# Secure Provider Portal

## 24-hour online access to your patients' health information.

**MHS is your partner in providing the best care for your patients.**

We want to help you and your staff provide a higher level of service with instant access to your patients' information.

Providers can:
- *Manage multiple practices under one account*
- *Check member eligibility*
- *View Quality Reports*
- *View medical history and gaps in care \*PMP Only*
- *Submit and view Claim Details and Disputes*
- *Submit and view status of Prior Authorizations and Medical Necessity Appeals*
- *Submit Member Management Forms*

**mhs** ™

# Provider Portal: 24-hour online access to your patients' health information.

## LOGIN

Go to mhsindiana.com, click on **For Providers**, then click on **Login/Register** under **Portal Login**. For **Provider Portal Training Documents**, click on **Login**.
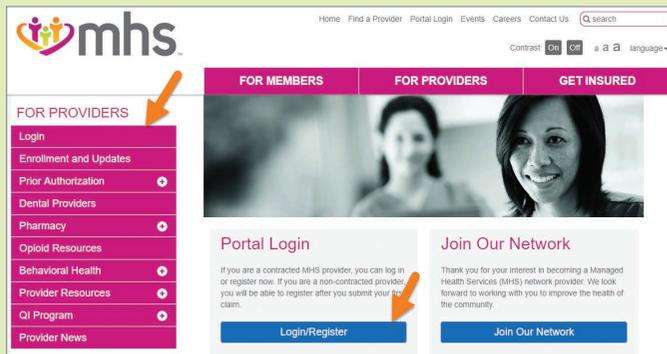


If you do not have an account, click on **Create New Account**.
If you do have an account, under **Login** enter your Username (email) and click **Next**. Then enter your **Password** and click **Log In**.

## CREATE AN ACCOUNT

The portal will walk you through a step-by-step process. Then, you'll be ready to access everything the portal offers. You can also add additional TINs once the account is created.

The following are just some of the functions you can use on the MHS Provider Portal.





**1** **Check Member Eligibility**
On the Provider Homepage, click on the **Eligibility Tab**.

**Eligibility Status** is indicated by a green thumbs-up for **Eligible** and an orange thumbs-down for **Ineligible/Not Found**.
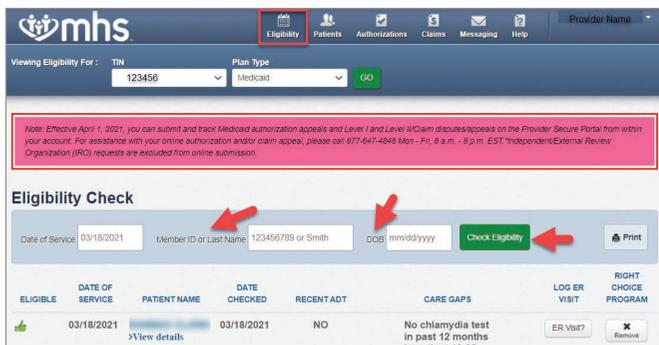


**2** **View Quality Reports**
On the Provider Homepage, click on **Reports**, **Patient Analytics** or **Provider Analytics**.
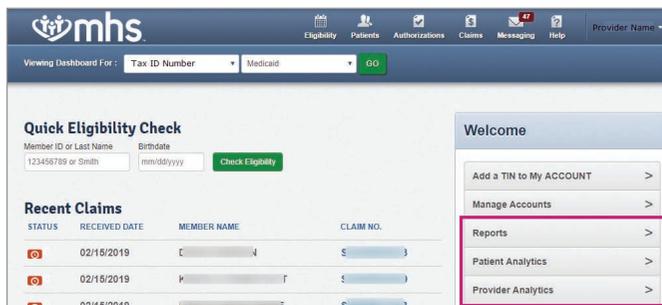
## 3 View Patient List
On the Provider Homepage, click on **Patients**.

**The Patient List** appears and can be downloaded to an Excel document by clicking, **Download**.



## 4 View Claims Tab
On the Provider Homepage, click **Claims**.



On the **Individual tab** click on **Claim No.** to see additional information.



The ability to update a Denied Claim is included by clicking on **Dispute Claim**.



Click on the **Submitted Tab** (View claims submitted via the Portal).



Click on **Payment History** tab to view **Transaction Details**. To view Transaction details, click the **Check Date**.

## 5 Using the Claims Wizard
Click on Claims tab to access **Claims Wizard**.



Click on **Recurring**.



## 6 Authorizations
View, create and filter **Authorizations**.

## 7 Submit Prior Authorization/Medical Necessity Appeals

To submit, click on **Authorization Tab**.
Click on **Auth ID** link highlighted in blue.



Click **Request Appeal**.



## 8 Member Management Forms Link

Managed Health Services (MHS) is a health insurance provider that has been proudly serving Indiana residents for two decades through Hoosier Healthwise, the Healthy Indiana Plan and Hoosier Care Connect. MHS also offers a qualified health plan through the Health Insurance Marketplace called Ambetter from MHS. All of our plans include quality, comprehensive coverage, with a provider network you can trust. MHS is your choice for affordable health insurance.

Staying informed is simple, and if you have questions, we're always ready to talk:

Visit **mhsindiana.com**

Call **1-877-647-4848 (TTY/TDD 1-800-743-3333)** Monday - Friday 8 a.m. - 8 p.m.

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