MHS Secure Provider Web Portal Overview

mhs™

Hoosier Healthwise | Healthy Indiana Plan | Hoosier Care Connect

Agenda

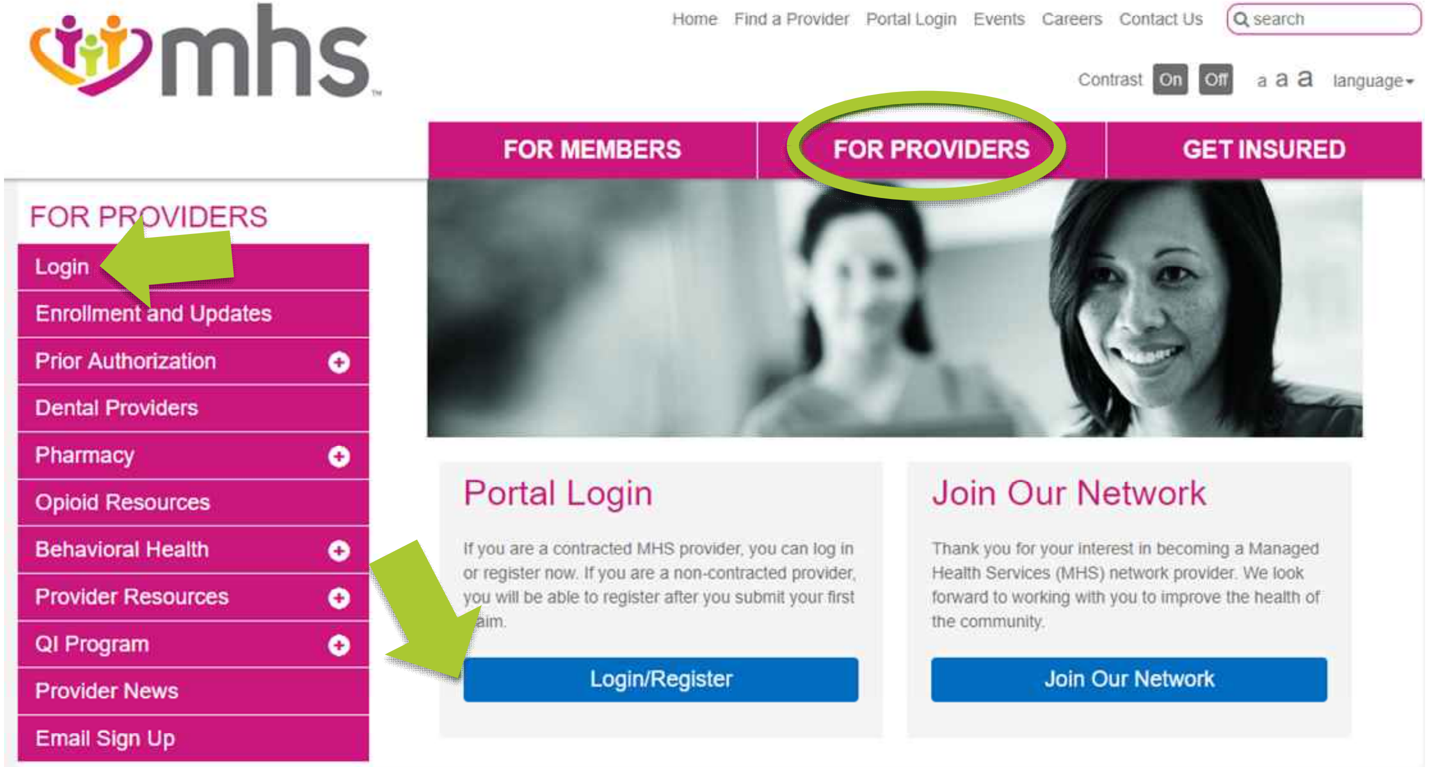
Saving time by utilizing the tools on the MHS Secure Web Portal

- **Account Creation/Login and Training Materials**
  - Dashboard
  - MHS Member Management Forms
  - Account Details
  - Account Manager
- **Quality Reports**
  - Patient Analytics
  - Provider Analytics
- **Member Eligibility and Overview**
  - Member panel for PMPs
  - Member Record
- **Authorizations**
  - Check Status
  - Submit DME Request
- **Claims**
  - Submit, Correct and Review Claims
  - Payment History
- **Secure Messaging**
- **Portal Enhancements**

Account Creation, Login and Training Materials

Provider Portal Login

- Go to mhsindiana.com and click on **For Providers**.
- Then click **Login/Register** for the **MHS Provider Portal.**
- Click **Login** tab to view Vision/Dental Portal Login and Training Materials.


Home
Find a Provider
Portal Login
Events
Careers
Contact Us
search
Contrast On Off
a a a
language
FOR MEMBERS
FOR PROVIDERS
GET INSURED
FOR PROVIDERS
Login
Enrollment and Updates
Prior Authorization
Dental Providers
Pharmacy
Opioid Resources
Behavioral Health
Provider Resources
QI Program
Provider News
Email Sign Up
Login/Register
Join Our Network

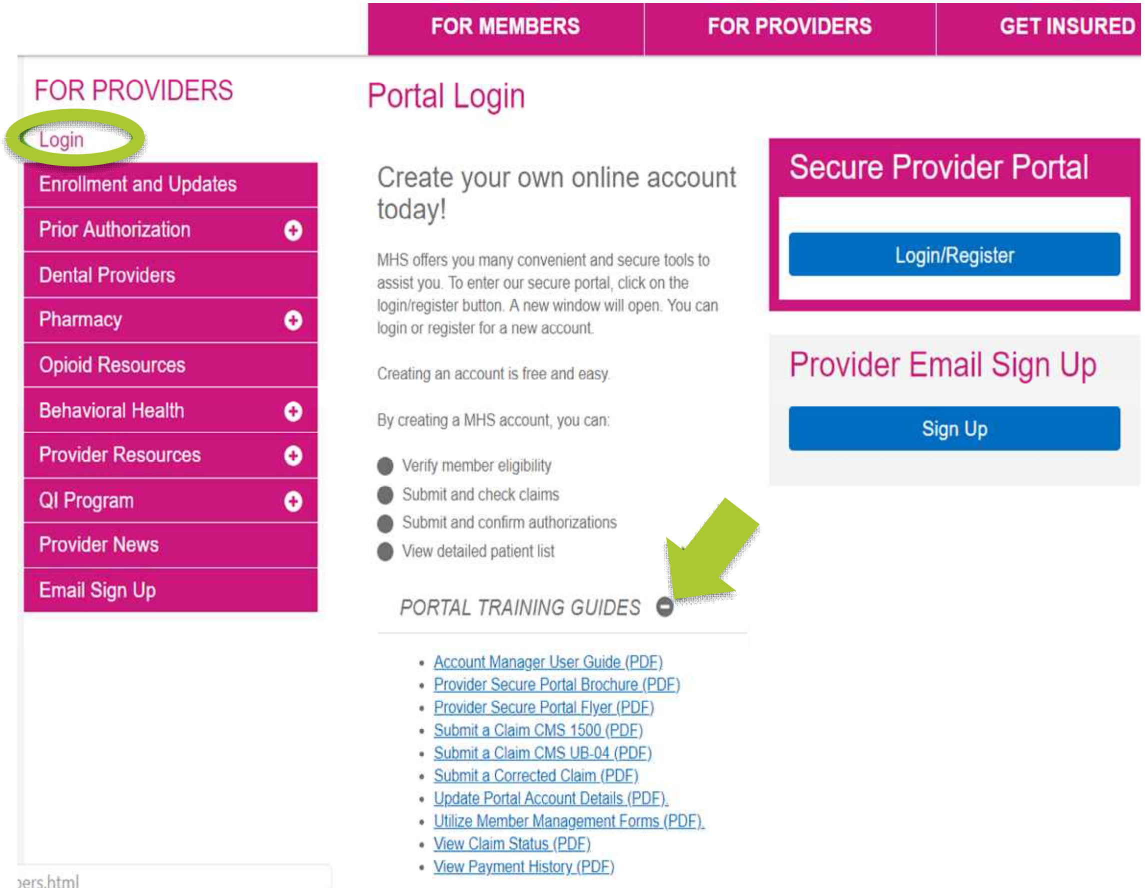
Portal Login

If you are a contracted MHS provider, you can log in or register now. If you are a non-contracted provider, you will be able to register after you submit your first aim.

Join Our Network

Thank you for your interest in becoming a Managed Health Services (MHS) network provider. We look forward to working with you to improve the health of the community.

Web Portal Training Documents



FOR MEMBERS | FOR PROVIDERS | GET INSURED

FOR PROVIDERS

- Login
- Enrollment and Updates
- Prior Authorization
- Dental Providers
- Pharmacy
- Opioid Resources
- Behavioral Health
- Provider Resources
- QI Program
- Provider News
- Email Sign Up

Portal Login

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

PORTAL TRAINING GUIDES

- Account Manager User Guide (PDF)
- Provider Secure Portal Brochure (PDF)
- Provider Secure Portal Flyer (PDF)
- Submit a Claim CMS 1500 (PDF)
- Submit a Claim CMS UB-04 (PDF)
- Submit a Corrected Claim (PDF)
- Update Portal Account Details (PDF).
- Utilize Member Management Forms (PDF).
- View Claim Status (PDF)
- View Payment History (PDF)

Secure Provider Portal

Login/Register

Provider Email Sign Up

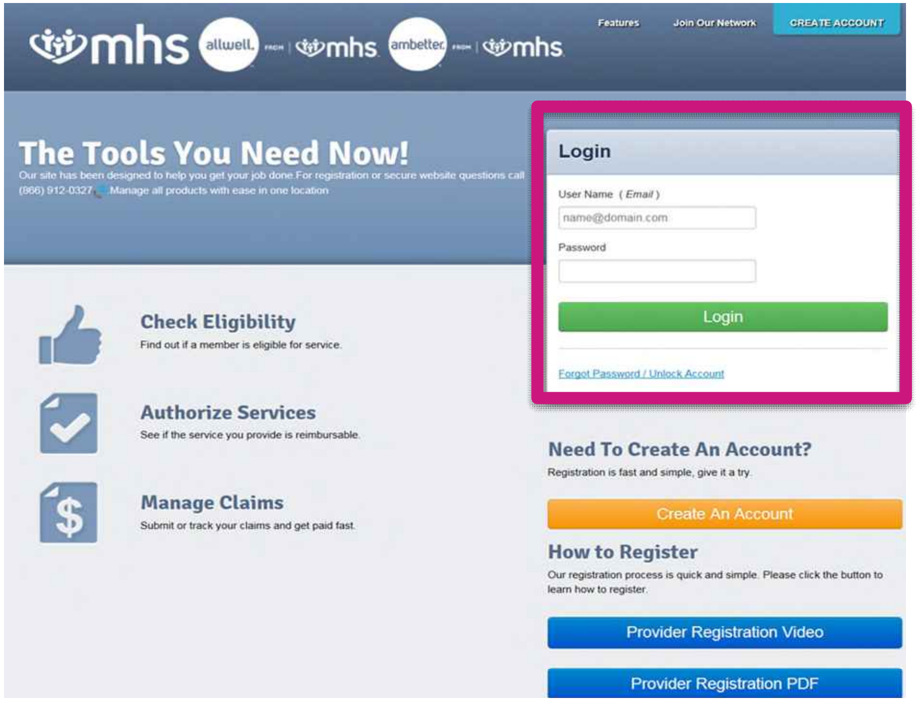
Sign Up

- **Login** tab contains **Portal Training Guides, Login/Register** and **Sign Up** for emails.

- **Training Documents Include:**

- Account Manager Guide
- MHS Portal Brochure
- How To Guides:
  - Submit Claims
  - Correct Claims
  - View Payment History
  - Use Member Management Forms

Complete Portal Registration or Login


Features
Join Our Network
CREATE ACCOUNT

The Tools You Need Now!

Our site has been designed to help you get your job done.For registration or secure website questions call (866) 912-0327. Manage all products with ease in one location

Check Eligibility

Find out if a member is eligible for service.

Authorize Services

See if the service you provide is reimbursable.

Manage Claims

Submit or track your claims and get paid fast.

Login

User Name (*Email*)

name@domain.com

Password

Login
Forgot Password / Unlock Account

Need To Create An Account?

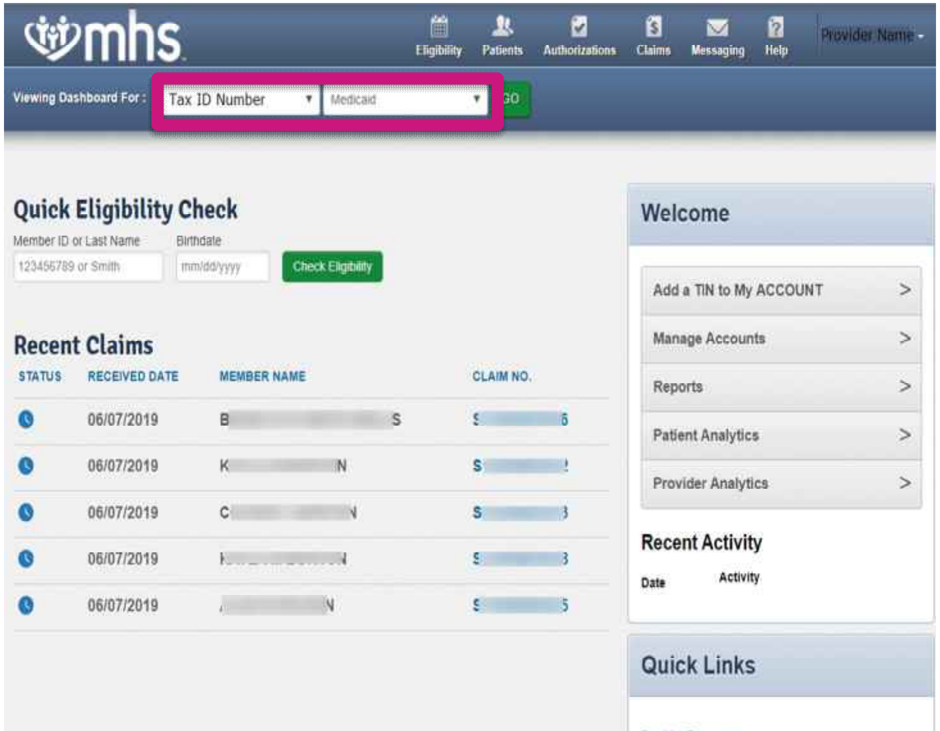
Registration is fast and simple, give it a try.

Create An Account

How to Register

Our registration process is quick and simple. Please click the button to learn how to register.

Provider Registration Video
Provider Registration PDF


Eligibility
Patients
Authorizations
Claims
Messaging
Help
Provider Name
GO
Check Eligibility
Add a TIN to My ACCOUNT
Manage Accounts
Reports
Patient Analytics
Provider Analytics
Provider Resources
Member Management Forms

Viewing Dashboard For : Tax ID Number ▾ Medicaid ▾

Quick Eligibility Check

Member ID or Last Name: 123456789 or Smith
Birthdate: mm/dd/yyyy

Recent Claims

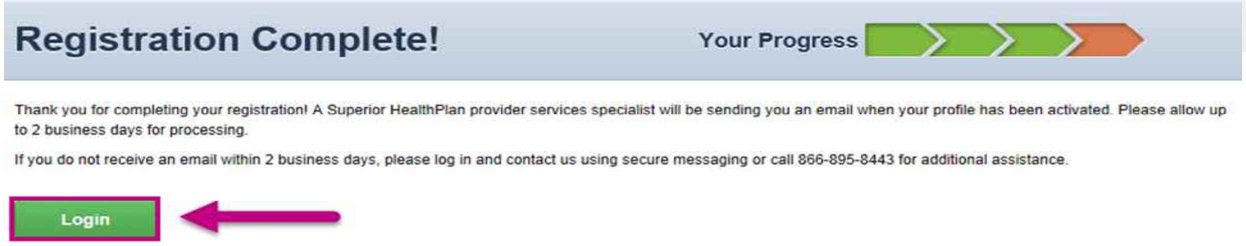
STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
●	06/07/2019	[redacted]	[redacted]
●	06/07/2019	[redacted]	[redacted]
●	06/07/2019	[redacted]	[redacted]
●	06/07/2019	[redacted]	[redacted]
●	06/07/2019	[redacted]	[redacted]

Welcome

Recent Activity

Date	Activity

Quick Links


Your Progress
Login

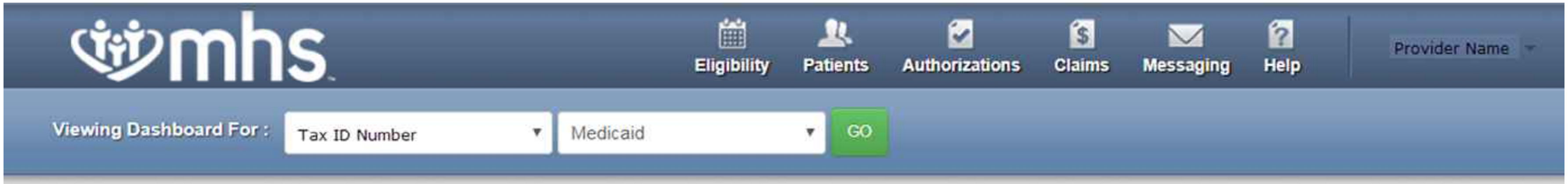
Registration Complete!

Thank you for completing your registration! A Superior HealthPlan provider services specialist will be sending you an email when your profile has been activated. Please allow up to 2 business days for processing.

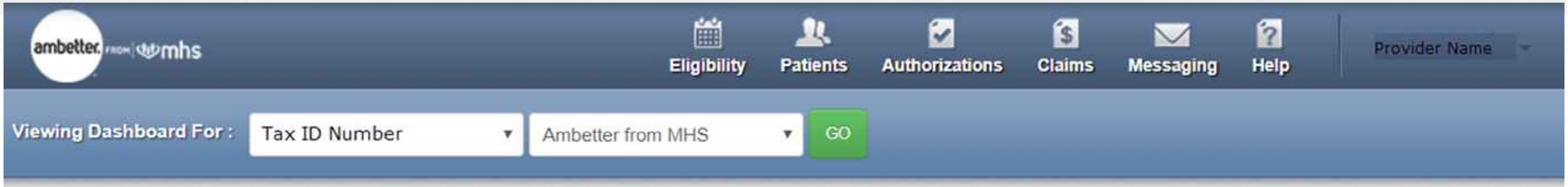
If you do not receive an email within 2 business days, please log in and contact us using secure messaging or call 866-895-8443 for additional assistance.

Dashboard Change

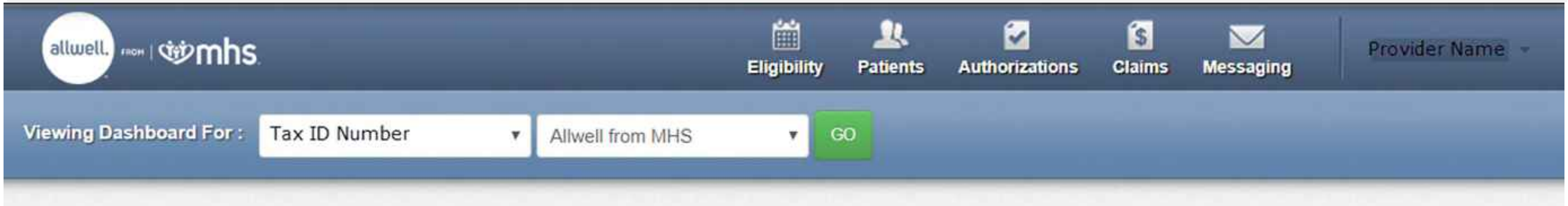
- User has the ability to change between **Tax ID Numbers** added along with choices for: **Medicaid**, **Ambetter from MHS, Allwell from MHS** and **Behavioral Health IN Medicaid.**


mhs
Eligibility
Patients
Authorizations
Claims
Messaging
Help
Provider Name
GO

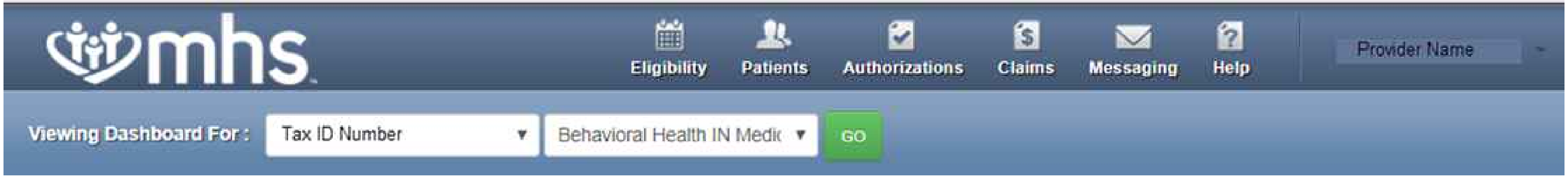
Viewing Dashboard For : Tax ID Number ▾ Medicaid ▾


ambetter. FROM mhs
Eligibility
Patients
Authorizations
Claims
Messaging
Help
Provider Name
GO

Viewing Dashboard For : Tax ID Number ▾ Ambetter from MHS ▾


allwell. FROM mhs
Eligibility
Patients
Authorizations
Claims
Messaging
Provider Name
GO

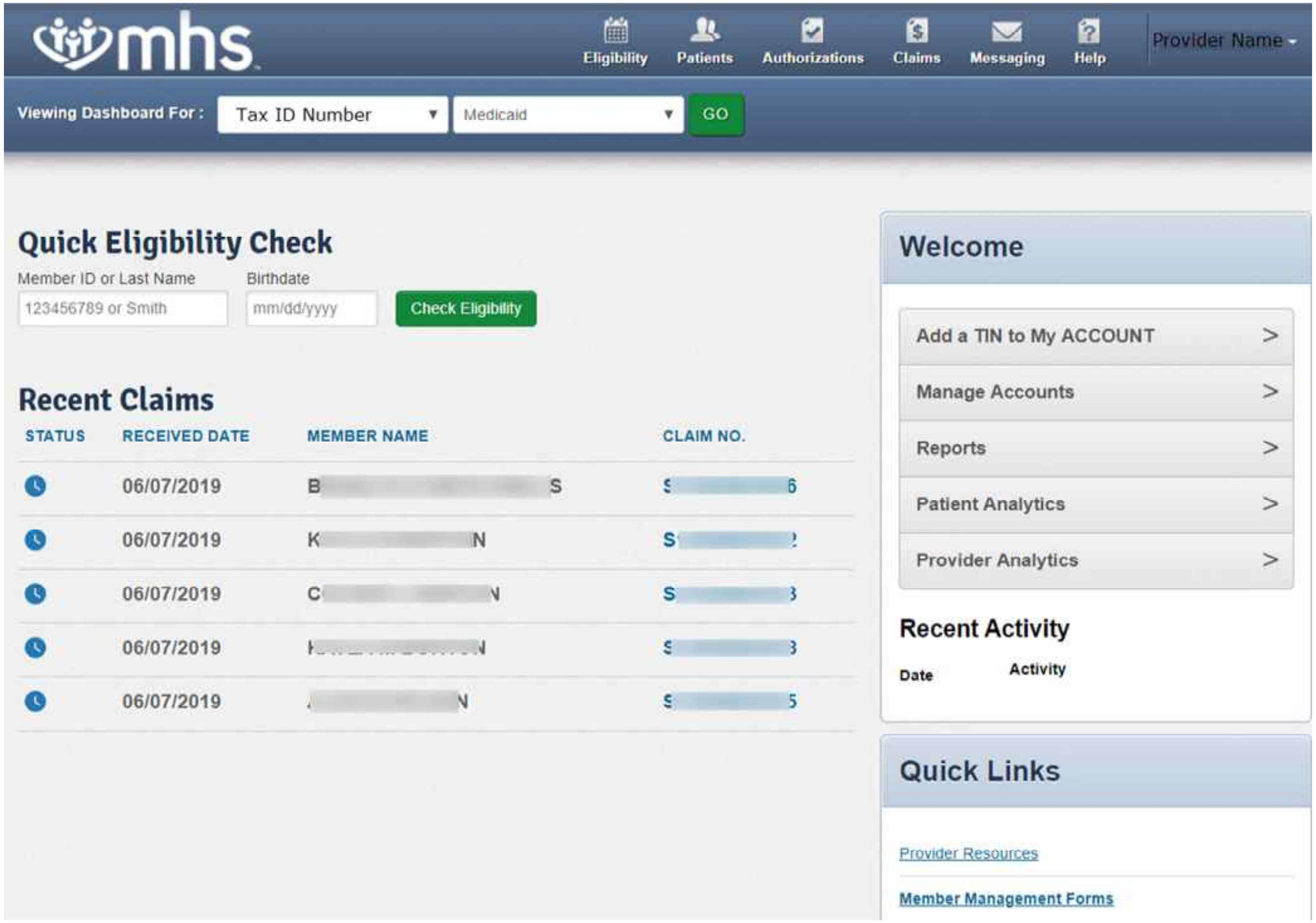
Viewing Dashboard For : Tax ID Number ▾ Allwell from MHS ▾


mhs
Eligibility
Patients
Authorizations
Claims
Messaging
Help
Provider Name
GO

Viewing Dashboard For : Tax ID Number ▾ Behavioral Health IN Medic ▾

Homepage – MHS (Medicaid)

- Quick Eligibility Check, Recent Claims, Reports, and Quick Links.



Viewing Dashboard For : Tax ID Number ▾ Medicaid ▾ GO

Quick Eligibility Check

Member ID or Last Name: 123456789 or Smith
Birthdate: mm/dd/yyyy
Check Eligibility

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
🕓	06/07/2019	[redacted]	[redacted]
🕓	06/07/2019	[redacted]	[redacted]
🕓	06/07/2019	[redacted]	[redacted]
🕓	06/07/2019	[redacted]	[redacted]
🕓	06/07/2019	[redacted]	[redacted]

Welcome

- Add a TIN to My ACCOUNT >
- Manage Accounts >
- Reports >
- Patient Analytics >
- Provider Analytics >

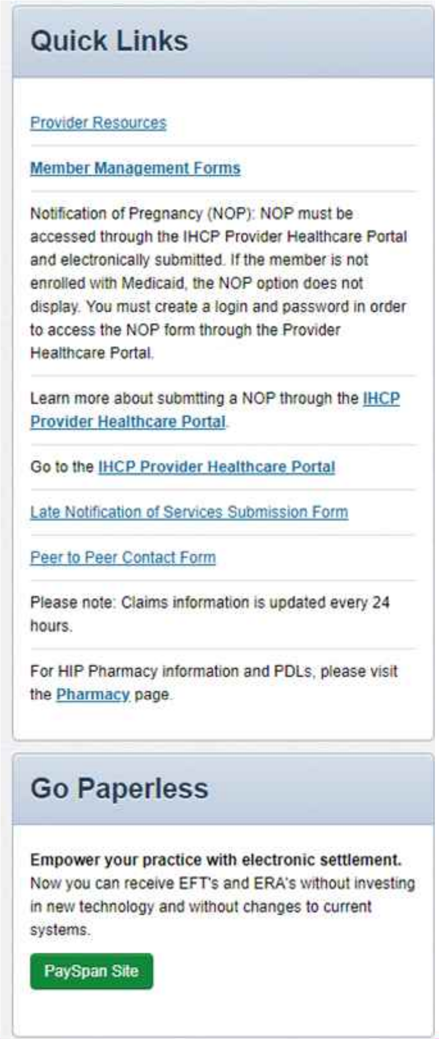
Recent Activity

Date	Activity

Quick Links

Provider Resources

Member Management Forms



Quick Links

Provider Resources

Member Management Forms

Notification of Pregnancy (NOP): NOP must be accessed through the IHCP Provider Healthcare Portal and electronically submitted. If the member is not enrolled with Medicaid, the NOP option does not display. You must create a login and password in order to access the NOP form through the Provider Healthcare Portal.

Learn more about submitting a NOP through the IHCP Provider Healthcare Portal.

Go to the IHCP Provider Healthcare Portal

Late Notification of Services Submission Form

Peer to Peer Contact Form

Please note: Claims information is updated every 24 hours.

For HIP Pharmacy information and PDLs, please visit the Pharmacy page.

