



MHS Secure Provider Web Portal Overview

Agenda

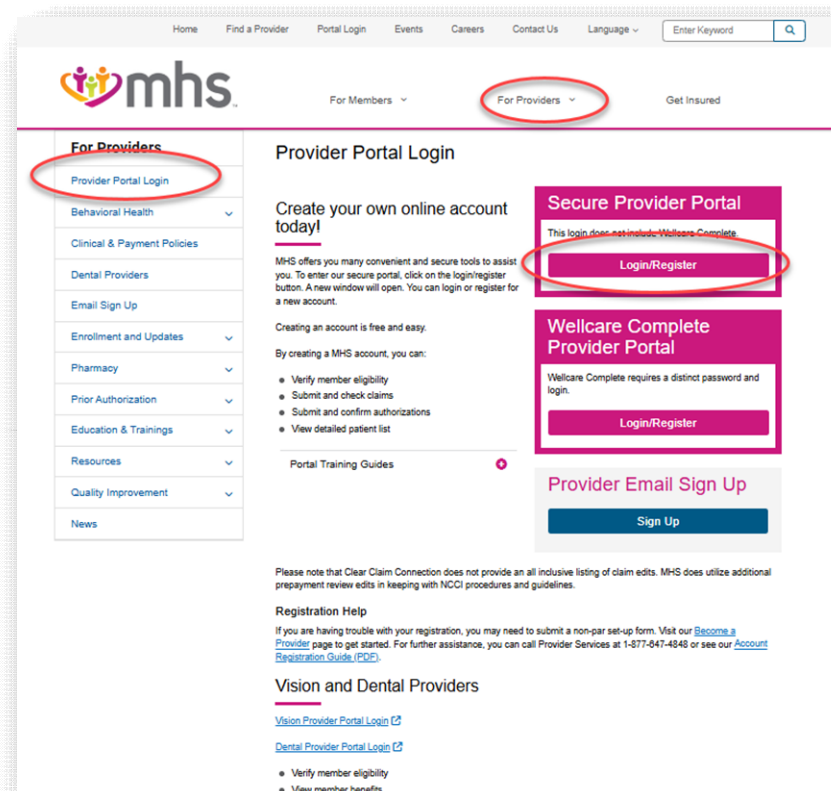
Save time by utilizing the MHS Secure Web Portal.

- 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.

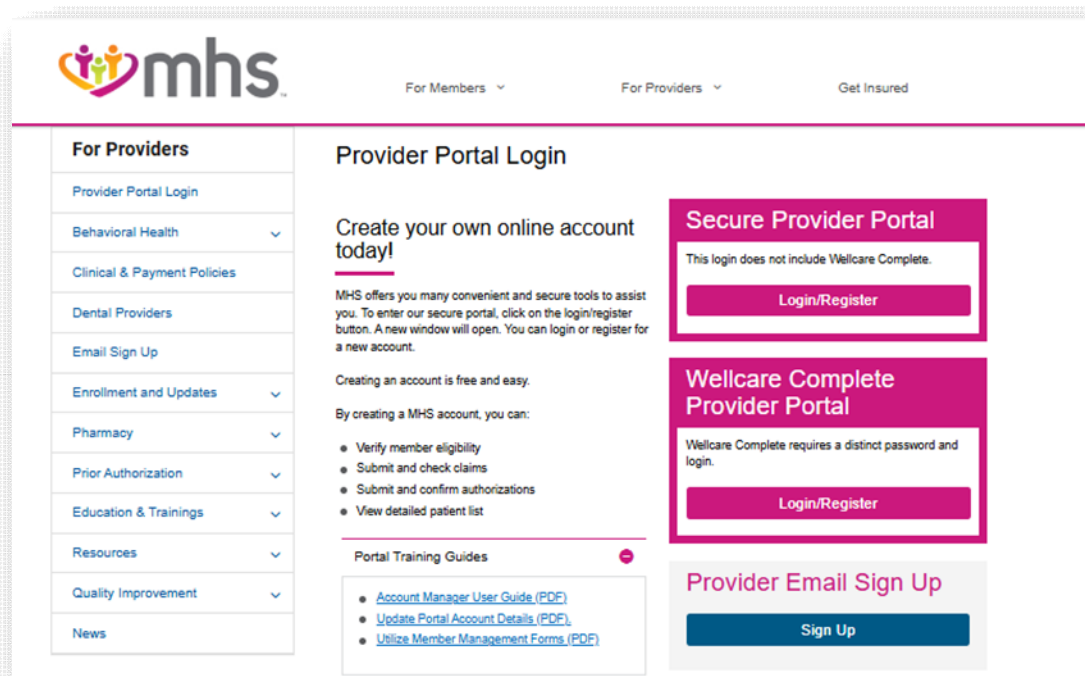


Web Portal Training Documents

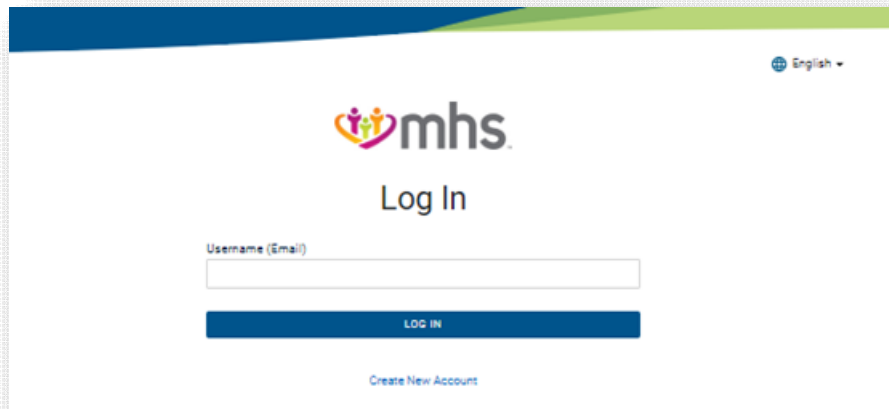
- **Login** tab contains **Portal Training Guides**, **Login/Register**, and **Sign Up** for emails.

Portal Training Guides documents include:

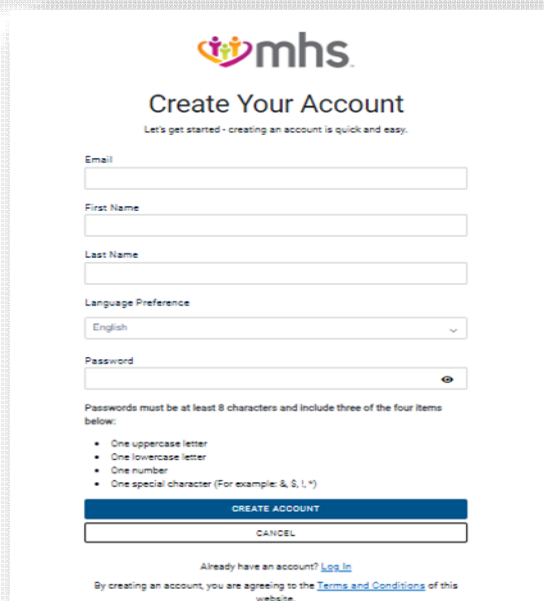
- Account Manager Guide
- Update Portal Account Details
- Utilize Member Management Forms



