



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.

The screenshot shows the MHS website's provider portal login page. At the top, there are three navigation options: "For Members", "For Providers", and "Get Insured". A red arrow points to the "For Providers" dropdown menu. Below the navigation, the page is titled "Portal Login" and contains the following sections:

- For Providers** (left sidebar menu):
 - Login
 - Behavioral Health Providers
 - Clinical & Payment Policies
 - Dental Providers
 - Email Sign Up
 - Enrollment and Updates
 - Opioid Resources
 - Pharmacy
 - Prior Authorization
 - Provider Education & Training
 - Provider News
 - Provider Resources
 - QI Program
- Portal Login** (main content):
 - Create your own online account today!**

MHS offers you many convenient and secure tools to assist you. To enter our secure portal, click on the login/register button. A new window will open. You can login or register for a new account.

Creating an account is free and easy.

By creating a MHS account, you can:

 - Verify member eligibility
 - Submit and check claims
 - Submit and confirm authorizations
 - View detailed patient list
 - Secure Provider Portal** (highlighted with a red box and arrow):

This login does not include Wellcare Complete.

[Login/Register](#)
 - Wellcare Complete Provider Portal** (highlighted with a red box):

Wellcare Complete requires a distinct password and login.

[Login/Register](#)
 - Provider Email Sign Up** (highlighted with a red box):

[Sign Up](#)
 - Portal Training Guides** (with a red plus icon)
 - Registration Help**

Please note that Clear Claim Connection does not provide an all inclusive listing of claim edits. MHS does utilize additional prepayment review edits in keeping with NCCI procedures and guidelines.

If you are having trouble with your registration, you may need to submit a non-par set-up form. Visit our [Become a Provider](#) page to get started. For further assistance, you can call Provider Services at 1-877-647-4848 or see our [Account Registration Guide \(ARG\)](#).

Complete Portal Registration or Login

 **Create your Account**

Enter Email Address

Let's get started - creating an account is quick and easy.

Email Address *

CONTINUE

CANCEL


Help [Privacy Policy](#) [Terms of Use](#) © 2018 Centene

 **Log In**

Email Address *

CONTINUE

CENTENE SSO

[Create New Account](#)


Help [Privacy Policy](#) [Terms of Use](#) © 2018 Centene

Training Materials

Behavioral Health Providers	▼
Clinical & Payment Policies	
Dental Providers	
Email Sign Up	
Enrollment and Updates	▼
Opioid Resources	
Pharmacy	▼
Prior Authorization	▼
Provider Education & Training	▼
Provider News	
Provider Resources	▼
QI Program	▼

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- View detailed patient list

Portal Training Guides

- [Account Manager User Guide \(PDF\)](#)
- [Provider Secure Portal Brochure \(PDF\)](#)
- [Submit a Claim CMS 1500 \(PDF\)](#)
- [Submit a Claim CMS UB-04 \(PDF\)](#)
- [Update Portal Account Details \(PDF\)](#)
- [Utilize Member Management Forms \(PDF\)](#)



MHS Homepage

Dashboard Home page

Quick Eligibility Check, Recent Claims, Reports and Quick Links

The screenshot shows the MHS homepage dashboard for a user named Regina. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a header section allows the user to view the dashboard for a specific TIN and Plan Type (currently Medicaid). The main content area features several informational boxes: a 'Notification of Pregnancy (NOP)' box explaining that NOP must be accessed through the IHCP Provider Healthcare Portal; a 'Please Note' box regarding claims information; and a 'Welcome, Regina!' message with a sub-header 'Get easy access to the features you use most.' Below the welcome message is an 'Admin Settings' section with the description 'Add and manage user access and information.' This section contains three buttons: 'Add User', 'Edit User Access', and 'Add a TIN'.

This screenshot displays the right-hand portion of the MHS homepage dashboard. It features three main sections: 'Quick Actions', 'Authorization Overview', and 'Useful Links'. The 'Quick Actions' section includes a form for a quick eligibility check with fields for Member ID or Last Name, Member Date of Birth (MM/DD/YYYY), and a dropdown for Select Action Type, followed by a SUBMIT button. The 'Authorization Overview' section contains two buttons: 'Inpatient Authorizations' and 'Outpatient Authorizations', each with a 'View All' link below it. The 'Useful Links' section is a grid of nine cards, each with a title, a brief description, and an external link icon. The links include: Reports, Patient Analytics, Provider Analytics, Provider Complaints, PAI Provider Survey, Provider Resources, Member Management Forms, To learn more about submitting a NOP, Peer to Peer Contact Form, Pharmacy, and Go Paperless - Payspan.

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.

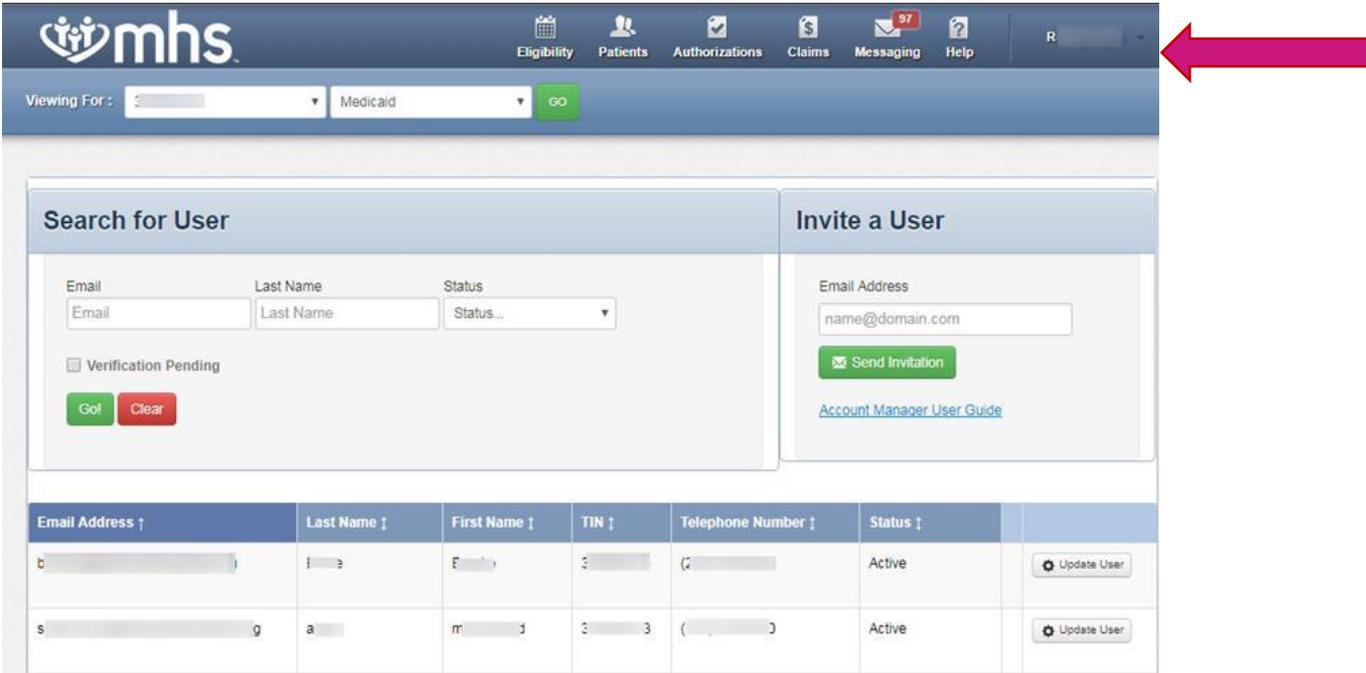
The screenshot displays the MHS Account Details page. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below the navigation bar is a 'Go to Dashboard For:' section with a dropdown menu set to 'Medicaid' and a 'GO' button. The main content area is divided into two columns. The left column is titled 'Account Details' and contains fields for Name, User Name (Email), Password, Telephone Number, Fax Number, and three Secret Questions. The right column is titled 'Add a TIN' and contains a text box for Name TIN, a text box for Tax ID (containing '123456789'), and an 'Add TIN' button. Below the 'Add a TIN' section is a 'Your TINs' section with a link for 'Provider Demographic Update Instructions' and a table of TINs. The table has two rows: one for '3 Ambetter from MHS' and one for '3 Medicaid', both with 'Mark as Primary' and 'Remove' buttons.

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.

