Mastering the MHS Secure Provider Portal and Website Navigation

Agenda

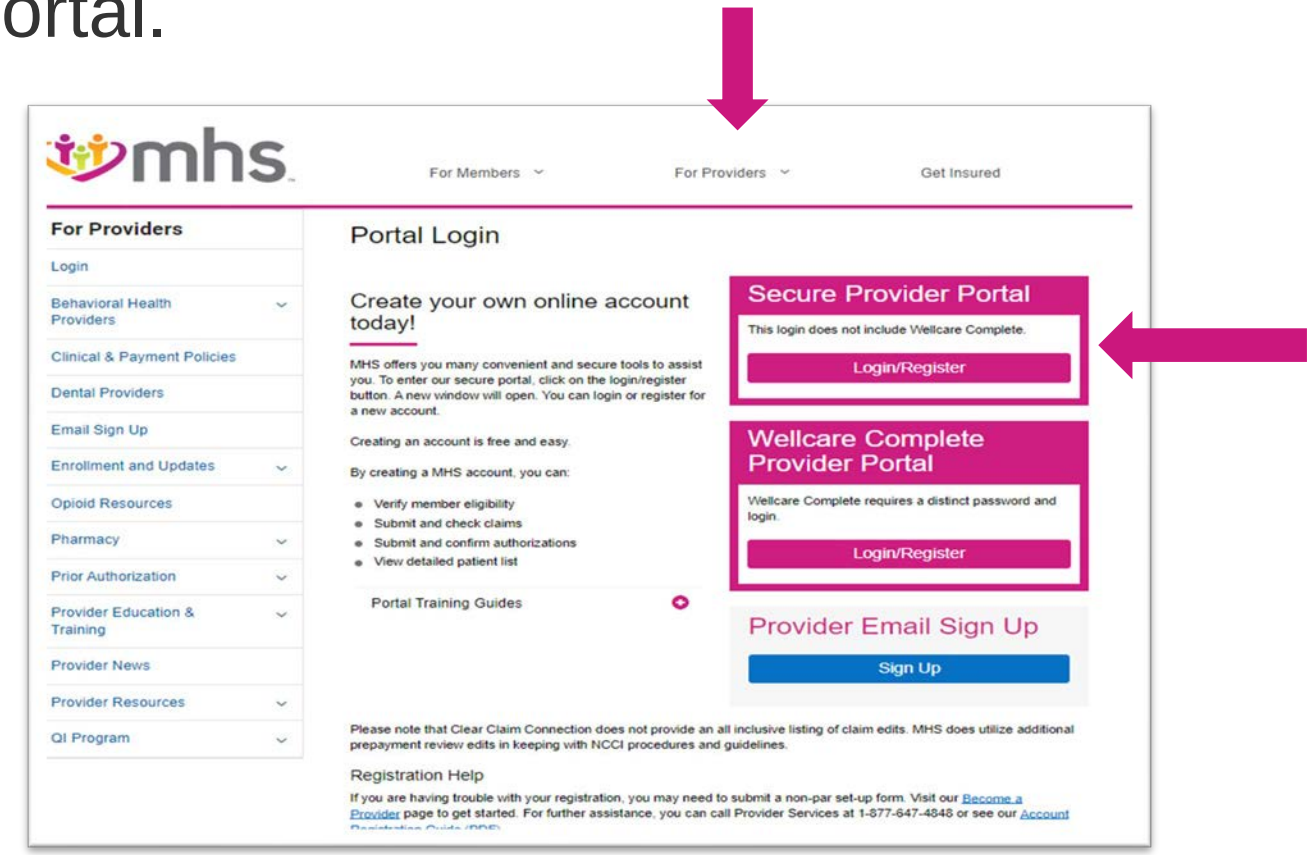
- Account Creation/Login
- Portal Training Materials
- Homepage Dashboard
- Useful Links
- Eligibility Check
- Patient List
- Authorizations
- Claims
- Secure Messaging
- MHS Team
- Questions

Account Creation/Login

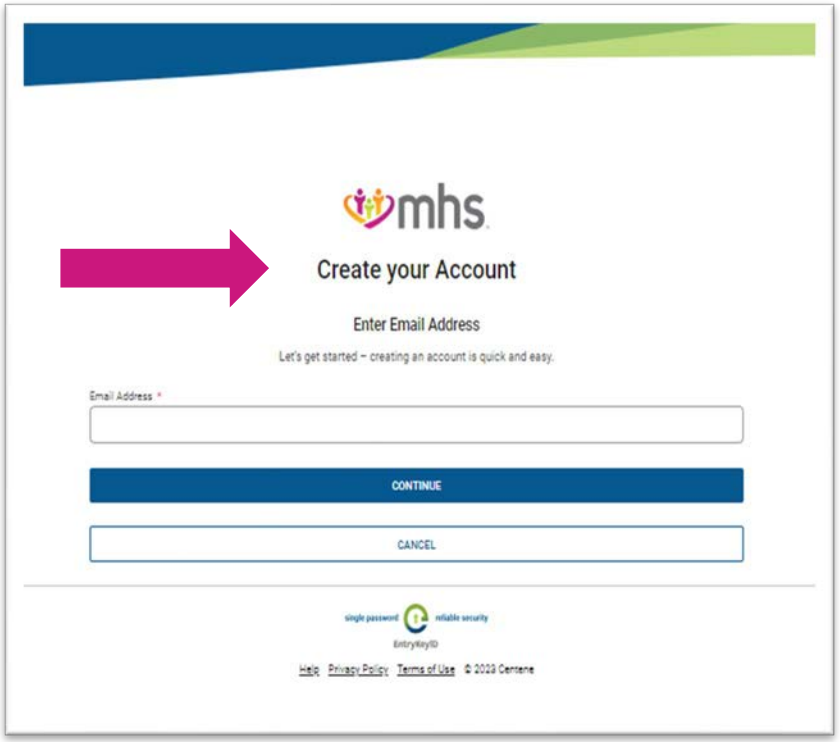
Provider Portal Login

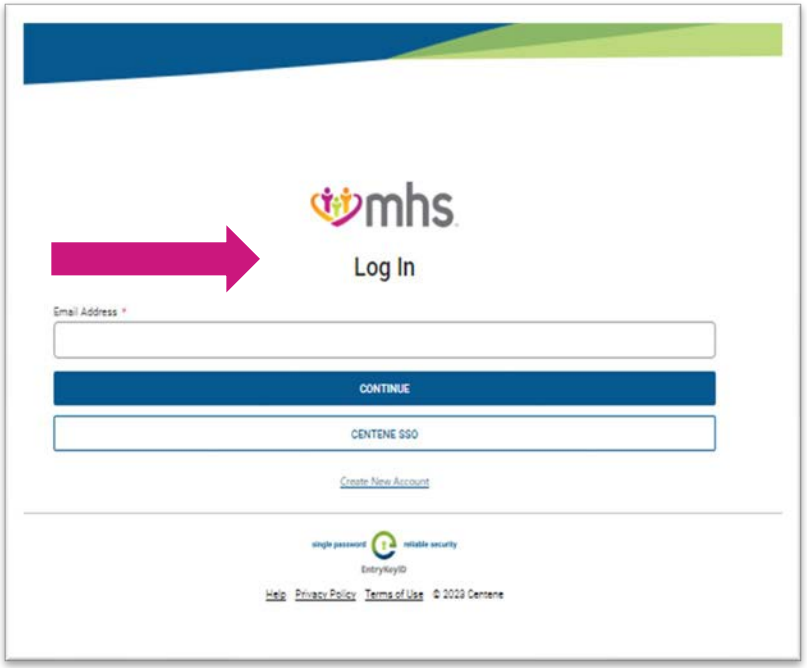
Go to mhsindiana.com and click on For Providers.

Then click Login/Register for the MHS Secure Provider Portal.

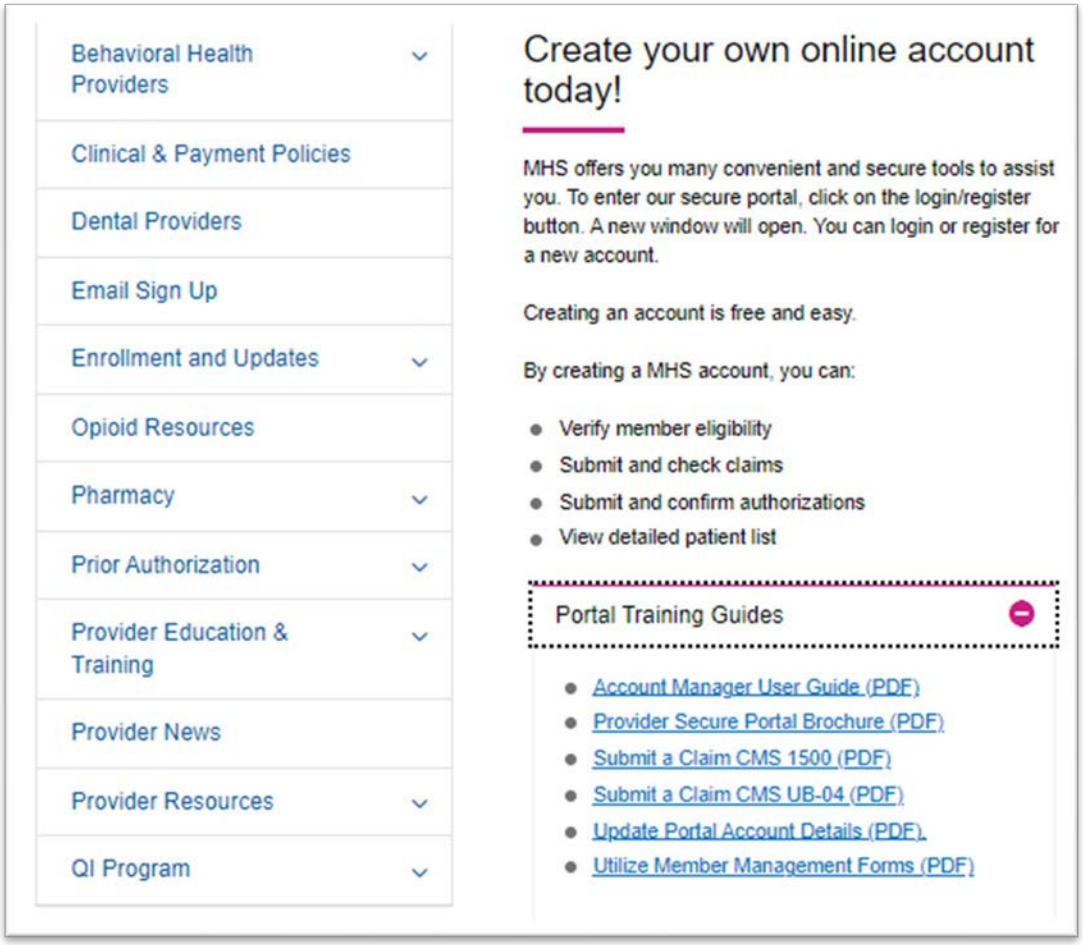


Complete Portal Registration or Login





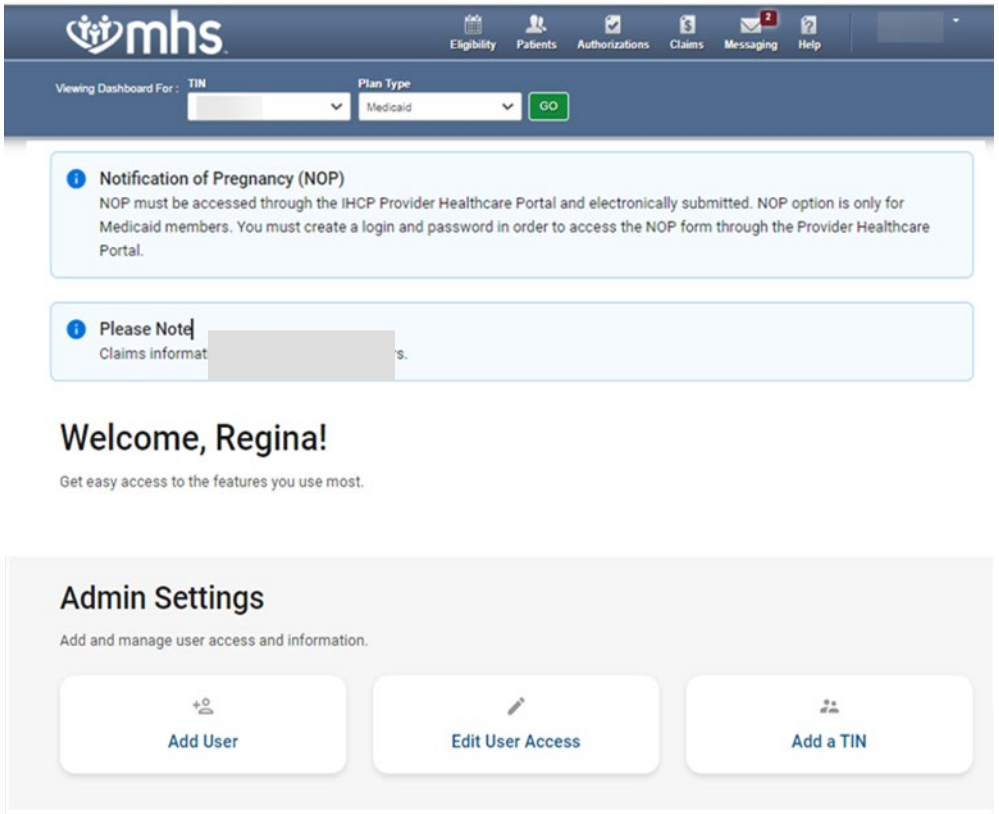
Training Materials

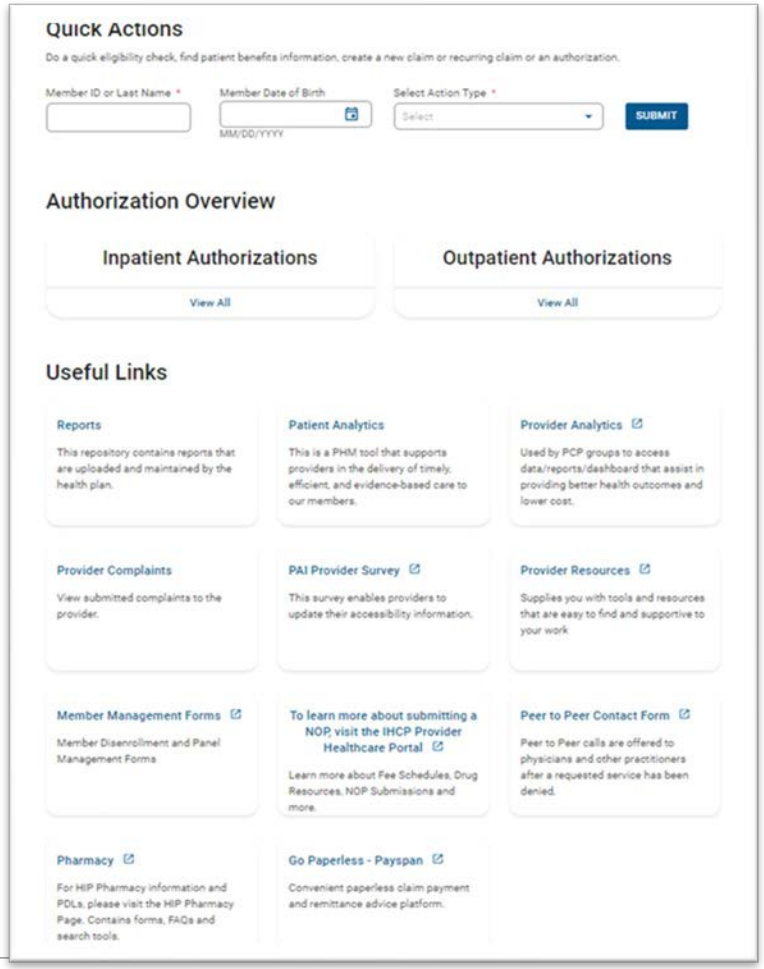


MHS Homepage

Dashboard Home page

Quick Eligibility Check, Recent Claims, Reports and Quick Links





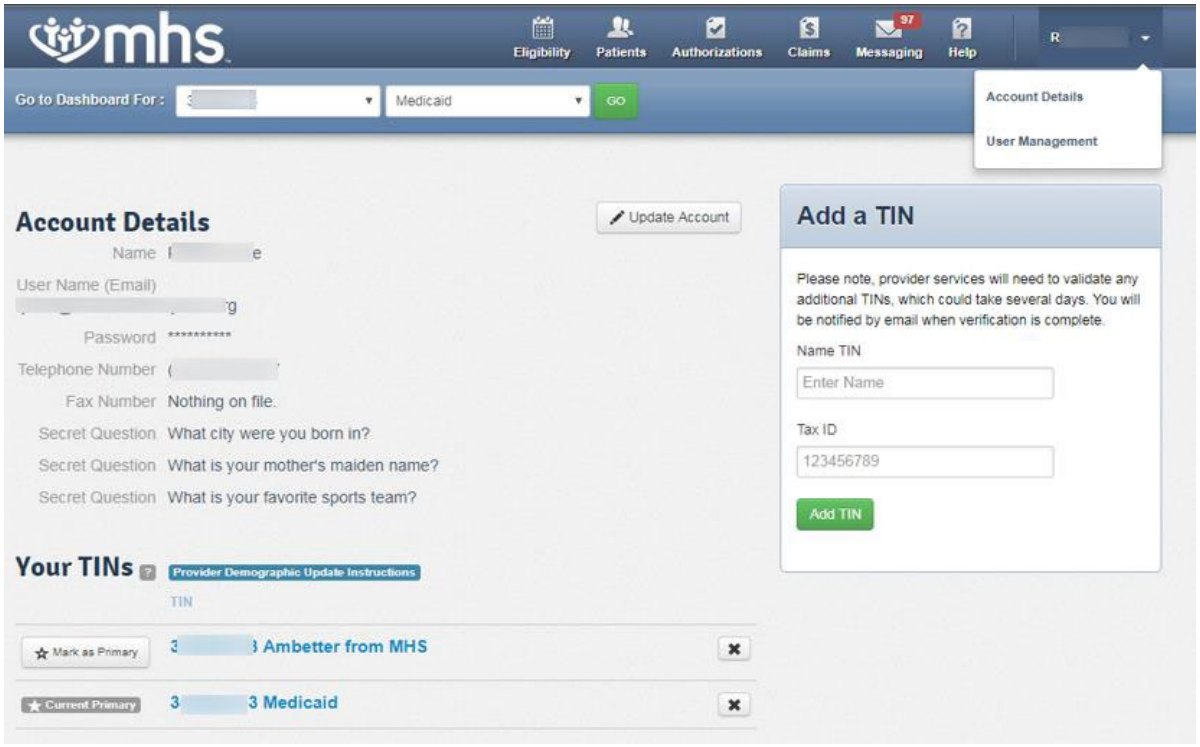
Account Details

To view Account Details:

1.Select the drop-down arrow next to username at the upper right corner on the dashboard.

2.Click Account Details.

Note: Under Your TINs is the current primary default TIN for the account. Providers can select another TIN to Mark As Primary or remove a TIN.