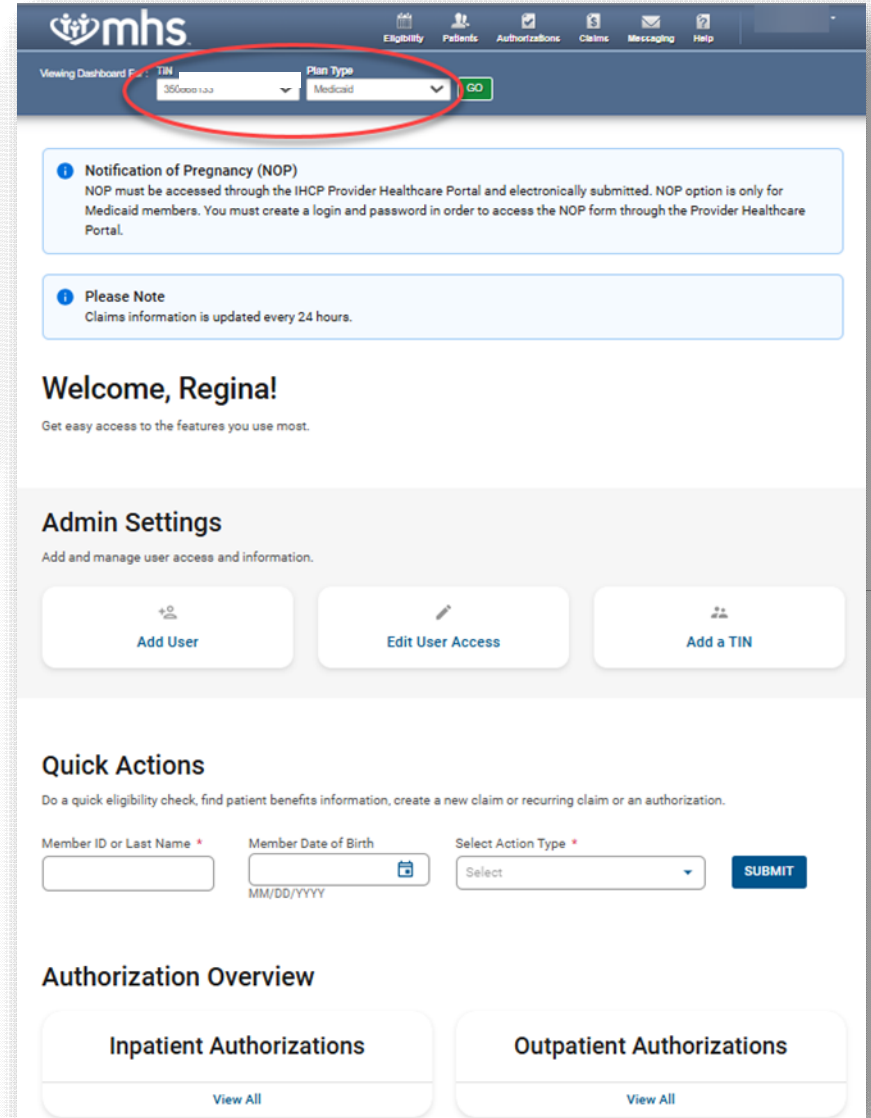
Complete Portal Registration or Login



The screenshot shows the mhs Log In page. At the top, there is a blue header with the mhs logo and a language selector set to English. Below the header, the mhs logo is centered, followed by the text "Log In". There is a text input field for "Username (Email)" and a blue "LOG IN" button. At the bottom, there is a link for "Create New Account".



The screenshot shows the mhs Create Your Account page. At the top, there is a blue header with the mhs logo. Below the header, the mhs logo is centered, followed by the text "Create Your Account" and a sub-header "Let's get started - creating an account is quick and easy." There are text input fields for "Email", "First Name", and "Last Name". There is a dropdown menu for "Language Preference" set to "English". There is a text input field for "Password" with a toggle for visibility. Below the password field, there is a list of password requirements: "One uppercase letter", "One lowercase letter", "One number", and "One special character (For example: &, \$, !, *)". At the bottom, there are two buttons: "CREATE ACCOUNT" and "CANCEL". There is a link for "Log In" and a note about terms and conditions.



The screenshot shows the mhs Dashboard page. At the top, there is a blue header with the mhs logo and navigation links: Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below the header, there is a "Viewing Dashboard For:" section with a dropdown menu for "TIN" (3500000000000000) and a dropdown menu for "Plan Type" (Medicaid), followed by a green "GO" button. Below this, there are two notification boxes: "Notification of Pregnancy (NOP)" and "Please Note". Below the notifications, there is a "Welcome, Regina!" section with a link for "Get easy access to the features you use most." Below this, there is an "Admin Settings" section with three buttons: "Add User", "Edit User Access", and "Add a TIN". Below the admin settings, there is a "Quick Actions" section with three input fields: "Member ID or Last Name", "Member Date of Birth" (MM/DD/YYYY), and "Select Action Type", followed by a blue "SUBMIT" button. Below the quick actions, there is an "Authorization Overview" section with two buttons: "Inpatient Authorizations" and "Outpatient Authorizations", each with a "View All" link.

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.

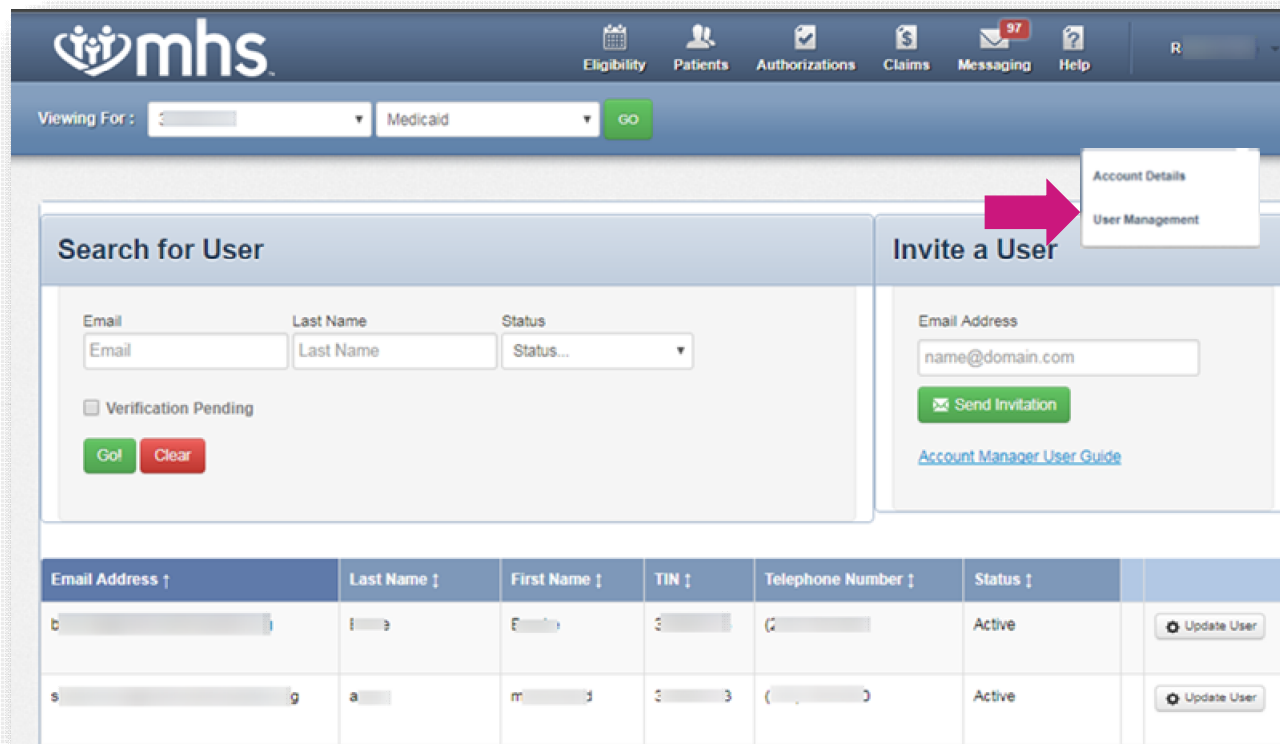
The screenshot displays the mhs dashboard interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this is a section for 'Go to Dashboard For:' with a dropdown menu set to 'Medicaid' and a 'GO' button. On the right side, a user profile dropdown menu is open, showing 'Account Details' and 'User Management' options, with a red arrow pointing to 'Account Details'. The main content area is titled 'Account Details' and includes an 'Update Account' button. The form contains fields for Name, User Name (Email), Password, Telephone Number, Fax Number, and three Secret Questions. Below this is the 'Your TINs' section, which includes a link for 'Provider Demographic Update Instructions'. It lists two TINs: 'Ambetter from MHS' (marked as 'Current Primary') and 'Medicaid'. A red arrow points to the 'Ambetter from MHS' TIN. To the right of the 'Your TINs' section is a 'Add a TIN' box with fields for Name TIN and Tax ID, and an 'Add TIN' button.

