















MHS Behavioral Health





2022 Annual IHCP Works Seminar



Agenda

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

Who is MHS?

-  Managed Health Services (MHS) is a health insurance provider that has been proudly serving Indiana residents for more than twenty-five years through Hoosier Healthwise, the Healthy Indiana Plan (HIP) and Hoosier Care Connect.
-  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 FQHC/RHC setting
-  Behavioral Health Agency
-  Prescribers
 - Psychiatrist
 - Psych Nurses
-  Psychologist
-  Non-Licensed & Substance Abuse Providers
-  Master Level Clinicians
 - Licensed Clinical Social Worker
 - Licensed Marriage Family Therapist

MHS Behavioral Health Network

 Please note that professional covered services can only be billed and reimbursed to IHCP enrolled:

- Psychiatrists
- Psychologists (HSPP Only)
- Mid-level practitioners
 - Licensed psychologist
 - Licensed independent practice school psychologist
 - LCSW
 - LMFT
 - LMHC
 - A person holding a master's degree in social work, marital and family therapy or mental health counseling
 - An APN who is 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 (ABA Services)
- 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







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
- Opioid Treatment Program (OTP)

* Listing is not all-inclusive and subject to change



Opioid Treatment Program

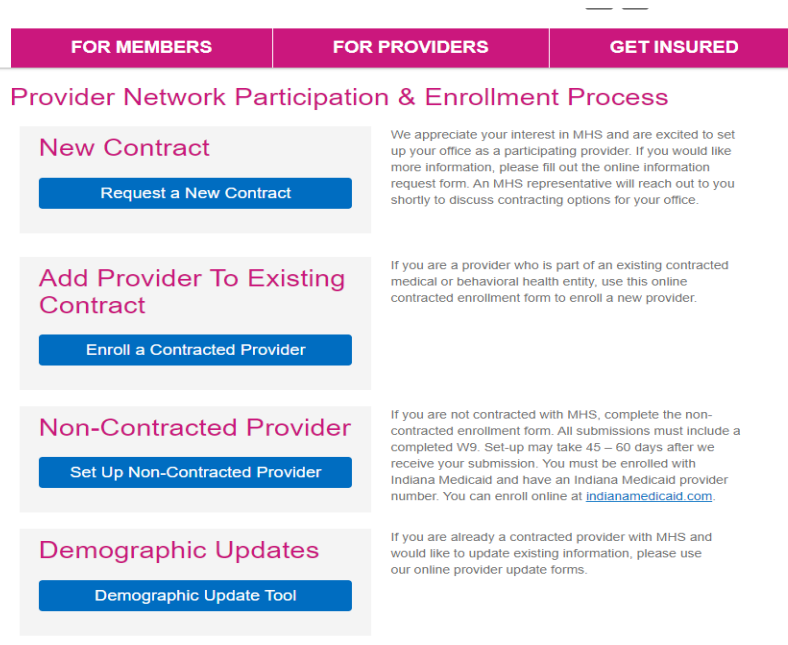
Opioid Treatment Program (OTP)

-  Indiana Health Coverage Programs (IHCP) has established a provider type of Addiction Services and a specialty of Opioid Treatment Program (OTP) that are eligible to bill for services specific to opioid treatment.
-  All OTP providers enrolling with IHCP under the Addiction Services provider type and OTP specialty code are 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 OTP providers are ineligible for IHCP provider enrollment.
-  For additional information, providers can review IHCP Bulletin BT201744

Opioid Treatment Program (OTP)

OTP Provider Enrollment with MHS:



-  Providers may enroll with MHS through the website at www.mhsindiana.com once active with IHCP.
-  Current providers will need to enroll with the Methadone taxonomy code 261QM2800X by selecting “Add Provider to Existing Contract” option.



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.		
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.		
Non-Contracted Provider		
Set Up Non-Contracted Provider		
If you are not contracted with MHS, complete the non-contracted enrollment form. All submissions must include a completed W9. Set-up may take 45 – 60 days after we receive your submission. You must be enrolled with Indiana Medicaid and have an Indiana Medicaid provider number. You can enroll online at indianamedicaid.com .		
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.		




