# MHS Secure Provider Web Portal Overview

Agenda

Save time by utilizing the MHS Secure Web Portal.

- Account Creation/Login and Training Materials

- Member Eligibility and Overview

- Authorizations

- Prior Authorization/Medical Necessity Appeals

- Claims

- Secure Messaging

- Online Claim Reconsiderations

Account Creation/Login and Training Materials

Secure Web Portal Login or Registration

- Go to mhsindiana.com and click on **For Providers.**
- Then click **Login/Register** for the **MHS Provider Portal.**
- Click the **Login** tab to view Vision/Dental Portal Login and Training Materials.
- Login/Register is the same for **MHS**, **Ambetter Health, Wellcare By Allwell,** and **Behavioral Health** Providers.
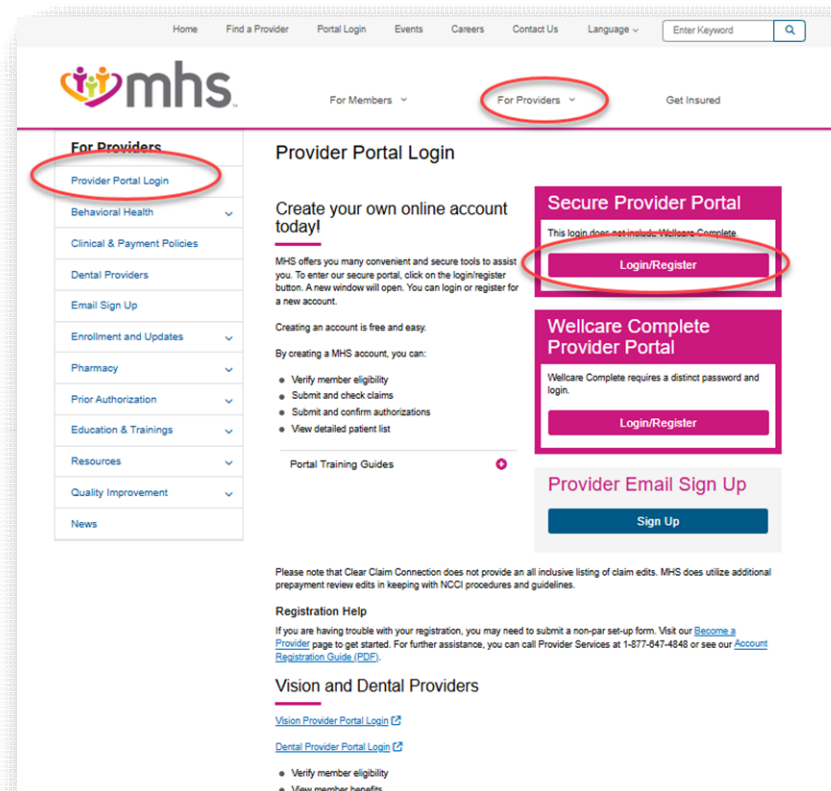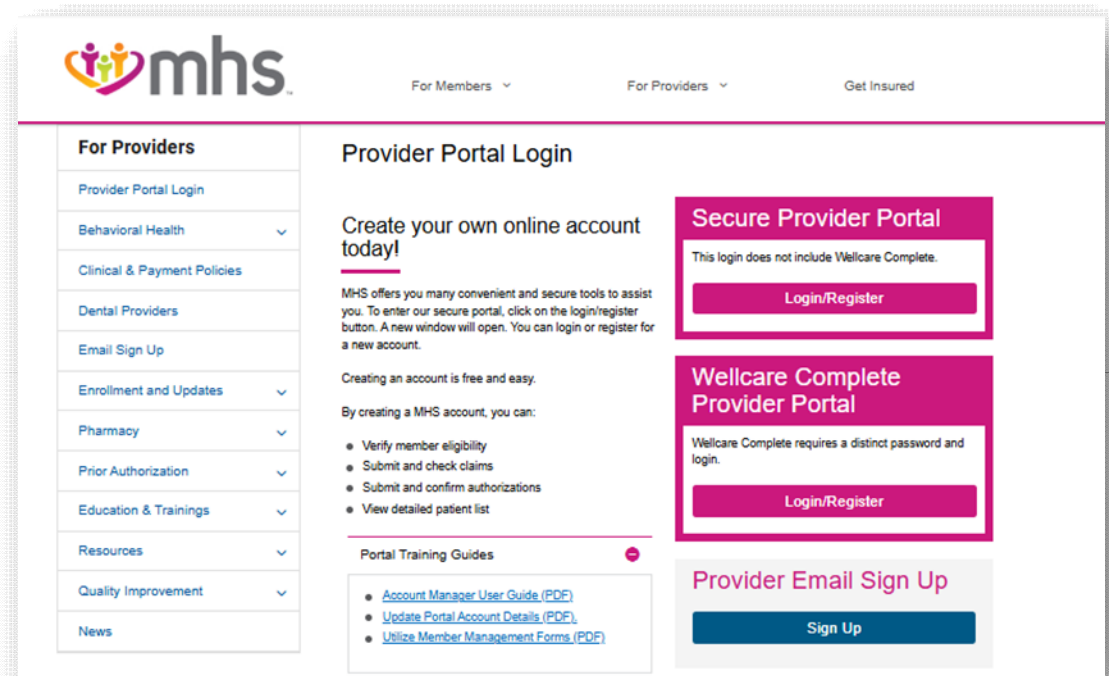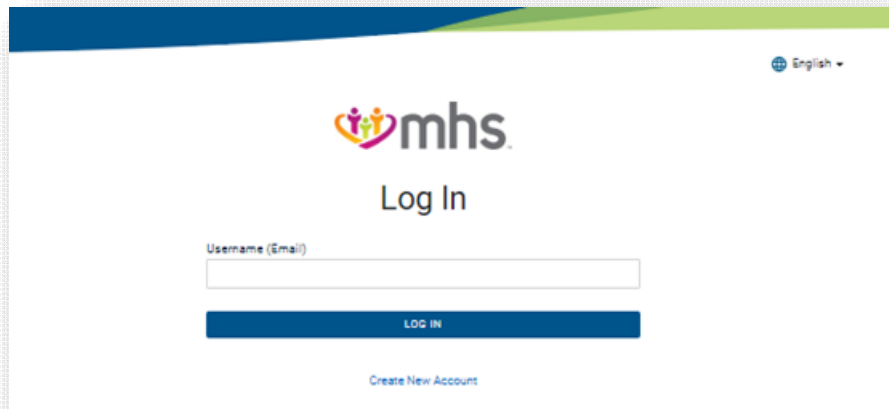
Web Portal Training Documents