Account Manager

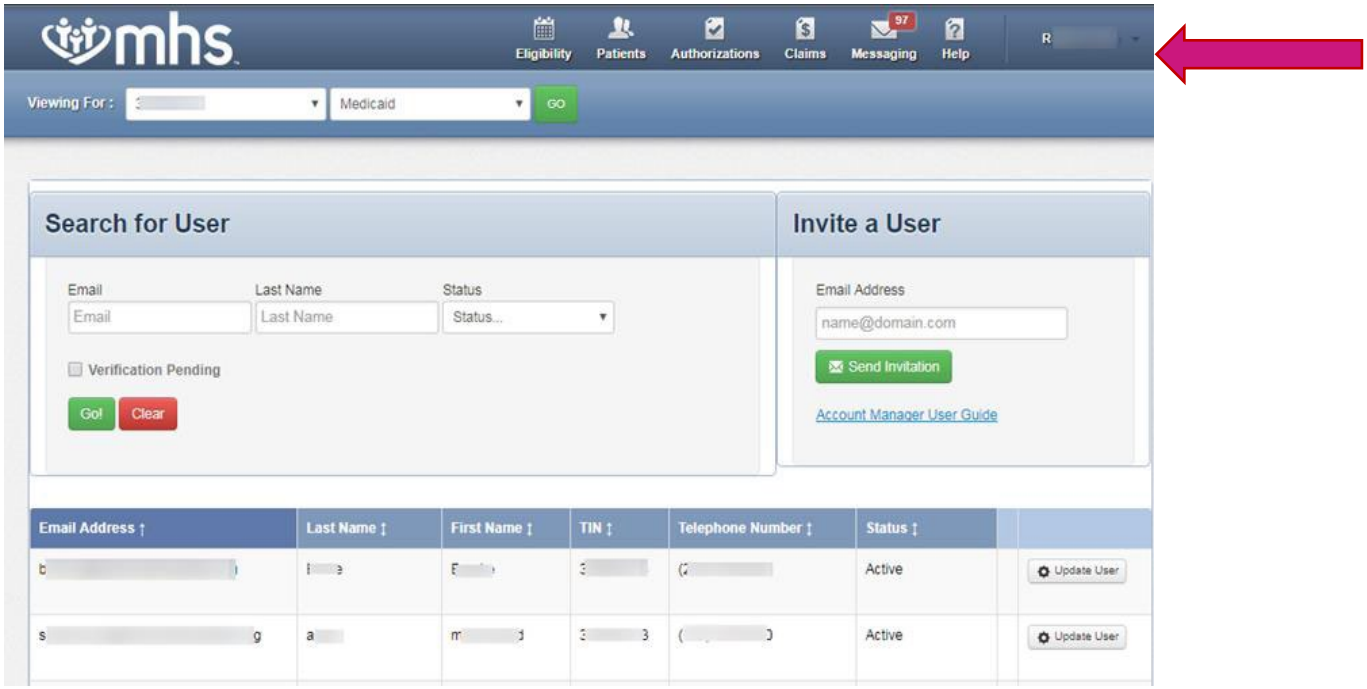
User Management

For Account Managers to manage office staff/users associated with their practice (disable/ enable users, manage account permissions).

1.Select the drop-down arrow next to your name in the upper right corner.

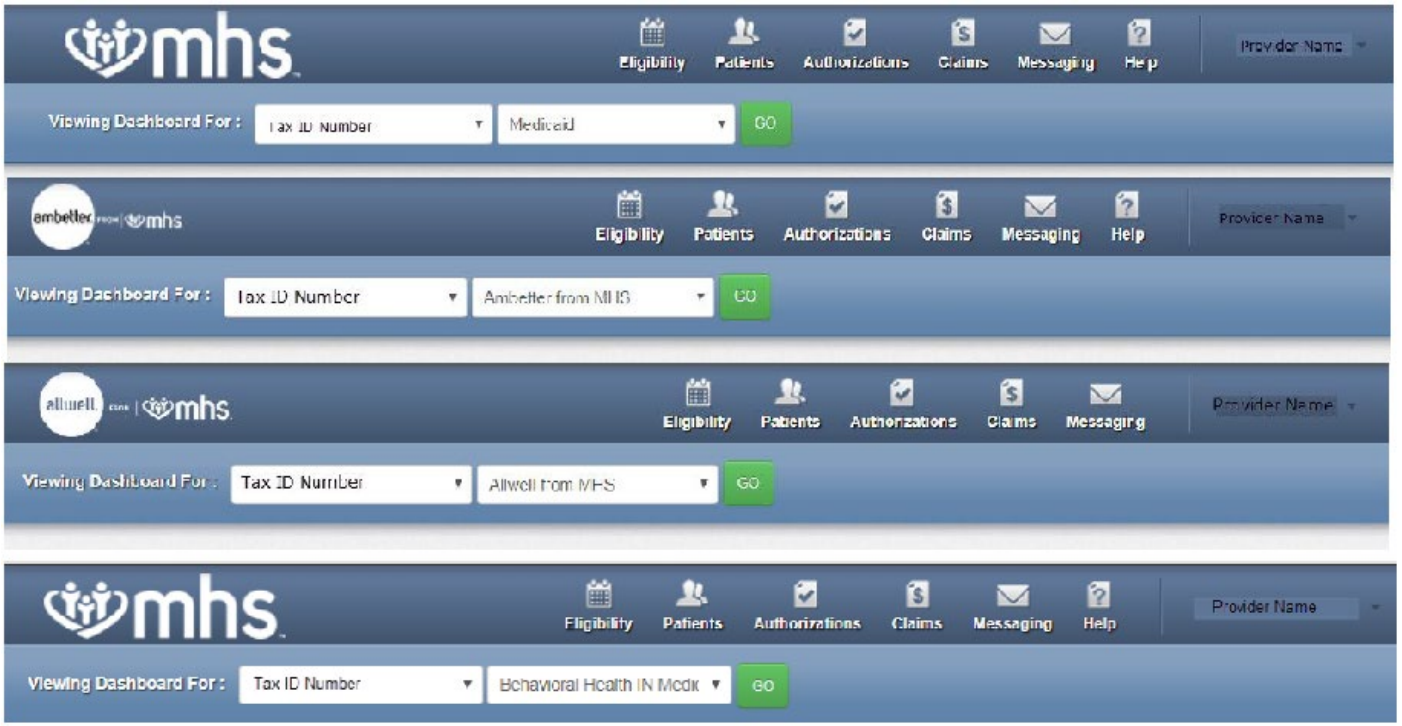
2.Select User *Management*.

3.Click *Update User* next to the username.



Dashboard Change

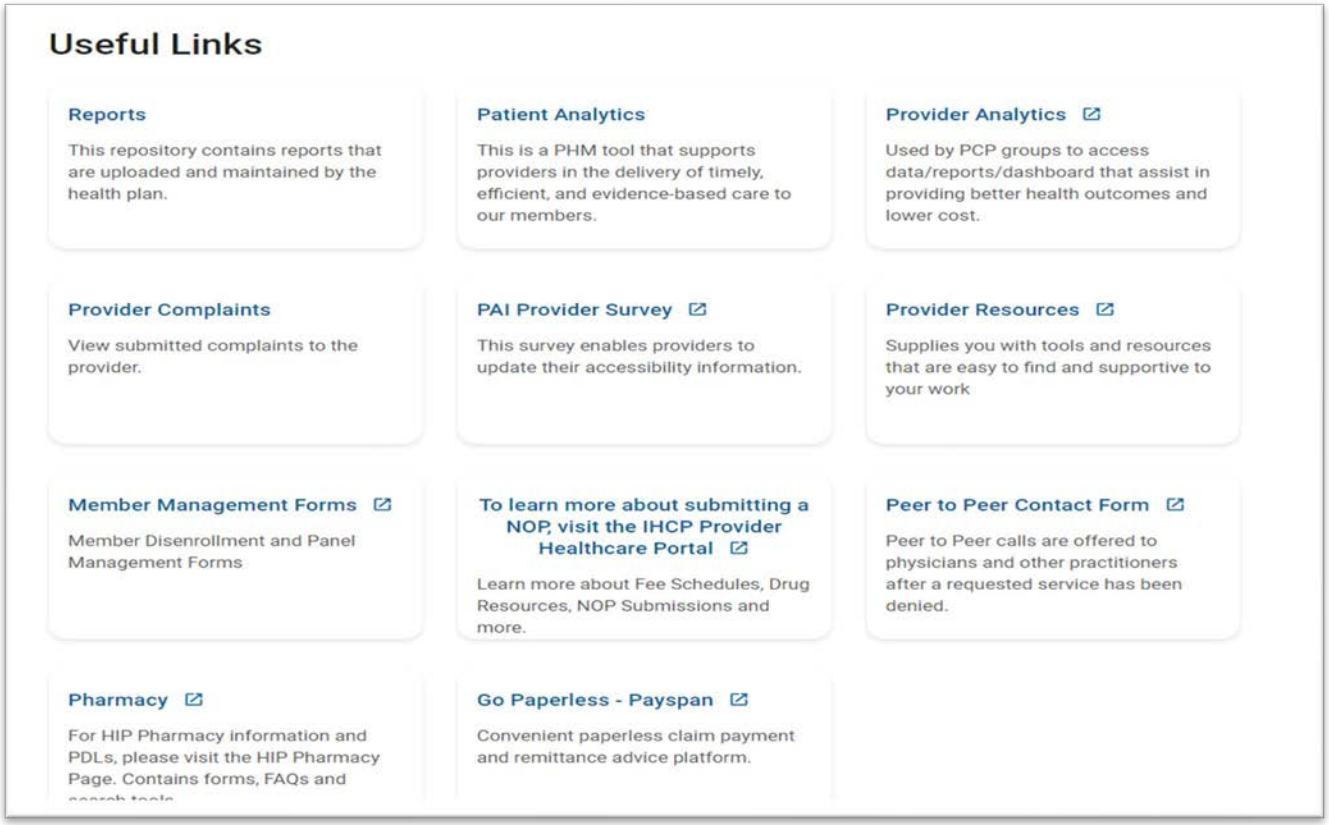
User has the ability to change between TINs to choose: Medicaid, Ambetter, Wellcare, or Behavioral Health.



Useful Links

Useful Links

Useful links will give you direct access to forms, reports, care and quality reports, and other helpful information.



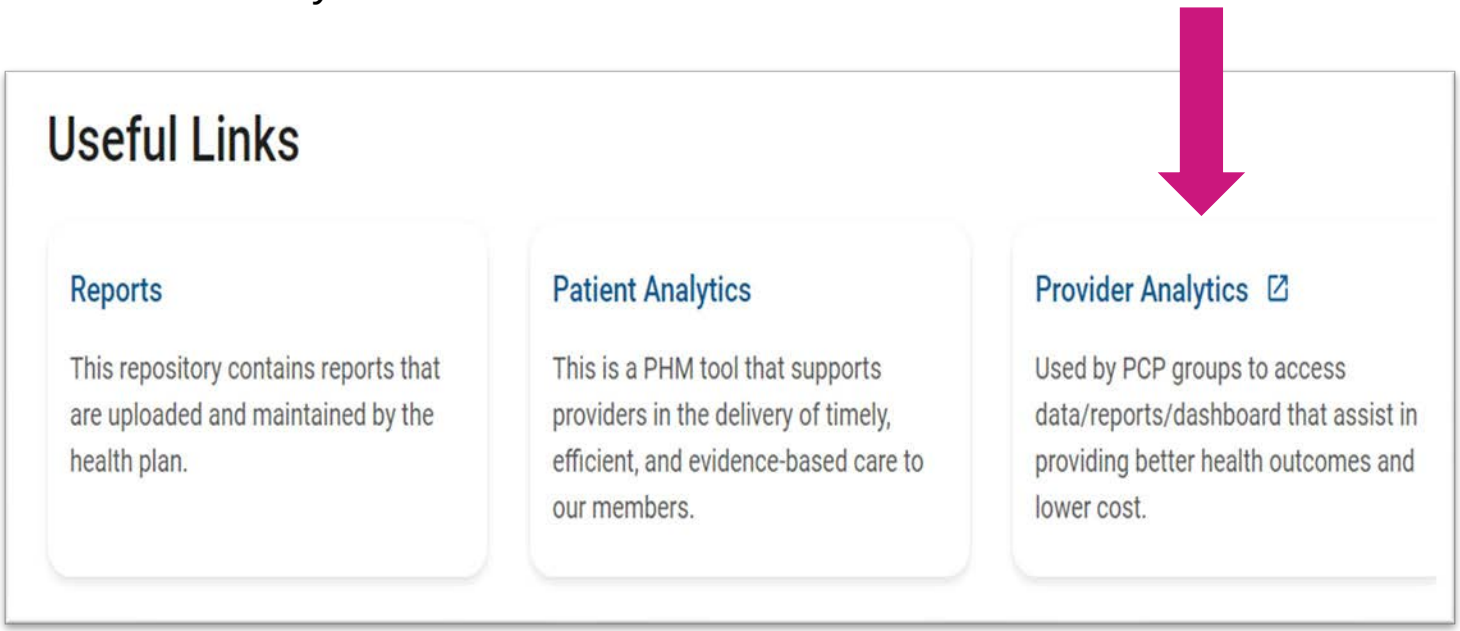
Provider Analytics

To navigate Provider Analytics:

1.From the Provider Portal, click on the Provider Analytics link to be directed to the landing page.

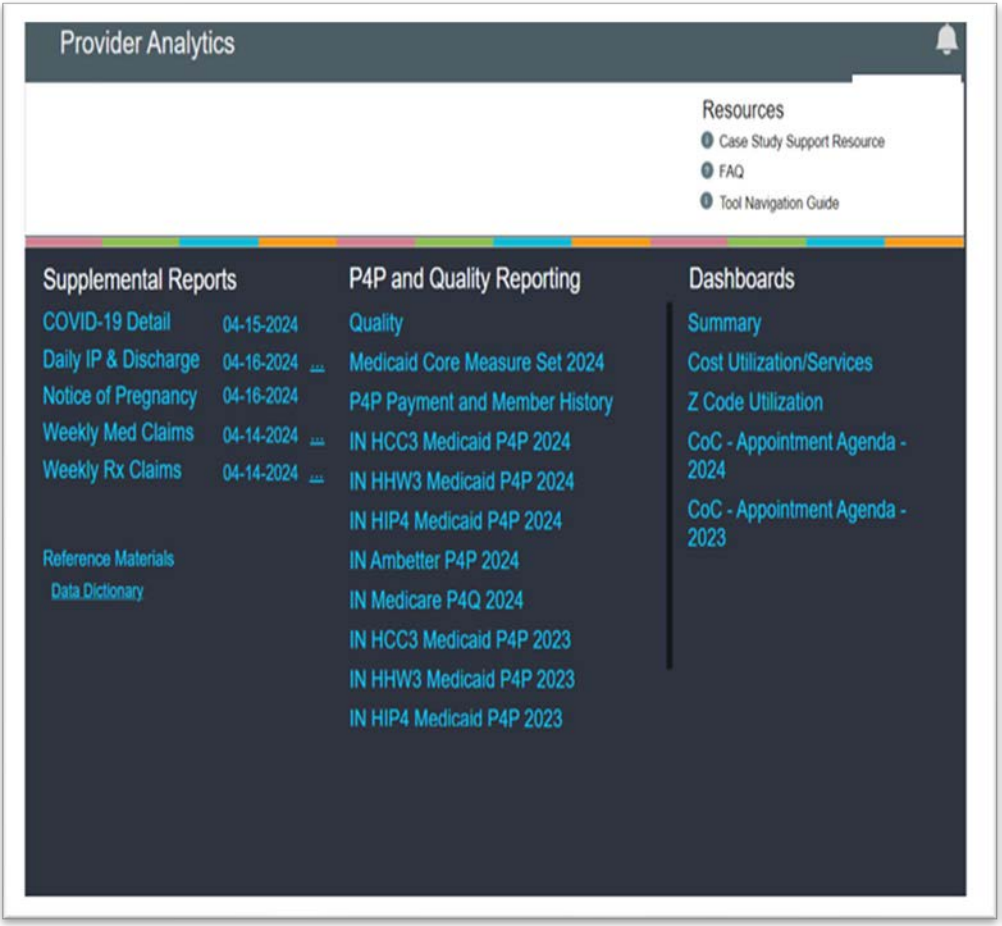
2. Here, you will see the Provider Analytics landing page divided into 3 columns:
    a. Overview dashboards
    b. P4P dashboards
    c. Resources

3. Click on the Summary link.



Provider Analytics

Homepage Summary



Dashboard

Provider Analytics – Dashboard Summary

Here you will be able to view four dashboards:

a. Cost/Utilization

b. Engagement Analysis

c. Quality

d. Readmission by Disease State

Provider Analytics – Dashboard Summary

Cost/Utilization: This dashboard will show actual Per Member Per Month (PMPM) compared to expected on a monthly basis.

Quality: The Quality dashboard in the lower left quadrant shows HEDIS and Value Based Contract (VBC) performance.

Engagement Analysis: This dashboard will show a view of members' utilization of PMP and healthcare services.

Readmission by Disease State: This dashboard will show total inpatient visits and total readmits. It will show the number of total readmits, and those without PMP follow-up plus the follow-up rate.

The Cost/Utilization and Quality sections have dashboards providing more specific data down to the member level. To view this data, click on the **blue computer monitor icons.**

Provider Analytics – P4P and Quality Reports

For providers in a P4P arrangement.

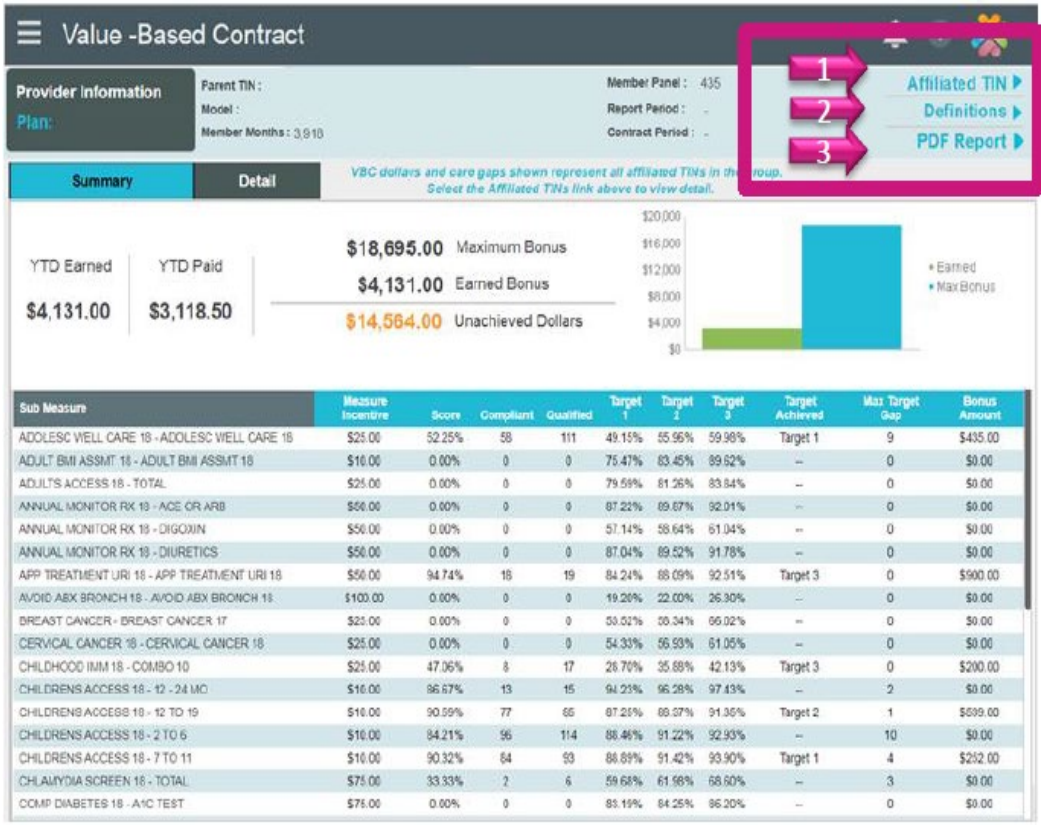
Scorecard shows measure incentive, amount earned and unachieved dollars.

In right hand corner:

1.All TINs associated with P4P program.

2.List of definitions and meanings.

3.Scorecard summarizing provider's performance in quality.

