



Quality: Enhancing Care for a Healthier Tomorrow

2026 Provider Webinar

Agenda

- Quality and Incentive Programs
- Pay for Performance (P4P)
- Portal Navigation
- Continuity of Care + (CoC+)
- Portal Navigation
- Smoking Cessation
- Portal Login
- MHS Network Team
- Questions

Quality and Incentive Programs

Quality and Incentive Programs

MHS offers several Quality and Incentive Programs that partner with providers to enhance the health of our patients in 2026. We will cover MHS's quality initiatives, HEDIS®, and how providers can help improve performance metrics. Learn practical steps to enhance care delivery and achieve shared quality goals.

- Pay-for-Performance (P4P) Program
- Continuity of Care Plus(CoC+) Program
- Smoking Cessation

Pay for Performance (P4P)

2026 P4P Program Overview

Objective

- Enhance Quality of Care through a Primary Medical Provider (PMP)-driven, pay-for-performance program with a focus on preventive and screening services.

Member Attribution

- Enhance Quality of Care through a PMP-driven, pay-for-performance program based on a specific patient population to a provider for the purpose of tracking their performance.

Performance Incentive

- MHS has funded an incentive pool for each program Healthy Indiana Plan(HIP), Hoosier Healthwise(HHW), and Hoosier Care Connect (HCC).
- Each program has its own set of measures, targets, and incentive amounts.

Measurement Time Period

- Healthcare Effectiveness Data and Information Set (HEDIS®) calendar year January 1 – December 31.
- Contract effective date is January 1, allowing for full credit of all gaps closed during the measurement period.

Requirements for Payout

- Minimum number of covered persons must be achieved for the applicable measure.
- Payouts are earned for each compliant member after reaching the minimum Target Score applicable for each measure.

Reports and Payouts

- Member level care gap reporting and scorecards are available monthly on the Provider Portal.
- Final reconciliation and payout will be processed no later than 180 calendar days following the measurement period.

2026 P4P Measurement Categories Hoosier Healthwise

Please reference schedule for specifications

Children's
Care

Respiratory

Behavioral

2026 P4P Measurement Categories Healthy Indiana Plan

Please reference schedule for specifications

Maternal

Heart

Adult

Behavioral

Women's

Diabetes

2026 P4P Measurement Categories Hoosier Care Connect

Please reference schedule for specifications

Diabetes

Women's

Behavioral

Adult

Portal Navigation

Login to the MHS Provider Portal

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For Providers

- Provider Portal Login
- Behavioral Health ▾
- Clinical & Payment Policies
- Dental Providers
- Education & Trainings ▾
- Email Sign Up
- Enrollment and Updates ▾
- News
- Pharmacy ▾
- Prior Authorization ▾
- Quality Improvement ▾

Provider 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

Secure Provider Portal

This login does not include Wellcare Complete.

[Login/Register](#)

Wellcare Complete Provider Portal

Wellcare Complete requires a distinct password and login.

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Quality Navigation

Once you log into the [Online Portal](#) you will click on Provider Analytics to arrive at the Provider Navigation home screen

Provider Analytics

Resources

- Case Study Support Resource
- FAQ
- Tool Navigation Guide

Supplemental Reports

- COVID-19 Detail
- Daily IP & Discharge
- Notice of Pregnancy
- Weekly Med Claims
- Weekly Rx Claims

Reference Materials

- Data Dictionary

P4P and Quality Reporting

- Quality
 - Medicaid Core Measure Set
 - Medicaid Core Measure Set
 - P4P Payment and Member History
 - IN HCC4 Medicaid
 - IN HIP4 Medicaid
 - IN HHW4 Medicaid
 - IN Ambetter

Dashboards

- Summary
- Cost Utilization/Services
- CoC - Appointment Agenda -

Provider Score Card

☰ Value -Based Contract
🔔 ⓘ 🌈

Provider Selection
Plan: IN

Parent TIN: [redacted]

Model: IN HIP1 Medicaid P4P [redacted]

