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# Provider Enrollment and Credentialing

IHCP 2024 IHCP Works Annual Seminar

# Agenda

- Who is Managed Health Service (MHS)?
- MHS Provider Enrollment
- Requesting a New Contract
- Add Provider to Existing Contract
- Non-Contracted Provider Enrollments
- Demographic Updates
- Provider Directory Requirements
- Credentialing and Re-credentialing
- MHS Team
- Questions

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# Who is MHS

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# 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



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# MHS Provider Enrollment

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# MHS Provider Enrollment

Providers must be enrolled with Indiana Health Coverage Programs (IHCP) before beginning the process of enrolling with MHS.

MHS offers provider enrollment processes via the MHS website [Provider Network Participation & Enrollment Process](#)

- Request for a new contract
- Add provider to an existing contract
- Demographic updates, including address changes, panel updates, terminations, etc.

# MHS Provider Enrollment cont.

Click on photo to open  
IHCP Provider  
Enrollment Link



The screenshot displays the 'INDIANA MEDICAID for Providers' website. The page features a blue header with the 'INDIANA MEDICAID' logo and navigation links for 'Contact Us', 'FAQs', and 'Login'. Below the header, a green bar contains a 'Home' button. The main content area is titled 'Provider Enrollment' and includes a breadcrumb trail 'Home > Provider Enrollment' and a timestamp 'Wednesday 08/05/2020 10:59 AM'. The 'Provider Enrollment' section is divided into three sub-sections: 'Provider Enrollment Application' (initiate a new application), 'Resume Enrollment' (resume an existing application for specific reasons), and 'Enrollment Status' (check the current status). A 'Customer Links' section at the bottom provides links for 'W-9 Form', 'Provider Enrollment Type and Specialty Matrix', and 'Specialty Matrix'. A photograph of a healthcare professional working at a computer is positioned to the right of the text.

**Provider Enrollment**

[Provider Enrollment Application](#)  
Initiate a new provider enrollment application (includes optional Electronic Fund Transfer (EFT) enrollment).

[Resume Enrollment](#)  
Resume an existing application for the following reasons:

- Application has been saved but not yet been submitted
- Application has been RTPD for correction
- Application attachments need to be added

[Enrollment Status](#)  
Check the current status of an enrollment application.

**Customer Links**

[W-9 Form](#)  
[Provider Enrollment Type and Specialty Matrix](#)  
[Specialty Matrix](#)



# MHS Provider Enrollment cont.



For Members ▼

For Providers ▼

Get Insured

- Healthy Indiana Plan
- Hoosier Care Connect
- Hoosier Healthwise
- Ambetter From MHS
- Wellcare By Allwell
- Wellcare Complete



# MHS Provider Enrollment cont.

Home Find a Provider Portal Login Events Careers Contact Us language

For Members  For Providers  Get Insured

### For Providers

- Login
- Behavioral Health Providers
- Clinical & Payment Policies
- Dental Providers
- Email Sign Up
- Enrollment and Updates**
- Pharmacy
- Prior Authorization
- Provider Education & Training
- Provider Resources
- QI Program
- Provider News
- Opioid Resources

### 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](#)

### Provider Quick Links

- PRE-AUTH CHECK
- SUBMIT CLAIM/CHECK CLAIM STATUS
- PHARMACY

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# Requesting a New Contract

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# Requesting a New Contract

If your provider group or office is not contracted with MHS, the following screens will guide you through the online process of contacting the MHS Contracting Department to request a new contract.

# Requesting a New Contract cont.

The screenshot shows the MHS website interface. At the top, there is a navigation bar with links for Home, Find a Provider, Portal Login, Events, Careers, Contact Us, and a language dropdown. A search bar is also present. Below the navigation bar is the MHS logo and three main menu items: For Members, For Providers, and Get Insured. The main content area is titled 'Provider Network Participation & Enrollment Process'. On the left, there is a sidebar menu with various categories. A red arrow points from the 'Clinical & Payment Policies' link in the sidebar to the 'Request a New Contract' button in the main content area. The main content area contains three sections: 'New Contract' with a 'Request a New Contract' button, 'Add Provider To Existing Contract' with an 'Enroll a Contracted Provider' button, and 'Demographic Updates' with a 'Demographic Update Tool' button. Each section includes a brief description and a link to check the status of the request. At the bottom, there is a 'Contact Us' section with a link to the provider portal and a phone number.