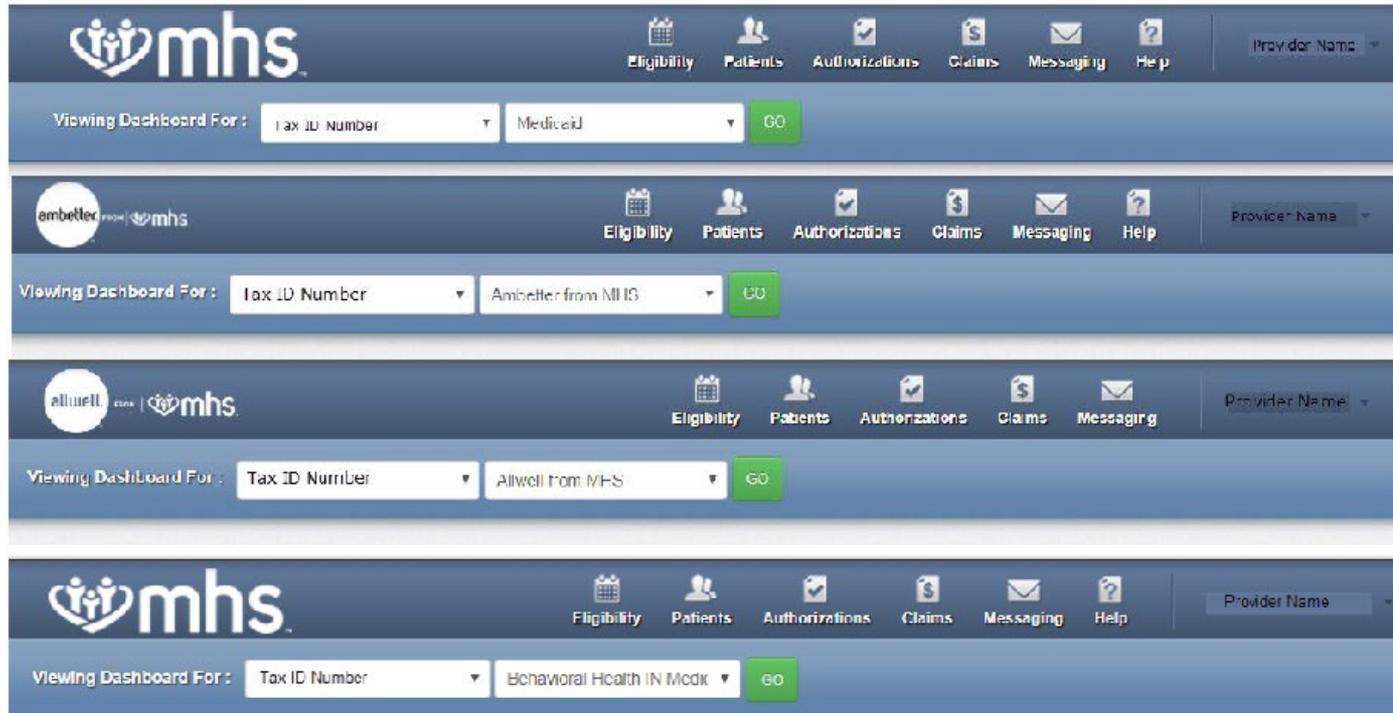


The screenshot displays the mhs Account Manager interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging (with a notification badge of 97), and Help. A user profile dropdown menu is visible in the top right corner, indicated by a red arrow. Below the navigation bar, there is a search filter section with a dropdown menu set to 'Medicaid' and a 'GO' button. The main content area is divided into two panels: 'Search for User' and 'Invite a User'. The 'Search for User' panel includes input fields for Email, Last Name, and Status, a 'Verification Pending' checkbox, and 'Go' and 'Clear' buttons. The 'Invite a User' panel includes an 'Email Address' input field, a 'Send Invitation' button, and a link to the 'Account Manager User Guide'. Below these panels is a table listing users with columns for Email Address, Last Name, First Name, TIN, Telephone Number, and Status. Each row has an 'Update User' button next to it.

Email Address ↑	Last Name ↓	First Name ↓	TIN ↓	Telephone Number ↓	Status ↓	
b	i	E	5	(Active	Update User
s	g	a	3	(Active	Update User

Dashboard Change

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



The image displays four sequential screenshots of the mhs dashboard interface, illustrating the process of switching between different TINs (Tax ID Numbers). Each screenshot shows the same navigation menu with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help, along with a Provider Name dropdown. The main content area of each dashboard is labeled "Viewing Dashboard For:" and contains two dropdown menus and a "GO" button. The first screenshot shows the dashboard for Medicaid, with "Tax ID Number" and "Medicaid" selected. The second screenshot shows the dashboard for Ambetter from MHS, with "Tax ID Number" and "Ambetter from MHS" selected. The third screenshot shows the dashboard for Allwell from MHS, with "Tax ID Number" and "Allwell from MHS" selected. The fourth screenshot shows the dashboard for Behavioral Health IN Medc, with "Tax ID Number" and "Behavioral Health IN Medc" selected.

Useful Links



Useful Links

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

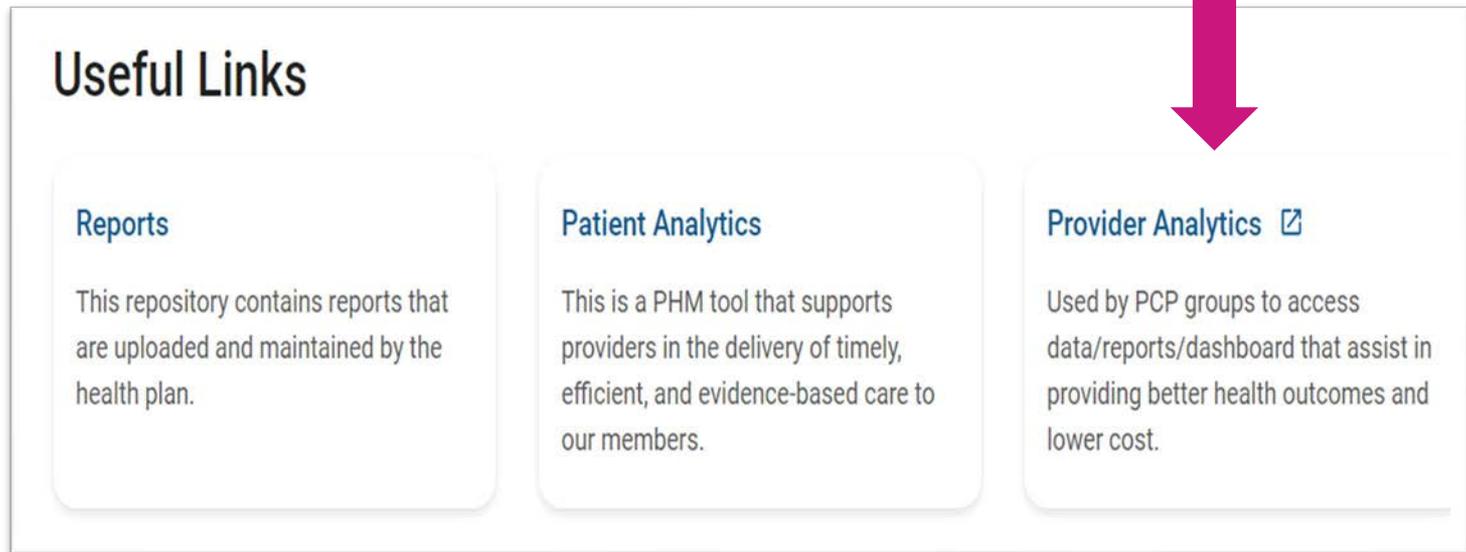
Useful Links

Reports This repository contains reports that are uploaded and maintained by the health plan.	Patient Analytics This is a PHM tool that supports providers in the delivery of timely, efficient, and evidence-based care to our members.	Provider Analytics ↗ Used by PCP groups to access data/reports/dashboard that assist in providing better health outcomes and lower cost.
Provider Complaints View submitted complaints to the provider.	PAI Provider Survey ↗ This survey enables providers to update their accessibility information.	Provider Resources ↗ Supplies you with tools and resources that are easy to find and supportive to your work.
Member Management Forms ↗ Member Disenrollment and Panel Management Forms	To learn more about submitting a NOP, visit the IHCP Provider Healthcare Portal ↗ Learn more about Fee Schedules, Drug Resources, NOP Submissions and more.	Peer to Peer Contact Form ↗ Peer to Peer calls are offered to physicians and other practitioners after a requested service has been denied.
Pharmacy ↗ For HIP Pharmacy information and PDLs, please visit the HIP Pharmacy Page. Contains forms, FAQs and search tools.	Go Paperless - Payspan ↗ Convenient paperless claim payment and remittance advice platform.	

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.



The screenshot shows a 'Useful Links' section with three columns. A large pink arrow points down to the 'Provider Analytics' link in the third column.

Reports	Patient Analytics	Provider Analytics ↗
This repository contains reports that are uploaded and maintained by the health plan.	This is a PHM tool that supports providers in the delivery of timely, efficient, and evidence-based care to our members.	Used by PCP groups to access data/reports/dashboard that assist in providing better health outcomes and lower cost.