Go Paperless

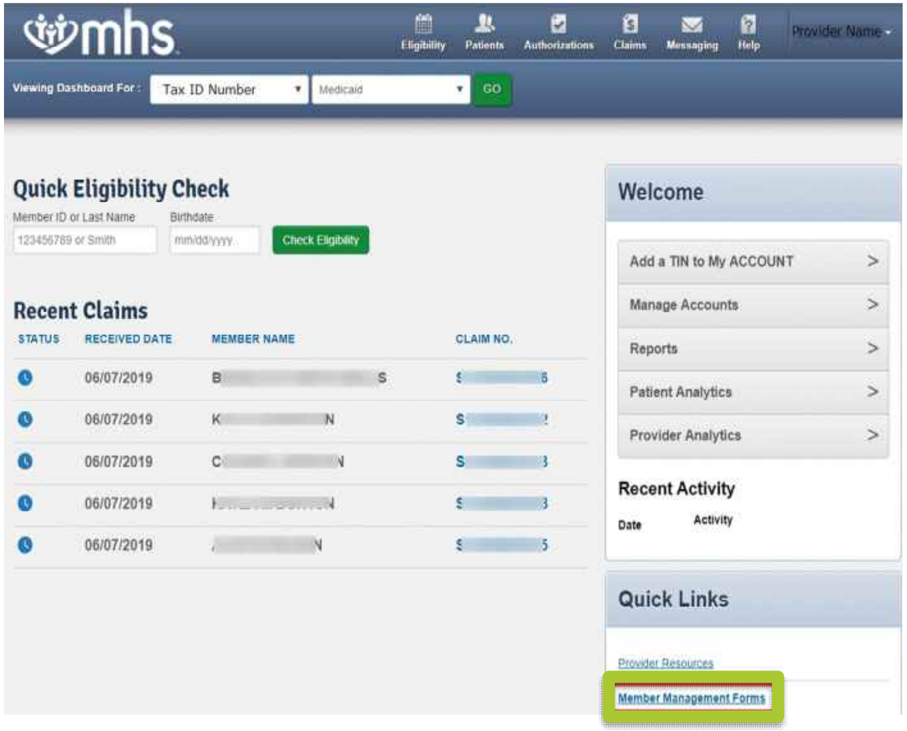
Empower your practice with electronic settlement. Now you can receive EFT's and ERA's without investing in new technology and without changes to current systems.

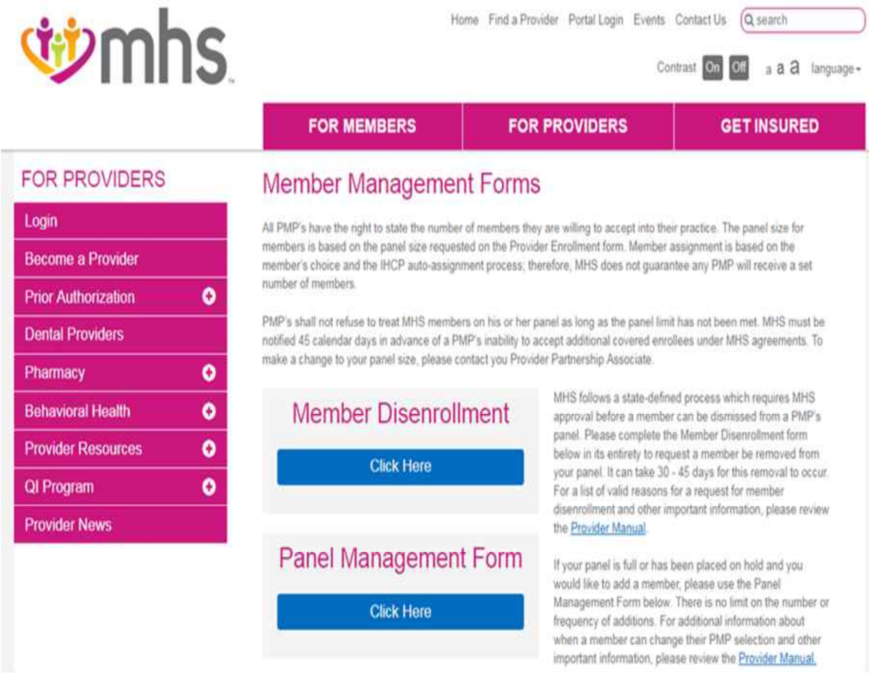
PaySpan Site

MHS Member Management Forms

- Click on **Member Management Forms** under **Quick Links.**

- **Choose between**:
  - Member Disenrollment Form
  - Panel Management Form


mhs
Eligibility
Patients
Authorizations
Claims
Messaging
Help
Provider Name
Viewing Dashboard For :
Tax ID Number
Medicaid
GO
Quick Eligibility Check
Member ID or Last Name
123456789 or Smith
Birthdate
mm/dd/yyyy
Check Eligibility
Recent Claims
STATUS
RECEIVED DATE
MEMBER NAME
CLAIM NO.
06/07/2019 [redacted] [redacted]
06/07/2019 [redacted] [redacted]
06/07/2019 [redacted] [redacted]
06/07/2019 [redacted] [redacted]
06/07/2019 [redacted] [redacted]
Welcome
Add a TIN to My ACCOUNT
Manage Accounts
Reports
Patient Analytics
Provider Analytics
Recent Activity
Date
Activity
Quick Links
Provider Resources
Member Management Forms


mhs
Home
Find a Provider
Portal Login
Events
Contact Us
search
Contrast On Off
a a a
language
FOR MEMBERS
FOR PROVIDERS
GET INSURED
FOR PROVIDERS
Login
Become a Provider
Prior Authorization
Dental Providers
Pharmacy
Behavioral Health
Provider Resources
QI Program
Provider News
Click Here
Click Here

Member Management Forms

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

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

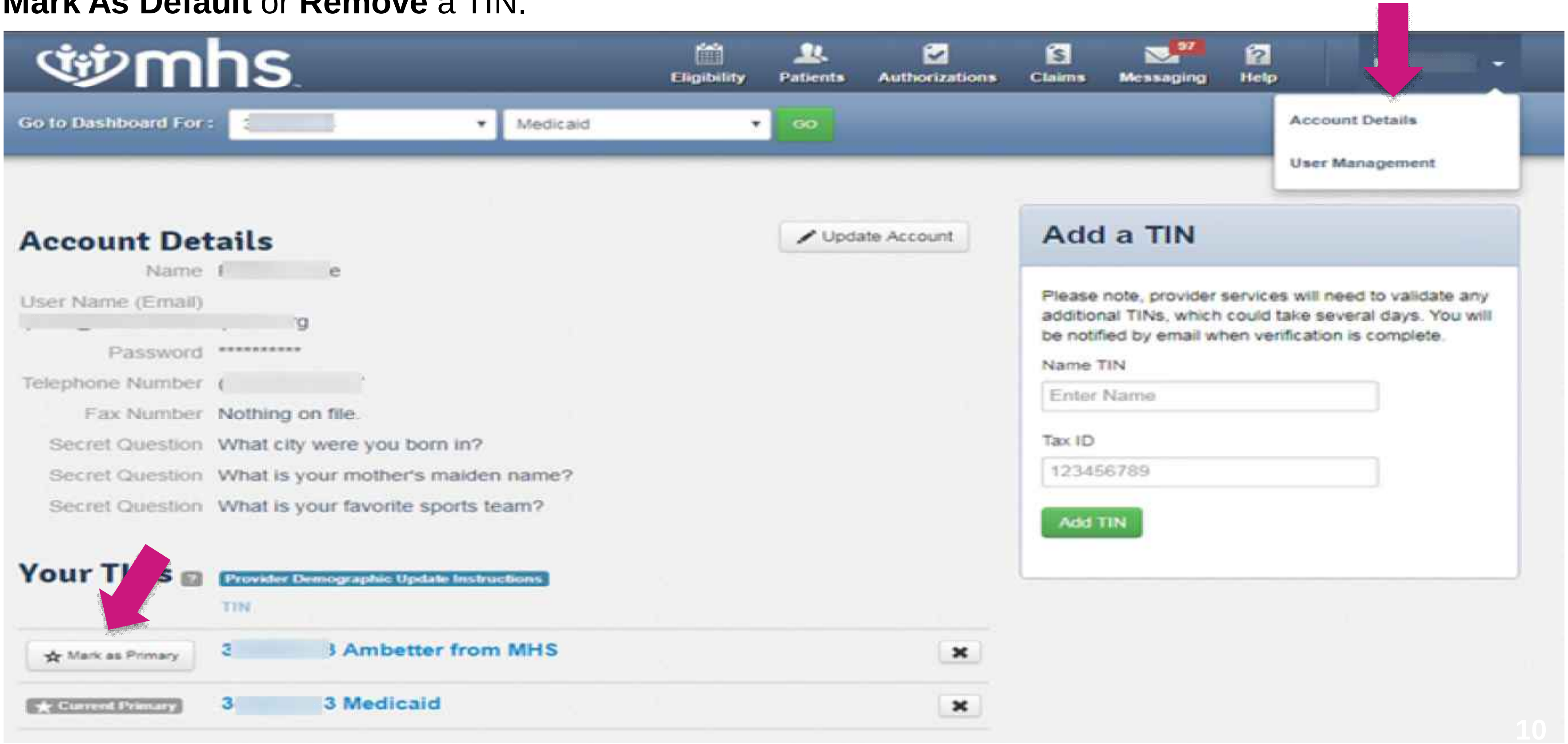
If your panel is full or has been placed on hold and you would like to add a member, please use the Panel Management Form below. There is no limit on the number or frequency of additions. For additional information about when a member can change their PMP selection and other important information, please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

Account Details

To view **Account Details:**

1. Select the **drop-down arrow** next to User Name at the upper right corner on the dashboard
2. Click **Account Details.**

Note: Under Your TINs you see the Current **Primary** Default TIN for the account, and can select another TIN to **Mark As Default** or **Remove** a TIN.


mhs
Eligibility
Patients
Authorizations
Claims
97
Messaging
Help
Go to Dashboard For :
Medicaid
GO
Account Details
User Management
Update Account

Account Details

Name [redacted]

User Name (Email) [redacted]

Password ***********

Telephone Number [redacted]

Fax Number Nothing on file.

Secret Question What city were you born in?

Secret Question What is your mother's maiden name?

Secret Question What is your favorite sports team?

Add a TIN

Please note, provider services will need to validate any additional TINs, which could take several days. You will be notified by email when verification is complete.

Name TIN: Enter Name

Tax ID: 123456789

Your TINs

Provider Demographic Update Instructions

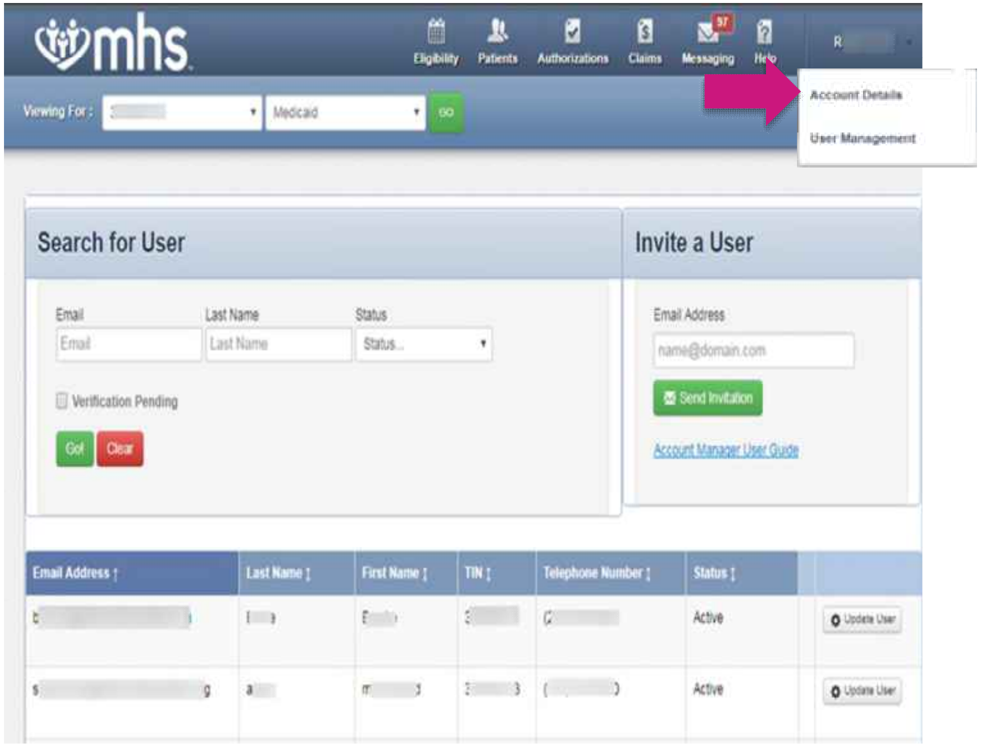
	TIN	
☆ Mark as Primary	[redacted] Ambetter from MHS	✖
★ Current Primary	[redacted] Medicaid	✖

Account Manager User Guide

User Management

For **Account Managers** to manage their office staff/users associated with their practice: you can disable/enable users, and manage permissions for your account.

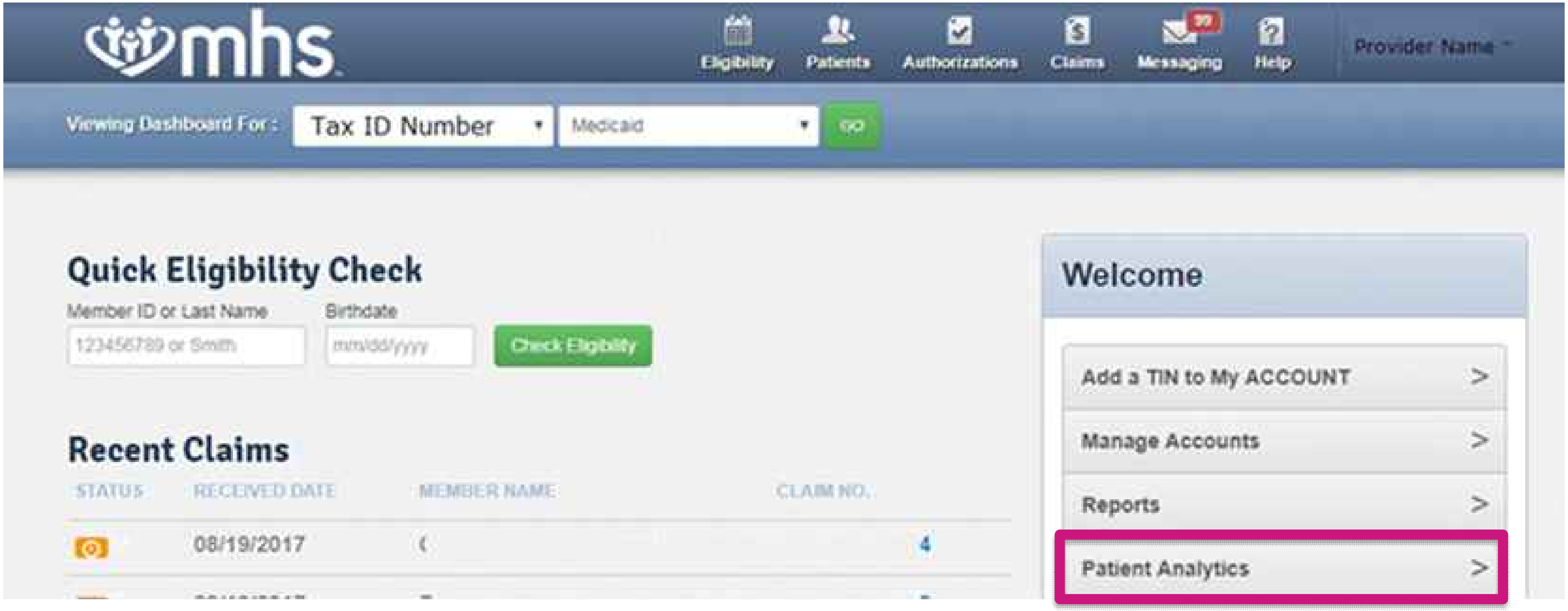
1. Select the drop-down arrow next to your name in the upper right corner.
2. Select **User Management**.
3. Click **Update User** next to the user name.


mhs
Eligibility
Patients
Authorizations
Claims
Messaging
Help
Account Details
User Management
Viewing For :
Medicaid
GO
Search for User
Email
Last Name
Status
Status...
☐ Verification Pending
Go!
Clear
Invite a User
Email Address
name@domain.com
Send Invitation
Account Manager User Guide
Email Address
Last Name
First Name
TIN
Telephone Number
Status
Active
Update User
Active
Update User

Quality Reports

Patient Analytics

- Click on **Patient Analytics** to view reports.



Eligibility
Patients
Authorizations
Claims
Messaging
Help
Provider Name

Viewing Dashboard For : Tax ID Number ▾ Medicaid ▾ GO

Quick Eligibility Check

Member ID or Last Name: 123456789 or Smith

Birthdate: mm/dd/yyyy

Check Eligibility

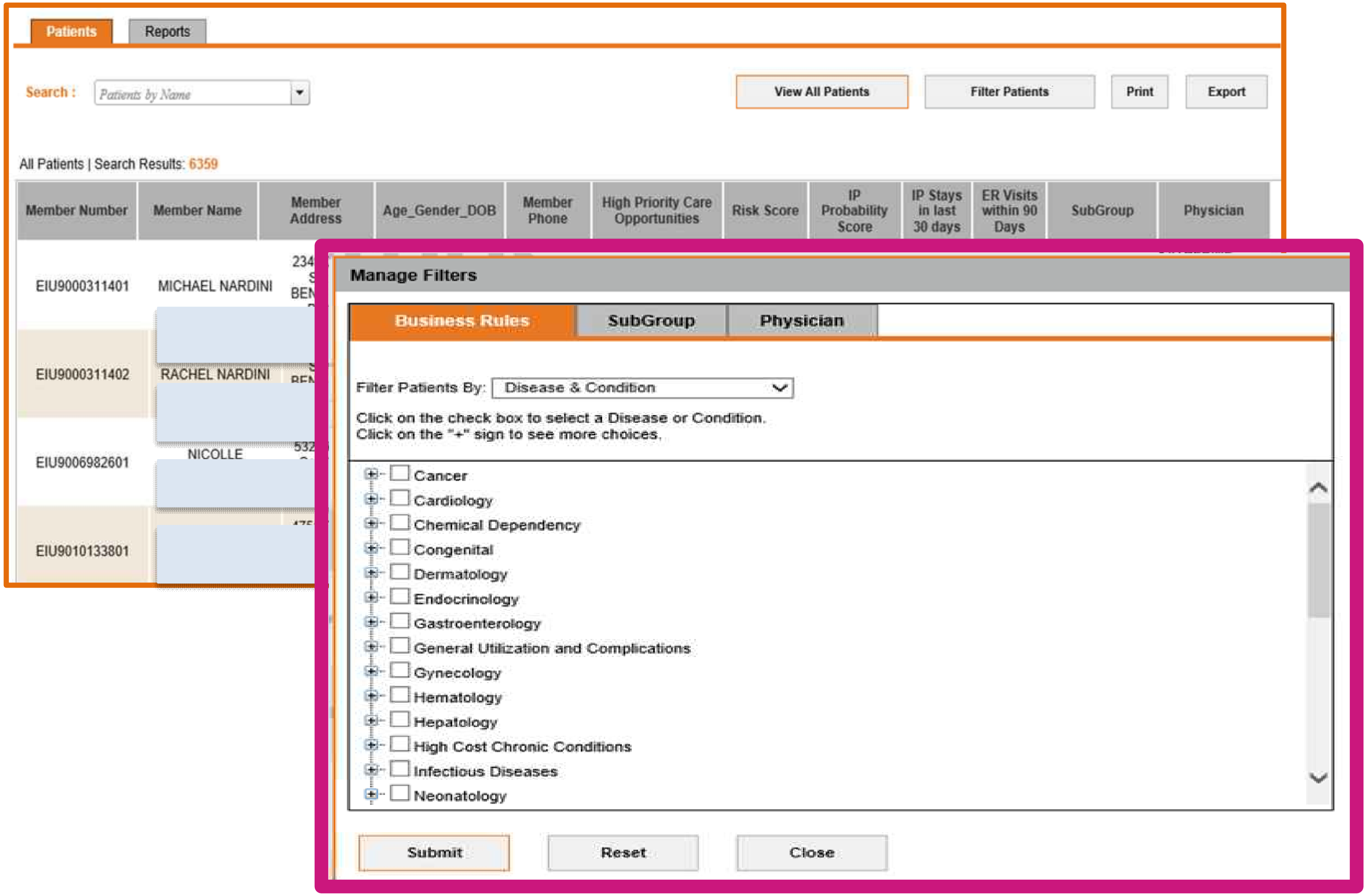
Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	08/19/2017	[illegible]	4

Welcome

- Add a TIN to My ACCOUNT >
- Manage Accounts >
- Reports >
- Patient Analytics >

Patient Analytics



Patients
Reports
Search :
Patients by Name
View All Patients
Filter Patients
Print
Export

All Patients | Search Results: 6359

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	Physician
EIU9000311401	MICHAEL NARDINI										
EIU9000311402	RACHEL NARDINI										
EIU9006982601	NICOLLE										
EIU9010133801											

Manage Filters

Business Rules
SubGroup
Physician

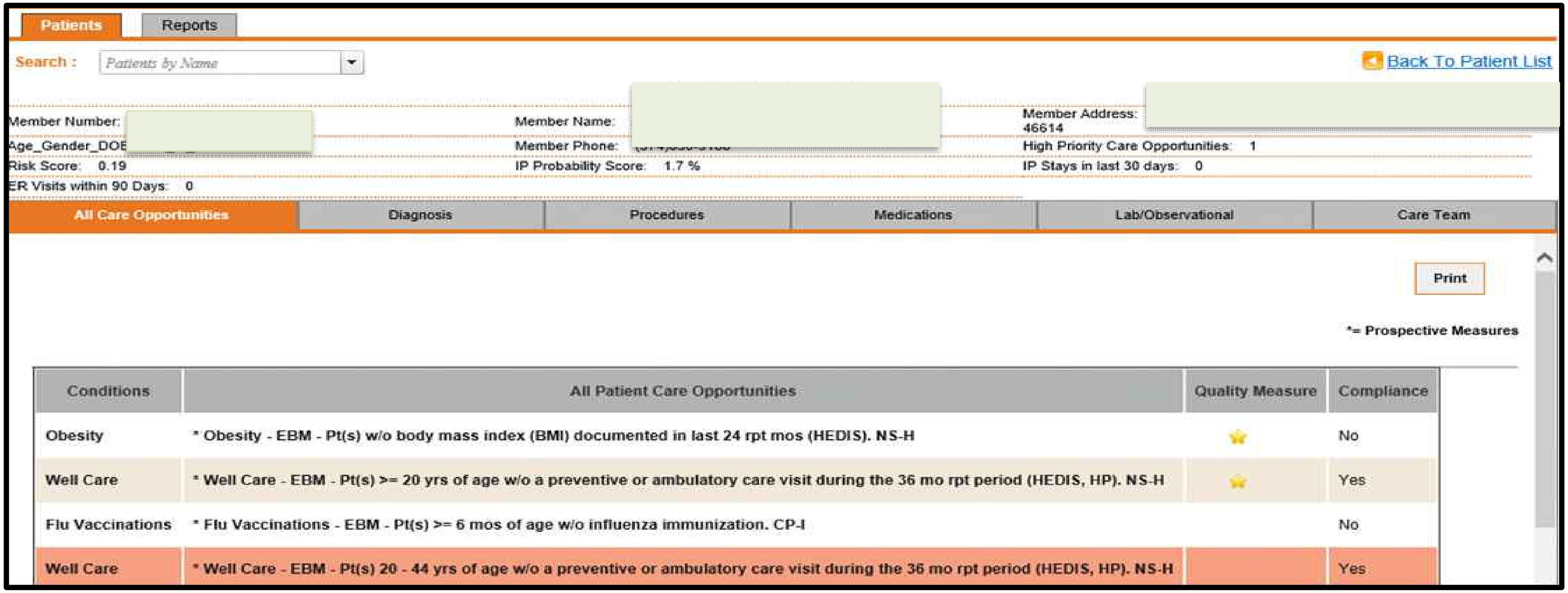
Filter Patients By: Disease & Condition

Click on the check box to select a Disease or Condition.
Click on the "+" sign to see more choices.

- ☐ Cancer
- ☐ Cardiology
- ☐ Chemical Dependency
- ☐ Congenital
- ☐ Dermatology
- ☐ Endocrinology
- ☐ Gastroenterology
- ☐ General Utilization and Complications
- ☐ Gynecology
- ☐ Hematology
- ☐ Hepatology
- ☐ High Cost Chronic Conditions
- ☐ Infectious Diseases
- ☐ Neonatology

Submit
Reset
Close

Patient Analytics



Member Number: [redacted]

Age_Gender_DOB

Risk Score: 0.19

ER Visits within 90 Days: 0

Member Name: [redacted]

Member Phone:

IP Probability Score: 1.7 %

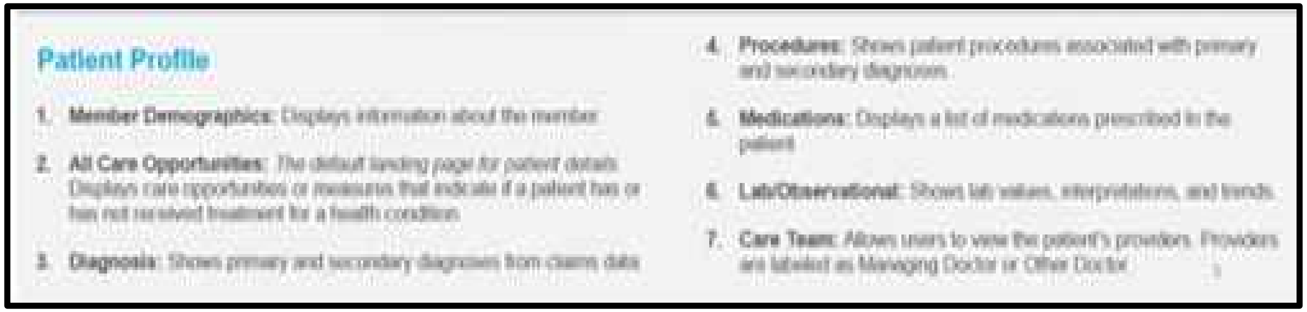
Member Address: [redacted]
46614

High Priority Care Opportunities: 1

IP Stays in last 30 days: 0

*= Prospective Measures

Conditions	All Patient Care Opportunities	Quality Measure	Compliance
Obesity	* Obesity - EBM - Pt(s) w/o body mass index (BMI) documented in last 24 rpt mos (HEDIS). NS-H	★	No
Well Care	* Well Care - EBM - Pt(s) >= 20 yrs of age w/o a preventive or ambulatory care visit during the 36 mo rpt period (HEDIS, HP). NS-H	★	Yes
Flu Vaccinations	* Flu Vaccinations - EBM - Pt(s) >= 6 mos of age w/o influenza immunization. CP-I		No
Well Care	* Well Care - EBM - Pt(s) 20 - 44 yrs of age w/o a preventive or ambulatory care visit during the 36 mo rpt period (HEDIS, HP). NS-H		Yes

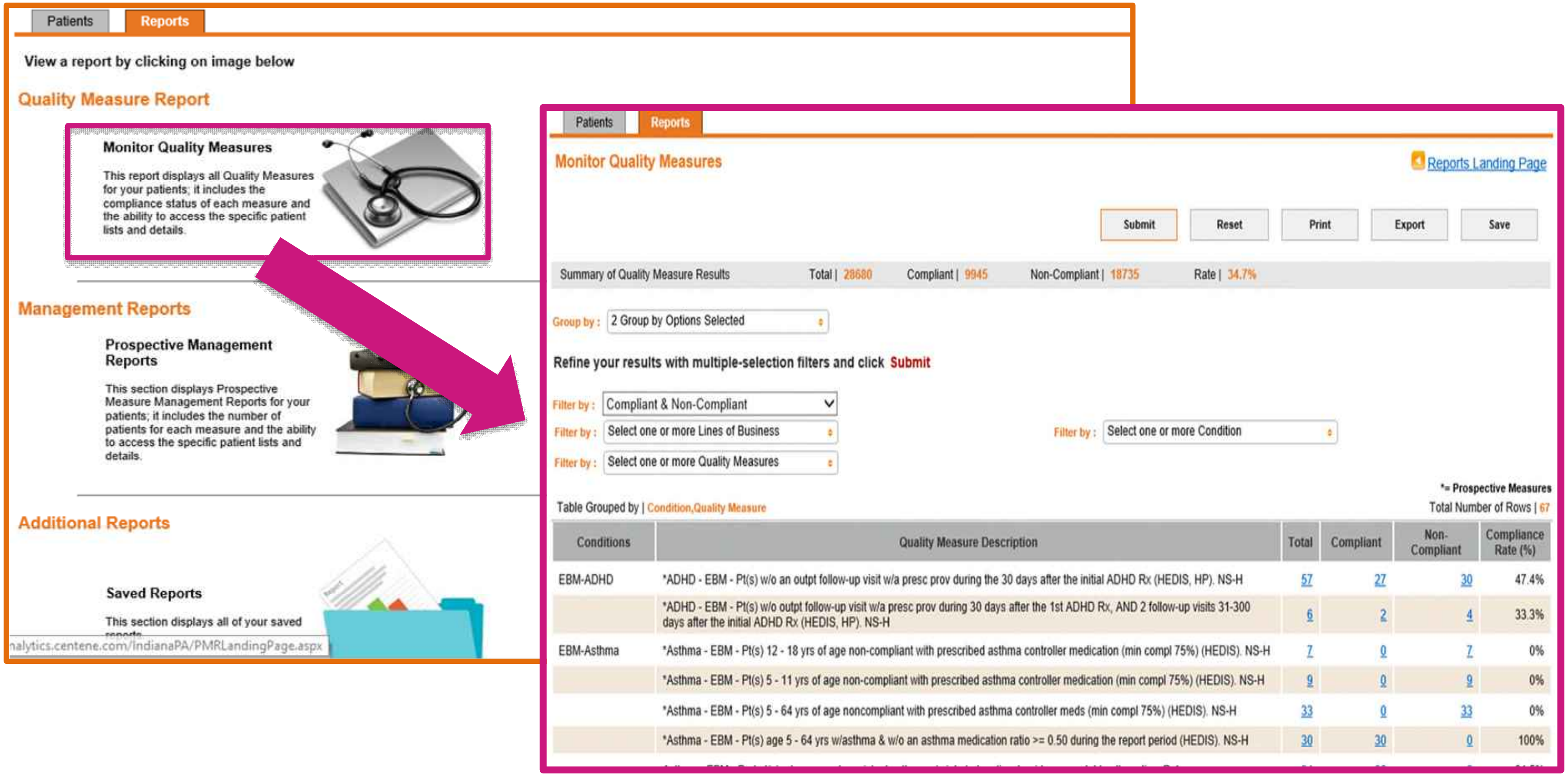


Patient Profile

1. **Member Demographics:** Displays information about the member
2. **All Care Opportunities:** *The default landing page for patient details.* Displays care opportunities or measures that indicate if a patient has or has not received treatment for a health condition
3. **Diagnosis:** Shows primary and secondary diagnoses from claims data
4. **Procedures:** Shows patient procedures associated with primary and secondary diagnoses
5. **Medications:** Displays a list of medications prescribed to the patient
6. **Lab/Observational:** Shows lab values, interpretations, and trends
7. **Care Team:** Allows users to view the patient's providers. Providers are labeled as Managing Doctor or Other Doctor

Patient Analytics

Quality Measure Report– Users are able to view reports by selected grouping and filtering options.



