









# Provider Contracting and Demographic Updates 2020



# Agenda


-  How to request New contract
-  How to add a provider to an existing contract
-  How to add Non-Contracted provider
-  Demographic 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.
-  Credentialing and Re-credentialing
-  MHS Team

# MHS Provider Enrollment

 MHS offers most provider enrollment processes via the MHS website at [mhsindiana.com](http://mhsindiana.com)

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



Home Find a Provider Portal Login Events Careers Contact Us

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



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



[Login](#)

[Enrollment and Updates](#)

[Prior Authorization](#)

[Dental Providers](#)

[Pharmacy](#)

[Opioid Resources](#)

[Behavioral Health Providers](#)

[Provider Resources](#)

[QI Program](#)

[Provider News](#)

[Email Sign Up](#)

Plan.  
vs Covered.

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



## Coronavirus (COVID-19)

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

# Online Forms



FOR MEMBERS

FOR PROVIDERS

GET INSURED

## FOR PROVIDERS

Login

Enrollment and Updates ⊖

Become a Contracted Provider

Existing Contracted Entity

Non-Contracted Provider Set-Up

Prior Authorization ⊕

Dental Providers

Pharmacy ⊕

Opioid Resources

Behavioral Health Providers ⊕

Provider Resources ⊕

QI Program ⊕

Provider News

Email Sign Up

## Enrollment and Updates

### 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](http://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

## Enrollment and Updates

### 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.

FOR MEMBERS

FOR PROVIDERS

GET INSURED

### 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



# 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 Existing Contract form.

## 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 [Existing Contract](#) form.

# **Add Provider to Existing Contract**

# Existing Contract

## 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.

## Existing Contracted Entity

*Contract Type \**

- Medical - Diagnostic Radiology, Pathology, ER Physician, Anesthesiology (non-pain management), CRNA
- Medical - Other
- Behavioral Health

# Existing Contract

## Existing Contracted Entity

Contract Type \*

- Medical - Diagnostic Radiology, Pathology, ER Physician, Anesthesiology (non-pain management), CRNA  
 Medical - Other  
 Behavioral Health

CAQH Number \*

Practitioner Name

First Name \*

Last Name \*

Practitioner NPI \*

Degree (select one) \*

- MD  
 DO  
 DPM  
 NP  
 Other

Practitioner Email Address

Practitioner Taxonomy Code \*

Do you offer telehealth appointments? \*

- Yes  
 No

Enrolling in Hoosier Healthwise? \*

- Yes  
 No

Enrolling in Healthy Indiana Plan? \*

- Yes  
 No

Enrolling in Hoosier Care Connect? \*

- Yes  
 No

Enrolling in Ambetter from MHS? \*

- Yes  
 No

Enrolling in Allwell from MHS? \*

- Yes  
 No

Do you ONLY provide care in a facility setting?

- Yes  
 No

Age Restrictions\*

- None  0-2 Years  0-12 Years  0-20 Years  3+ Years  13+ Years  0-17 Years  
 13-20 Years  17+ Years  21+ Years  65+ Years

Group NPI

Group Medicaid Number \*

Alpha Suffix

TIN \*

### Only One Enrollment Form Required

If enrolling in HHW, HIP and/or HCC, you must the attach [MCE Universal form \(PDF\)](#).

If enrolling in Ambetter or Allwell ONLY, please attach [Ambetter/Allwell form \(PDF\)](#).

MCE Universal Enrollment Form (for HHW, HIP and/or HCC, or for all products)

Browse...

Practitioner Enrollment Form (Ambetter/Allwell only)

Browse...

If a midlevel practitioner, please attach a copy of your collaboration agreement.

Browse...

Comments

Enrollment Requested By:

First Name \*

Last Name \*

Contact Email \*

Contact Phone \*

Date \*

Submit

# Enrollment: Existing Contract



Select which forms you are enrolling into, by selecting the appropriate universal form and completing.

Only One Enrollment Form Required

If enrolling in HHW, HIP and/or HCC, you must the attach [MCE Universal form \(PDF\)](#).

If enrolling in Ambetter or Allwell ONLY, please attach [Ambetter/Allwell form \(PDF\)](#).



Under Practitioner Data be careful on how you select Enrolling As:

- NP's that want to hold panels must select PMP with Panel
- If enrolling as a PMP, you must complete panel size or you will be loaded as a Specialist.