Report Period: [redacted]

Contract Period: [redacted]

Member Months: [redacted]

[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 : [redacted]

Measures Receiving Payment : [redacted]

Minimum Qualified Measure : [redacted]

PMPM Rate : [redacted]

Member Months : [redacted]

Maximum Bonus : [redacted]

Earned Amount : [redacted]

Unearned Amount : [redacted]

Paid Amount : [redacted]

[redacted]

[redacted]

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

■ Earned ■ Max Bonus

Measure	Measure Incentive				Min Member Threshold	Target 1	Target Achieved	Next Target Gap	Bonus Amount
	Score	Compliant	Qualified						
[Redacted Data]									

Instructions on how to review the Scorecard

- Providers may review status of each P4P measure
- The Scorecard shows opportunities to close member care gaps
- Providers can see view how many member care gap closures are required to meet the specific measurement guidelines
- The Scorecard identifies total dollars available for bonus opportunity
- To download member listings, providers can click on the detail tab to identify specific members who have care gap closure opportunities

Continuity of Care Plus CoC+

What is the Continuity of Care Plus(CoC+) Program?

CoC+ is a Risk Adjustment bonus program for you, our Provider Partner, aimed at increasing visibility into members' existing, as well as suspected conditions, which leads to enhanced Quality of Care for chronic condition management and prevention.

What's in it for members?

Members with existing or newly suspected chronic conditions will receive regular and proactive assessments to prevent chronic conditions from going undiagnosed or untreated.

What's in it for providers?

Providers will receive incentive payments by continuously improving and maintaining performance in assessing members for conditions. Providers receive *incremental* bonuses for their *incremental* work.

Who Is Included in the CoC+ Program?

- Eligible Providers and Members.
 - Providers and Members are loaded into the CoC+ Dashboard (CoC+ Appointment Agenda).
 - Members with disease conditions that need to be assessed annually.
- Targeted Lines of Business (LOB).
 - Ambetter Health.
 - Wellcare
 - Medicaid.

CoC+ Program Overview

- Continuity of Care Plus(CoC+) - Risk Adjustment Bonus Program for our Providers.
- This is a claims-based program; members need to be assessed during the program year by their primary care provider along with a claim submitted to support the provider's assessment.
- This initiative supports primary care providers in delivering proactive preventive care while enhancing clinical quality. Providers earn bonus payments by thoroughly assessing all their patients' current conditions to improve health and provide clinical Quality of Care.
- Use the Appointment Agendas as guide during the visit. It provides offices insight into historical diagnosis data and verify the accuracy of each listed insight to ensure all member conditions are assessed once per year.
- The Appointment Agenda can be completed during the visit or after you've used it as a guide for the patients encounter. Any person in the practice who supports the completion of the Appointment may sign and submit the completed Appointments Agenda.

Provider Partnerships

- Schedule an appointment and conduct a visit with the patient prior to December 31, 2026. Telehealth services that are furnished using interactive, audio/video, real-time communication technology are acceptable for the CoC+ program.
- MHS recommends that all members have an Annual Preventive Visit in 2026 (APV). This does not need to be a separate visit.
- Document all active conditions and care gaps on a claim using the appropriate coding standards (ICD-10, CPT, CPTII, HCPCS, or NDC). This claim will serve to validate the responses recorded on the completed Appointment Agenda.
- Providers should ensure the medical record accurately reflects all active conditions. However, medical records are not accepted as a form of submission.
- Submit electronically through the CoC+ Portal ([MHS Provider Portal](#)) **OR** Submit signed paper appointment agenda to fax 1-844-608-0465 or via secure email to agenda@centene.com.

