

Navigating Behavioral Health with Managed Health Services (MHS): A Comprehensive Overview



2024 IHCP Works Annual Seminar

Agenda

- Who is MHS?
- Behavioral Health (BH) Provider Types
- Covered Services
- Opioid Treatment Program (OTP)
- Opioid Online Resource Center
- Substance Use Disorder (SUD) Residential Treatment
- Behavioral Health and Physical Health Integration
- Provider Enrollment
- Demographic Updates
- National Correct Coding Initiative (NCCI) Edits
- Prior Authorization
- MHS Portal
- Educational Opportunities
- MHS Team
- Questions

Who is MHS?

- MHS is a health insurance provider that has been proudly serving Indiana residents for more than 25 years through Hoosier Healthwise (HHW), the Healthy Indiana Plan (HIP), and Hoosier Care Connect (HCC)
- Marketplace – Ambetter from MHS
- Medicare – Wellcare by Allwell

MHS is your choice for better healthcare

MHS Products



Behavioral Health Provider Types

MHS Behavioral Health Network

Provider Types

- Hospitals
- Community Mental Health Centers (CMHC)
- BH Practitioners within Federally Qualified Health Center/Rural Health Center (FQHC/RHC setting)
- Behavioral Health Agency
- Prescribers
 - Psychiatrist, Psych Nurses, Psychologist
- Non-Licensed & Substance Abuse Providers
- Master Level Clinicians

MHS Behavioral Health Network continued

- Please note that professional covered services can only be billed and reimbursed to Indiana Health Coverage Programs (IHCP) enrolled:
 - Psychiatrists
 - Psychologists
 - Advanced Practice Providers (APP)
 - Licensed psychologist
 - Licensed independent practice school psychologist
 - Licensed Clinical Social Worker (LCSW)
 - Licensed Marriage and Family Therapist (LMFT)
 - Licensed Mental Health Counselor (LMHC)
 - A person holding a master's degree in social work, marital and family therapy, or mental health counseling
 - An Advanced Practice Nurse (APN) who is a licensed, registered nurse holding a master's degree in nursing, with a major in psychiatric or mental health nursing, from an accredited school of nursing
 - Behavioral Analyst
 - Nurse Practitioners
 - Independently Practicing
 - Enrolled with IHCP & employed by a physician or group

Covered Services

Behavioral Health Covered Services

- Inpatient & Outpatient Facility Services:
 - Inpatient Admission for Mental Health or Substance Abuse
 - Inpatient Eating Disorders
 - Observation (limited to 72-hour stay)
 - Telehealth Services
 - Intensive Outpatient Program (IOP) for Mental Health or Substance Abuse
 - Partial Hospitalization
 - Psychiatric Clinic
 - Psychiatric Outpatient Hospital Services
 - SUD Services Residential Treatment

* Listing is not all-inclusive and subject to change

Behavioral Health Covered Services continued

- Professional Services:
 - Psychiatric Diagnostic Evaluation
 - Individual/Family/Group Psychotherapy
 - Crisis Psychotherapy
 - Psychoanalysis
 - Psychological Testing
 - Neuropsych Testing
 - Applied Behavioral Analysis (ABA) Services
 - Evaluation and Management
 - Observation Care Discharge Services
 - Initial Observation Care
 - Initial Hospital Care
 - Office Consultations
 - Inpatient Consultations
 - Smoking Cessation
 - Alcohol and/or Substance Abuse structured screening and brief intervention
 - OTP
- * Listing is not all-inclusive and subject to change

Opioid Treatment Program

Opioid Treatment Program

- IHCP has established a provider specialty of OTP that is eligible to bill for services specific to opioid treatment.
- All OTP providers enrolling with IHCP under the OTP specialty code will be required to have a Drug Enforcement Administration (DEA) license, as well as certification from the State's Division of Mental Health and Addiction (DMHA).
- Out-of-state (OOS) OTP providers are ineligible for IHCP provider enrollment.

Opioid Treatment Program continued

OTP Provider Enrollment with MHS:

- New and existing contracted providers: All forms needed for enrollment are provided within the “Become a Provider” process outlined on our website. www.mhsindiana.com/providers/become-a-provider/Provider-Network-Participation-Enrollment-Process.html.
- For existing contracted providers: Please ensure that the rendering providers that will be submitting OTP related claims have been submitted for enrollment linking the rendering provider to the OTP facility National Provider Identifier (NPI).
- Taxonomy 261QM2800X is recommended for Mental Health providers registering and enrolling with a NPI specific to Methadone.
- Providers planning to use the same NPI (as their current Behavioral Health (BH) enrolled group/clinic) must ensure that for OTP services they are billing with a service location (address, zip+4) or taxonomy code (261QM2800X) unique from all other previously enrolled locations/taxonomy codes to avoid claim processing issues.