Home Find a Provider Portal Login Events Careers Contact Us language

For Members For Providers Get Insured

## For Providers

- Login
- Behavioral Health Providers
- Clinical & Payment Policies **Request a New Contract**
- Dental Providers
- Email Sign Up
- Enrollment and Updates
- Demographic Update Tool
- Become a Contracted Provider
- Contracted Enrollment Request
- Provider Effective Date Policy
- Pharmacy
- Prior Authorization
- Provider Education & Training
- Provider Resources
- QI Program
- Provider News
- Opioid Resources

### 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.

### Contact Us

Login to your [provider portal](#) account to send a secure message. Our [Contact Us](#) page is always available for general questions or you can call MHS at [1-877-647-4848](tel:1-877-647-4848).

# Requesting a New Contract cont.



For Members

For Providers

Get Insured

<b>For Providers</b>
Login
Behavioral Health Providers
Clinical & Payment Policies
Dental Providers
Email Sign Up
<b>Enrollment and Updates</b>
Demographic Update Tool
<b>Become a Contracted Provider</b>
Contracted Enrollment Request
Provider Effective Date Policy
Pharmacy
Prior Authorization
Provider Education & Training
Provider Resources
QI Program
Provider News
Opioid Resources

## Become a Contracted Provider

- I have a contract and need to add a line of business
- I do not have a contract and need to apply
- I have a contract or have started the process of contracting with MHS, and want to add provider(s) to a Group or Facility contract
- I am unsure if I have an MHS contract

### Provider Type \*

- Sole Proprietor (Practitioner billing under own TIN)
- Group Practice
- Facility/Ancillary
- DME

Please complete all fields on this form and attach all required credentialing and enrollment documents. Any incomplete requests will be denied.

### Tax ID Number \*

### Group NPI Number \*

### Specialty

### Contract Type \*

- Medical
- Behavioral Health
- Medical & Behavioral Health

### Contract Products \*

- All Products
- Hoosier Healthwise
- Healthy Indiana Plan (HIP)
- Hoosier Care Connect
- Ambetter from MHS
- Wellcare by Allwell & Wellcare Complete

### Contact Name \*

### Contact Title \*

### Contact Phone \*

### Contact Email \*

### Legal Name (W9) \*

### Legal Practice Name \*

### CAQH Number \*

### DEA Number (if applicable)

- By checking this box, you certify that you have reviewed your CAQH profile within the last 120 days and attest that the information is accurate and up to date.

## Required for Provider (Practitioner/Group) Credentialing/Enrollment

(\* denotes additional required BH Forms, if applicable)

[IHCP MCE Practitioner Enrollment Form \(PDF\)](#)

Please attach completed IHCP Practitioner Enrollment Form \*

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

If there are 10 or more practitioners to be enrolled with a group contract request, please utilize the [Practitioner Enrollment Spreadsheet](#).

Please attach completed Practitioner Enrollment Spreadsheet, if applicable.

No file chosen

[Provider Location Listing Spreadsheet](#)

Please attach completed Provider Location Listing Spreadsheet \*

No file chosen

Collaborative Agreement (required for NP/PA/CNS)

Please attach completed Collaborative Agreement

No file chosen

[Provider Credentialing Disability Form \(PDF\)](#)

Please attach completed Provider Credentialing Disability Form

No file chosen

[HSPP Attestation \(BH Only\) \(PDF\)](#)

Please attach completed HSPP Attestation

No file chosen

### W-9

Please attach a copy of your W-9 \*

No file chosen



# Request a New Contract cont.

- Please complete the online submission form and click submit.
- This request will be sent to the MHS Contracting Team, and a Contract Negotiator will be in touch.

