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## Quality: Enhancing Care for a Healthier Tomorrow

2025 Indiana Health Coverage Programs (IHCP) Annual Works Seminar

# Agenda

- Quality and Incentive Programs
- Portal Navigation
- Smoking Cessation
- Z Code Incentive Program
- Portal Login
- MHS Network Team
- Questions

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# Quality and Incentive Programs

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# Quality and Incentive Programs

MHS offers several Quality and Incentive Programs that partner with providers to enhance the health of our patients in 2025.

- Pay-for-Performance (P4P) Program
- Continuity of Care (CoC) Program
- Smoking Cessation
- Z Code

# 2025 P4P Program Overview

## Objective

- Enhance Quality of Care through a Primary Medical Provider (PMP)-driven, pay-for-performance program with a focus on preventive and screening services.

## Member Attribution

- Enhance Quality of Care through a PMP-driven, pay-for-performance program based on a specific patient population to a provider for the purpose of tracking their performance.

## Performance Incentive

- MHS has funded an incentive pool for each program Healthy Indiana Plan(HIP), Hoosier Healthwise(HHW), and Hoosier Care Connect (HCC).
- Each program has its own set of measures, targets, and incentive amounts.

## Measurement Time Period

- Healthcare Effectiveness Data and Information Set (HEDIS®) calendar year January 1 – December 31.
- Contract effective date is January 1, allowing for full credit of all gaps closed during the measurement period.

## Requirements for Payout

- Minimum number of covered persons must be achieved for the applicable measure.
- Payouts are earned for each compliant member after reaching the minimum Target Score applicable for each measure.

## Reports and Payouts

- Member level care gap reporting and scorecards are available monthly on the Provider Portal.
- Final reconciliation and payout will be processed no later than 180 calendar days following the measurement period.

# Annual P4P Payout

- P4P Payout calculations are based on final HEDIS® Administrative rates and paid at group level.
- Factors include:
  - Panel Size – 150 member minimum.
  - Required number of members qualified per measure.
  - Funds from measures without enough members get rolled into other qualifying measures.

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# Portal Navigation

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# Secure Web Portal Login or Registration

The screenshot shows the MHS website interface for provider login. At the top, there is a navigation bar with the MHS logo on the left, and three menu items: "For Members", "For Providers", and "Get Insured". Below the navigation bar is a sidebar menu titled "For Providers" with the following items: "Provider Portal Login", "Behavioral Health", "Clinical & Payment Policies", "Dental Providers", "Education & Trainings", "Email Sign Up", "Enrollment and Updates", "News", "Pharmacy", "Prior Authorization", and "Quality Improvement". The main content area is titled "Provider Portal Login" and features a heading "Create your own online account today!". Below this heading, there is a paragraph explaining that MHS offers convenient and secure tools to assist providers, and that clicking the login/register button will open a new window for login or registration. A sub-heading "Creating an account is free and easy." is followed by a list of benefits: "By creating a MHS account, you can:" followed by a bulleted list: "Verify member eligibility", "Submit and check claims", "Submit and confirm authorizations", and "View detailed patient list". Below the list is a link for "Portal Training Guides" with a plus icon. On the right side of the main content area, there are two distinct boxes. The top box is titled "Secure Provider Portal" and states "This login does not include Wellcare Complete." with a "Login/Register" button. The bottom box is titled "Wellcare Complete Provider Portal" and states "Wellcare Complete requires a distinct password and login." with a "Login/Register" button. In the bottom right corner of the page, there is a small icon for "Privacy - Terms".

Create a login or sign into the [Online Portal](#) to get started

# Quality Navigation

Once you log into the [Online Portal](#) you will click on Provider Analytics to arrive at the Provider Navigation home screen

Provider Analytics

Resources

- Case Study Support Resource
- FAQ
- Tool Navigation Guide

**Supplemental Reports**

COVID-19 Detail	08-26-2024
Daily IP & Discharge	10-01-2025 ...
Notice of Pregnancy	10-01-2025
Weekly Med Claims	09-28-2025 ...
Weekly Rx Claims	09-28-2025 ...