View a report by clicking on image below

Quality Measure Report

Monitor Quality Measures

This report displays all Quality Measures for your patients; it includes the compliance status of each measure and the ability to access the specific patient lists and details.

Management Reports

Prospective Management Reports

This section displays Prospective Measure Management Reports for your patients; it includes the number of patients for each measure and the ability to access the specific patient lists and details.

Additional Reports

Saved Reports

This section displays all of your saved

nalytics.centene.com/IndianaPA/PMRLandingPage.aspx

Monitor Quality Measures

Summary of Quality Measure Results Total | 28680 Compliant | 9945 Non-Compliant | 18735 Rate | 34.7%

Group by : 2 Group by Options Selected

Refine your results with multiple-selection filters and click Submit

Filter by : Compliant & Non-Compliant

Filter by : Select one or more Lines of Business

Filter by : Select one or more Condition

Filter by : Select one or more Quality Measures

*= Prospective Measures

Table Grouped by | Condition,Quality Measure

Total Number of Rows | 67

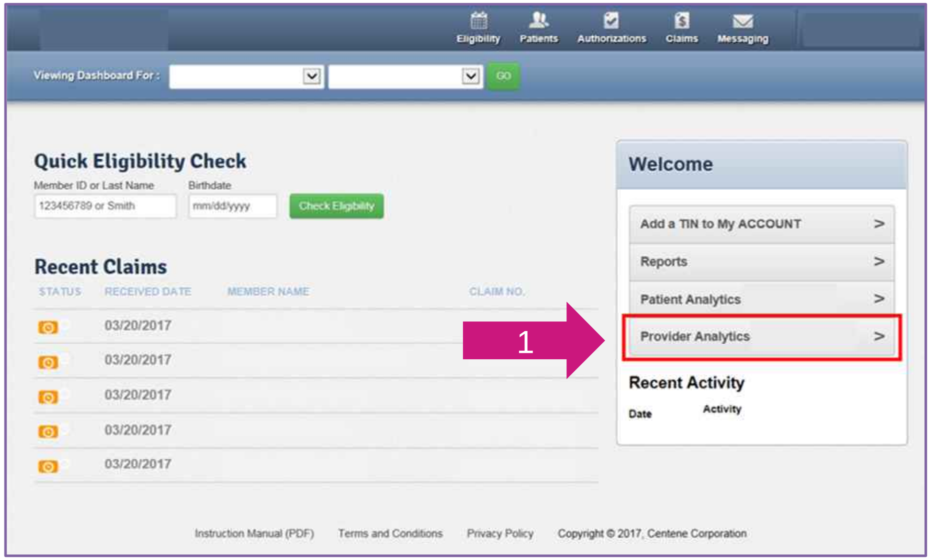
Conditions	Quality Measure Description	Total	Compliant	Non-Compliant	Compliance Rate (%)
EBM-ADHD	*ADHD - EBM - Pt(s) w/o an outpt follow-up visit w/a presc prov during the 30 days after the initial ADHD Rx (HEDIS, HP). NS-H	57	27	30	47.4%
	*ADHD - EBM - Pt(s) w/o outpt follow-up visit w/a presc prov during 30 days after the 1st ADHD Rx, AND 2 follow-up visits 31-300 days after the initial ADHD Rx (HEDIS, HP). NS-H	6	2	4	33.3%
EBM-Asthma	*Asthma - EBM - Pt(s) 12 - 18 yrs of age non-compliant with prescribed asthma controller medication (min compl 75%) (HEDIS). NS-H	7	0	7	0%
	*Asthma - EBM - Pt(s) 5 - 11 yrs of age non-compliant with prescribed asthma controller medication (min compl 75%) (HEDIS). NS-H	9	0	9	0%
	*Asthma - EBM - Pt(s) 5 - 64 yrs of age noncompliant with prescribed asthma controller meds (min compl 75%) (HEDIS). NS-H	33	0	33	0%
	*Asthma - EBM - Pt(s) age 5 - 64 yrs w/asthma & w/o an asthma medication ratio >= 0.50 during the report period (HEDIS). NS-H	30	30	0	100%

Provider Analytics

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


Eligibility
Patients
Authorizations
Claims
Messaging
Viewing Dashboard For :
GO
Check Eligibility
1
Add a TIN to My ACCOUNT >
Reports >
Patient Analytics >
Provider Analytics >
Instruction Manual (PDF)
Terms and Conditions
Privacy Policy

Quick Eligibility Check

Member ID or Last Name: 123456789 or Smith

Birthdate: mm/dd/yyyy

Recent Claims

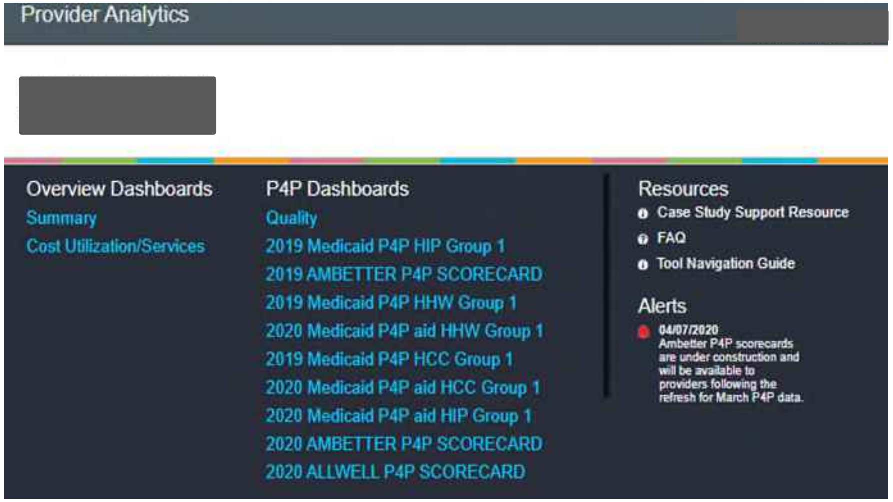
STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
⊙	03/20/2017		
⊙	03/20/2017		
⊙	03/20/2017		
⊙	03/20/2017		
⊙	03/20/2017		

Welcome

Recent Activity

Date	Activity

Copyright © 2017, Centene Corporation


Provider Analytics

[redacted]

Overview Dashboards

- Summary
- Cost Utilization/Services

P4P Dashboards

- Quality
- 2019 Medicaid P4P HIP Group 1
- 2019 AMBETTER P4P SCORECARD
- 2019 Medicaid P4P HHW Group 1
- 2020 Medicaid P4P aid HHW Group 1
- 2019 Medicaid P4P HCC Group 1
- 2020 Medicaid P4P aid HCC Group 1
- 2020 Medicaid P4P aid HIP Group 1
- 2020 AMBETTER P4P SCORECARD
- 2020 ALLWELL P4P SCORECARD

Resources

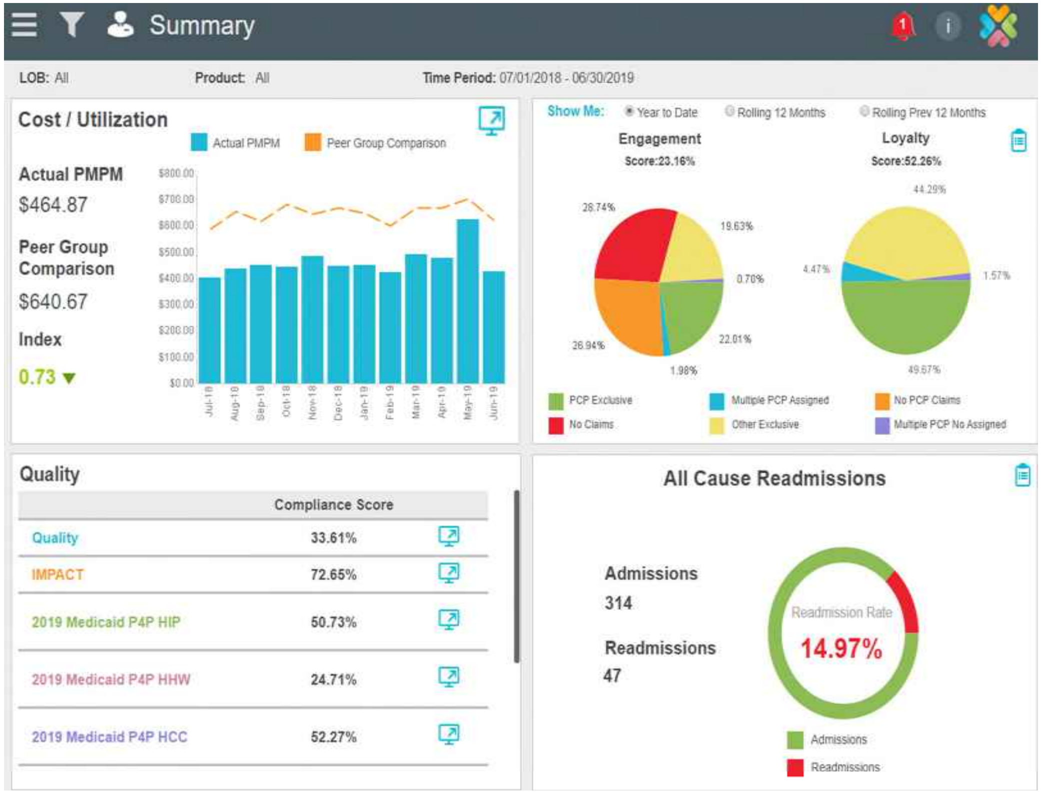
- Case Study Support Resource
- FAQ
- Tool Navigation Guide

Alerts

04/07/2020
Ambetter P4P scorecards are under construction and will be available to providers following the refresh for March P4P data.

Provider Analytics Summary Page

- Here you will be able to view four dashboards:
  a. Cost/Utilization
  b. Engagement Analysis
  c. Quality
  d. Readmission by Disease State


Summary
1
i
Actual PMPM
Peer Group Comparison
$800.00
$700.00
$600.00
$500.00
$400.00
$300.00
$200.00
$100.00
$0.00
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
28.74%
19.63%
0.70%
22.01%
1.98%
26.94%
44.29%
4.47%
1.57%
49.67%
PCP Exclusive
No Claims
Multiple PCP Assigned
Other Exclusive
No PCP Claims
Multiple PCP No Assigned
Readmission Rate
Admissions
Readmissions

LOB: All
Product: All
Time Period: 07/01/2018 - 06/30/2019

Cost / Utilization

Actual PMPM
$464.87

Peer Group Comparison
$640.67

Index
0.73 ▼

Show Me: ● Year to Date ○ Rolling 12 Months ○ Rolling Prev 12 Months

Engagement
Score:23.16%

Loyalty
Score:52.26%

Quality

	Compliance Score
Quality	33.61%
IMPACT	72.65%
2019 Medicaid P4P HIP	50.73%
2019 Medicaid P4P HHW	24.71%
2019 Medicaid P4P HCC	52.27%

All Cause Readmissions

Admissions
314

Readmissions
47

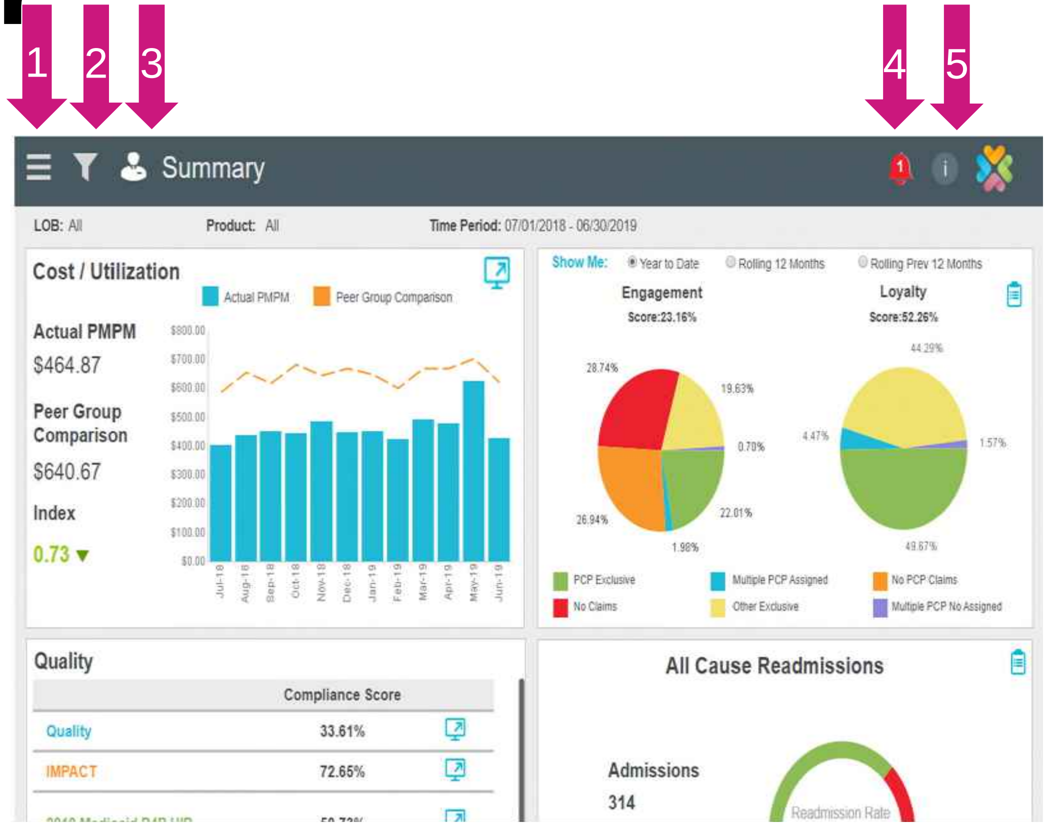
Readmission Rate
14.97%

Summary Page Overview

Summary Banner

The dark grey banner contains five icons that will help you navigate the information on the page. You can hover over each icon to view a definition of each icon's purpose.

1. Navigation Bar (three horizontal lines)
2. Funnel – Used to filter data
3. Person – Provider information
4. Bell – Alerts
5. An "i" with a circle – Information
    a. Tool Navigation Guide
    b. Case Study Support Resource
    c. FAQ


1
2
3
4
5
Summary
1
i

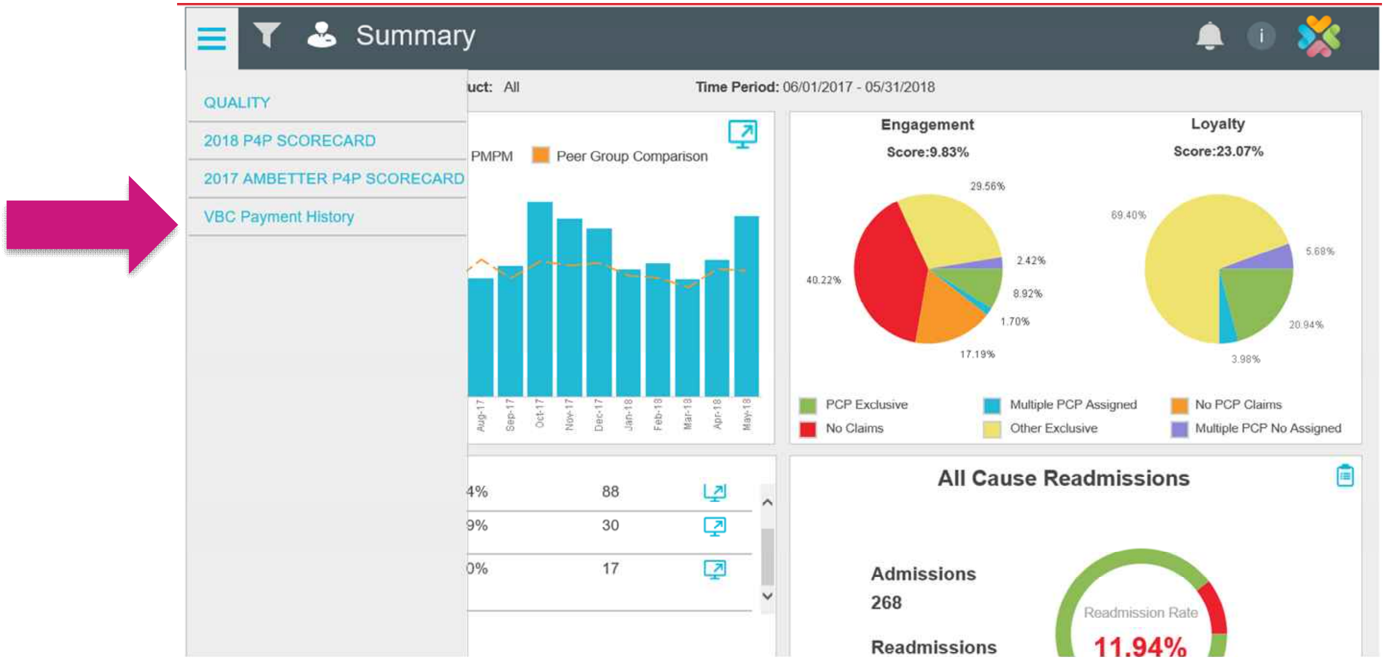
LOB: All
Product: All
Time Period: 07/01/2018 - 06/30/2019

Cost / Utilization
Actual PMPM
Peer Group Comparison
Actual PMPM
$464.87
Peer Group Comparison
$640.67
Index
0.73 ▼
$800.00
$700.00
$600.00
$500.00
$400.00
$300.00
$200.00
$100.00
$0.00
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Show Me:
● Year to Date
○ Rolling 12 Months
○ Rolling Prev 12 Months
Engagement
Score:23.16%
Loyalty
Score:52.26%
28.74%
19.63%
0.70%
26.94%
22.01%
1.98%
44.29%
4.47%
1.57%
49.67%
PCP Exclusive
No Claims
Multiple PCP Assigned
Other Exclusive
No PCP Claims
Multiple PCP No Assigned
Quality
Compliance Score
Quality
33.61%
IMPACT
72.65%
All Cause Readmissions
Admissions
314
Readmission Rate

Summary Page Overview

Payment History

- Added to the drop down bar.
- PDF Report only.
- Ensures all providers have access to prior VBC scorecards.
- Providers in current P4P program have access to PDF copies.
- Providers no longer participating still have access to prior months.


Summary
QUALITY
2018 P4P SCORECARD
2017 AMBETTER P4P SCORECARD
VBC Payment History
PMPM
Peer Group Comparison
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Engagement
Score:9.83%
29.56%
40.22%
2.42%
8.92%
1.70%
17.19%
Loyalty
Score:23.07%
69.40%
5.68%
20.94%
3.98%
PCP Exclusive
No Claims
Multiple PCP Assigned
Other Exclusive
No PCP Claims
Multiple PCP No Assigned
All Cause Readmissions
Readmission Rate

uct: All

Time Period: 06/01/2017 - 05/31/2018

4%	88
9%	30
0%	17

Admissions
268

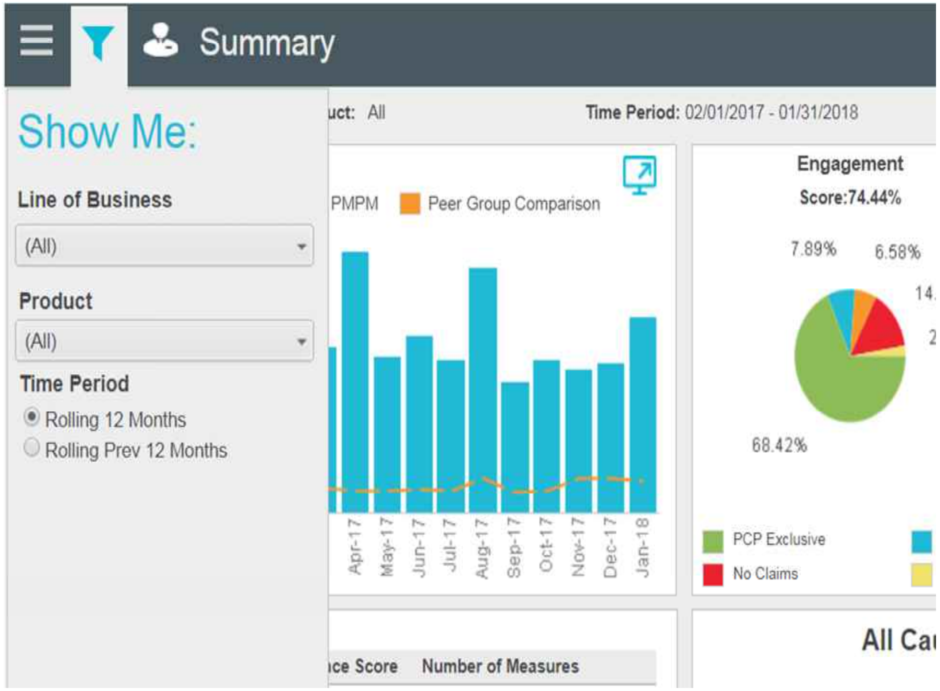
Readmissions

Readmission Rate
11.94%

Summary Page Overview

Funnel Icon: Use this to select an option to view data specific to selected criteria

- **Line of Business**
  - Commercial
  - Medicaid
  - Medicare
- **Product**
  - Medicaid
  - Marketplace
  - Medicare
- **Time Period**
  - Rolling 12 months from current date
  - Previous rolling 12 months
  - Note: There is a 3-month data lag


Summary

Show Me:

Line of Business: (All)

Product: (All)

Time Period
● Rolling 12 Months
○ Rolling Prev 12 Months

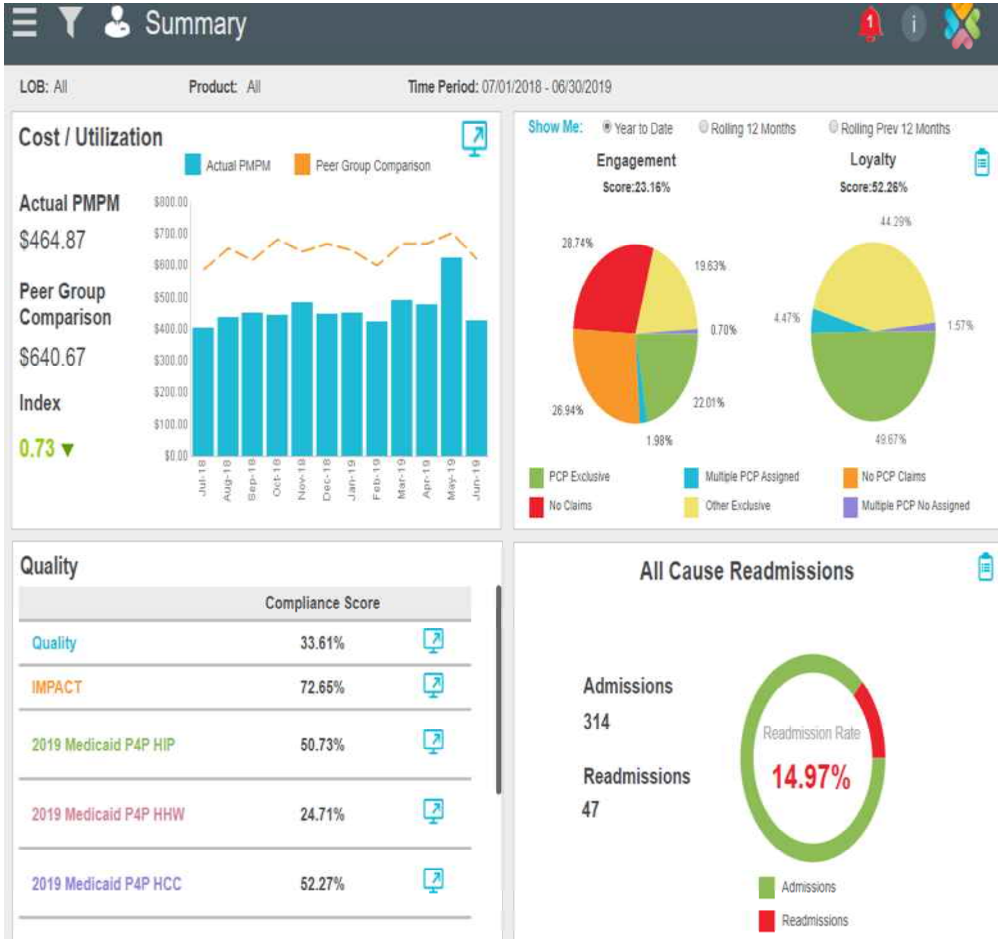
uct: All

Time Period: 02/01/2017 - 01/31/2018

PMPM
Peer Group Comparison
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Engagement
Score:74.44%
7.89%
6.58%
14.
2
68.42%
PCP Exclusive
No Claims
All Ca
ce Score
Number of Measures

