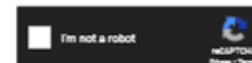
First Name *

Last Name *

Date *

Contact Email *

Contact Phone Number *



Submit

Make an Address Change-Additional Location

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Add an Additional Location

MHS asks that additional addresses only be requested for practitioners that display on the directory. Additional address are utilized for directory purposes only and are not needed for claims payment. For more information on addresses and practitioner enrollment please refer to Chapter 17 of the [MHS Provider Manual \(PDF\)](#).

MHS will not process additional address requests for these practitioner types: Emergency Medicine, Radiology, Anesthesiology (excluding Pain Management), Pathology, CRNA, Midwives, Occupational Therapy, Mid-levels not acting as a PCP holding a panel, and Practitioners who practice exclusively in a facility setting.

Group/Facility Name *

Group Indiana Medicaid # *

Tax ID # *

Group NPI # *

Practitioner First Name

Practitioner Last Name

Practitioner NPI

Multiple Practitioners

[Choose File](#) No file chosen

If multiple practitioners are adding this address as an additional location, please attach a spreadsheet with their names and NPI numbers.

Additional Location Address

Street Address *

Address Line 2

City *

State *

ZIP / Postal Code *

Appointment Phone Number *

Location 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:

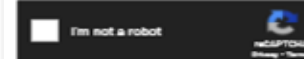
First Name *

Last Name *

Date *

Contact Email *

Contact Phone *



Submit

Make an Address Change- Remove a Location

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



Remove a Location

Use this form if you want to remove a location from a practitioner or group.

Group/Facility Name *

Group Indiana Medicaid # *

Tax ID # *

Group NPI # *

Practitioner First Name Practitioner Last Name

Practitioner NPI

Is this location closing completely?

☐ Yes

☐ No

Delete Location Address:

Street Address *

Address Line 2

City * ZIP / Postal Code *

State *

Location Phone Number *

Comments

Update Requested By:

First Name * Last Name *

Date *

Contact Email *

Contact Phone *

☐ I'm not a robot



Submit

Make an Address Change- Office Move

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 +

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 # *

Alpha Suffix

Office moving To:

Street Address *

Address Line 2

City *

State *

Zip / Postal Code *

Group Medicaid # *

Alpha Suffix *

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 *



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

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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 *

Old Phone Number

New Phone Number *

Comments

Update Requested By:

First Name *

Last Name *

Date *

Contact Email *

Contact Phone Number *



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



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:

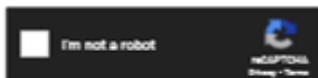
First Name *

Last Name *

Date *

Contact Email *

Contact Phone Number *



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:

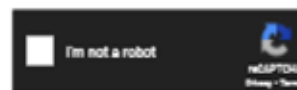
First Name *

Last Name *

Date *

Contact Email *

Contact Phone *



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 HCP

Group Medicaid Location Code

Service Location Address

Street Address *

Address Line 2

City *

State *

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



Submit

Demographic Update Tool

Update Member Assignment Limitations

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

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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 HCP

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

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



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 Medical Number *

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

Group Medical Location Code

Service Location Address

Street Address *

Address Line 2

City *

ZIP/Postal Code *

State *

New Hoosier Healthwise (HHH) 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:

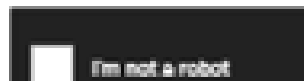
First Name *

Last Name *

Date *

Contact Email *

Contact Phone *



Submit



Update Member Assignment Limitations

Change Age Restrictions



Primary Care Provider (PCP) 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 HICP

Group Medicaid Location Code

Service Location Address

Street Address *

Address Line 2

City *

ZIP / Postal Code *

State *

Provider Type (choose one) *

- ☐ Primary Care Provider (PCP)
☐ Specialist

New Hoosier Healthwise (HWH) 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:

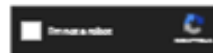
First Name *

Last Name *

Date *

Contact Email *

Contact Phone Number *



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

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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 *

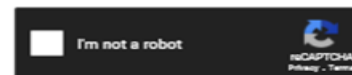
Date *

Contact Email *

Contact Phone Number *

Move Members To (choose one): *

- ☐ Auto-Assignment
- ☐ Provider



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

☐ I'm not a robot



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.



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

☐ I'm not a robot



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 +
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 +

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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? +

- [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 *

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:

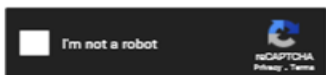
First Name *

Last Name *

Date *

Contact Email *

Contact Phone Number *



Submit

Change an NPI Number

Group/Facility Name *

Old Group NPI *

New Group NPI *

Tax ID # *

Comments

Update Requested By:

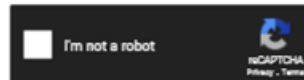
First Name *

Last Name *

Date *

Contact Email *

Contact Phone Number *



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 *

Please Attach a Completed W9

[Choose File](#) No file chosen

Comments

Update Requested By:

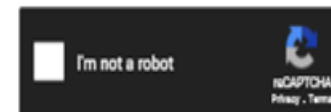
First Name *

Last Name *

Date *




Contact Email *

Contact Phone Number *



[Submit](#)

Demographic Updates




Health Care

What is VerifyHCP.