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

Portal Training Guides documents include:
- Account Manager Guide
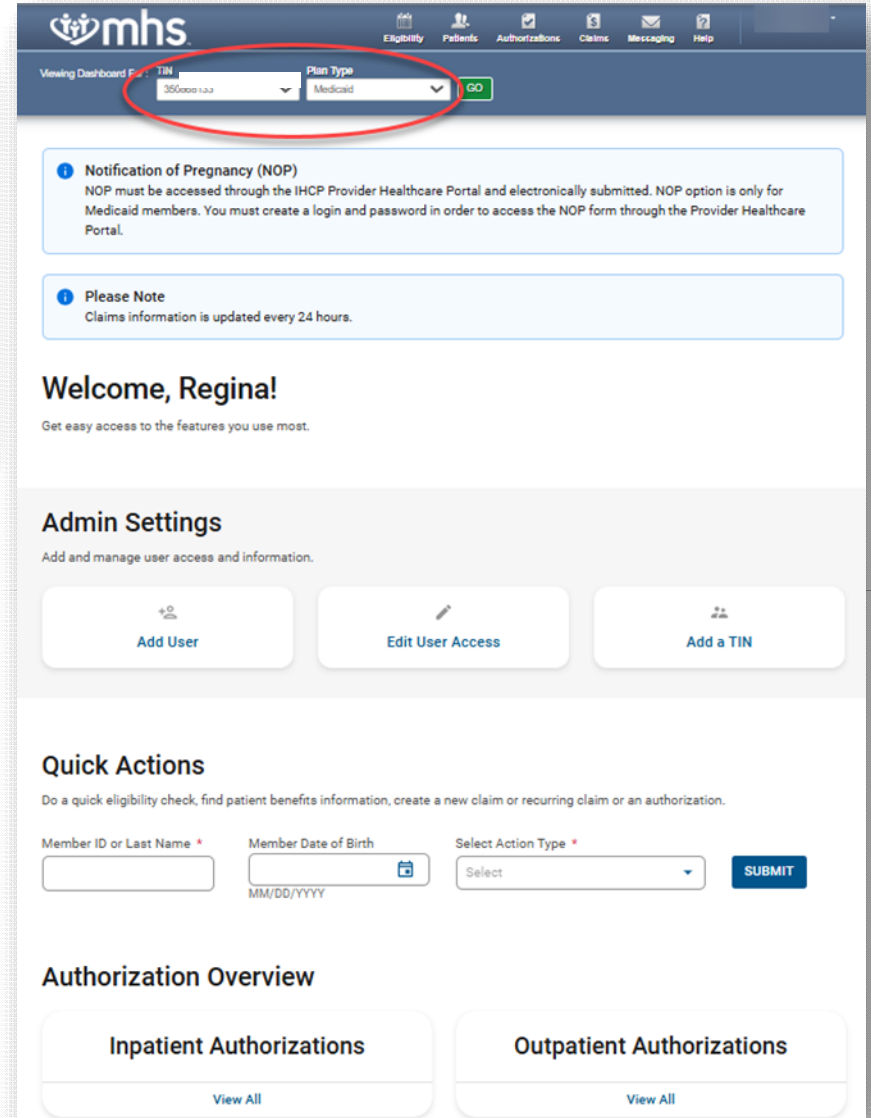- Update Portal Account Details
- Utilize Member Management Forms