Dashboard View

- **Cost/Utilization:** This dashboard will show your actual PMPM compared to expected PMPM on a monthly basis.
- **Quality:** The Quality dashboard in the lower left quadrant shows HEDIS and VBC performance.
- **Engagement/Loyalty Analysis:** This dashboard will show a view of your members' utilization of PCP and healthcare services.
- **All Cause Readmission:** This dashboard will show total inpatient visits and total readmits by disease state. It will show the number of total readmits and those without PCP follow-up and follow-up rate.
- *You may access more specific data down to the member level by clicking on the blue computer monitor or clipboard icons seen in each quadrant.*


Summary
Cost / Utilization
Actual PMPM
Peer Group Comparison
$800.00
$700.00
$600.00
$500.00
$400.00
$300.00
$200.00
$100.00
$0.00
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Show Me:
Year to Date
Rolling 12 Months
Rolling Prev 12 Months
Engagement
Loyalty
28.74%
19.63%
0.70%
22.01%
1.98%
26.94%
44.29%
4.47%
1.57%
49.67%
PCP Exclusive
Multiple PCP Assigned
No PCP Claims
No Claims
Other Exclusive
Multiple PCP No Assigned
All Cause Readmissions
Readmission Rate
Admissions
Readmissions

LOB: All
Product: All
Time Period: 07/01/2018 - 06/30/2019

Show Me: ● Year to Date ○ Rolling 12 Months ○ Rolling Prev 12 Months

Cost / Utilization

Actual PMPM
$464.87

Peer Group Comparison
$640.67

Index
0.73 ▼

Engagement
Score:23.16%

Loyalty
Score:52.26%

Quality

	Compliance Score
Quality	33.61%
IMPACT	72.65%
2019 Medicaid P4P HIP	50.73%
2019 Medicaid P4P HHW	24.71%
2019 Medicaid P4P HCC	52.27%

All Cause Readmissions

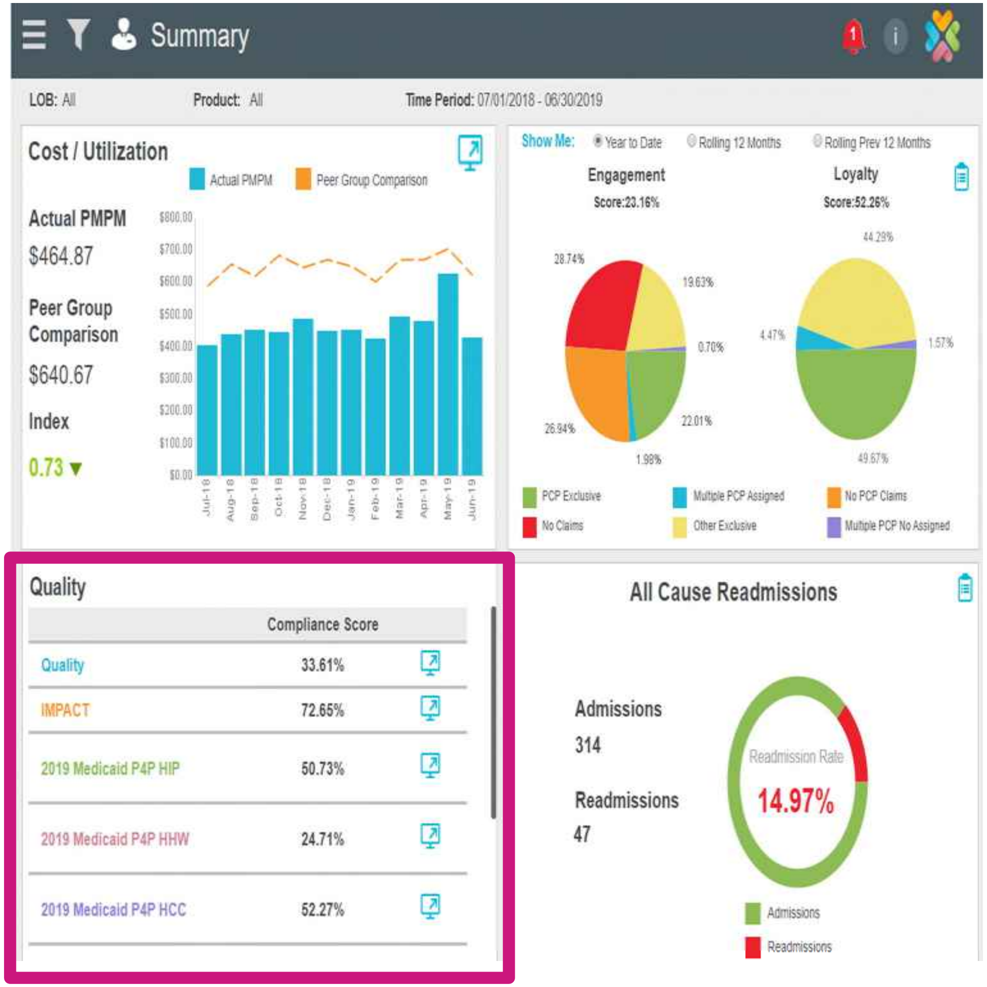
Admissions
314

Readmissions
47

Readmission Rate
14.97%

Quality HEDIS View

- Shows trends in closing HEDIS care gaps and earnings from any P4P programs.
- Click the word “Quality”, which is a link, or the blue monitor icon next to Quality to view performance in 100+ care gaps and export member-level reports.
- Click any of the Medicaid P4P programs, also links, or the blue monitor icon beside these links, to see earnings from the P4P program, amount outstanding and amount left to earn per measure.



Summary

LOB: All Product: All Time Period: 07/01/2018 - 06/30/2019

Cost / Utilization

Actual PMPM $464.87

Peer Group Comparison $640.67

Index 0.73 ▼

Show Me: ● Year to Date ○ Rolling 12 Months ○ Rolling Prev 12 Months

Engagement Score:23.16%

Loyalty Score:52.26%

Quality

	Compliance Score
Quality	33.61%
IMPACT	72.65%
2019 Medicaid P4P HIP	50.73%
2019 Medicaid P4P HHW	24.71%
2019 Medicaid P4P HCC	52.27%

All Cause Readmissions

Admissions 314

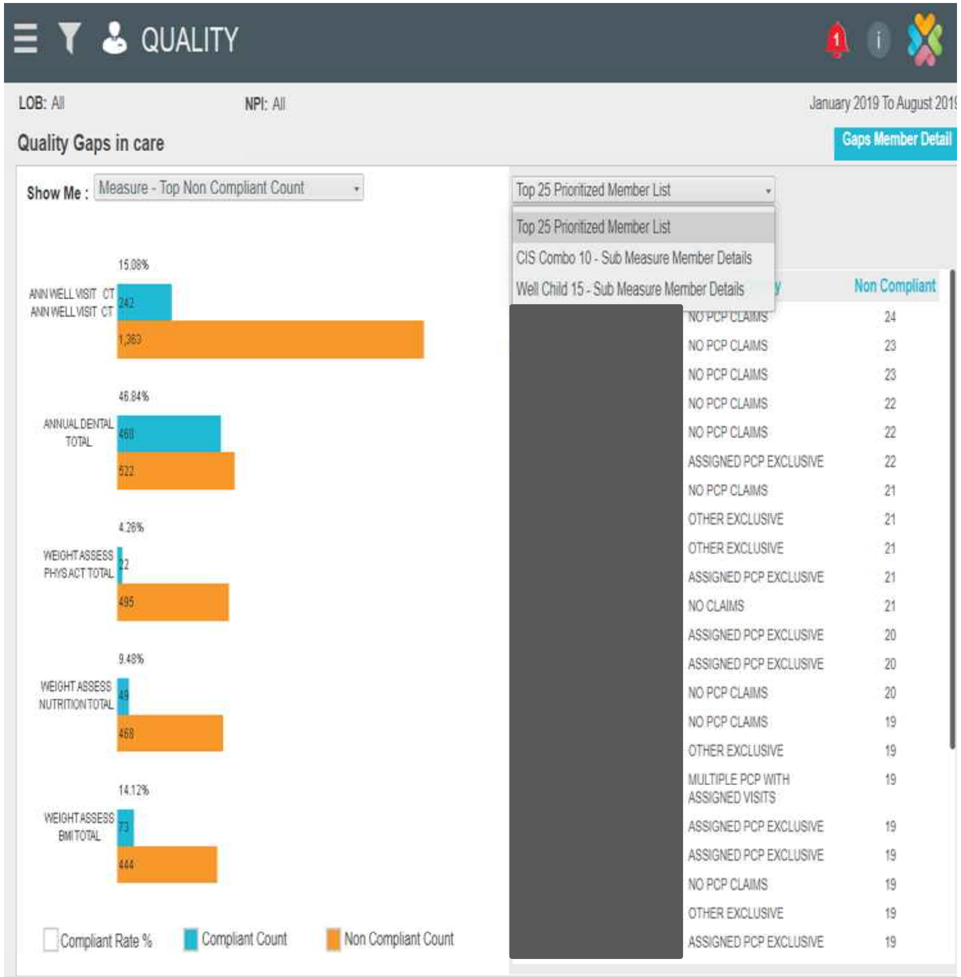
Readmissions 47

Readmission Rate 14.97%

Actual PMPM
Peer Group Comparison
$800.00
$700.00
$600.00
$500.00
$400.00
$300.00
$200.00
$100.00
$0.00
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
28.74%
19.63%
0.70%
22.01%
1.98%
26.94%
44.29%
4.47%
1.57%
49.67%
PCP Exclusive
Multiple PCP Assigned
No PCP Claims
No Claims
Other Exclusive
Multiple PCP No Assigned
Admissions
Readmissions

Quality HEDIS View: Gaps in Care

- Left defaults to top five measures by non-compliant count.
- Drop-down arrow changes view to see:
  - **Measures** – Non-compliant count, compliant count, compliant rate % or all.
  - **NPI** – Non-compliant count, compliant count, compliant rate % or all.
- Right side displays top 25 members with the most open care gaps.
- New drop down options for Combo 10 and W15 Member details.


QUALITY
Gaps Member Detail
Top 25 Prioritized Member List
CIS Combo 10 - Sub Measure Member Details
Well Child 15 - Sub Measure Member Details
15.08%
ANN WELL VISIT CT
ANN WELL VISIT CT
242
1,363
46.84%
ANNUAL DENTAL TOTAL
460
522
4.26%
WEIGHT ASSESS PHYS ACT TOTAL
22
495
9.48%
WEIGHT ASSESS NUTRITION TOTAL
49
468
14.12%
WEIGHT ASSESS BMI TOTAL
73
444
Compliant Rate %
Compliant Count
Non Compliant Count

LOB: All NPI: All January 2019 To August 201

Quality Gaps in care

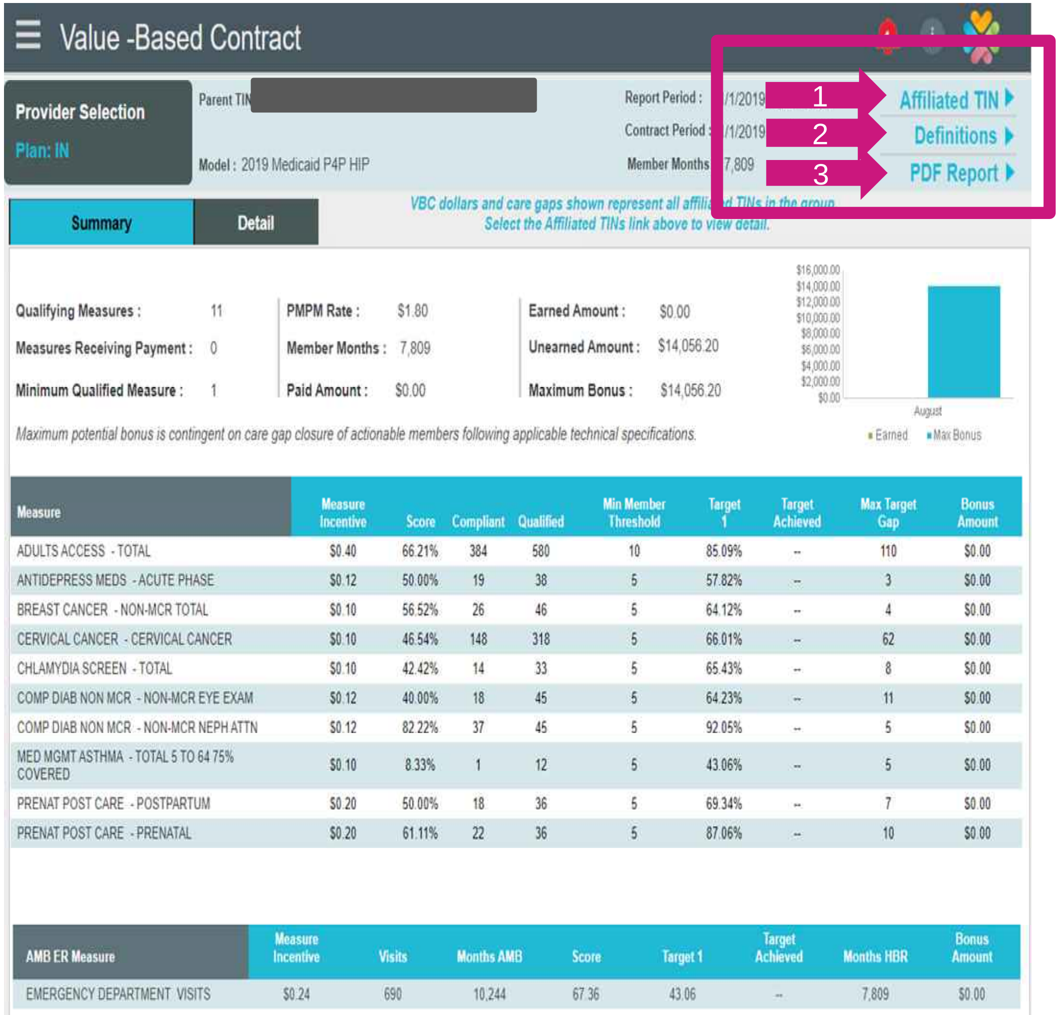
Show Me : Measure - Top Non Compliant Count

Top 25 Prioritized Member List

	y	Non Compliant
[redacted]	NO PCP CLAIMS	24
[redacted]	NO PCP CLAIMS	23
[redacted]	NO PCP CLAIMS	23
[redacted]	NO PCP CLAIMS	22
[redacted]	NO PCP CLAIMS	22
[redacted]	ASSIGNED PCP EXCLUSIVE	22
[redacted]	NO PCP CLAIMS	21
[redacted]	OTHER EXCLUSIVE	21
[redacted]	OTHER EXCLUSIVE	21
[redacted]	ASSIGNED PCP EXCLUSIVE	21
[redacted]	NO CLAIMS	21
[redacted]	ASSIGNED PCP EXCLUSIVE	20
[redacted]	ASSIGNED PCP EXCLUSIVE	20
[redacted]	NO PCP CLAIMS	20
[redacted]	NO PCP CLAIMS	19
[redacted]	OTHER EXCLUSIVE	19
[redacted]	MULTIPLE PCP WITH ASSIGNED VISITS	19
[redacted]	ASSIGNED PCP EXCLUSIVE	19
[redacted]	ASSIGNED PCP EXCLUSIVE	19
[redacted]	NO PCP CLAIMS	19
[redacted]	OTHER EXCLUSIVE	19
[redacted]	ASSIGNED PCP EXCLUSIVE	19

Quality Quadrant: Scorecards

- For providers in 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 and VBC.



Value -Based Contract

Provider Selection

Plan: IN

Parent TIN [redacted]

Model : 2019 Medicaid P4P HIP

Report Period : /1/2019

Contract Period : /1/2019

Member Months : 7,809

Affiliated TIN

Definitions

PDF Report

Summary | Detail

VBC dollars and care gaps shown represent all affiliated TINs in the group.
Select the Affiliated TINs link above to view detail.

Qualifying Measures : 11

Measures Receiving Payment : 0

Minimum Qualified Measure : 1

PMPM Rate : $1.80

Member Months : 7,809

Paid Amount : $0.00

Earned Amount : $0.00

Unearned Amount : $14,056.20

Maximum Bonus : $14,056.20

Maximum potential bonus is contingent on care gap closure of actionable members following applicable technical specifications.

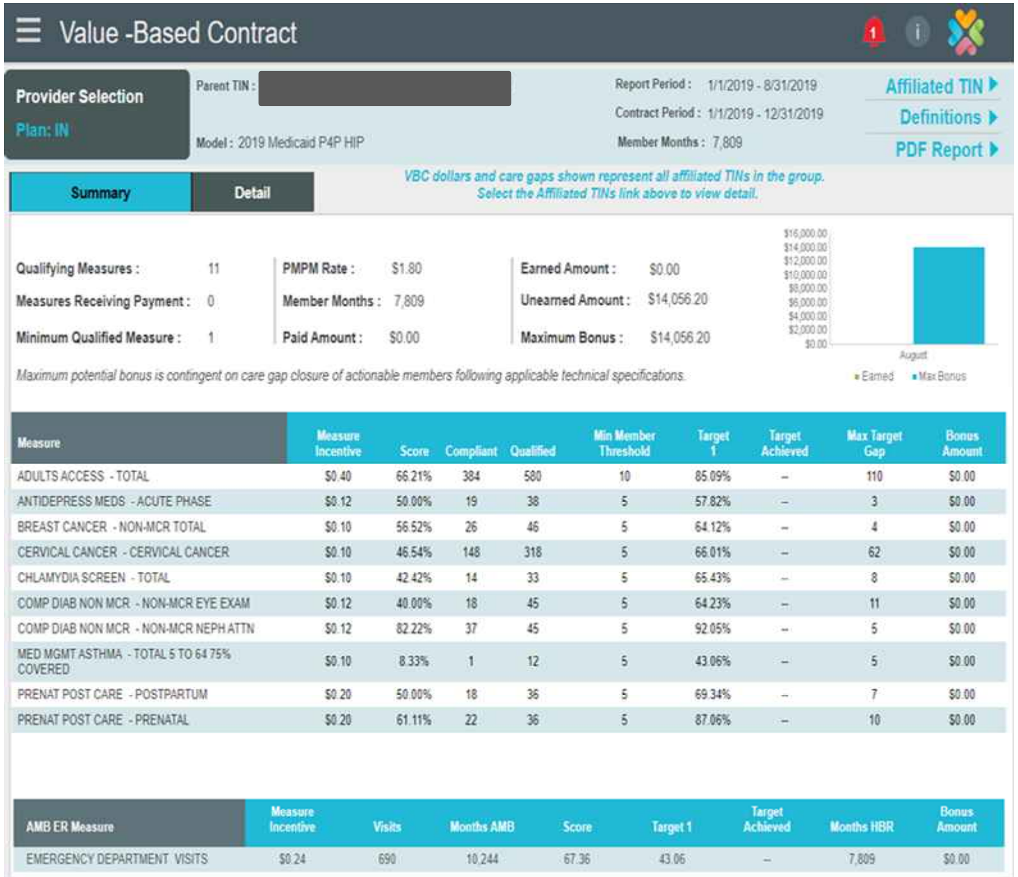
Measure	Measure Incentive	Score	Compliant	Qualified	Min Member Threshold	Target 1	Target Achieved	Max Target Gap	Bonus Amount
ADULTS ACCESS - TOTAL	$0.40	66.21%	384	580	10	85.09%	--	110	$0.00
ANTIDEPRESS MEDS - ACUTE PHASE	$0.12	50.00%	19	38	5	57.82%	--	3	$0.00
BREAST CANCER - NON-MCR TOTAL	$0.10	56.52%	26	46	5	64.12%	--	4	$0.00
CERVICAL CANCER - CERVICAL CANCER	$0.10	46.54%	148	318	5	66.01%	--	62	$0.00
CHLAMYDIA SCREEN - TOTAL	$0.10	42.42%	14	33	5	65.43%	--	8	$0.00
COMP DIAB NON MCR - NON-MCR EYE EXAM	$0.12	40.00%	18	45	5	64.23%	--	11	$0.00
COMP DIAB NON MCR - NON-MCR NEPH ATTN	$0.12	82.22%	37	45	5	92.05%	--	5	$0.00
MED MGMT ASTHMA - TOTAL 5 TO 64 75% COVERED	$0.10	8.33%	1	12	5	43.06%	--	5	$0.00
PRENAT POST CARE - POSTPARTUM	$0.20	50.00%	18	36	5	69.34%	--	7	$0.00
PRENAT POST CARE - PRENATAL	$0.20	61.11%	22	36	5	87.06%	--	10	$0.00

AMB ER Measure	Measure Incentive	Visits	Months AMB	Score	Target 1	Target Achieved	Months HBR	Bonus Amount
EMERGENCY DEPARTMENT VISITS	$0.24	690	10,244	67.36	43.06	--	7,809	$0.00

Quality Quadrant: Scorecards

You can also 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



Value -Based Contract

Provider Selection

Plan: IN

Parent TIN : [redacted]

Model : 2019 Medicaid P4P HIP

Report Period : 1/1/2019 - 8/31/2019

Contract Period : 1/1/2019 - 12/31/2019

Member Months : 7,809

VBC dollars and care gaps shown represent all affiliated TINs in the group. Select the Affiliated TINs link above to view detail.

Qualifying Measures : 11

Measures Receiving Payment : 0

Minimum Qualified Measure : 1

PMPM Rate : $1.80

Member Months : 7,809

Paid Amount : $0.00

Earned Amount : $0.00

Unearned Amount : $14,056.20

Maximum Bonus : $14,056.20

Maximum potential bonus is contingent on care gap closure of actionable members following applicable technical specifications.

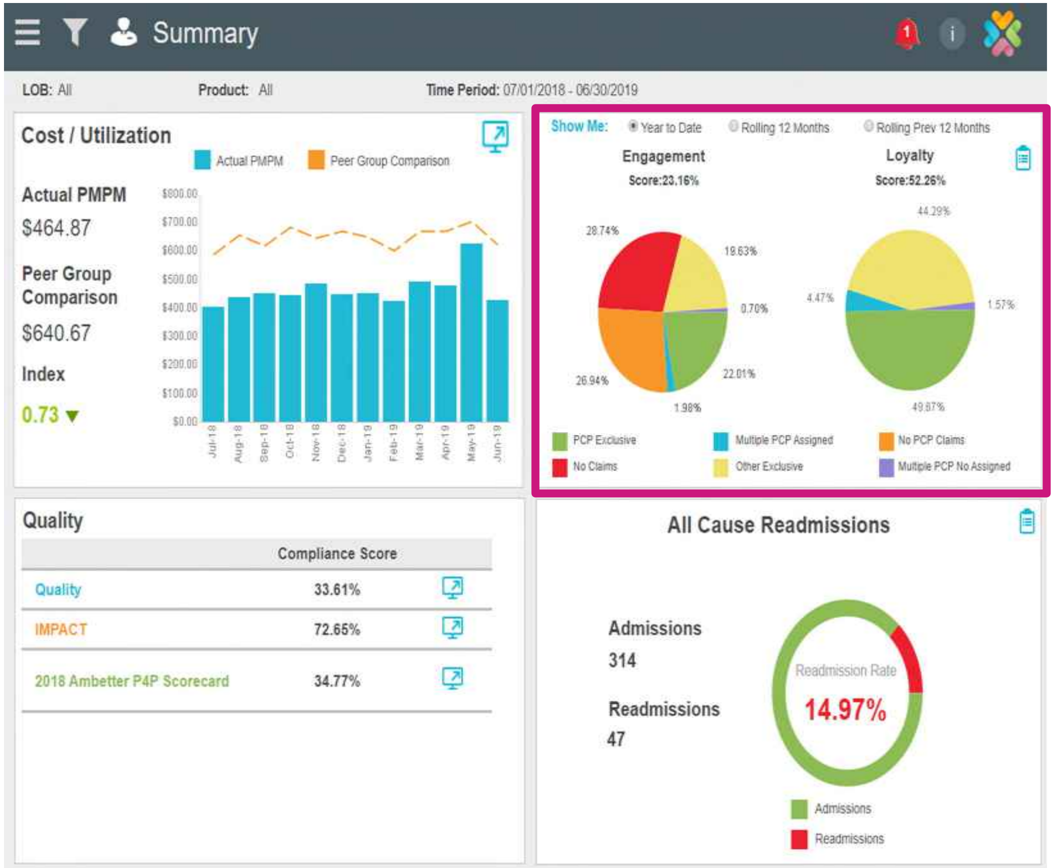
Measure	Measure Incentive	Score	Compliant	Qualified	Min Member Threshold	Target 1	Target Achieved	Max Target Gap	Bonus Amount
ADULTS ACCESS - TOTAL	$0.40	66.21%	384	580	10	85.09%	–	110	$0.00
ANTIDEPRESS MEDS - ACUTE PHASE	$0.12	50.00%	19	38	5	57.82%	–	3	$0.00
BREAST CANCER - NON-MCR TOTAL	$0.10	56.52%	26	46	5	64.12%	–	4	$0.00
CERVICAL CANCER - CERVICAL CANCER	$0.10	46.54%	148	318	5	66.01%	–	62	$0.00
CHLAMYDIA SCREEN - TOTAL	$0.10	42.42%	14	33	5	65.43%	–	8	$0.00
COMP DIAB NON MCR - NON-MCR EYE EXAM	$0.12	40.00%	18	45	5	64.23%	–	11	$0.00
COMP DIAB NON MCR - NON-MCR NEPH ATTN	$0.12	82.22%	37	45	5	92.05%	–	5	$0.00
MED MGMT ASTHMA - TOTAL 5 TO 64 75% COVERED	$0.10	8.33%	1	12	5	43.06%	–	5	$0.00
PRENAT POST CARE - POSTPARTUM	$0.20	50.00%	18	36	5	69.34%	–	7	$0.00
PRENAT POST CARE - PRENATAL	$0.20	61.11%	22	36	5	87.06%	–	10	$0.00

AMB ER Measure	Measure Incentive	Visits	Months AMB	Score	Target 1	Target Achieved	Months HBR	Bonus Amount
EMERGENCY DEPARTMENT VISITS	$0.24	690	10,244	67.36	43.06	–	7,809	$0.00

Engagement & Loyalty Analysis

Classifies member interactions with PCP services into two main categories:

- **Provider Engagement:** Measures provider's efficiency with engaging assigned members to be seen for a primary care visit annually; ***includes all assigned members.***
- **Provider Loyalty:** Measures the provider's ongoing effort to maintain exclusivity as the PCP for assigned panel once members have PCP activity; ***excludes assigned members without any PCP visits.***



Summary

LOB: All Product: All Time Period: 07/01/2018 - 06/30/2019

Cost / Utilization

Actual PMPM
$464.87

Peer Group Comparison
$640.67

Index
0.73 ▼

🟦 Actual PMPM
🟧 Peer Group Comparison
$800.00
$700.00
$600.00
$500.00
$400.00
$300.00
$200.00
$100.00
$0.00
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19

Show Me: ● Year to Date ○ Rolling 12 Months ○ Rolling Prev 12 Months

Engagement
Score:23.16%

Loyalty
Score:52.26%

28.74%
19.63%
0.70%
22.01%
1.98%
26.94%
44.29%
4.47%
1.57%
49.67%
🟩 PCP Exclusive
🟦 Multiple PCP Assigned
🟧 No PCP Claims
🟥 No Claims
🟨 Other Exclusive
🟪 Multiple PCP No Assigned

Quality

	Compliance Score
Quality	33.61%
IMPACT	72.65%
2018 Ambetter P4P Scorecard	34.77%

All Cause Readmissions

Admissions
314

Readmissions
47

Readmission Rate
14.97%

🟩 Admissions
🟥 Readmissions

**In order to improve quality and cost, it's important to engage members who are not actively being managed; therefore, provider engagement provides the most inclusive view of member activity.*

Engagement & Loyalty Analysis

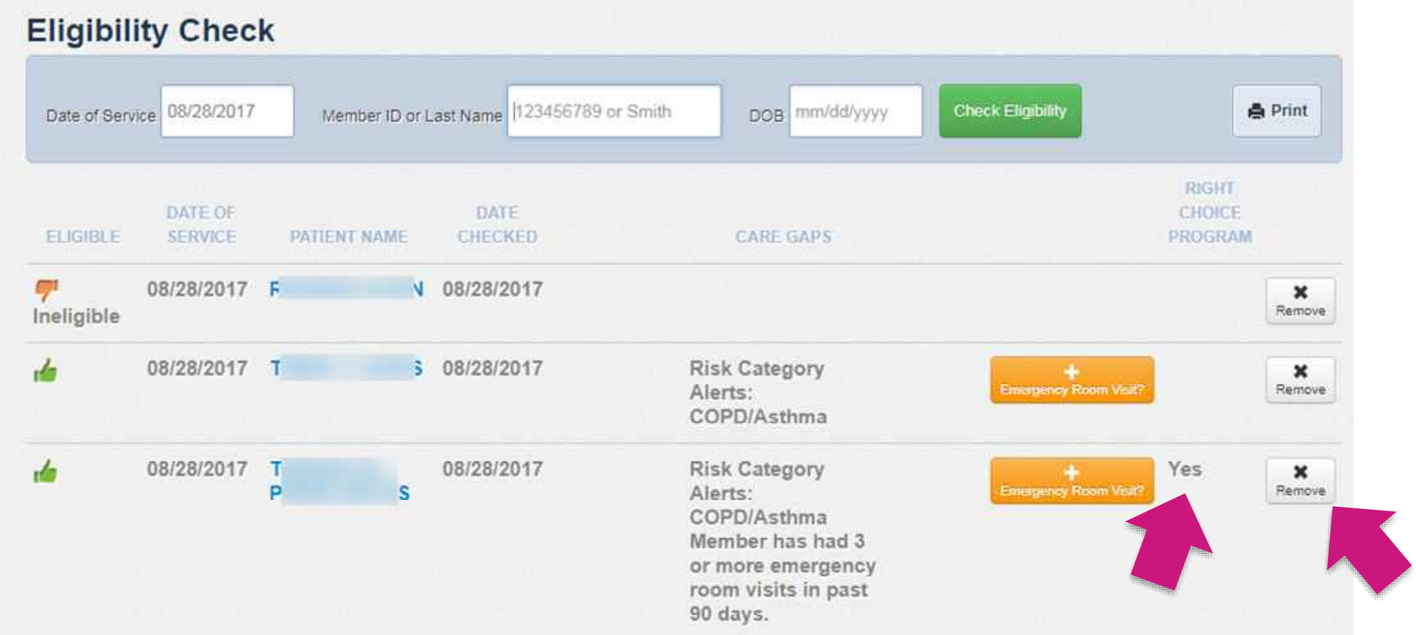
- Provider Engagement is broken into six sub-categories to help identify patient activity and prioritize for outreach.