VerifyHealthCarePortal (VerifyHCP) is a product developed by LexisNexis® Risk Solutions and AMA Business Solutions to streamline and simplify the process of validating clinician directory information in one secure and centralized location. The accuracy of clinician directories is essential for patients when choosing a plan and seeking medical care.

HOW IT WORKS:


1. Participating health plans provide VerifyHCP with their directory data
2. VerifyHCP cleanses the data and pre-populates the most accurate information into your verification platform for easy review
3. You may be notified to confirm information already pre-populated for you via email, phone, or fax. (Refer to the outreach section below)

Why we do it: To ensure patients have access to accurate directory information, federal and state regulations require health plans to conduct regular outreach (usually quarterly). This can lead to practice burden and disruption. VerifyHCP was developed to minimize the burden while addressing this important issue.

WHAT TO EXPECT


We will contact you to verify clinician directory information quarterly. You are encouraged to reply to the initial email to avoid triggering follow up emails, faxes, or phone calls which can be more intrusive to your practice. You may also be contacted when a new payer is added to our program. Please note that clinicians can forward these requests to their practice manager.

Streamlined



VS

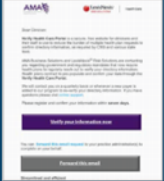
Conventional



EMAIL OUTREACH

Be on the lookout for an email from VerifyHealthCarePortal asking you to register and verify information your payer has provided. Please follow these steps:

1. Click on "Verify your information now" in the email to visit the Portal
2. Register on the Portal
3. Confirm pre-populated directory information in each section and submit your verification on the summary page



FAX OUTREACH

Depending on the size of the practice, you may receive outreach via fax.

1. Review the information on the form and make updates where needed.
2. Complete the signature section and fax all pages back to the number listed on the cover page.

PHONE OUTREACH

As a last resort, when verification has not been received via email, you may be contacted via phone. Note: some regulations require a response from the practice, otherwise you may be removed from the directory and/or have reimbursements withheld.

LARGE GROUP OUTREACH

For large groups, VerifyHCP will provide a pre-populated spreadsheet via email or phone containing payer-provided clinician data.

1. Confirm correct data attributes in each tab of the spreadsheet and make the necessary corrections.
2. Send your updated spreadsheet back to the VerifyHCP representative.

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0219.PR.P.FL 3/19



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.

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

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
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CENTRAL REGION

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SOUTH CENTRAL REGION

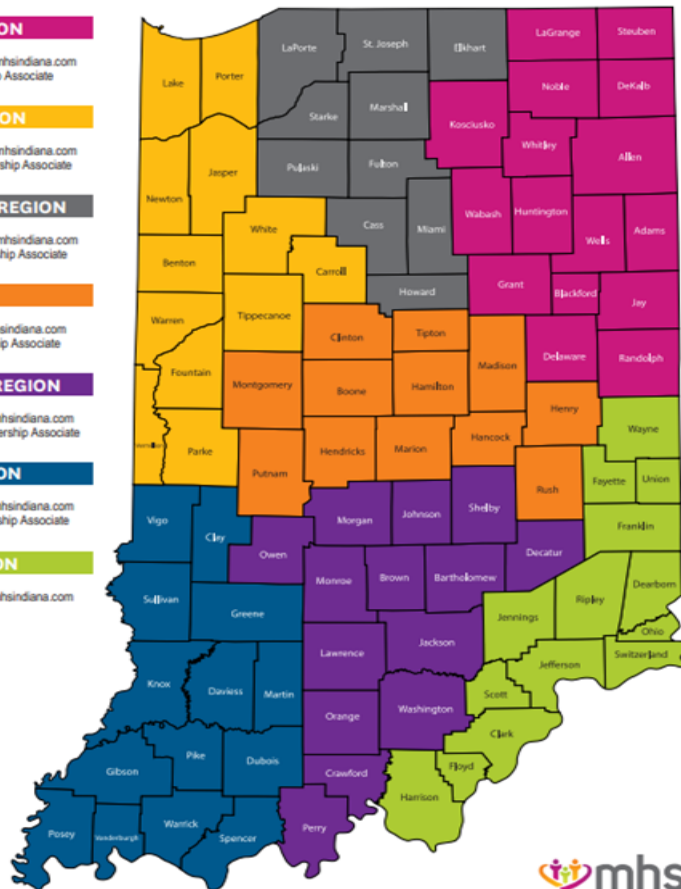
For claims issues, email:
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SOUTHWEST REGION

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SOUTHEAST REGION

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CENTRAL REGION

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SOUTH CENTRAL REGION

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Available online:

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

MHS Provider Network Territories

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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

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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

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Tyneshia James
Tyneshia.James@EnvolveHealth.com
Dental Provider Services: 1-855-609-5157
Questions: ProviderRelations@EnvolveHealth.com

ENVOLVE VISION, INC.

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**Thank you for being our
partner in care.**