Complete Portal Registration or Login

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 you see the Current **Primary** Default TIN for the account and can select another TIN to **Mark As Default** or **Remove** a TIN.
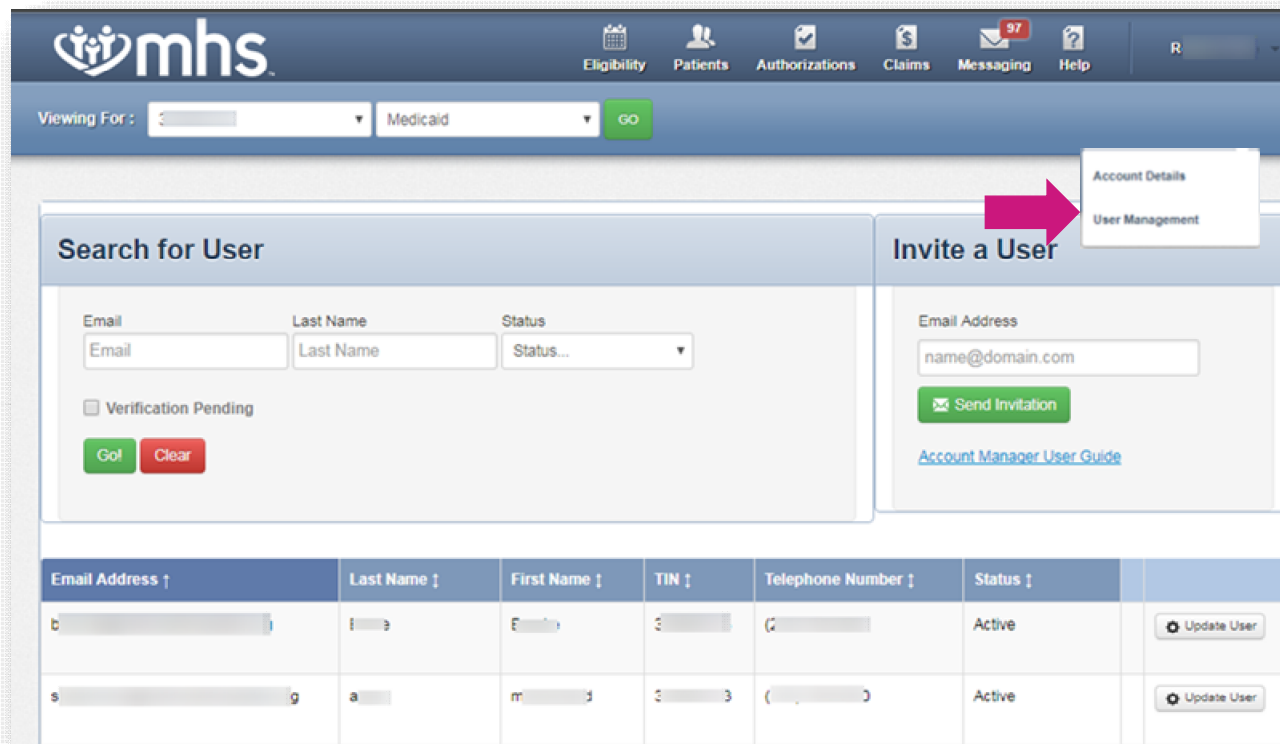
Account Manager

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 username.

Dashboard Change

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

Homepage – MHS (Medicaid)

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

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	Member ID or Last Name	Date Of Birth		
	04/04/2025		09/23/1986	Check Eligibility	🖨 Print
	(mm/dd/yyyy)	123456789 or Smith	(mm/dd/yyyy)		

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	RECENT ADT	CARE GAPS	LOG ER VISIT	RIGHT CHOICE PROGRAM
👎 Ineligible	04/04/2025	>View details	04/04/2025	NO			✖ Remove
👍	04/04/2025	YVONNA MONROE >View details	04/04/2025	NO		ER Visit?	✖ 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 **ER Visit**, an ER visit will be indicated.

Right Choice Program indicator labeled **Yes.**

MHS Member Overview

Overview Tab
- Patient Information
- Eligibility History
- PCP Information and PCP History
- Early and Periodic Screening, Diagnostic and Treatment (**EPSDT**)
- Care Gaps
- 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 as desired in Excel.

Authorizations

Web Authorization

- Providers can submit prior authorizations (PA) online via the MHS Secure Provider Portal.
  - When using the portal, providers can upload supporting documentation directly.
- **Exceptions**: Must submit hospice, home health, and biopharmacy PA requests via **fax 1-866-912-4245.**
- Providers can check the authorization status on the portal.

Authorizations

- View, create, and filter group authorizations.