Opioid Online Resource Center

Opioid Online Resource Center

MHS has taken a thoughtful approach to policy changes, recognizing that healthcare staff on the front lines need practical and realistic solutions. The provider resource center will help to educate about best practices for:

- Opioid treatment
- Prescribing limits and alternatives
- Patient resources
- Links to statewide support services
- A companion member resource center that offers links to helpful materials and statewide support services

Access this tool online at:

www.mhsindiana.com/providers/opioid-resources.html

Substance Use Disorder (SUD) Residential Treatment

SUD Residential Treatment Services

Residential SUD Treatment Provider Enrollment

- To enroll, a facility must meet the following requirements and submit proof of both:
 - Division of Mental Health and Addiction (DMHA) certification as a residential (sub-acute stabilization) facility or Department of Child Services (DCS) licensing as a child-care institution or private secure care institution.
 - DMHA designation indicating approval to offer American Society of Addiction Medicine (ASAM) Level 3.1; or Level 3.5 residential services (Facilities that have designations to offer both ASAM Level 3.1 and Level 3.5 services within the facility must include proof of both with their enrollment application).

***Please note SUD facilities have to be fully enrolled with IHCP and MHS prior to submitting claims for consideration and payment.**

SUD Residential Treatment Services continued

Residential SUD Treatment Provider Enrollment with MHS:

- **To enroll with MHS for Residential SUD Treatment:**
 - Non-Contracted BH facilities will need to “Request a New Contract” from the [MHS Provider Enrollment and Updates website](#).
 - Current contracted BH facilities, please:
 - [Complete the Hospital and Ancillary Credentialing Form](#)
 - Email the Provider Relations (Regional Mailbox) with the subject “SUD Enrollment” and include in the body of the email the IHCP enrolled NPI(s) for SUD and attach the Hospital and Ancillary Credentialing Form and all requested documents as detailed within the “Application Instructions” section of the form.

SUD Residential Treatment Services continued

Residential SUD Treatment Claims Submission:

- A facility enrolled as a SUD residential addiction treatment facility (11/836 provider type and specialty) is limited to billing only the following procedure codes with modifiers under that enrollment:
 - H2034 U1 or U2 – Low-Intensity Residential Treatment
 - H0010 U1 or U2 – High-Intensity Residential Treatment
- Reimbursement is limited to one unit per member, per provider, per day.
- Facilities should bill using a professional claim:
 - Specialty 836 (SUD Residential Addiction Treatment Facility): IHCP does not allow rendering practitioners to be linked which means the provider/facility level itself must bill
 - Claims MUST be submitted at the facility level with the facility NPI as rendering (box 24J) on the *CMS-1500* claim form
- Please refer to IHCP module for additional information:
<https://www.in.gov/medicaid/providers/files/modules/behavioral-health-services.pdf>

***Practitioners may not bill or be listed as the rendering**

SUD Residential Treatment Services continued

Residential SUD Treatment Claims Submission:

- Providers will be reimbursed for residential stays for substance use treatment on a *per diem* basis.
- The following services are included within the *per diem*:
 - H2034 U1 or U2 – Low-Intensity Residential Treatment:
 - Individual Therapy
 - Group Therapy
 - Medication Training and Support
 - Case Management
 - Drug Testing
 - Peer Recovery Supports
 - H0010 U1 or U2 – High-Intensity Residential Treatment:
 - Individual Therapy
 - Group Therapy
 - Medication Training and Support
 - Case Management
 - Drug Testing
 - Peer Recovery Supports
 - Skills Training and Development

SUD Residential Treatment Services continued

Residential SUD Treatment Claims Submission:

- SUD residential addiction treatment facilities rendering services other than those included in the per diem must bill for those additional services using another, appropriate IHCP-enrolled provider type and specialty:
 - Services that are reimbursable outside the daily per diem rate include Physician visits and Physician-administered medications.
- Services included in the per diem payment will not be reimbursed separately for a member for the same date of service (DOS) as the per diem payment is reimbursed.

SUD Residential Treatment Services continued

Residential SUD Prior Authorization:

- SUD residential addiction treatment services require prior authorization.
- Please see the [Provider Resources/Forms](#) section of our website.
- The following forms are available for SUD Prior Authorization submission:
 - Residential/Inpatient Substance Use Disorder Treatment Prior Authorization Request Form.
 - Initial Assessment Form for Substance Use Disorder Treatment Admission (PDF).
 - Reassessment Form for Continued Substance Use Disorder Treatment.