Opioid Treatment Program (OTP)

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.
-  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.

Opioid Treatment Program (OTP)

OTP Services Claims Submission:






-  OTP services are covered for members enrolled in IHCP, except for those in the benefit plans identified in IHCP Bulletin BT201744.
-  Coverage of OTP services is subject to the restrictions outlined, and individuals must meet the defined medical necessity criteria.
-  Prior authorization (PA) is not required for OTP services. However, providers must maintain documentation demonstrating medical necessity and the coverage criteria were met, as well as indicating the individual's length of treatment.

*Please note OTP Providers must be fully enrolled with IHCP and MHS prior to submitting claims for consideration and payment.

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, realistic solutions. The provider resource center will help educate about best practices for:

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

Access this tool online at:

<https://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:

- DMHA certification as a residential (sub-acute stabilization) facility or Department of Child Services (DCS) licensing as a childcare institution or private secure care institution; and
- DMHA designation indicating approval to offer 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

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:
<https://www.mhsindiana.com/providers/become-a-provider.html>
- Current contracted BH facilities, please:
 1. Complete the Hospital and Ancillary Credentialing Form from our site:
<https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/mce-provider-credentialing-form.pdf>
 2. 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

Residential SUD Treatment Claims Submission:

-  A facility enrolled as a SUD residential addiction treatment facility (35/836 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 have or allow rendering practitioners to be attached 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

*Practitioners may not bill or be listed as the rendering

SUD Residential Treatment Services




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

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 DOS as the per diem payment
-  Refer to IHCP Bulletin BT201801 for further policy and reimbursement related details.

SUD Residential Treatment Services




Residential SUD Prior Authorization:

-  SUD residential addiction treatment services require Prior Authorization
-  Please see the Provider Resources/Forms section of our website:
<https://www.mhsindiana.com/providers/resources/forms-resources.html>
-  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
-  Please refer to IHCP Bulletin BT201906 for additional instructions



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

-  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.
 - <https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/0715-CBH-CP-P-FO-1-ININ-ALL-Behavioral-Physical-Health-Coordination-Form-1-23-2018.pdf>

Behavioral Health and Physical Health Integration





-  MHS offers a variety of live training opportunities. Attendees will need to log into the GoToTraining room and will also need to call into the conference number. For a list of upcoming trainings and to register, go to the [GoToTraining](#) page.

Behavioral Health and Physical Health Integration

-  Substance Related and Addictive Disorders, Module 1
-  Behavioral Health 101 Series Anxiety
-  DSM 5, Module 1
-  Motivational Interviewing Level 1 Part 1
-  Behavioral Health 101 Series Bipolar Disorder

Provider Enrollment

Provider Enrollment

-  We have updated the Contract Request Process to give a more streamlined approach.
-  This process will allow us to track the contract and credentialing throughout the process and allow visibility to all.
-  Providers can call Customer Service (877) 647-4848 to obtain the status of their credentialing and contracting.
-  All contract requests will be initiated through www.mhsindiana.com/providers/become-a-provider.html

Provider Enrollment

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.

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.

Non-Contracted Provider

Set Up Non-Contracted Provider



If you are not contracted with MHS, complete the non-contracted enrollment form. All submissions must include a completed W9. Set-up may take 45 – 60 days after we receive your submission. You must be enrolled with Indiana Medicaid and have an Indiana Medicaid provider number. You can enroll online at indianamedicaid.com.

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.




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

-  Effective for new network participation requests received after 01/01/2022, IHCP has established an MCE network participation request effective date policy for providers wishing to participate with a managed care entity (MCE).
-  IHCP Bulletin BT2021104

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** 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.

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

-  A provider **that is being added to an existing contract** will be effective the first of the month following receipt of the network participation request from the provider.
-  The network participation receipt date is the date 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 the MCE for the network participation request to be considered complete.