Authorization Details

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

Back to Authorizations	**Member Name**									

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Auth Status: APPROVE
Auth Nbr: C   3
Service: DME
Provider of Service(s): RI
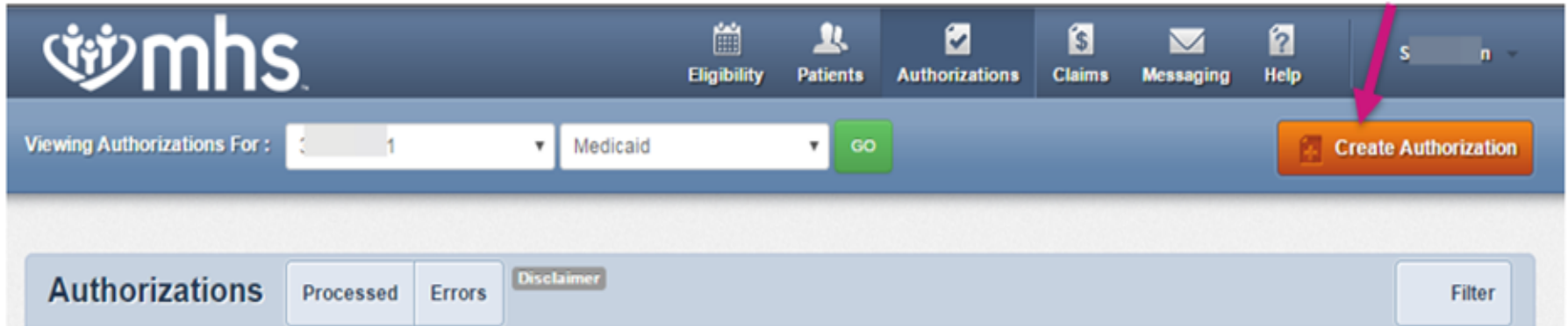**Diagnosis Code(s):** K43.9

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

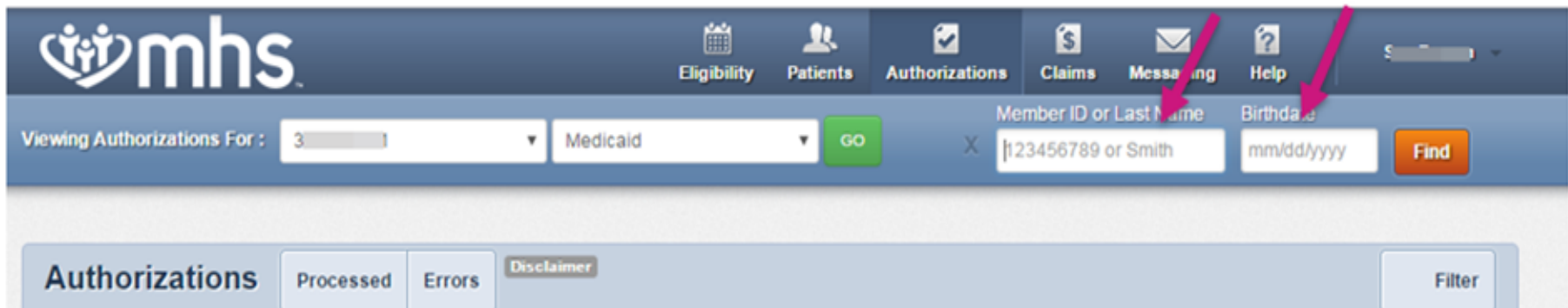| Line Item	Service type	Start Date	End Date	Units Req.	Units Apprd	Servicing Provider	Location	Status	Medical Necessity	Decision Date
1	DME	06/26/2019	07/26/2019	1	1		Unspecified	APPROVE	Met as requested	06/09/2019
2	DME	06/26/2019	07/26/2019	1	1		Unspecified	APPROVE	Met as requested	06/09/2019

[Back to Authorization List]

Creating a New Authorization

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

Creating a New Authorization

- Select a Service Type.

Inpatient Prior Authorization

- To ensure timely and accurate medical necessity review of a physical health inpatient admission, **MHS will only accept notification of an inpatient admission, and any clinical information submitted for medical necessity review via fax or the MHS Provider web tool, using the Indiana Health Coverage Programs (IHCP) universal PA form.**

- Notification of admission and submission of clinical information via phone will not be accepted.

- This applies to members enrolled in Hoosier Healthwise (HHW), the Healthy Indiana Plan (HIP), Hoosier Care Connect (HCC), and Ambetter Health.

- Please submit timely notification and clinical information to support an inpatient admission via fax to 1-866-912-4245.

Prior Authorization/Medical Necessity Appeals

Prior Authorization/Medical Necessity Appeals

- Members, their authorized representatives, or legal representatives of a deceased member's estate, may appeal adverse determinations regarding their care. A health care practitioner or provider with knowledge of the member's medical condition may also act as the authorized representative. A provider, acting on behalf of the member and with the member's written consent, may file the appeal.