Behavioral Health and Physical Health Integration

Behavioral Health and Physical Health Integration

How does this affect me as a PMP?

- PMPs can assist in coordinating care for members with known or suspected behavioral health needs by helping them access a MHS behavioral health provider.
- PMPs have access to complete claim history via the online [MHS secure provider portal](#) that includes details regarding behavioral health services received by their members.
- Members may also self-refer for outpatient behavioral health services by scheduling an appointment directly with a MHS provider; these services do not require a referral from the PMP.

Behavioral Health and Physical Health Integration continued

How does this affect me as a PMP?

- Training is available to assist in the identification of members who may be in need of behavioral health services in order to ensure coordination of both physical and behavioral healthcare among all providers.
- MHS encourages the use of the [Behavioral/Physical Health Coordination Form](#) so that providers can easily, efficiently, and legally exchange information.

Provider Enrollment

Provider Enrollment

All contract requests will be initiated through
<https://www.mhsindiana.com/providers/become-a-provider.html>

Provider Network Participation & Enrollment Process

New Contract

Request a New Contract

We appreciate your interest in MHS and are excited to set up your office as a participating provider. If you would like more information, please fill out the online information request form. An MHS representative will reach out to you shortly to discuss contracting options for your office.

[Click here to check the status of your contract or amendment request.](#)

Add Provider To Existing Contract

Enroll a Contracted Provider

If you are a provider who is part of an existing contracted medical or behavioral health entity, use this online contracted enrollment form to enroll a new provider.

[Click here to check the status of your enrollment request.](#)

Demographic Updates

Demographic Update Tool

If you are already a contracted provider with MHS and would like to update existing information, please use our online provider update forms.

Once a New Contract or Add Provider To Existing Contract submissions is made, a Request ID will be assigned in your confirmation email. Be sure to keep this email. If you have questions, you can respond to the confirmation email or call Provider Services at 1-877-647-4848 and reference your Request ID.

Provider Enrollment for New Contract Requests and Adding a Provider to an Existing Contract

- The effective date for a brand-new provider that is not part of an existing contract with MHS and for a provider that is being added to an existing contract will be the first of the month following receipt of the network participation request from the provider.
- The network participation receipt date is the date that MHS receives the provider's **complete** network participation request electronically via our online portal.
- All required fields must be completed, and all required supporting documentation must be provided to MHS for the network participation request to be considered complete. Providers have five business days to respond to the missing information email.
- Failure to respond within five business days will result in rejection of the enrollment request.

Demographic Updates

Demographic Updates


- Providers can utilize the [Demographic Update Tool](#) to update information, such as:
 - Address Changes
 - Demographic Changes
 - Term an Existing Provider
 - Make a Change to an IRS Number or NPI Number

Demographic Updates continued

Demographic Update Tool

MHS is committed to providing our providers with the best tools possible to support their administrative needs. We have created an easy way for you to request updates to your information and ensure we receive what we need to complete your request in a timely manner.

Need to review your existing information or have a question? If you are a contracted provider you can visit our [Provider Directory](#) to review your information. Please note that hospital-based and midlevel providers will not show in the directory. If you are a non-contracted provider, please call Provider Services at [1-877-647-4848](tel:1-877-647-4848). Our [Contact Us](#) page is always available for general questions as well.

Ambetter only provider? Visit our [Ambetter website](#) .

What would you like to do?

Make an Address Change?

- [Update a Billing Address](#)
- [Change a Primary Location](#)
- [Add an Additional Location](#)
- [Remove a Location](#)
- [Notify Us of an Office Move](#)

Make a Demographic Change?

- [Change Phone Number](#)
- [Change Email Address](#)
- [Change Provider Name](#)
- [Add/Remove a Language Spoken](#)
- [Update Service Location Office Hours](#)

Demographic Updates continued

Update Member Assignment Limitations?

- [Change Accepting New Members Status](#)
- [Change Panel Size \(PMP Only\)](#)
- [Change Age Restrictions](#)

Term an Existing Provider?

- [PMP](#)
- [Specialist](#)

Make a Change to an IRS Number or NPI Number?