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# Add Provider to Existing Contract

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# Add Provider to Existing Contract

If you are a provider who is part of an existing contracted medical or behavioral health entity, [click here](#) to be taken to the online contracted enrollment form to enroll a new provider.

Providers have five (5) business days to respond to an incomplete credentialing or network participation request. If there is no response after five (5) business days, MHS may reject the request. An incomplete network participation request also includes an unclean credentialing application.

# Add Provider to Existing Contract cont.

The screenshot displays the MHS website's navigation and main content area. The top navigation bar includes links for Home, Find a Provider, Portal Login, Events, Careers, Contact Us, and a language dropdown. A search bar is located on the right. The MHS logo is prominently displayed on the left. Below the logo, there are dropdown menus for 'For Members', 'For Providers', and 'Get Insured'. The main content area is titled 'Provider Network Participation & Enrollment Process'. It features three main sections: 'New Contract' with a 'Request a New Contract' button, 'Add Provider To Existing Contract' with an 'Enroll a Contracted Provider' button, and 'Demographic Updates' with a 'Demographic Update Tool' button. A pink arrow points from the 'Become a Contracted Provider' link in the left sidebar to the 'Enroll a Contracted Provider' button. Below these sections, there is a 'Contact Us' section with a 'Contact Us' button. The footer contains the MHS logo and the page number 18.

Home Find a Provider Portal Login Events Careers Contact Us language Enter Keyword

mhs

For Members For Providers Get Insured

## 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 1-877-847-4848 and reference your Request ID.

### Contact Us

Login to your [provider portal](#) account to send a secure message. Our [Contact Us](#) page is always available for general questions or you can call MHS at [1-877-847-4848](#).

For Providers

Login

Behavioral Health Providers

Clinical & Payment Policies

Dental Providers

Email Sign Up

Enrollment and Updates

Demographic Update Tool

Become a Contracted Provider

Contracted Enrollment Request

Provider Effective Date Policy

Pharmacy

Prior Authorization

Provider Education & Training

Provider Resources

QI Program

Provider News

Opioid Resources

## Add Provider to Existing Contract cont.

You will receive a welcome letter with your effective date and important contact information, including your dedicated Provider Engagement Administrator's contact information.

# Add Provider to Existing Contract cont.

## Effective Date Policy: (Effective 1/1/2024)

A brand-new provider that is not part of an existing contract with MHS will be effective the first of the month following the contract execution, which is the date that MHS countersigns the first signature agreement received from the provider.

A provider that is being added to an existing contract will be effective the first of the month following the receipt of the complete network participation request from the provider.

## Add Provider to Existing Contract cont.

Once a New Contract or Add Provider To Existing Contract submission 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.

Login to your [provider portal external link](#) account to send a secure message.

## Add Provider to Existing Contract cont.

- Changing from a specialist to a PMP requires a new enrollment submission, not a demographic update.
- Adding a new group National Provider Identifier (NPI) will need to be submitted as “add to existing contract” with a new enrollment form and not as a demographic update.
- Please note that hospital-based and Advanced Practice providers (APP) will not show in the directory.

# Add Provider to Existing Contract cont.

The screenshot displays the MHS website interface. At the top, there is a navigation bar with links for Home, Find a Provider, Portal Login, Events, Careers, Contact Us, and a language dropdown. A search bar is also present. Below the navigation bar is the MHS logo and three main navigation categories: For Members, For Providers, and Get Insured. The main content area is titled 'Provider Network Participation & Enrollment Process'. It features three primary options: 'New Contract', 'Add Provider To Existing Contract', and 'Demographic Updates'. Each option includes a brief description and a 'Request a New Contract', 'Enroll a Contracted Provider', or 'Demographic Update Tool' button. A red arrow points to the 'Add Provider To Existing Contract' option in the left-hand navigation menu. Below the main content area, there is a 'Contact Us' section with a brief description and a link to the provider portal.