Provider Analytics

Homepage Summary

Dashboard

Provider Analytics

Resources

- Case Study Support Resource
- FAQ
- Tool Navigation Guide

Supplemental Reports

COVID-19 Detail	04-15-2024	P4P and Quality Reporting
Daily IP & Discharge	04-16-2024	Quality
Notice of Pregnancy	04-16-2024	Medicaid Core Measure Set 2024
Weekly Med Claims	04-14-2024	P4P Payment and Member History
Weekly Rx Claims	04-14-2024	IN HCC3 Medicaid P4P 2024
		IN HHW3 Medicaid P4P 2024
		IN HIP4 Medicaid P4P 2024
		IN Ambetter P4P 2024
		IN Medicare P4Q 2024
		IN HCC3 Medicaid P4P 2023
		IN HHW3 Medicaid P4P 2023
		IN HIP4 Medicaid P4P 2023

Reference Materials

- Data Dictionary

Dashboards

- Summary
- Cost Utilization/Services
- Z Code Utilization
- CoC - Appointment Agenda - 2024
- CoC - Appointment Agenda - 2023

Summary

LOB: All Product: All Time Period: 05/01/2020 - 04/30/2021

Cost / Utilization

Actual PMPM: \$514.16
Peer Group Comparison: \$625.03
Index: 0.82

Engagement
Score: 25.32%

Loyalty
Score: 63.56%

Quality

Category	Compliance Score
Quality	41.01%
Quality	35.34%
CoC - Appointment Agenda	48.11%
CoC - Appointment Agenda	45.91%

All Cause Readmissions

Admissions: 342
Readmissions: 57
Readmission Rate: 16.67%

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

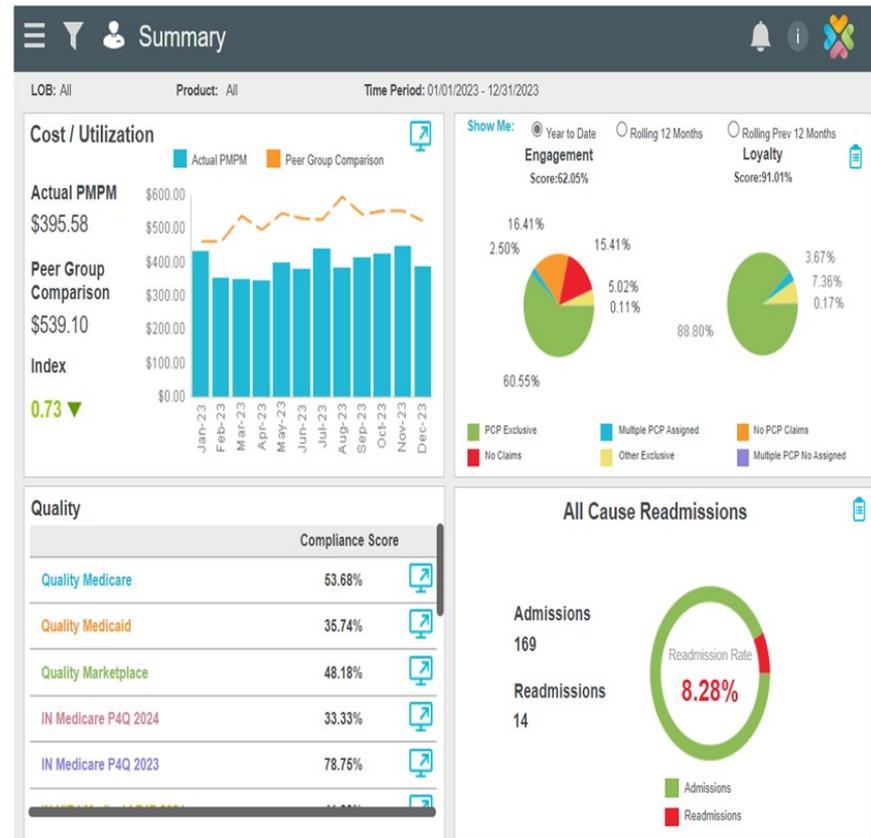
Cost/Utilization: This dashboard will show actual Per Member Per Month (PMPM) compared to expected on a monthly basis.

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**.



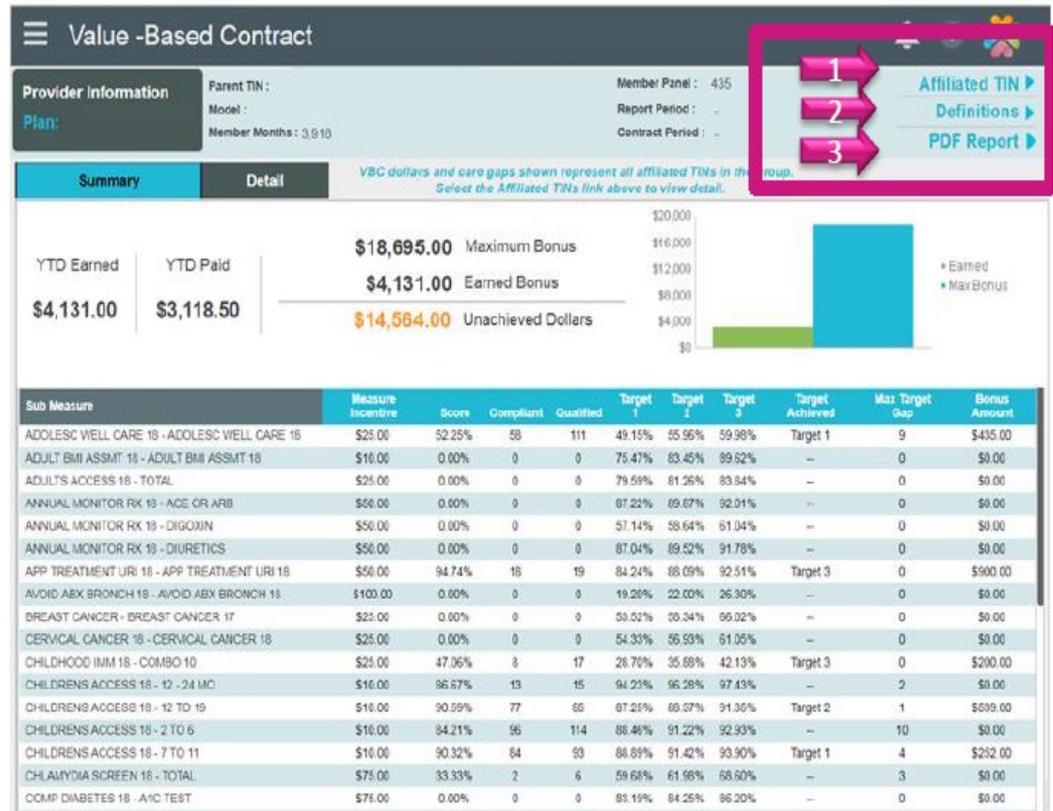
Provider Analytics – P4P and Quality Reports

For providers in a P4P arrangement.

Scorecard shows measure incentive, amount earned and unachieved dollars.

In right hand corner:

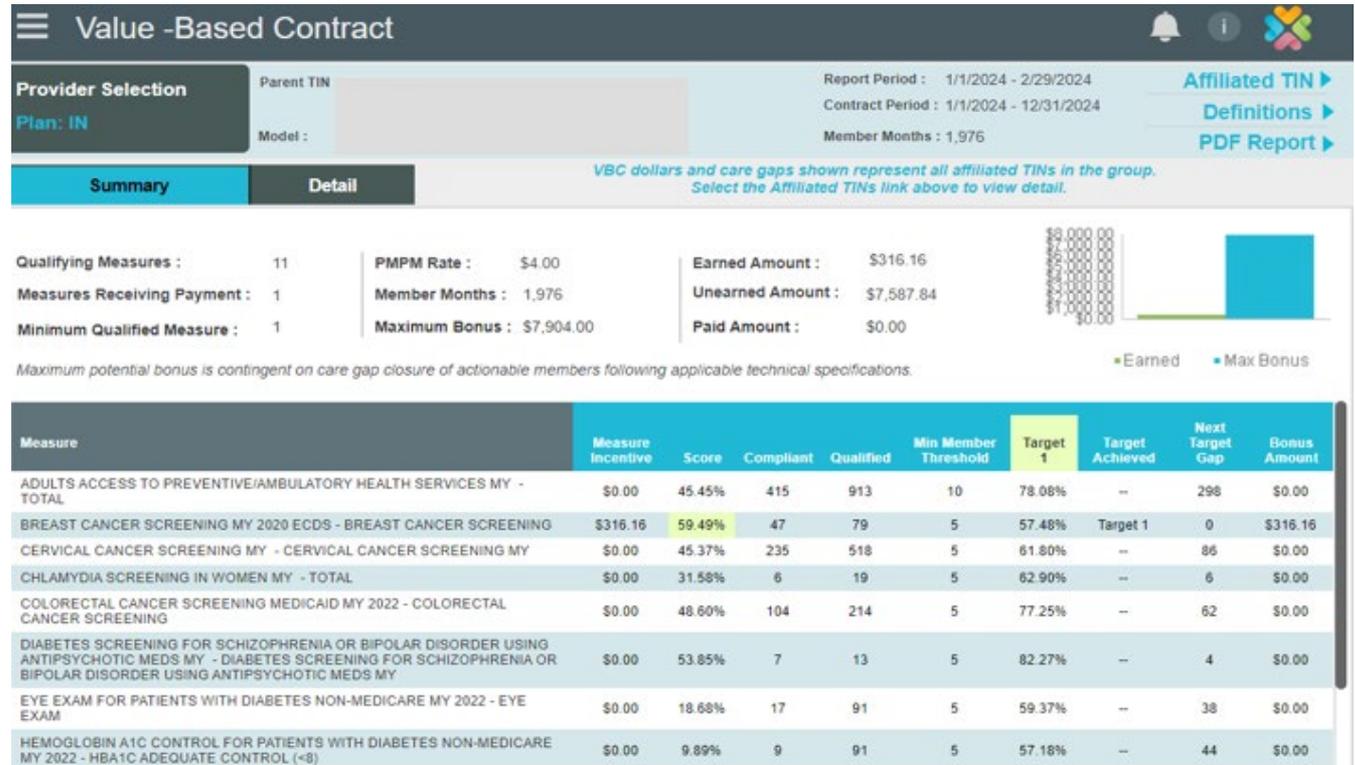
1. All TINs associated with P4P program.
2. List of definitions and meanings.
3. Scorecard summarizing provider's performance in quality.