- [Change an IRS Number \(TIN\)](#)
- [Change an NPI Number](#)
- [Update an IRS Address](#)

NCCI Edits

NCCI Edits

- The National Correct Coding Initiative in Medicaid: The Center for Medicare & Medicaid Services (CMS) NCCI promotes national correct coding methodologies and reduces improper coding which may result in inappropriate payments of Medicare or Medicaid claims.
- Types of NCCI Edits:
 - NCCI procedure-to-procedure (PTP) edits that define pairs of Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) codes that should not be reported together for a variety of reasons. The purpose of the PTP edits is to prevent improper payments when incorrect code combinations are reported.
 - Medically Unlikely Edits (MUEs) define for each HCPCS or CPT code the maximum units of service (UOS) that a provider would report under most circumstances for a single beneficiary on a single date of service.

NCCI Edits

- 90832 is **not allowed** with 90834 or 90837 they are considered mutually exclusive.
- According to NCCI, claims must be submitted including an appropriate modifier to identify distinct and separate procedure, encounter, session.
 - Examples of modifiers are XE or XP.
- Most individual and group therapy is **allowable** on the same date of service with the appropriate modifier.
- 90853 and 90832 are **allowed** with the appropriate modifier.
- 96151 and 96152 for ABA Therapy is **allowed**:
 - Must contain the appropriate U modifier to indicate services are for ABA therapy, as well as to specify the educational level of the rendering provider; plus
 - Must be submitted including an appropriate modifier to identify distinct and separate procedure, encounter, session.

NCCI Edits continued

- It continues to be appropriate for the behavioral health practitioner to bill the stand-alone psychotherapy service. While the applicable medical practitioner may bill the evaluation and management service.
- If after submitting claims, for the same patient rendered on the same date of service with the appropriate modifiers, you receive an EXYs denial response (REIMBURSEMENT INCLUDED IN ANOTHER CODE PER CMS/AMA/MEDICAL GUIDELINES), please appeal the claim providing medical records to support the determination of both services being separate and distinct.

Prior Authorization

Prior Authorization

- **Prior Authorization:**
 - Please call MHS Care Management for inpatient and partial hospitalization authorizations at 1-877-647-4848.
 - Follow prompts to Behavioral Health.
 - Inpatient and Partial Hospitalization requires facilities to **fax** in the clinical information to 1-844-288-2591.
 - MHS accepts the [IHCP Prior Authorization](#) Form for BH services.
 - Providers also have the option of using the MHS template [BH PA forms](#) available on our website.

Prior Authorization continued

- MHS [authorization forms](#) be obtained on our website
- Outpatient Treatment Request (OTR) Form; Fax: 1-866-694-3649
 - Intensive Outpatient/Day Treatment Form Mental Health/Chemical Dependency; Fax: 1-866-694-3649
 - Applied Behavioral Analysis Treatment; Fax: 1-866-694-3649
 - Psychological & Neuropsych Testing Authorization Request Form Fax: 1-866-694-3649
 - Residential/Inpatient Substance Use Disorder Treatment Prior Auth Form:
 - Fax Inpatient: 1-844-288-2591; Fax: [Authorization Forms](#): 1-866-694-3649
 - Initial Assessment and Re-Assessment Forms
- If using the IHCP Universal form, please fax to the numbers listed above to reduce fax transfers

Prior Authorization continued

- If MHS determines that additional information is needed, MHS will call the provider, using the contact information provided on the OTR form, and providers are typically given 24-48 hours to call us back.
 - Medical necessity appeals must be received by MHS within 60 calendar days of the date listed on the denial determination letter. The monitoring of the appeal timeline will begin the day MHS receives and receipt-stamps the appeal.
 - Medical necessity behavioral health appeals should be mailed or faxed to:

MHS Behavioral Health
ATTN: Appeals Coordinator
12515 Research Blvd, Suite 400
Austin, TX 78701
FAX: 1-866-714-7991

Prior Authorization continued

Services Requiring Prior Auth:

- Facility Services:
 - Inpatient Admissions
 - Intensive Outpatient Treatment (IOT)
 - Partial Hospitalization
 - SUD Residential Treatment

Prior Authorization continued

Services Requiring Prior Auth:

- Professional Services:
 - Psychiatric Diagnostic Evaluation (Limited to 1 per member, per 12 month rolling year without authorization)
 - Behavioral Health Outpatient Therapy (BHOP Therapy) limited to 20 visits per member, per practitioner, per calendar year
 - Electroconvulsive Therapy
 - Psychological Testing
 - Unless for Autism: then no auth is required
 - Developmental Testing, with interpretation and report, non-early and periodic screening, diagnostic, and treatment
 - Neurobehavioral status exam, with interpretation and report
 - Neuropsych Testing per hour, face to face
 - Unless for Autism: then no auth is required
 - ABA Services

