



Navigating Provider Enrollment Landscape: Strategies for Successful Enrollment

2024 IHCP Works Annual Seminar

Presented by: Lauryn Swift

Providing health coverage to Indiana families since 1994

Agenda

- Who is MDwise?
- Coasting Through MProvider Connect
- Destination Enrollment
- Pitstop for Primary Medical Providers (PMPs)
- Roadblocks: Top Case Denial Reasons
- Resources
- Questions

Who is MDwise?



MDwise Mission and Vision

Who Are We?

MDwise is your provider-led, local, Indiana-based nonprofit health care company. Our parent organization, McLaren Health Care, is a nonprofit integrated health system that believes all Indiana families should have access to high-quality health care regardless of income.

What Is the MDwise Mission?

MDwise provides high-quality, affordable health care services and improves the well-being of our members by bringing together exceptional employees, community leaders, and health care professionals.

What Is the MDwise Vision?

MDwise strives to be the most influential, trusted choice in health plans by doing what is best for the communities we serve.

MDwise Values



Trust

We trust each other and act with integrity. We are authentic, empowered to act and communicate openly with candor and caring. We make decisions for the greater good. We earn the trust of those we serve through transparency and accountability. We are dependable – a promise made is a promise kept.



Innovation

We continuously improve to be easier to do business with. We challenge the status quo, generate ideas, collaborate, value diversity and demonstrate agility. We are courageous, learn from experience and adjust quickly.



Excellence

We make sound decisions and deliver quality programs with precision. We are subject matter experts and perform at our full potential by working as a team.



Stewardship

We are mission-driven. We are entrusted as stewards of a company that serves members, associates, customers, business partners and our community. We care deeply about each other and all stakeholders. We are privileged to take care of our members and treat every dollar as if it were our own. We are efficient, set priorities and ensure our processes add value to enhance the member experience.



Leadership

We are industry thought leaders and advocates. We take initiative, are accountable for results and empower those around us to be their best. We roll up our sleeves and dig in to help. We lead by example.

Coasting Through MProvider Connect



What Is MProvider Connect?

- MProvider Connect is an online tool that allows providers to submit enrollment requests with MDwise
- MProvider Connect will replace the existing provider enrollment process of email and will still provide providers with a case number for every submission for tracking purposes

Features

- Request participation in MDwise networks
- Enroll new practitioners and facilities
- Add locations to existing practitioners
- Update provider demographics
- Disenroll practitioners or terminate locations
- Submit inquiries to MDwise Provider Enrollment
- Check status of previously submitted inquiries
- Pull provider group rosters independently

Where To Find MProvider Connect

- To access MProvider Connect, visit our website using the [MProvider Connect](#) tab
- Select “Login to MProvider Connect”

MProvider Connect

The MProvider Connect tool allows registered providers to enroll or request provider demographic updates to our MDwise Provider Enrollment team.

Included are the following online features:

- Request a new provider contract
- Enroll new providers (PMPs, Specialists, Facilities, etc)
- Update existing provider information
- Terminate/disenroll providers
- Track status of requests online

[Login to MProvider Connect >](#)

Step 1: Go to MProvider Connect

- Link to MProvider Connect: [Login \(site.com\)](#)

**MProvider
CONNECT**

Create an Account

Username

Password

Log in

[Forgot your password?](#)

Step 2: Click Create an Account

**MProvider
CONNECT**

Create an Account

Username

Password

Log in

[Forgot your password?](#)

Create an Account

Step 3: Enter Contact Information

- MProvider contact registration is available for groups with an existing MDwise Agreement and groups requesting new contracts



Contact Information

Please fill out all of the following fields

* First Name	Phone
<input type="text"/>	<input type="text"/>
* Last Name	* TIN
<input type="text"/>	<input type="text"/>
	<input type="button" value="EIN"/> <input type="button" value="SSN"/>
* Title	Group Name
<input type="text"/>	<input type="text"/>
* Pronoun	* Email
<input type="text" value="Select a pronoun"/>	<input type="text"/>

If you can't find your Group Name, please email MDwise directly at pregistration@mdwise.org to be added before continuing.
If this is for a disregarded entity, please indicate so in the email along with the Group's Name, TIN and other applicable information.

Can't Find Your Tax ID?


- If a Tax ID is not found in the 'TIN' search field, the contact must send an email to prregistration@mdwise.org for the account to be added

**MProvider
CONNECT**

Contact Information
Please fill out all of the following fields

* First Name <input type="text"/>	Phone <input type="text"/>
* Last Name <input type="text"/>	* TIN <input type="text"/>
* Title <input type="text"/>	Group Name <input type="text"/>
* Email <input type="text"/>	

If you can't find your Group Name, please email MDwise directly at prregistration@mdwise.org to be added before continuing.
If this is for a disregarded entity, please indicate so in the email along with the Group's Name, TIN and other applicable information.



If you can't find your Group Name, please email MDwise directly at prregistration@mdwise.org to be added before continuing.
If this is for a disregarded entity, please indicate so in the email along with the Group's Name, TIN and other applicable information.