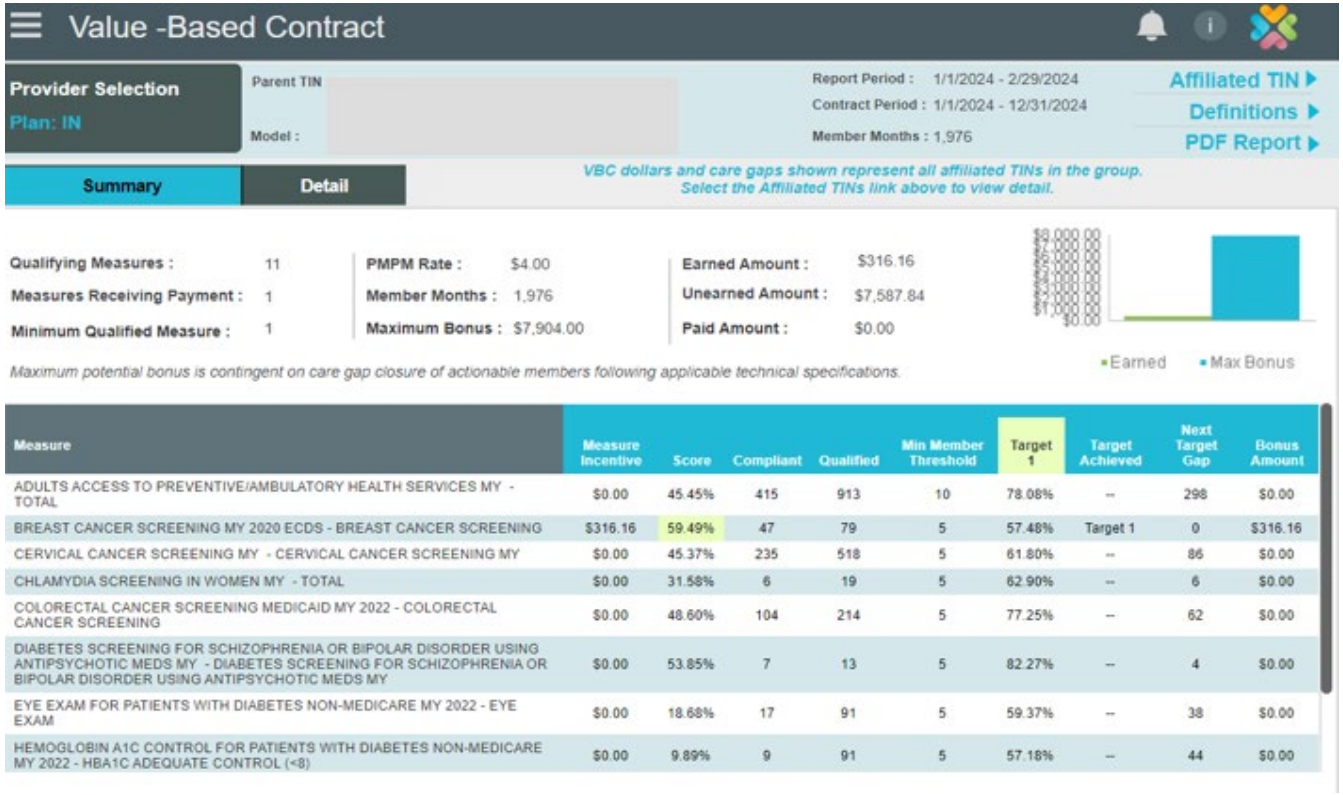


Sub Measure	Measure Incentive	Score	Compliant	Qualified	Target 1	Target 2	Target 3	Target Achieved	Max Target Gap	Bonus Amount
ADOLESC WELL CARE 18 - ADOLESC WELL CARE 18	$25.00	52.25%	58	111	49.15%	55.95%	59.98%	Target 1	9	$435.00
ADULT BMI ASSMT 18 - ADULT BMI ASSMT 18	$10.00	0.00%	0	0	75.47%	83.45%	89.62%	--	0	$0.00
ADULTS ACCESS 18 - TOTAL	$25.00	0.00%	0	0	79.59%	81.26%	83.84%	--	0	$0.00
ANNUAL MONITOR RX 18 - ACE OR ARB	$50.00	0.00%	0	0	87.22%	89.67%	92.01%	--	0	$0.00
ANNUAL MONITOR RX 18 - DIGOXIN	$50.00	0.00%	0	0	57.14%	58.64%	61.04%	--	0	$0.00
ANNUAL MONITOR RX 18 - DIURETICS	$50.00	0.00%	0	0	87.04%	89.52%	91.78%	--	0	$0.00
APP TREATMENT URI 18 - APP TREATMENT URI 18	$50.00	94.74%	18	19	84.24%	88.09%	92.51%	Target 3	0	$900.00
AVOID ABX BRONCH 18 - AVOID ABX BRONCH 18	$100.00	0.00%	0	0	19.26%	22.00%	26.30%	--	0	$0.00
BREAST CANCER - BREAST CANCER 17	$25.00	0.00%	0	0	50.52%	56.34%	66.02%	--	0	$0.00
CERVICAL CANCER 18 - CERVICAL CANCER 18	$25.00	0.00%	0	0	54.33%	56.59%	61.05%	--	0	$0.00
CHILDHOOD IMM 18 - COMBO 10	$25.00	47.06%	8	17	26.70%	35.68%	42.13%	Target 3	0	$200.00
CHILDRENS ACCESS 18 - 12 - 24 MO	$10.00	86.67%	13	15	94.23%	96.28%	97.43%	--	2	$0.00
CHILDRENS ACCESS 18 - 12 TO 19	$10.00	90.59%	77	85	87.25%	89.37%	91.35%	Target 2	1	$599.00
CHILDRENS ACCESS 18 - 2 TO 6	$10.00	84.21%	96	114	88.46%	91.22%	92.93%	--	10	$0.00
CHILDRENS ACCESS 18 - 7 TO 11	$10.00	90.32%	84	93	86.89%	91.42%	93.90%	Target 1	4	$252.00
CHLAMYDIA SCREEN 18 - TOTAL	$75.00	33.33%	2	6	59.68%	61.98%	68.60%	--	3	$0.00
COMP DIABETES 18 - A1C TEST	$75.00	0.00%	0	0	83.19%	84.25%	86.20%	--	0	$0.00

Provider Analytics – P4P and Quality Reports

You can view:

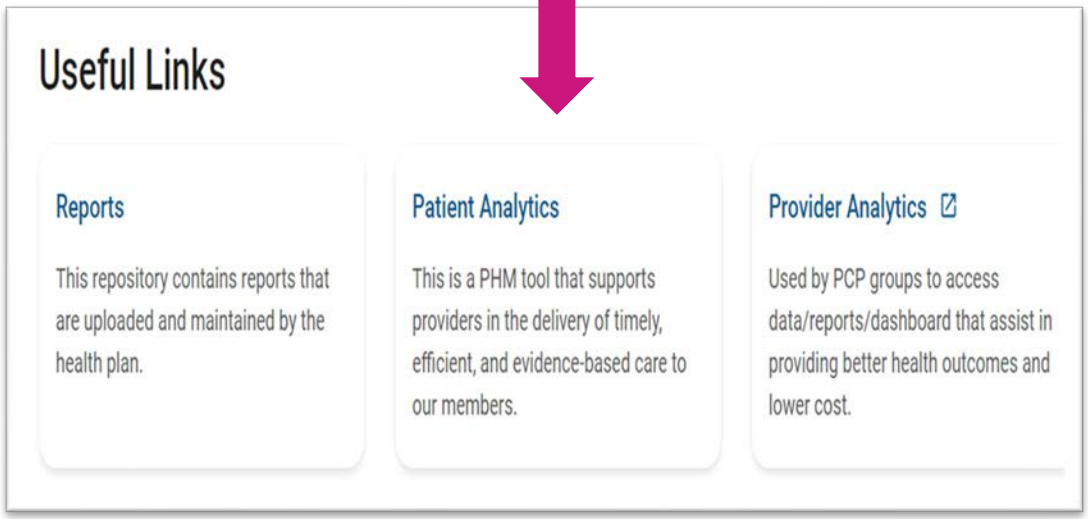
- Compliant Score.
- Compliant and Qualified number per Sub Measure.
- Target levels for compliant percentage needed to earn a payout.
- Target level achieved.
- Number of gaps needed to close to reach Maximum Target Level.
- Bonus Amount earned.

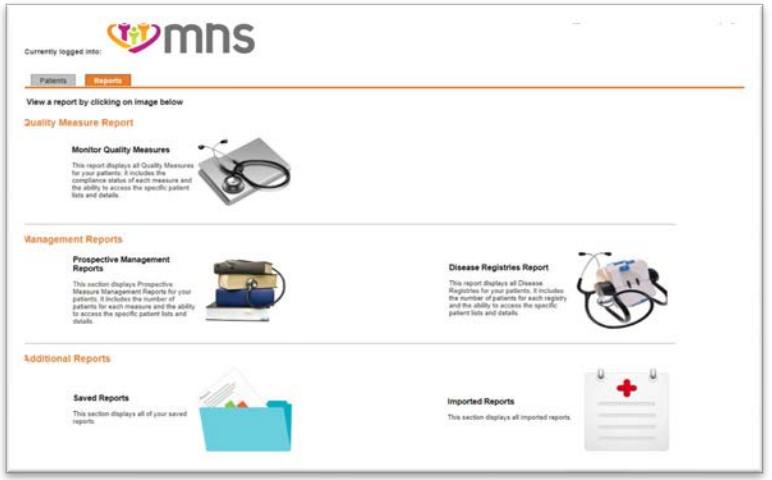


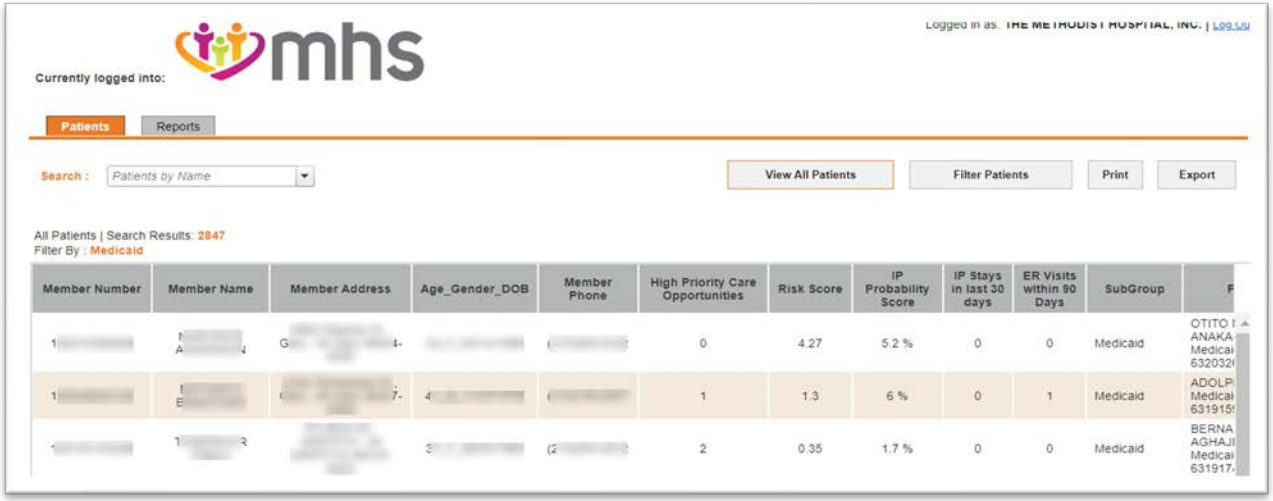
Measure	Measure Incentive	Score	Compliant	Qualified	Min Member Threshold	Target 1	Target Achieved	Next Target Gap	Bonus Amount
ADULTS ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES MY - TOTAL	$0.00	45.45%	415	913	10	78.08%	--	298	$0.00
BREAST CANCER SCREENING MY 2020 ECDS - BREAST CANCER SCREENING	$316.16	59.49%	47	79	5	57.48%	Target 1	0	$316.16
CERVICAL CANCER SCREENING MY - CERVICAL CANCER SCREENING MY	$0.00	45.37%	235	518	5	61.80%	--	86	$0.00
CHLAMYDIA SCREENING IN WOMEN MY - TOTAL	$0.00	31.58%	6	19	5	62.90%	--	6	$0.00
COLORECTAL CANCER SCREENING MEDICAID MY 2022 - COLORECTAL CANCER SCREENING	$0.00	48.60%	104	214	5	77.25%	--	62	$0.00
DIABETES SCREENING FOR SCHIZOPHRENIA OR BIPOLAR DISORDER USING ANTIPSYCHOTIC MEDS MY - DIABETES SCREENING FOR SCHIZOPHRENIA OR BIPOLAR DISORDER USING ANTIPSYCHOTIC MEDS MY	$0.00	53.85%	7	13	5	82.27%	--	4	$0.00
EYE EXAM FOR PATIENTS WITH DIABETES NON-MEDICARE MY 2022 - EYE EXAM	$0.00	18.68%	17	91	5	59.37%	--	38	$0.00
HEMOGLOBIN A1C CONTROL FOR PATIENTS WITH DIABETES NON-MEDICARE MY 2022 - HBA1C ADEQUATE CONTROL (<8)	$0.00	9.89%	9	91	5	57.18%	--	44	$0.00

Patient Analytics

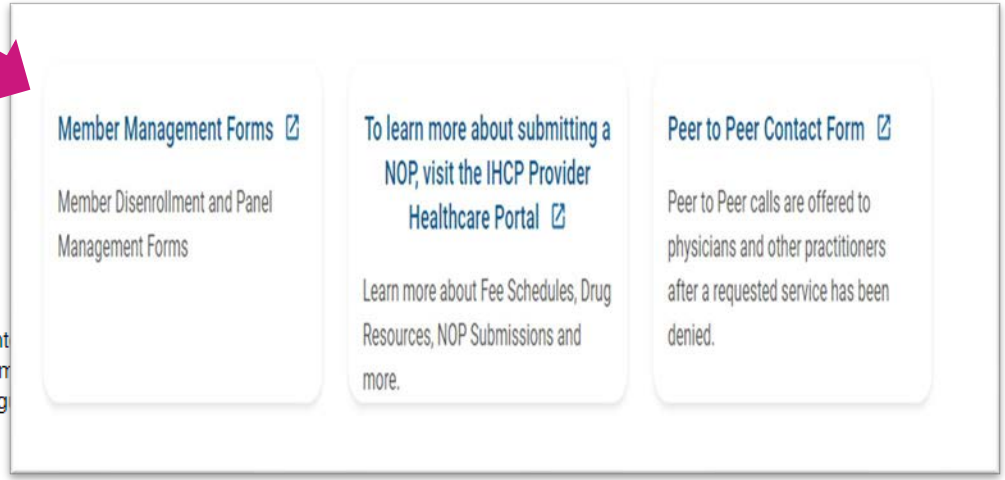
Patients Tab







Member Management Forms



Member Management Forms

All PMP's have the right to state the number of members they are willing to accept int
members is based on the panel size requested on the Provider Enrollment form. Mem
member's choice and the IHCP auto-assignment process; therefore, MHS does not g
number of members.

PMP's shall not refuse to treat MHS members on his or her panel as long as the panel limit has not been met. MHS must be notified 45 calendar days in advance of a PMP's inability to accept additional covered enrollees under MHS agreements. To make a change to your panel size, please contact you Provider Partnership Associate.

Member Disenrollment

Click Here

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 below 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.

Panel Management Form

Click Here

If your panel is full or has been placed on hold and you would like to add a member, please use the Panel Management Form below. There is no limit on the number or frequency of additions. For additional information about when a member can change their PMP selection and other important information, please review the Provider Manual.

Provider Resources

Forms

All files are available as Adobe Acrobat PDF unless otherwise stated

Provider Enrollment

- Behavioral Health Additional Forms: Provider Specialty (PDF), and HSPP Attestation (PDF)
- Behavioral Health Facility and Ancillary Demographic Form (PDF)
- Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect Hospital and Ancillary Credentialing Form (PDF)
- IHCP Practitioner Enrollment Form (PDF)
- Non Contracted Provider Set Up Form
- Provider Specialty Profile Form (PDF)

Claims

- Medical Claim Dispute/Appeal Form (PDF)

Prior Authorization

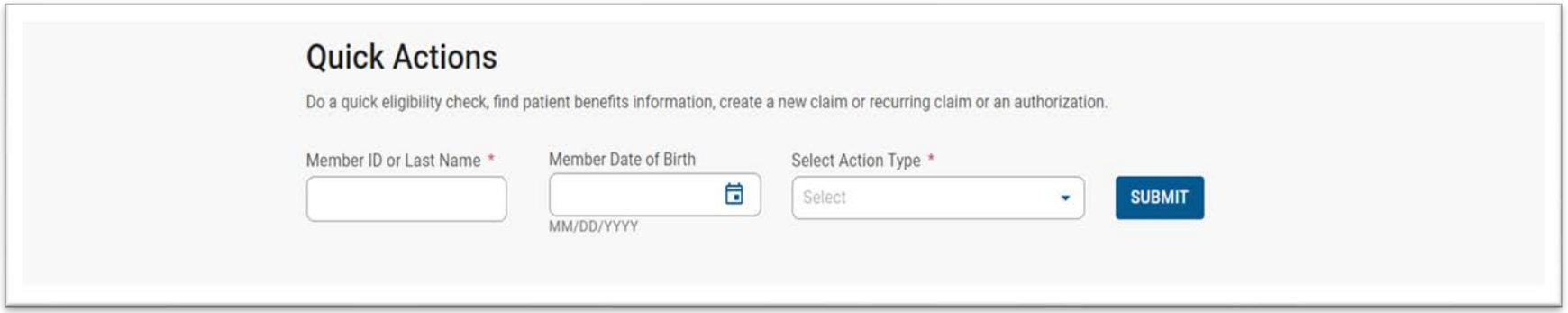
- IHCP Prior Authorization Form (PDF) - Please call in prior authorization requests for prompt service.
- IHCP Prior Authorization Form Instructions (PDF)
- Late Notification of Services Submission Form (PDF)

Prior Authorization for Residential and Inpatient SUD Treatment

- Initial Assessment Form for Substance Use Disorder Treatment Admission (PDF)

Quick Actions

From the homepage you can use the Quick Actions to do a quick eligibility check, find member benefits, create a claim and an authorization.