Reference Materials

[Data Dictionary](#)

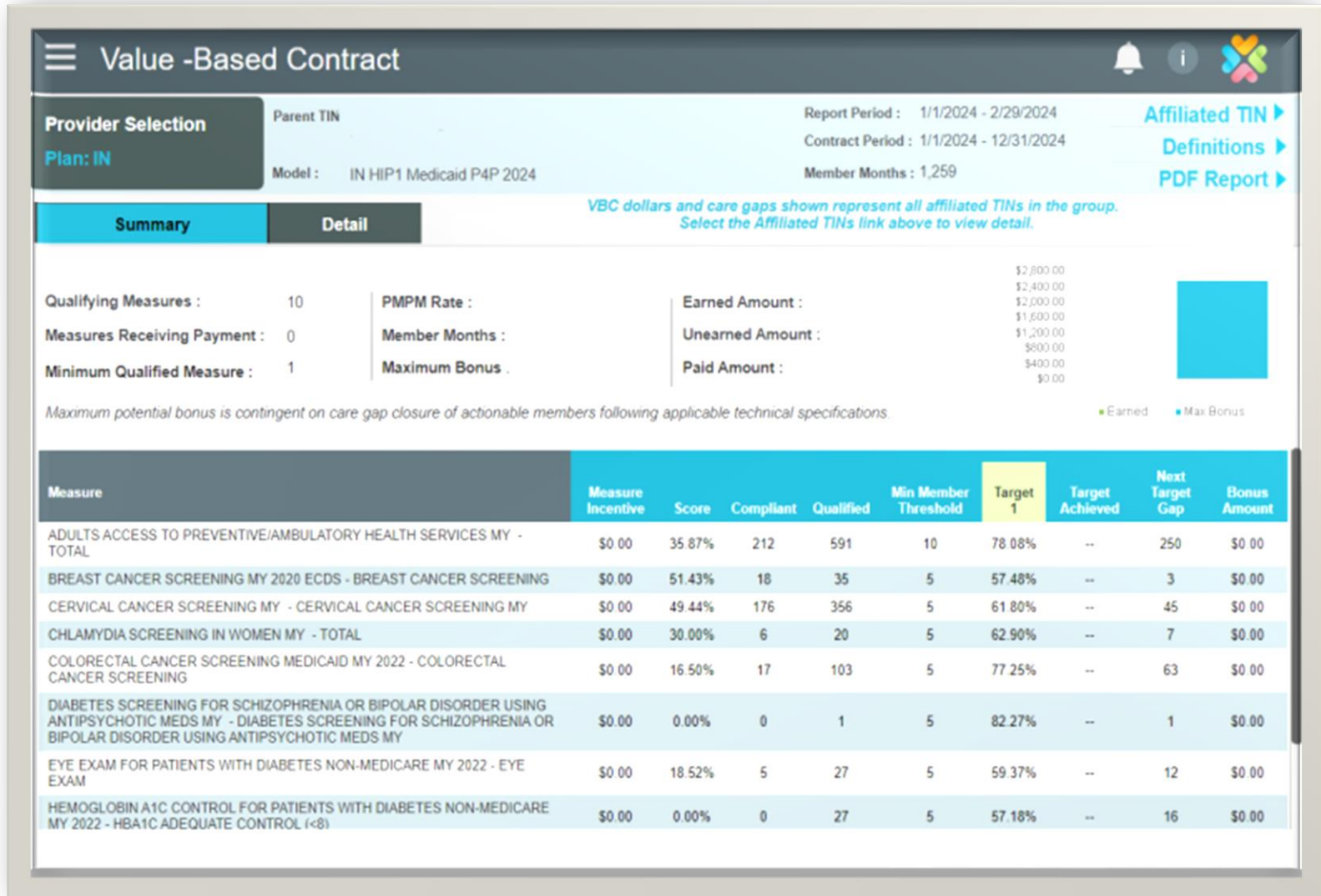
**P4P and Quality Reporting**

- Quality
- Medicaid Core Measure Set 2025
- Medicaid Core Measure Set 2024
- P4P Payment and Member History
- IN HCC4 Medicaid 2025**
- IN HIP4 Medicaid 2025
- IN HHW4 Medicaid 2025
- IN Ambetter 2025
- IN Medicare P4Q 2025
- IN HCC3 Medicaid P4P 2024
- IN HHW3 Medicaid P4P 2024

**Dashboards**

- Summary
- Cost Utilization/Services
- Z Code Utilization
- CoC - Appointment Agenda - 2025

# Provider Score Card



# What is the Continuity of Care (CoC) Program?

CoC is a Risk Adjustment bonus program for you, our Provider Partner, aimed at increasing visibility into members' existing, as well as suspected conditions, which leads to enhanced Quality of Care for chronic condition management and prevention.