Step 4: Confirmation Email

- Once the registration is submitted, the contact will receive confirmation in addition to a welcome email containing a link to verify their new account

MProvider
CONNECT

You should receive an email to setup your credentials to continue with the submission process.

Your username is

From: MDwise Pre Enrollment <preenrollment@mdwise.org>

Date: Wed, Jul 26, 2023 at 1:45 PM

Subject: Sandbox: Welcome to MDwise

To:

Hi Test,

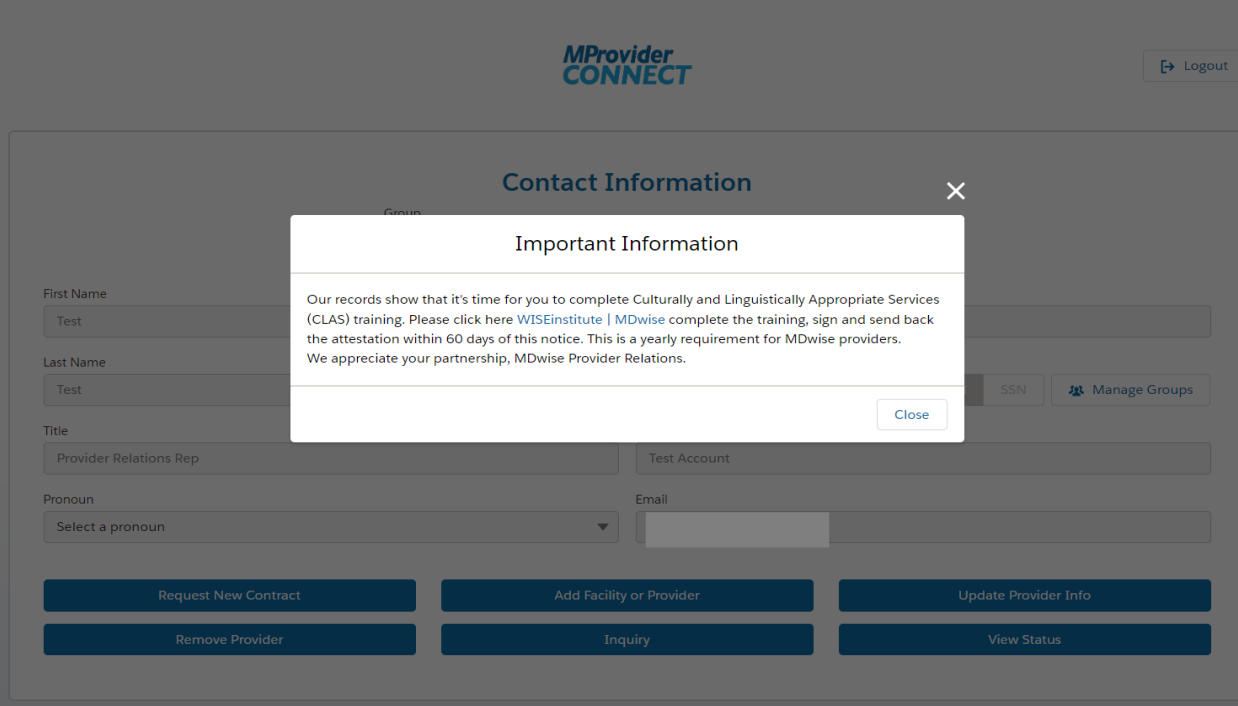
Thanks for creating your MDwise group account. Please click [here](#) to finish your account setup.

Your username is [gmail.com.mdwise](#)

Or use the following URL if the link does not work : <https://mclarenhealthcare--uat.sandbox.my.site.com/mdwise/s/setup-password?token=7f1b220490b96d1b64769951d53230d0db5c9a513fa656f71a0595002090515a6969d265d3816b2130ad23742bbffa4897c4f3f2ca029223c4fe79119>

MProvider Connect Login Important Information

- **Important Information statements** appear upon each login attempt
- These messages will change periodically to fit the current MDwise provider-related initiatives



The screenshot shows the MProvider Connect login interface. At the top, the logo 'MProvider CONNECT' is visible on the left, and a 'Logout' button is on the right. The main content area is titled 'Contact Information' and contains several input fields: 'First Name' (with 'Test' entered), 'Last Name' (with 'Test' entered), 'Title' (with 'Provider Relations Rep' selected), 'Pronoun' (with a dropdown menu showing 'Select a pronoun'), and 'Email'. There are also buttons for 'Request New Contract', 'Add Facility or Provider', 'Update Provider Info', 'Remove Provider', 'Inquiry', and 'View Status'. A modal box titled 'Important Information' is overlaid on the page, containing the following text: 'Our records show that it's time for you to complete Culturally and Linguistically Appropriate Services (CLAS) training. Please click here WISEInstitute | MDwise complete the training, sign and send back the attestation within 60 days of this notice. This is a yearly requirement for MDwise providers. We appreciate your partnership, MDwise Provider Relations.' A 'Close' button is located at the bottom right of the modal box.