Enrolling as:	<input type="checkbox"/> PMP with Panel	<input type="checkbox"/> Physician Specialist	<input type="checkbox"/> NP Supporting a PMP	<input type="checkbox"/> Behavioral Health
	<input type="checkbox"/> NP Supporting a Specialty	<input type="checkbox"/> Certified Mid-Wife	<input type="checkbox"/> Prenatal Care Coordinator	<input type="checkbox"/> Other

Maximum membership (panel size) accepted (PMPs only):	Hoosier Healthwise <input type="text"/>	HIP <input type="text"/>	Hoosier Care Connect <input type="text"/>
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Under Behavioral Health

- You will need to make sure that you complete the entire online submission form, including uploading the required Universal form and the additional forms/attachments prior to clicking submit.

Additional Forms

[Behavioral Health Specialty Profile \(PDF\)](#)

Please attach a copy of your Behavioral Health Specialty Profile. \*

No file chosen

If a midlevel practitioner, please attach a copy of your collaboration agreement.

No file chosen

# Add Provider to Existing Contract



It is imperative that you upload and attach the MCE Universal Enrollment Form and the Collaborative Agreement for Midlevel Practitioners.

Enrolling in Hoosier Care Connect? \*

- Yes
- No

Enrolling in Ambetter from MHS? \*

- Yes
- No

Enrolling in Allwell from MHS \*

- Yes
- No

Do you ONLY provide care in a facility setting?

- Yes
- No

(i.e. hospital-based, hospitalist, etc.)

Age Restrictions\*

- None
- 0-2 Years
- 0-12 Years
- 0-20 Years
- 3+ Years
- 13+ Years
- 0-17 Years
- 13-20 Years
- 17+ Years
- 21+ Years
- 65+ Years

Group NPI

Group Medicaid Number \*


Alpha Suffix

TIN \*

## Only One Enrollment Form Required

If enrolling in HHW, HIP and/or HCC, you must the attach [MCE Universal form \(PDF\)](#).  
If enrolling in Ambetter or Allwell ONLY, please attach [Ambetter/Allwell form \(PDF\)](#).


MCE Universal Enrollment Form (for HHW, HIP and/or HCC, or for all products)

  No file chosen


Practitioner Enrollment Form (Ambetter/Allwell only)

No file chosen

If a midlevel practitioner, please attach a copy of your collaboration agreement.

  No file chosen

# Add Provider to Existing Contract

 Once the form has been submitted it will be sent to the MHS Enrollment Team to begin the enrollment process.

*Comments*

**Enrollment Requested By:**

*First Name \**

*Last Name \**

*Contact Email \**

*Contact Phone \**

*Date \**



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](https://www.indianamedicaid.com).

# Non-Contracted Provider Enrollment

 Please remember to upload a copy of the W9 Form.

## Non-Contracted Provider Set-Up



W9 Form \*

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.

Is this an update or a new submission? \*

- Yes, we are already set-up with MHS  
 No, we have not been set up with MHS before

Provider Indiana Medicaid # \*

Group/Facility Name \*

Group Indiana Medicaid # \*

**Practitioner Name**

First Name \*

Last Name \*

Practitioner Gender \*

- Male  
 Female  
 N/A (Facility)

Practitioner Email Address

# Non-Contracted Provider Enrollment

Tax ID # \*

Individual NPI # \*

Group NPI # \*

Primary Taxonomy Code \*

Specialty

**Billing Address**

Street Address


City

Zip / Postal Code

State

Billing Address Phone

# Non-Contracted Provider Enrollment

 Once the form is completed and you have uploaded the W9 Form, click Submit and this will be routed to the MHS Enrollment Team.

Service Location Address

Street Address

City  Zip / Postal Code

State

Service Location Phone

Contact First Name \*

Contact Last Name \*

Contact Title \*

Contact Phone \*



Contact Email \*



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 MEMBERS

FOR PROVIDERS

GET INSURED

## 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

Electronic Transactions +

Demographic Update Tool

Forms

Frequently Asked Questions

Grievance Process

## 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? +

# Address Updates

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](#)

## 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  
 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 \*

Zip / Postal Code \*

State \*

New Primary location Address

Street Address \*

Address Line 2

City \*

Zip / Postal Code \*

State \*

Primary Phone \*

Office Hours (Monday) \*

Office Hours (Tuesday) \*

Office Hours (Wednesday) \*

Office Hours (Thursday) \*

Office Hours (Friday) \*

Office Hours (Saturday) \*

Office Hours (Sunday) \*

Comments

# Demographic Change

MAKE A DEMOGRAPHIC CHANGE? 

[Change Phone Number](#)

[Change Email Address](#)

[Change Provider Name](#)

[Add/Remove a Language Spoken](#)

[Update Provider Office Hours](#)

[Update Service Location Office Hours](#)

## 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 \*

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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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.

# Update Member Limitations

UPDATE MEMBER ASSIGNMENT LIMITATIONS? 