Patient Segment	Segment Traits	Engagement Strategy
PCP Exclusive	These patients have been assigned to you but have only been see by other PCP groups.	Identify which of these members have care gaps and close at their next appointment.
Multiple PCP Assigned	These patients are assigned to you, but have been seen by your practice ***AND*** other PCP groups.	Initiate a patient outreach plan, set an appointment if appropriate, close care gaps, discuss benefits of PCP loyalty.
No PCP Claims	These are patients who seek all of their care from specialists, ER, and Urgent Care.	Outreach and set an appointment for a PCP visit, identify health risks and set follow-up appointments, discuss benefits of loyalty.
Other Exclusive	These patients are assigned to you, but have been seeing another PCP group exclusively.	Outreach to members to discuss updating their assigned PCP to the doctor they have been seeing for care.
No Claims	These patients are assigned to you but have no claim data to indicate they have received any medical care from a PCP, emergency department or urgent care center.	Outreach and set an appointment for PCP visit. Identify health risks and set follow-up appointments, discuss benefits of loyalty.
Multiple PCP No Assigned	These patients are assigned to you, but have only been seen other PCP groups.	Outreach to members to discuss benefits of loyalty and promote hours and availability, identify members with care gaps and set appointment for PCP visit.

Member Eligibility and Overview

Check Member Eligibility

- The **Eligibility** tab offers an **Eligibility Check** tool designed to quickly check the status of any member.
    - Update the **Date of Service,** if necessary.
    - Enter the **Member ID** or **Last Name** and **DOB (Date of Birth).**
    - Click **Check Eligibility.**



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				✖ Remove
👍	08/28/2017	T[redacted]S	08/28/2017	Risk Category Alerts: COPD/Asthma	+ Emergency Room Visit?		✖ Remove
👍	08/28/2017	T P[redacted]S	08/28/2017	Risk Category Alerts: COPD/Asthma Member has had 3 or more emergency room visits in past 90 days.	+ Emergency Room Visit?	Yes	✖ Remove

- Eligibility status is indicated by a Green Thumbs-Up for **Eligible** and an Orange Thumbs-Down for **Ineligible**.

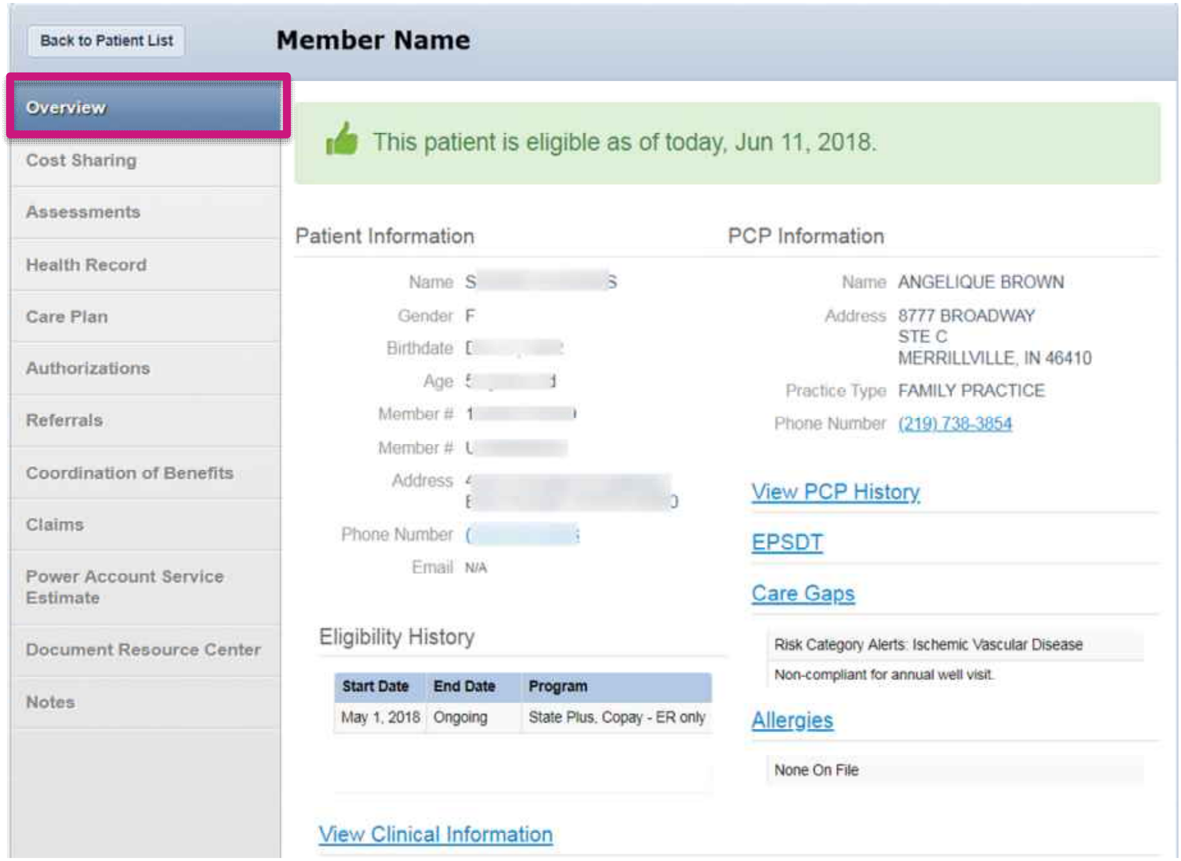
Details for any member can be viewed by clicking on the **Member's Name**.

Care Gaps can also be seen within the search results.

By clicking **Emergency Room Visit?**, an ER visit will be indicated.

Right Choice Program indicator labeled **Yes.**

MHS Member Overview


Back to Patient List
Overview
Cost Sharing
Assessments
Health Record
Care Plan
Authorizations
Referrals
Coordination of Benefits
Claims
Power Account Service Estimate
Document Resource Center
Notes

Member Name

This patient is eligible as of today, Jun 11, 2018.

Patient Information

Name [redacted]
Gender F
Birthdate [redacted]
Age [redacted]
Member # [redacted]
Member # [redacted]
Address [redacted]
Phone Number [redacted]
Email N/A

PCP Information

Name ANGELIQUE BROWN
Address 8777 BROADWAY
STE C
MERRILLVILLE, IN 46410
Practice Type FAMILY PRACTICE
Phone Number (219) 738-3854

View PCP History

EPSDT

Care Gaps

Risk Category Alerts: Ischemic Vascular Disease
Non-compliant for annual well visit.

Allergies

None On File

Eligibility History

Start Date	End Date	Program
May 1, 2018	Ongoing	State Plus, Copay - ER only

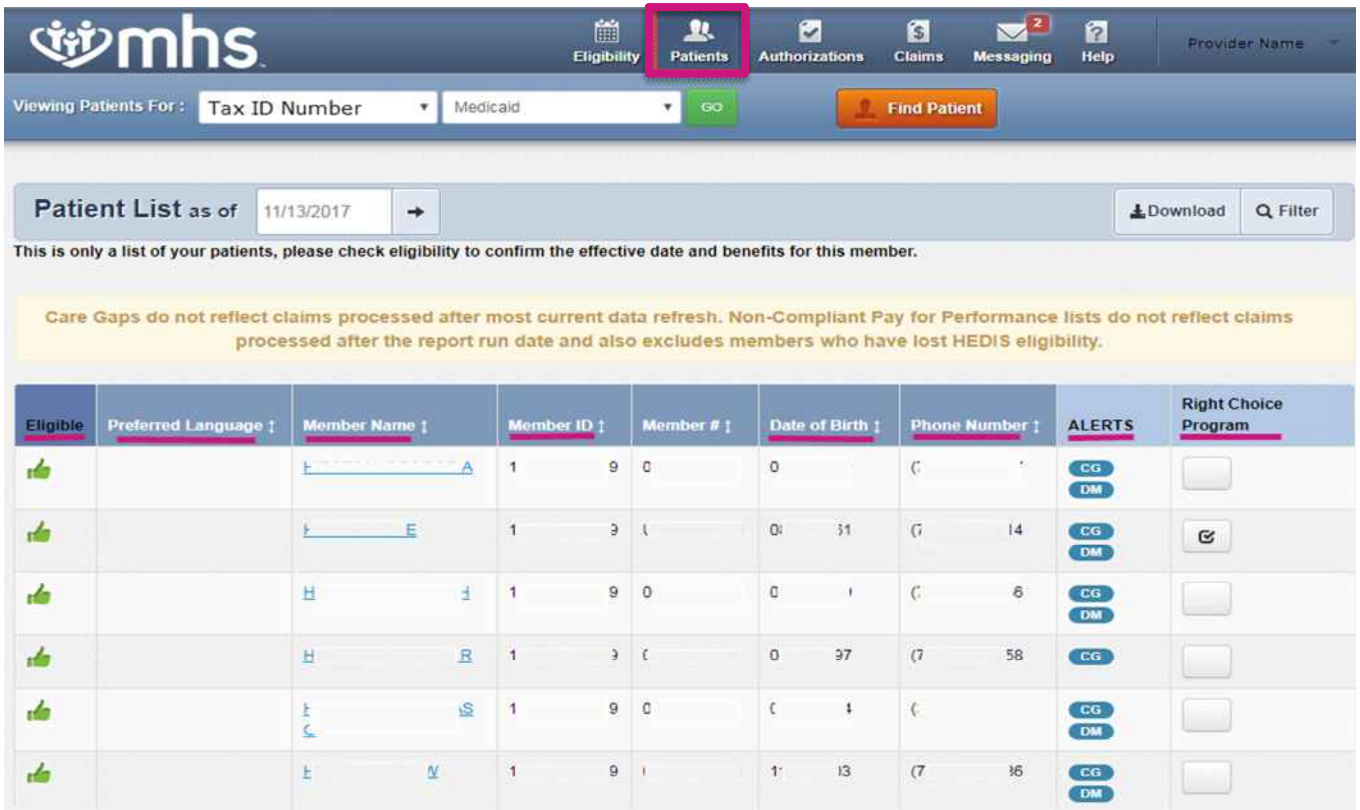
View Clinical Information

Overview Tab

1. Patient Information
2. Eligibility History
3. PCP Information and PCP History
4. Early and Periodic Screening, Diagnostic and Treatment (**EPSDT**)
5. Care Gaps
6. Allergies

View Patient List

- 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 you to manage your patient information.



Viewing Patients For : Tax ID Number Medicaid

Patient List as of 11/13/2017

This is only a list of your patients, please check eligibility to confirm the effective date and benefits for this member.

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.

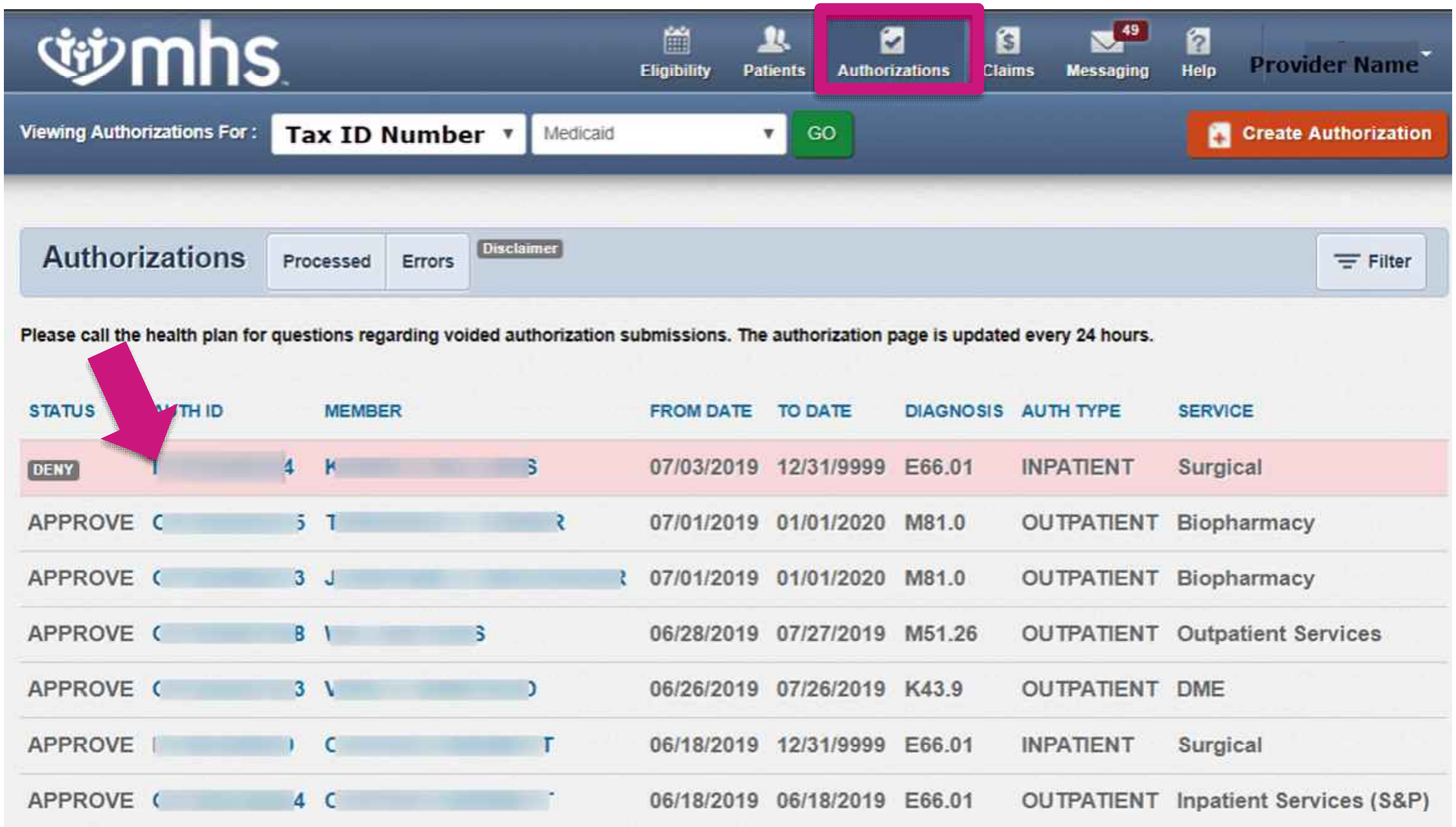
Eligible	Preferred Language ↕	Member Name ↕	Member ID ↕	Member # ↕	Date of Birth ↕	Phone Number ↕	ALERTS	Right Choice Program
✓		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	CG DM	☐
✓		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	CG DM	☑
✓		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	CG DM	☐
✓		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	CG	☐
✓		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	CG DM	☐
✓		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	CG DM	☐

Authorizations

Authorizations

View, create and filter group Authorizations.

- Click on the **AUTH ID** to see additional information.

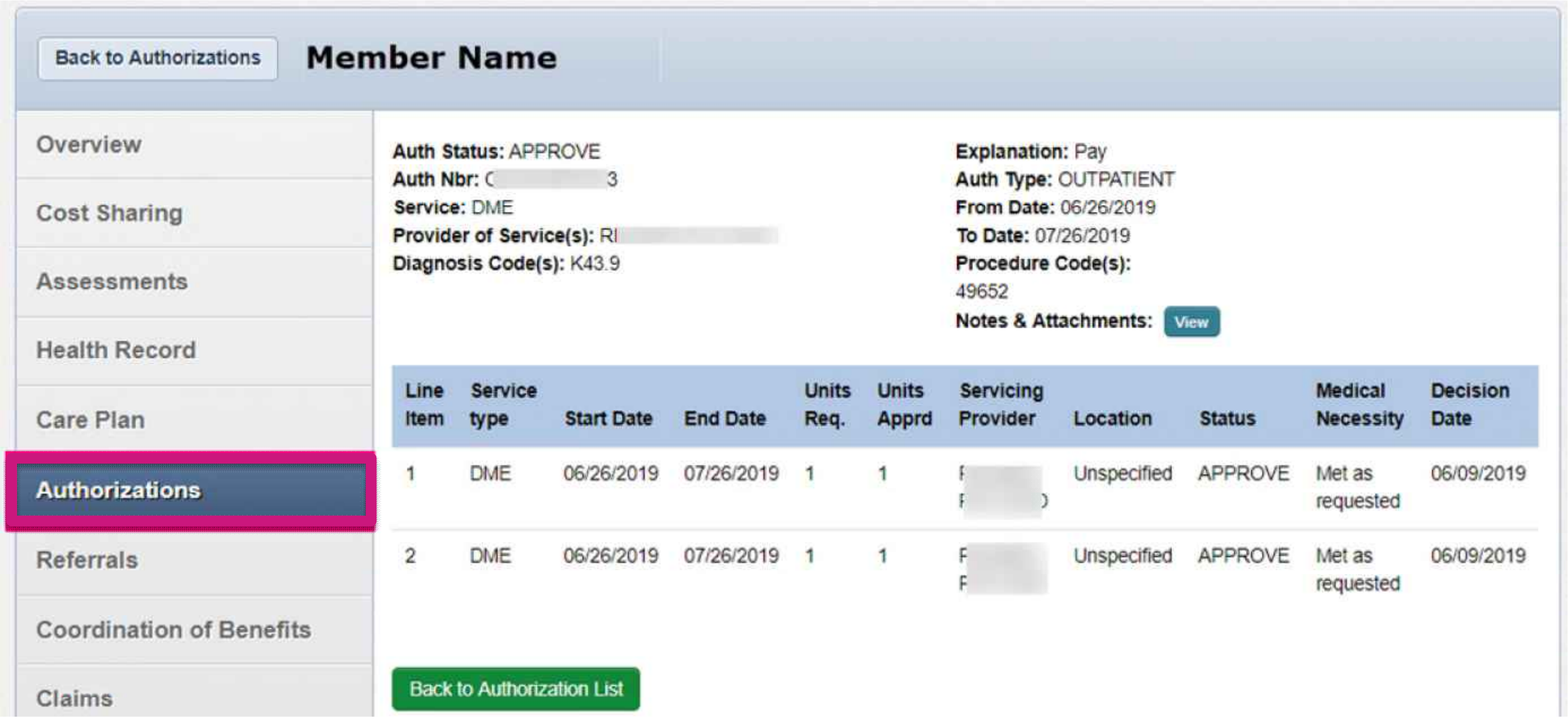

mhs
Eligibility
Patients
Authorizations
Claims
49
Messaging
Help
Provider Name
Viewing Authorizations For :
Tax ID Number
Medicaid
GO
Create Authorization
Authorizations
Processed
Errors
Disclaimer
Filter

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
DENY	[redacted]	[redacted]	07/03/2019	12/31/9999	E66.01	INPATIENT	Surgical
APPROVE	[redacted]	[redacted]	07/01/2019	01/01/2020	M81.0	OUTPATIENT	Biopharmacy
APPROVE	[redacted]	[redacted]	07/01/2019	01/01/2020	M81.0	OUTPATIENT	Biopharmacy
APPROVE	[redacted]	[redacted]	06/28/2019	07/27/2019	M51.26	OUTPATIENT	Outpatient Services
APPROVE	[redacted]	[redacted]	06/26/2019	07/26/2019	K43.9	OUTPATIENT	DME
APPROVE	[redacted]	[redacted]	06/18/2019	12/31/9999	E66.01	INPATIENT	Surgical
APPROVE	[redacted]	[redacted]	06/18/2019	06/18/2019	E66.01	OUTPATIENT	Inpatient Services (S&P)

Authorization Details

- View Auth Status, Auth Nbr, Service, Provider of Service, Diagnosis Code(s), Explanation, Auth Type, From Date, To Date, Procedure Code, and Notes and Attachments.


Back to Authorizations
Member Name
Overview
Cost Sharing
Assessments
Health Record
Care Plan
Authorizations
Referrals
Coordination of Benefits
Claims
View
Back to Authorization List

Auth Status: APPROVE
Auth Nbr: [redacted]
Service: DME
Provider of Service(s): [redacted]
Diagnosis Code(s): K43.9

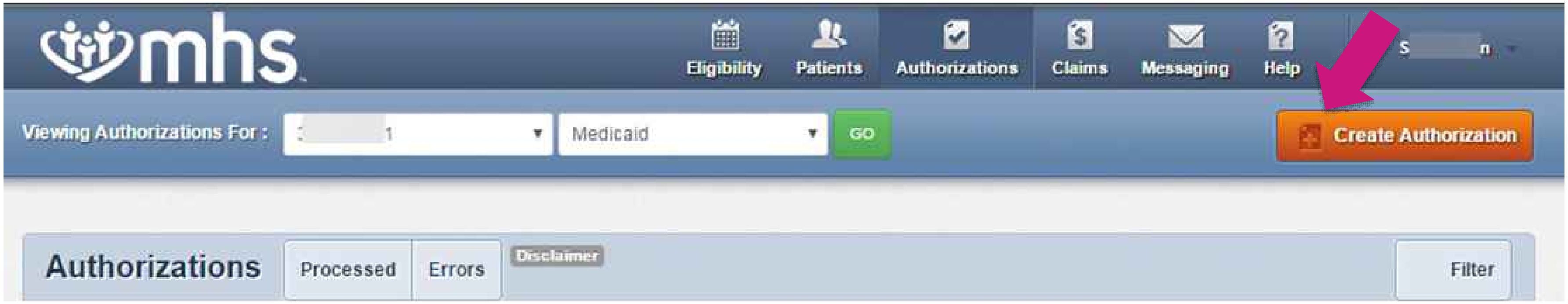
Explanation: Pay
Auth Type: OUTPATIENT
From Date: 06/26/2019
To Date: 07/26/2019
Procedure Code(s): 49652
Notes & Attachments: View

Line Item	Service type	Start Date	End Date	Units Req.	Units Apprd	Servicing Provider	Location	Status	Medical Necessity	Decision Date
1	DME	06/26/2019	07/26/2019	1	1	[redacted]	Unspecified	APPROVE	Met as requested	06/09/2019
2	DME	06/26/2019	07/26/2019	1	1	[redacted]	Unspecified	APPROVE	Met as requested	06/09/2019

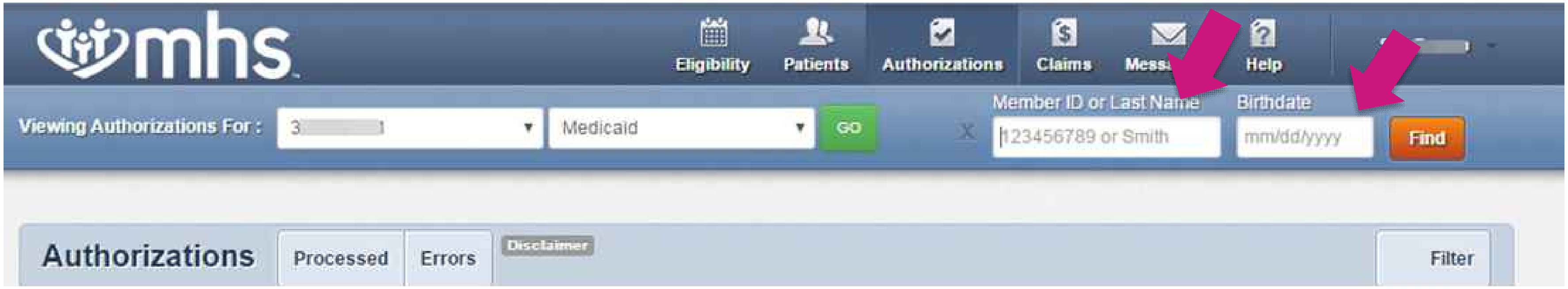
Create a New Authorization

New Authorization

- Click **Create Authorization.**
- Enter **Member ID** or **Last Name** and **Birthdate.**


mhs
Eligibility
Patients
Authorizations
Claims
Messaging
Help
S[redacted]n
Create Authorization
GO
Authorizations
Processed
Errors
Disclaimer
Filter

Viewing Authorizations For : 3[redacted]1 Medicaid


mhs
Eligibility
Patients
Authorizations
Claims
Messa
Help
[redacted]
GO
X
Find
Authorizations
Processed
Errors
Disclaimer
Filter

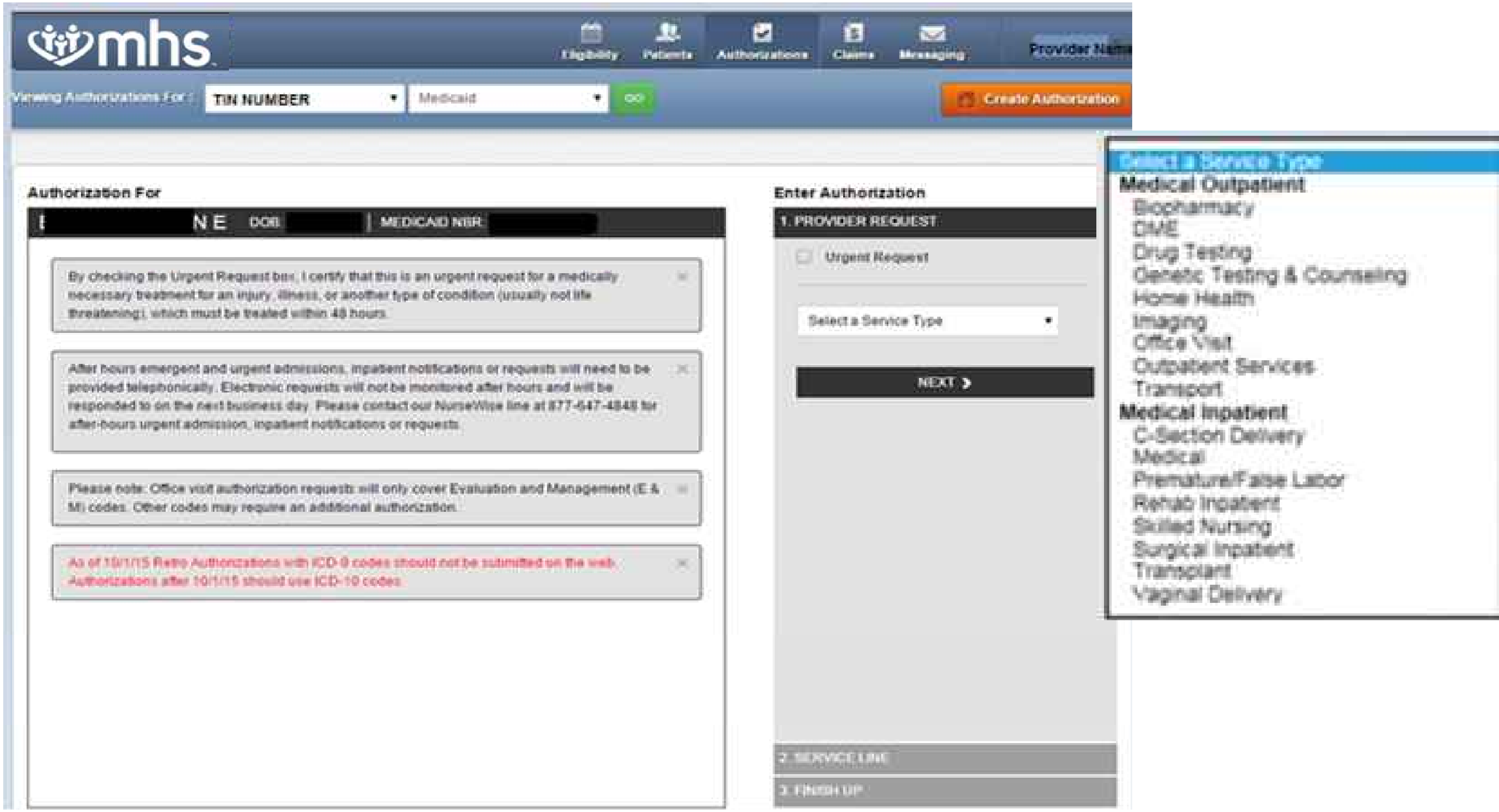
Viewing Authorizations For : 3[redacted]1 Medicaid

Member ID or Last Name: 123456789 or Smith

Birthdate: mm/dd/yyyy

Creating a New Authorization

- Select a **Service Type.**


mhs
Eligibility
Patients
Authorizations
Claims
Messaging
Provider Name
Viewing Authorizations For :
TIN NUMBER
Medicaid
GO
Create Authorization
NEXT
2. SERVICE LINE
3. FINISH UP

Authorization For

[redacted] DOB [redacted] | MEDICAID NBR [redacted]

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.