Contact Information

- The Contact Information landing page allows the users to update their profile, submit new requests, and verify the status of the cases they submitted through MProvider Connect

MProvider CONNECT Logout

Contact Information

Group: Test Account

First Name: Test Phone:

Last Name: Test TIN: 77-777777 EIN SSN Manage Groups

Title: Provider Relations Rep Group Name: Test Account

Pronoun: Select a pronoun Email:

Request New Contract Add Facility or Provider Update Provider Info

Remove Provider Inquiry View Status

Case Number Case Status Submission Date Case Type Practitioner Name Credentialing Status

Group Affiliations

Contact Information

Group
Test Account

First Name
Test

Phone

Last Name
Test

TIN
77-7777777

EIN SSN [Manage Groups](#)

Title
Provider Relations Rep

Group Name
Test Account

Pronoun
Select a pro

TIN
77-7777777

EIN SSN [Manage Groups](#)

Group Name
Test Account

Email

Case Number Case Status Submission Date Case Type Practitioner Name Credentialing Status

Managing Group Affiliations

- By selecting “Manage Groups,” the contact can add additional group TINs to their profile
- The contact can then use the drop-down to choose which group they wish to submit the request

The image displays a user interface for managing group affiliations. It features a modal window titled "Manage your groups" and a "Contact Information" section.

Manage your groups

TIN

Add **EIN** SSN

Group Name TIN

1	Test Account	777777777	Delete
---	--------------	-----------	--------

Contact Information

Group

Test Account

Test Account

✓ Test Account

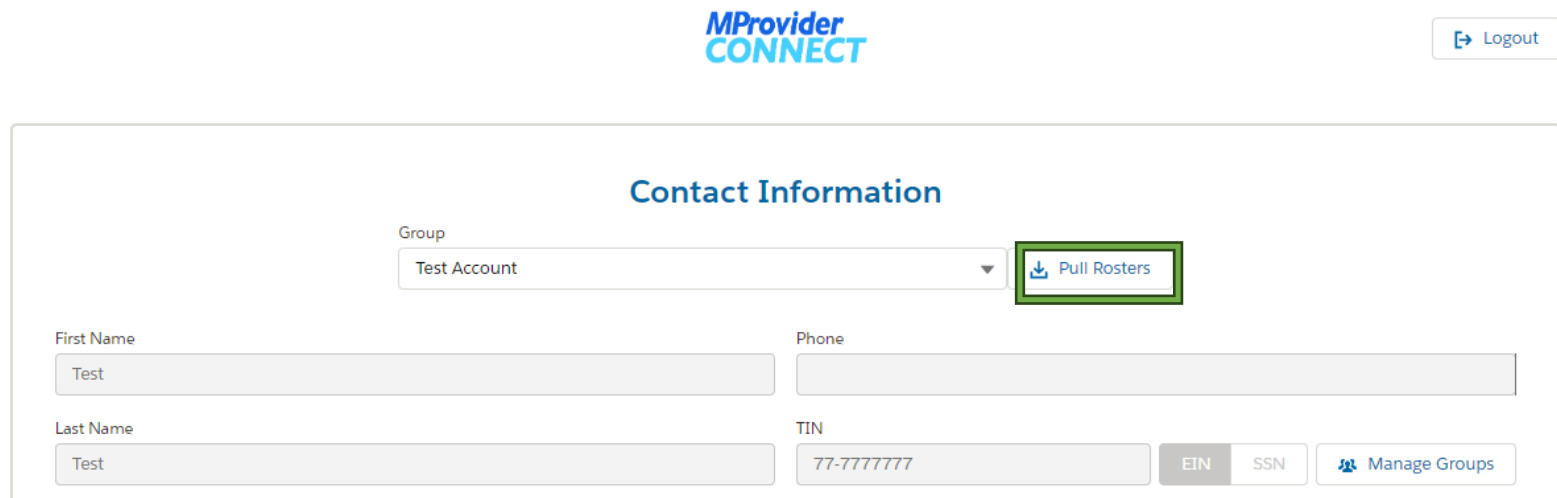
TIN

77-7777777 **EIN** SSN **Manage Groups**

Group Name

New Pull Rosters Feature

- There is a NEW feature to MProvider Connect where providers can pull their rosters independently
- By clicking the 'Pull Rosters' button next to group name, a roster will be downloaded



The screenshot displays the MProvider Connect user interface. At the top left is the logo "MProvider CONNECT" and at the top right is a "Logout" button. The main content area is titled "Contact Information" and contains a form with the following elements:

- A "Group" dropdown menu with "Test Account" selected.
- A "Pull Rosters" button with a download icon, which is highlighted with a green box.
- Input fields for "First Name" (containing "Test") and "Phone".
- Input fields for "Last Name" (containing "Test") and "TIN" (containing "77-7777777").
- Buttons for "EIN", "SSN", and "Manage Groups".

Request New Contract

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

Request New Contract

Remove Provider

New Contract Requests

- New contract requests for Practitioner and Hospital/Ancillary Participation require all the relevant documents listed in the Network Participation Request process

New Contract Request

Please review the document checklist to ensure all necessary documents are submitted.