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.



The screenshot shows the mhs Account Manager interface. At the top, there's a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging (with a red badge showing 97), and Help. Below this is a 'Viewing For' section with a dropdown menu set to 'Medicaid' and a 'GO' button. The main content area is divided into two panels. The left panel, titled 'Search for User', contains input fields for Email, Last Name, and Status, a 'Verification Pending' checkbox, and 'Go!' and 'Clear' buttons. The right panel, titled 'Invite a User', contains an 'Email Address' input field, a 'Send Invitation' button, and a link to the 'Account Manager User Guide'. A pink arrow points to the 'User Management' option in the dropdown menu next to the user's name in the top right corner. Below the panels is a table with columns: Email Address, Last Name, First Name, TIN, Telephone Number, Status, and an 'Update User' button. The table contains two rows of user data.

Email Address ↑	Last Name ↑	First Name ↑	TIN ↑	Telephone Number ↑	Status ↑	
b		E		(	Active	 Update User
s	a	m	3	(	Active	 Update User

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**.



Eligibility Patients Authorizations Claims Messaging Help

Provider Name ▾

Viewing Dashboard For : Tax ID Number Medicaid GO



Eligibility Patients PCP Referrals Authorizations Claims Messaging Help

F ▾

Viewing Dashboard For : TIN Plan Type
Tax ID Number Ambetter GO



Eligibility Patients Authorizations Claims Messaging

▾

Viewing Dashboard For : TIN Plan Type
Tax ID Number Wellcare by Allwell - IN GO

Homepage – MHS (Medicaid)

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

The screenshot shows the MHS (Medicaid) homepage dashboard. At the top, there is a navigation bar with the MHS logo and links for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below the navigation bar, there is a section for "Viewing Dashboard For:" with a dropdown menu for "Plan Type" set to "Medicaid" and a "GO" button. The dashboard features several informational boxes: "Notification of Pregnancy (NOP)" with details on how to access the form, and a "Please Note" box stating that claims information is updated every 24 hours. A welcome message "Welcome, Regina!" is displayed, followed by "Admin Settings" with buttons for "Add User", "Edit User Access", and "Add a TIN". The "Quick Actions" section includes a form for "Member ID or Last Name", "Member Date of Birth" (with a calendar icon), and "Select Action Type" (with a dropdown menu), along with a "SUBMIT" button. At the bottom, there is an "Authorization Overview" section with buttons for "Inpatient Authorizations" and "Outpatient Authorizations", each with a "View All" link.

mhs

Eligibility Patients Authorizations Claims Messaging Help

Viewing Dashboard For: [User Name] Plan Type: Medicaid GO

Notification of Pregnancy (NOP)
NOP must be accessed through the IHCP Provider Healthcare Portal and electronically submitted. NOP option is only for Medicaid members. You must create a login and password in order to access the NOP form through the Provider Healthcare Portal.

Please Note
Claims information is updated every 24 hours.

Welcome, Regina!
Get easy access to the features you use most.

Admin Settings
Add and manage user access and information.

Add User **Edit User Access** **Add a TIN**

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 *
[Input Field] [Calendar Icon] [Dropdown Menu] **SUBMIT**

MM/DD/YYYY

Authorization Overview

Inpatient Authorizations **Outpatient Authorizations**

View All **View All**

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.

[Terms and Conditions of \(new tab\)](#)

[Privacy Policy of \(new tab\)](#)

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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
04/04/2025
(mm/dd/yyyy)

Member ID or Last Name

123456789 or Smith

Date Of Birth
09/23/1986
(mm/dd/yyyy)

Check Eligibility

Print

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	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

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 4, 2025

[Print Eligibility Overview](#)

Patient Information

Name F

Gender F

Birthdate

Age

Member #

Member #

Address

Phone Number

Email

PCP Information

Name

Address 1001 STURDY RD,
101
VALPARAISO,PORTER,IN 46383

Practice Type Family Medicine

[View PCP History](#)

[EPSDT](#)

[Care Gaps](#)

None On File

[Allergies](#)

None On File

Eligibility History

Start Date	End Date	Program
Jan 1, 2024	Ongoing	Hoosier Healthwise
Apr 15, 2023	Dec 31, 2023	Hoosier Care Connect

[more](#)

[View Clinical Information](#)

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.

Viewing Patients For: Tax ID Number Medicaid GO Find Patient

Patient List as of 11/13/2017 Download Filter

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
👍		F A	1 9 0		0	(7	CG DM	☐
👍		F E	1 3 1		01 31	(7 14	CG DM	☒
👍		H J	1 9 0		0	(7 6	CG DM	☐
👍		H R	1 3 1		0 37	(7 58	CG	☐
👍		F S	1 9 0		0 1	(7	CG DM	☐
👍		F N	1 9 1		1 13	(7 36	CG DM	☐

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.

mhs

Eligibility Patients **Authorizations** Claims 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
APPROVE	01	AI H	07/24/2017	10/24/2017	E11.9	OUTPATIENT	DME
PARTIAL_APPROVE	09	V	06/14/2017	09/19/2017	B07.9	OUTPATIENT	Office Visit

