MHS
Behavioral Health Services
Made Easy
Agenda

- Behavioral Health Provider Types
- Covered Services
- Opioid Treatment Program
- Substance Use Disorder (SUD) Residential Treatment Service
- Provider Enrollment
- Demographic Updates
- Claims Process
- NCCI Edits
- Behavioral Health Claims Dispute Resolution
- Prior Authorization
- MHS Portal
- Provider Relations Resources
- Questions
Behavioral Health Provider Types
MHS Behavioral Health Network

Provider Types

- Hospitals
- Community Mental Health Centers (CMHC)
- BH Practitioners within FQHC/RHC setting
- Behavioral Health Agency

Prescribers
- Psychiatrist –(MD/DO)
- Psych Nurses (RN, APRN, ARNP, LPN)
- Psychologist (PHD, PSYD, HSPP)
- Master Level Clinicians (LCSW, LMFT, Non-Licensed & Substance Abuse Providers)

Please note that professional covered services can only be billed and reimbursed to IHCP enrolled:
- Psychiatrists
- Psychologists (HSPP Only)
- Nurse Practitioners
  - Independently Practicing
  - Enrolled with IHCP & employed by a physician or group
Covered Services
Behavioral Health Covered Services

Inpatient & Outpatient Facility Services:
- Inpatient Admission for Mental Health or Substance Abuse
- Inpatient Eating Disorders
- Observation (limited to 72-hour stay)
- Telehealth Services
- Intensive Outpatient Program (IOP) for Mental Health or Substance Abuse
- Partial Hospitalization
- Psychiatric Clinic
- Psychiatric Outpatient Hospital Services
- SUD Services Residential Treatment (Effective 3/1/2018) See bulletin BT201801

*Listing is not all-inclusive and subject to change.
Behavioral Health Covered Services

Professional Services
- Psychiatric Diagnostic Evaluation
- Individual/Family/Group Psychotherapy
- Crisis Psychotherapy
- Psychoanalysis
- Psychological Testing
- Neuropsych Testing
- Applied Behavioral Analysis (ABA) Services
- Evaluation and Management
- Observation Care Discharge Services
- Initial Observation Care
- Initial Hospital Care
- Office Consultations
- Inpatient Consultations
- Smoking Cessation
- Alcohol and/or Substance Abuse structured screening and brief intervention
- Opioid Treatment Program (OTP)

* Listing is not all-inclusive and subject to change
Opioid Treatment Program
Opioid Treatment Program (OTP)

Effective August 1, 2017, Indiana Health Coverage Programs (IHCP) established a provider type of Addiction Services and a specialty of Opioid Treatment Program (OTP) that will be eligible to bill for services specific to opioid treatment.

OTPs wanting to bill for the administration of methadone and other related services exclusive to OTPs, must be enrolled with IHCP as:

- Addiction Services (Provider Type 35); or
- Opioid Treatment Program (Specialty Code 835)

All OTP providers enrolling with IHCP under the Addiction Services provider type and OTP specialty code will be required to have a Drug Enforcement Administration (DEA) license, as well as certification from the State’s Division of Mental Health and Addiction (DMHA).

Out-of-state (OOS) providers are ineligible for IHCP provider enrollment.
Opioid Treatment Program (OTP)

OTP Provider Enrollment with MHS:

wives may enroll with MHS through the website at [mhsindiana.com](http://mhsindiana.com) once active with IHCP.

Current providers will need to enroll their new NPI with the Methadone taxonomy code 261QM2800X by selecting “Existing Behavioral Health Provider” option.
Opioid Treatment Program (OTP)

OTP Provider Enrollment with MHS:

 يونيكورن New and Existing Contracted Providers: All forms needed for enrollment are provided within the “Become a Provider” process outlined on our website.

 يونيكورن For Existing Contracted Providers: Please ensure that the rendering providers that will be submitting OTP related claims have been submitted for enrollment linking the rendering provider to the new OTP facility NPI.

 يونيكورנ Mental Health providers registering and enrolling with a new NPI (specific to the Methadone taxonomy, 261QM2800X) is recommended.

 يونيكורנ Providers planning to use the same NPI (as their current BH enrolled group/clinic) must ensure that for OTP services they are billing with a service location (address, zip+4) or Taxonomy code (261QM2800X) unique from all other already enrolled locations/taxonomy codes to avoid claim processing issues.
Opioid Treatment Program (OTP)

**OTP Services Claims Submission:**

ワイン．OTP services will be covered for members enrolled in IHCP, except for those in the benefit plans identified in BT201744.