∨ Practitioner Participation Document Requirements

- [IHCP MCE Practitioner Enrollment Form](#)
- Collaborative/Supervisory Agreement ⓘ
- CAQH Proview Online Application, if not currently enrolled ⓘ
- For more information about the CAQH Application please visit MDwise.org
- Form W-9 ⓘ
- Disclosure Ownership and Interest Form (required for brand new contacts)
- Attestation must be signed no more than 365 calendar days prior to application submission.

> Hospital/Ancillary Participation Document Requirements

> Upload Documents

> Additional Notes

Submit

Add Facility or Provider

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

Add Facility or Provider

Inquiry

Existing Contracts: Add Facility or Practitioner

- Documentation submission requirements are dependent on the type of provider enrollment
 - Limit of 10 documents can be uploaded at 2MB each
- Users can upload all documentation in the initial request

Add Facility or Provider

Please submit the MCE Hospital/Ancillary Provider Enrollment and Credentialing Form or MCE Practitioner Enrollment Form.

Type of provider you are enrolling

Select an Option ▼

> Upload Documents

▼ Additional Notes

Requested Effective Date (MM/DD/YYYY) ⓘ

Case Practitioners

- Users can add one (1) to four (4) practitioners within each submission

Add Facility or Provider
Please submit the MCE Hospital/Ancillary Provider Enrollment and Credentialing Form or MCE Practitioner Enrollment Form.

Type of provider you are enrolling
Practitioner

▼ Add Practitioner

Enter the information for each practitioner you're enrolling up to a max of 4.

	Practitioner First ...	Practitioner Last ...	NPI	Type	
1	Test	Test	0000000000	PMP	-
2	Test	Test2	0000000001	Specialist	-
3	Test	Test3	0000000002	Both	-
4	Test	Test4	0000000003	Specialist	-

> Upload Documents

> Additional Notes

Cancel Save

Submit

Inquiries

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

Add Facility or Provider

Inquiry

General Inquiry Requests

- General inquiries do not require documents to be uploaded, but in some cases, it may help or be needed

Inquiry

* Please submit your inquiry:

Upload Documents

Suggested file types are .doc, .docx, .xls, .xlsx, .ppt, .pptx, .zip, .zipx, .pdf, .gif, .jpg, .jpeg, .png and each file must be smaller than 2mb in size.

Attachments

 Upload Files Or drop files

Submit

Existing Practitioner and Facility Updates

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

Update Provider Info

View Status

Existing Practitioner and Facility Updates

- Update requests can be submitted for basic updates
 - For example, name changes can be documented in the detail text box, in addition to extensive changes submitted on an MCE Universal Enrollment Form


Update Provider Info
Please submit the MCE Practitioner Enrollment Form for update requests.

Additional Update Detail

Upload Documents

Suggested file types are .doc, .docx, .xls, .xlsx, .ppt, .pptx, .zip, .zipx, .pdf, .gif, .jpg, .jpeg, .png and each file must be smaller than 2mb in size.

Attachments

 Upload Files Or drop files

Remove Provider

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

Request New Contract

Remove Provider

Disenrollment and Termination Requests

- Submissions to remove a provider from the network or transition from a PMP to a specialist are submitted through the “Remove Provider” option
- Disenrolling PMPs are encouraged to name a default PMP to transition existing members

The image shows two overlapping screenshots of a web form titled "Remove Provider".

Background Window:

- Title: Remove Provider
- Instruction: For disenrolling PMPs, please submit a letter indicating where to move the members to, the new provider's Name, NPI, LPI and the effective date.
- Field: * Current Provider (empty)
- Section: Enter the new PMP's information
- Fields: New Provider (Optional), NPI (Optional), Group LPI (Optional), Effective Date (Optional)
- Section: Additional Update Detail (empty text area)
- Button: Submit

Foreground Window:

- Title: Remove Provider
- Instruction: For disenrolling PMPs, please submit a letter indicating where to move the current provider's assigned members to, the new provider's Name, NPI, LPI and the effective date.
- Field: * Current Provider (Test Account)
- Section: Enter the new PMP's information
- Fields: New Provider (Test), NPI (000000000), Group LPI (0000000000), Effective Date (8/1/2023)
- Section: Additional Update Detail (empty text area)
- Button: Submit

View Status

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

Update Provider Info

View Status

Case Numbers and View Status Ability

- Users can select the “View Status” option from the menu to view all cases submitted by the user

The screenshot displays a user interface for managing provider submissions. A green box highlights the 'View Status' button in the top navigation bar. Below this, a table titled 'My Submissions' lists several cases. The 'View Status' button is also highlighted in a green box in the bottom right corner of the interface. To the right of the table, there is a form for provider information with fields for Phone, TIN, SSN, and Group Name.