Please note: Office visit authorization requests will only cover Evaluation and Management (E & M) codes. Other codes may require an additional authorization.

As of 10/1/15 Retro Authorizations with ICD-9 codes should not be submitted on the web. Authorizations after 10/1/15 should use ICD-10 codes.

Enter Authorization

1. PROVIDER REQUEST

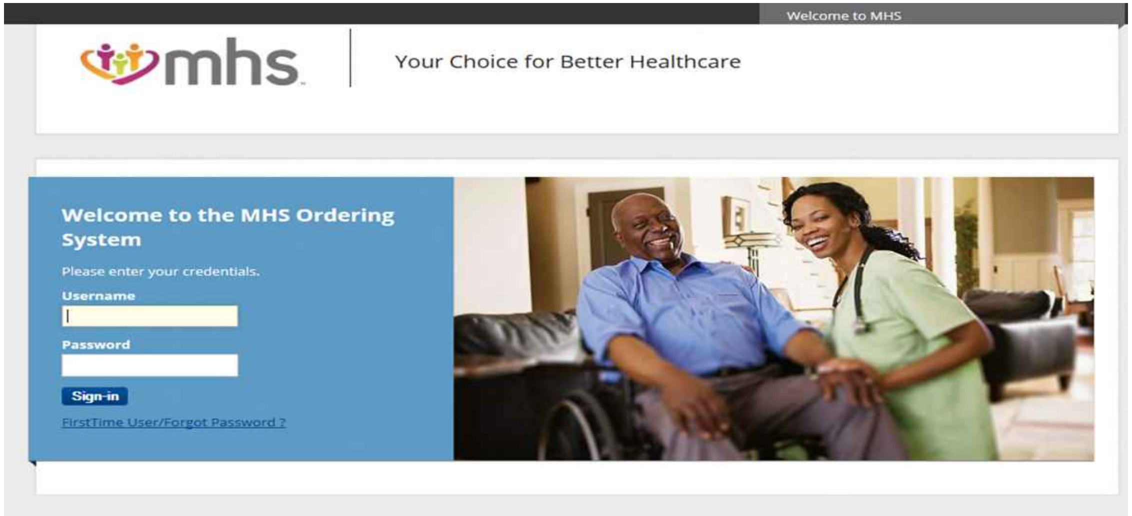
☐ Urgent Request

Select a Service Type ▾

Select a Service Type
Medical Outpatient
  Biopharmacy
  DME
  Drug Testing
  Genetic Testing & Counseling
  Home Health
  Imaging
  Office Visit
  Outpatient Services
  Transport
Medical Inpatient
  C-Section Delivery
  Medical
  Premature/False Labor
  Rehab Inpatient
  Skilled Nursing
  Surgical Inpatient
  Transplant
  Vaginal Delivery

Authorization for Durable & Home Medical Equipment

- Requests should be initiated via **MHS Secure Portal on mhsindiana.com**
  1. Select **Authorizations** tab and click on **Create Authorization**.
  2. Enter **Member ID** or **Last Name** and **Date of Birth.**
  3. Choose **DME** and you will be directed to the Medline portal for order entry.



Welcome to MHS

Your Choice for Better Healthcare

Welcome to the MHS Ordering System

Please enter your credentials.

mhs
Username
Password
Sign-in
FirstTime User/Forgot Password ?

Claims

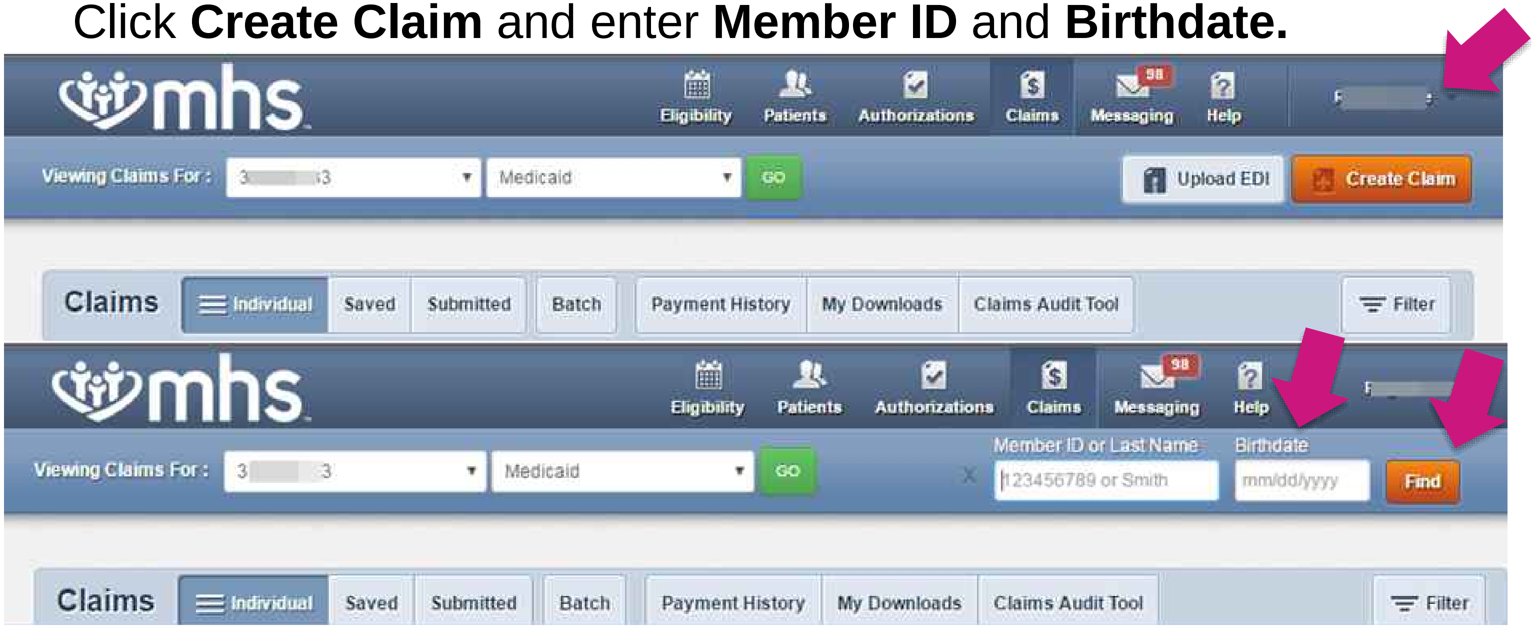
Claims

Claims Features

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

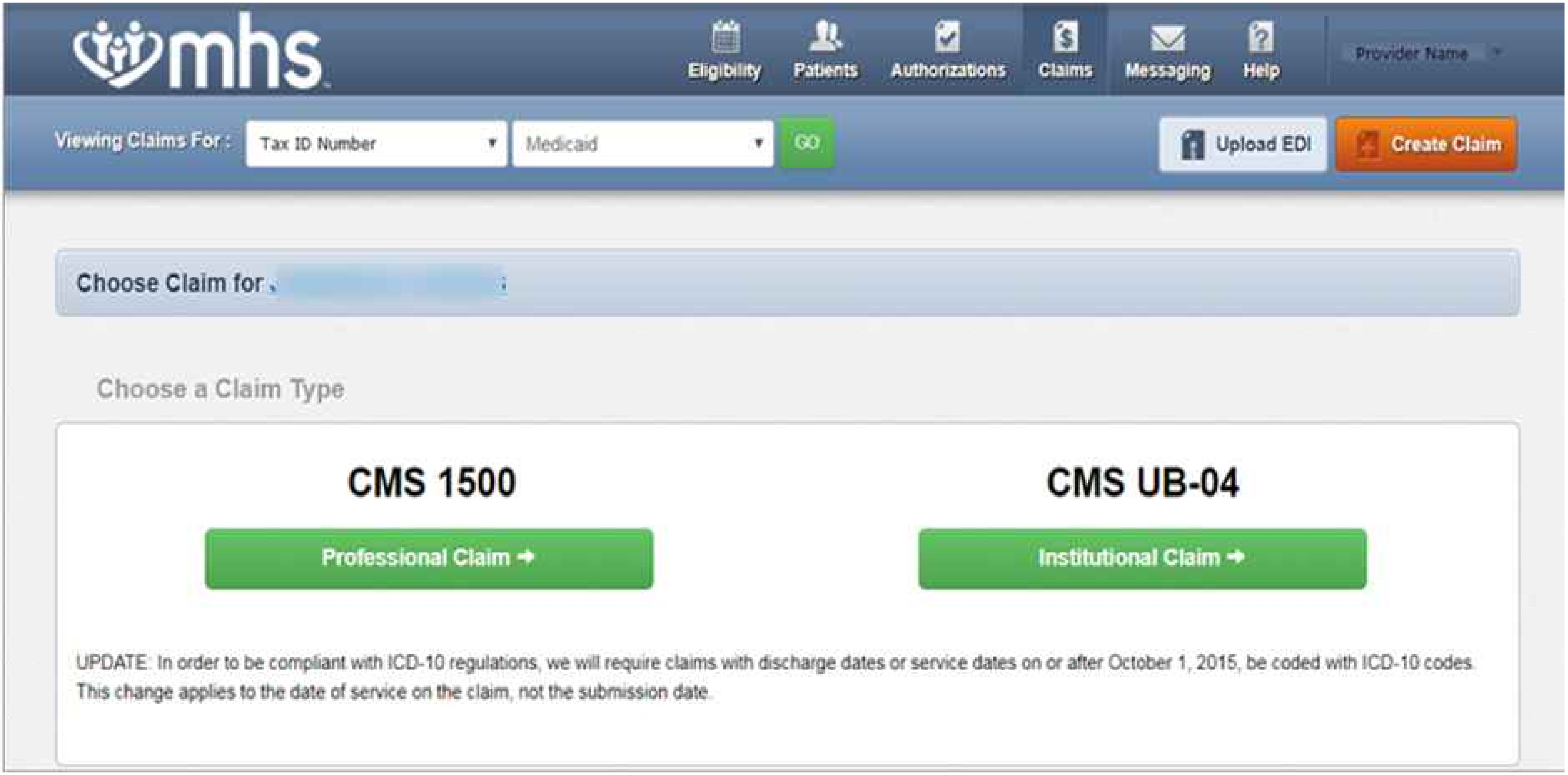
Submit a New Claim

- Click **Create Claim** and enter **Member ID** and **Birthdate.**


mhs
Eligibility
Patients
Authorizations
Claims
98
Messaging
Help
[redacted]
Viewing Claims For :
3[redacted]3
Medicaid
GO
Upload EDI
Create Claim
Claims
Individual
Saved
Submitted
Batch
Payment History
My Downloads
Claims Audit Tool
Filter
mhs
Eligibility
Patients
Authorizations
Claims
98
Messaging
Help
[redacted]
Viewing Claims For :
3[redacted]3
Medicaid
GO
Member ID or Last Name
123456789 or Smith
Birthdate
mm/dd/yyyy
Find
Claims
Individual
Saved
Submitted
Batch
Payment History
My Downloads
Claims Audit Tool
Filter

Claim Submission

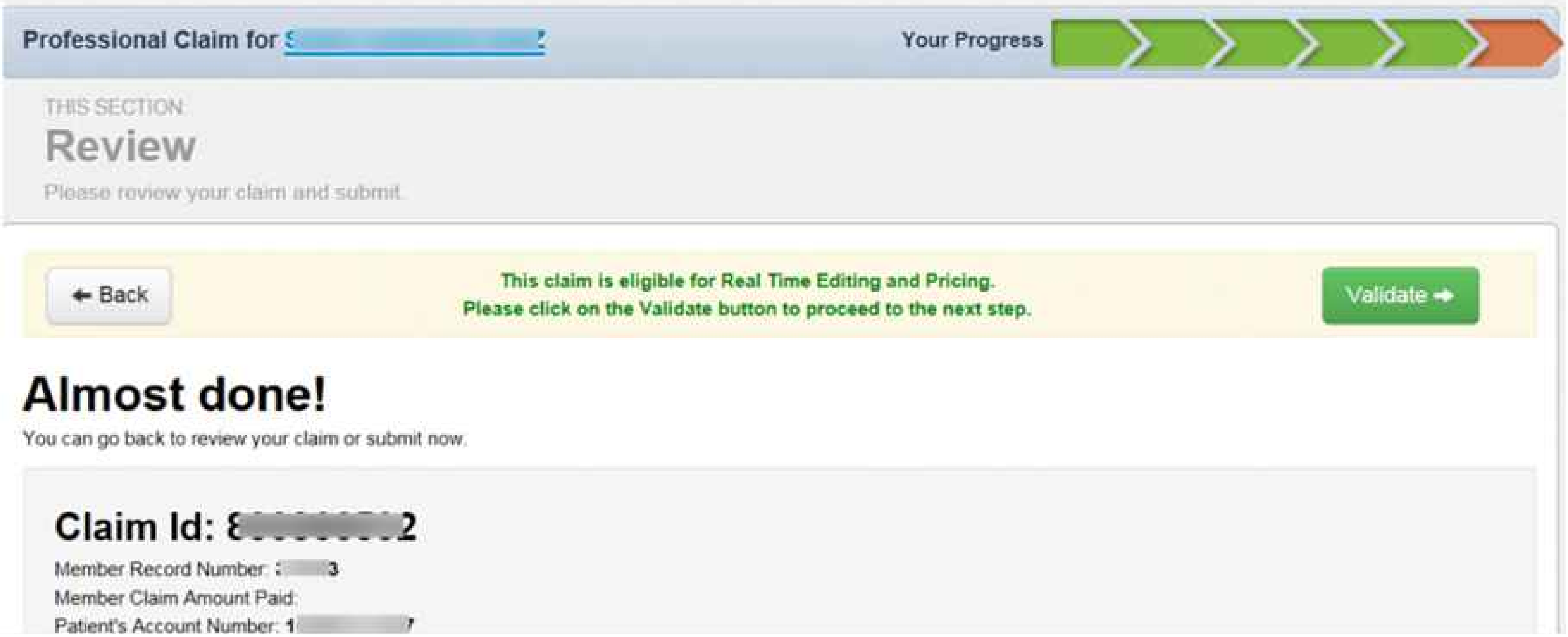
- Choose the **Claim Type.**


mhs
Eligibility
Patients
Authorizations
Claims
Messaging
Help
Provider Name
Viewing Claims For :
Tax ID Number
Medicaid
GO
Upload EDI
Create Claim
Choose Claim for [redacted]
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.

Professional Claim Submission

- Follow **Your Progress** to see [Professional Claim](#) steps and Submission.



Professional Claim for [redacted]

THIS SECTION:

Review

Please review your claim and submit.

This claim is eligible for Real Time Editing and Pricing.
Please click on the Validate button to proceed to the next step.

Almost done!

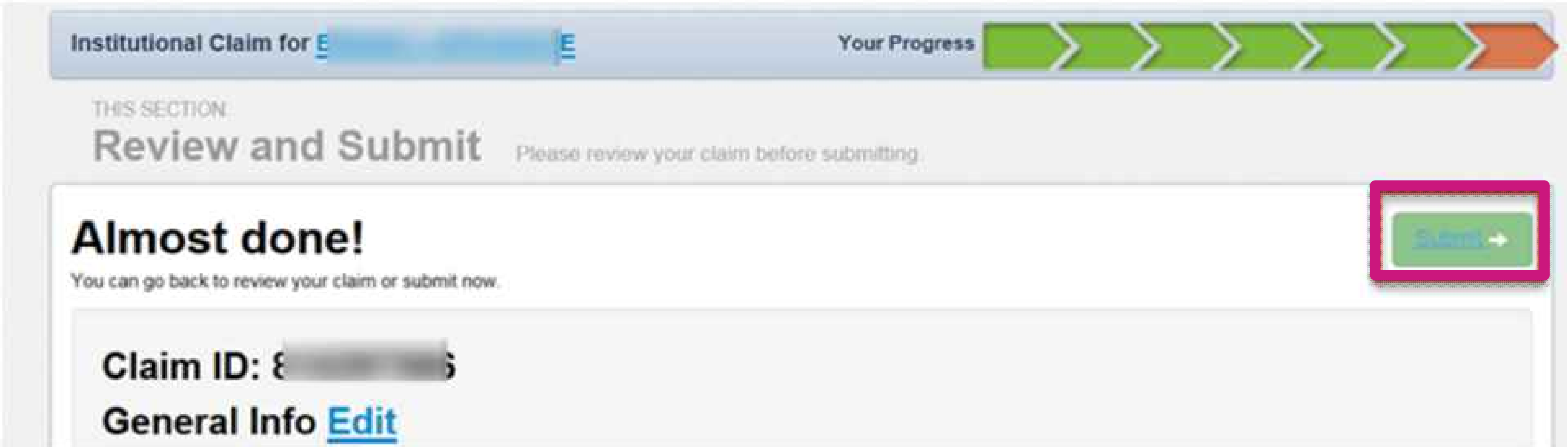
You can go back to review your claim or submit now.

Claim Id: 8[redacted]2

Member Record Number: [redacted]3
Member Claim Amount Paid:
Patient's Account Number: 1[redacted]7

Institutional Claim Submission

- Follow **Your Progress** to see [Institutional Claim](#)steps and Submission.



Institutional Claim for [redacted]

THIS SECTION

Review and Submit

Please review your claim before submitting

Almost done!

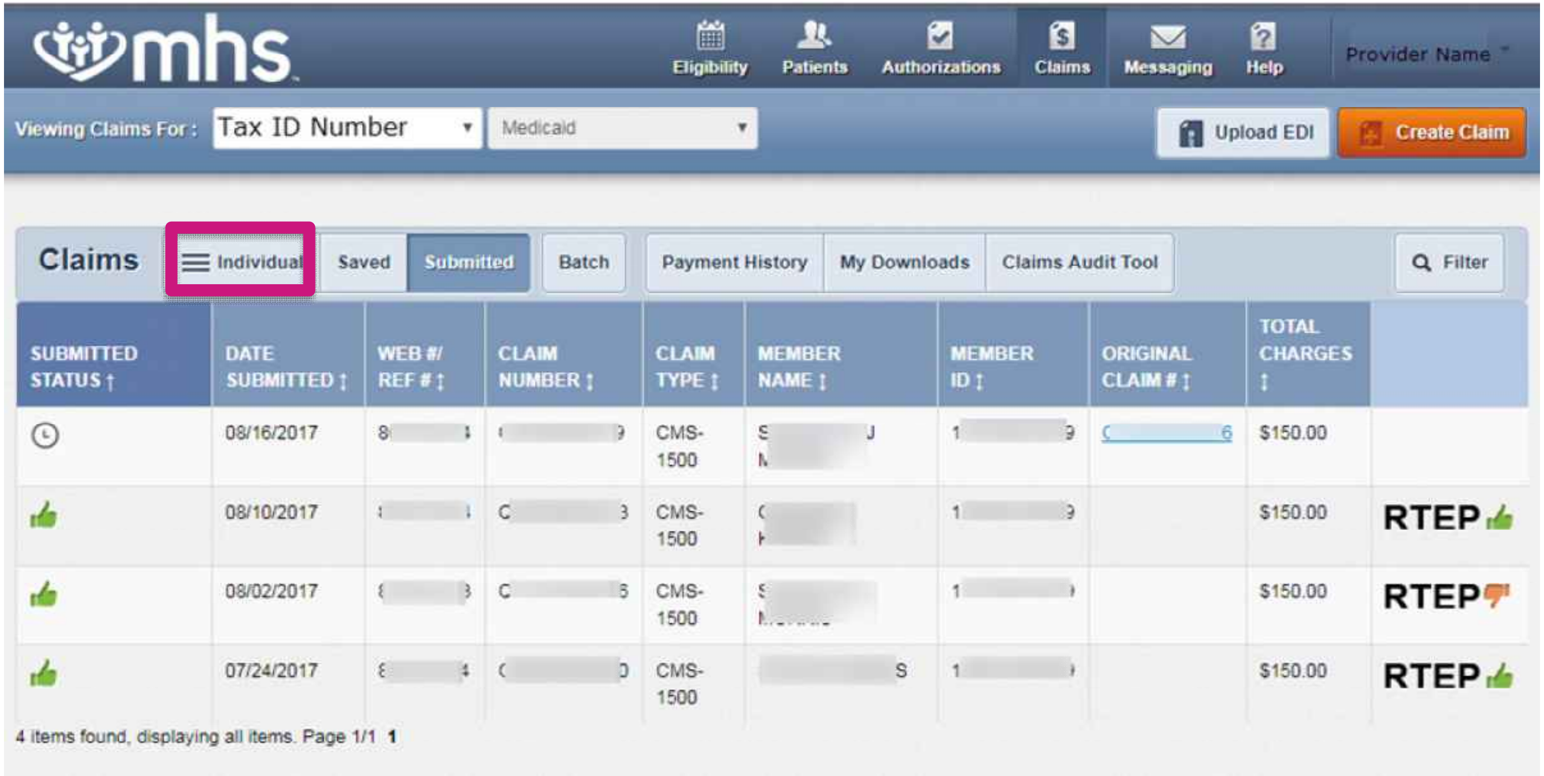
You can go back to review your claim or submit now.

Claim ID: [redacted]

General Info Edit

Submitted Claims

- The **Submitted** tab will show only claims created via the MHS portal.
  - **Paid** is a green thumbs up.
  - **Denied** is a orange thumbs down.
  - **Pending** is a clock.
- **RTEP (Real Time Editing and Pricing)** claims also show if eligible. (i.e. line 3 was submitted. But was not eligible for RTEP.)


Eligibility
Patients
Authorizations
Claims
Messaging
Help
Provider Name
Upload EDI
Create Claim
Claims
Individual
Saved
Submitted
Batch
Payment History
My Downloads
Claims Audit Tool
Filter

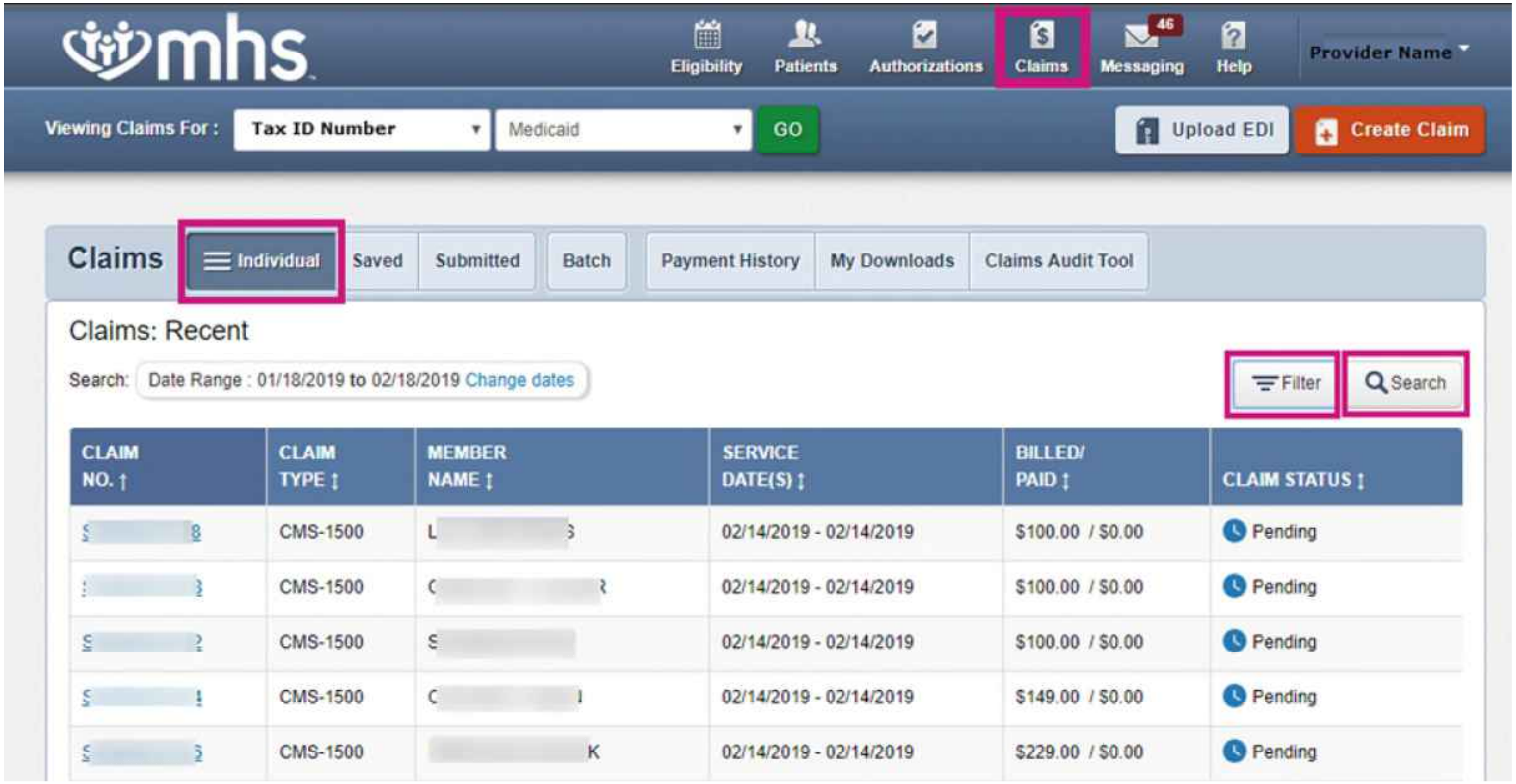
Viewing Claims For : Tax ID Number ▾ Medicaid ▾