## What's in it for members?

Members with existing or newly suspected chronic conditions will receive regular and proactive assessments to prevent chronic conditions from going undiagnosed or untreated.

## What's in it for providers?

Providers will receive incentive payments by continuously improving and maintaining performance in assessing members for conditions. Providers receive *incremental* bonuses for their *incremental* work.

# Who Is Included in the CoC Program?

- Eligible Providers and Members.
  - Providers and Members are loaded into the CoC Dashboard (CoC Appointment Agenda).
  - Members with disease conditions that need to be assessed annually.
- Targeted Lines of Business (LOB).
  - Ambetter Health.
  - Wellcare By Allwell.
  - Medicaid.

# CoC Program Overview

- Continuity of Care (CoC) - Risk Adjustment Bonus Program for our Providers.
- This is a claims-based program; members need to be assessed during the program year by their primary care provider along with a claim submitted to support the provider's assessment.
- Providers earn bonus payments for proactively coordinating preventive medicine and thoroughly assessing all of their patient's current conditions in an effort to improve health and provide appropriate clinical Quality of Care.
- The intent of the CoC Program is to promote proactive management of chronic conditions and preventive services.
- Appointment Agendas serve as valuable tools that provide offices with both insight into historical diagnosis data (submitted on their patients), as well as clinical services for providers to use to assist in assessing their members to ensure all member conditions are assessed at least once per year.

# Provider Partnerships

- Schedule an appointment and conduct a visit with the patient prior to December 31, 2025. Telehealth services that are furnished using interactive, audio/video, real-time communication technology are acceptable for the CoC program.
- Use the appointment agenda as a guide, assessing the validity of each condition.
- Document the care in the medical record following coding and documentation guidelines.
- Update diagnoses and close gaps in the CoC Portal.
- Submit electronically through the CoC Portal ([MHS Provider Portal](#))  
**OR**
- Submit signed paper appointment agenda and/or medical records to fax 1-813-464-8879 or by secure email at [agenda@wellcare.com](mailto:agenda@wellcare.com).
- Submit the claim/encounter containing all relevant Diagnosis Codes and Current Procedural Terminology (CPT) Codes.

# 2025 CoC and CoC+ Two Programs This Year

## Risk Adjustment CoC Program

## CoC+ Program (all insights must be addressed)

	Risk Adjustment CoC Program	CoC+ Program (all insights must be addressed)
Provider Incentive	Electronic Submissions \$100/\$200/\$300 PDF/Excel Submissions \$50/\$100/\$150	Electronic or PDF/Excel Submissions are level per LOB Medicare \$150 Marketplace and Medicaid \$100
Risk Gaps	Persistent and/or Predictive Risk Gaps Provider to assess and be sure to document active conditions as clinically appropriate on claim	N/A
Quality Insights	N/A	Quality Gaps, aka HEDIS gaps, are tracked in collaboration with Centene's Quality department to improve overall quality of care
High Risk Insights	N/A	Displays member emergency room (ER) visits and highlight key details such as the visit date, the facility visited, and the Diagnosis from that facility (as applicable)
Clinical Insights	N/A	Clinical Gaps highlight members who have not had a visit with a Primary Care Physician (PCP)
Drivers of Health Insights (DOH)	N/A	Drivers of Health (DOH) refer to non-medical factors that influence health outcomes. Factors may include access to transportation, affordable housing, and other social factors.