Prior Authorization continued

Services Requiring Prior Auth (Cont.):

Limitations on BHOP Therapy:

The following CPT codes, in combination, are limited to 20 units per member, per practitioner, per calendar year:

<u>Code</u>	<u>Description</u>
90832 – 90834	Individual Psychotherapy
90837 – 90840	Psychotherapy, with patient and/or family member & Crisis Psychotherapy
90845 – 90847, 90849, 90853	Psychoanalysis & Family/Group Psychotherapy with or without patient

Please Note: CPT codes 90833, 90836, and 90838 for psychotherapy with medical evaluation and management are medical services. Therefore, the IHCP does not reimburse clinical social workers, clinical psychologists, or any advanced practice providers (excluding nurse practitioners and clinical nurse specialists) for these codes.

Prior Authorization continued

Claims exceeding the limit will deny with EXTh denial code: “Services exceeding 20 visits require Prior Authorization.”

- If the member requires additional services beyond the 20-unit limitation, practitioners may request prior authorization for additional units. Approval will be given based on the necessity of the services as determined by the review of medical records.
 - Please do not submit for BHOP Prior Auth until the 20 allowed visits have been fully exhausted. Requesting prior authorization pre-maturely will result in the loss of a portion or all 20 allowed visits as the PA will take precedent over the 20 allowed visits.
- “Per Practitioner” is defined by MHS as per individual rendering practitioner NPI being billed on the *CMS-1500* claim form (Box 24J).

Prior Authorization continued

- For submission of prior authorization:
 - [BH prior authorization outpatient treatment request \(OTR\) forms](#)
 - Fax number for submission is 1-866-694-3649.
 - It is best to include all service codes, duration/units/frequency requests on one OTR form per member.
 - MHS' typical approved authorization date span is 3-6 months depending on medical necessity determination.
 - MHS internal turn-around time on OTR requests are five business days.
 - Decision letters, referred to either as a Notice of Coverage or Denial Letter, are sent as a response to every request.

Prior Authorization Form Submission (Helpful Tips)

- Please Note: Previously approved PAs can be updated, within 30 business days of the original request submission, for changes to:
 - Practitioner, and/or;
 - Dates of service;
 - Unless the DOS overlaps a previous adverse determination (denial or partial approval), OR;
 - The DOS includes retro days (dates more than 1 business day prior to the initial request).
- Updates or corrections to prior authorizations must be requested prior to the related claim denials.

MHS Portal

Secure Web Portal Login or Registration

Login/register is the same for MHS, Ambetter from MHS, Wellcare by Allwell, and behavioral health providers. www.mhsindiana.com/providers.html



For Providers

Portal Login

If you are a contracted MHS provider, you can log in or register now. If you are a non-contracted provider, you will be able to register after you submit your first claim.

[Login/Register](#) 

Join Our Network

Thank you for your interest in becoming a Managed Health Services (MHS) network provider. We look forward to working with you to improve the health of the community.

[Join Our Network](#)

Complete Registration or Login



Log In

Username (Email)

LOG IN

[Create New Account](#)



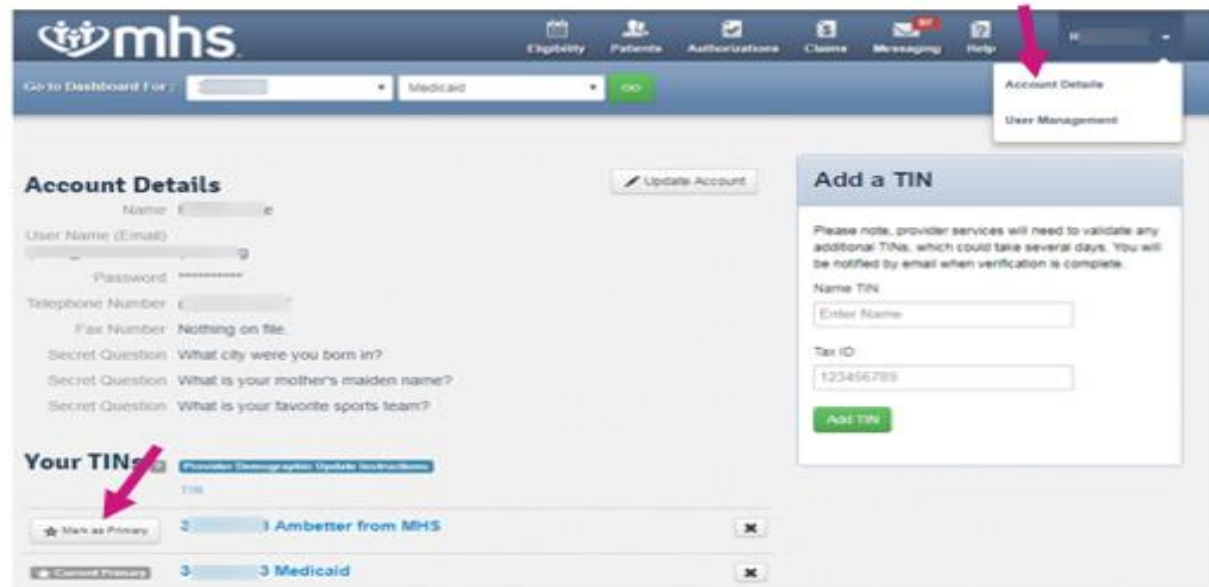
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Account Details