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.



Patient Analytics

Patients Tab



Useful Links

Reports

This repository contains reports that are uploaded and maintained by the health plan.

Patient Analytics

This is a PHM tool that supports providers in the delivery of timely, efficient, and evidence-based care to our members.

Provider Analytics [↗](#)

Used by PCP groups to access data/reports/dashboard that assist in providing better health outcomes and lower cost.

Member Number	Member Name	Member Address	Age_Gender_DOB	Member Phone	High Priority Care Opportunities	Risk Score	IP Probability Score	IP Stays in last 30 days	ER Visits within 90 Days	SubGroup	F
1	F A	G	4		0	4.27	5.2 %	0	0	Medicaid	OTITO I ANAKA Medical 632032
1	L E	C	7	4	1	1.3	6 %	0	1	Medicaid	ADOLP Medical 631915
1	T R		3	(2	2	0.35	1.7 %	0	0	Medicaid	BERNA AGHAJI Medical 631917

Member Management Forms



- [Member Management Forms](#)
- [To learn more about submitting a NOP, visit the IHCP Provider Healthcare Portal](#)
- [Peer to Peer Contact Form](#)

Member Management Forms

All PMP's have the right to state the number of members they are willing to accept into their panel. The number of members accepted into a panel is based on the panel size requested on the Provider Enrollment form. Member selection is based on member's choice and the IHCP auto-assignment process; therefore, MHS does not guarantee a specific 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 your 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

Provider Complaints

View submitted complaints to the provider.

PAI Provider Survey [↗](#)

This survey enables providers to update their accessibility information.

Provider Resources [↗](#)

Supplies you with tools and resources that are easy to find and supportive to your work

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 \(PDF\)](#)
- [Continued Care for Residential and Inpatient SUD Treatment \(PDF\)](#)

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.

Quick Actions

Do a quick eligibility check, find patient benefits information, create a new claim or recurring claim or an authorization.

Member ID or Last Name *

Member Date of Birth 

Select Action Type *

Eligibility Tab

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



The screenshot shows the mhs website's navigation bar and eligibility form. The navigation bar includes the mhs logo and several menu items: Eligibility (with a calendar icon), Patients (with a person icon), Authorizations (with a document icon), Claims (with a dollar sign icon), Messaging (with an envelope icon and a red notification bubble containing the number 2), and Help (with a question mark icon). Below the navigation bar is the eligibility form, which includes the text "Viewing Eligibility For:" followed by a dropdown menu set to "TIN", a "Plan Type" dropdown menu set to "Medicaid", and a green "GO" button.

Eligibility Check

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

Viewing Eligibility For: TIN [dropdown] Plan Type: Medicaid [dropdown] **GO**

Eligibility Check

Date of Service: 04/05/2024 (mm/dd/yyyy)
Member ID or Last Name: 123456789 or Smith
Date Of Birth: 0 (mm/dd/yyyy)

Check Eligibility **Print**

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	RECENT ADT	CARE GAPS	LOG ER VISIT	RIGHT CHOICE PROGRAM
	04/05/2024	[redacted] >View details	04/07/2024	NO	Member is due for cervical cancer screening. No flu vaccine in past 12 months. Non-compliant for annual well visit. No PAP in past 36 months	ER Visit?	Remove

Eligibility Check

Eligibility Check

Date of Service: 08/28/2017 Member ID or Last Name: 123456789 or Smith DOB: mm/dd/yyyy

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS	RIGHT CHOICE PROGRAM
 Ineligible	08/28/2017	F [redacted] N	08/28/2017		<input type="button" value="Remove"/>
	08/28/2017	T [redacted] S	08/28/2017	Risk Category Alerts: COPD/Asthma	<input type="button" value="Emergency Room Visit?"/> <input type="button" value="Remove"/>
	08/28/2017	T [redacted] P S	08/28/2017	Risk Category Alerts: COPD/Asthma Member has had 3 or more emergency room visits in past 90 days.	<input type="button" value="Emergency Room Visit?"/> Yes <input type="button" value="Remove"/>

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.



The screenshot shows the mhs web application interface. At the top, there is a navigation menu with the following tabs: Eligibility, Patients (which is highlighted), Authorizations, Claims, Messaging (with a red notification badge showing '2'), and Help. Below the navigation menu, there is a search area with the text 'Viewing Patients For:'. Under this text, there are two dropdown menus: 'TIN' and 'Plan Type'. The 'Plan Type' dropdown is currently set to 'Medicaid'. To the right of these dropdowns is a green 'GO' button. Further to the right is an orange 'Find Patient' button with a person icon.

Patient List

Primary Medical Providers Patient List

The screenshot shows the mhs Patient List interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging (with a notification badge of 2), and Help. Below this, there are search filters for 'Viewing Patients For: TIN' and 'Plan Type' (set to Medicaid), with a 'GO' button and a 'Find Patient' button. A date filter is set to '04/05/2024', with 'Download' and 'Filter' options. A disclaimer states: 'Only first 1500 records will be displayed. Use filters to view specific records. This is only a list of your patients, please check eligibility to confirm the effective date and benefits for this member.' A yellow banner provides additional information: 'Care Gaps do not reflect claims processed after most current data refresh. Non-Compliant Pay for Performance lists do not reflect claims processed after the report run date and also excludes members who have lost HEDIS eligibility.'

Eligible	Preferred Language ↑	Member Name ↑	Member ID ↑	Member # ↑	Date of Birth ↑	Phone Number ↑	ALERTS	Right Choice Program
👍 Eligible	English	[REDACTED]	1 [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	CG No HRA	<input type="checkbox"/>
👍 Eligible	English	[REDACTED]	1 [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	CG No HRA	<input type="checkbox"/>
👍 Eligible	English	[REDACTED]	1 [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	CG No HRA DM	<input type="checkbox"/>
👍 Eligible	English	[REDACTED]	1 [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	CG NM No HRA	<input type="checkbox"/>

Member Record

Member Overview

Back to Patient List J

Overview

- Cost Sharing
- Assessments
- Health Record
- ADT
- Care Plan
- Authorizations
- Referrals
- Coordination of Benefits
- Claims
- Document Resource Center
- Notes

Overview

👍 This patient is eligible as of today, Apr 7, 2024

[Print Eligibility Overview](#)

Patient Information

Name
Gender
Birthdate
Age
Member #
Member #
Address
Phone Number
Email

PCP Information

Name
Address
Practice Type

[View PCP History](#)

[EPSDT](#)

[Care Gaps](#)

Eligibility History

Start Date	End Date	Program
May 11, 2022	Ongoing	Hoosier Healthwise

Member has had 1 or more emergency room visits in the past 30 days.
Patient due for dental check-up.

Authorizations/Appeal Request



Authorizations

View, filter and create Authorizations.



The screenshot shows the top navigation bar of the mhs application. The navigation bar includes the mhs logo on the left and several menu items: Eligibility, Patients, Authorizations (highlighted with a pink arrow), Claims, Messaging (with a notification badge of 2), and Help. Below the navigation bar, there is a filter section for 'Viewing Authorizations For :'. It includes a 'TIN' dropdown menu, a 'Plan Type' dropdown menu set to 'Medicaid', and a green 'GO' button. To the right of the filter section is an orange 'Create Authorization' button.

Authorization

Click on the AUTH ID to see additional information.