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# Smoking Cessation

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# Smoking Cessation

- All counseling can be billed to MHS using CPT codes:
  - 99406 – Intermediate counseling greater than **three** minutes, **up to 10** minutes.
  - 99407- Intensive counseling greater than **10** minutes.
- Counseling is billable as individual or group; if billing group session, the use of HQ (group setting) modifier is required.
- \$50 “pay above” incentive for initial counseling visit for Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect Members.
- The Indiana Tobacco Quitline:
  - 1-800-QUIT-NOW (1-800-784-8669).
  - Free, phone-based counseling service that helps Indiana smokers quit.
  - One-on-one coaching for tobacco users trying to quit.
  - Resources available for both providers and patients.

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# Z Code Incentive Program

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# Z Code Incentive Program- Codes

Social Determinants of Health (SDOH) impact patient outcomes. By including SDOH diagnoses on claims, MHS is providing information that allows us to identify members for additional outreach and assistance. This allows MHS to enhance programs and community connections to address the SDOH Diagnosis Codes.

<b>Diagnosis Code</b>	<b>Description</b>
Z55	Problems related to education and literacy; Example billable code Illiteracy and low-level literacy
Z56	Problems related to employment and unemployment
Z57	Occupational exposure to risk factors
Z59	Problems related to housing and economic circumstances
Z60	Problems related to social environment
Z62	Problems related to upbringing
Z63	Other problems related to primary support group, including family circumstances

# Z Code Incentive Program- Payouts

- To improve submission of applicable SDOH Diagnosis Codes on claims, MHS invites providers to participate in the Z Code Incentive Program. Payments will automatically pay an SDOH incentive on a quarterly basis, for paid claims processed during the most recent quarter.
  - First targeted SDOH diagnosis on a claim: \$10.
  - Subsequent SDOH diagnosis codes on a claim: \$5.
  - (Maximum of **three** total Z Codes per member).

# Login to the MHS Provider Portal

Create a login or sign into the [Online Portal](#) to get started

The screenshot shows the MHS Provider Portal login page. At the top, there is a navigation bar with the MHS logo on the left and three menu items: "For Members", "For Providers", and "Get Insured". Below the navigation bar is a sidebar menu titled "For Providers" with various options: "Provider Portal Login", "Behavioral Health", "Clinical & Payment Policies", "Dental Providers", "Education & Trainings", "Email Sign Up", "Enrollment and Updates", "News", "Pharmacy", "Prior Authorization", and "Quality Improvement". The main content area is titled "Provider Portal Login" and features a heading "Create your own online account today!". Below this heading, there is a paragraph explaining that MHS offers convenient and secure tools to assist providers, and a "Login/Register" button. A second box titled "Wellcare Complete Provider Portal" explains that Wellcare Complete requires a distinct password and login, with another "Login/Register" button. A "Portal Training Guides" link with a plus icon is also visible. In the bottom right corner, there is a "Privacy - Terms" link.