Home Find a Provider Portal Login Events Careers Contact Us language Enter Keyword

mhs For Members For Providers Get Insured

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## Provider Network Participation & Enrollment Process

**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**

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**

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 1-877-847-4848 and reference your Request ID.

### Contact Us

Login to your [provider portal](#) account to send a secure message. Our [Contact Us](#) page is always available for general questions or you can call MHS at 1-877-847-4848.

# Add Provider to Existing Contract cont.

From this screen the provider will need to choose provider type.

Home Find a Provider Portal Login Events Careers Contact Us language Enter Keyword

For Members For Providers Get Insured

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### Contracted Enrollment Request - Medical or BH

Are you a Provider or Practitioner? \*

Facility (Provider)


Physician (Practitioner)



# Add Provider to Existing Contract Cont.

You will need to make sure that you complete the entire online submission form, including uploading the required attachments prior to clicking submit.

Home Find a Provider Portal Login Events Careers Contact Us language

 For Members  For Providers  Get Insured

**For Providers**

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### Contracted Enrollment Request - Medical or BH

Are you a Provider or Practitioner? \*

Facility (Provider)  
 Physician (Practitioner)

Do you wish to enroll in Medicaid? (HCC, HHW, HIP)

Yes  
 No

Please select the applicable program and provider type you wish to participate in

**HCC**

PMP  
 Supporting PMP (includes NP, PA, and CNS providers)  
 Specialist, Behavioral or Other (includes OT, PT, and ST providers)  
 N/A

**HHW**

PMP  
 Supporting PMP (includes NP, PA, and CNS providers)  
 Specialist, Behavioral or Other (includes OT, PT, and ST providers)  
 N/A

**HIP**

PMP  
 Supporting PMP (includes NP, PA, and CNS providers)  
 Specialist, Behavioral or Other (includes OT, PT, and ST providers)  
 N/A

**Ambetter**

PMP  
 Supporting PMP (includes NP, PA, and CNS providers)  
 Specialist, Behavioral or Other (includes OT, PT, and ST providers)  
 N/A

### Provider/Facility Information

Billing Tax ID (TIN) \*

Primary Location Group/Facility Billing NPI \*

Primary Group Indiana Medicaid Number

Primary Location Appointment Phone Number \*

\*not applicable for Commercial Programs

### Practitioner Information

Practitioner Full Name \*

Practitioner NPI (Type 1) \*

Do you offer Telehealth Appointment? \*

Yes  
 No

Are you providing Behavioral Services? \*

Yes  
 No

Requestor Full Name \*

Requestor Phone Number for Questions \*

Requestor Email Contact for Questions \*

Additional Comments

Member/Panel Size on IHCP/Ambetter/Wellicare by Allwell/Wellicare Complete enrollment form will be applied to all contracted programs.

If you would like this panel size to vary by program please explain details in 'Additional Comments' field

### Required Document Attachments

If you requesting to participate in at least one of our Medicaid programs please complete the applicable practitioner form below (HHW, HCC, HIP).

Please attach a copy of your Behavioral Health Specialty Profile

No file chosen

## Add Provider to Existing Contract Cont.

- It is imperative that you upload and attach the Managed Care Entity (MCE) Universal Enrollment Form and the Collaborative Agreement for Advanced Practice Providers [click here for form.](#)
- Once the form has been submitted it will be sent to the MHS Enrollment Team to begin the enrollment process.

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# Non-contracted Provider Enrollment

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# Non-Contracted Provider Enrollment

If you are not contracted with MHS and do not wish to become contracted, non-participating enrollment can be facilitated by submitting a claim to MHS. This can be done through the MHS Portal, electronically or manually.

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# Demographic Updates

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# Demographic Updates

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.

Please note, this is only applicable to providers who are already enrolled with MHS, and providers who display on the online directory.

# Demographic Updates Cont.

Home Find a Provider Portal Login Events Careers Contact Us language

For Members  For Providers  Get Insured

## For Providers

- Login
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## Provider Network Participation & Enrollment Process

### 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

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

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.