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.

Provider Resources

MHS provides the tools and support you need to deliver the best quality of care. Please view the listing on the left, or below, that covers forms, guidelines, helpful links, and training.

- [Demographic Update Tool](#)
- [Guides and Manuals](#)
- [Electronic Transactions](#)
- [Preferred Drug Lists](#)
- [Provider Education](#)
- [Newsletters](#)
- [Helpful Links](#)

Demographic Updates

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. 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? +

NCCI Edits



NCCI Edits

 The Center for Medicare & Medicaid Services (CMS) and National Correct Coding Initiative (NCCI) promotes national correct coding methodologies and reduces improper coding which may result in inappropriate payments of Medicare/Medicaid claims.


 Types of NCCI Edits:


- Procedure-to-procedure (PTP)
 - Pairs of Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes that should not be reported together for a variety of reasons..
- Medically Unlikely Edits (MUEs)
 - Define for each HCPCS/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


-  90837 when billed with 90832 is **not allowed** as they are considered mutually exclusive.
-  90832 is **not allowed** with 90834 they are considered mutually exclusive.

NCCI Edits



-  According to NCCI, claims must be submitted including an appropriate modifier to identify distinct and separate procedure, encounter, session, etc.:
 - 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 etc.

NCCI Edits

-  It continues to be appropriate for the behavioral health practitioner to bill the stand-alone psychotherapy service and the applicable medical practitioner may bill the evaluation and management service.
-  If after submitting claims, for 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

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

Prior Authorization



MHS Authorization forms may be obtained on our website:

<https://www.mhsindiana.com/providers/behavioral-health/bh-provider-forms.html>

- 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 (OTR); 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: Outpatient: 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



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 23-48 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

Services Requiring Prior Auth:

Facility Services:

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

Prior Authorization

Services Requiring Prior Auth (Cont.)



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
 - Package C Hoosier Healthwise members are eligible for 30 units 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-EPSDT)
- 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

Services Requiring Prior Auth (Cont.)

Limitations on BHOP Therapy:




-  MHS follows The Indiana Health Coverage Programs Mental Health and Addiction limitation policy for the following CPT codes that, in combination, are limited to 20 units per provider, per calendar year.
-  Package C Hoosier Healthwise members are eligible for 30 units per provider 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, 90846, 90847, 90849, 90853	Psychoanalysis & Family/Group Psychotherapy with or without patient

*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 mid-level practitioners (excluding nurse practitioners and clinical nurse specialists) for these codes.

Prior Authorization

Limitations on BHOP Therapy (Cont.):

-  Claims exceeding the allowed limit will deny EXTh: “Services exceeding 20 (30 units for Package C) visits require Prior Authorization.”
-  If the member requires additional services beyond the 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 allowed number of visits have been fully exhausted. Requesting Prior authorization pre-maturely will result in the loss of a portion or all of the allowed visits as the PA will take precedent over the 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


Limitations on BHOP Therapy (Cont.):




For submission of prior authorization:

- BH prior authorization outpatient treatment request (OTR) forms located:
<https://www.mhsindiana.com/providers/behavioral-health/bh-provider-forms.html>
- Fax number for submission at the top: 1-866-694-3649.
- It is best to include all service codes, duration/units/frequency requests on one OTR form per member.
- MHS' typically approved authorization date span is 3-6 months depending on medical necessity determination.
- MHS' internal turn-around time on an OTR request is 7 days, while our contractual turnaround time is 14 days.
- Decision letters, referred to either as a Notice of Coverage or Denial Letter is sent as a response to every request.

