MHS PROVIDER CLAIMS RESOLUTION
Agenda

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- Provider Relations Resources
- Questions
Provider Claims
Issue Resolution
Provider Claims Issue Resolution

PROCESS

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様々 Step 2: Provider Services Phone Requests & Web Portal Inquiries

様々 Step 3: Provider Relations Regional Mailboxes

様々 Step 4: Formal Claim Dispute - Administrative Claim Appeal

様々 Step 5: Arbitration

**Please Note: Steps 1, 4 & 5 are considered MHS’s formal provider claims dispute and appeal process. These steps are strongly recommended to substantiate official proof of provider submission of dispute.**
Informal Claims Dispute or Objection Form

Step 1:
- Must be submitted in writing by using the MHS Informal Claim Dispute or Objection form, available at mhsindiana.com/providers/resources/forms; there is a general form for medical and a separate form for Behavioral Health claims;
- Submit all documentation supporting your objection.
- Send to MHS within 67 calendar days of receipt of the MHS Explanation of Payment (EOP). Please reference the original claim number. Requests received after day 67 will not be considered:
- 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 of Dispute response to initiate a formal claim appeal (Step 4).
Informal Claims Dispute or Objection Form

Step 1:

 Helpful Tips:

 Serves as official notice to MHS of a dispute or appeal on a claim. Skipping this step could jeopardize consideration to review your request through other listed steps;

 The provider must include sufficient information for MHS to identify the claim(s) in question and the reason the provider is disputing or objecting to MHS' processing of the claim(s);

 Disputing multiple claim denials:

 Submit separate Informal Claims Dispute Forms for each member/patient experiencing the denial;

 Provide additional information such as:

 The MHS denial code and description found on the EOPP/remit;

 Briefly describe why you are disputing this denial;

 For multiple claims please either list all claim numbers or in the “Reason for Dispute” section state that “member is experiencing denial reason ___ for all claims DOS____ to ______; Please review all associated claims”;

 Save copies of all submitted BH informal claims dispute forms;
Provider Services Phone Requests & Web Portal Inquiries

Step 2:

- Step 2 is a companion avenue of resolution but is not considered a formal notification of provider dispute; it is required that providers complete Steps 1&2 prior to contacting Provider Relations.

- Claim issues presented by providers to the Provider Services phone line & Web Portal Inquiries will be logged and assigned a ticket number; Please keep this ticket number for your reference, as well as to use later in case you choose to utilize Step 3.

- The provider must include sufficient information to identify the claim(s) in question and the reason the provider is disputing or objecting to MHS’ processing of the claim(s).

Phone: 1-877-647-4848; Provider Services 8 a.m. to 8 p.m.
Provider Web Portal: https://www.mhsindiana.com/providers/login.html
Use the Messaging Tool
Customer/Provider Services Phone Requests & Web Portal Inquiries

Step 2:

 Helpful Tips:

- **Disputing multiple claim denials:**
  - Provide the provider services rep or web portal team member with 1 claim number as an example of the specific denial.

- **Communication is Key!**
  - Tell the rep you have a “claims research request” to review all claims for the specific denial reason;
  - State if this denial is happening for 1 or multiple practitioners within your group or clinic; (if multiple, provide your TIN)
  - Provide the MHS denial code and description found on the E OPP/remit;
  - Briefly describe why you are disputing this denial or seeking research.
Step 2:

Helpful Tips:

Communication is Key! (cont.):

- Do not include multiple claim denial reasons within the same research request. Submit separate research requests for each individual denial reason.
- Please refrain submitting research requests for vague reasons or if you can clearly determine the denial is valid; For example:
  - Valid timely filing denials;
  - Services that require prior authorization but PA wasn’t obtained;
- Retain all reference numbers provided by the Provider Services and Web-Portal teams.

- Research can take up to 30-45 days; At any time you can follow up with the Provider Services or Web Portal team with a status update request (make sure to provide the original reference number).
Step 2:

<pair>Communication Example:</pair>

<pair>Helpful Tips:</pair>

“Hello, I am calling from XYZ Provider group and we are experiencing multiple claim denials for denial code EX__. We would like to have a claims research ticket created to research this issue. Claim Number_______ is an example. This denial is occurring for multiple patients being treated by our practitioner Dr. Smith and her NPI is ________. This denial has occurred on a total of # claims DOS ____ to ____. We believe this is an invalid denial because______.”
Provider Relations Regional Mailboxes

**Step 3:**

👩‍⚕️ Step 3 is a companion avenue of resolution but is not considered a formal notification of provider dispute; Step 3 should only be used after provider has exhausted Steps 1 and 2.

👩‍⚕️ If Step 1 results in an upheld denial and Step 2 is not resolved within 45 calendar days, please contact the Provider Relations team through the claims issues mailbox assigned to your region.

👩‍⚕️ Issues will be logged by the internal Provider Relations team and providers will receive a response email with next steps and any assigned reference numbers. Response to incoming email can take 2-4 weeks depending on workload.
Provider Relations Regional Mailboxes

Step 3:

 Helpful Tips:

 After Steps 1 & 2 have been performed, but no resolution or issue upheld; submit the following information to the provider relations regional mailbox (attach spreadsheet if multiple claims but below fields must be included)

- Issue Reference Number(s);
- TIN
- Group/Facility Name
- Practitioner Name & NPI
- Member Name and Rid Number
- Product (Medicaid/Ambetter/Allwell)
- Claim Number(s)
- DOS or DOS Range if multiple denials
- Related Prior Authorization Numbers (this is key if issue involves claims denied for no authorization)
- Provider reason for dispute
Provider Relations Regional Mailboxes

Step 3:

Regional Mailboxes

- Northeast Region: MHS_ProviderRelations_NE@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
Formal Claim Dispute - Administrative Claim Appeal

Step 4:

🌟 Step 4 is a continuation of Step 1 and is a Formal Claim Dispute, Administrative Claim Appeal;

🌟 Administrative claim appeals are reviewed by a panel of one or more MHS employees or consultants who are trained in the operations of the MHS claims system as well as state and federal Medicaid laws, regulations and provider payments and coding practices;

🌟 See the MHS Provider Manual Chapter 5 Claims Administrative Reviews and Appeals for more instructions;
Arbitration

Step 5:

Step 5 is a continuation of Steps 1 & 4 and is a part of the formal MHS Provider Claims dispute process;

In the event a provider is not satisfied with the outcome of the administrative claim appeal process (Step 4), the provider may request arbitration. Claims with similar issues from the same provider may be grouped together for the purpose of requesting arbitration.

See the MHS Provider Manual Chapter 5 Claims Administrative Reviews and Appeals for more instructions;
Provider Relations Team
# MHS Provider Network Territories

## TAWANNA DANZIE
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## PROVIDER GROUPS
- Beacon Medical Group  
- Community Care Network  
- Franciscan Alliance  
- Goshen Health System  
- HealthLine  
- Heart City Health Center  
- Indiana Health Centers  
- Lutheran Medical Group  
- NorthShore Health Centers  
- 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  
- 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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Questions?

Thank you for being our partner in care.