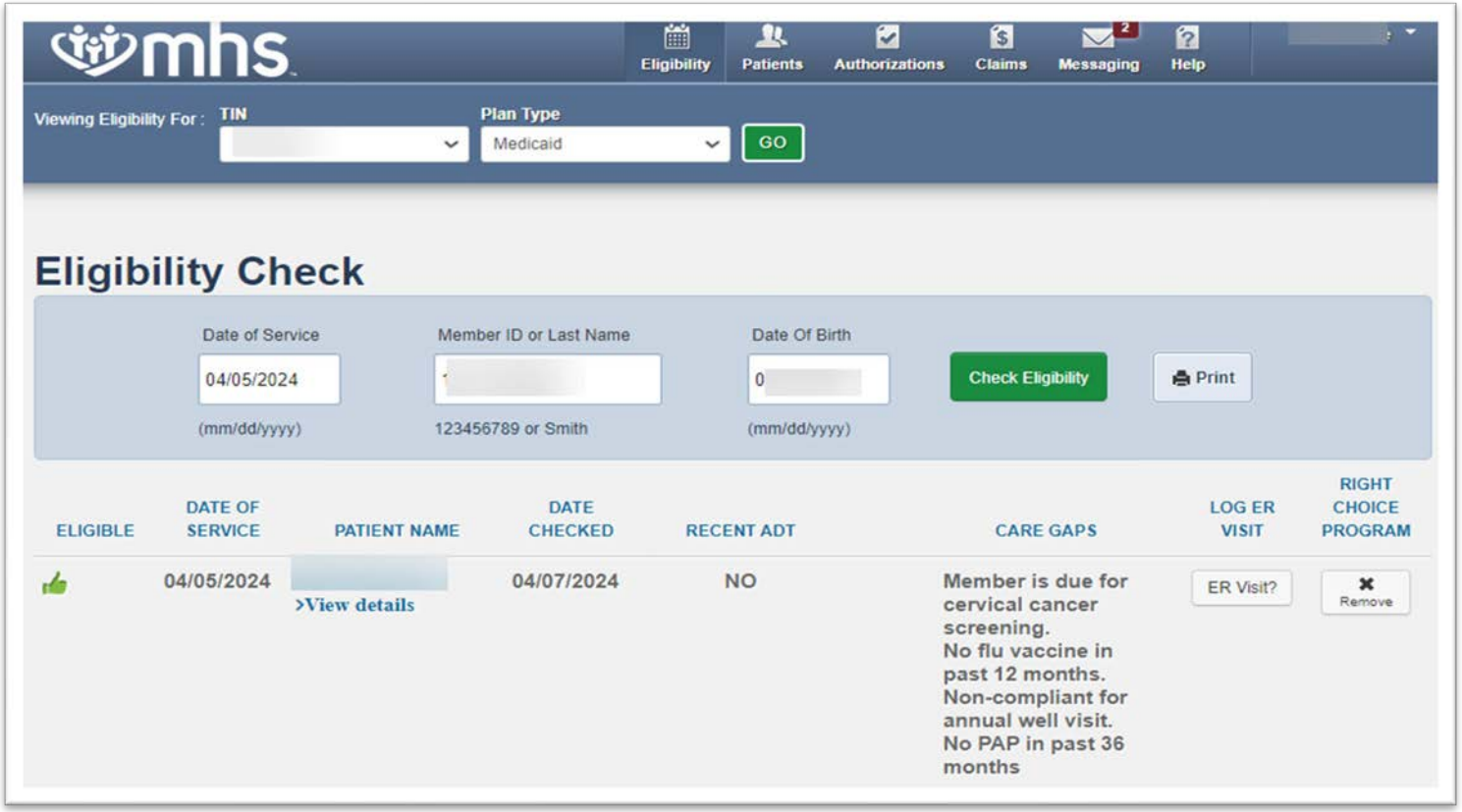


Eligibility Tab

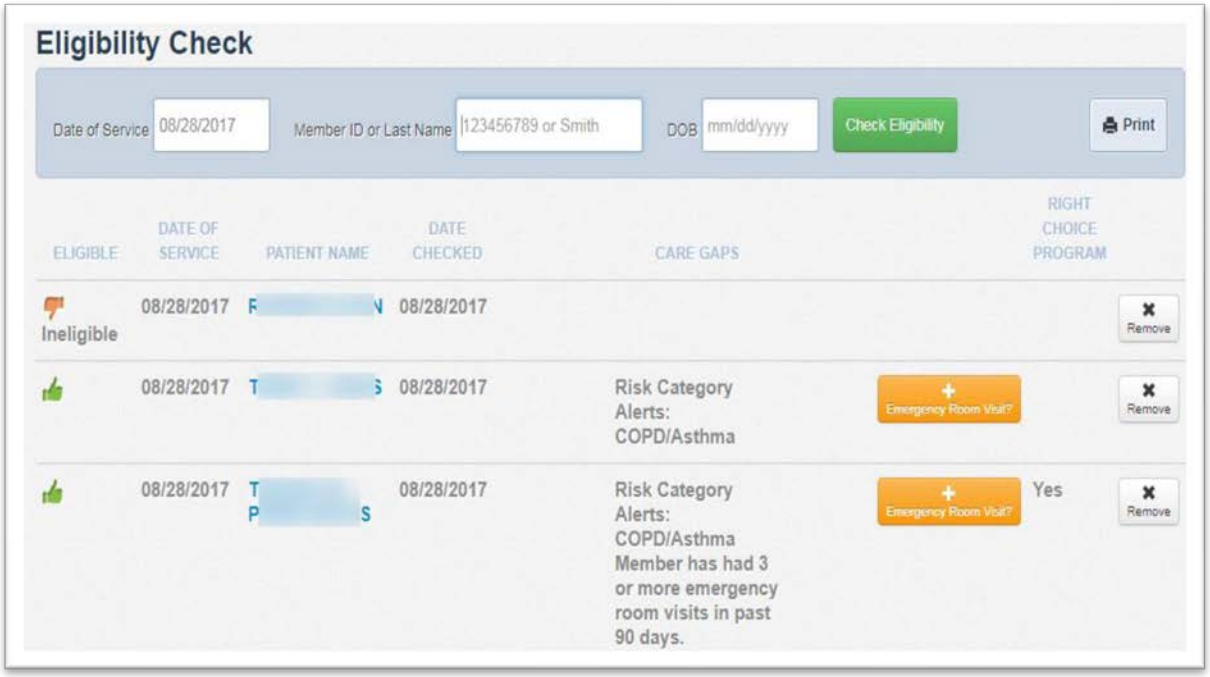
From the homepage there is a task bar in the top right, here you can check member eligibility.

Eligibility Check

- Member Eligibility Check based on Date of Service.
- To check, enter member ID or last name and date of birth.



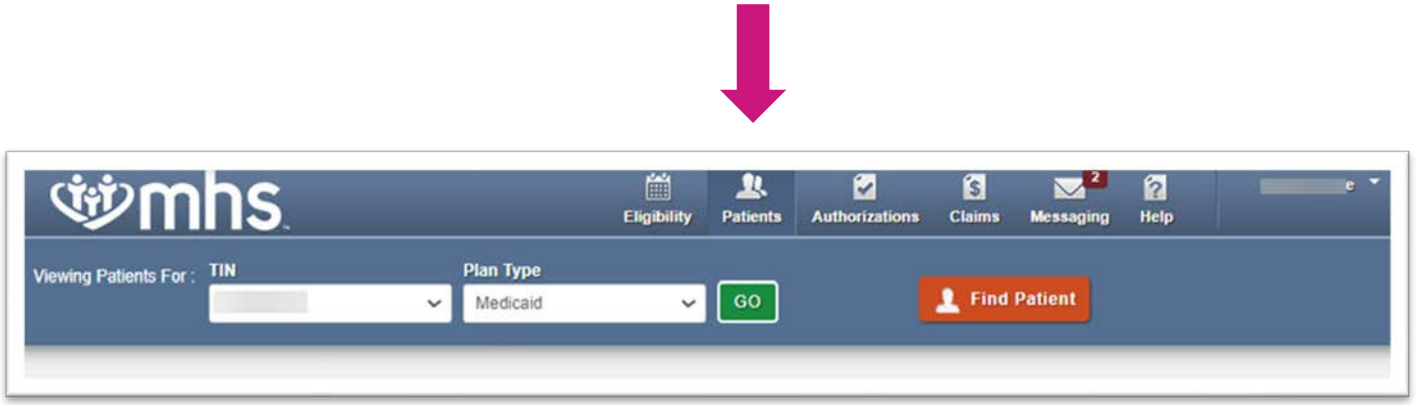
Eligibility Check



Eligibility status is indicated by a Green thumbs-up for **eligible** and an Orange thumbs-down for **ineligible**.

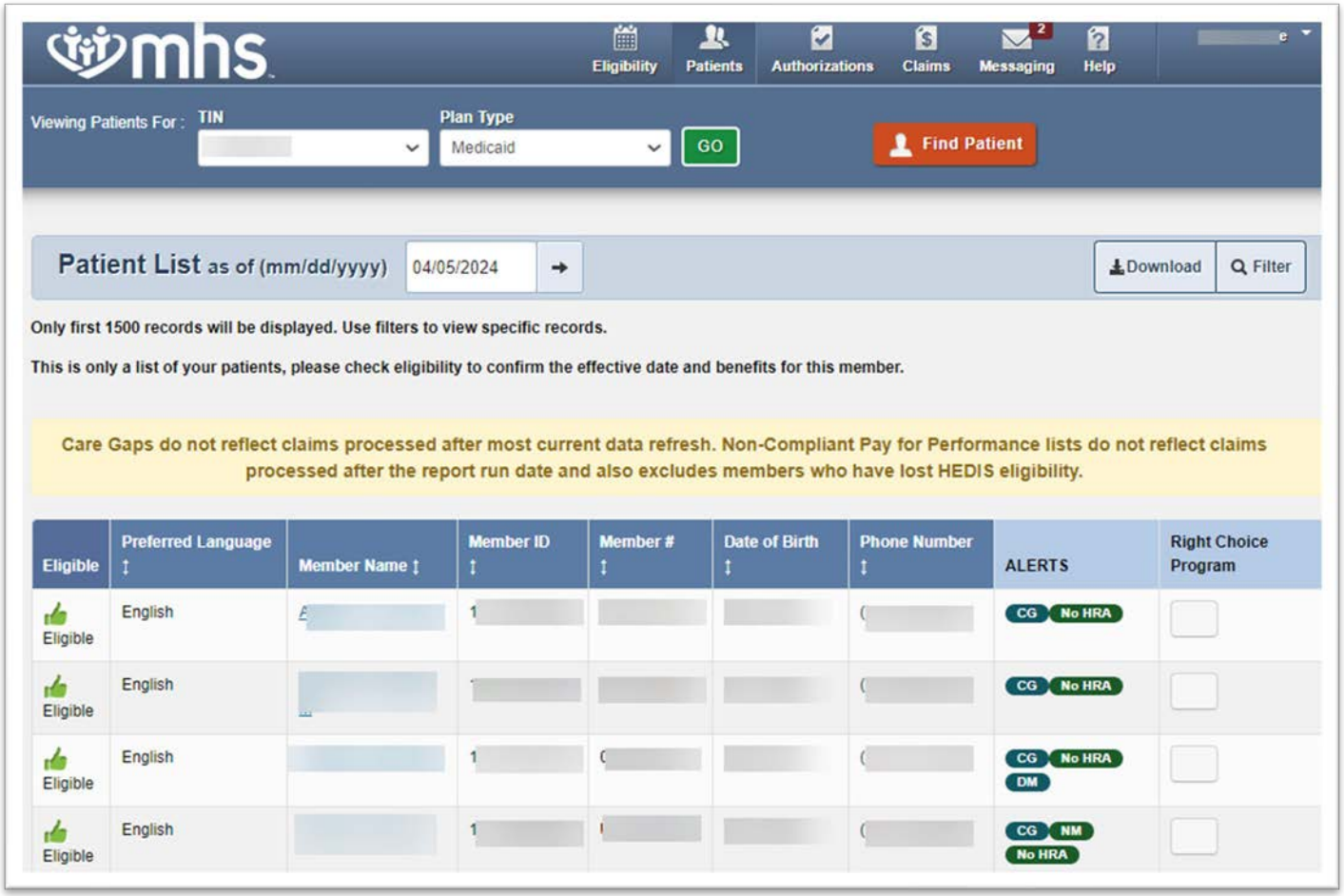
Patient Tab

- Click Patients tab at the top of the screen.
- The patient list appears displaying Eligibility Status, Preferred Language, Member Name, Medicaid ID, DOB, Phone Number, Alerts and Right Choice Program.
- To download the patient list to Excel, click Download. This allows for the provider to manage patient information as desired in Excel.



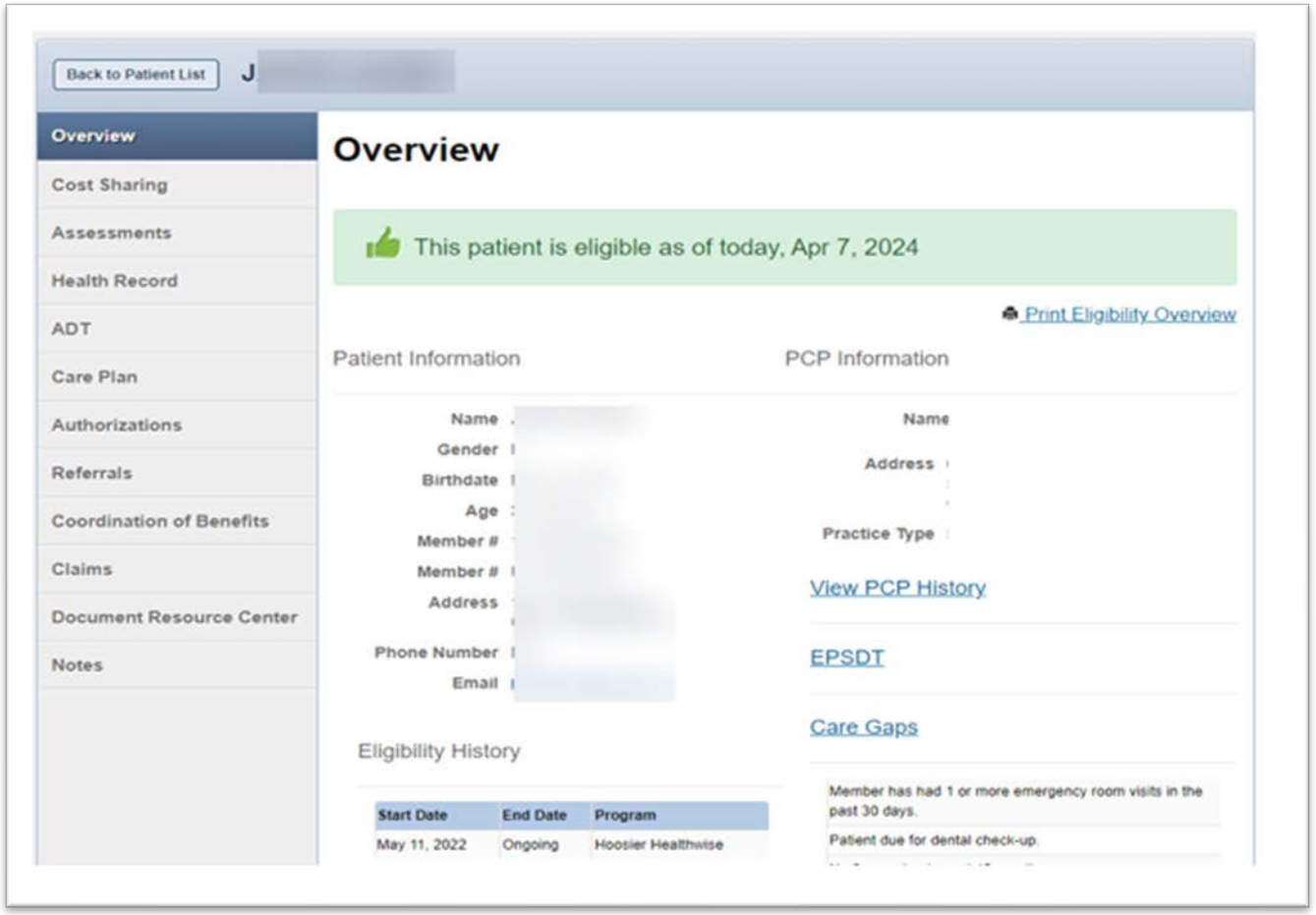
Patient List

Primary Medical Providers Patient List



Member Record

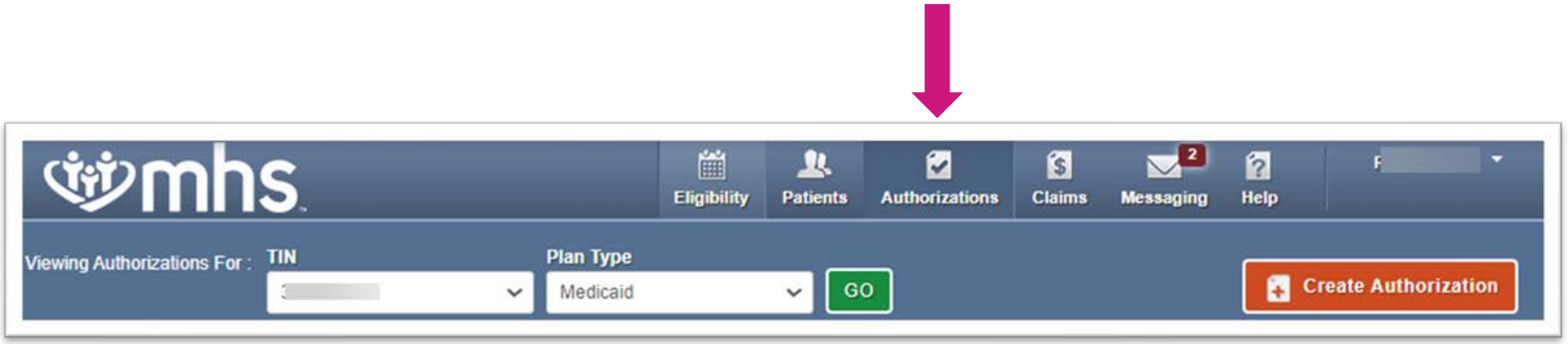
Member Overview



Authorizations/Appeal Request

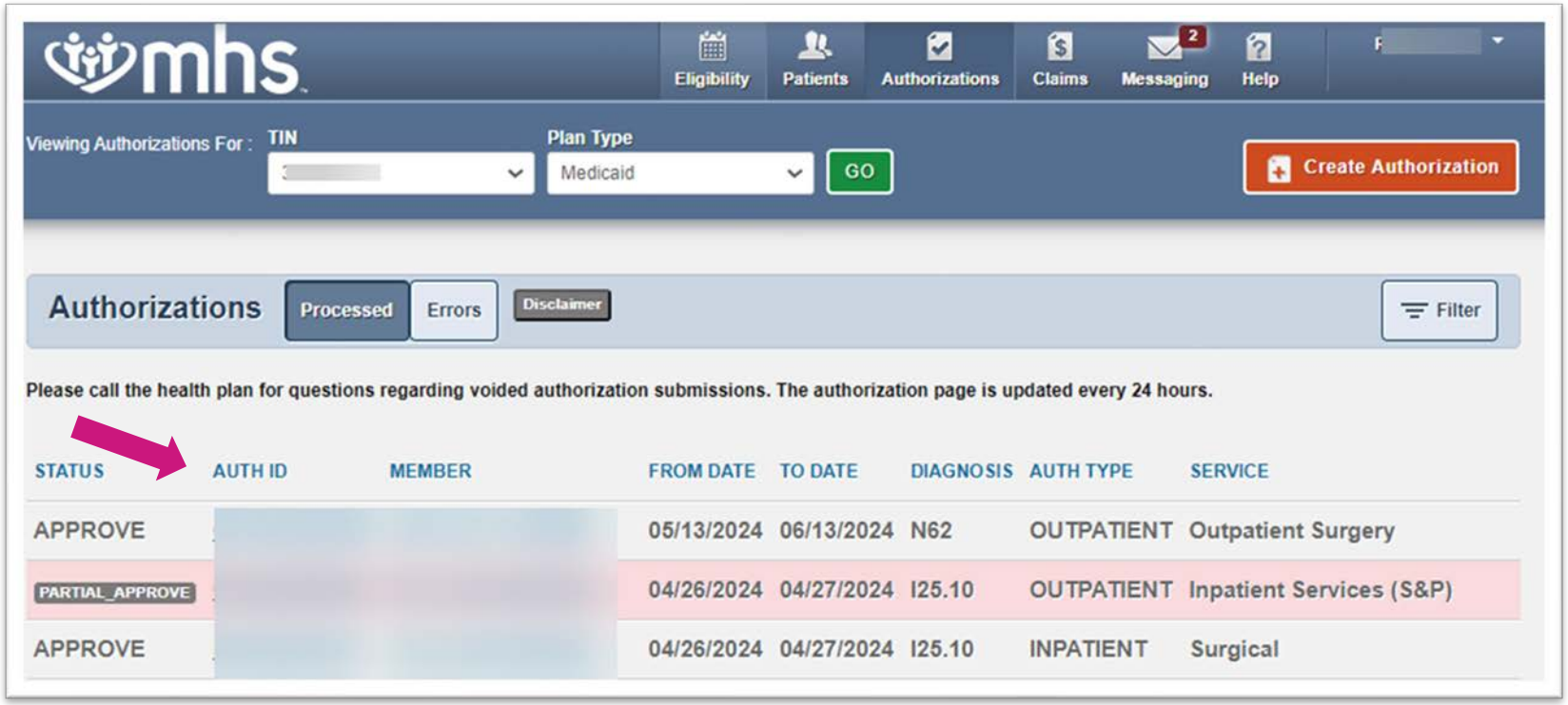
Authorizations

View, filter and create Authorizations.