- Appeals must be initiated **within 60 days** of the denial to be considered.

- Members may continue to receive benefits while the appeal is pending but may be liable for the costs if the decision is unfavorable.

- Determination will be communicated to the provider within 30 calendar days of receipt. Decisions regarding expedited appeals are made no later than 48 calendar hours after receipt.

Prior Authorization/Medical Necessity Appeals

Member & Provider Appeals may be submitted to MHS in the following ways:

Web:	Secure Provider Portal
Call:	Medicaid: 1-877-647-4848
Email:	Appeals@mhsindiana.com
Fax:	Medicaid: 1-866-714-7993
Mail:	MHS Grievance & Appeals

PO Box 441567

Indianapolis, IN 46244

Members may also file a PA/Medical Necessity Appeal in-person:

MHS
429 N Pennsylvania St. Suite 109
Indianapolis, IN 46204

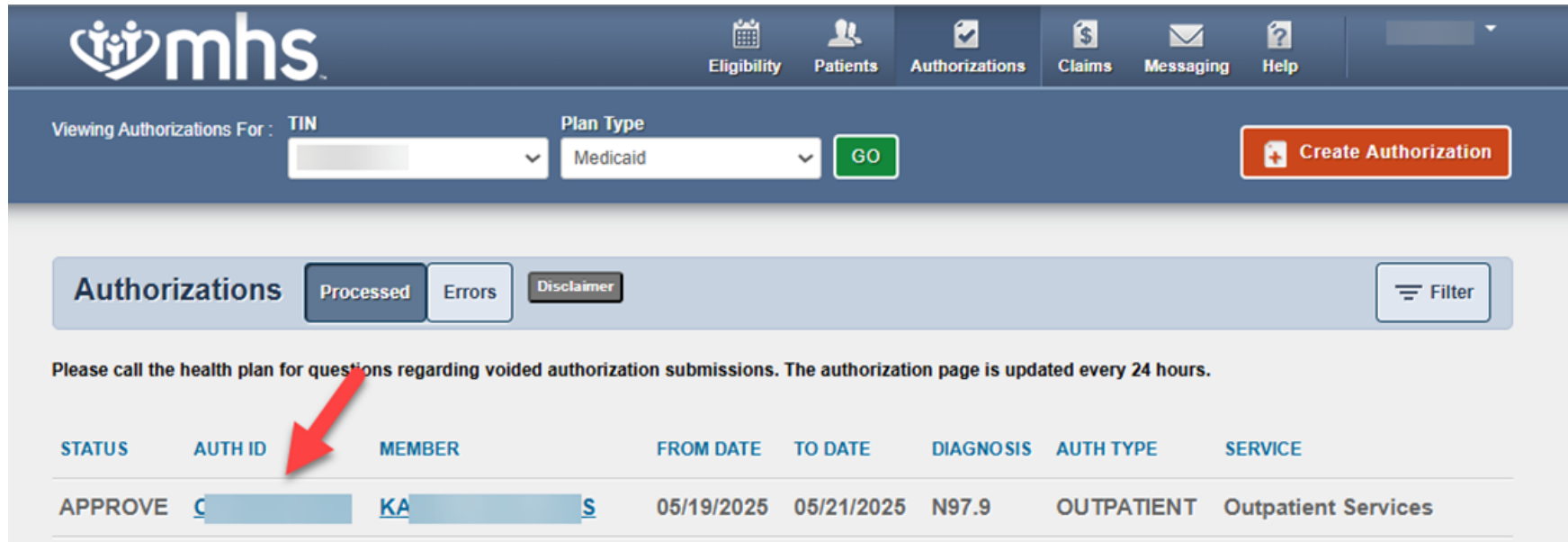# Prior Authorization/Medical Necessity Appeals

Prior Authorization/Medical Necessity Appeals

Click on **Authorization ID** to view Authorization Information

Confidential and Proprietary Information

Prior Authorization/Medical Necessity Appeals

Confidential and Proprietary Information

Prior Authorization/Medical Necessity Appeals on the Provider Secure Portal

Prior Authorization/Medical Necessity Appeals

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.**

Claim Submission

- Choose the **Claim Type.**

Professional Claim Submission

Follow **Your Progress** to see <u>Professional Claim</u> steps and submission.

Institutional Claim Submission

Follow **Your Progress** to see **Institutional Claim** steps and submission.

Submitted Claims

The **Submitted** tab will show only claims created via the MHS portal.
- **Paid** is a green thumbs-up.
- **Denied** is an orange thumbs down.
- **Pending** is a clock.

RTEP (Real Time Editing and Pricing) claims also show if eligible (i.e. Line 1 was submitted but was not eligible for RTEP).

Individual Claims

On the **Individual** tab, claims submitted using paper, portal, or clearinghouse.

- View the Claim Number, Claim Type, Member Name, Service Dates, Billed/Paid, and Claim Status.