SUBMITTED STATUS ↑	DATE SUBMITTED ↕	WEB #/ REF # ↕	CLAIM NUMBER ↕	CLAIM TYPE ↕	MEMBER NAME ↕	MEMBER ID ↕	ORIGINAL CLAIM # ↕	TOTAL CHARGES ↕	
🕒	08/16/2017	[redacted]	[redacted]	CMS-1500	[redacted]	[redacted]	[redacted]	$150.00	
👍	08/10/2017	[redacted]	[redacted]	CMS-1500	[redacted]	[redacted]		$150.00	RTEP 👍
👍	08/02/2017	[redacted]	[redacted]	CMS-1500	[redacted]	[redacted]		$150.00	RTEP 👎
👍	07/24/2017	[redacted]	[redacted]	CMS-1500	[redacted]	[redacted]		$150.00	RTEP 👍

4 items found, displaying all items. Page 1/1 **1**

Individual Claims

- On the **Individual** tab, claims submitted using paper, portal or clearing house.
  - View the Claim Number, Claim Type, Member Name, Service Dates, Billed/Paid, and Claim Status


mhs
Eligibility
Patients
Authorizations
Claims
46
Messaging
Help
Provider Name
GO
Upload EDI
Create Claim
Claims
Individual
Saved
Submitted
Batch
Payment History
My Downloads
Claims Audit Tool
Filter
Search

Viewing Claims For : Tax ID Number Medicaid

Claims: Recent

Search: Date Range : 01/18/2019 to 02/18/2019 Change dates

CLAIM NO. ↑	CLAIM TYPE ↕	MEMBER NAME ↕	SERVICE DATE(S) ↕	BILLED/ PAID ↕	CLAIM STATUS ↕
[redacted]	CMS-1500	[redacted]	02/14/2019 - 02/14/2019	$100.00 / $0.00	Pending
[redacted]	CMS-1500	[redacted]	02/14/2019 - 02/14/2019	$100.00 / $0.00	Pending
[redacted]	CMS-1500	[redacted]	02/14/2019 - 02/14/2019	$100.00 / $0.00	Pending
[redacted]	CMS-1500	[redacted]	02/14/2019 - 02/14/2019	$149.00 / $0.00	Pending
[redacted]	CMS-1500	[redacted]	02/14/2019 - 02/14/2019	$229.00 / $0.00	Pending

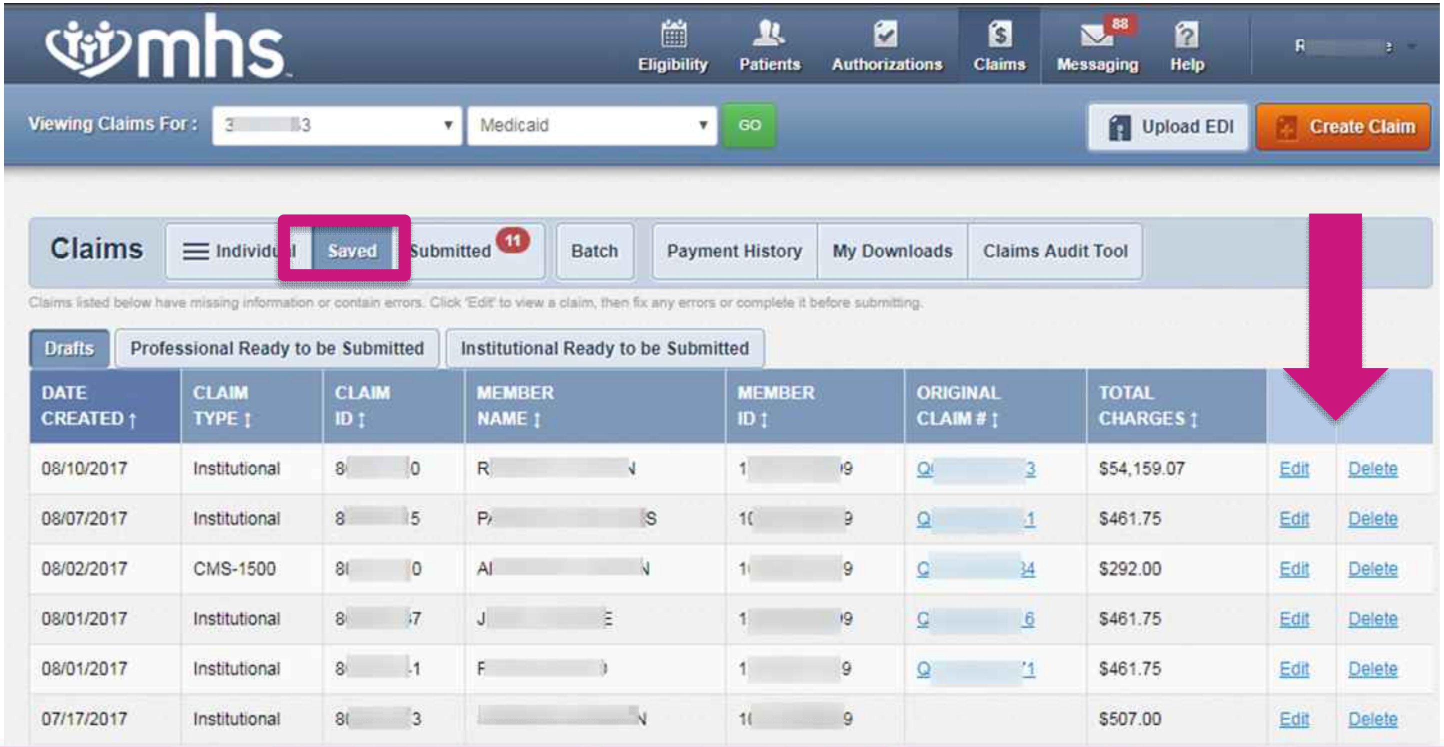
Saved Claims

- To view **Saved** claims: Drafts, Professional or Institutional

1. Select **Saved.**
2. Click **Edit** to view a claim.
3. Fix any errors or complete before submitting.

   Or

4. Click **Delete** to delete saved claim that is no longer necessary.
5. Click **OK** to confirm the deletion.


mhs
Eligibility
Patients
Authorizations
Claims
Messaging
88
Help
[redacted]
Upload EDI
Create Claim
GO
Claims
Individual
Saved
Submitted
11
Batch
Payment History
My Downloads
Claims Audit Tool
Drafts
Professional Ready to be Submitted
Institutional Ready to be Submitted

Viewing Claims For : [redacted] Medicaid

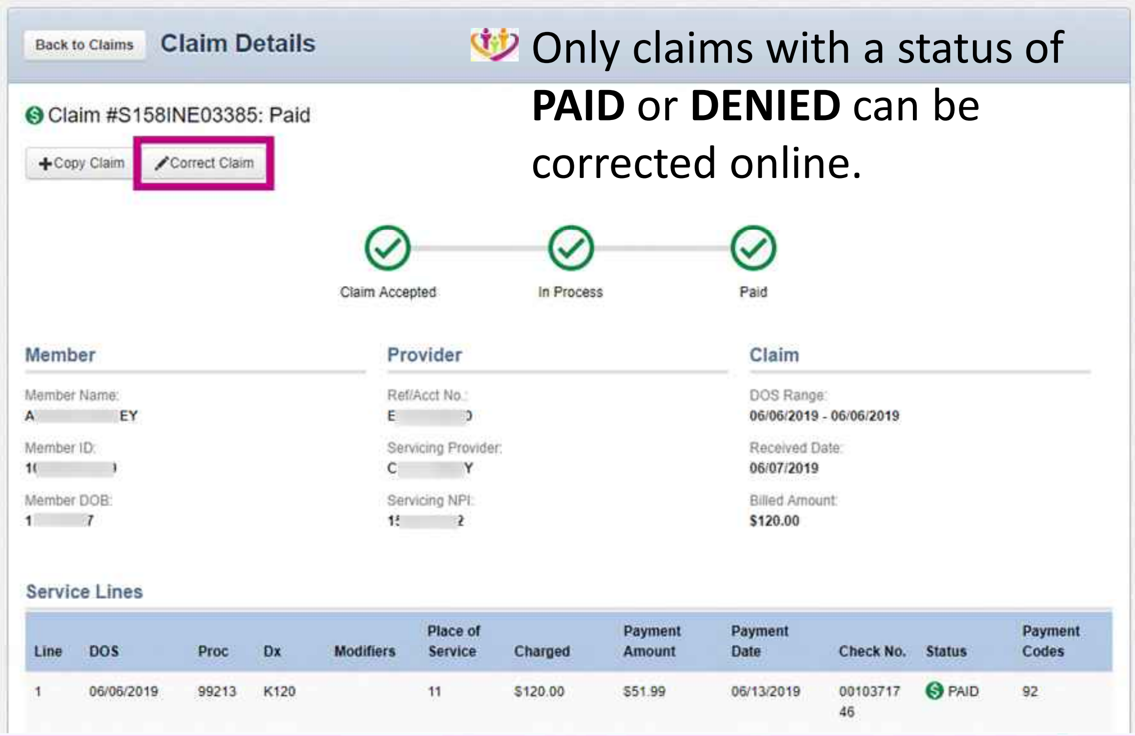
Claims listed below have missing information or contain errors. Click 'Edit' to view a claim, then fix any errors or complete it before submitting.

DATE CREATED ↑	CLAIM TYPE ↕	CLAIM ID ↕	MEMBER NAME ↕	MEMBER ID ↕	ORIGINAL CLAIM # ↕	TOTAL CHARGES ↕		
08/10/2017	Institutional	[redacted]	[redacted]	[redacted]	[redacted]	$54,159.07	Edit	Delete
08/07/2017	Institutional	[redacted]	[redacted]	[redacted]	[redacted]	$461.75	Edit	Delete
08/02/2017	CMS-1500	[redacted]	[redacted]	[redacted]	[redacted]	$292.00	Edit	Delete
08/01/2017	Institutional	[redacted]	[redacted]	[redacted]	[redacted]	$461.75	Edit	Delete
08/01/2017	Institutional	[redacted]	[redacted]	[redacted]	[redacted]	$461.75	Edit	Delete
07/17/2017	Institutional	[redacted]	[redacted]	[redacted]		$507.00	Edit	Delete

Correcting Claims

- After clicking on a **Claim #** link:

1. Click **Correct Claim.**
2. Proceed through the claims screens correcting the information that you may have omitted when the claim was originally submitted.
3. Continue clicking **Next** to move through the screens required to resubmit.
4. Review the claim information.
5. Click **Submit**.



Claim #S158INE03385: Paid

Member

Member Name: A[redacted]EY

Member ID: 1([redacted])

Member DOB: 1[redacted]7

Provider

Ref/Acct No.: E[redacted]0

Servicing Provider: C[redacted]Y

Servicing NPI: 1![redacted]2

Claim

DOS Range: 06/06/2019 - 06/06/2019

Received Date: 06/07/2019

Billed Amount: $120.00

Service Lines

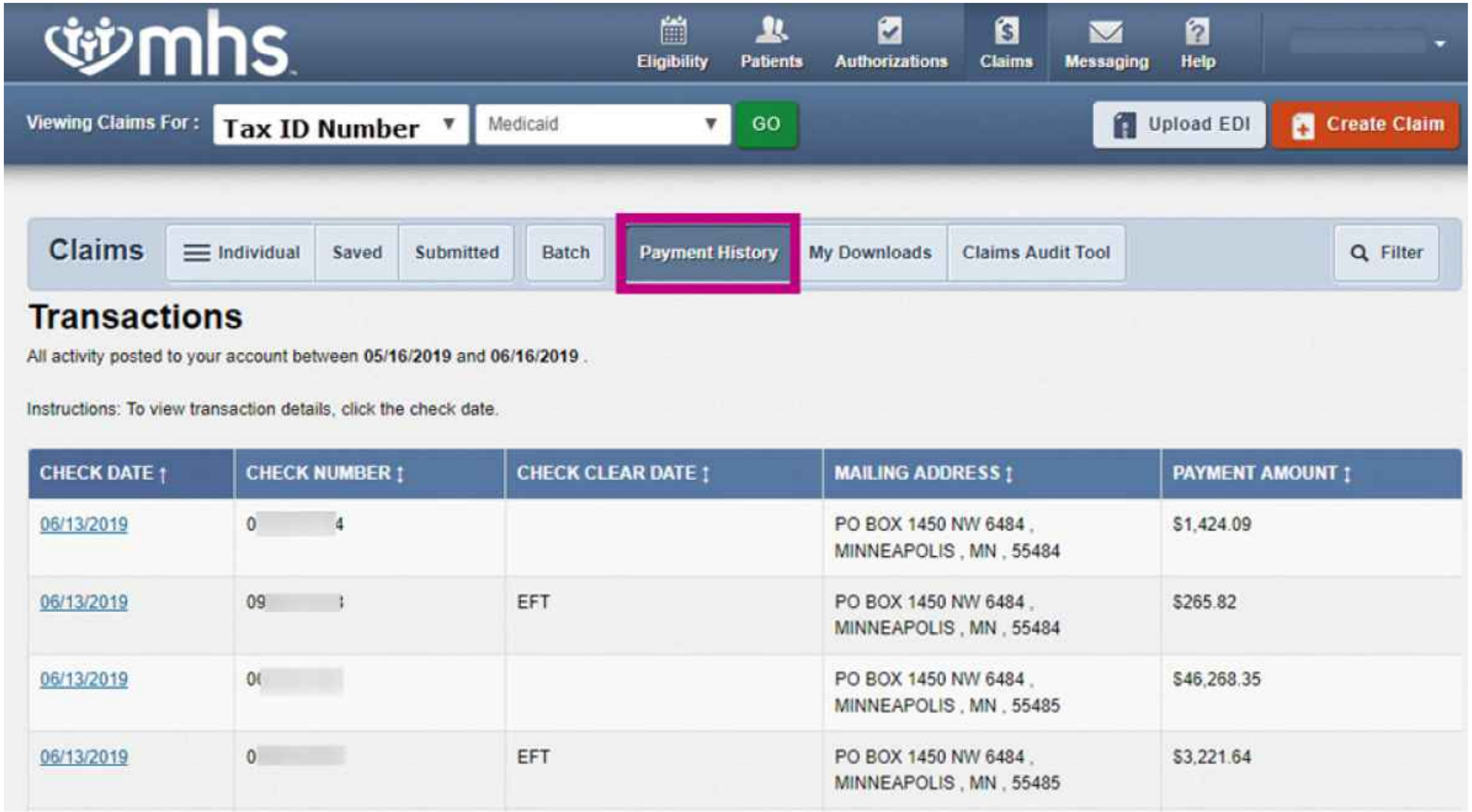
Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	06/06/2019	99213	K120		11	$120.00	$51.99	06/13/2019	0010371746	PAID	92

- Only claims with a status of **PAID** or **DENIED** can be corrected online.

- [Submit a Correct Claim Guide]()

Payment History

- Click on **Payment History** to view Check Date, Check Number, Check Clear Date, Mailing Address and Payment Amount.
  - Click on **Check Date** to view Explanation of Payment.


mhs
Eligibility
Patients
Authorizations
Claims
Messaging
Help
Viewing Claims For :
Tax ID Number
Medicaid
GO
Upload EDI
Create Claim
Claims
Individual
Saved
Submitted
Batch
Payment History
My Downloads
Claims Audit Tool
Filter

Transactions

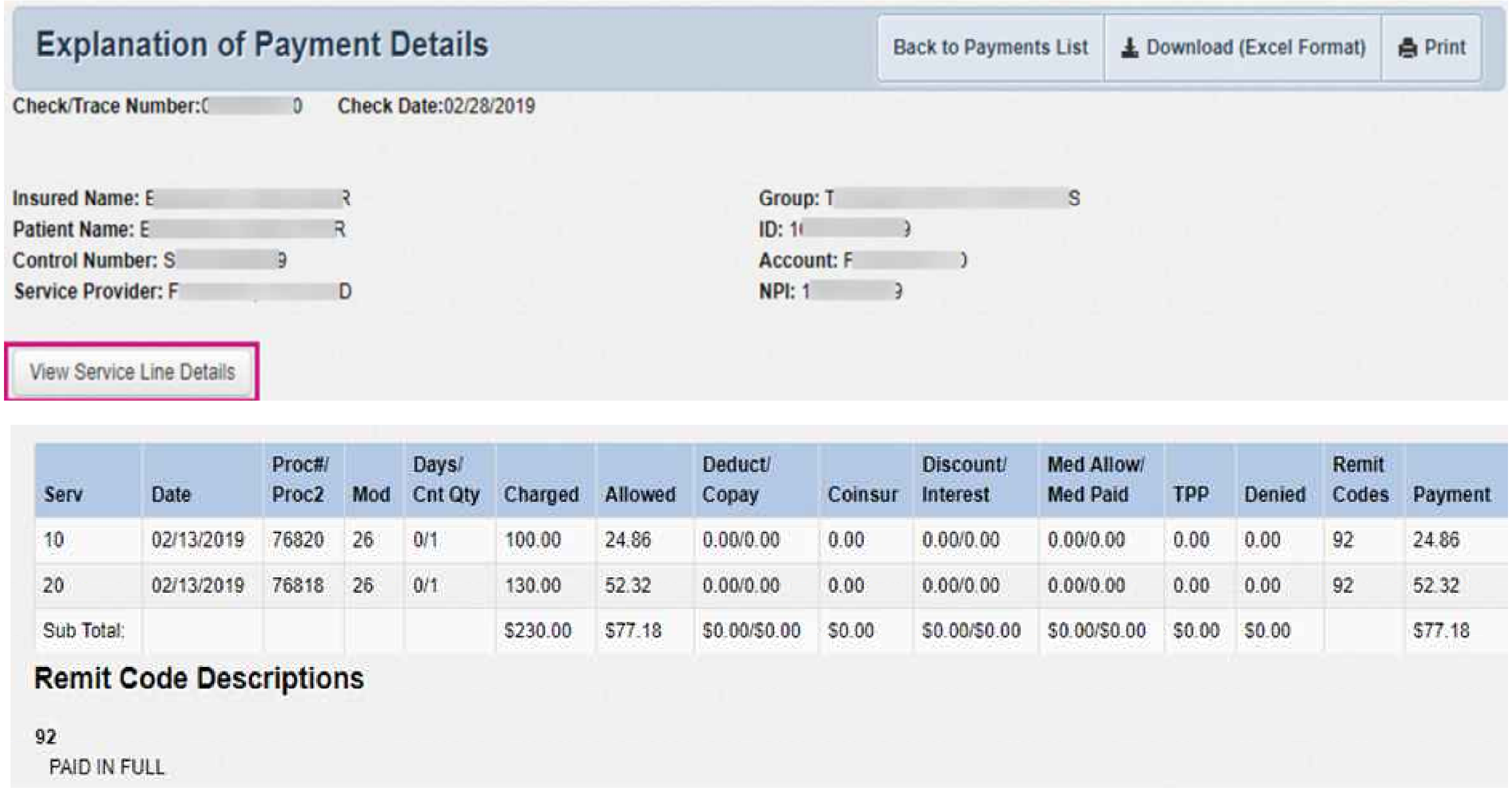
All activity posted to your account between **05/16/2019** and **06/16/2019** .

Instructions: To view transaction details, click the check date.

CHECK DATE ↑	CHECK NUMBER ↕	CHECK CLEAR DATE ↕	MAILING ADDRESS ↕	PAYMENT AMOUNT ↕
06/13/2019	0[redacted]4		PO BOX 1450 NW 6484 , MINNEAPOLIS , MN , 55484	$1,424.09
06/13/2019	09[redacted]	EFT	PO BOX 1450 NW 6484 , MINNEAPOLIS , MN , 55484	$265.82
06/13/2019	0[redacted]		PO BOX 1450 NW 6484 , MINNEAPOLIS , MN , 55485	$46,268.35
06/13/2019	0[redacted]	EFT	PO BOX 1450 NW 6484 , MINNEAPOLIS , MN , 55485	$3,221.64

Payment History

- Click on **View Service Line Details.**



Explanation of Payment Details

Check/Trace Number: [redacted] **Check Date:**02/28/2019

Insured Name: [redacted]
Patient Name: [redacted]
Control Number: [redacted]
Service Provider: [redacted]

Group: [redacted]
ID: [redacted]
Account: [redacted]
NPI: [redacted]

Serv	Date	Proc#/ Proc2	Mod	Days/ Cnt Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	Remit Codes	Payment
10	02/13/2019	76820	26	0/1	100.00	24.86	0.00/0.00	0.00	0.00/0.00	0.00/0.00	0.00	0.00	92	24.86
20	02/13/2019	76818	26	0/1	130.00	52.32	0.00/0.00	0.00	0.00/0.00	0.00/0.00	0.00	0.00	92	52.32
Sub Total:					$230.00	$77.18	$0.00/$0.00	$0.00	$0.00/$0.00	$0.00/$0.00	$0.00	$0.00		$77.18

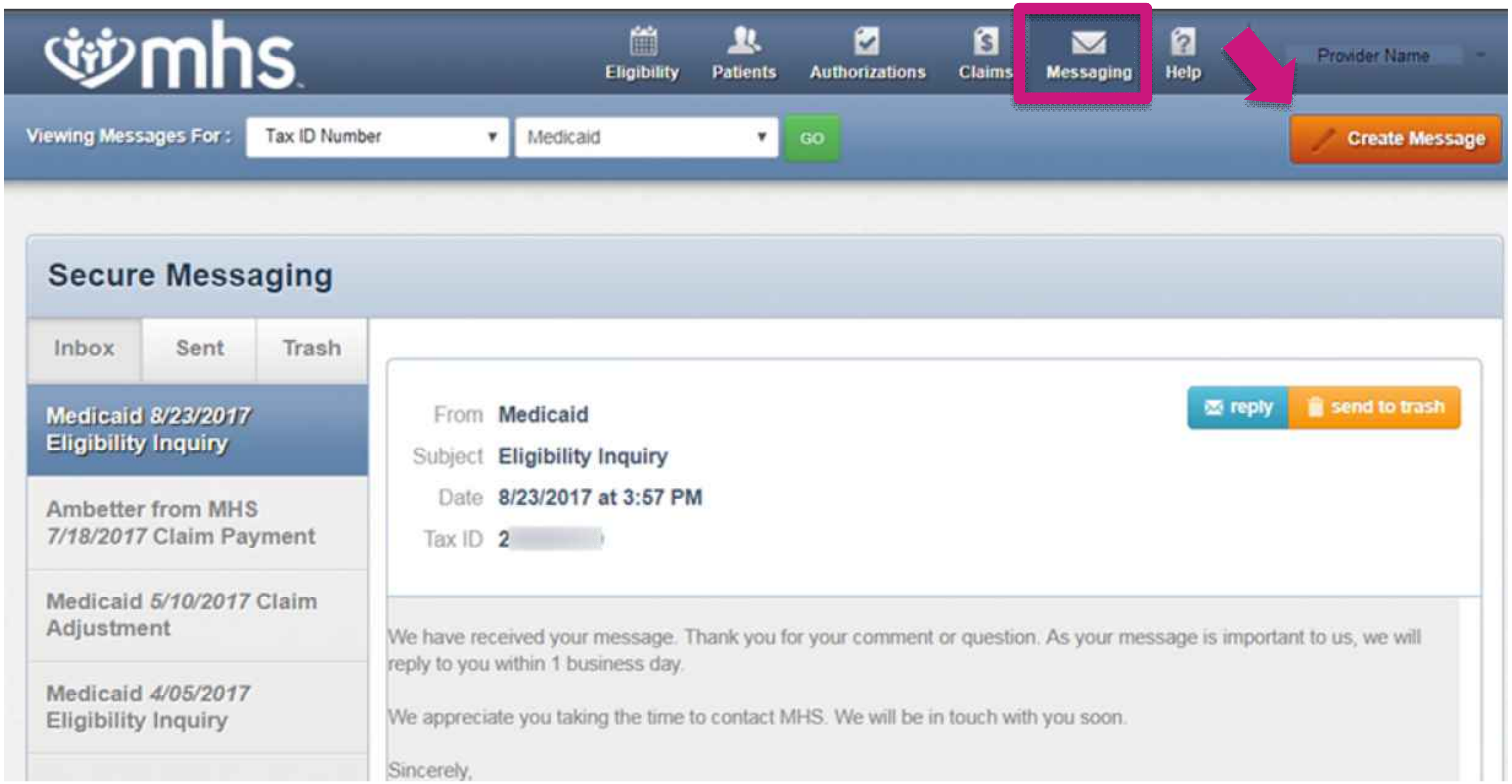
Remit Code Descriptions

92
PAID IN FULL

Secure Messaging

Create a **New Secure Message.**

- Click **Messaging** tab from the Dashboard.
- Click **Create Message.**


mhs
Eligibility
Patients
Authorizations
Claims
Messaging
Help
Provider Name
Viewing Messages For :
Tax ID Number
Medicaid
GO
Create Message
Inbox
Sent
Trash
reply
send to trash

Secure Messaging

Medicaid 8/23/2017 Eligibility Inquiry

Ambetter from MHS 7/18/2017 Claim Payment

Medicaid 5/10/2017 Claim Adjustment

Medicaid 4/05/2017 Eligibility Inquiry

From Medicaid
Subject Eligibility Inquiry
Date 8/23/2017 at 3:57 PM
Tax ID 2[redacted]

We have received your message. Thank you for your comment or question. As your message is important to us, we will reply to you within 1 business day.

We appreciate you taking the time to contact MHS. We will be in touch with you soon.

Sincerely,

Provider Portal Enhancement
(Online Claim Reconsiderations)

Summary Of Online Reconsiderations

Skip the phone call.

- Providers will make their case directly on the portal.

Make the case.

- Providers will submit informal dispute/reconsideration comments using expanded text fields.

Add context.

- Providers can easily attach supporting documentation when filing an informal dispute/reconsideration.

Stay current.

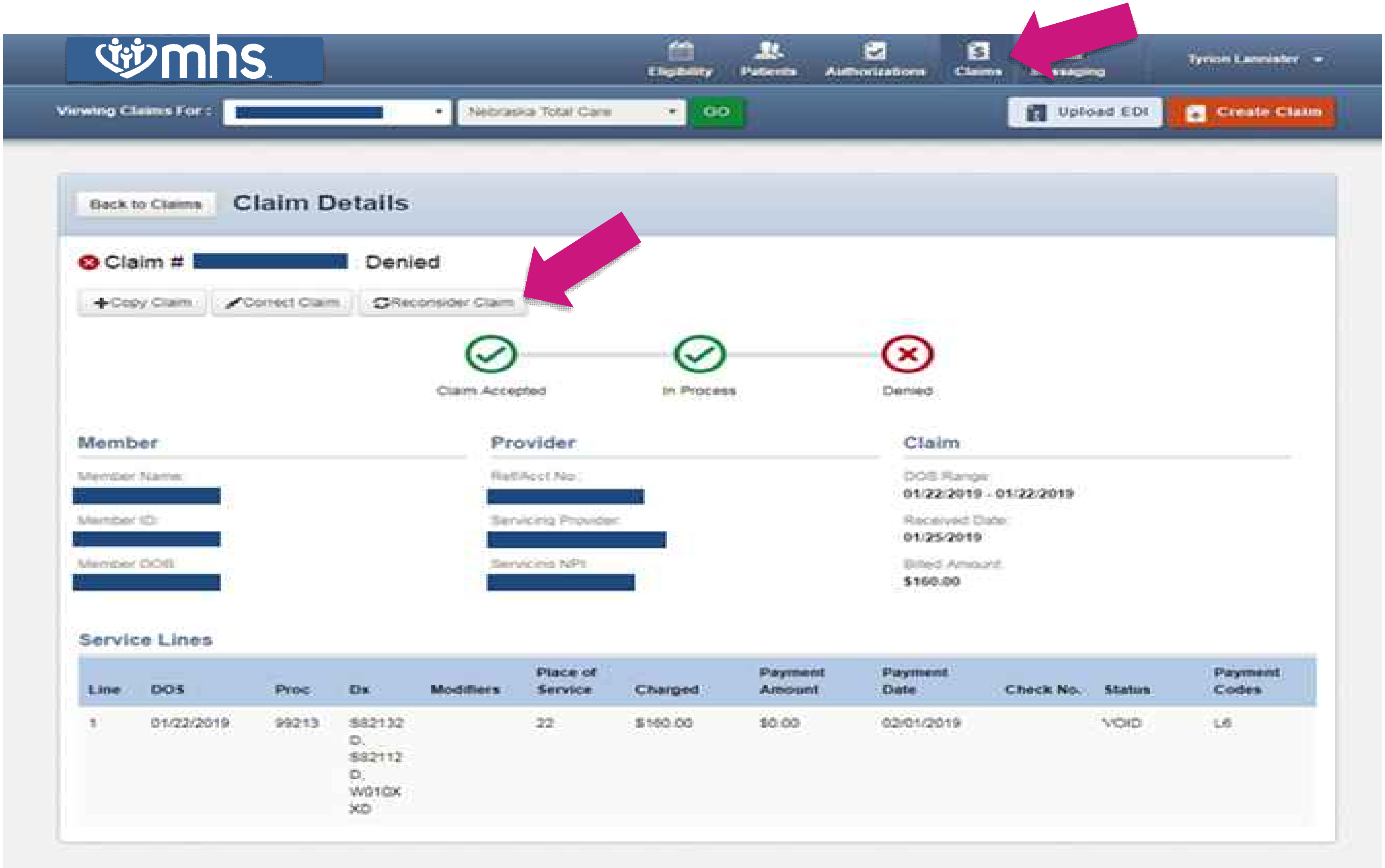
- Providers may opt in/out for informal dispute/reconsideration status change emails.
- Providers may also view status online.