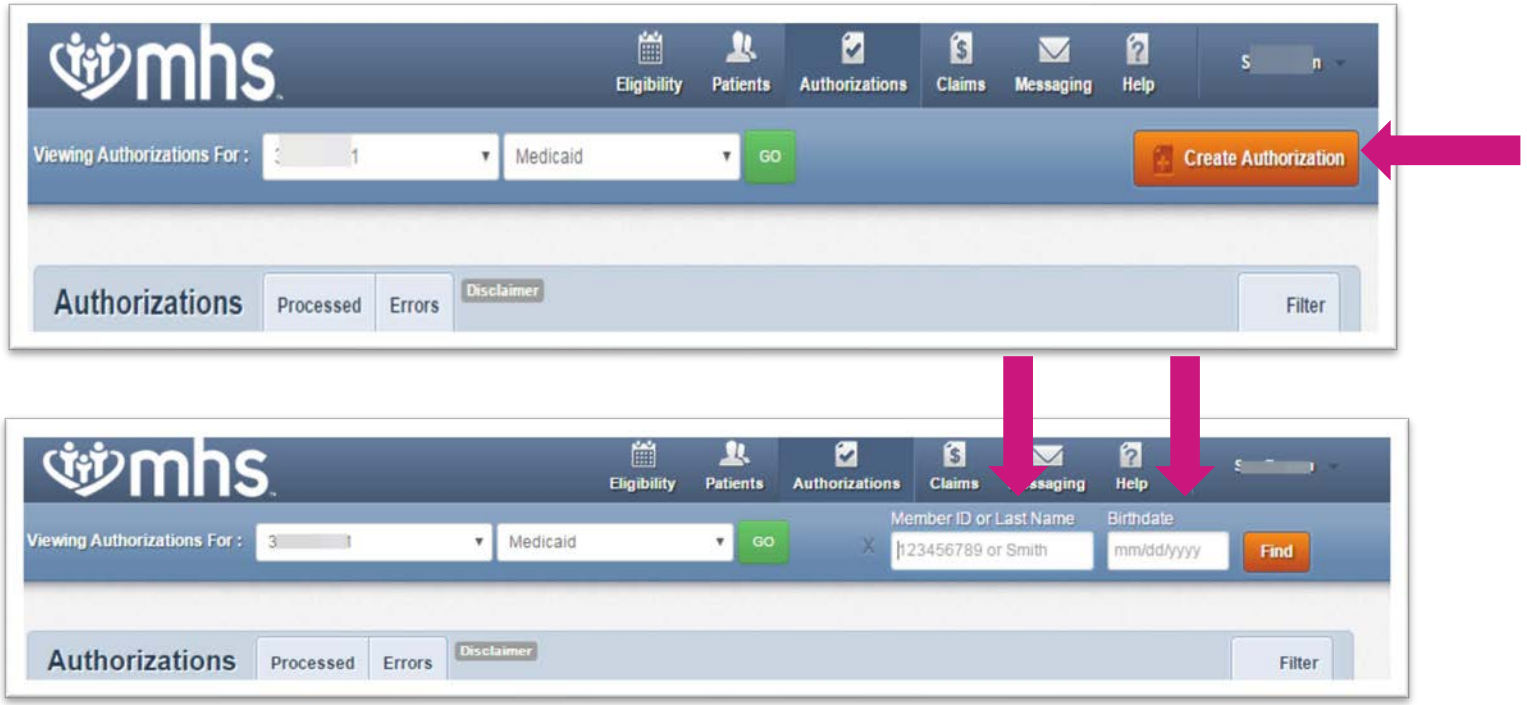
Authorization

Click on the AUTH ID to see additional information.



Create Authorization

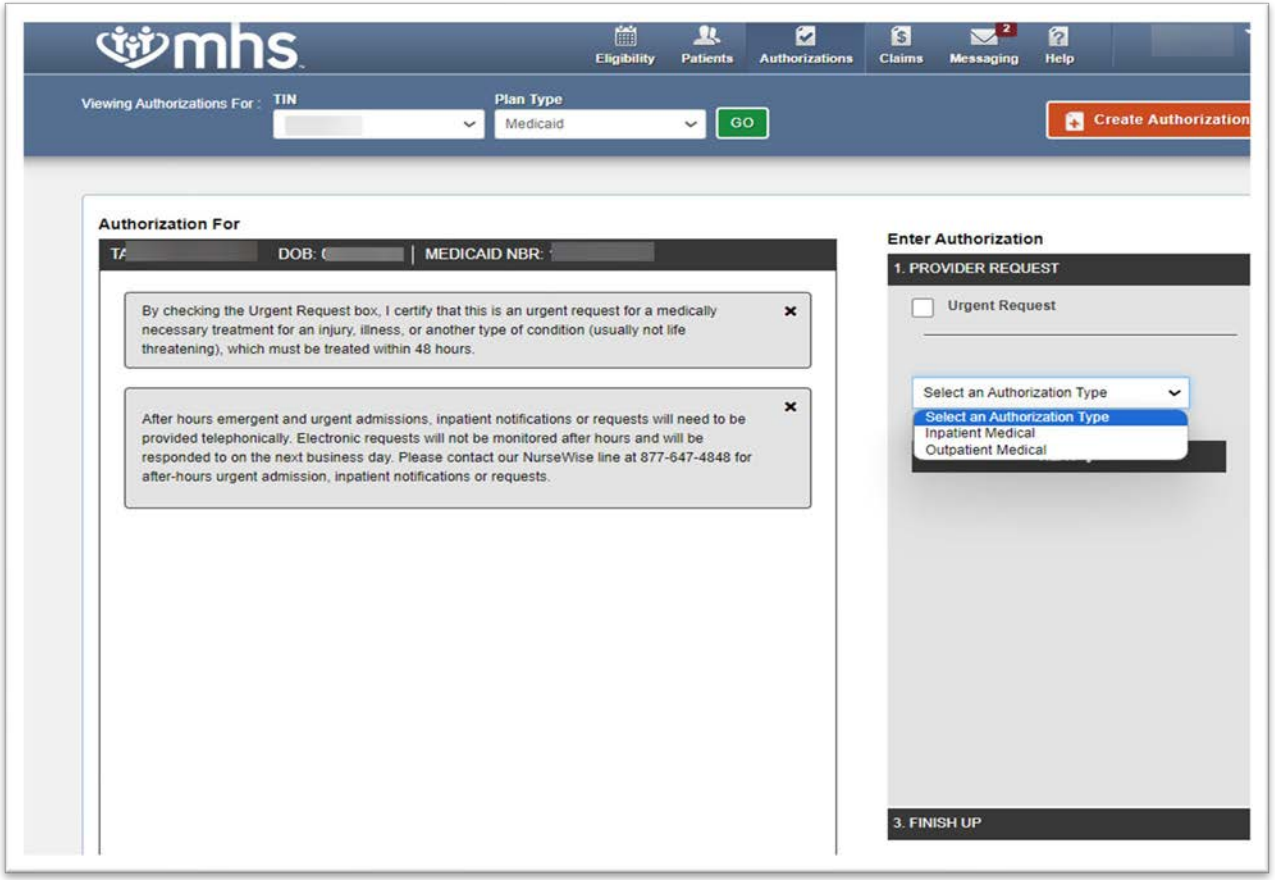
- For New Authorization:
  - Click Create Authorization.
  - Enter Member ID or Last Name and Birthdate.