Saved Claims

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

- Select **Saved.**
- Click **Edit** to view a claim.
- Fix any errors or complete before submitting **OR**
- Click **Delete** to delete saved claim that is no longer necessary.
- Click **OK** to confirm the deletion.

Correcting Claims

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

- Click **Correct Claim.**
- Proceed through the Claims screens correcting the information that you may have omitted when the claim was originally submitted.
- Continue clicking **Next** to move through the screens required to resubmit.
- Review the claim information.
- Click **Submit.**

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

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.

Payment History

- After clicking on Check Date, a PDF will download.

Secure Messaging

Create a **New Secure Message**

- Click **Messaging** tab from the Dashboard.
- Click **Create Message.**
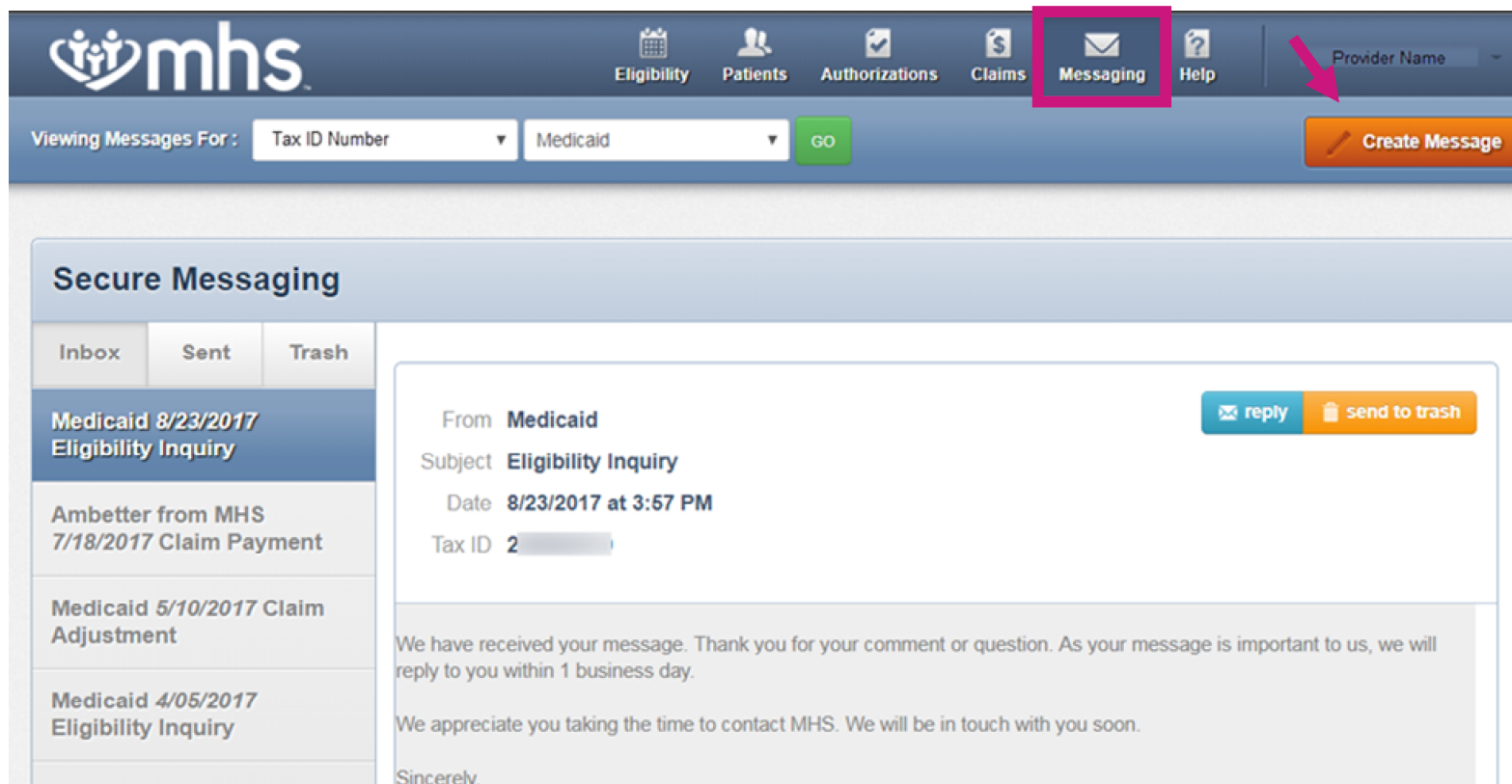
Online Claim Reconsiderations

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

Submit Reconsideration – Pop-Up Window

- The window displays a Reconsideration.

Submit Reconsideration – Select Reconsideration Type

Providers will select a Reconsideration Type.