Viewing Authorizations For : TIN Plan Type Medicaid

Authorizations

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

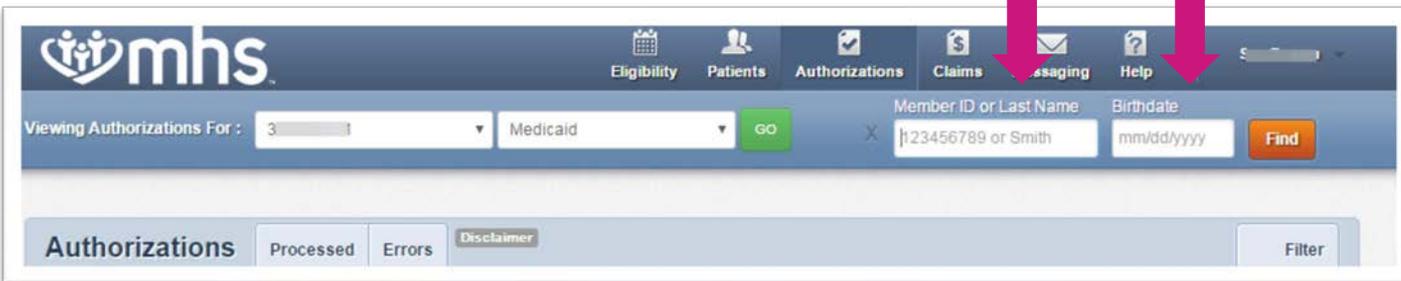
STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	[blurred]	[blurred]	05/13/2024	06/13/2024	N62	OUTPATIENT	Outpatient Surgery
PARTIAL_APPROVE	[blurred]	[blurred]	04/26/2024	04/27/2024	I25.10	OUTPATIENT	Inpatient Services (S&P)
APPROVE	[blurred]	[blurred]	04/26/2024	04/27/2024	I25.10	INPATIENT	Surgical

Create Authorization

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



The screenshot shows the top navigation bar of the mhs system with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below the navigation bar, there is a section for 'Viewing Authorizations For:' with a dropdown menu set to '3' and another dropdown set to 'Medicaid'. A green 'GO' button is to the right of these dropdowns. On the far right of this section, there is an orange button labeled 'Create Authorization', which is pointed to by a pink arrow from the right.



This screenshot shows the same mhs interface as the previous one, but with the search fields expanded. The 'Create Authorization' button is no longer visible. Instead, there are two input fields: 'Member ID or Last Name' and 'Birthdate'. The 'Member ID or Last Name' field contains the text '|23456789 or Smith' and the 'Birthdate' field contains 'mm/dd/yyyy'. A pink arrow points to the 'Messaging' icon in the navigation bar, and another pink arrow points to the 'Birthdate' input field. A green 'GO' button is to the right of the search fields, and an orange 'Find' button is to the right of the 'Birthdate' field.

Create Authorization

Select an Authorization Type

- Inpatient
- Outpatient

mhs Eligibility Patients Authorizations Claims Messaging Help

Viewing Authorizations For: TIN [] Plan Type: Medicaid [] GO [] Create Authorization []

Authorization For

TIN: [] DOB: [] MEDICAID NBR: []

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. ✕

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 877-647-4848 for after-hours urgent admission, inpatient notifications or requests. ✕

Enter Authorization

1. PROVIDER REQUEST

Urgent Request

Select an Authorization Type []

- Select an Authorization Type
- Inpatient Medical
- Outpatient Medical

3. FINISH UP

Request Authorization Appeal

Denied Authorization Request Appeal

The screenshot displays the mhs web application interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging (with a notification badge), and Help. Below this, a search bar shows 'Viewing Authorizations For: TIN' and 'Plan Type' set to 'Medicaid', with a 'GO' button and a 'Create Authorization' button.

The main content area shows details for a specific authorization. On the left is a sidebar menu with options: Overview, Cost Sharing, Assessments, Health Record, ADT, Care Plan, **Authorizations**, Referrals, Coordination of Benefits, Claims, Document Resource Center, and Notes.

The main details section includes:

- Auth Nbr:** IP [redacted]
- Auth Status:** DENY
- Auth Nbr:** [redacted]
- Admit Date:** 04/02/2024
- Provider of Service(s):** The Methodist Hospitals
- Explanation:**
 - Auth Type: INPATIENT
 - Service: Medical
 - Discharge Date: 04/03/2024
 - Procedure Code: 99221
- Notes & Attachments:** [View Notes & Attachments]

A table lists the authorization details:

Line Item	Service type	From Date	To Date	Stay Level	Location	Status	Medical Necessity
1	Medical	04/02/2024	04/03/2024	Med/Surg	Inpatient Hospital	DENY	--

Below the table, there is a section for 'Appeal Requests for Authorization IP [redacted]' with a 'REQUEST APPEAL' button. A pink arrow points to this button. Below this is a table for tracking appeal requests:

Status	Request ID	Type	Requested By	Submitted
No appeal requests have been submitted for this authorization.				

Request Authorization Appeal

[Back](#) **Submit Appeal Request**

Authorization Detail

Authorization Number
IP1236718263

Patient Full Name
Martha Thompson

Patient DOB
06/20/1981

Admittance Date
03/27/2019

Service Date
03/27/2019

Discharge Date
04/02/2019

Provider of Service
Mary Littlelamb, MD

Authorization Type
Inpatient

Service
Medical

Diagnosis Code(s)
H01.04

Procedure Code(s)
92002

Appeal Request Form

Appeal Request for Authorization IP1236718263

Appeal type*
Please select one or more appeal types.

Administrative The "Appeal Request Form" page will open. Select the type of appeal for your appeal request.

Medical Necessity

DENIED

Explanation
Does not meet medical necessity criteria per CH.EH.123 Section 4. The denial reason will give the reason for the denial.

[View Notes & Attachments](#)

Provider Submitting the Appeal* **Office Contact Name*** **Phone***

Enter last name or NPI Enter full name Enter ten-digit number

Rationale*
Provide a detailed explanation with new information for this appeal.

Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book. Enter the reason for the appeal in the "Rationale" box.

2000 characters remaining

Evidence Materials & Attachments*
Submit new evidence that will help support your appeal.

2000 characters remaining

File	Type	Size	
PatientHistory_1.pdf	PNG	230kb	<input type="checkbox"/>
MarthaThompson12345_XRAY_010119.png	PNG	9.1mb	<input type="checkbox"/>

Click "Save & Review" to submit the appeal.

Request Authorization Appeal

Eligibility Patients Authorizations Claims Messaging User Name

[Back](#) **Review Appeal Request**

The "Review Appeal Request" screen will open to allow you to review the appeal information prior to submitting.

Review

Appeal request for Authorization IP1236718263

Original Authorization

Authorization Number	Member	Member DOB
IP1236718263	Martha Thompson	12/32/1921

Appeal Request

Appeal Request Type	Office Contact Name
Administrative, Medical Necessity	Jimmy Johnson
Provider	Office Contact Phone
Mary Littlelamb, MD	(555) 555-5555

Rationale
Lorem ipsum is simply dummy text of the printing and typesetting industry. Lorem ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book.

Evidence Materials & Attachments

File	Type	Size	
PatientHistory_1.pdf	PDF	230kb	
MarthaThompson12345_XRAY_010119.png	PNG	9.1mb	

After verifying the appeals entry information is correct, click "Send Request".

Request Authorization Appeal

Thank you! Your Appeal Request has been successfully submitted!

After clicking the "Send Request" button, a message appears at the top of the screen to confirm the appeal has been submitted.

Back to Authorizations

Overview

Auth Status: DENIED
Auth Nbr: IP1236718263
Auth Type: INPATIENT
Amitt Date: 03/27/2019
Service Date: 03/27/2019
Provider of Service(s): Mary Littlelamb, MD
Diagnosis Code(s): H10.04

Explanation: Does not meet medical necessity criteria per CHEH.123 Section 4
Service: Medical
Discharge: 04/02/2019
Procedure Code(s): 92002
Note & Attachments: [View](#)

Line Item	Service Type	From Date	To Date	Stay Level	Location	Status	Medical Necessity
1	Medical	03/27/2019	03/27/2019	N/A	St. Louis Children's Hospital	DENY	N/A
2	Medical	03/27/2019	03/27/2019	N/A	St. Louis Children's Hospital	DENY	N/A

Appeal Requests for Authorization IP1236718263

Status	Request ID	Type	Requested by	Submitted
In-Process	IC-2885	Administrative, Medical Necessity	Mary Littlelamb	11/24/2020

Back Appeal Request Status

Current status: **In-Process**

Original Authorization

Authorization Number: IP1236718263
 Member: Martha Thompson
 Member DOB: 12/32/1921

Appeal Request

Appeal Request Type: Administrative, Medical Necessity
 Office Contact Name: Jimmy Johnson
 Request ID: IC-2885
 Provider: Mary Littlelamb, MD
 Office Contact Phone: (555) 555-5555
 Submitted on: 11/24/2020

Rationale

Lorem ipsum is simply dummy text of the printing and typesetting industry. Lorem ipsum has been the industry's standard dummy text ever since the 1500s, when an unknown printer took a galley of type and scrambled it to make a type specimen book.