Create Authorization

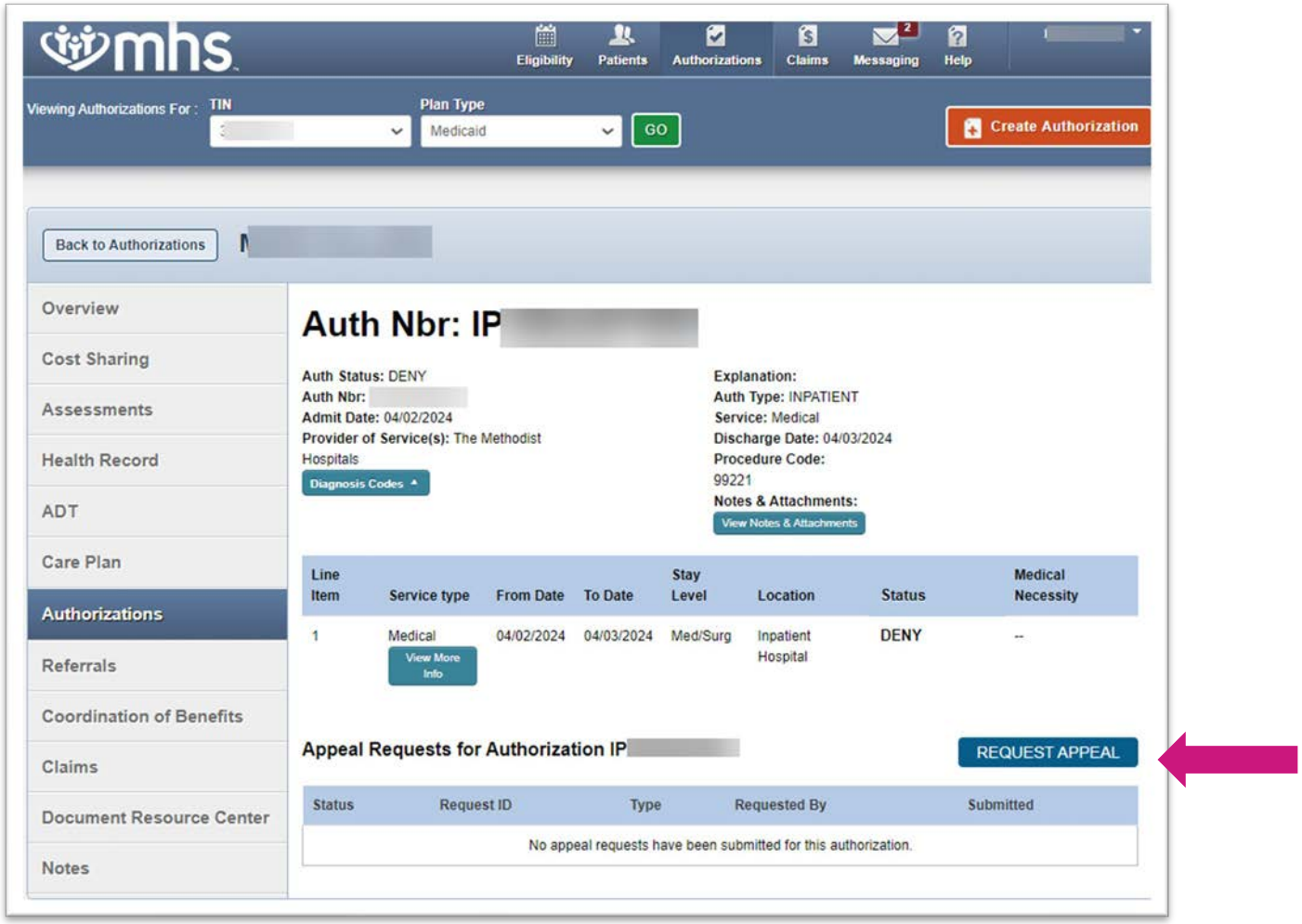
Select an Authorization Type

- Inpatient
- Outpatient

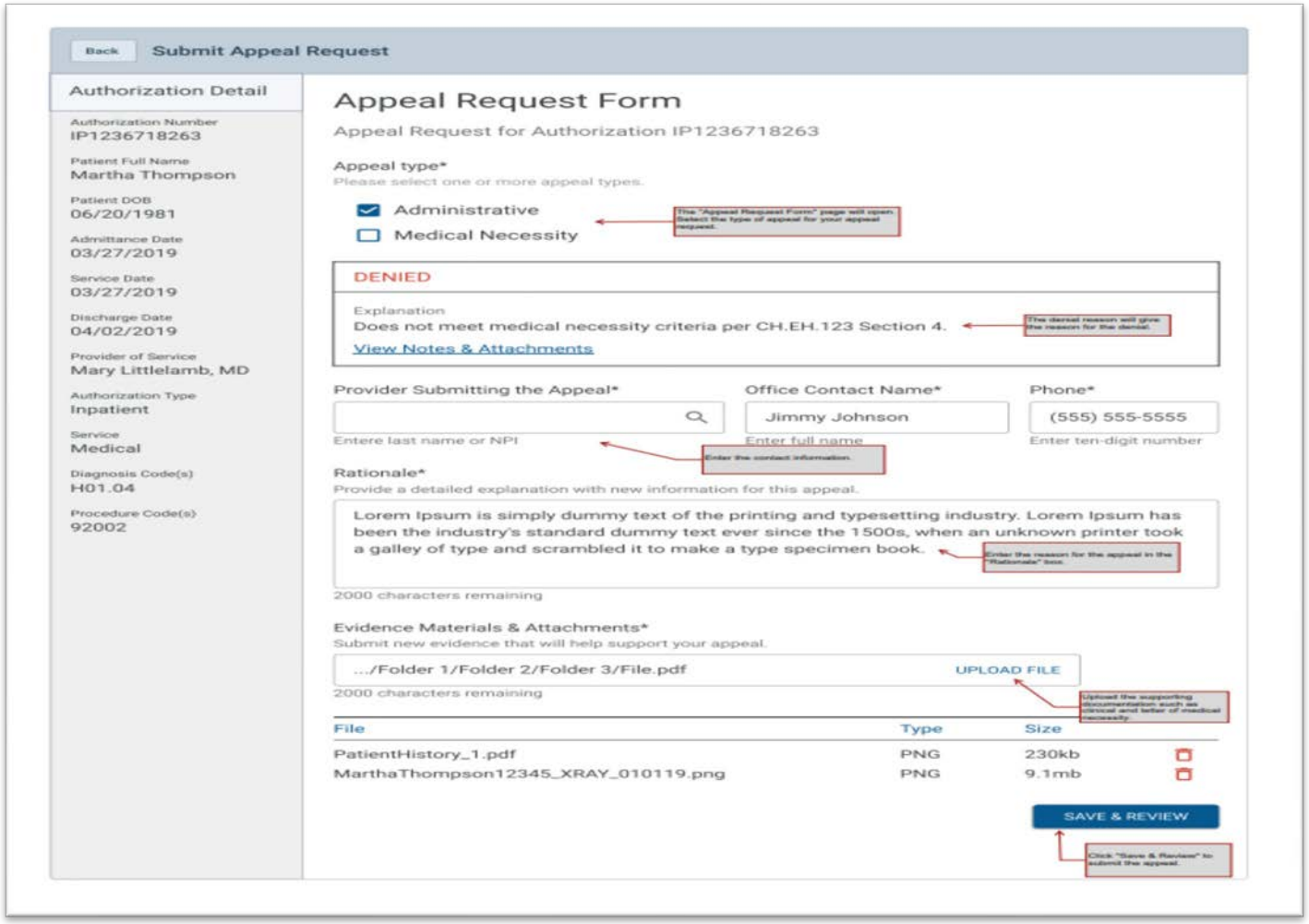


Request Authorization Appeal

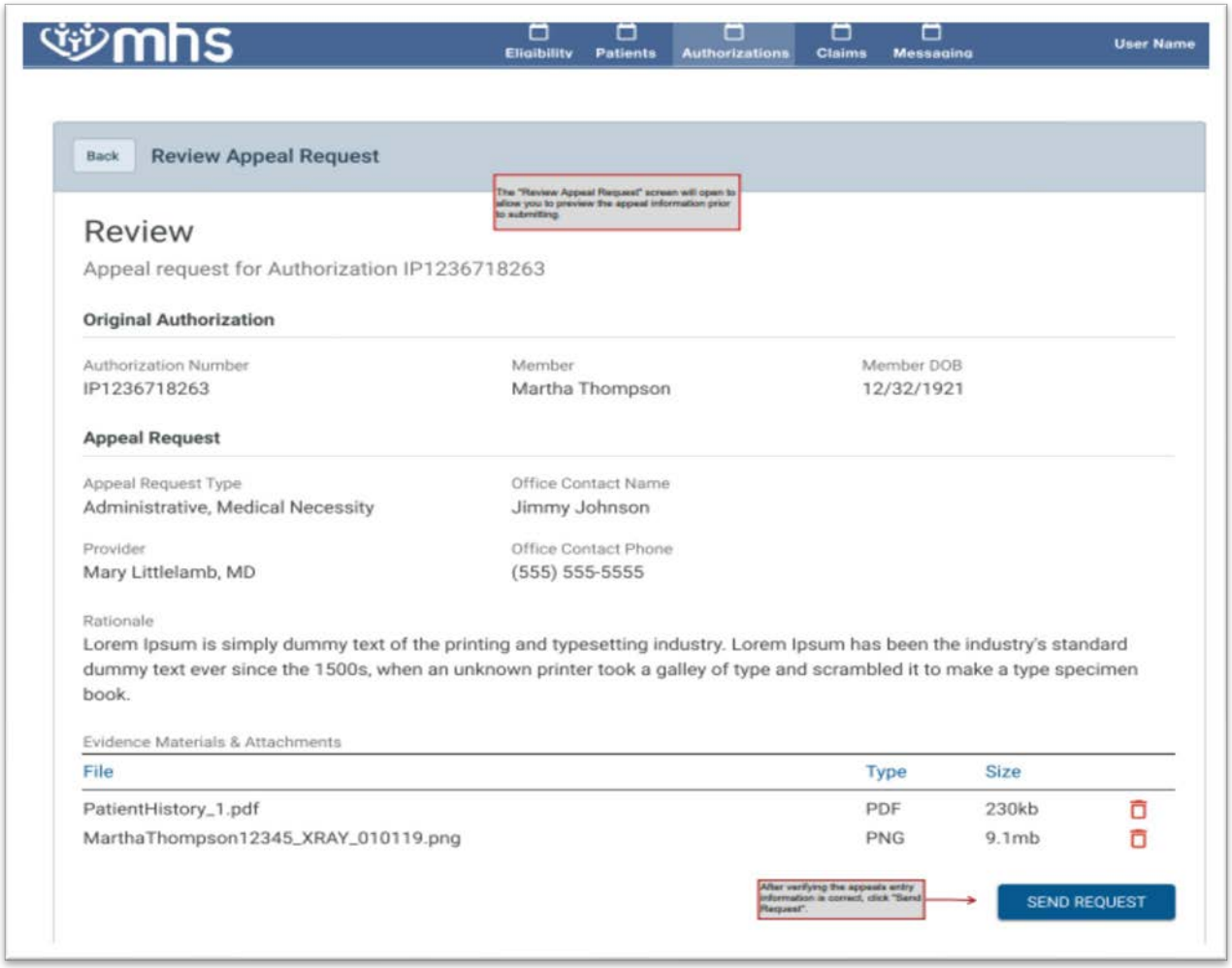
Denied Authorization Request Appeal



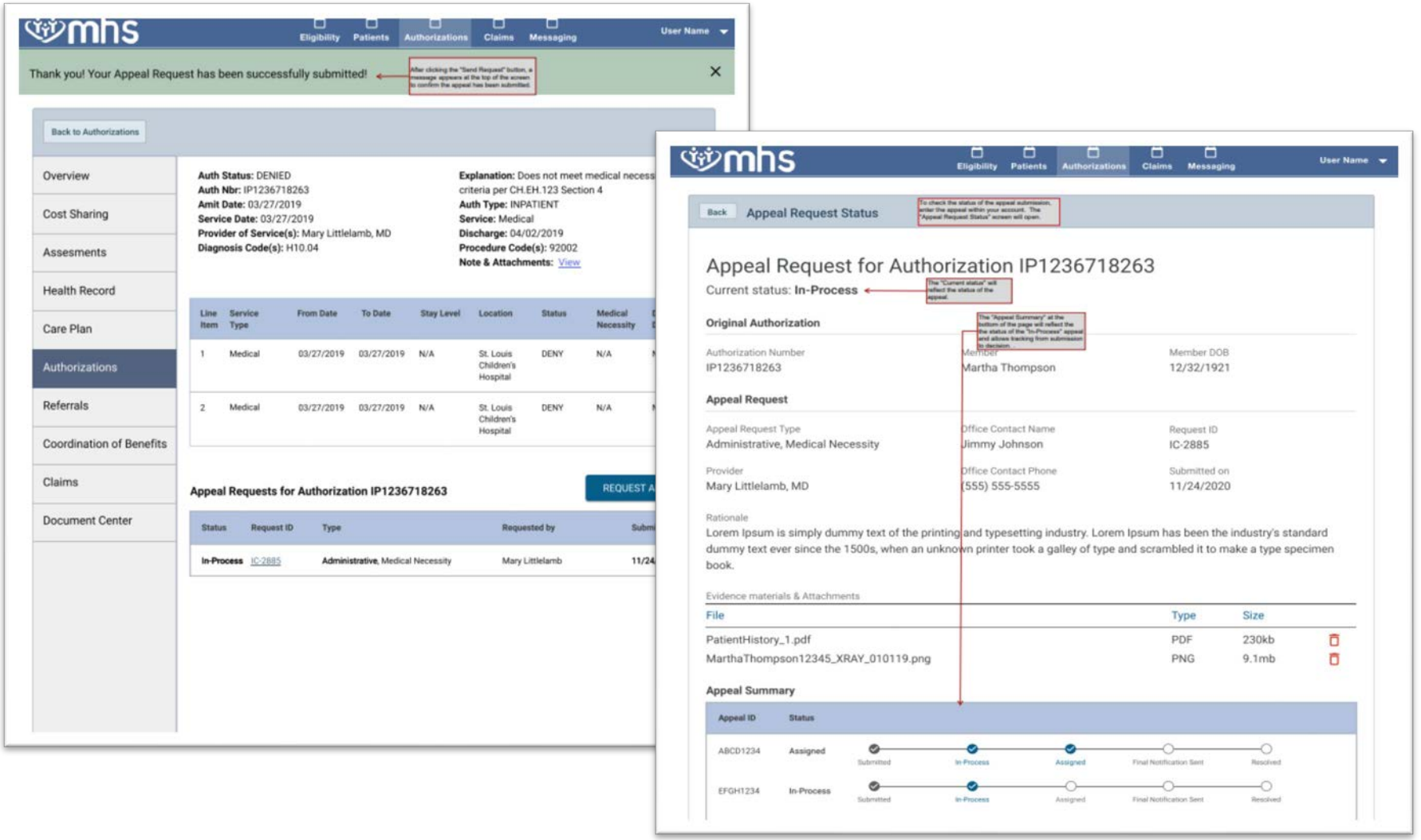
Request Authorization Appeal



Request Authorization Appeal



Request Authorization Appeal



Claims

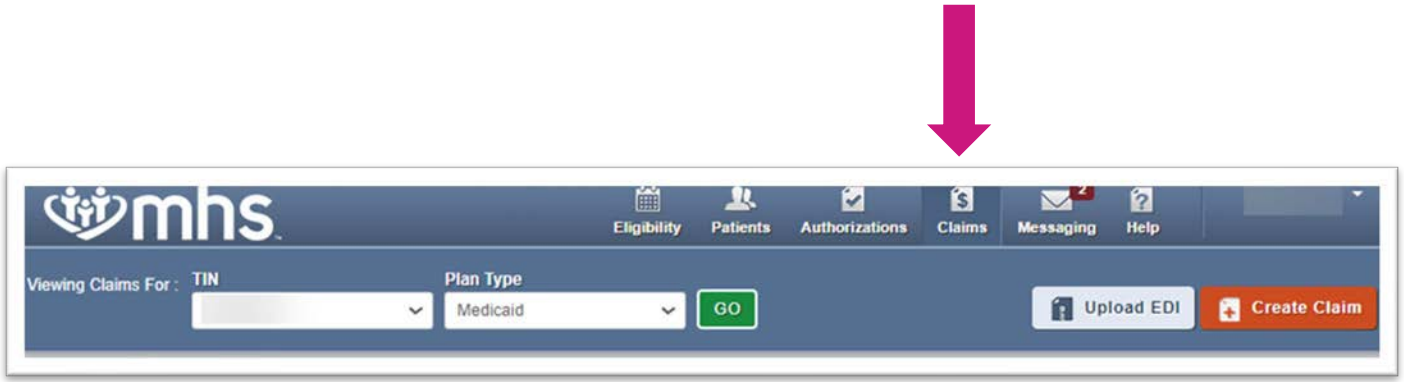
Claim Tab

Claims Features:

- Submit new claim.
- Review claims submitted for members.
- Correct claims.
- View Payment History.

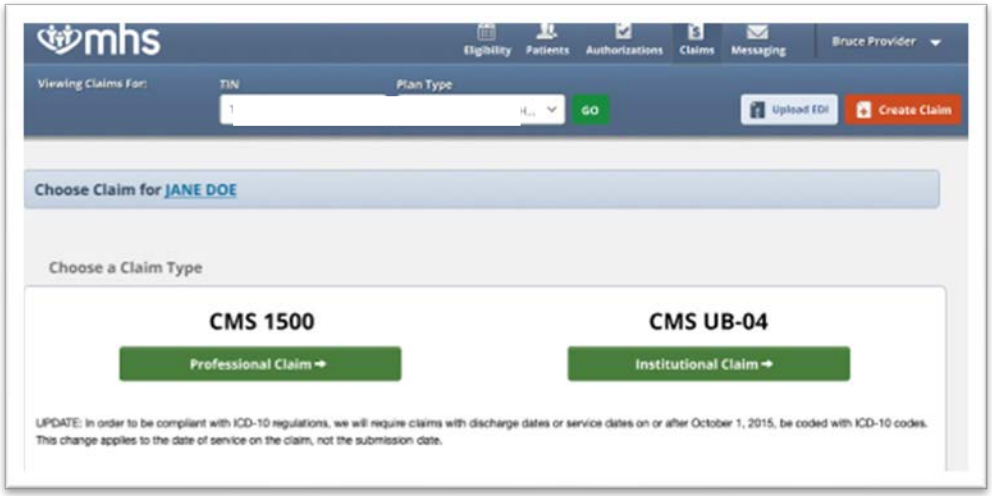
Submit a New Claim:

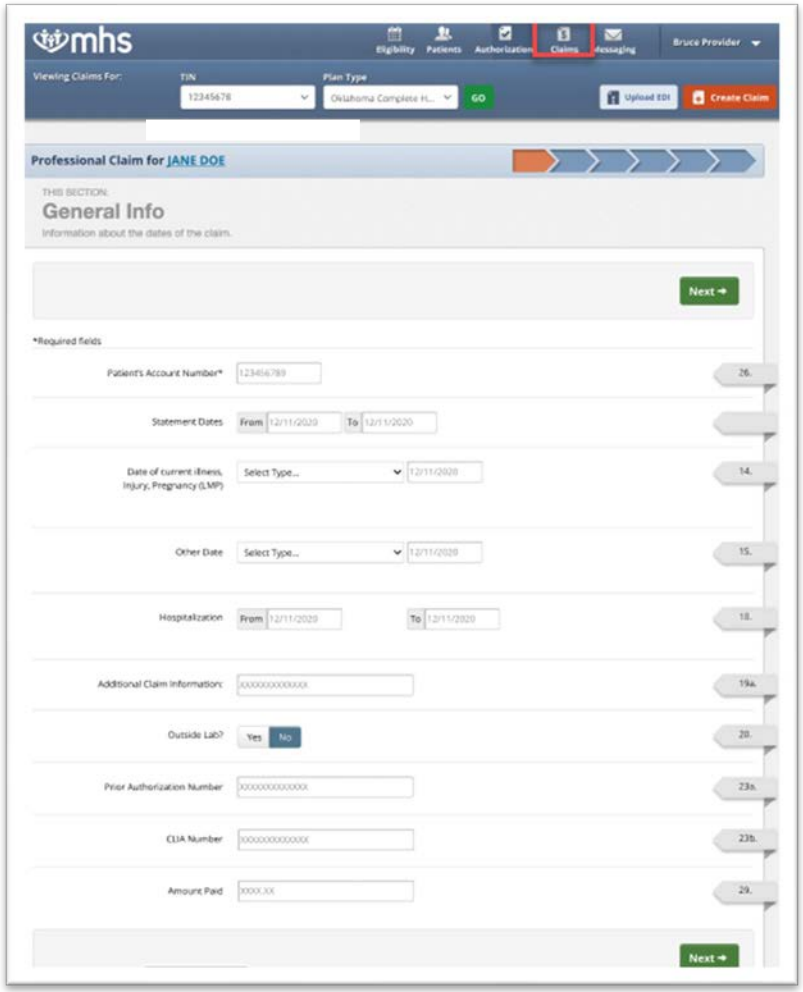
- Click Create Claim and enter Member ID or Last Name and Birthdate.