ワイン．Coverage of OTP services is subject to the restrictions outlined, and individuals must meet the defined medical necessity criteria.

ワイン．Prior authorization (PA) is not required for OTP services. However, providers must maintain documentation demonstrating medical necessity and that the coverage criteria were met, as well as indicating the individual’s length of treatment.

ワイン．Please follow the revised reimbursement policy and billing guidelines outlined within IHCP bulletin BT201755 when billing MHS.

*Please note OTP Providers have to be fully enrolled with IHCP and MHS prior to submitting claims for consideration and payment.*
Substance Use Disorder (SUD) Residential Treatment
Residential SUD Treatment Provider Enrollment

Effective March 1, 2018, IHCP established a new provider specialty for SUD residential addiction treatment facilities. These facilities will be classified using the following provider type and specialty codes:

- Provider type 35 – *Addiction Services*; and
- Provider specialty 836 – *SUD Residential Addiction Treatment Facility*

Facilities with the provider type 35 and provider specialty 836 can enroll as billing providers beginning March 1, 2018.

To enroll, a facility must meet the following requirements and submit proof of both:

- DMHA certification as a residential (sub-acute stabilization) facility or Department of Child Services (DCS) licensing as a child care institution or private secure care institution; and
- DMHA designation indicating approval to offer ASAM Level 3.1; or Level 3.5 residential services (Facilities that have designations to offer both ASAM Level 3.1 and Level 3.5 services within the facility must include proof of both with their enrollment application).

*Please note SUD facilities have to be fully enrolled with IHCP and MHS prior to submitting claims for consideration and payment.*
To enroll with MHS for Residential SUD Treatment:

Non-Contracted BH facilities will need to “Request a New Contract” from the MHS Provider Enrollment and Updates website:

mhsindiana.com/providers/become-a-provider

Current contracted BH facilities, please:
1. Complete the Hospital and Ancillary Credentialing Form from our site:
   mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/mce-provider-credentialing-form

2. Email the Provider Relations (Regional Mailbox) with the subject “SUD Enrollment” and include in the body of the email the IHCP enrolled NPI(s) for SUD and attach the Hospital and Ancillary Credentialing Form and all requested documents as detailed within the “Application Instructions” section of the form.
Residential SUD Treatment Claims Submission:

A facility enrolled as a SUD residential addiction treatment facility (35/836 provider type and specialty) is limited to billing only the following procedure codes with modifiers under that enrollment:

• H2034 U1 or U2 – Low-Intensity Residential Treatment
• H0010 U1 or U2 – High-Intensity Residential Treatment

Reimbursement is limited to one unit per member per provider per day.

Facilities should bill using a professional claim:

• Specialty 836 (SUD Residential Addiction Treatment Facility): IHCP does not have or allow rendering practitioners to be attached which means the provider/facility level itself must bill.
• Claims MUST be submitted at the facility level with the facility NPI as rendering (box 24J) on the CMS-1500 claim form.

*Practitioners may not bill or be listed as the rendering
Residential SUD Treatment Claims Submission:

Providers will be reimbursed for residential stays for substance use treatment on a *per diem* basis.

The following services are included within the *per diem*:

- H2034 U1 or U2 – Low-Intensity Residential Treatment:
  - Individual Therapy
  - Group Therapy
  - Medication Training and Support
  - Case Management
  - Drug Testing
  - Peer Recovery Supports

- H0010 U1 or U2 – High-Intensity Residential Treatment
  - Individual Therapy
  - Group Therapy
  - Medication Training and Support
  - Case Management
  - Drug Testing
  - Peer Recovery Supports
  - Skills Training and Development
SUD Residential Treatment Services

Residential SUD Treatment Claims Submission:

- SUD residential addiction treatment facilities rendering services other than those included in the *per diem* must bill for those additional services using another, appropriate IHCP enrolled provider type and specialty:
  - Services that are reimbursable outside the daily per diem rate include Physician Visits and Physician-administered medications.
- Services included in the per diem payment will not be reimbursed separately for a member for the same DOS as the per diem payment is reimbursed.
- Refer to IHCP Bulletin 201801 for further policy and reimbursement related details.
Residential SUD Prior Authorization:

- SUD residential addiction treatment services require Prior Authorization.
- Please see the Provider Resources/Forms section of our website: mhsindiana.com/providers/resources/forms-resources
- The following forms are available for SUD Prior Authorization submission:
  - Residential/Inpatient Substance Use Disorder Treatment Prior Authorization Request Form
  - Initial Assessment Form for Substance Use Disorder Treatment Admission (PDF)
  - Reassessment Form for Continued Substance Use Disorder Treatment
- Please refer to IHCP Bulletin BT201906 for additional instructions.
New Opioid Online Resource Center
Opioid Online Resource Center

MHS has taken a thoughtful approach to policy changes, recognizing that healthcare staff on the front lines need practical, realistic solutions. The provider resource center will help educate about best practices for:

- Opioid treatment
- Prescribing limits and alternatives
- Patient resources
- Links to statewide support services

A companion member resource center offers links to helpful materials and statewide support services.

Access this new tool online at: mhsindiana.com/providers/opioid-resources.
Provider Enrollment
Provider Enrollment

- We have updated the Contract Request Process to give a more streamlined approach.
- This process will allow us to track the contract and credentialing throughout the process and allow visibility to all.
- Providers can call MHS Provider Services at 1-877-647-4848 to obtain the status of their credentialing and contracting.
- All contract requests will be initiated through mhsindiana.com.
Provider Enrollment

FOR PROVIDERS
- Login
- Become a Provider
- Prior Authorization
- Dental Providers
- Pharmacy
- Provider Resources
- QI Program
- Provider News

FOR MEMBERS
- Become a Provider
- Existing Contracted Provider
- Non-Contracted Provider
- Existing Behavioral Health Provider

GET INSURED

Become a Contracted Provider
Click Here

Existing Contracted Provider
Click Here

Non-Contracted Provider
Click Here

Existing Behavioral Health Provider
Click Here

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.

If you are a provider who is part of an existing contracted entity, use this online contracted enrollment form to enroll a new provider. All submissions must include a completed HCP application.

If you are not contracted with MHS, please complete the online non-contracted enrollment form. All submissions must include a completed W3. Set-up may take 45-60 days after we receive your submission.

To begin set-up with MHS, you must be enrolled with Indiana Medicaid and have an Indiana Medicaid provider number. You can enroll online at indianahealthplan.com.

If you are a provider who is part of an existing contracted behavioral health entity, use this online contracted enrollment form to enroll a new provider.
Demographic Updates
Demographic Updates

Providers can utilize the Demographic Update Tool to update information, such as:

- Address Changes
- Demographic Changes
- Term an Existing Provider
- Make a Change to an IRS Number or NPI Number

Provider Resources

MHS provides the tools and support you need to deliver the best quality of care. Please view the listing on the left, or below, that covers forms, guidelines, helpful links, and training.

- Demographic Update Tool
- Guides and Manuals
- Electronic Transactions
- Preferred Drug Lists
- Provider Education
- Newsletters
- Helpful Links
Demographic Updates

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 1-877-647-4648. 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? ✓
Claims Process
Claim Process

Electronic submission:
• Payer ID 68068
• MHS accepts Third Party Liability (TPL) information via EDI.
• It is the responsibility of the provider to review the error reports received from the Clearinghouse (Payer Reject Report).

Online submission through the MHS Secure Provider Portal:
• Verify member eligibility.
• Submit and manage both Professional and Facility claims, including 937 batch files.
• To create an account, go to: mhsindiana.com/providers/login.

Paper Claims:
• MHS Behavioral Health
  PO Box 6800
  Farmington, MO 63640-3818

Claim Inquiries:
• Check status online with the MHS Secure Provider Portal.
• Call MHS Provider Services at 1-877-647-4848.
Claim Process

- MHS contracted providers have 90 calendar days from date of service to file a claim.
- Non-contracted providers have 180 calendar days from date of service to file a claim.
- MHS Secure Provider Portal – check claim status or file corrected claims. Corrected claims should be resubmitted within 60 calendar days of the date claim originally paid/denied.
- EDI transactions accepted through the following vendors:

<table>
<thead>
<tr>
<th>Trading Partner</th>
<th>Payor ID</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emdeon</td>
<td>68068</td>
<td>(800) 845-6592</td>
</tr>
<tr>
<td>Capario</td>
<td>68068</td>
<td>(800) 792-5256, x812</td>
</tr>
<tr>
<td>Availity</td>
<td>68068</td>
<td>(800) 282-4548</td>
</tr>
</tbody>
</table>
**Claim Process**

**90 Day Provision for Coordination of Benefits Billing Available Electronically**

Providers may file claims electronically when other insurance fails to respond within 90 days of billing.