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

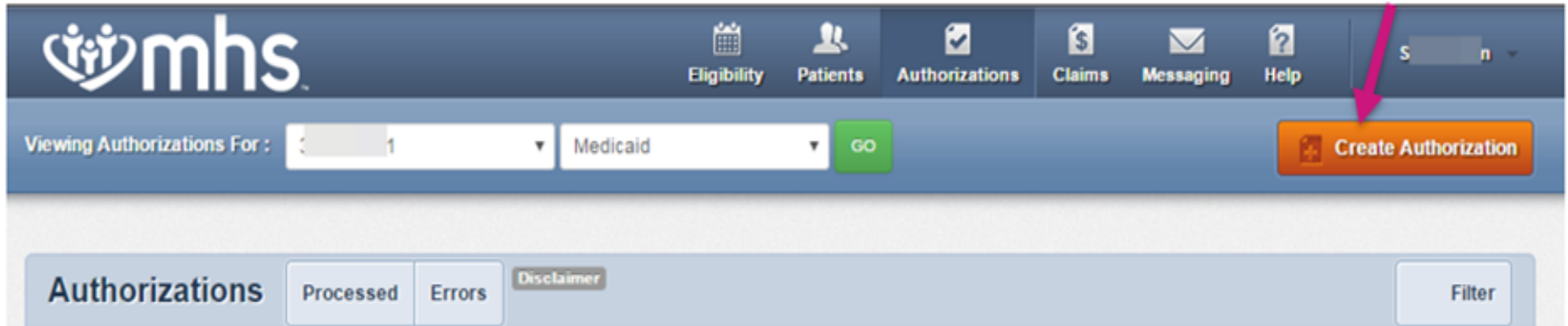
Notes & Attachments: [View](#)

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	F	Unspecified	APPROVE	Met as requested	06/09/2019
2	DME	06/26/2019	07/26/2019	1	1	F	Unspecified	APPROVE	Met as requested	06/09/2019

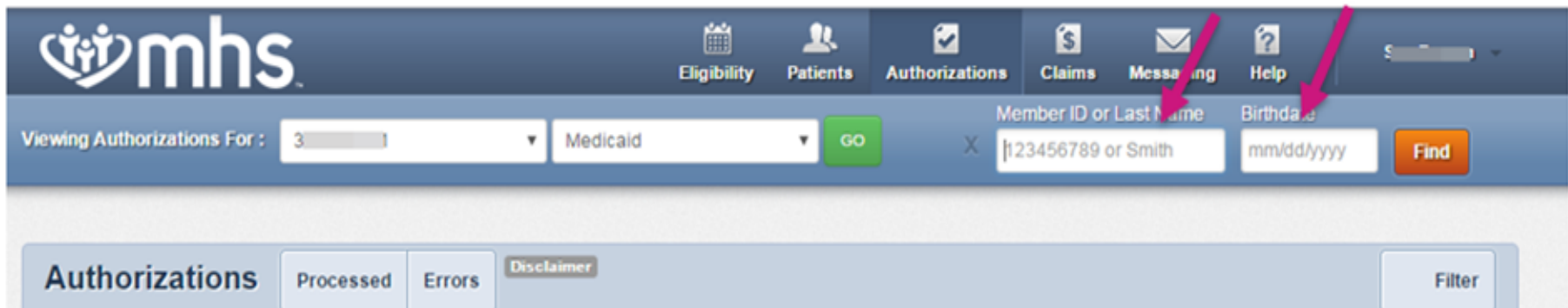
[Back to Authorization List](#)

Creating a New Authorization

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



The screenshot shows the mhs portal interface. The top navigation bar includes the mhs logo and several icons: Eligibility, Patients, Authorizations, Claims, Messaging, and Help. A red arrow points to the 'Create Authorization' button, which is located in the top right corner of the page. Below the navigation bar, there is a section for 'Viewing Authorizations For :'. This section contains two dropdown menus: the first is set to '1' and the second is set to 'Medicaid'. A green 'GO' button is next to these dropdowns. Below this section, there is a table with columns for 'Authorizations', 'Processed', 'Errors', and 'Disclaimer'. A 'Filter' button is located to the right of the table.



The screenshot shows the mhs portal interface. The top navigation bar includes the mhs logo and several icons: Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Two red arrows point to the 'Member ID or Last Name' and 'Birthdate' input fields. Below the navigation bar, there is a section for 'Viewing Authorizations For :'. This section contains two dropdown menus: the first is set to '3' and the second is set to 'Medicaid'. A green 'GO' button is next to these dropdowns. To the right of the dropdowns, there is a search section with two input fields: 'Member ID or Last Name' (containing '123456789 or Smith') and 'Birthdate' (containing 'mm/dd/yyyy'). A red 'Find' button is located to the right of these input fields. Below this section, there is a table with columns for 'Authorizations', 'Processed', 'Errors', and 'Disclaimer'. A 'Filter' button is located to the right of the table.

Creating a New Authorization

- Select a Service Type.

Authorization For

DOB: 1 | 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

Inpatient Medical

Surgical?
☐ Yes
☒ No

Choose Service Type

Choose Service Type

Medical

Neonate

Rehab Inpatient

Skilled Nursing

Surgical Inpatient

Transplant

3. FINISH UP

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 48 hours 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 48 hours of receipt. Decisions regarding expedited appeals are made no later than 24 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

mhs Eligibility Patients **Authorizations** Claims Messaging Help

Viewing Dashboard For: TIN [] Plan Type Medicaid [] **GO**

Notification of Pregnancy (NOP)
NOP must be accessed through the IHCP Provider Healthcare Portal and electronically submitted. NOP option is only for Medicaid members. You must create a login and password in order to access the NOP form through the Provider Healthcare Portal.

Please Note
Claims information is updated every 24 hours.

Welcome, Lisa!
Get easy access to the features you use most.

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 * [Select] **SUBMIT**

MM/DD/YYYY

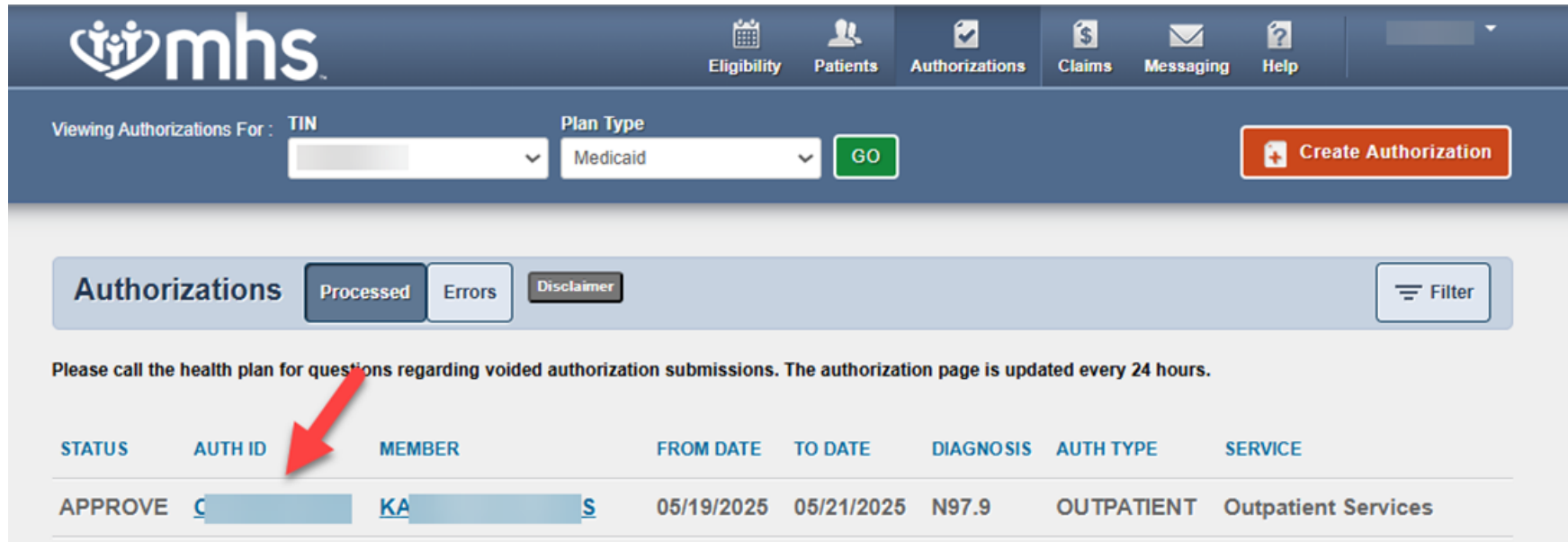
Authorization Overview

Inpatient Authorizations **Outpatient Authorizations**

[View All](#) [View All](#)