Create Claim

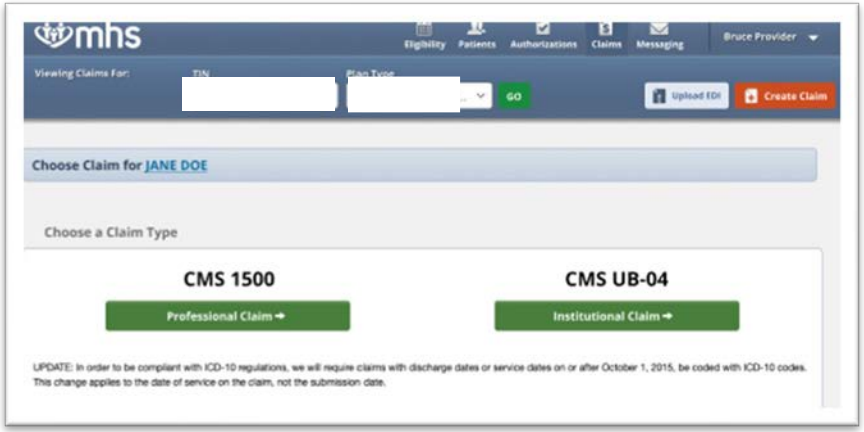
Creation of 1500 Claim

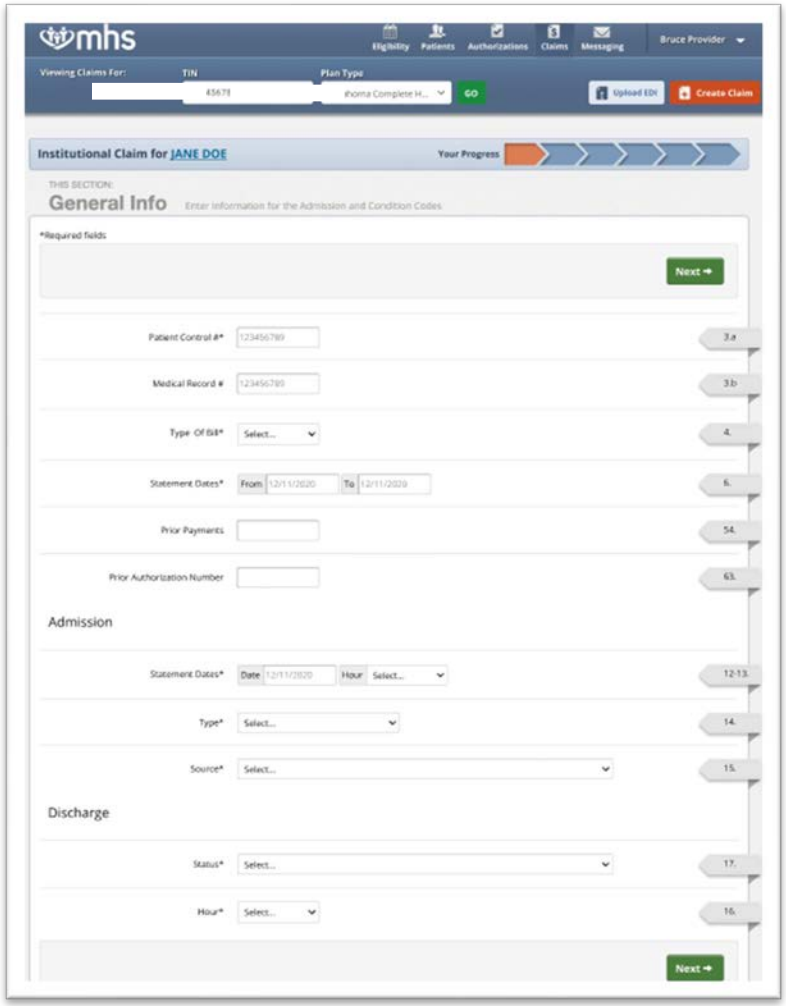




Create Claim

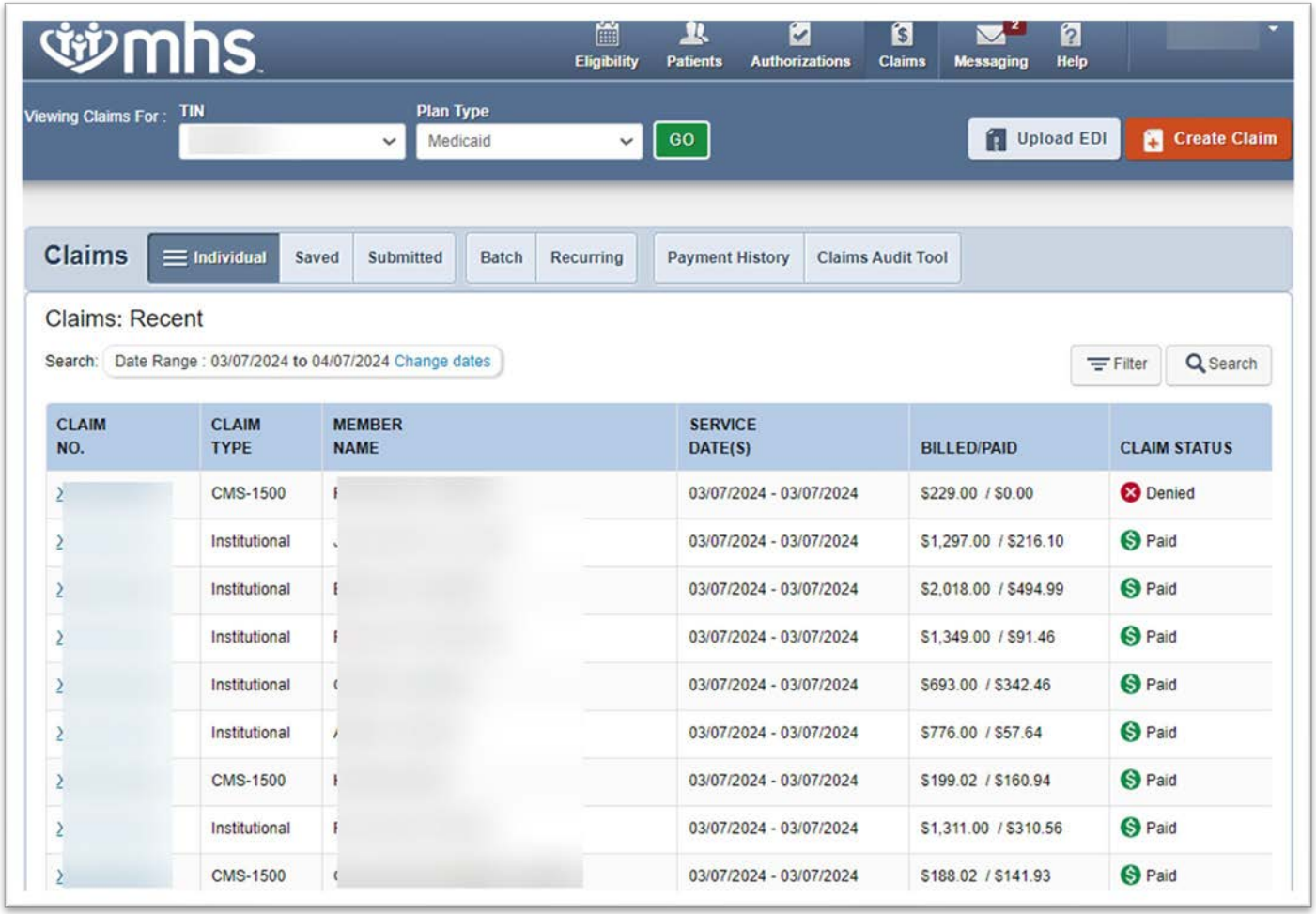
Creation of a UB-04 Claim





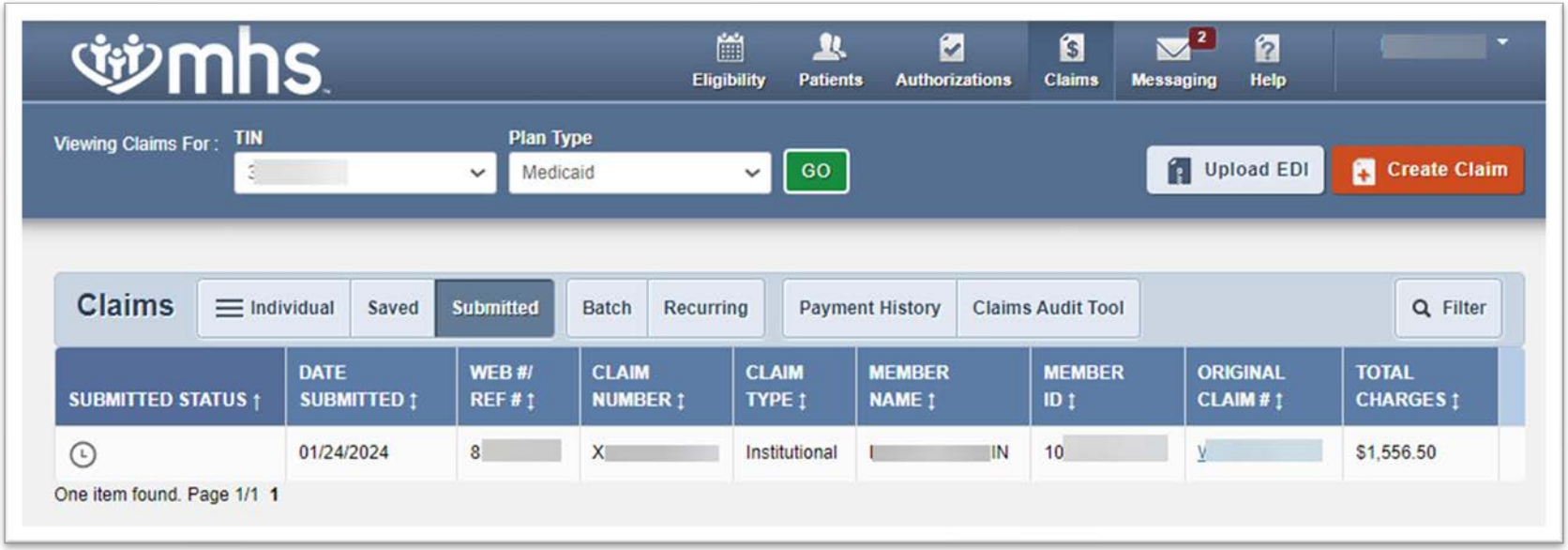
Claims

Individual Tab



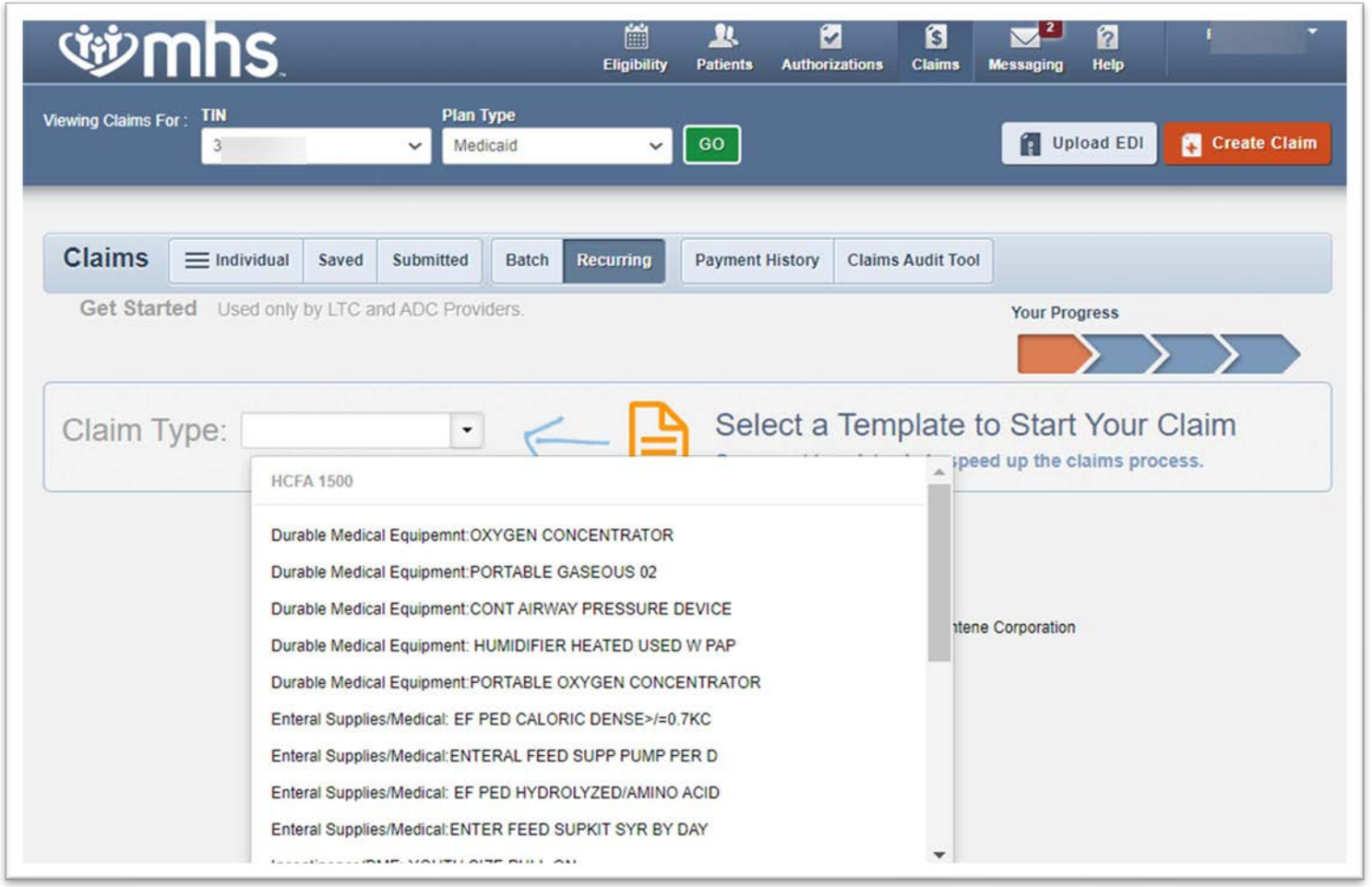
Claims

Submitted Claims



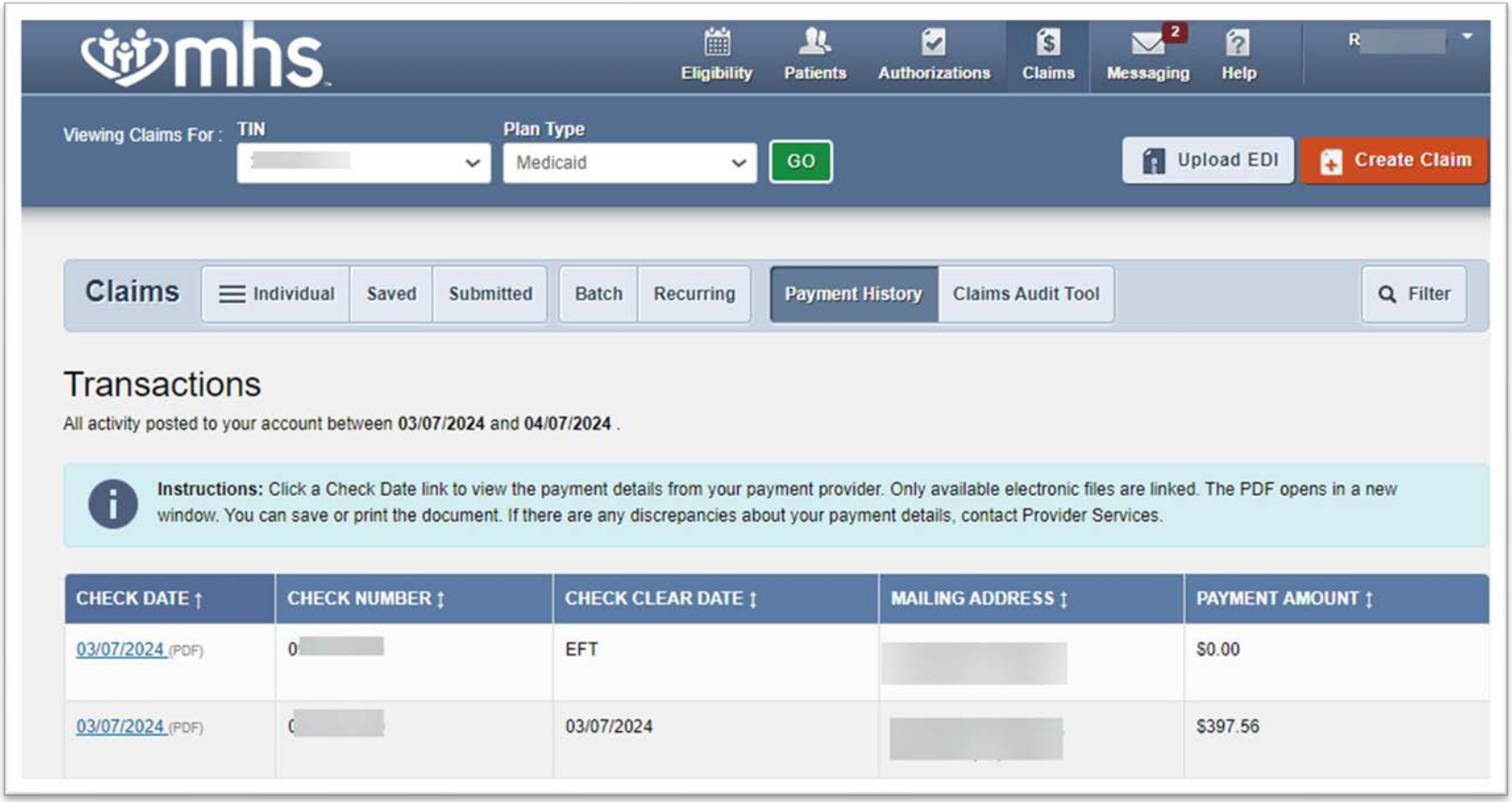
Claims

Recurring Claims



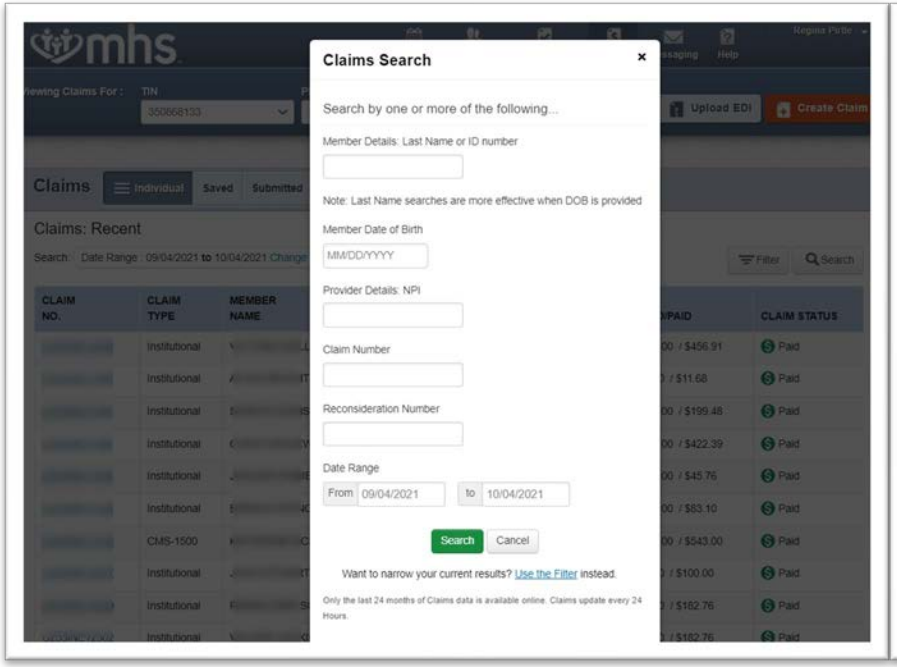
Claims

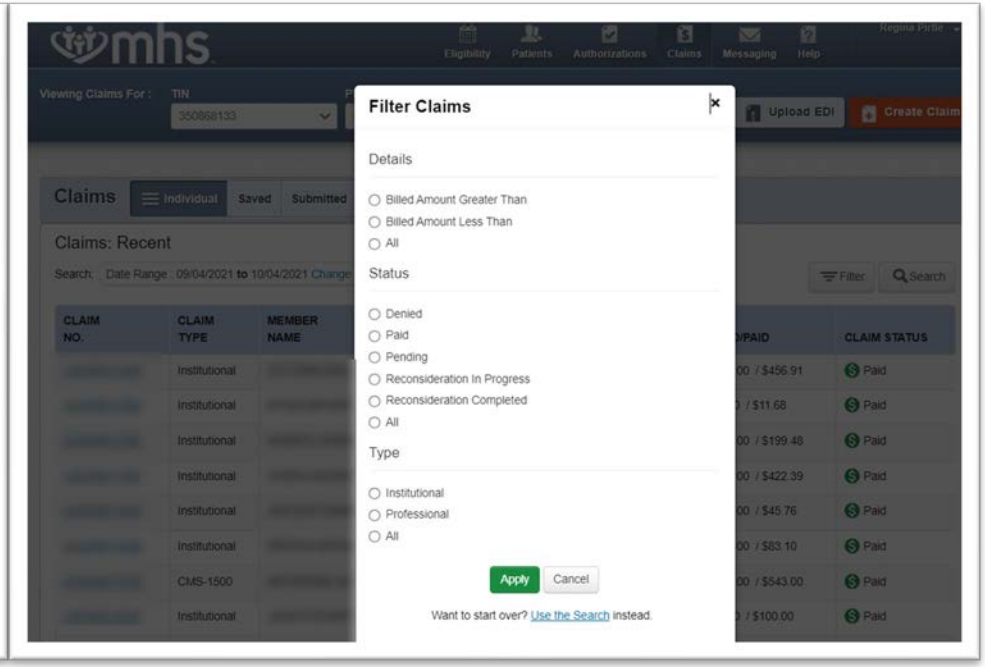
Payment History



Claims

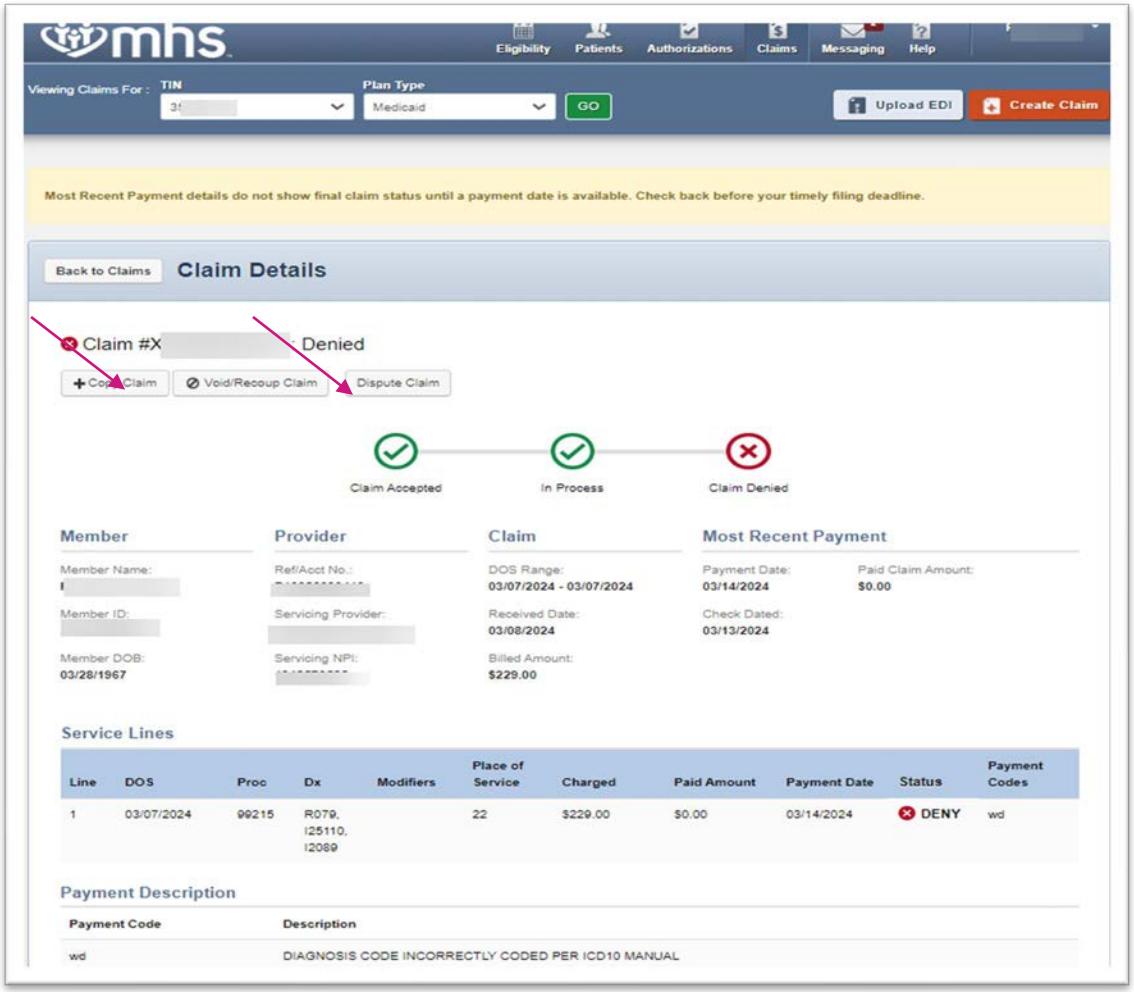
Claims Search and Filter





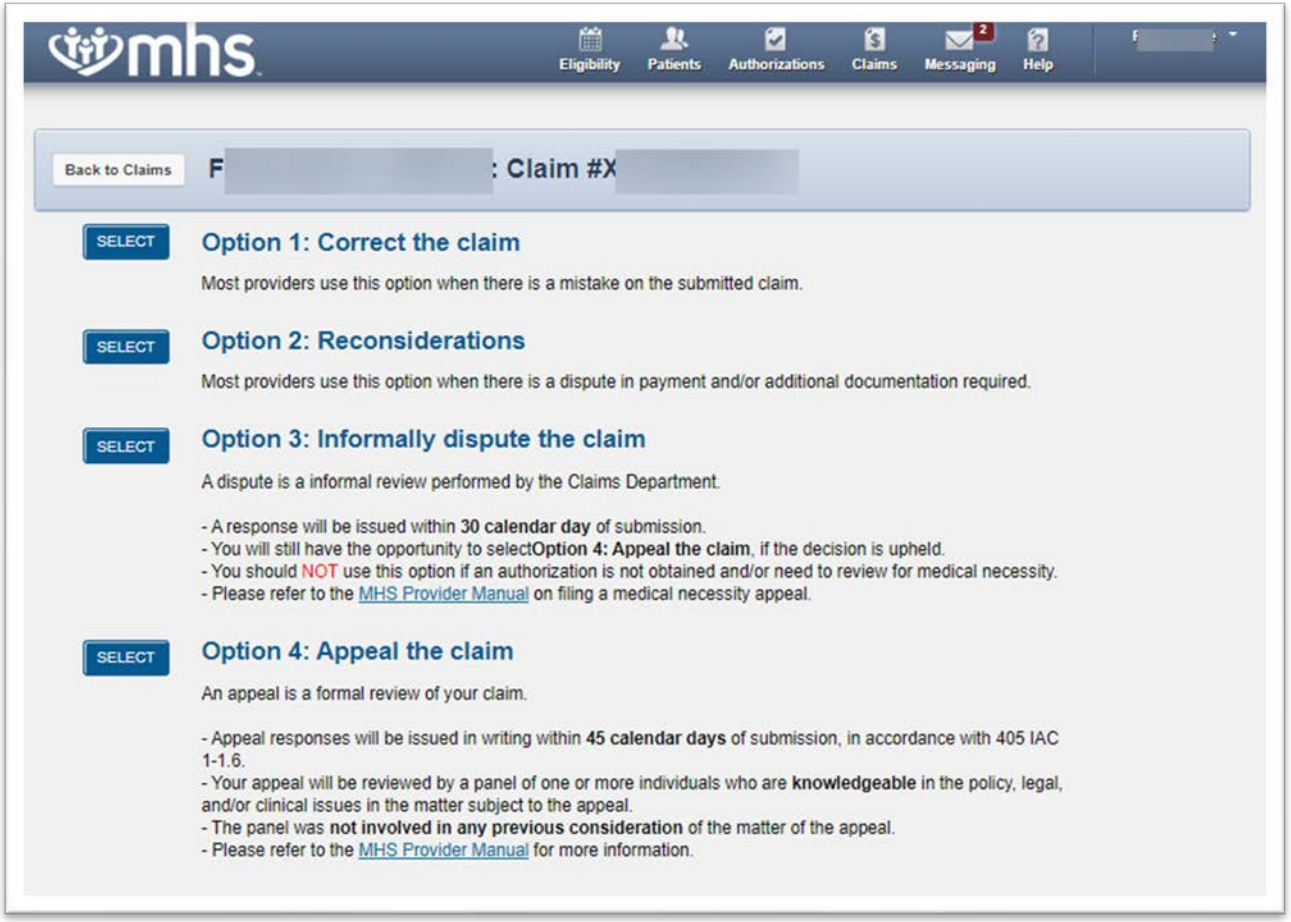
Claim Details

Copy, Void/Recoup, and Dispute Claim



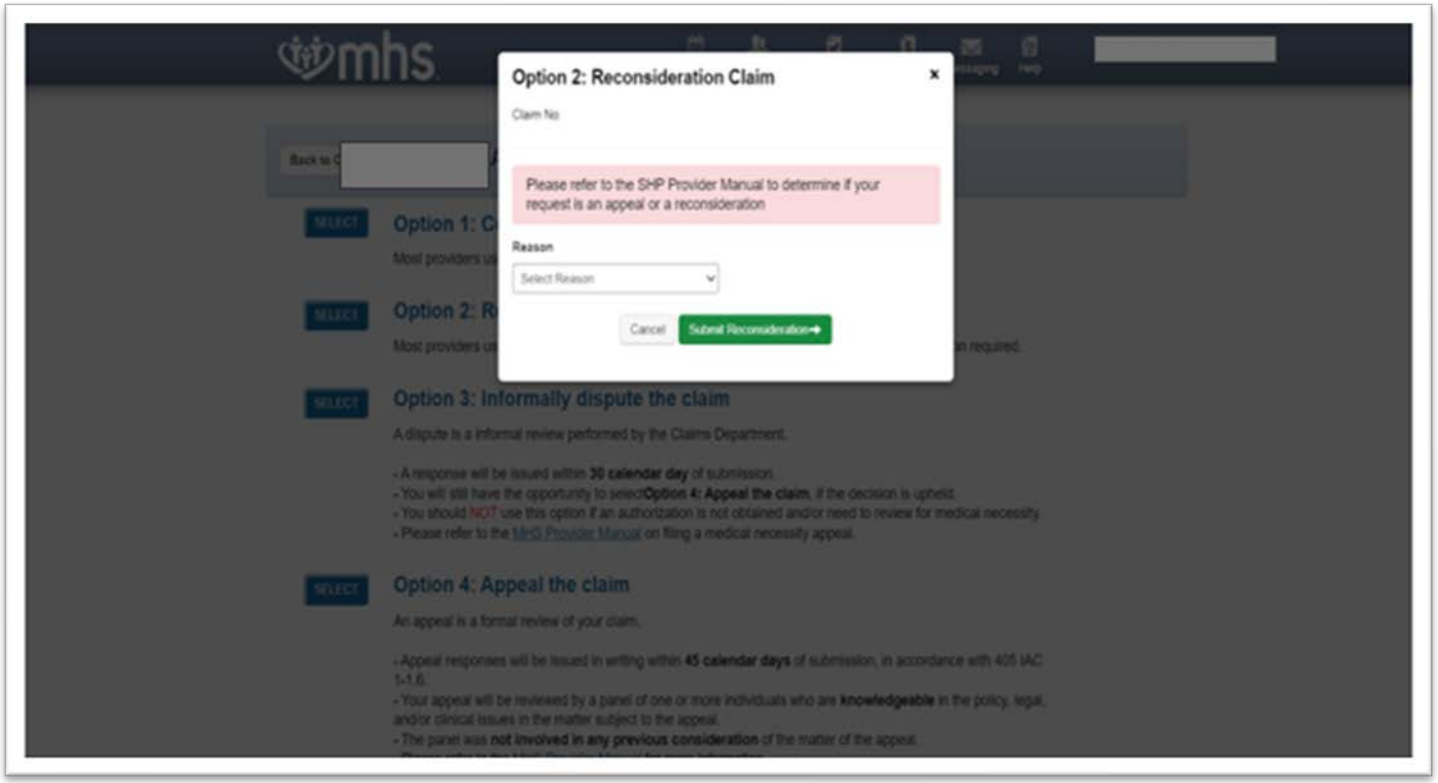
Dispute Claim

Correct, Reconsideration, Informally Dispute, and Appeal Claim



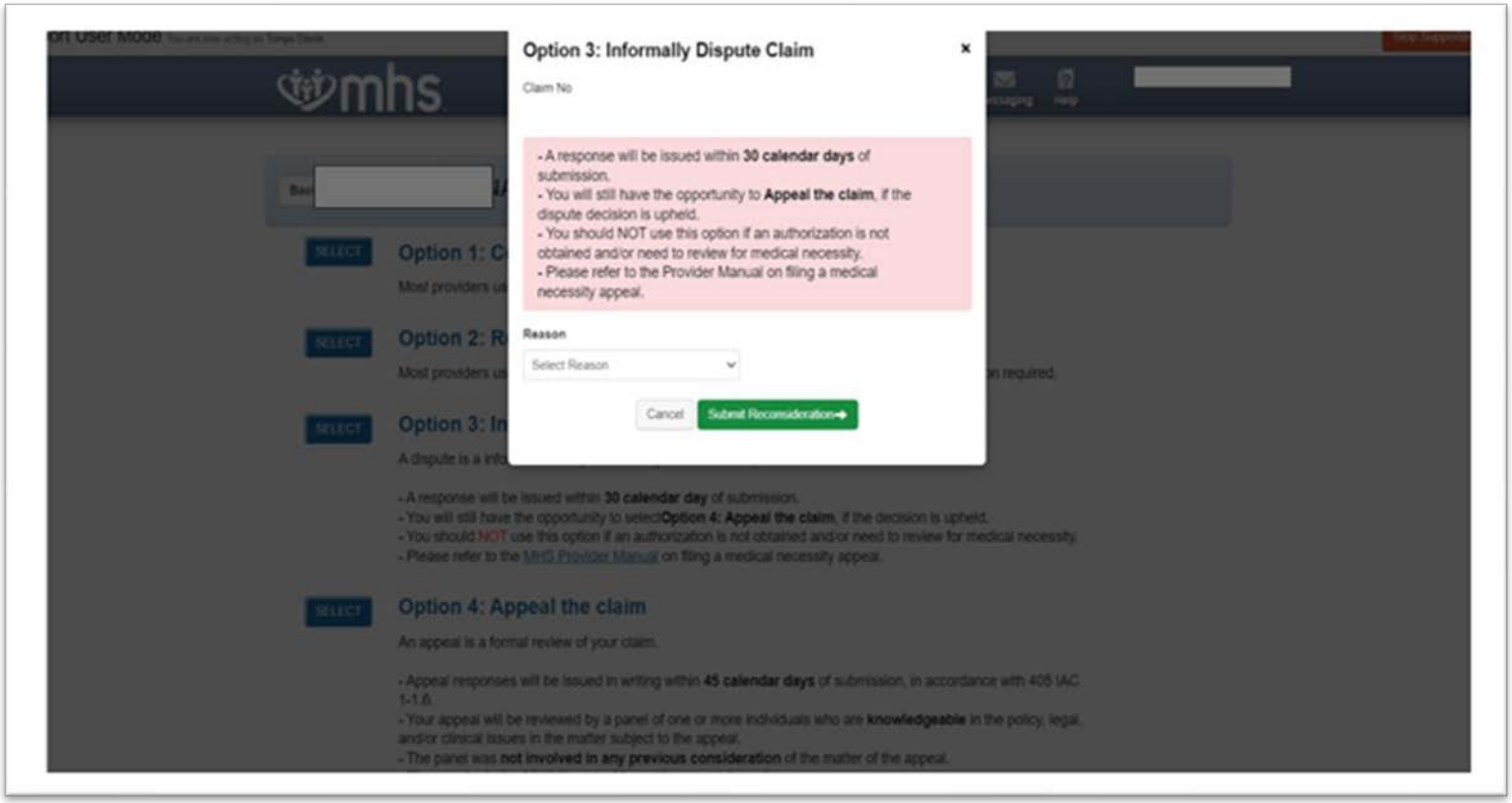
Dispute Claim

Option 2 – Reconsideration Claim



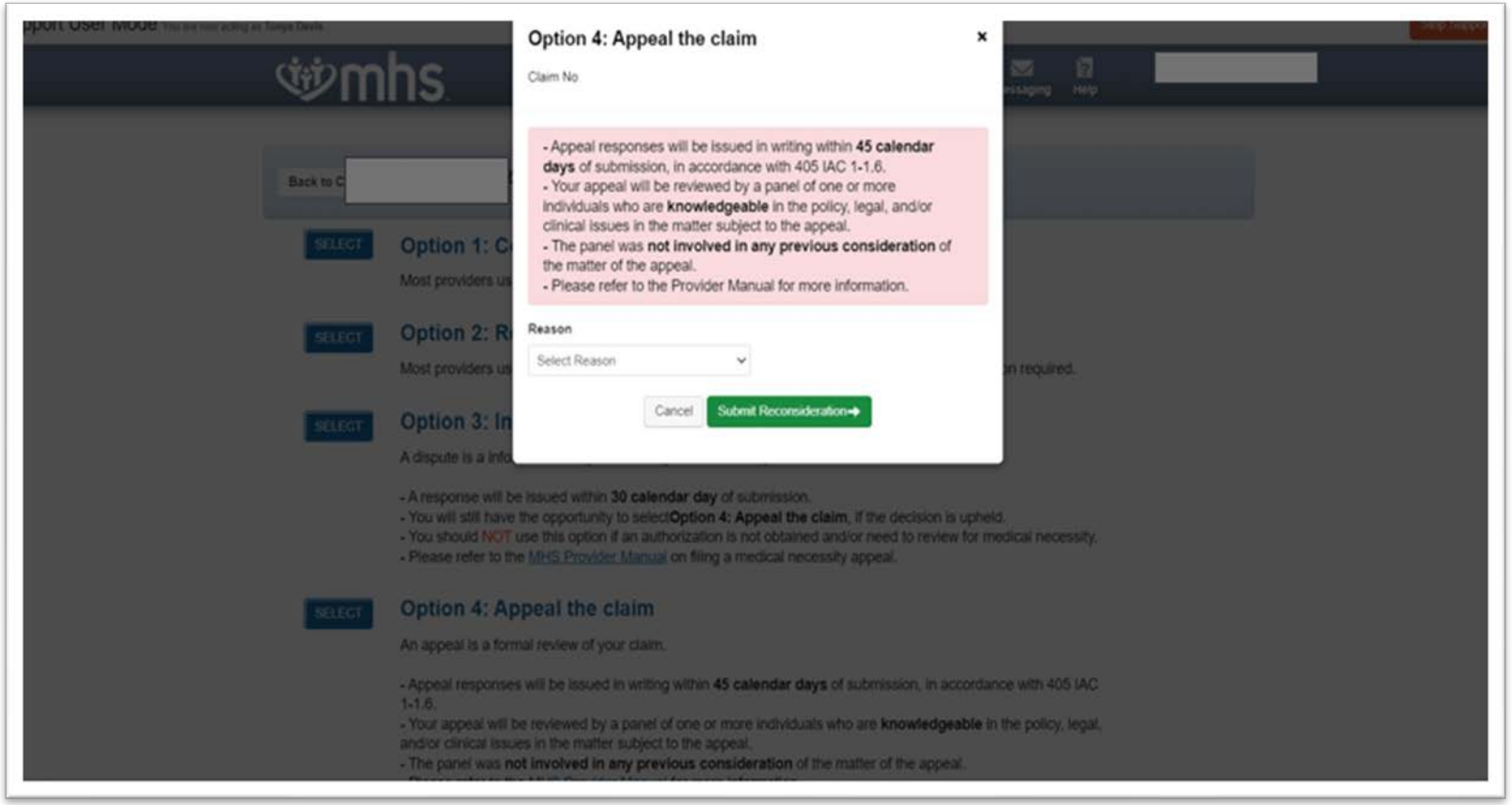
Dispute Claim

Option 3 - Informally Dispute Claim



Dispute Claim

Option 4 – Appeal the Claim



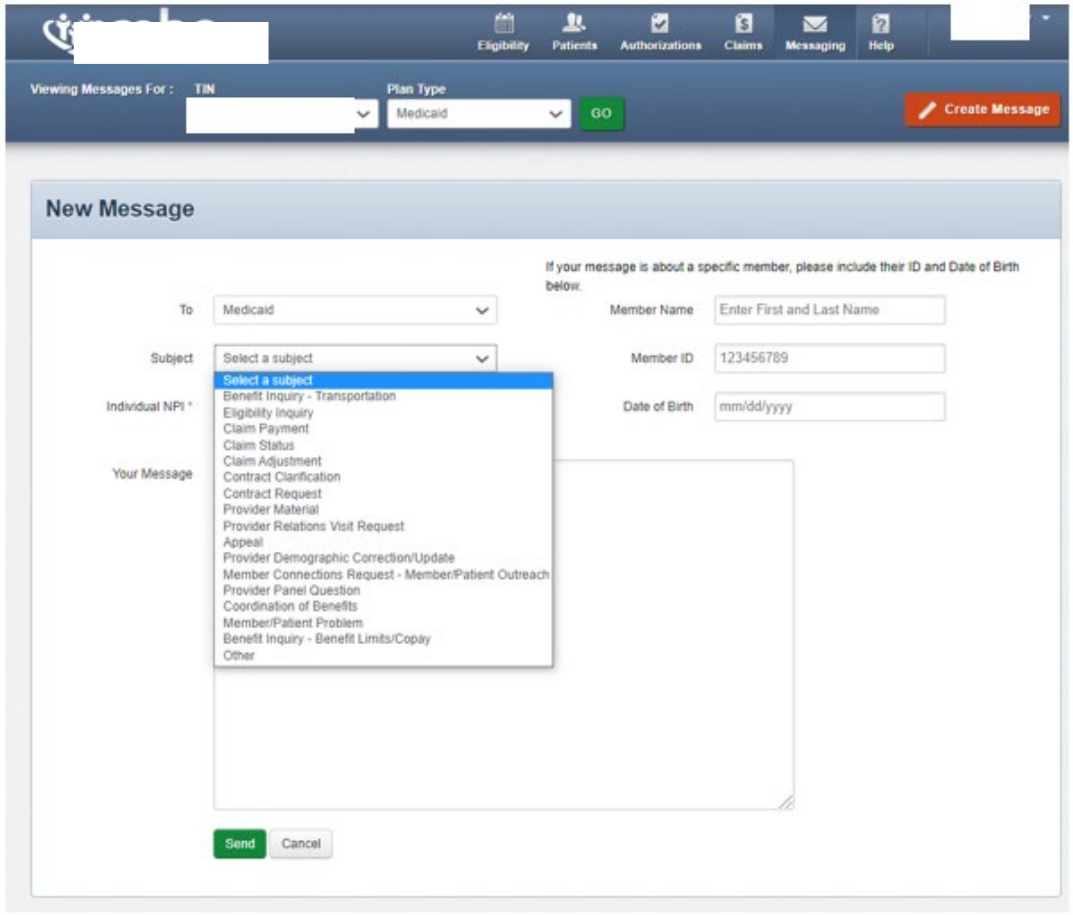
Dispute Claim – Updated Tracker

Upon submission, a success banner will be displayed.

Reconsideration is tracked as in progress.

Messaging Tab

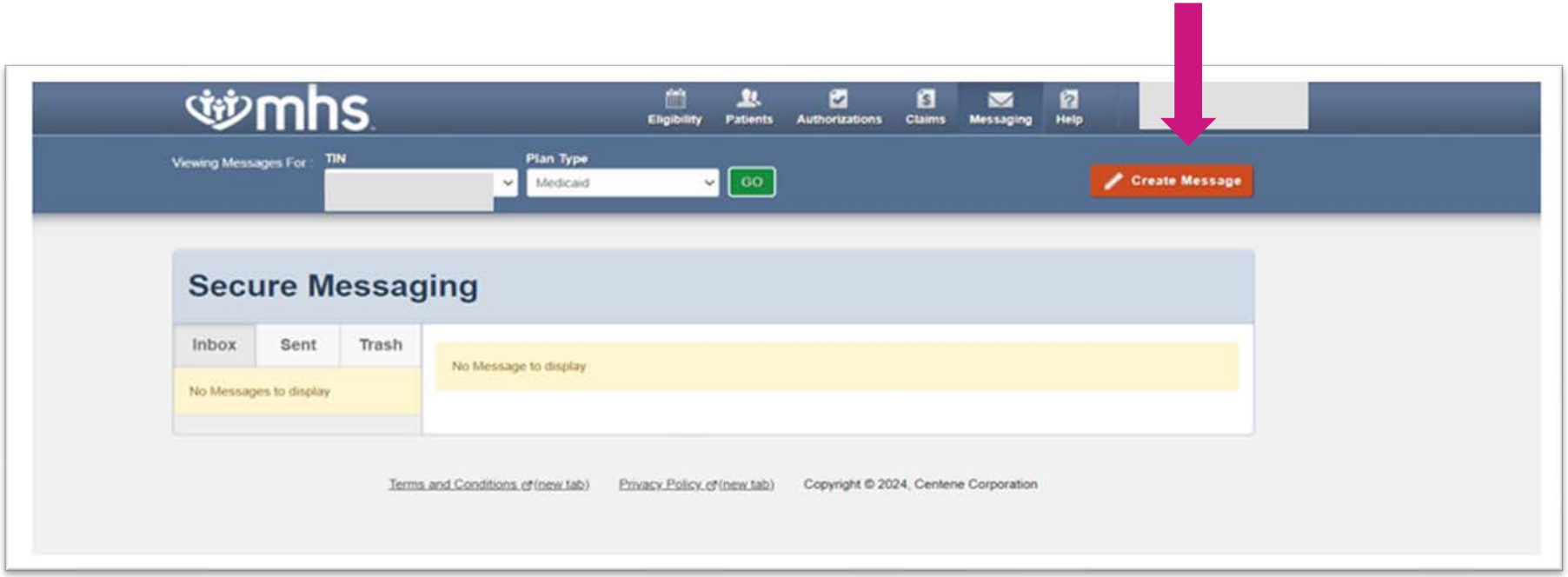