Evidence materials & Attachments

File	Type	Size
PatientHistory_1.pdf	PDF	230kb
MarthaThompson12345_XRAY_010119.png	PNG	9.1mb

Appeal Summary

Appeal ID	Status	Submitted	In-Process	Assigned	Final Notification Sent	Resolved
ABCD1234	Assigned	✓	○	○	○	○
EFGH1234	In-Process	✓	●	○	○	○

Claims



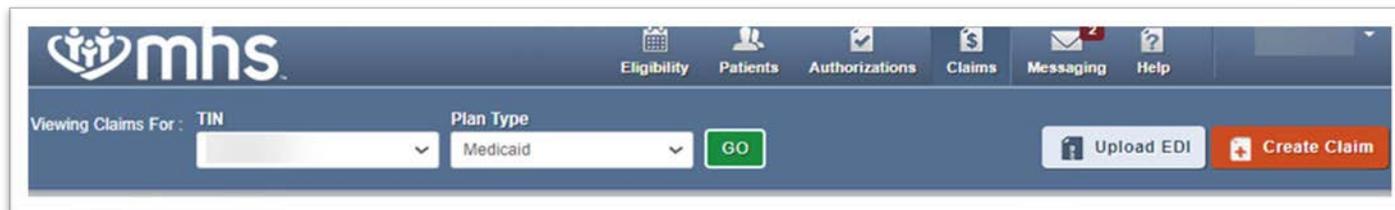
Claim Tab

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

The screenshot shows the mhs portal interface. At the top, there are navigation tabs: Eligibility, Patients, Authorizations, Claims, and Messaging. The 'Claims' tab is active. Below the navigation, there is a search bar for 'Viewing Claims For:' with fields for TIN (1) and Plan Type (H...), a 'GO' button, and 'Upload EDI' and 'Create Claim' buttons. The main content area is titled 'Choose Claim for JANE DOE' and 'Choose a Claim Type'. Two options are presented: 'CMS 1500 Professional Claim' and 'CMS UB-04 Institutional Claim'. A note at the bottom states: '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.'

The screenshot shows the 'General Info' section for a 'Professional Claim for JANE DOE'. The form includes the following fields and options:

- Required fields:**
- Patient's Account Number***: 123456789
- Statement Dates**: From 12/11/2020 To 12/15/2020
- Date of current illness, injury, pregnancy (LMP)**: Select Type... 12/11/2020
- Other Date**: Select Type... 12/11/2020
- Hospitalization**: From 12/11/2020 To 12/11/2020
- Additional Claim Information**: 00000000000000000000
- Outside Lab?**: Yes No
- Prior Authorization Number**: 00000000000000000000
- CIA Number**: 00000000000000000000
- Amount Paid**: 0000.00

Navigation buttons 'Next' are visible at the top right and bottom right of the form.

Create Claim

Creation of a UB-04 Claim

Viewing Claims For: TIN [] Plan Type [] GO Upload EDI Create Claim

Choose Claim for JANE DOE

Choose a Claim Type

CMS 1500
Professional Claim →

CMS UB-04
Institutional Claim →

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.

mhs Eligibility Patients Authorizations Claims Messaging Bruce Provider

Viewing Claims For: TIN 45678 Plan Type rhoma Complete H... GO Upload EDI Create Claim

Institutional Claim for JANE DOE Your Progress

THIS SECTION: General Info Enter information for the Admission and Condition Codes

*Required fields

Next →

Patient Control # 123456789 3.a

Medical Record # 123456789 3.b

Type of B4* Select... 4.

Statement Dates* From 12/11/2020 To 12/11/2020 6.

Prior Payments 5A.

Prior Authorization Number 6B.

Admission

Statement Dates* Date 12/11/2020 Hour Select... 12-13.

Type* Select... 14.

Source* Select... 15.

Discharge

Status* Select... 17.

Hour* Select... 16.

Next →

Claims

Individual Tab

The screenshot displays the mhs Claims Individual Tab interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a search area includes a TIN dropdown, a Plan Type dropdown set to 'Medicaid', and a 'GO' button. To the right are 'Upload EDI' and 'Create Claim' buttons. A secondary navigation bar shows 'Claims' as the active tab, with sub-tabs for Individual, Saved, Submitted, Batch, Recurring, Payment History, and Claims Audit Tool. The main content area is titled 'Claims: Recent' and includes a search filter for 'Date Range: 03/07/2024 to 04/07/2024' and a search icon. Below this is a table of claims with the following data:

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATE(S)	BILLED/PAID	CLAIM STATUS
2	CMS-1500	[REDACTED]	03/07/2024 - 03/07/2024	\$229.00 / \$0.00	Denied
2	Institutional	[REDACTED]	03/07/2024 - 03/07/2024	\$1,297.00 / \$216.10	Paid
2	Institutional	[REDACTED]	03/07/2024 - 03/07/2024	\$2,018.00 / \$494.99	Paid
2	Institutional	[REDACTED]	03/07/2024 - 03/07/2024	\$1,349.00 / \$91.46	Paid
2	Institutional	[REDACTED]	03/07/2024 - 03/07/2024	\$693.00 / \$342.46	Paid
2	Institutional	[REDACTED]	03/07/2024 - 03/07/2024	\$776.00 / \$57.64	Paid
2	CMS-1500	[REDACTED]	03/07/2024 - 03/07/2024	\$199.02 / \$160.94	Paid
2	Institutional	[REDACTED]	03/07/2024 - 03/07/2024	\$1,311.00 / \$310.56	Paid
2	CMS-1500	[REDACTED]	03/07/2024 - 03/07/2024	\$188.02 / \$141.93	Paid

Claims

Submitted Claims

The screenshot displays the 'Submitted Claims' interface. At the top, the mhs logo is on the left, and navigation icons for Eligibility, Patients, Authorizations, Claims, Messaging (with a '2' notification), and Help are on the right. Below the navigation bar, there are filters for 'Viewing Claims For : TIN' and 'Plan Type' (set to Medicaid), a 'GO' button, and 'Upload EDI' and 'Create Claim' buttons. The main content area has tabs for 'Claims', 'Individual', 'Saved', 'Submitted' (selected), 'Batch', 'Recurring', 'Payment History', and 'Claims Audit Tool', along with a 'Filter' button. A table lists the submitted claim with the following data:

SUBMITTED STATUS ↑	DATE SUBMITTED ↑	WEB #/ REF # ↑	CLAIM NUMBER ↑	CLAIM TYPE ↑	MEMBER NAME ↑	MEMBER ID ↑	ORIGINAL CLAIM # ↑	TOTAL CHARGES ↑
🕒	01/24/2024	8 [redacted]	X [redacted]	Institutional	[redacted] IN	10 [redacted]	[redacted]	\$1,556.50

One item found. Page 1/1 1

Claims

Recurring Claims

The screenshot displays the mhs Claims management interface. At the top, the navigation bar includes icons for Eligibility, Patients, Authorizations, Claims, Messaging (with a notification badge), and Help. Below this, a search area allows filtering by TIN (set to 3) and Plan Type (set to Medicaid), with a GO button. A secondary bar contains buttons for Upload EDI and Create Claim.

The main content area features a 'Claims' section with tabs for Individual, Saved, Submitted, Batch, Recurring (selected), Payment History, and Claims Audit Tool. A 'Get Started' link is noted as 'Used only by LTC and ADC Providers.' To the right, a 'Your Progress' indicator shows a sequence of steps, with the first step highlighted in orange.

A 'Claim Type' dropdown menu is open, showing a list of options. The first option is 'HCFA 1500'. Other visible options include:

- Durable Medical Equipemnt: OXYGEN CONCENTRATOR
- Durable Medical Equipment: PORTABLE GASEOUS O2
- Durable Medical Equipment: CONT AIRWAY PRESSURE DEVICE
- Durable Medical Equipment: HUMIDIFIER HEATED USED W PAP
- Durable Medical Equipment: PORTABLE OXYGEN CONCENTRATOR
- Enteral Supplies/Medical: EF PED CALORIC DENSE >= 0.7KC
- Enteral Supplies/Medical: ENTERAL FEED SUPP PUMP PER D
- Enteral Supplies/Medical: EF PED HYDROLYZED/AMINO ACID
- Enteral Supplies/Medical: ENTER FEED SUPKIT SYR BY DAY

Below the dropdown, a section titled 'Select a Template to Start Your Claim' is visible, accompanied by a document icon and a left-pointing arrow. A partial text 'tene Corporation' is also visible on the right side of the interface.

Claims

Payment History

Viewing Claims For : TIN Plan Type Medicaid

Claims

Transactions

All activity posted to your account between 03/07/2024 and 04/07/2024 .

i **Instructions:** Click a Check Date link to view the payment details from your payment provider. Only available electronic files are linked. The PDF opens in a new window. You can save or print the document. If there are any discrepancies about your payment details, contact Provider Services.

CHECK DATE ↑	CHECK NUMBER ↑	CHECK CLEAR DATE ↑	MAILING ADDRESS ↑	PAYMENT AMOUNT ↑
03/07/2024 (PDF)	0	EFT		\$0.00
03/07/2024 (PDF)	C	03/07/2024		\$397.56

Claims

Claims Search and Filter

Claims Search

Search by one or more of the following...

Member Details: Last Name or ID number:

Note: Last Name searches are more effective when DOB is provided

Member Date of Birth:
MM/DD/YYYY

Provider Details: NPI

Claim Number

Reconsideration Number

Date Range
From 09/04/2021 to 10/04/2021

Want to narrow your current results? [Use the Filter](#) instead.

Only the last 24 months of Claims data is available online. Claims update every 24 Hours.