- [Change Accepting New Members Status](#)
- [Change Panel Size \(PMP Only\)](#)
- [Change Age Restrictions](#)

## 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 HCP

Group (Medicaid Location Code)

Service Location Address

Street Address \*

Address Line 2

City \*

Zip/Postal Code \*

State \*

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:

# Provider Term

TERM AN EXISTING PROVIDER? 

[PMP](#)  
[Specialist](#)

## PMP Term

Primary Medical Provider (PMP) NPI # \*

Primary Medical Provider (PMP) Name

First Name \*

Last Name \*

Tax ID # \*

Practitioner will be termed from all locations associated with this TIN

Group Name \*

Group NPI # \*

Group (Medical Number) \*

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

Group (Medical 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

Move Members To (choose one): \*

- Auto-Assignment
- Provider





# Make a Change to an IRS Number or NPI

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



[Change an IRS Number \(TIN\)](#)

[Change an NPI Number](#)



[Update an IRS Address](#)

-  Some of these options will require submitting a completed W-9.
-  Adding a new Group NPI or TIN will require it to be added to the contract.

# Member moves



-  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

# Member moves


-  To disenroll a member go to, [www.mhsindiana.com](http://www.mhsindiana.com), log into the 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

# **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.

# Credentialing and Re-credentialing

 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/Provider\\_Manual\\_2020.pdf](https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/Provider_Manual_2020.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](http://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](mailto:MHS_ProviderRelations_NE@mhsindiana.com)
-  North Central Region: [MHS\\_ProviderRelations\\_NC@mhsindiana.com](mailto:MHS_ProviderRelations_NC@mhsindiana.com)
-  Central Region: [MHS\\_ProviderRelations\\_C@mhsindiana.com](mailto:MHS_ProviderRelations_C@mhsindiana.com)
-  Northwest Region: [MHS\\_ProviderRelations\\_NW@mhsindiana.com](mailto:MHS_ProviderRelations_NW@mhsindiana.com)
-  Southwest Region: [MHS\\_ProviderRelations\\_SW@mhsindiana.com](mailto:MHS_ProviderRelations_SW@mhsindiana.com)
-  Southeast Region: [MHS\\_ProviderRelations\\_SE@mhsindiana.com](mailto:MHS_ProviderRelations_SE@mhsindiana.com)
-  South Central Region: [MHS\\_ProviderRelations\\_SC@mhsindiana.com](mailto:MHS_ProviderRelations_SC@mhsindiana.com)
-  Tier 1 Providers: [IndyProvRelations@mhsindiana.com](mailto: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

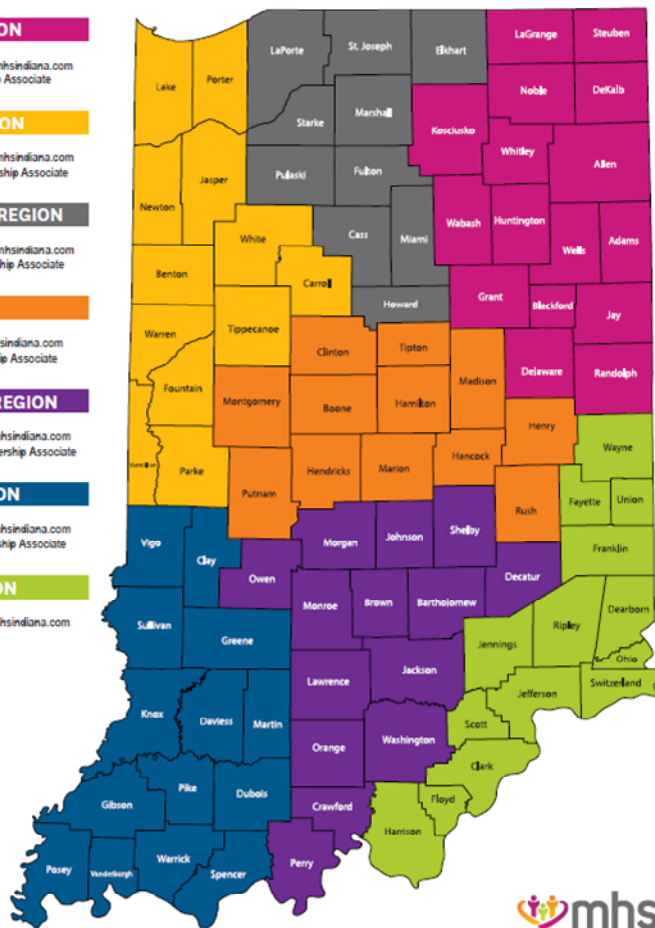
**NORTH CENTRAL REGION**  
 For claims issues, email:  
 MHS\_ProviderRelations\_NC@mhsindiana.com  
 Natalie Smith, Provider Partnership Associate  
 1-877-647-4848, ext. 20127

**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



### 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

Available online:

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