Examples include:

- "Denied for Global/Unbundled Procedure"
- "Denied for Untimely Filing"
- "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.
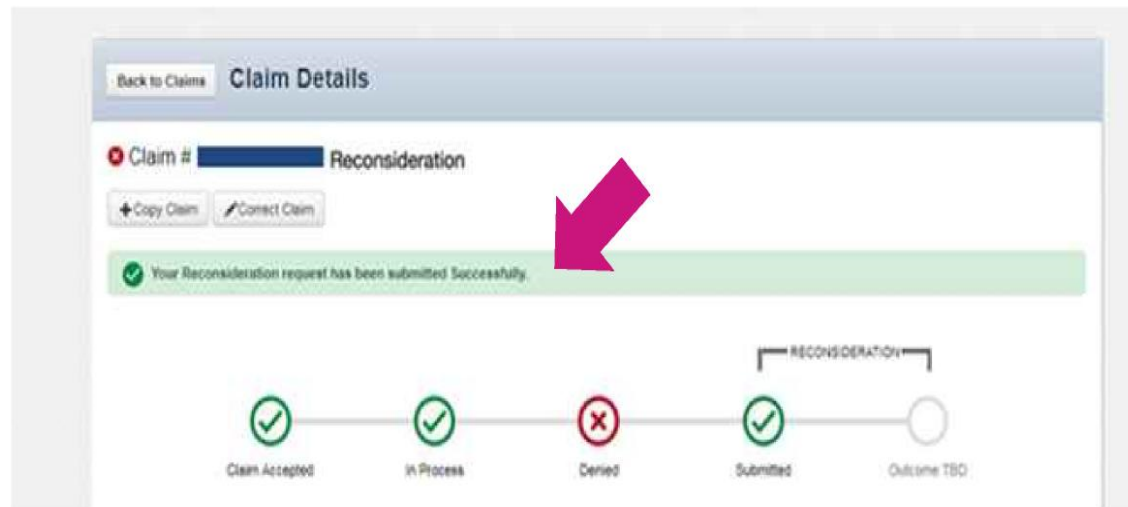
Submit Reconsideration – Updated Tracker

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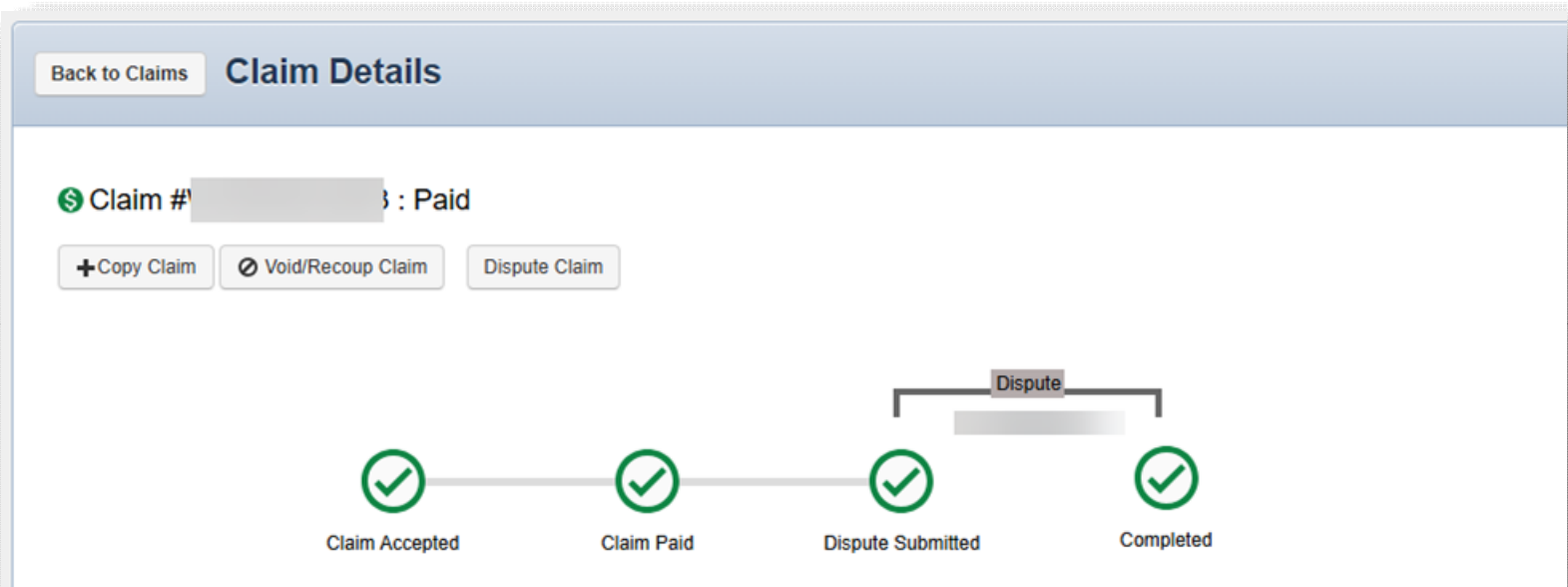
Key Features