Submit Reconsideration

- Step 1- Provider will search for the claim from the claims tab.
- Step 2- The **Reconsider Claim** button will be visible from the claims sub navigation screen.

Note: This option is only available to those claims that do not already have a web-initiated reconsideration already in progress.

Submit Reconsideration


Eligibility
Patients
Authorizations
Claims
ssaging
Tyrion Lannister
Viewing Claims For :
Nebraska Total Care
GO
Upload EDI
Create Claim
Back to Claims
+Copy Claim
Correct Claim
Reconsider Claim
Claim Accepted
In Process
Denied

Viewing Claims For : [redacted]

Claim Details

Claim # [redacted] Denied

Member

Member Name: [redacted]

Member ID: [redacted]

Member DOB: [redacted]

Provider

Ref/Acct No.: [redacted]

Servicing Provider: [redacted]

Servicing NPI: [redacted]

Claim

DOS Range: 01/22/2019 - 01/22/2019

Received Date: 01/25/2019

Billed Amount: $160.00

Service Lines

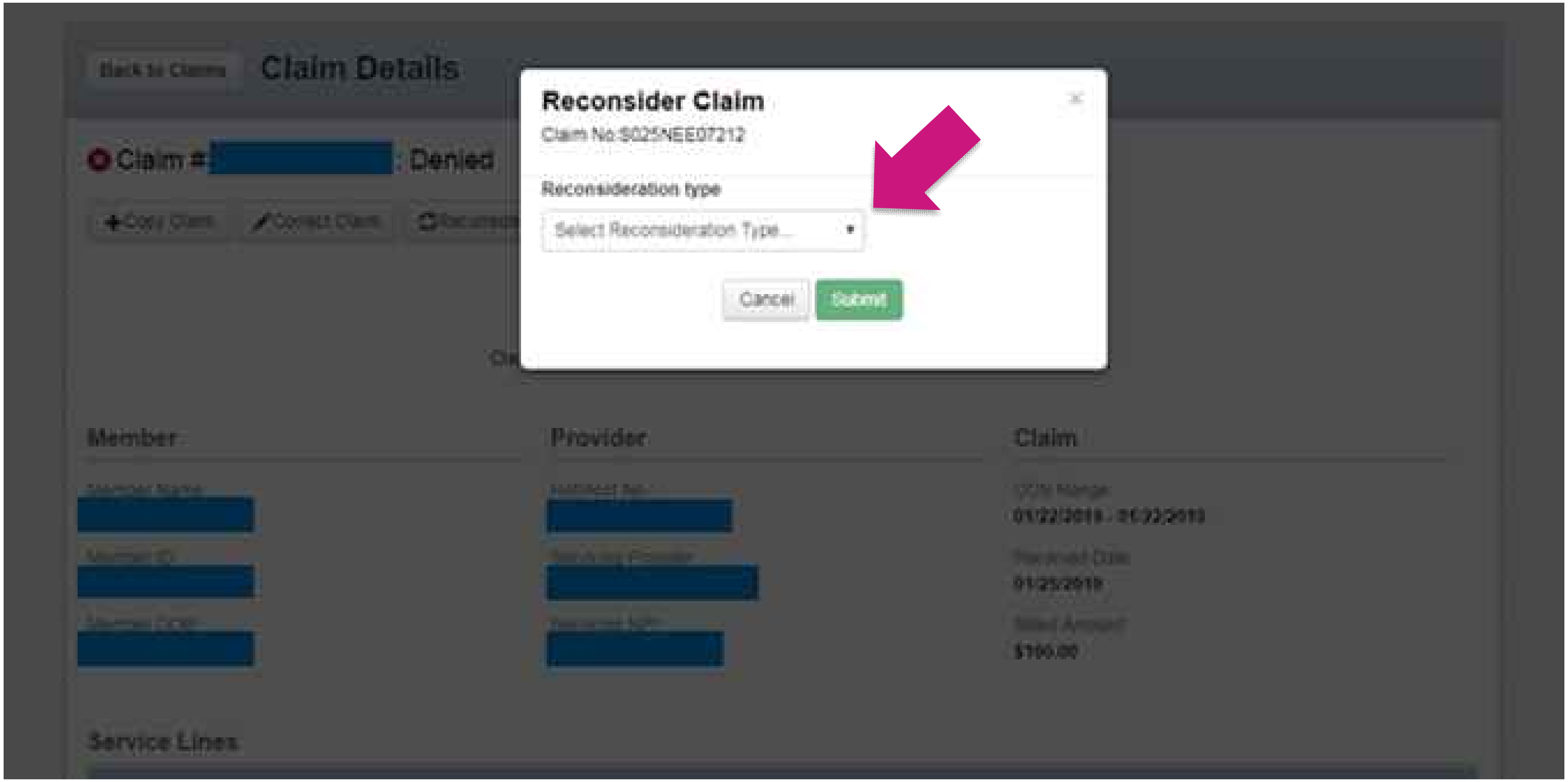
Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	01/22/2019	99213	S82132D, S82112D, W010XXD		22	$160.00	$0.00	02/01/2019		VOID	L6

Submit Reconsideration – Pop-Up Window

- Once the provider selects Reconsider Claim, a pop up window will show.

- The pop-up window displays a Reconsideration Type dropdown menu.

Submit Reconsideration – Pop-Up Window



Reconsider Claim

Claim No:S025NEE07212

Reconsideration type: Select Reconsideration Type...

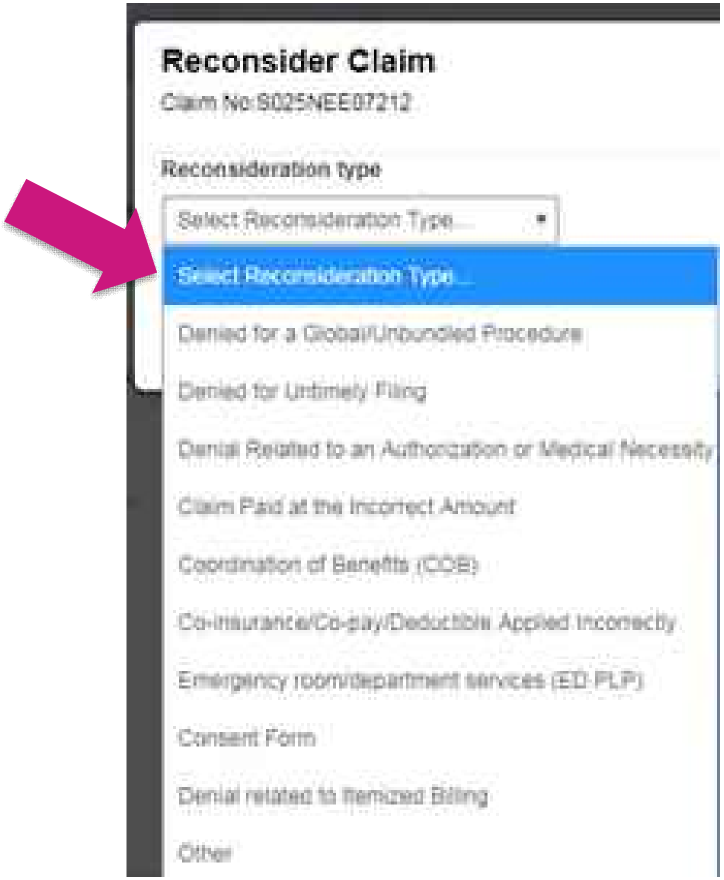
Back to Claims
Claim Details
Claim # [redacted] : Denied
Copy Claim
Correct Claim
Cancel
Submit
Member
Provider
Claim
Service Lines

Submit Reconsideration – Select Reconsideration Type

- Providers will select a Reconsideration Type.
  - Examples include:
    - “Denied for Global/Unbundled Procedure”
    - “Denied for Untimely Filing”
    - “Other”

- Providers should choose the option that is related to their reconsideration reason.

Submit Reconsideration – Select Reconsideration Type



Reconsider Claim

Claim No:S025NEE07212

Reconsideration type

Select Reconsideration Type...

- Select Reconsideration Type...
- Denied for a Global/Unbundled Procedure
- Denied for Untimely Filing
- Denial Related to an Authorization or Medical Necessity
- Claim Paid at the Incorrect Amount
- Coordination of Benefits (COB)
- Co-insurance/Co-pay/Deductible Applied Incorrectly
- Emergency room/department services (ED PLP)
- Consent Form
- Denial related to Itemized Billing
- Other

Submit Reconsideration – Enter Information

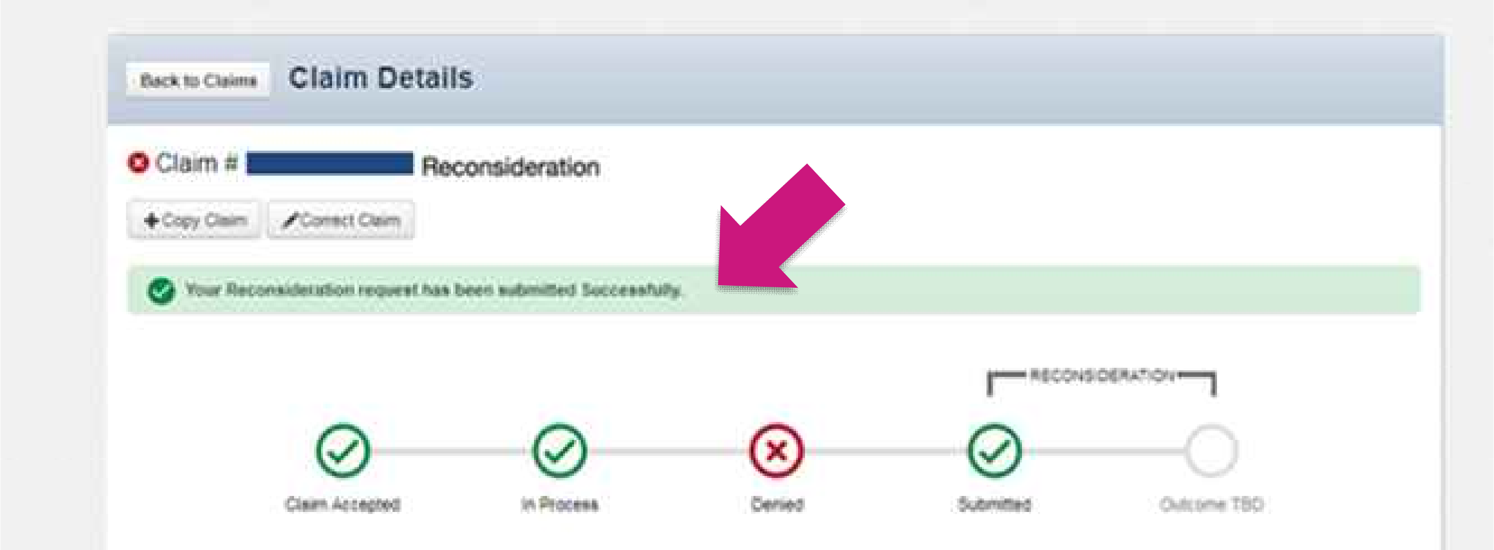
- Once the provider selects the reconsideration reason, the provider has two options:
  - Add notes
  - Upload documents

- The form is dynamic; depending on the dropdown item selected, notes and/or documents may be required.

- Select **Submit** after populating all required fields.

Submit Reconsideration – Updated Tracker

- Upon submission, a success banner will be displayed.



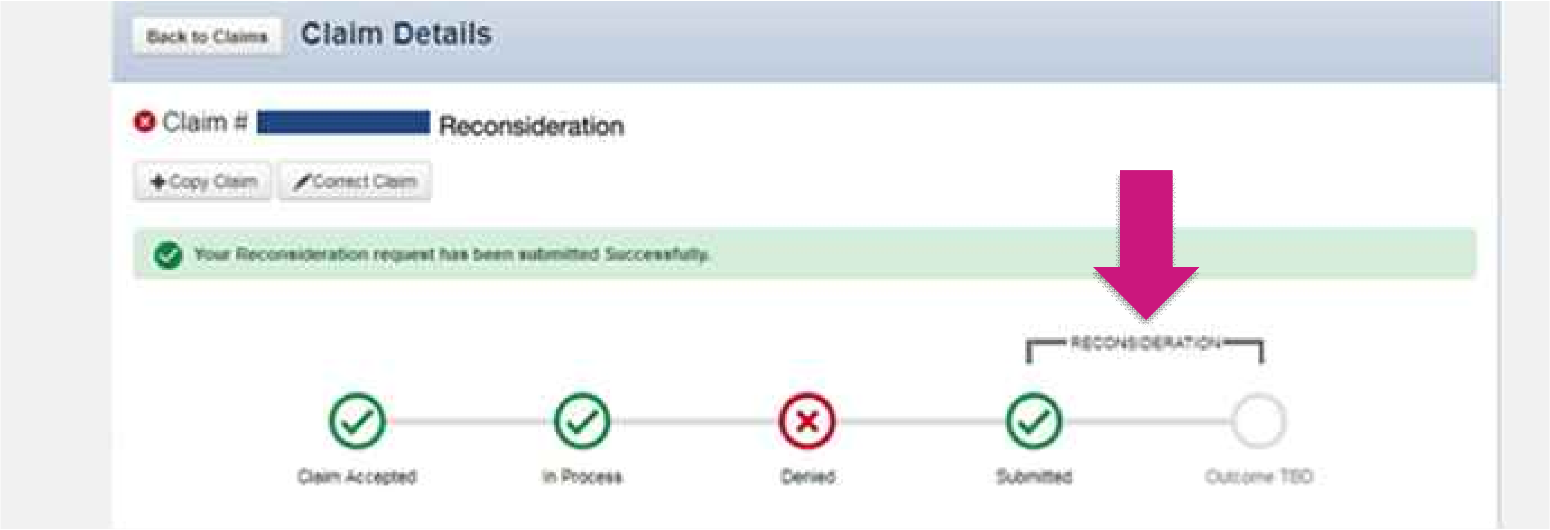
Back to Claims
Claim Details
Claim # [redacted] Reconsideration
+ Copy Claim
Correct Claim

✓ Your Reconsideration request has been submitted Successfully.

RECONSIDERATION
Claim Accepted
In Process
Denied
Submitted
Outcome TBD

Submit Reconsideration – Updated Tracker

- The tracker graphic will be updated to reflect that a reconsideration is in progress.



Back to Claims
Claim Details

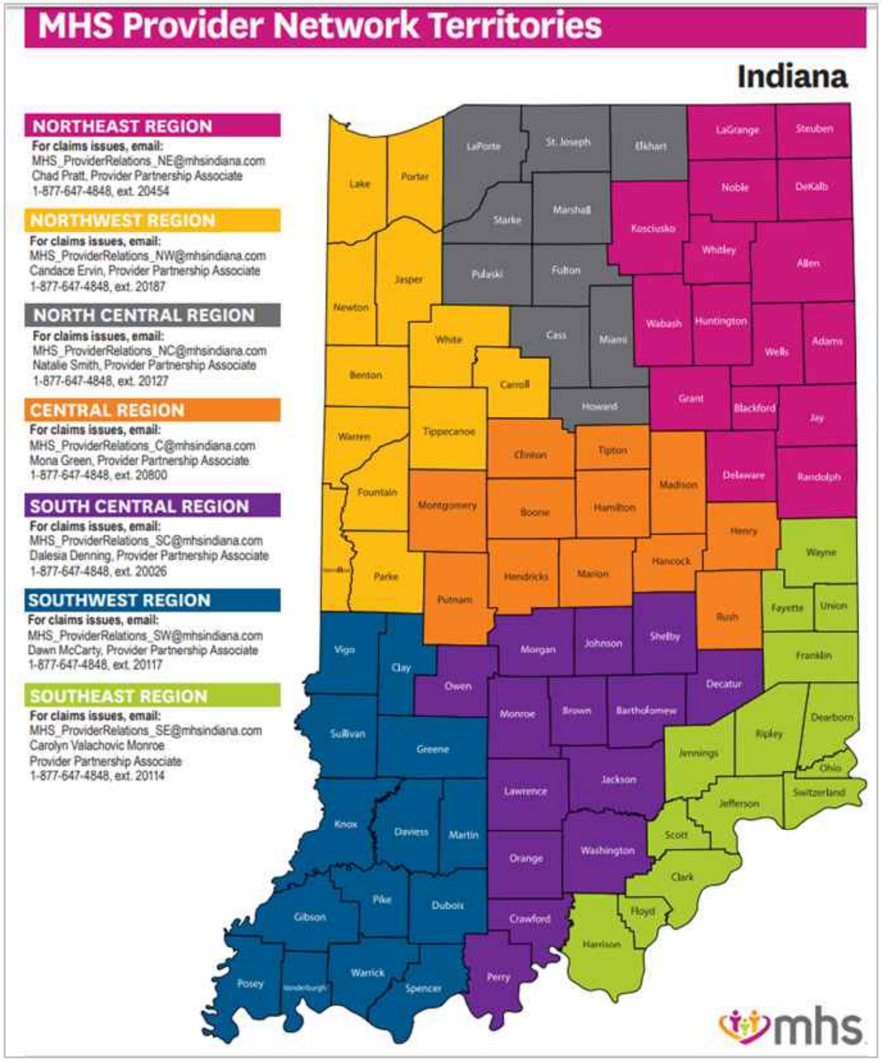
Claim # [redacted] Reconsideration

Copy Claim
Correct Claim

Your Reconsideration request has been submitted Successfully.

RECONSIDERATION
Claim Accepted
In Process
Denied
Submitted
Outcome TBD

Provider Relations Team


MHS Provider Network Territories
Indiana
LaPorte
St. Joseph
Elkhart
LaGrange
Steuben
Lake
Porter
Starke
Marshall
Kosciusko
Noble
DeKalb
Whitley
Allen
Newton
Jasper
Pulaski
Fulton
Wabash
Huntington
Wells
Adams
White
Cass
Miami
Carroll
Benton
Howard
Grant
Blackford
Jay
Warren
Tippecanoe
Clinton
Tipton
Madison
Delaware
Randolph
Fountain
Montgomery
Boone
Hamilton
Henry
Wayne
Parke
Hendricks
Marion
Hancock
Putnam
Rush
Fayette
Union
Vigo
Clay
Morgan
Johnson
Shelby
Franklin
Owen
Decatur
Monroe
Brown
Bartholomew
Dearborn
Sullivan
Greene
Jennings
Ripley
Ohio
Lawrence
Jackson
Switzerland
Jefferson
Knox
Daviess
Martin
Scott
Orange
Washington
Clark
Pike
Dubois
Gibson
Crawford
Floyd
Harrison
Posey
Vanderburgh
Warrick
Spencer
Perry
mhs

NORTHEAST REGION
For claims issues, email:
MHS_ProviderRelations_NE@mhsindiana.com
Chad Pratt, Provider Partnership Associate
1-877-647-4848, ext. 20454

NORTHWEST REGION
For claims issues, email:
MHS_ProviderRelations_NW@mhsindiana.com
Candace Ervin, Provider Partnership Associate
1-877-647-4848, ext. 20187

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

CENTRAL REGION
For claims issues, email:
MHS_ProviderRelations_C@mhsindiana.com
Mona Green, Provider Partnership Associate
1-877-647-4848, ext. 20800

SOUTH CENTRAL REGION
For claims issues, email:
MHS_ProviderRelations_SC@mhsindiana.com
Dalesia Denning, Provider Partnership Associate
1-877-647-4848, ext. 20026

SOUTHWEST REGION
For claims issues, email:
MHS_ProviderRelations_SW@mhsindiana.com
Dawn McCarty, Provider Partnership Associate
1-877-647-4848, ext. 20117

SOUTHEAST REGION
For claims issues, email:
MHS_ProviderRelations_SE@mhsindiana.com
Carolyn Valachovic Monroe
Provider Partnership Associate
1-877-647-4848, ext. 20114

NORTHEAST REGION

For claims issues, email:
MHS_ProviderRelations_NE@mhsindiana.com
Chad Pratt, Provider Partnership Associate
1-877-647-4848, ext. 20454

NORTHWEST REGION

For claims issues, email:
MHS_ProviderRelations_NW@mhsindiana.com
Candace Ervin, Provider Partnership Associate
1-877-647-4848, ext. 20187

NORTH CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_NC@mhsindiana.com
Natalie Smith, Provider Partnership Associate
1-877-647-4848, ext. 20127

CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_C@mhsindiana.com
Mona Green, Provider Partnership Associate
1-877-647-4848, ext. 20800

SOUTH CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_SC@mhsindiana.com
Dalesia Denning, Provider Partnership Associate
1-877-647-4848, ext. 20026

SOUTHWEST REGION

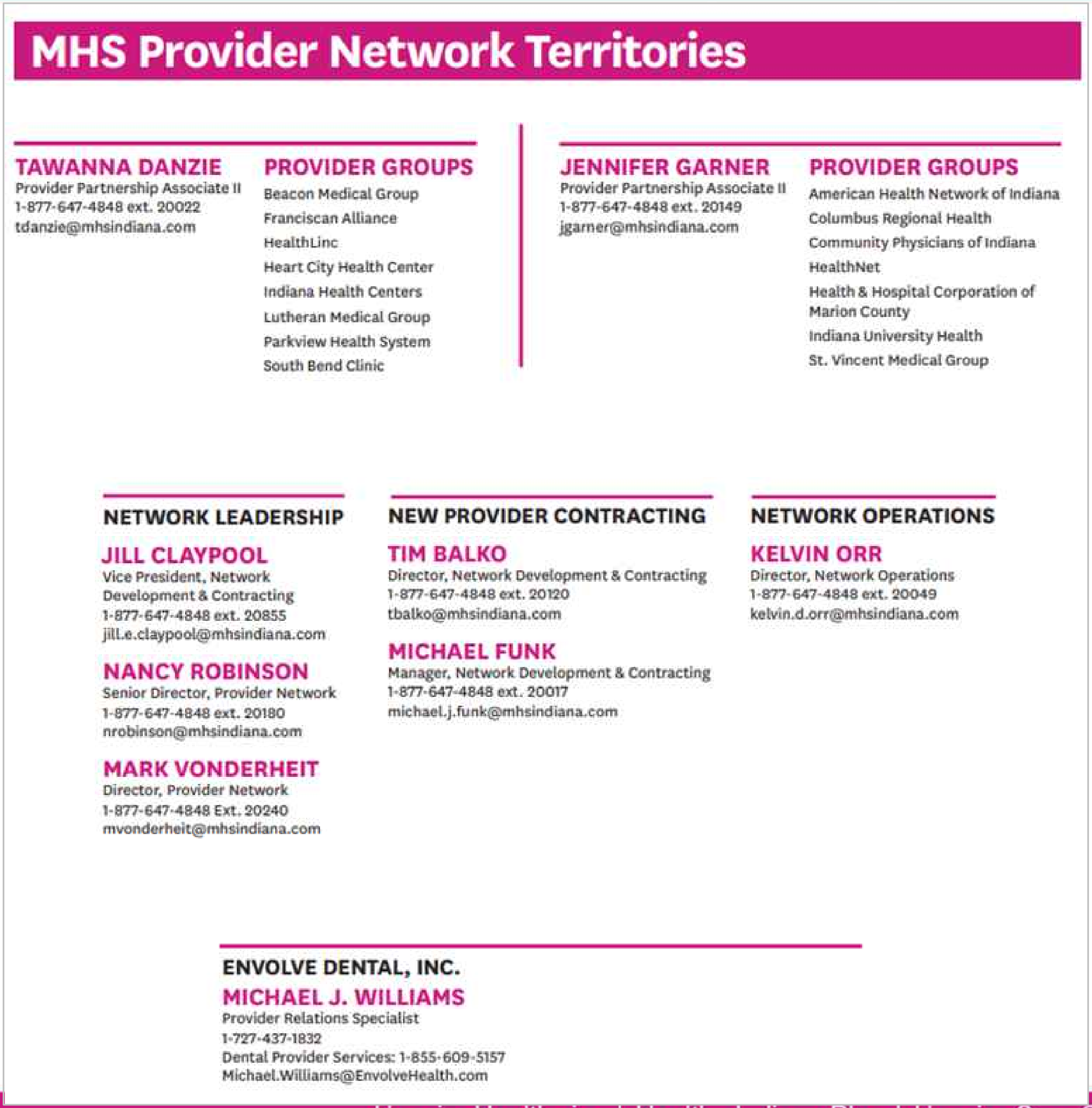
For claims issues, email:
MHS_ProviderRelations_SW@mhsindiana.com
Dawn McCarty, Provider Partnership Associate
1-877-647-4848, ext. 20117

SOUTHEAST REGION

For claims issues, email:
MHS_ProviderRelations_SE@mhsindiana.com
Carolyn Valachovic Monroe
Provider Partnership Associate
1-877-647-4848, ext. 20114

Available online:
https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ProviderTerritory_map_2020.pdf

Back of Map



MHS Provider Network Territories

TAWANNA DANZIE
Provider Partnership Associate II
1-877-647-4848 ext. 20022
tdanzie@mhsindiana.com

PROVIDER GROUPS
- Beacon Medical Group
- Franciscan Alliance
- HealthLinc
- Heart City Health Center
- Indiana Health Centers
- Lutheran Medical Group
- Parkview Health System
- South Bend Clinic

JENNIFER GARNER
Provider Partnership Associate II
1-877-647-4848 ext. 20149
jgarner@mhsindiana.com

PROVIDER GROUPS
- American Health Network of Indiana
- Columbus Regional Health
- Community Physicians of Indiana
- HealthNet
- Health & Hospital Corporation of Marion County
- Indiana University Health
- St. Vincent Medical Group

NETWORK LEADERSHIP

JILL CLAYPOOL
Vice President, Network Development & Contracting
1-877-647-4848 ext. 20855
jill.e.claypool@mhsindiana.com

NANCY ROBINSON
Senior Director, Provider Network
1-877-647-4848 ext. 20180
nrobinson@mhsindiana.com

MARK VONDERHEIT
Director, Provider Network
1-877-647-4848 Ext. 20240
mvonderheit@mhsindiana.com

NEW PROVIDER CONTRACTING

TIM BALKO
Director, Network Development & Contracting
1-877-647-4848 ext. 20120
tbalko@mhsindiana.com

MICHAEL FUNK
Manager, Network Development & Contracting
1-877-647-4848 ext. 20017
michael.j.funk@mhsindiana.com

NETWORK OPERATIONS

KELVIN ORR
Director, Network Operations
1-877-647-4848 ext. 20049
kelvin.d.orr@mhsindiana.com

ENVOLVE DENTAL, INC.

MICHAEL J. WILLIAMS
Provider Relations Specialist
1-727-437-1832
Dental Provider Services: 1-855-609-5157
Michael.Williams@EnvolveHealth.com

Available online:
https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ProviderTerritory_map_2020.pdf

What Did You Learn?

- Analytic/Web Tool Resources
- Navigating the web portal
- Navigating provider analytics
- How to view Gaps In Care
- Navigating patient analytics
- Eligibility verification
- Authorization requests and information
- How to submit a corrected claim
- Reviewing claim information
- How to submit request on line
- How to navigate online claim reconsiderations

Questions?

Thank you for being our partner in care.