To view your account details:

1. Select the drop-down arrow next to the username in the upper right corner of the dashboard
2. Click Account Details

Note: Under **Your TINs** you will see the current primary default TIN for the account. You can select another TIN to **Mark as Primary** or remove a TIN by clicking on the **X**



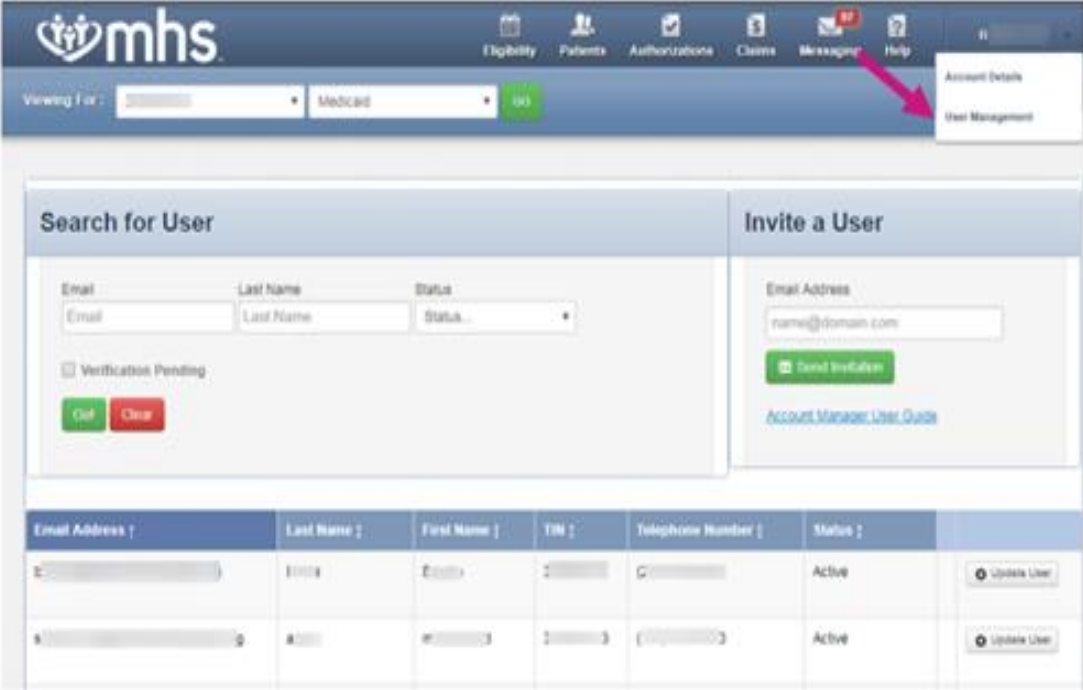
Account Manager

User Management:

For **Account Managers** to manage their office staff/users associated to their practice

When using this feature 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 displays the mhs Account Manager interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messages (with a red notification badge), and Help. A dropdown menu is open next to the user's name, showing options for Account Details and User Management. A red arrow points to the User Management option. Below the navigation bar, there is a search section for users with fields for Email, Last Name, and Status, and a checkbox for Verification Pending. To the right, there is an 'Invite a User' section with an Email Address field and a Send Invitations button. At the bottom, there is a table of users with columns for Email Address, Last Name, First Name, TIN, Telephone Number, and Status. Each row has an Update User button.