Prior Authorization/Medical Necessity Appeals

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



The screenshot shows the mhs web application interface. At the top, there is a navigation bar with the mhs logo and several menu items: Eligibility, Patients, Authorizations (highlighted), Claims, Messaging, and Help. Below the navigation bar, there is a section for viewing authorizations. It includes a dropdown for 'TIN' and a dropdown for 'Plan Type' set to 'Medicaid'. A green 'GO' button is next to the 'Plan Type' dropdown. To the right, there is a red button labeled 'Create Authorization'. Below this, there is a section titled 'Authorizations' with tabs for 'Processed', 'Errors', and 'Disclaimer'. A 'Filter' button is also present. A message states: 'Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.' Below the message is a table with the following columns: STATUS, AUTH ID, MEMBER, FROM DATE, TO DATE, DIAGNOSIS, AUTH TYPE, and SERVICE. A red arrow points to the 'AUTH ID' column header. The table contains one row with the following data: STATUS: APPROVE, AUTH ID: C [redacted], MEMBER: KA [redacted] S, FROM DATE: 05/19/2025, TO DATE: 05/21/2025, DIAGNOSIS: N97.9, AUTH TYPE: OUTPATIENT, SERVICE: Outpatient Services.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	C [redacted]	KA [redacted] S	05/19/2025	05/21/2025	N97.9	OUTPATIENT	Outpatient Services

Prior Authorization/Medical Necessity Appeals





EligibilityPatientsAuthorizationsClaimsMessagingHelp

Viewing Authorizations For : TIN Plan Type

Back to Authorizations

Overview

Cost Sharing

Assessments

Health Record

ADT

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Power Account Service Estimate

Auth Nbr: IP

Auth Status: DENY

Auth Nbr: II

Admit Date: 04/11/2025

Provider of Service(s): The Methodist Hospitals

Explanation:

Auth Type: INPATIENT

Service: Medical

Discharge Date: 04/25/2025

Procedure Code: 99221

Notes & Attachments:

Line Item	Service type	From Date	To Date	Stay Level	Location	Status	Medical Necessity
1	Medical	04/11/2025	04/18/2025	Med/Surg	Inpatient Hospital	DENY	--

Appeal Requests for Authorization IF

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

Prior Authorization/Medical Necessity Appeals on the Provider Secure Portal

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

Authorization Details

Authorization Number
OP4

Patient Full Name

Admittance Date
05/23/2025

Service Date
05/23/2025

Discharge Date
05/26/2025

Provider of Service
Hospitals~

Authorization type
OUTPATIENT

Service
Inpatient Services (S&P)

Diagnosis Code(s)
O44.02

Procedure Code(s)
59620

Appeal Request Form

Appeal request for authorization OP4553281650

Appeal type*
Please select one or more appeal types.

☐ Administrative
☐ Medical Necessity

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

Enter last name or NPI

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

2000 Characters remaining

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

[SELECT FILE](#) [UPLOAD FILE](#)

File	Type	Size
------	------	------

[SAVE & REVIEW](#)

Prior Authorization/Medical Necessity Appeals



Eligibility

Patients

Authorizations

Claims

Messaging

User Name

Back

Review Appeal Request

Review

Appeal request for Authorization IP

Original Authorization

Authorization Number	Member	Member DOB
IP12	I	12/32/1921

Appeal Request

Appeal Request Type	Office Contact Name
Administrative, Medical Necessity	Jim
Provider	Office Contact Phone
Mary I ID	(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	
.....png	PNG	9.1mb	

SEND REQUEST

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**.

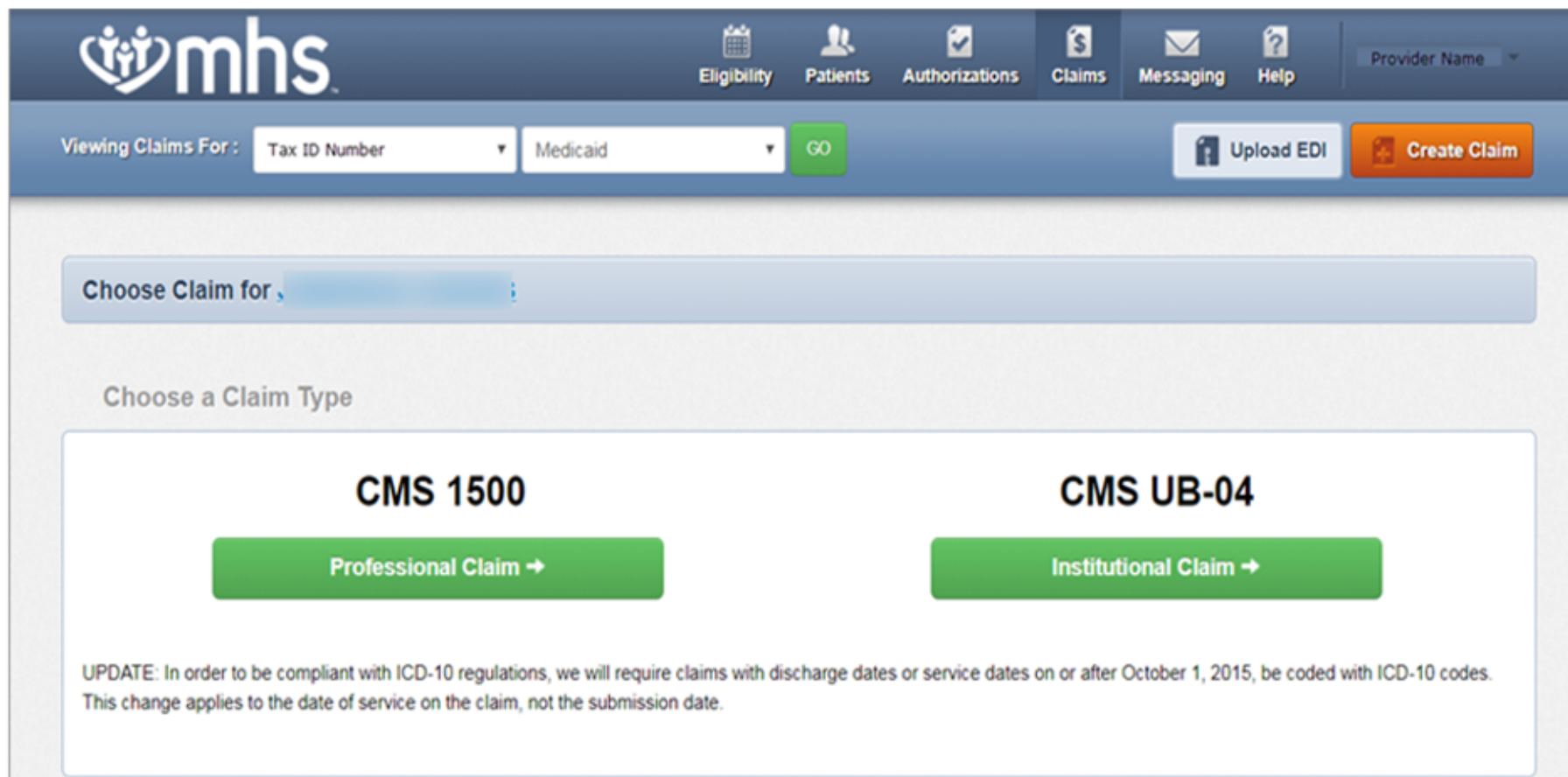
The image displays two screenshots of the mhs Claims portal interface. The top screenshot shows the 'Create Claim' button highlighted with a red arrow. The bottom screenshot shows the 'Member ID or Last Name' and 'Birthdate' input fields highlighted with red arrows.