Case Number	Case Status	Submission Date	Case Type	Practitioner Name	Credentialing Status
00001146	Pending	May 23, 2023	General Inquiries		
00001148	Pending	May 23, 2023	Disenrollment		
00001147	Pending	May 23, 2023	Demographic / Panel Inqu...		
00001145	Work In Progress	May 23, 2023	Existing - Add Provider		
				Ororo Munroe	Credentialing in Progress
				Anna Marie LeBeau	Credentialing in Progress
				Hank Pimm	Credentialing in Progress
				James Dean	Credentialing in Progress

Buttons: Request New Contract, Add Facility or Provider, Update Provider Info, Remove Provider, Inquiry, View Status

Form Fields: Phone, TIN, SSN, Group Name (RoBalley University Associates)

View Case Numbers and Status

- Users who have submitted requests can also view the individual open submissions below the action buttons

**MProvider
CONNECT**

[Logout](#)

Contact Information

Group
Test Account

First Name
Test

Phone

Last Name
Test

TIN
77-7777777

EIN SSN [Manage Groups](#)

Title
Provider Relations Rep

Group Name
Test Account

Pronoun
Select a pronoun

Email
lauryn.gooch@gmail.com

[Request New Contract](#) [Add Facility or Provider](#) [Update Provider Info](#)
[Remove Provider](#) [Inquiry](#) [View Status](#)

Case Number	Case Status	Submission Date	Case Type	Practitioner Name	Credentialing Status
00001145	Pending	May 23, 2023	Existing - Add Provider	Ororo Munroe	
				James Dean	
				Hank Pimm	
				Anna Marie LeBeau	

Benefits of MProvider Connect

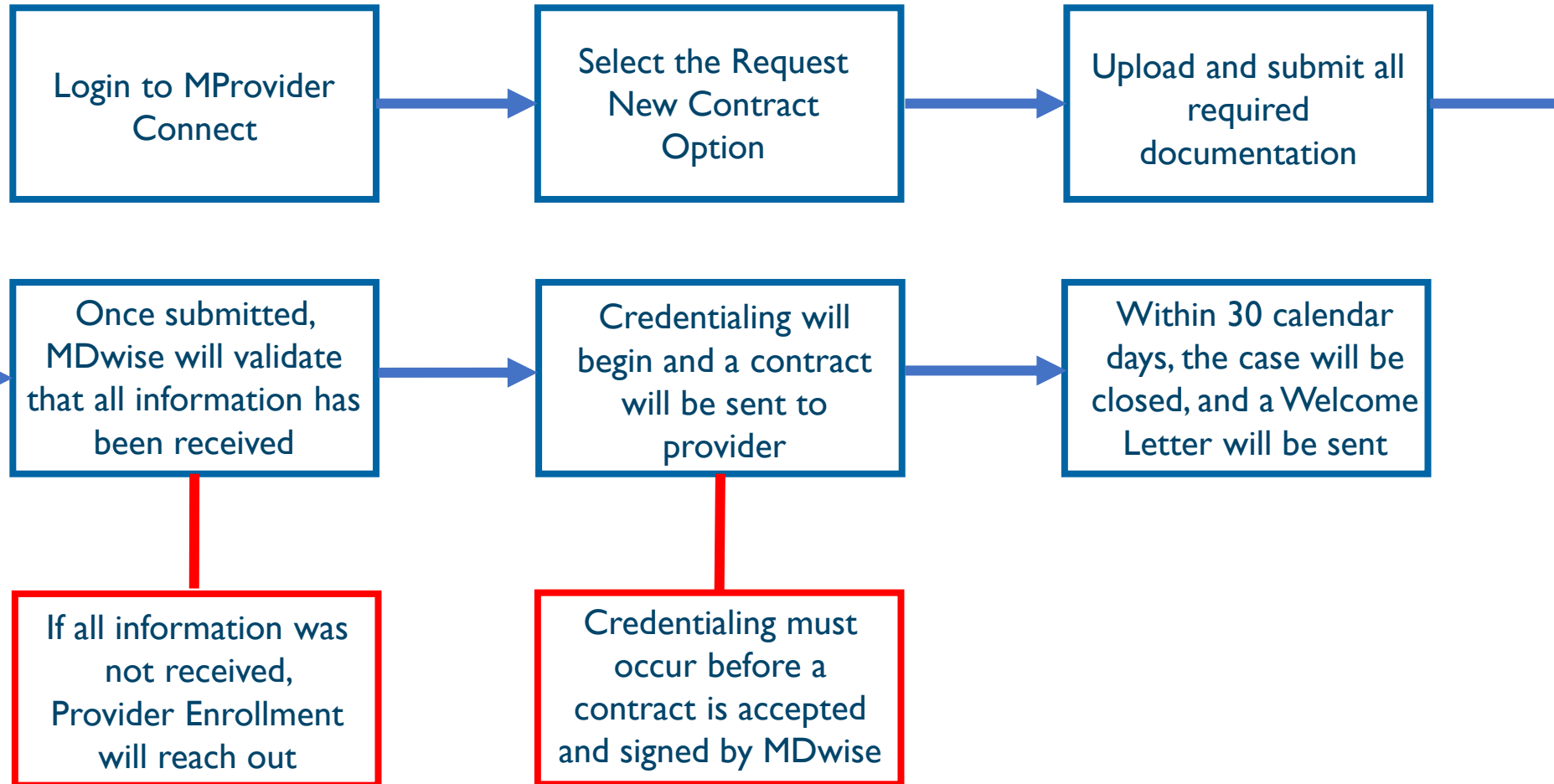
- Creates transparency for providers
- Is a self-service tool
- Secure online tool for document submission
- Better communication within each case
- Turnaround time remains 30 calendar days
- Pull roster information

Destination Enrollment



Enrollment Process Flow

- A step-by-step on how to enroll as a new provider



Enrollment Forms

IHCP MCE Practitioner Enrollment Form:

- Form used to enroll participating practitioners

IHCP MCE Hospital/ Ancillary Provider Enrollment Form:

- Form used to enroll participating facilities, hospitals, nonpractitioner providers, etc.