Email Address	Last Name	First Name	TIN	Telephone Number	Status	
[Redacted]	Ernie	Ernie	[Redacted]	[Redacted]	Active	[Update User]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Active	[Update User]

Homepage – Behavioral Health

- Quick Links
 - Eligibility Check
 - Add a TIN
 - Account Manager

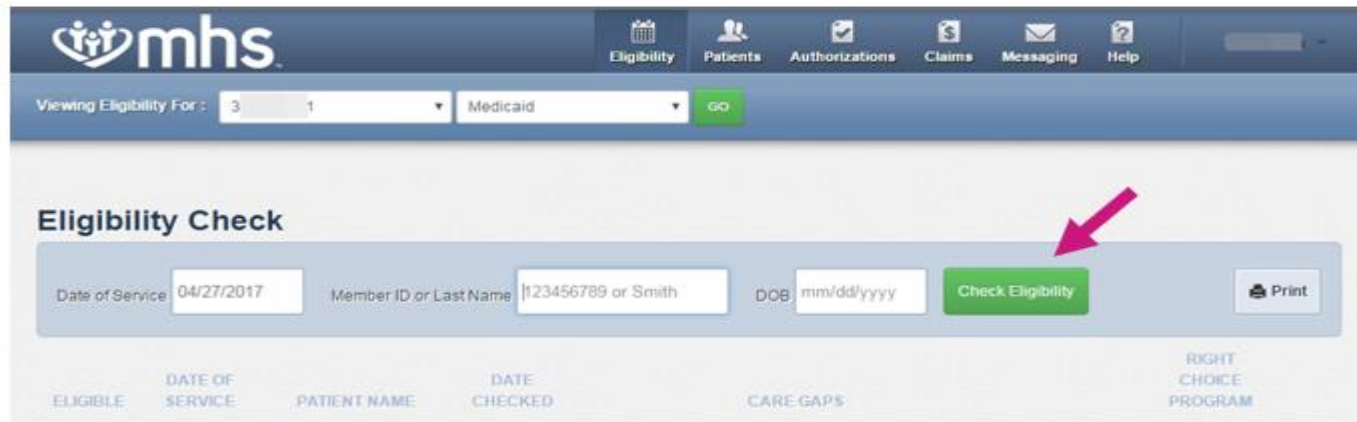
The screenshot shows the mhs Behavioral Health homepage. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this is a header area with the mhs logo and a dropdown menu for 'Viewing Dashboard For' set to 'Tax ID Number' and 'Behavioral Health IN Meds'. The main content area is divided into two columns. The left column features a 'Quick Eligibility Check' section with input fields for 'Member ID or Last Name' (containing '125406789 or Smith') and 'Birthdate' (containing 'mm/dd/yyyy'), and a green 'Check Eligibility' button. Below this is a 'Recent Claims' table with columns for 'STATUS', 'RECEIVED DATE', 'MEMBER NAME', and 'CLAIM NO.'. The right column contains a 'Welcome' section with a list of links: 'Add a TIN to My ACCOUNT', 'Manage Accounts', 'Reports', and 'Patient Analytics—Coming Soon'. Below the links is a 'Recent Activity' section with columns for 'Date' and 'Activity'.

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
❌	06/29/2018	[REDACTED]	[REDACTED]
❌	06/28/2018	[REDACTED]	[REDACTED]
❌	06/27/2018	[REDACTED]	[REDACTED]
❌	06/27/2018	[REDACTED]	[REDACTED]
✅	06/19/2018	[REDACTED]	[REDACTED]

Check Eligibility

The **Eligibility** tab offers a **check eligibility** 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**.



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, Claims, Messaging, and Help. Below the navigation bar, there is a section for "Viewing Eligibility For:" with a dropdown menu showing "3" and "1", and another dropdown menu showing "Medicaid". A green "GO" button is next to the "Medicaid" dropdown. Below this, the "Eligibility Check" section is visible. It contains a form with the following fields: "Date of Service" (04/27/2017), "Member ID or Last Name" (123456789 or Smith), and "DOB" (mm/dd/yyyy). A green "Check Eligibility" button is highlighted with a red arrow. To the right of the "Check Eligibility" button is a "Print" button. Below the form, there is a table header with the following columns: ELIGIBLE, DATE OF SERVICE, PATIENT NAME, DATE CHECKED, CARE GAPS, and RIGHT CHOICE PROGRAM.

Educational Opportunities

Educational Opportunities

MHS offers trainings for both behavioral health and physical health providers in our network at no cost. Our team provides clinical, provider-focused education on topics that are geared towards improving member outcomes. The majority of our clinical trainings also offer behavioral health continuing education units at no cost to the attendee. Trainings are completed via live/virtual instructor led webinars.