Top Screenshot: The mhs logo is on the left. Navigation tabs include Eligibility, Patients, Authorizations, Claims, Messaging (98), and Help. Below the tabs, there are dropdowns for 'Viewing Claims For' (3) and 'Medicaid', a 'GO' button, an 'Upload EDI' button, and a red 'Create Claim' button.

Bottom Screenshot: The mhs logo is on the left. Navigation tabs include Eligibility, Patients, Authorizations, Claims, Messaging (98), and Help. Below the tabs, there are dropdowns for 'Viewing Claims For' (3) and 'Medicaid', a 'GO' button, and input fields for 'Member ID or Last Name' (123456789 or Smith) and 'Birthdate' (mm/dd/yyyy). A red 'Find' button is to the right of the birthdate field.

Claim Submission

- Choose the **Claim Type**.



The screenshot shows the mhs Claim Submission interface. At the top is a navigation bar with the mhs logo and icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. A dropdown menu for 'Provider Name' is on the right. Below the navigation bar is a section for 'Viewing Claims For:' with two dropdown menus: 'Tax ID Number' and 'Medicaid', followed by a green 'GO' button. To the right of this are two buttons: 'Upload EDI' and 'Create Claim'. Below this is a light blue box with the text 'Choose Claim for ,'. Underneath is a section titled 'Choose a Claim Type'. This section contains two large green buttons: 'CMS 1500 Professional Claim →' and 'CMS UB-04 Institutional Claim →'. At the bottom of the section is an 'UPDATE' notice: '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 Help

Provider Name

Viewing Claims For : Tax ID Number Medicaid GO

Upload EDI Create Claim

Choose Claim for ,

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

Your Progress 

THIS SECTION:

Review

Please review your claim and submit.

[← Back](#)

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

[Validate →](#)

Almost done!

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

Claim Id:

Member Record Number: 3

Member Claim Amount Paid:

Patient's Account Number: 1 7

Institutional Claim Submission

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

Institutional Claim for E

Your Progress

THIS SECTION:

Review and Submit

Please review your claim before submitting.

Almost done!

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

Submit →

Claim ID: _____

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 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).

SUBMITTED STATUS ↑	DATE SUBMITTED ↑	WEB #/ REF # ↑	CLAIM NUMBER ↑	CLAIM TYPE ↑	MEMBER NAME ↑	MEMBER ID ↑	ORIGINAL CLAIM # ↑	TOTAL CHARGES ↑	
	04/04/2025			CMS-1500				\$698.37	RTEP
	04/02/2025			Institutional				\$6,138.23	
	04/02/2025			CMS-1500				\$258.68	RTEP
	04/02/2025			CMS-1500				\$153.12	RTEP
	04/02/2025			Institutional				\$2,138.47	
	04/01/2025			Institutional				\$8,707.44	
	04/01/2025			Institutional				\$6,403.21	
	04/01/2025			Institutional				\$10,923.74	
	04/01/2025			Institutional				\$12,735.01	
	03/31/2025			CMS-1500				\$624.19	RTEP

59 items found, displaying 1 to 10. Page 1/6 [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [Next](#) [Last](#)

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.

The screenshot displays the mhs portal interface. At the top, the navigation bar includes the mhs logo and several icons: Eligibility, Patients, Authorizations, Claims (highlighted with a red box), Messaging (with a 46 notification badge), and Help. Below the navigation bar, there's a section for 'Viewing Claims For' with dropdowns for 'Tax ID Number' and 'Medicaid', a 'GO' button, and buttons for 'Upload EDI' and 'Create Claim'. The main content area features a 'Claims' tab with a sub-tab 'Individual' (highlighted with a red box). Below this, there's a 'Claims: Recent' section with a search bar showing 'Date Range : 01/18/2019 to 02/18/2019' and a 'Change dates' link. To the right of the search bar are 'Filter' and 'Search' buttons (both highlighted with red boxes). Below the search bar is a table with the following columns: CLAIM NO. ↑, CLAIM TYPE ↑, MEMBER NAME ↑, SERVICE DATE(S) ↑, BILLED/ PAID ↑, and CLAIM STATUS ↑. The table contains five rows of data, all with a 'Pending' status.

CLAIM NO. ↑	CLAIM TYPE ↑	MEMBER NAME ↑	SERVICE DATE(S) ↑	BILLED/ PAID ↑	CLAIM STATUS ↑
8	CMS-1500	L	02/14/2019 - 02/14/2019	\$100.00 / \$0.00	Pending
3	CMS-1500	C	02/14/2019 - 02/14/2019	\$100.00 / \$0.00	Pending
2	CMS-1500	S	02/14/2019 - 02/14/2019	\$100.00 / \$0.00	Pending
1	CMS-1500	C	02/14/2019 - 02/14/2019	\$149.00 / \$0.00	Pending
2	CMS-1500	K	02/14/2019 - 02/14/2019	\$229.00 / \$0.00	Pending

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.

The screenshot shows the mhs Claims management interface. The top navigation bar includes links for Eligibility, Patients, Authorizations, Claims, Messaging (with 88 notifications), and Help. Below this, there's a section for 'Viewing Claims For' with dropdowns for '3' and 'Medicalid', and buttons for 'GO', 'Upload EDI', and 'Create Claim'.

The main section is titled 'Claims' and has tabs for 'Individual', 'Saved' (highlighted with a red box), 'Submitted' (with 11 notifications), 'Batch', 'Payment History', 'My Downloads', and 'Claims Audit Tool'. Below the tabs, a message states: 'Claims listed below have missing information or contain errors. Click 'Edit' to view a claim, then fix any errors or complete it before submitting.'

There are three sub-tabs: 'Drafts', 'Professional Ready to be Submitted', and 'Institutional Ready to be Submitted'. The 'Institutional Ready to be Submitted' tab is active, showing a table of claims. A large red arrow points to the 'Delete' link in the first row of the table.

DATE CREATED ↑	CLAIM TYPE ↑	CLAIM ID ↑	MEMBER NAME ↑	MEMBER ID ↑	ORIGINAL CLAIM # ↑	TOTAL CHARGES ↑		
08/10/2017	Institutional	8100	R...	109	Q...3	\$54,159.07	Edit	Delete
08/07/2017	Institutional	815	P...	109	Q...1	\$461.75	Edit	Delete
08/02/2017	CMS-1500	8100	A...	109	Q...4	\$292.00	Edit	Delete
08/01/2017	Institutional	817	J...	109	Q...6	\$461.75	Edit	Delete
08/01/2017	Institutional	811	F...	109	Q...1	\$461.75	Edit	Delete
07/17/2017	Institutional	813	...	109		\$507.00	Edit	Delete

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**.