### Contact Us

Login to your [provider portal](#) account to send a secure message. Our [Contact Us](#) page is always available for general questions or you can call MHS at 1-877-647-4848.

# Demographic Updates cont.

Home Find a Provider Portal Login Events Careers Contact Us language

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**For Providers**

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**Enrollment and Updates**

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## 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 [1-877-847-4848](tel:1-877-847-4848). 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?
- Make a Demographic Change?
- Update Member Assignment Limitations?
- Term an Existing Provider?
- Make a Change to an IRS Number or NPI Number?



## Demographic Updates Cont.

Changing from a specialist to a PMP will require a new enrollment submission. This cannot be completed via a demographic update.

Federally Qualified Health Centers (FQHC) new locations will require a facility enrollment form to be submitted for that respective location.

Updates to taxonomy codes can be submitted under “Add an Additional Location” and indicate in the comments section “taxonomy update.”

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# Provider Directory Requirements

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# Provider Directory Requirements

Health plans are required to **establish a provider directory on their public website** that contains a list of providers and facilities they have a direct or indirect contractual relationship with for furnishing items or services under the plan.

Additionally, plans/issuers are required to:

- Establish the required verification process:
  - Verify and update the provider directory information every 90 business days.
- Establish a process to remove providers that are unable to be verified during a timeframe established by issuer.
- Make updates within 2 business days of receiving updates from a provider.
  - Establish the required response protocol:
    - If a member requests information on whether a provider is in-network through a telephone call, electronic, web-based, or internet-based manner, the issuer must:
      - Respond no later than 1 business day after a request is received, through a written, electronic, or print communication (as requested by the member).
- Retain communication in the member's file for at least 2 years following the response.

# Provider Directory Requirements Cont.

Impacted lines of business: Group plans

Mandated information to be included in directory:

- Name
- Address
- Specialty
- Telephone number
- Digital contact information on each health care provider or facility for which a plan/issuer has a contractual relationship for furnishing items and services.

State Preemption:

The No Surprises Act does not preempt state laws related to healthcare provider directories.

# Provider Directory Requirements Cont.

## Disclosure on Patient Protections against Balance Billing

Plans must make publicly available, post on a website, and include on each EOB the following in plain language:

- The requirements and prohibitions on balance billing in the No Surprises Act and any applicable.
- state laws that include requirements on providers regarding amounts they may charge a member.
- for an item or service not covered under the member's plan.
- Information on contacting applicable State and Federal agencies if an individual believes a provider has violated any balance billing requirements.

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# Credentialing and Re-credentialing

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# Credentialing and Re-credentialing

- MHS requires practitioners to enroll with the Council for Affordable Quality Healthcare (CAQH).
- CAQH is a practitioner database website where practitioners can register their credentialing information for any and all organizations to which they want to apply.
- MHS utilizes the information in the CAQH to update information needed for MHS credentialing. It is imperative that you keep your information current.
- It is also secure, as only authorized credentialing organizations may access your information with your permission.
- Please visit their website [here](#).

# Credentialing and Re-credentialing Cont.

- MHS Credentialing will ensure the provider has met all Federal and State regulatory requirements by reviewing the submitted information.
- Once the application is reviewed, the Credentialing Committee (CC) will render a final decision on acceptance within 30 calendar days.
- MHS will send the practitioner a letter notifying the practitioner if they are approved by the CC as well as identify the effective date the practitioner can begin to see MHS members.



# Credentialing and Re-credentialing Cont.

- The MHS CC consists of MHS staff physicians and other physicians in the MHS network.
- The CC is supported by MHS Credentialing, Provider Relations, Compliance, and Quality Improvement (QI) staff.
- This committee reports regularly to the MHS Senior Executive Quality Improvement Committee.
- It has the responsibility to establish and adopt, as necessary, criteria for physician participation and termination, and to direct the credentialing procedures, including physician participation, denial, and termination.
- Committee meetings are held once a month or as deemed necessary.