CLAIM NO.	CLAIM TYPE	MEMBER NAME	PAID	CLAIM STATUS
	Institutional		00 / \$456.91	Paid
	Institutional		00 / \$11.68	Paid
	Institutional		00 / \$199.48	Paid
	Institutional		00 / \$422.39	Paid
	Institutional		00 / \$45.76	Paid
	Institutional		00 / \$83.10	Paid
	Institutional		00 / \$543.00	Paid
	CMS-1500		00 / \$100.00	Paid
	Institutional		00 / \$162.76	Paid
	Institutional		00 / \$162.76	Paid

Filter Claims

Details

Billed Amount Greater Than
 Billed Amount Less Than
 All

Status

Denied
 Paid
 Pending
 Reconsideration In Progress
 Reconsideration Completed
 All

Type

Institutional
 Professional
 All

Want to start over? [Use the Search](#) instead.

CLAIM NO.	CLAIM TYPE	MEMBER NAME	PAID	CLAIM STATUS
	Institutional		00 / \$456.91	Paid
	Institutional		00 / \$11.68	Paid
	Institutional		00 / \$199.48	Paid
	Institutional		00 / \$422.39	Paid
	Institutional		00 / \$45.76	Paid
	Institutional		00 / \$83.10	Paid
	Institutional		00 / \$543.00	Paid
	CMS-1500		00 / \$100.00	Paid
	Institutional		00 / \$162.76	Paid
	Institutional		00 / \$162.76	Paid

Claim Details

Copy, Void/Recoup, and Dispute Claim

The screenshot shows the mhs web application interface for viewing claim details. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below the navigation, there are filters for 'Viewing Claims For' (TIN) and 'Plan Type' (Medicaid), along with 'Upload EDI' and 'Create Claim' buttons. A yellow banner message states: 'Most Recent Payment details do not show final claim status until a payment date is available. Check back before your timely filing deadline.'

The main content area is titled 'Claim Details' and shows a claim with the status 'Denied'. A red arrow points to the 'Claim #X' field, and another red arrow points to the 'Denied' status. Below the status, there are three buttons: '+ Copy Claim', 'Void/Recoup Claim', and 'Dispute Claim'. A red arrow points to the 'Dispute Claim' button. A progress bar below the buttons shows the claim's status: 'Claim Accepted' (green checkmark), 'In Process' (green checkmark), and 'Claim Denied' (red X).

The claim details are organized into four sections: Member, Provider, Claim, and Most Recent Payment.

Member	Provider	Claim	Most Recent Payment	
Member Name: [REDACTED]	Ref/Acct No.: [REDACTED]	DOS Range: 03/07/2024 - 03/07/2024	Payment Date: 03/14/2024	Paid Claim Amount: \$0.00
Member ID: [REDACTED]	Servicing Provider: [REDACTED]	Received Date: 03/08/2024	Check Dated: 03/13/2024	
Member DOB: 03/28/1967	Servicing NPI: [REDACTED]	Billed Amount: \$229.00		

Service Lines

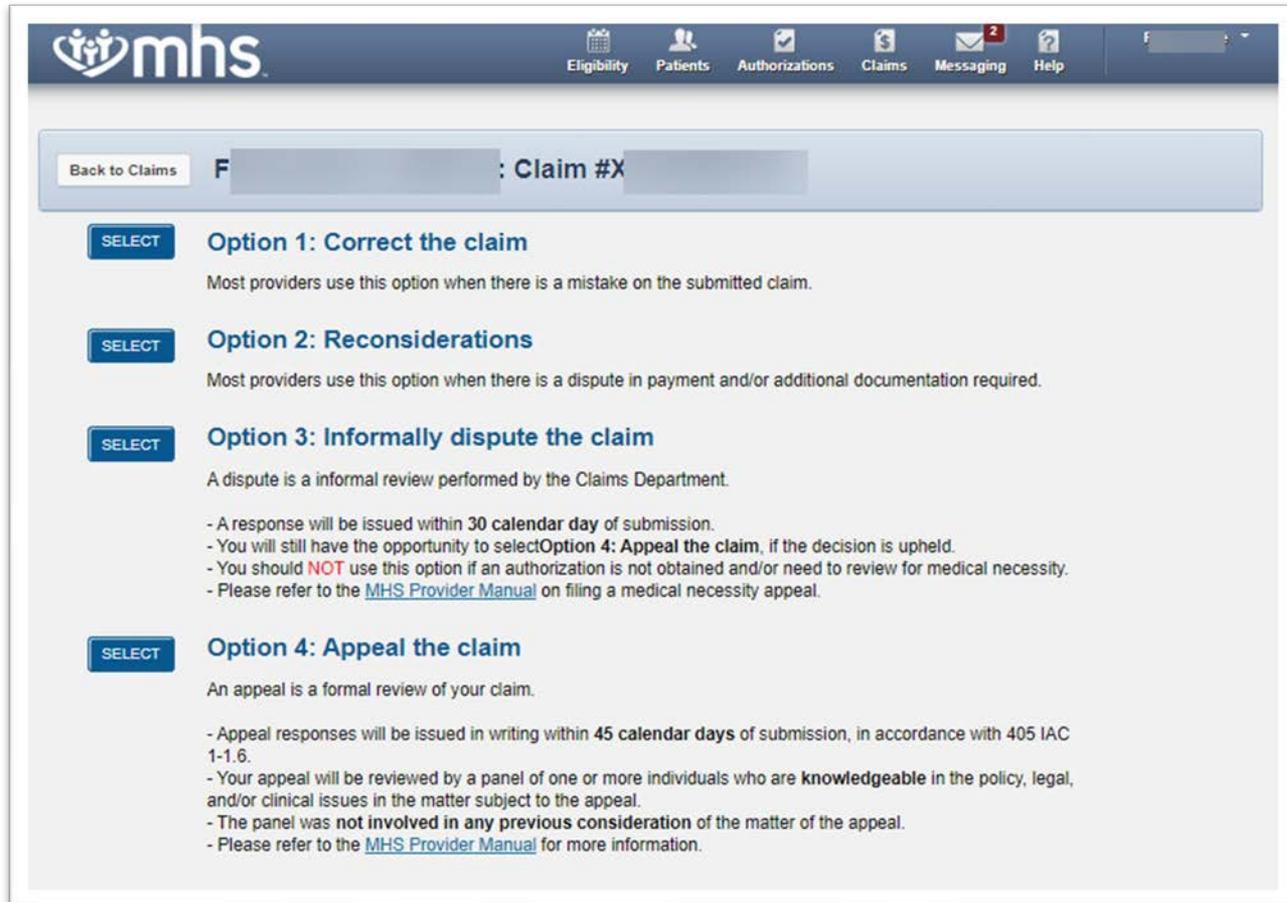
Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Paid Amount	Payment Date	Status	Payment Codes
1	03/07/2024	99215	R079, I25110, I2089		22	\$229.00	\$0.00	03/14/2024	DENY	wd

Payment Description

Payment Code	Description
wd	DIAGNOSIS CODE INCORRECTLY CODED PER ICD10 MANUAL

Dispute Claim

Correct, Reconsideration, Informally Dispute, and Appeal Claim



The screenshot displays the MHS Claims Management System interface. At the top, there is a navigation bar with the MHS logo and several menu items: Eligibility, Patients, Authorizations, Claims, Messaging (with a notification badge), and Help. Below the navigation bar, there is a breadcrumb trail: "Back to Claims" followed by a search filter "F" and "Claim #X". The main content area lists four dispute options, each with a "SELECT" button and a description:

- Option 1: Correct the claim**
Most providers use this option when there is a mistake on the submitted claim.
- Option 2: Reconsiderations**
Most providers use this option when there is a dispute in payment and/or additional documentation required.
- Option 3: Informally dispute the claim**
A dispute is a informal review performed by the Claims Department.
 - A response will be issued within **30 calendar day** of submission.
 - You will still have the opportunity to select **Option 4: Appeal the claim**, if the decision is upheld.
 - You should **NOT** use this option if an authorization is not obtained and/or need to review for medical necessity.
 - Please refer to the [MHS Provider Manual](#) on filing a medical necessity appeal.
- Option 4: Appeal the claim**
An appeal is a formal review of your claim.
 - Appeal responses will be issued in writing within **45 calendar days** of submission, in accordance with 405 IAC 1-1.6.
 - Your appeal will be reviewed by a panel of one or more individuals who are **knowledgeable** in the policy, legal, and/or clinical issues in the matter subject to the appeal.
 - The panel was **not involved in any previous consideration** of the matter of the appeal.
 - Please refer to the [MHS Provider Manual](#) for more information.

Dispute Claim

Option 2 – Reconsideration Claim

The screenshot displays the mhs website interface with a modal window titled "Option 2: Reconsideration Claim". The modal contains the following elements:

- Claim No:** A text input field.
- Message:** A pink highlighted box with the text: "Please refer to the SHP Provider Manual to determine if your request is an appeal or a reconsideration".
- Reason:** A dropdown menu labeled "Select Reason".
- Buttons:** "Cancel" and "Submit Reconsideration" (with a right-pointing arrow).