# Z-Code Navigation

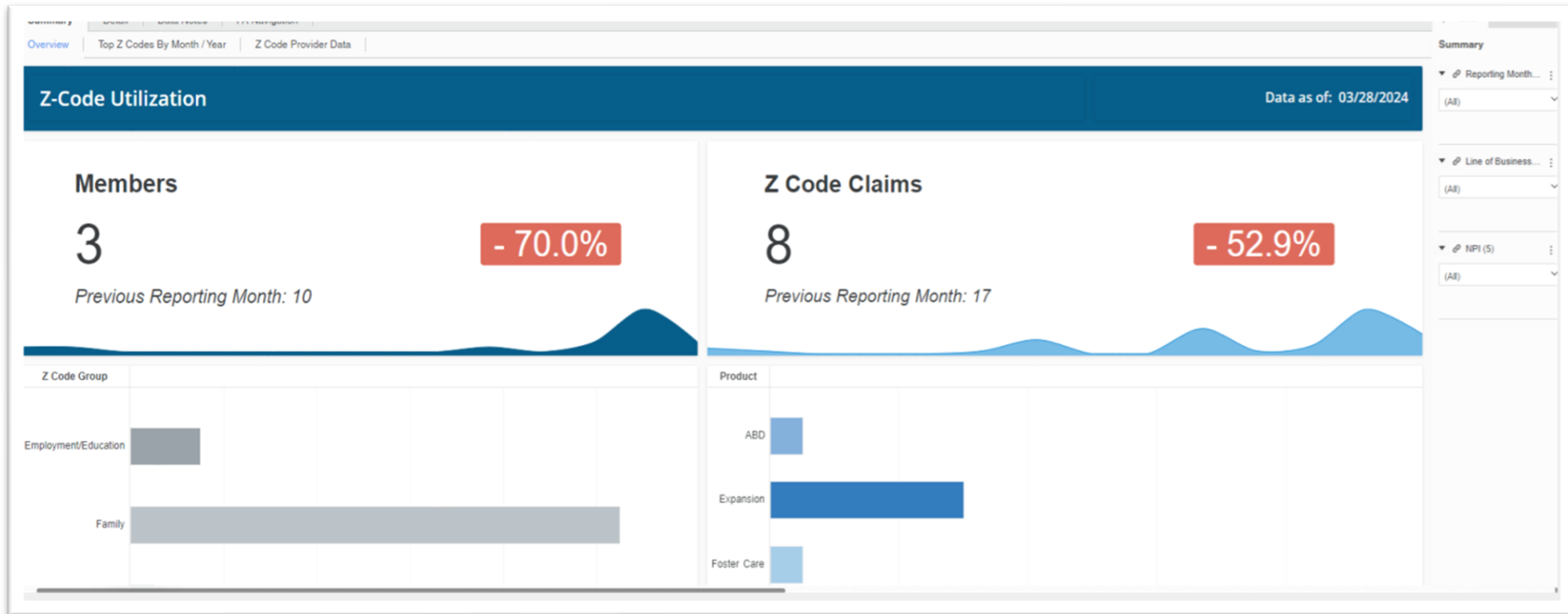
Once you log into the [Online Portal](#) you will click on Provider Analytics to arrive at the Provider Navigation home screen

The screenshot shows the 'Provider Analytics' interface. At the top, there is a header with the title 'Provider Analytics' and a notification bell icon. Below the header, there is a 'Resources' section with three items: 'Case Study Support Resource', 'FAQ', and 'Tool Navigation Guide'. The main content area is divided into three columns:

- Supplemental Reports:** Includes links for 'COVID-19 Detail' (08-26-2024), 'Daily IP & Discharge' (10-01-2025), 'Notice of Pregnancy' (10-01-2025), 'Weekly Med Claims' (09-28-2025), and 'Weekly Rx Claims' (09-28-2025). There is also a 'Reference Materials' section with a link to 'Data Dictionary'.
- P4P and Quality Reporting:** Includes links for 'Quality', 'Medicaid Core Measure Set 2025', 'Medicaid Core Measure Set 2024', 'P4P Payment and Member History', 'IN HCC4 Medicaid 2025', 'IN HIP4 Medicaid 2025', 'IN HHW4 Medicaid 2025', 'IN Ambetter 2025', 'IN Medicare P4Q 2025', 'IN HCC3 Medicaid P4P 2024', and 'IN HHW3 Medicaid P4P 2024'.
- Dashboards:** Includes links for 'Summary', 'Cost Utilization/Services', 'Z Code Utilization' (highlighted with a pink arrow), and 'CoC - Appointment Agenda - 2025'.

# Z-Code Utilization

Once you click on Z Code utilization, you will access your Tax Identification Number (TIN) information for members and/or claims.



# MHS Network Team

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# MHS Resources

- For additional information, please contact your MHS Provider Engagement Account Manager to schedule an appointment today
- Additional resources available at on the [MHS Website](#)
- Register online for additional [Monthly Web Sessions](#)

# PEAM Contact Information

## NORTHEAST REGION

For claims issues, email:  
MHS\_ProviderRelations\_NE@mhsindiana.com  
joy.k.diarra@mhsindiana.com  
Joy Diarra, Provider Engagement Account Manager  
1-317-864-2378

## NORTHWEST REGION

For claims issues, email:  
MHS\_ProviderRelations\_NW@mhsindiana.com  
Candace.V.Ervin@mhsindiana.com  
Candace Ervin, Provider Engagement Account Manager  
1-317-364-7635