Which form do you use?

- You can access the [Provider and Specialty Matrix](#) to determine which form you'll need to use

Please note: All information must be updated with Indiana Health Coverage Programs, or IHCP, before enrolling with MDwise

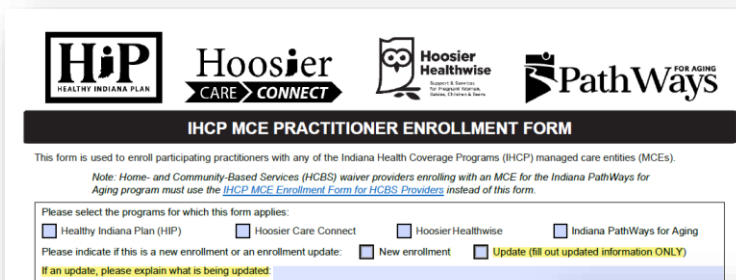
Required Documents for Smooth Enrollment

Other documentation that is needed when enrolling as a new group:

- [W-9](#) that has been signed within the last 12 months
- [Disclosure Ownership and Interest Form](#)
- Full list is on the [MDwise Website](#)

Updating Enrollment Information

- When updating information, be sure to check and fill out the highlighted areas:



HiP **Hoosier CARE > CONNECT** **Hoosier Healthwise** **PathWays FOR AGING**

IHCP MCE PRACTITIONER ENROLLMENT FORM

This form is used to enroll participating practitioners with any of the Indiana Health Coverage Programs (IHCP) managed care entities (MCEs).

Note: Home- and Community-Based Services (HCBS) waiver providers enrolling with an MCE for the Indiana PathWays for Aging program must use the [IHCP MCE Enrollment Form for HCBS Providers](#) instead of this form.

Please select the programs for which this form applies:

Healthy Indiana Plan (HIP) Hoosier Care Connect Hoosier Healthwise Indiana PathWays for Aging

Please indicate if this is a new enrollment or an enrollment update: New enrollment Update (fill out updated information ONLY)

If an update, please explain what is being updated:

PRACTITIONER DATA

Council for Affordable Quality Healthcare (CAQH) Number: _____

Practitioner First Name: _____ MI: _____ Last Name: _____

Degree (check one): MD DO DMD DPM CRNA NP CNM Other

Social Security Number: _____ Date of Birth: _____

National Provider Identifier (NPI): _____ Taxonomies (list all): _____

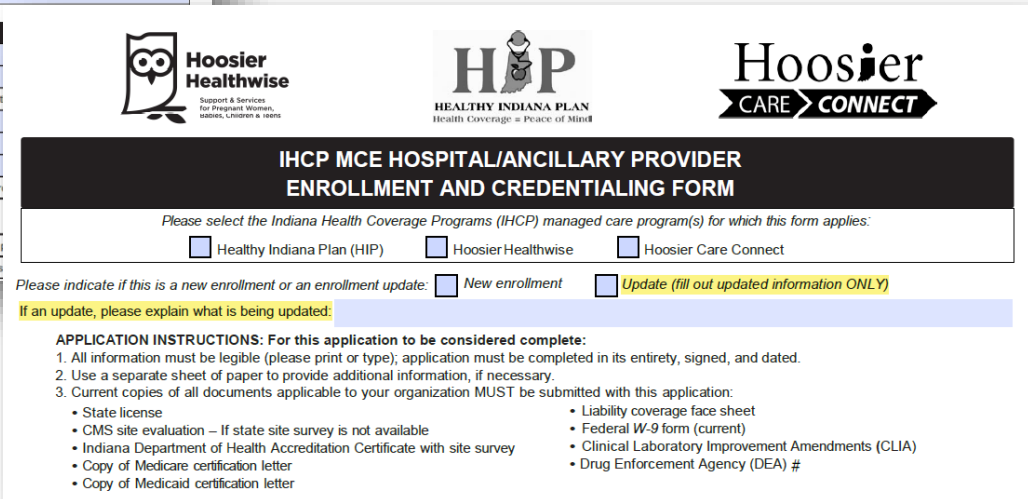
DEA #: _____ CSR #: _____

License Number & State: _____ LIPIN: _____ IHCP Ph: _____

Enrolling as: PMP with Panel Physician Specialist NP Supporting a PMP
 NP Supporting a Specialty Certified Midwife Prenatal Care Coordinator