Summary of the CoC+ Program



FOCUS ON SCHEDULING
MEMBER ANNUAL
PREVENTIVE VISITS (APV)



ADDRESS ALL CHRONIC
CONDITIONS



ADDRESS
COMPREHENSIVE
INSIGHTS



BILL THE CLAIM TO MHS



COMPLETE APPOINTMENT
AGENDA FOR EACH
MEMBER

2026 CoC+ One Program Offers Two Distinct Opportunities

	Risk Adjustment	Comprehensive Insights
Provider Compensation	Electronic Rate \$100, \$200, \$300 Paper Rate \$50, \$100, \$150 (All LOB's - based on thresholds)	Medicare Electronic / Paper Rate \$150 Medicaid / Marketplace Electronic / Paper Rate \$100
Risk Adjustment	Persistent and/or Predictive Risk insights Provider to assess and be sure to document active conditions as clinically appropriate on claim	N/A
High Complexity	N/A	Displays patient emergency room (ER) visits and highlights key details such as the visit date, the facility visited, and the diagnosis from that facility (as applicable)
Quality	N/A	Quality insights, aka HEDIS insights, are tracked in collaboration with Centene's Quality department to improve overall quality of care
Drivers of Health (DOH)	N/A	Drivers of Health (DOH) refer to non-medical factors that influence health outcomes. Factors may include access to transportation, affordable housing, and other social factors. Medicaid only.
Clinical	N/A	Clinical insights highlight patients who have not had a visit with a Primary Care Physician (PCP)

All insights need to be completed for each program opportunity
Refer to your provider collateral for program details and requirements

CoC+ Program Updates for 2026



Rebranding to Continuity of Care Plus(CoC+)



Bonus dollars earned related to addressing Chronic Risk Adjustment conditions and Comprehensive Insights



Enhancements include additional provider insight response options available for agenda selection



New icon for online access; Centene Critical Access (CCA)

Portal Navigation

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For Providers

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Portal Training Guides

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Centene Clinical Action (CCA)

Useful Links

Reports

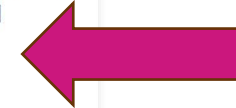
This repository contains reports that are uploaded and maintained by the health plan.

Provider Analytics [↗](#)

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

Care and Risk Gaps - Daily View

Providers, use Centene Clinical Action for High/Risk data in selected population



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

Quality Navigation

Once you log into the [Online Portal](#) you will click on Provider Analytics to arrive at the Provider Navigation home screen

The screenshot shows the 'Provider Analytics' navigation menu. At the top right, there is a 'Resources' section with three items: 'Case Study Support Resource', 'FAQ', and 'Tool Navigation Guide'. Below this, the main navigation is divided into three columns: 'Supplemental Reports', 'P4P and Quality Reporting', and 'Dashboards'. The 'Dashboards' column contains the following links: 'Summary', 'Cost Utilization/Services', and 'CoC - Appointment Agenda -'. A large pink arrow points to the 'CoC - Appointment Agenda -' link.

Supplemental Reports	P4P and Quality Reporting	Dashboards
COVID-19 Detail	Quality	Summary
Daily IP & Discharge	Medicaid Core Measure Set	Cost Utilization/Services
Notice of Pregnancy	Medicaid Core Measure Set	CoC - Appointment Agenda -
Weekly Med Claims	P4P Payment and Member History	
Weekly Rx Claims	IN HCC4 Medicaid	
	IN HIP4 Medicaid	
	IN HHW4 Medicaid	
	IN Ambetter	
Reference Materials		
Data Dictionary		

CoC+ Agenda Example

CoC+ Appointment Agenda - 2026 Attention: Starting in 2027, Appointment Agendas will only be available through Centene Clinical Action (CCA). Contact your health plan representative with any questions.