## NORTH CENTRAL REGION

For claims issues, email:  
MHS\_ProviderRelations\_NC@mhsindiana.com  
Natalie.Smith@mhsindiana.com  
Natalie Smith, Provider Engagement Account Manager  
1-317-379-9035

## CENTRAL REGION

For claims issues, email:  
MHS\_ProviderRelations\_C@mhsindiana.com  
ldavis@mhsindiana.com  
Latisha Davis, Provider Engagement Account Manager  
1-317-601-5999

## SOUTH CENTRAL REGION

For claims issues, email:  
MHS\_ProviderRelations\_SC@mhsindiana.com  
DDENNING@mhsindiana.com  
Dalesia Denning, Provider Engagement Account Manager  
1-317-951-3800

## SOUTHWEST REGION

For claims issues, email:  
MHS\_ProviderRelations\_SW@mhsindiana.com  
Dawnalee.A.McCarty@mhsindiana.com  
Dawn McCarty, Provider Engagement Account Manager  
1-317-556-6171

## SOUTHEAST REGION

For claims issues, email:  
MHS\_ProviderRelations\_SE@mhsindiana.com  
tiffany.calloway@centene.com  
Tiffany Calloway,  
Provider Engagement Account Manager  
1-812-697-8126

# PEAM Manager Map Color Key



# Large Provider Groups - Carolyn

## CAROLYN VALACHOVIC MONROE

Provider Engagement Account Manager

1-317-443-8243

CMONROE@mhsindiana.com

## PROVIDER GROUPS

Eskenazi/The Health and Hospital  
Corp.

Baptist Health

Lifespring

Wellcare

Deaconess (including Little Company  
of Mary)

Good Samaritan

Norton (including King's Daughters,  
Clark & Scott Memorial)

Indiana University Health

Reid Hospital

St. Elizabeth Hospital

Community Health

# Large Provider Groups - Mona

## **MONA GREEN**

Provider Engagement Account Manager  
1-812-614-1003  
mona.green@mhsindiana.com

## **PROVIDER GROUPS**

St. Vincent/Ascension  
Wellcare Complete  
Lutheran Medical Group  
Parkview Health System  
Beacon Medical Group  
American Senior Care  
CarDon & Associates  
OrthoIndy  
Heart City Health  
ONE  
Franciscan Health

# Behavioral Health Provider Contact

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## ANGEL JOHNSON

Provider Engagement Account Manager

1-317-468-5184

[angel.johnson3@centene.com](mailto:angel.johnson3@centene.com)

## PROVIDER GROUPS

Park Center

Otis Bowen

Centerstone

Valley Oaks Health

Grant-Blackford

Four County

Hamilton Center

Community Mental Health  
Center (Lawrenceburg)

Oaklawn

Northeastern Center

Edgewater Health

Regional Mental Health

Swanson Center

Porter-Starke Services

Southwestern Behavioral

Community Mental Health  
Center (Vevay/Batesville)

# Additional Contact Information

## MHS Provider Network

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### NETWORK LEADERSHIP

<b>JILL CLAYPOOL</b> Senior Vice President, Network Development & Contracting 1-877-647-4848 Jill.E.Claypool@mhsindiana.com	<b>MARK VONDERHEIT</b> Senior Director, Provider Network 1-877-647-4848 MVONDERHEIT@mhsindiana.com
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**JENNIFER GARNER**  
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### NETWORK OPERATIONS

**KELVIN ORR**  
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### NEW PROVIDER CONTRACTING

**TIM BALKO**  
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TBALKO@mhsindiana.com

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1-877-647-4848  
Michael.L.Funk@mhsindiana.com

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### CENTENE VISION

**SIERRA HICKS**  
sierra.hicks@centene.com  
Vision Provider Services: 1-844-820-6523

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### CENTENE DENTAL

**THOMAS "TONY" SMITH**  
thomas.smith3@centene.com  
Dental Provider Services: 1-855-609-5157

# Thank You for Attending!

By taking a few moments to complete the event and sessions evaluations, you'll help us understand your experience and shape the future of our programs.



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# Questions?

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

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