Trainings can be found by going to:

www.mhsindiana.com/providers/behavioral-health/bh-education-training.html

How to sign up for trainings:

- 1 View the lists of all upcoming trainings: (both are open to all providers)
- 2 Select the training date and time that you would like to attend
- 3 Enter the required information and click "Register"
- 4 You will receive a confirmation email with a link and instructions for joining the webinar.
NOTE: Please check your junk folder if you do not receive the confirmation email.
- 5 When you join the webinar, the call-in telephone number and an attendee passcode will be displayed.

Educational Opportunities continued

Topics include, but are not limited to:

- Behavioral Health Topics
 - Anxiety
 - Depression
 - Schizophrenia
- BH Screening Tools
- Co-Occurring Disorders
- Cultural Competency/Cultural Humility
- Substance Use Disorders Topics
 - SUD Overview
 - Alcohol
 - Inhalants
 - Opioids

MHS Team

MHS Team

MHS Provider Network Territories

Indiana

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

NORTHWEST REGION
 For claims issues, email:
 MHS_ProviderRelations_NW@mhsindiana.com
 Candace.V.Ervin@mhsindiana.com
 Candace Ervin, Provider Engagement Administrator
 1-317-964-7635

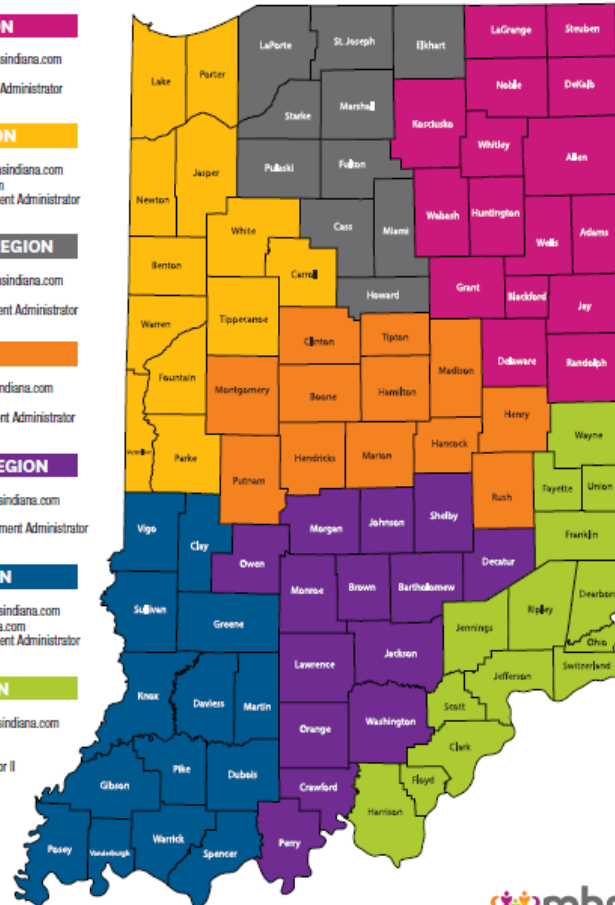
NORTH CENTRAL REGION
 For claims issues, email:
 MHS_ProviderRelations_NC@mhsindiana.com
 Natalie.Smith@mhsindiana.com
 Natalie Smith, Provider Engagement Administrator
 1-317-379-9035

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

SOUTH CENTRAL REGION
 For claims issues, email:
 MHS_ProviderRelations_SC@mhsindiana.com
 DDENNING@mhsindiana.com
 Dalesia Denning, Provider Engagement Administrator
 1-317-951-3800

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

SOUTHEAST REGION
 For claims issues, email:
 MHS_ProviderRelations_SE@mhsindiana.com
 CMONROE@mhsindiana.com
 Carolyn Valachovic Monroe
 Provider Engagement Administrator II
 1-317-443-8243



150 N. Meridian Street, Suite 101 • Indianapolis, IN 46204 • 1-877-647-4848 • mhsindiana.com
 Admin from MHS • Admin from MHS • Healthy Indiana Plan (HIP) • Hoosier Care Connect • Hoosier Healthwise

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www.mhsindiana.com/providers/resources/guides-and-manuals.html

MHS Team

MHS Provider Network Territories

NETWORK LEADERSHIP

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PROVIDER GROUPS

Community Health Network
Indiana University Health
Wayspring Health
Reid Hospital
Norton Hospital
St. Elizabeth Hospital

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



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Affiliates from MHS - Affiliates from MHS - Healthy Indiana Plan (HIP) - Hoosier Care Connect - Hoosier Healthwise

www.mhsindiana.com/providers/resources/guides-and-manuals.html



Questions

Thank you for being our partner in
care.