The screenshot shows the mhs Claims Details interface. At the top, there's a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a header section displays 'Viewing Claims For: TIN' and 'Plan Type: Medicaid' with a 'GO' button. A yellow banner below the header 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 'Claim #Y : Paid'. Below this, there are three buttons: '+ Copy Claim', 'Void/Recoup Claim', and 'Dispute Claim' (which is highlighted with a red box). A progress bar below the buttons shows three steps: 'Claim Accepted' (with a green checkmark), 'In Process' (with a green checkmark), and 'Claim Paid' (with a green checkmark).

Below the progress bar, there are four sections: 'Member', 'Provider', 'Claim', and 'Most Recent Payment'. The 'Member' section includes fields for Member Name, Member ID, and Member DOB. The 'Provider' section includes fields for Ref/Act No., Servicing Provider, and Servicing NPI. The 'Claim' section includes fields for DOS Range (03/04/2025 - 03/04/2025), Received Date (03/10/2025), and Billed Amount (\$393.89). The 'Most Recent Payment' section includes fields for Payment Date (03/20/2025), Check Dated (03/19/2025), and Paid Claim Amount (\$102.93).

At the bottom, there is a 'Service Lines' table with columns: Line, DOS, Proc, Dx, Modifiers, Place of Service, Charged, Paid Amount, Payment Date, Status, and Payment Codes. The table contains one row with the following data: Line 1, DOS 03/04/2025, Proc T1015, Dx H1032, H66002, J099, Place of Service 72, Charged \$184.81, Paid Amount \$0.00, Payment Date 03/20/2025, Status PAID, and Payment Codes 92.

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.

The screenshot shows the mhs portal interface. At the top, there's a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a search bar allows filtering by TIN and Plan Type (Medicaid). A 'GO' button and 'Upload EDI'/'Create Claim' buttons are also present. The main navigation area includes 'Claims', 'Individual', 'Saved', 'Submitted', 'Batch', 'Recurring', and 'Payment History' (highlighted with a red box). A 'Claims Audit Tool' and a 'Filter' button are also visible. The 'Transactions' section displays a table of payment history for the period 03/04/2025 to 04/04/2025. An information box provides instructions on how to view payment details. The table lists two transactions with their respective check dates, numbers, clear dates, mailing addresses, and payment amounts.

CHECK DATE ↑	CHECK NUMBER ↓	CHECK CLEAR DATE ↓	MAILING ADDRESS ↓	PAYMENT AMOUNT ↓
03/06/2025 (PDF)	C [REDACTED]	EFT	[REDACTED]	\$87.49
03/06/2025 (PDF)	C [REDACTED]	EFT	[REDACTED]	\$123.06

Payment History

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

Run Date: 03/06/2025 Page 2 of 19



PAY TO:

EXPLANATION OF PAYMENT
Managed Health Services

Payment Date: 03/06/2025

Payment #:

Payment Amt: \$2,585.41

Payee ID: 6720

IRS#: 350211370

Insured Name:				Mbr No:				MRN: 2384454		Claim/Ctrl No:			
Patient Name:				SvcProv No:						PatCtrl No:			
Servicing Provider:				NPI:						Group:			

Serv	Date	Rev#/ Billed Proc#/ Modifiers	Rev#/ Paid Proc#/ Modifiers	Days/ Ct/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur	Discount/ Interest	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	2/6/2025	99213	99213	1.00	\$171.42 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$171.42	J5 CO 163 N4	\$0.00 \$0.00
0200	2/6/2025	T1015	T1015	1.00	\$0.01 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	MX CO 45	\$0.00 \$0.00
Sub-total					\$171.43 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$171.42		\$0.00 \$0.00

Insured Name:				Mbr No:				MRN: 		Claim/Ctrl No:			
Patient Name:				SvcProv No:						PatCtrl No:			
Servicing Provider:				NPI:						Group: HIP2			

Serv	Date	Rev#/ Billed Proc#/ Modifiers	Rev#/ Paid Proc#/ Modifiers	Days/ Ct/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur	Discount/ Interest	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	2/19/2025	T1015	T1015	1.00	\$184.61 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92 CO 45	\$0.00 \$0.00
0200	2/19/2025	99214	99214	1.00	\$242.22 \$101.26	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92 CO 45	\$101.26 \$0.00

Secure Messaging

Create a New Secure Message

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

The screenshot displays the MHS Secure Messaging interface. The top navigation bar features several tabs: Eligibility, Patients, Authorizations, Claims, **Messaging** (highlighted with a pink box), and Help. A pink arrow points to the 'Create Message' button in the top right corner. Below the navigation bar, there are filters for 'Viewing Messages For' (Tax ID Number) and 'Medicaid', with a 'GO' button. The main content area is titled 'Secure Messaging' and shows a list of messages on the left and a detailed view of a selected message on the right.

Secure Messaging

Inbox **Sent** **Trash**

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 **reply** **send to trash**

Subject Eligibility Inquiry

Date 8/23/2017 at 3:57 PM

Tax ID 2

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,

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

The screenshot shows the mhs portal interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a search bar allows users to filter claims by TIN and Plan Type (currently set to Medicaid). A green 'GO' button is next to the filters. To the right, there are buttons for 'Upload EDI' and 'Create Claim'. 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.'

Below the banner, the 'Claim Details' section is visible. It shows a claim status of 'Denied' for a specific claim number. Below the status, there are three buttons: '+ Copy Claim', 'Void/Recoup Claim', and 'Dispute Claim'. A large red arrow points directly to the 'Dispute Claim' button, indicating the next step for submitting a reconsideration.

Submit Reconsideration – Pop-Up Window

- The window displays a Reconsideration.

Back to Claims | : Claim #

SELECT **Option 1: Correct the claim**
Most providers use this option when there is a mistake on the submitted claim.

SELECT **Option 2: Reconsiderations**
Most providers use this option when there is a dispute in payment and/or additional documentation required.

SELECT **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.

SELECT **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.

Submit Reconsideration – Select Reconsideration Type

Providers will select a Reconsideration Type.