Prior Authorization Form Submission (Helpful Tips)

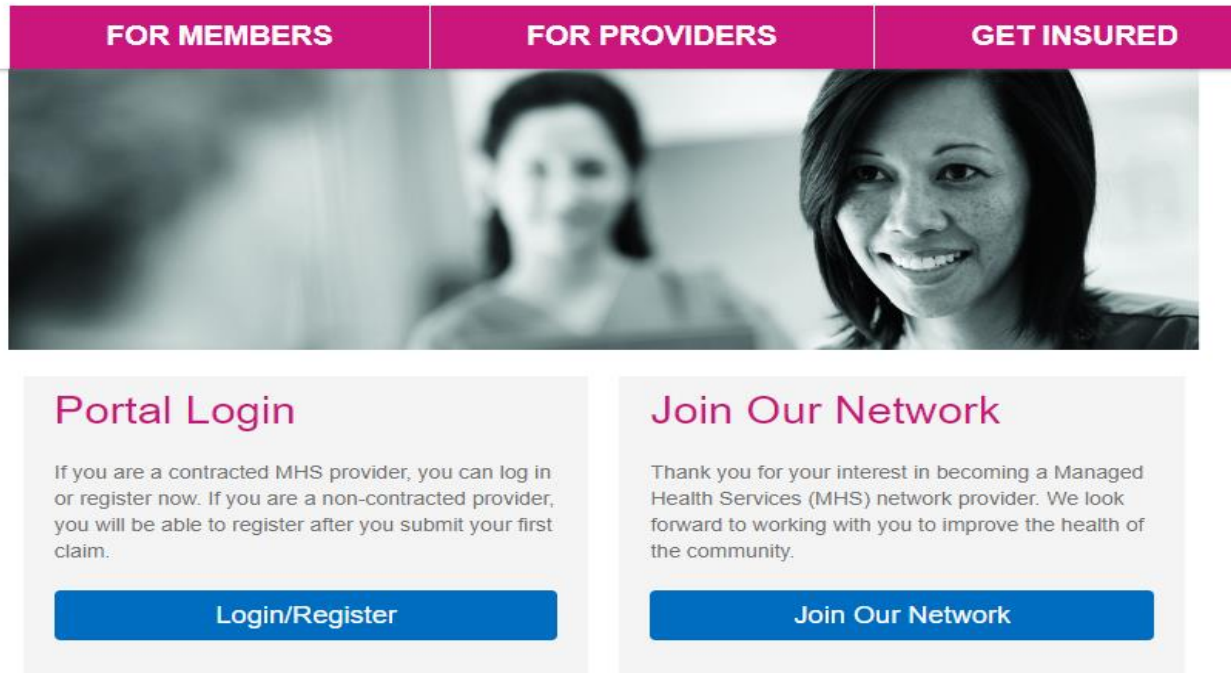
-  Previously approved PAs can be updated within 30 days of the original request submission, for changes to:
 - Practitioner
 - Dates of Service;
 - Unless the DOS overlaps a previous adverse determination (denial or partial approval), OR;
 - The DOS includes retro days (dates more than 1 business day prior to the initial request)

-  Updates/Corrections to Prior Authorizations must be requested prior to related claim denials.