The provider can submit the claim to MHS for payment consideration demonstrating the attempt to bill the other insurance.

Previously, this documentation was required to be submitted as an attachment to the claim via the MHS web portal or via a paper claim.

Providers may now submit claims via EDI. To complete the electronic submission simply complete the following steps:

- Complete the COB loop on the 837P transaction as with any other electronic claim (see chapter 4 of the MHS Provider Manual for more information on the COB loop).
- Indicate a paid amount of $0.00 in the COB Paid Amount field.
- Document the phrase “No response after 90 days” in the claim note segment of the 837P.
NCCI Edits
NCCI Edits

The National Correct Coding Initiative in Medicaid: The Center for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) promotes national correct coding methodologies and reduces improper coding which may result in inappropriate payments of Medicare/Medicaid claims.

Types of NCCI Edits:

- NCCI procedure-to-procedure (PTP) edits that define pairs of Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes that should not be reported together for a variety of reasons. The purpose of the PTP edits is to prevent improper payments when incorrect code combinations are reported.

- Medically Unlikely Edits (MUEs) define for each HCPCS/CPT code the maximum units of service (UOS) that a provider would report under most circumstances for a single beneficiary on a single date of service.
NCCI Edits

🔹 90837 when billed with 90832 is *not allowed* as they are considered mutually exclusive.

🔹 90832 is *not allowed* with 90834 as they are considered mutually exclusive.
According to NCCI, claims must be submitted including an appropriate modifier to identify distinct and separate procedure, encounter, session, etc:

• Examples of modifiers are XE or XP.

Most individual and group therapy is *allowable* on the same date of service with the appropriate modifier.

90853 and 90832 are *allowed* with the appropriate modifier.

96151 and 96152 for ABA Therapy is *allowed*:

• Must contain the appropriate U modifier to indicate services are for ABA therapy, as well as to specify the educational level of the rendering provider; plus

• Must be submitted including an appropriate modifier to identify distinct and separate procedure, encounter, session etc.
Please review IHCP Banner BR201912 released 3/19/2019.

If there are multiple detail lines on a claim with the same date of service (DOS), and one service is performed by a mid-level provider and one service is performed by a psychiatrist or physician, the details would be compared in National Correct Coding Initiative (NCCI) procedure to procedure (PTP) edits. However, the IHCP considers the use of the mid-level modifiers as a separately provided service and does not apply the PTP edits.

In these circumstances, it is appropriate to bill the stand-alone psychotherapy service with the mid-level modifier, and for the supervising practitioner to bill the evaluation and management service. The mid-level modifier will override the applicable NCCI PTP edit.
NCCI Edits

🔗 Link to Indiana Medicaid’s NCCI edits website: medicaid.gov/medicaid/program-integrity/ncci/edit-files/index

🔗 This will have the most up to date edits and are updated quarterly. It includes the PTP edits and the MUE edits for each quarter.

🔗 If after submitting claims, for same patient rendered on the same date of service with the appropriate modifiers, you receive an EXYs denial response (REIMBURSEMENT INCLUDED IN ANOTHER CODE PER CMS/AMA/MEDICAL GUIDELINES), please appeal the claim providing medical records to support the determination of both services being separate and distinct.

🔗 MHS BH Claims Dispute Form can be found at the following link: mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/Behavioral-Health-Informal-Claim-Dispute-Objection-Form.
Behavioral Health Claims Dispute Resolution
Claims Dispute Resolution

- Must be made in writing by using the MHS Behavioral Health Informal Claim Dispute or objection form, available at mhsindiana.com/provider-forms.
- Submit all documentation supporting your objection.
- Send to MHS within 67 calendar days of receipt of the MHS EOP. Please reference the original claim number. Requests received after day 67 will not be considered:

  MHS Behavioral Health Services
  Attn: Appeals Department
  P.O. Box 6000
  Farmington, MO 63640-3809