Secure Messaging



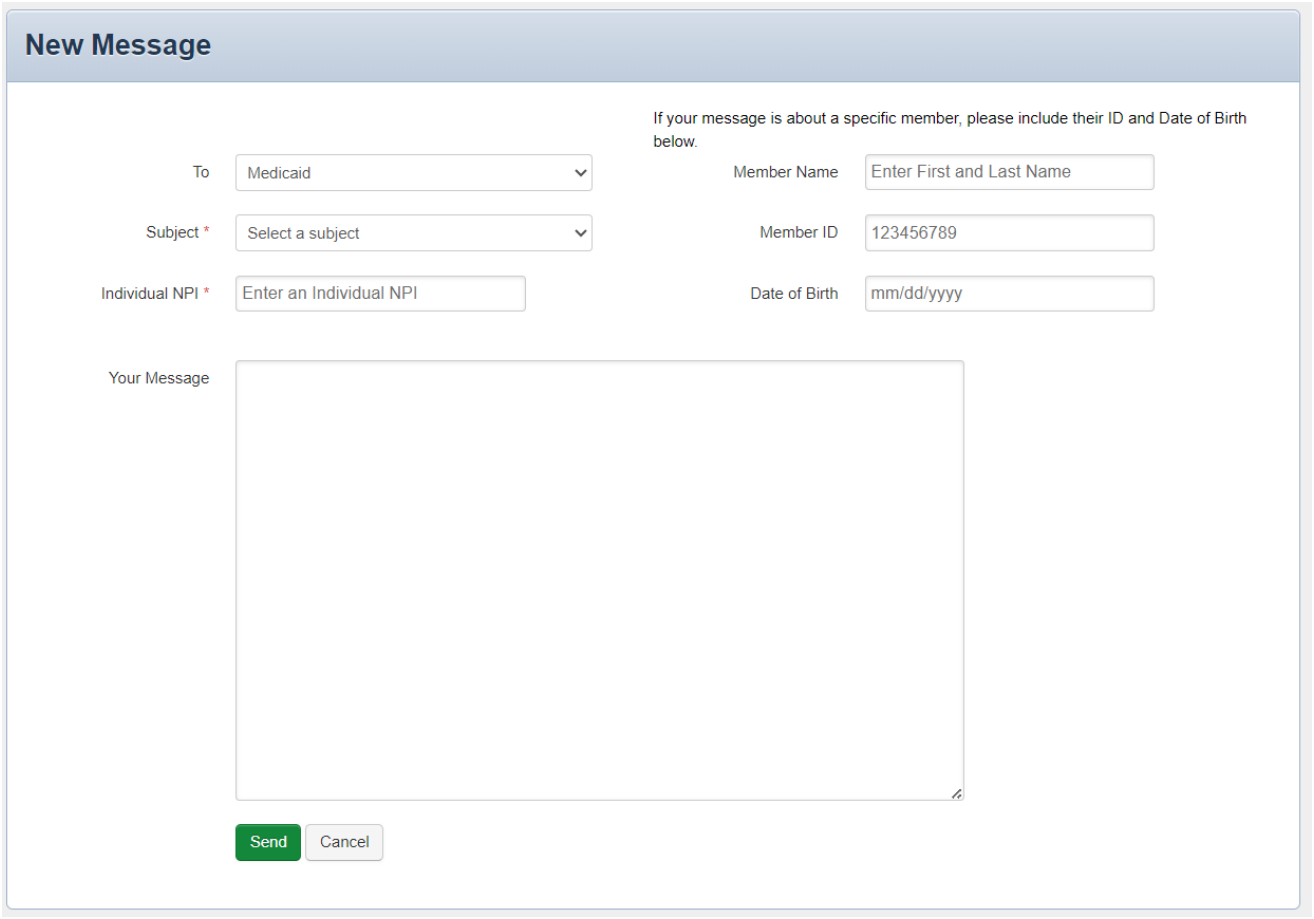
Secure Messaging

Create a New Secure Message:

- Click the Messaging tab from the dashboard.
- Click Create Message.



Secure Messaging



MHS Provider Team

MHS Provider Engagement Team

Northeast Region: Joy Diarra

MHS_ProviderRelations_NE@mhsindiana.com

joy.k.diarra@mhsindiana.com

Northwest Region: Candace Ervin

MHS_ProviderRelations_NW@mhsindiana.com

Candace.V.Ervin@mhsindiana.com

North Central Region: Natalie Smith

MHS_ProviderRelations_NC@mhsindiana.com

Natalie.Smith@mhsindiana.com

Central Region: Latisha Davis

MHS_ProviderRelations_C@mhsindiana.com

ldavis@mhsindiana.com

South Central Region: Dalesia Denning

MHS_ProviderRelations_SC@mhsindiana.com

DDENNING@mhsindiana.com

Southwest Region: Dawnalee McCarty

MHS_ProviderRelations_SW@mhsindiana.com

Dawnalee.A.McCarty@mhsindiana.com

Southeast Region: Carolyn Valachovic Monroe

MHS_ProviderRelations_SE@mhsindiana.com

CMONROE@mhsindiana.com

MHS Provider Engagement Team

Carolyn Valachovic Monroe
CMONROE@mhsindiana.com
Provider Groups:
Community Health Network
Indiana University Health
Wayspring Health
Reid Hospital
Norton Hospital
St. Elizabeth Hospital

Mona Green
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

Questions?