The background of the website shows several options for disputing a claim:

- Option 1: [unclear]** Most providers use this option.
- Option 2: Reconsideration Claim** (highlighted in the modal) Most providers use this option.
- Option 3: Informally dispute the claim**
A dispute is a informal review performed by the Claims Department.
 - A response will be issued within **30 calendar day** of submission.
 - You will still have the opportunity to select **Option 4: Appeal the claim**, if the decision is upheld.
 - You should **NOT** use this option if an authorization is not obtained and/or need to review for medical necessity.
 - Please refer to the [MHS Provider Manual](#) on filing a medical necessity appeal.
- Option 4: Appeal the claim**
An appeal is a formal review of your claim.
 - Appeal responses will be issued in writing within **45 calendar days** of submission, in accordance with 405 IAC 5-1.6.
 - Your appeal will be reviewed by a panel of one or more individuals who are **knowledgeable** in the policy, legal, and/or clinical issues in the matter subject to the appeal.
 - The panel was **not involved in any previous consideration** of the matter of the appeal.

Dispute Claim

Option 3 - Informally Dispute Claim

Option 3: Informally Dispute Claim

Claim No

- A response will be issued within **30 calendar days** of submission.
- You will still have the opportunity to **Appeal the claim**, if the dispute decision is upheld.
- You should **NOT** use this option if an authorization is not obtained and/or need to review for medical necessity.
- Please refer to the Provider Manual on filing a medical necessity appeal.

Reason

Select Reason

Cancel Submit Reconsideration

Option 1: C
Most providers use

Option 2: R
Most providers use

Option 3: In
A dispute is a info

- A response will be issued within **30 calendar day** of submission.
- You will still have the opportunity to select **Option 4: Appeal the claim**, if the decision is upheld.
- You should **NOT** use this option if an authorization is not obtained and/or need to review for medical necessity.
- Please refer to the **MHS Provider Manual** on filing a medical necessity appeal.

Option 4: Appeal the claim
An appeal is a formal review of your claim.

- Appeal responses will be issued in writing within **45 calendar days** of submission, in accordance with 405 IAC 1-1.6.
- Your appeal will be reviewed by a panel of one or more individuals who are **knowledgeable** in the policy, legal, and/or clinical issues in the matter subject to the appeal.
- The panel was **not involved in any previous consideration** of the matter of the appeal.

Dispute Claim

Option 4 – Appeal the Claim

The screenshot displays the MHS portal interface with a modal window titled "Option 4: Appeal the claim" overlaid. The modal contains the following elements:

- Claim No:** A text input field.
- Reason:** A dropdown menu with the text "Select Reason".
- Buttons:** "Cancel" and "Submit Reconsideration" (with a right-pointing arrow).
- Informational Text (pink background):**
 - Appeal responses will be issued in writing within **45 calendar days** of submission, in accordance with 405 IAC 1-1.6.
 - Your appeal will be reviewed by a panel of one or more individuals who are **knowledgeable** in the policy, legal, and/or clinical issues in the matter subject to the appeal.
 - The panel was **not involved in any previous consideration** of the matter of the appeal.
 - Please refer to the Provider Manual for more information.

The background of the portal shows the MHS logo and several "SELECT" buttons for different options, with "Option 4: Appeal the claim" being the selected option.

Dispute Claim – Updated Tracker

Upon submission, a success banner will be displayed.



Reconsideration is tracked as in progress.



Messaging Tab



Secure Messaging

The screenshot shows a web interface for secure messaging. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a header section displays "Viewing Messages For : TIN" and "Plan Type" with a dropdown menu set to "Medicaid". A green "GO" button and an orange "Create Message" button are also present.

The main content area is titled "New Message". It contains several input fields and a large text area:

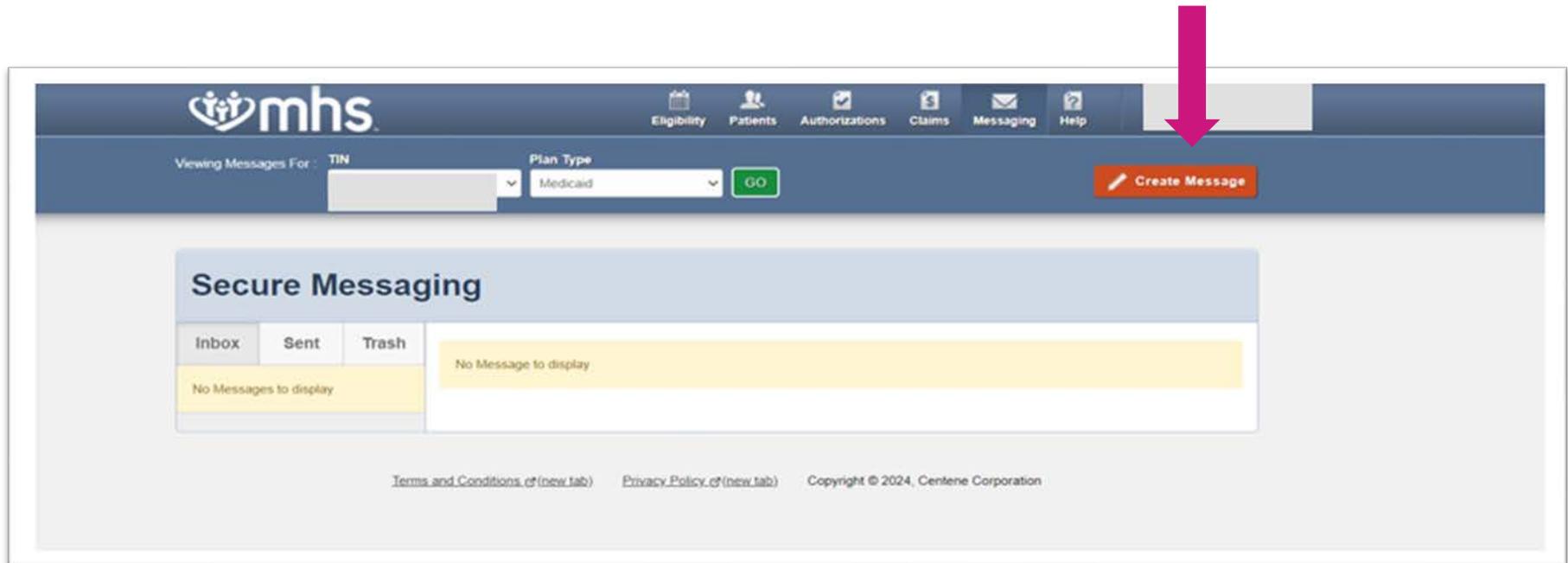
- To:** A dropdown menu currently showing "Medicaid".
- Subject:** A dropdown menu with "Select a subject" selected. A dropdown list is open, showing options: "Benefit Inquiry - Transportation", "Eligibility Inquiry", "Claim Payment", "Claim Status", "Claim Adjustment", "Contract Clarification", "Contract Request", "Provider Material", "Provider Relations Visit Request", "Appeal", "Provider Demographic Correction/Update", "Member Connections Request - Member/Patient Outreach", "Provider Panel Question", "Coordination of Benefits", "Member/Patient Problem", "Benefit Inquiry - Benefit Limits/Copay", and "Other".
- Individual NPI:** A text input field.
- Your Message:** A large text area for composing the message.
- Member Information:** Fields for "Member Name" (with placeholder "Enter First and Last Name"), "Member ID" (with value "123456789"), and "Date of Birth" (with placeholder "mm/dd/yyyy"). A note above these fields reads: "If your message is about a specific member, please include their ID and Date of Birth below."

At the bottom of the form, there are "Send" and "Cancel" buttons.

Secure Messaging

Create a New Secure Message:

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



The screenshot shows the mhs Secure Messaging interface. At the top, there is a navigation bar with the mhs logo on the left and several menu items: Eligibility, Patients, Authorizations, Claims, Messaging, and Help. A pink arrow points to the Messaging tab. Below the navigation bar, there is a search area with 'Viewing Messages For:' followed by a TIN input field and a Plan Type dropdown menu set to 'Medicaid', with a green 'GO' button. To the right of this search area is an orange 'Create Message' button with a pencil icon. Below the search area is a 'Secure Messaging' section with three tabs: 'Inbox', 'Sent', and 'Trash'. The 'Inbox' tab is active and shows 'No Messages to display'. The 'Sent' and 'Trash' tabs also show 'No Message to display'. At the bottom of the page, there are links for 'Terms and Conditions of (new tab)' and 'Privacy Policy of (new tab)', and a copyright notice: 'Copyright © 2024, Centene Corporation'.

Secure Messaging

New Message

If your message is about a specific member, please include their ID and Date of Birth below.

To	<input type="text" value="Medicaid"/>	Member Name	<input type="text" value="Enter First and Last Name"/>
Subject *	<input type="text" value="Select a subject"/>	Member ID	<input type="text" value="123456789"/>
Individual NPI *	<input type="text" value="Enter an Individual NPI"/>	Date of Birth	<input type="text" value="mm/dd/yyyy"/>

Your Message

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?