- MHS will make all reasonable efforts to review your documentation and respond to you within 30 calendar days.
- If you do not receive a response within 30 calendar days, consider the original decision to have been upheld.
- At that time (or upon receipt of our response if sooner), you will have up to 67 calendar days from date on Explanation of Payment (EOP) to initiate a formal claim appeal.
Prior Authorization
Prior Authorization

**Prior Authorization:**
- Please call MHS Care Management for inpatient and partial hospitalization authorizations at 1-877-647-4848. Follow prompts to Behavioral Health.
- Authorization forms may be obtained on our website:
  - Outpatient Treatment Request (OTR) Form/Tip-Sheet/Training
  - Intensive Outpatient/Day Treatment Form Mental Health/Chemical Dependency
  - Applied Behavioral Analysis Treatment
  - Psychological Testing Authorization Request Form (Outpatient & Inpatient)

**Medical Necessity Appeals:**
- Submit to:
  - MHS
    - Attn: Appeals Coordinator
    - 12515-8 Research Blvd., Suite 400
    - Austin, TX 78707
  - Or Fax to: 1-866-714-7991
Prior Authorization

Facility Services:

- Inpatient Admissions
- Intensive Outpatient Program (IOP)
- Partial Hospitalization
- SUD Residential Treatment
Prior Authorization

Professional Services:

- Psychiatric Diagnostic Evaluation (Limited to 1 per member per 12 month rolling year without authorization)
- Electroconvulsive Therapy
- Psychological Testing
  - Unless for Autism: then no auth is required
- Developmental Testing, with interpretation and report (non-EPSDT)
- Neurobehavioral status exam, with interpretation and report
- Neuropsych Testing per hour, face to face
  - Unless for Autism: then no auth is required
  - Non-Participating Providers only
- ABA Services
MHS Portal
Secure Web Portal Login or Registration

Login/Register is the same for MHS, Ambetter from MHS, Allwell from MHS and Behavioral Health Providers.
Web Portal Training Documents

Documents Include:

- Registration Guide
- MHS Web Portal User Guides
- How To Complete Specific Tasks on the MHS Web Portal
Complete Registration or Login

- The registration is complete and the Secure Portal homepage will be visible!

- An email will be sent to the provider when they have access to specific tools.
Account Details

To view your Account Details:

1. Select the **drop-down arrow** next to user name in the upper right corner on the dashboard.
2. Click **Account Details**.

Note: Under Your TINs you see the Current **Primary** Default TIN for the account, and can select another TIN to **Mark As Default** or **Remove** a TIN.
Account Manager

🌸 User Management:

For Account Managers to manage their office staff/users associated to their practice:

When using this feature you can disable/enable users, and manage permissions for your account.

1. Select the drop-down arrow next to your name in the upper right corner.
2. Select User Management.
3. Click Update User next to the user name.
Homepage – Behavioral Health

Quick Links:
- Eligibility Check
- Add a TIN
- Account Manager
Check Eligibility

The **Eligibility** tab offers an **Eligibility Check** tool designed to quickly check the status of any member:

- Update the **Date of Service**, if necessary.
- Enter the **Member ID** or **Last Name** and **DOB (Date of Birth)**.
- Click **Check Eligibility**.
Claims

Web Portal Claims Functionalities:
• Submit new claim.
• Review claims information on file for a patient.
• Correct claims.
• View payment history.

Submit a New Claim:
• Click Create Claim and enter Member ID and Birthdate.
Claim Submission

Choose the **Claim Type:**
- Professional or Institutional claim submission.

**UPDATE:** In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date.
Submitted Claims

The **Submitted** tab will show only claims created via the MHS portal:
- **Paid** is a green thumbs up.
- **Denied** is an orange thumbs down.
- **Pending** is a clock.

**RTEP** claims also show if eligible (i.e. line 2 was submitted, but was not eligible for RTEP).
Individual Claims

On the Individual tab, submitted using paper, portal or clearing house:

- View the Claim Number, Claim Type, Member Name, Service Dates, Billed/Paid, and Claim Status.

Paid is a green thumbs up, deny is an orange thumbs down and a clock is Pending.
Saved Claims

🎉To view Saved claims: Drafts, Professional or Institutional:

1. Select Saved.
2. Click Edit to view a claim.
3. Fix any errors or complete before submitting.
   
   Or
4. Click Delete to delete saved claim that is no longer necessary.
5. Click OK to confirm the deletion.
Correcting Claims

🎉 After clicking on a Claim # link:
1. Click Correct Claim.
2. Proceed through the claims screens correcting the information that you may have omitted when the claim was originally submitted.
3. Continue clicking Next to move through the screens required to resubmit.
4. Review the claim information.
5. Click Submit.