Primary Specialty: _____ Secondary Specialty: _____ NP - Si _____

Are you: A Locum Tenem? Hospital-Based Physician? Hospitalist



Hoosier Healthwise **HiP** **Hoosier CARE > CONNECT**

IHCP MCE HOSPITAL/ANCILLARY PROVIDER ENROLLMENT AND CREDENTIALING FORM

Please select the Indiana Health Coverage Programs (IHCP) managed care program(s) for which this form applies:

Healthy Indiana Plan (HIP) Hoosier Healthwise Hoosier Care Connect

Please indicate if this is a new enrollment or an enrollment update: New enrollment Update (fill out updated information ONLY)

If an update, please explain what is being updated:

APPLICATION INSTRUCTIONS: For this application to be considered complete:

- All information must be legible (please print or type); application must be completed in its entirety, signed, and dated.
- Use a separate sheet of paper to provide additional information, if necessary.
- Current copies of all documents applicable to your organization MUST be submitted with this application:
 - State license
 - CMS site evaluation – If state site survey is not available
 - Indiana Department of Health Accreditation Certificate with site survey
 - Copy of Medicare certification letter
 - Copy of Medicaid certification letter
 - Liability coverage face sheet
 - Federal W-9 form (current)
 - Clinical Laboratory Improvement Amendments (CLIA)
 - Drug Enforcement Agency (DEA) #

Effective Dates

Effective Date Policy

- Providers will be effective with MDwise either on the first of the month following the receipt of a complete network participation request or the first of the month following the contract execution for brand-new providers
 - The effective date policy does not affect delegated provider arrangements
 - You can find more on the effective date policy on the [MDwise website](#)

Pitstop for Primary Medical Providers (PMPs)



Pitstop for PMPs

- When enrolling a PMP, the highlighted sections must be checked/filled out with applicable information

PRACTITIONER DATA			
Council for Affordable Quality Healthcare (CAQH) Number:			
Practitioner First Name:	MI:	Last Name:	Suffix:
Degree (check one): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DMD <input type="checkbox"/> DPM <input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> CNM <input type="checkbox"/> Other:			
Social Security Number:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
National Provider Identifier (NPI):	Taxonomies (list all):		
DEA #:	CSR #:		
License Number & State:	UPIN:	IHCP Provider ID:	
Enrolling as: <input type="checkbox"/> PMP with Panel <input type="checkbox"/> NP Supporting a Specialty			
<input type="checkbox"/> Physician Specialist <input type="checkbox"/> NP Supporting a PMP <input type="checkbox"/> Behavioral Health			
<input type="checkbox"/> Certified Midwife <input type="checkbox"/> Prenatal Care Coordinator <input type="checkbox"/> Other:			
Primary Specialty:	Secondary Specialty:	NP – Specialty-Supported? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you: <input type="checkbox"/> A Locum Tenem? <input type="checkbox"/> Hospital-Based Physician? <input type="checkbox"/> Hospitalist?			
The National Committee for Quality Assurance (NCQA) requires that health plans assess the cultural, ethnic, racial, and linguistic needs of members of the practitioners in the network. Please provide the following information:			
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American			
<input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (please specify):			
Practitioner Email:	Fax:	Phone:	
Maximum membership (panel size) accepted (PMPs only): Hoosier Healthwise <input type="checkbox"/> HIP <input type="checkbox"/> Hoosier Care Connect <input type="checkbox"/> PathWays <input type="checkbox"/>			
Primary Phone:	Primary Fax:	If PMP, assign membership to this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Office Contact Name:		Office Contact Email:	
County:	Group IHCP Provider ID:		
Group NPI:	Taxonomies:		
Medicare Group Number:			

PMP Incentives

- Pay for Value Program or P4V is an incentive program for PMPs
- To participate in the P4V Program, the provider must have an open panel of at least 100 members for six (6) months
- For more information on the P4V Program, please visit [MDwise Website](#)

Roadblocks: Top Case Denial Reasons



Top Case Denial Reasons

Denial Reason	Tips to Avoid Denials	Examples
Information does not match IHCP Portal information	<ul style="list-style-type: none">➤ Make sure all information has been approved and enrolled with the state before enrolling with MDwise	<ul style="list-style-type: none">➤ Provider not linked to location in IHCP
Not all required documentation submitted	<ul style="list-style-type: none">➤ If unsure about what documentation is needed, information is available on our website	<ul style="list-style-type: none">➤ Missing disclosure and ownership form
Missing signature when required	<ul style="list-style-type: none">➤ When submitting documentation, confirm the signature pages have been completed	<ul style="list-style-type: none">➤ Signature on enrollment form missing
Forms missing information	<ul style="list-style-type: none">➤ Before documentation have been submitted, confirm fields required are not empty	<ul style="list-style-type: none">➤ Address and NPI not filled out on enrollment form