Coded Thru Claims as of: 4/5/2026 LOB: ALL TIN: _____ NPI: ALL

Member: Insight Type: (All) Member List: Excel Appointment Agendas: TIN | NPI | Member

Create Date	Active Agenda	Risk Status	Comp Status	Imputed	Member ID	Plan Member ID	Member Last Name	Member First Name	Date of Birth	NPI	Rank	Assessed	Unassessed	Assessed %
2026-02	Y	Not Received	Not Received	N							1	2	14	12.5%
2026-02	Y	Not Received	Not Received	N							2	2	20	9.1%
2026-02	Y	Not Received	Not Received	N							3	0	10	0.0%
2026-02	Y	Not Received	Not Received	Y							4	0	15	0.0%
2026-02	Y	Not Received	Not Received	N							5	1	14	6.7%
2026-02	Y	Received	Not Received	Y							6	3	17	15.0%
2026-02	Y	Not Received	Not Received	Y							7	2	14	12.5%
2026-03	Y	Not Received	Not Received	Y							8	0	8	0.0%

NPI: _____ Insight Type: (All) Read Only

Member: _____ DOB: _____

Insight Type	Insight Description	Diagnosis/Other Info	Assessment Status	DOS	Mod Date	Mod User	Status	Provider Response
GIM - Gastro_medium		Predictive Gap - 11046 was billed on 10/05/2025	Unassessed	10/05/2025			●	Please Select
INFH - Infectious_high		Predictive Gap - 11046 was billed on 10/05/2025	Unassessed	10/05/2025			●	Please Select
PSYL - Psychiatric_low		F329 MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Unassessed	11/28/2025			●	Please Select
RFNL - Renal_low		Predictive Gap - 99305 was billed on 11/20/2025	Unassessed	11/20/2025			●	Please Select
High Complexity	ER Utilization Assessment - ER Utilization Assessment	1 ED visit in the last 12 months, which was considered preventable. Please evaluate ongoing medical needs.	Unassessed	04/13/2025			●	Please Select
Quality	AIS_FLU_ECIDS - Adult Immunization Status Influenza	Complete annual influenza vaccine	Unassessed				●	Please Select

Enhanced Insight Response Options



ACTIVE & DOCUMENTED

The condition remains active, or insight is clinically relevant and should be documented on a claim using appropriate coding standards, when applicable.



RESOLVED/ NOT PRESENT

The condition is resolved, inactive, or the insight is not relevant to the patient's current clinical status.



ADDRESSED PREVIOUSLY

The insight was resolved in a prior visit and does not require further action.



PATIENT REFERRED

The insight requires evaluation by a specialist or another provider.



Smoking Cessation

Smoking Cessation

- All counseling can be billed to MHS using CPT codes:
 - 99406 – Intermediate counseling greater than **three** minutes, **up to 10** minutes.
 - 99407- Intensive counseling greater than **10** minutes.
- Counseling is billable as individual or group; if billing group session, the use of HQ (group setting) modifier is required.
- \$50 “pay above” incentive for initial counseling visit for Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect Members.
- The Indiana Tobacco Quitline:
 - 1-800-QUIT-NOW (1-800-784-8669).
 - Free, phone-based counseling service that helps Indiana smokers quit.
 - One-on-one coaching for tobacco users trying to quit.
 - Resources available for both providers and patients.

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Privacy - Test

Availity

Availity Essentials Providers Tools and Support

Availity Essentials core features

- Eligibility & Benefits Verification
- Claims Management
- Authorizations and Referrals
- Remittance & Payment Tracking
- Dedicated Payer Spaces

Help & Support

Availity Client Services is available for providers Monday-Friday. For plan specific questions, you can access payer specific payer spaces or call the health plan.

Training & Resources

With an Availity account, you have access to region specific help resources within your workflows, plus live webinars and on-demand demos.

Need an Account?

Not sure if your organization has an account? If your organization is registered, ask your Availity Essentials administrator to create an account for you. For helpful tips go to www.availity.com

MHS Network Team



MHS Resources

- For additional information, please contact your MHS Provider Engagement Account Manager to schedule an appointment today
- Additional resources available at on the **MHS Website**
- Register online for additional **Monthly Web Sessions**

PEAM 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

Large Provider Groups - Carolyn

**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

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

NETWORK LEADERSHIP

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CENTENE VISION

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CENTENE DENTAL

THOMAS "TONY" SMITH
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Dental Provider Services: 1-855-609-5157

Questions?

Thank you for being our partner in care.