Examples include:

- “Denied for Global/Unbundled Procedure”
- “Denied for Untimely Filing”
- “Other”

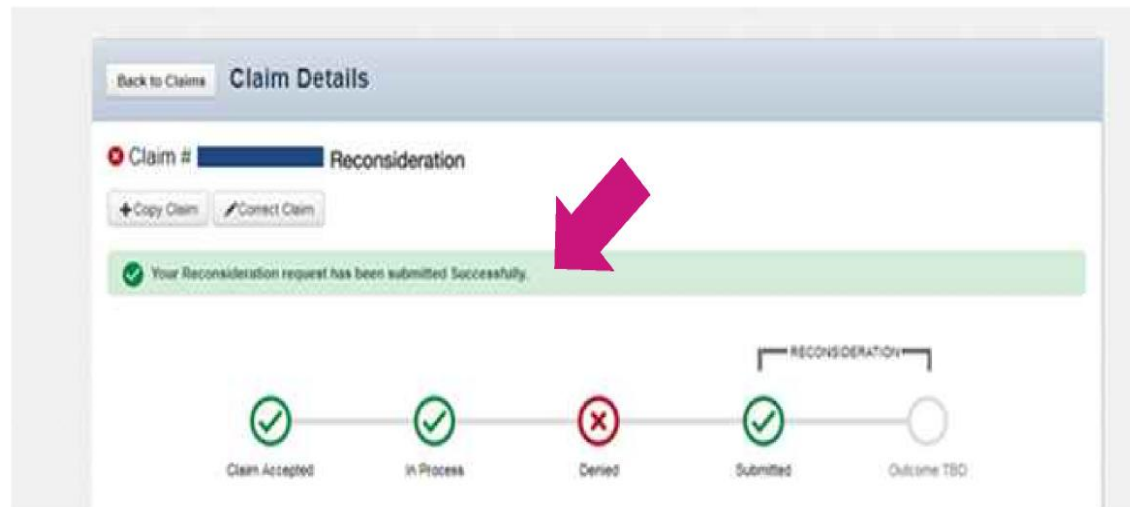
The screenshot shows the mhs web portal interface. A modal titled "Option 2: Reconsideration Claim" is open. It contains a "Claim No." field, a pink instruction box stating "Please refer to the SHP Provider Manual to determine if your request is an appeal or a reconsideration", and a "Reason" dropdown menu. The dropdown menu is open, showing a list of reasons for reconsideration: "Denied for a Global/Unbundled Procedure", "Denied for Untimely Filing", "Denial Related to an Authorization", "Claim Paid at the Incorrect Amount", "Coordination of Benefits (COB)", "Co-insurance/Co-pay/Deductible Applied Incorrectly", "Emergency Department Services", "Consent Form", "Denial Related to Itemized Billing", "Audit-Medical Records Requested", and "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.

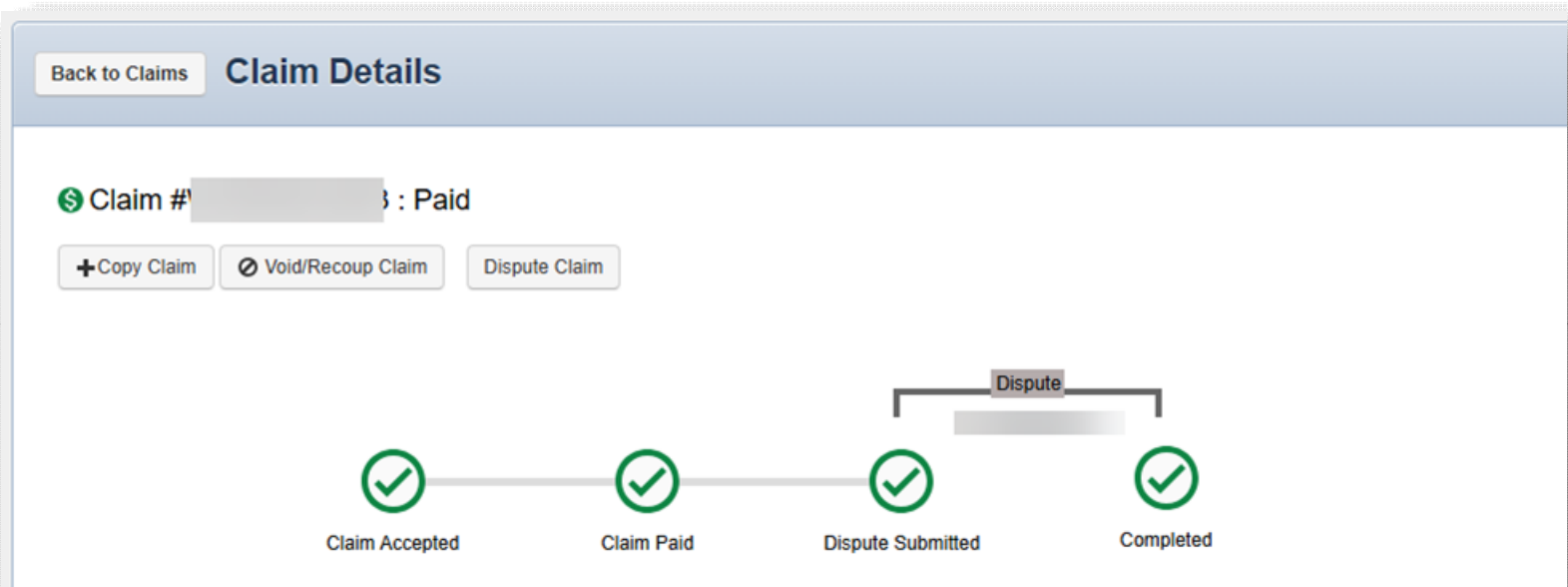
Submit Reconsideration – Updated Tracker

- 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

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1-317-364-7635

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SOUTH CENTRAL REGION

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1-317-556-6171

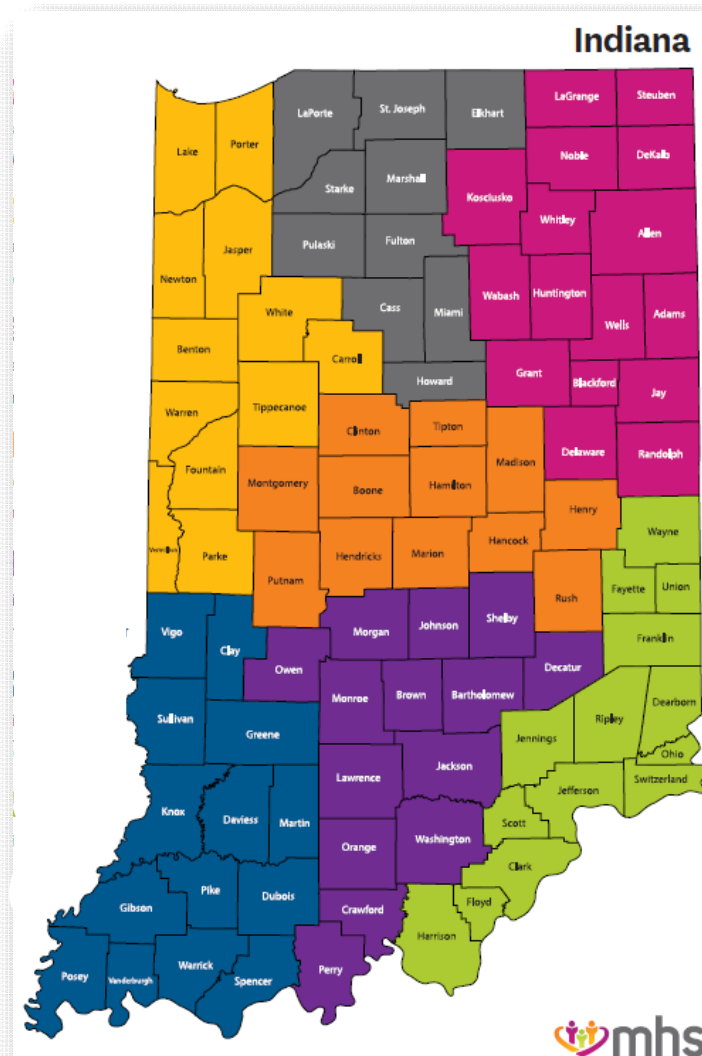
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Provider Engagement Account Manger Map

Color Key



Large Provider Groups

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Provider Engagement Account Manager

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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

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Questions?