🎉 Only claims with a status of **PAID** or **Deny** can be corrected online.
Click on Payment History to view Check Date, Check Number, Check Clear Date, Mailing Address and Payment Amount.

- Click on Check Date to view Explanation of Payment.

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Transactions

All activity posted to your account between 05/25/2017 and 08/25/2017.

Instructions: To view transaction details, click the check date.

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<th>CHECK DATE</th>
<th>CHECK NUMBER</th>
<th>CHECK CLEAR DATE</th>
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<th>PAYMENT AMOUNT</th>
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<tr>
<td>09/17/2017</td>
<td>0010247832</td>
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<td>2705 N LEBANON STE 305, LEBANON, IN, 46052</td>
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<td>09/17/2017</td>
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<td>08/22/2017</td>
<td>PO BOX 1200, LEBANON, IN, 46052</td>
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<td>09/10/2017</td>
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<td>08/21/2017</td>
<td>2705 N LEBANON STE 305, LEBANON, IN, 46052</td>
<td>$26,770.38</td>
</tr>
</tbody>
</table>
Payment History

Click on View Service Line Details.

![Payment History Screenshot](image-url)
Payment History

🌟 View Service Line Details:

- The **Explanation of Payment Details** displays the Date and Check Number.
- This view shows each patient payment by service line detail made on the check.

![Explanation of Payment Details](image-url)
Tips to Remember

を持っている場合、下記の情報を確認してください。

1. **Clicking on items (claim numbers, check numbers, dates) that are highlighted blue will reveal additional information.**
2. **When filtering to find a claim or payment history, only a 1 month span can be used.**
3. **Click on the Saved Claims tab to view claims that have been Created but not Submitted. Claims in this queue can be edited for submission or deleted from this tab.**
4. **In order to utilize the Correct Claim feature, the claim needs to be in a Paid or Denied status.**
5. **When managing multiple tax id numbers, change to a new tax id number and view the dashboard associated with that TIN from any screen.**
Provider Relations
Resources
MHS Provider Network Territories

**NORTHEAST REGION**
Claims Issues: MHS_ProviderRelations_N@mhsinindiana.com
Chad Pratt, Provider Partnership Associate
1-877-647-4948 ext. 30414
prattc@nhnetworks.com

**CENTRAL REGION**
Claims Issues: MHS_ProviderRelations_C@mhsinindiana.com
Esther Cervantes, Provider Partnership Associate
1-877-647-4948 ext. 20347
Esther.r.Cervantes@mhsindiana.com

**NORTHWEST REGION**
Claims Issues: MHS_ProviderRelations_NW@mhsinindiana.com
Candace Ervin, Provider Partnership Associate
1-877-647-4948 ext. 20087
Candace.V.Ervin@mhsinindiana.com

**SOUTHWEST REGION**
Claims Issues: MHS_ProviderRelations_SW@mhsinindiana.com
Dawn McCarty, Provider Partnership Associate
1-877-647-4948 ext. 30177
Dawn.M.McCarty@mhsinindiana.com

**SOUTHEAST REGION**
Claims Issues: MHS_ProviderRelations_SE@mhsinindiana.com
Kati Sibson, Provider Partnership Associate
1-877-647-4948 ext. 50569
Katie.s@mhsinindiana.com

**NETWORK LEADERSHIP**
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Senior Director, Provider Network
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nrobinson@mhsinindiana.com

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markonde@mhsinindiana.com

**NEW PROVIDER CONTRACTING**
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thbaul@mhsinindiana.com

Michael Funk
Manager, Network Development & Contracting
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michael.funk@mhsinindiana.com

**NETWORK OPERATIONS**
Kelsie Orr
Director, Network Operations
1-877-647-4948 ext. 30043
kelesie.o.orr@mhsinindiana.com

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

JENNIFER GARNER
Provider Partnership Associate II
1-877-647-4848 ext. 20149
jgarnar@mhsindiana.com

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

INTERNAL REPRESENTATIVES

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1-877-647-4848 ext. 20201
jdean@mhsindiana.com

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