- **Account Creation/Login and Training Materials**
  - Dashboard
  - MHS Member Management Forms
  - Account Details
  - Account Manager
- **Quality Reports**
  - Provider Analytics
  - CoC
- **Member Eligibility and Overview**
  - Member panel for PMPs
  - Member Record
- **Authorizations**
  - Check Status
  - Submit DME Request
- **Prior Authorization/Medical Necessity Appeals**
- **Claims**
  - Submit, Correct, and Review Claims
  - Payment History
- **Secure Messaging**
- **Online Claim Reconsiderations - Web Portal Summary**

Provider Engagement Account Manager Contact Information

Provider Engagement Account Manger Contact Information

NORTHEAST REGION

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

NORTHWEST REGION

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

NORTH CENTRAL REGION

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

CENTRAL REGION

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

SOUTH CENTRAL REGION

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

SOUTHWEST REGION

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

SOUTHEAST REGION

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

Provider Engagement Account Manger Map Color Key
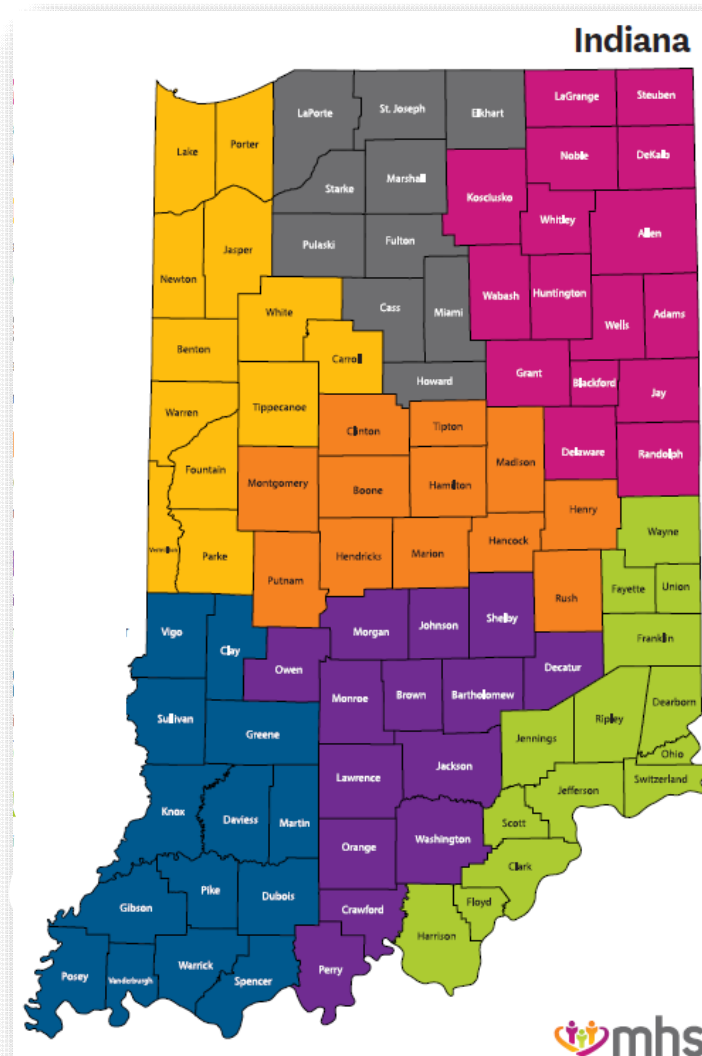
Large Provider Groups

CAROLYN VALACHOVIC MONROE

Provider Engagement Account Manager

1-317-443-8243

CMONROE@mhsindiana.com

PROVIDER GROUPS

Eskenazi/The Health and Hospital Corp.

Baptist Health

Lifespring

Wellcare

Deaconess (including Little Company of Mary)

Good Samaritan

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

Indiana University Health

Reid Hospital

St. Elizabeth Hospital

Community Health

Large Provider Groups

MONA GREEN

Provider Engagement Account Manager

1-812-614-1003

mona.green@mhsindiana.com

PROVIDER GROUPS

St. Vincent/Ascension

Wellcare Complete

Lutheran Medical Group

Parkview Health System

Beacon Medical Group

American Senior Care

CarDon & Associates

OrthoIndy

Heart City Health

ONE

Franciscan Health

Behavioral Health Provider Contact

ANGEL JOHNSON

Provider Engagement Account Manager

1-317-468-5184

angel.johnson3@centene.com

PROVIDER GROUPS

Park Center

Otis Bowen

Centerstone

Valley Oaks Health

Grant-Blackford

Four County

Hamilton Center

Community Mental Health
 Center (Lawrenceburg)

Oaklawn

Northeastern Center

Edgewater Health

Regional Mental Health

Swanson Center

Porter-Starke Services

Southwestern Behavioral

Community Mental Health
 Center (Vevay/Batesville)

Additional Contact Information

MHS Provider Network

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CENTENE DENTAL

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Questions?