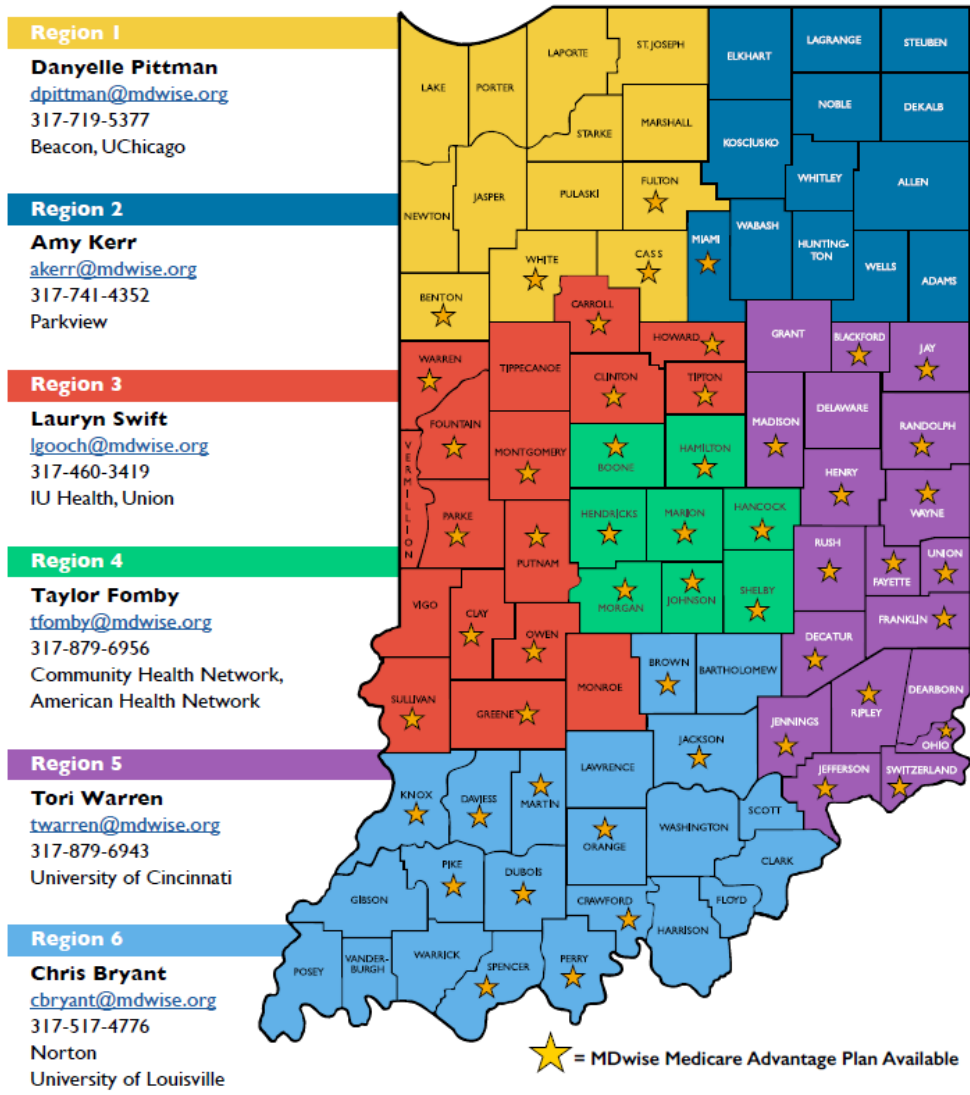
Resources



Helpful Resources

- **MDwise Provider Enrollment**
 - [Become an MDwise Provider](#)
 - [MProvider Connect Login](#)
 - [MDwise Provider Relations Territory Map](#)
- **Provider Enrollment Forms for Hoosier Healthwise and HIP**
 - [W-9 Request for Taxpayer Identification Number](#)
 - [IHCP Provider Ownership and Managing Individual Maintenance Form](#)
 - [IHCP Provider and Specialty Matrix](#)
 - [IHCP MCE Practitioner Enrollment Form](#)
 - [IHCP MCE Hospital/Ancillary Provider Enrollment and Credentialing Form](#)
- **Provider Customer Service Unit (PCSU)**
 - (833) 654-9192
- **Provider Programs**
 - [INcontrol Care Management](#)
 - [WISEinstitute Education](#)
 - [Provider Incentive Programs](#)

MDwise Provider Relations Team



MDwise Provider Relations Team

PROVIDER GROUP REPRESENTATIVES

Tonya Trout

ttrout@mdwise.org

317-766-0505

Provider Groups

Ascension St.Vincent
Franciscan Alliance
Home Health and Hospice
Skilled Nursing Facilities (SNFs)

LaToya Robertson

lrobertson@mdwise.org

317-552-8420

Provider Groups

Federally Qualified Health Centers (FQHCs)
Rural Health Center (RHCs)
Community Mental Health Centers (CMHCs)
Eskenazi Health

LeAnne Ramsey

lramsey@mdwise.org

317-460-4697

Provider Groups

DME and HME
Laboratory Services
Dialysis Clinics
ABA Providers
Out of State Providers

PROVIDER RELATIONS LEADERSHIP

Amanda Deaton

Provider Relations Supervisor

adeaton@mdwise.org

317-914-5953

Josh Burger

Director of Provider Relations

jburger@mdwise.org

317-460-4510

QUESTIONS?