# Credentialing and Re-credentialing Cont.

## Re-Credentialing

- MHS conducts the re-credentialing process for practitioners and providers at least three years from the date of the initial credentialing decision.
- The purpose of this process is to identify any changes in the practitioner's facility, license, sanctions, certification, competence, or other related information that may affect their ability to perform the services for which the practitioner or provider is contracted to provide.
- This process includes all practitioners (PMPs and specialists), ancillary providers, and hospitals previously credentialed to practice within the MHS network.

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# MHS Team

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# Provider Relations Regional Mailboxes

## Regional Mailboxes

- Northeast Region: [MHS\\_ProviderRelations\\_NE@mhsindiana.com](mailto:MHS_ProviderRelations_NE@mhsindiana.com)
- North Central Region: [MHS\\_ProviderRelations\\_NC@mhsindiana.com](mailto:MHS_ProviderRelations_NC@mhsindiana.com)
- Central Region: [MHS\\_ProviderRelations\\_C@mhsindiana.com](mailto:MHS_ProviderRelations_C@mhsindiana.com)
- Northwest Region: [MHS\\_ProviderRelations\\_NW@mhsindiana.com](mailto:MHS_ProviderRelations_NW@mhsindiana.com)
- Southwest Region: [MHS\\_ProviderRelations\\_SW@mhsindiana.com](mailto:MHS_ProviderRelations_SW@mhsindiana.com)
- Southeast Region: [MHS\\_ProviderRelations\\_SE@mhsindiana.com](mailto:MHS_ProviderRelations_SE@mhsindiana.com)
- South Central Region: [MHS\\_ProviderRelations\\_SC@mhsindiana.com](mailto:MHS_ProviderRelations_SC@mhsindiana.com)
- Tier 1 Providers: [IndyProvRelations@mhsindiana.com](mailto:IndyProvRelations@mhsindiana.com)

# MHS Provider Network Territories

Click on map for link

## 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  
 1-317-364-7635

### 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  
 ldnw10@mhsindiana.com  
 Latacha 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  
 DawnMilee.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



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

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# MHS Provider Network Territories cont.

Click on grid  
for link

## MHS Provider Network Territories

### NETWORK LEADERSHIP

#### JILL CLAYPOOL

Senior Vice President, Network  
Development & Contracting  
1-877-647-4848  
Jill.E.Claypool@mhsindiana.com

#### MARK VONDERHEIT

Senior Director, Provider Network  
1-877-647-4848  
MVONDERHEIT@mhsindiana.com

#### JENNIFER GARNER

Manager, Provider Relations  
1-317-771-5537  
jgarner@mhsindiana.com

### NETWORK OPERATIONS

#### KELVIN ORR

Director, Network Operations  
1-877-647-4848  
Kelvin.D.Orr@mhsindiana.com

### NEW PROVIDER CONTRACTING

#### TIM BALKO

Director, Network Development & Contracting  
1-877-647-4848  
TBALKO@mhsindiana.com

#### MICHAEL FUNK

Manager, Network Development & Contracting  
1-877-647-4848  
Michael.J.Funk@mhsindiana.com

### ENVOLVE VISION, INC.

#### SIERRA HICKS

Sierra.Hicks@EnvolveHealth.com  
Vision Provider Services: 1-844-820-6523  
Questions: Envolve\_AdvancedCaseUnit@EnvolveHealth.com

### ENVOLVE DENTAL, INC.

#### THOMAS "TONY" SMITH

Thomas.Smith@EnvolveHealth.com  
Dental Provider Services: 1-855-609-5157  
Questions: ProviderRelations@EnvolveHealth.com

#### CAROLYN VALACHOVIC MONROE

Provider Engagement Administrator II  
1-317-443-8243  
CMONROE@mhsindiana.com

### PROVIDER GROUPS

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

#### MONA GREEN

Provider Engagement Administrator II  
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

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Questions?

Thank you for being our  
partner in care.

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