MHS Portal

Secure Web Portal Login or Registration

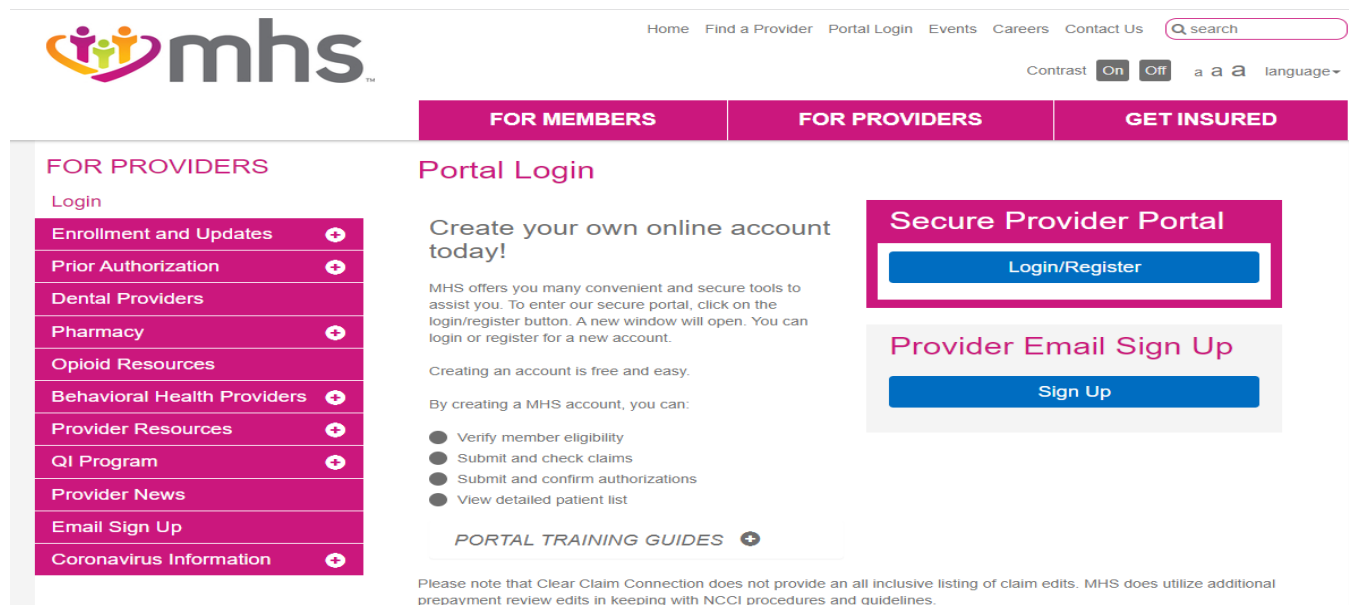
 Login/Register is the same for **MHS, Ambetter from MHS, Allwell from MHS** and **Behavioral Health Providers**

A screenshot of the MHS website interface. At the top, there are three pink navigation buttons: "FOR MEMBERS", "FOR PROVIDERS", and "GET INSURED". Below these is a large, blurred image of two women smiling. Underneath the image are two white content boxes. The left box is titled "Portal Login" and contains text about logging in or registering as a provider, with a blue "Login/Register" button. The right box is titled "Join Our Network" and contains text about becoming a network provider, with a blue "Join Our Network" button.

FOR MEMBERS	FOR PROVIDERS	GET INSURED
<h3>Portal Login</h3> <p>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.</p> <p>Login/Register</p>	<h3>Join Our Network</h3> <p>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.</p> <p>Join Our Network</p>	

Web Portal Training Documents

 Login/Register is the same for **MHS, Ambetter from MHS, Wellcare by Allwell** and **Behavioral Health Providers**



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, and Contact Us, along with a search bar. Below the navigation bar are three main sections: FOR MEMBERS, FOR PROVIDERS, and GET INSURED. The FOR PROVIDERS section is expanded, showing a list of links on the left and a main content area. The main content area is titled 'Portal Login' and includes a 'Secure Provider Portal' section with a 'Login/Register' button and a 'Provider Email Sign Up' section with a 'Sign Up' button. Below these sections, there are 'PORTAL TRAINING GUIDES' and a disclaimer note.

FOR PROVIDERS

Login

- Enrollment and Updates
- Prior Authorization
- Dental Providers
- Pharmacy
- Opioid Resources
- Behavioral Health Providers
- Provider Resources
- QI Program
- Provider News
- Email Sign Up
- Coronavirus Information

Portal Login

Create your own online account today!

MHS offers you many convenient and secure tools to assist you. To enter our secure portal, click on the login/register button. A new window will open. You can login or register for a new account.

Creating an account is free and easy.

By creating a MHS account, you can:

- Verify member eligibility
- Submit and check claims
- Submit and confirm authorizations
- View detailed patient list

Secure Provider Portal

Login/Register

Provider Email Sign Up

Sign Up

PORTAL TRAINING GUIDES

Please note that Clear Claim Connection does not provide an all inclusive listing of claim edits. MHS does utilize additional prepayment review edits in keeping with NCCI procedures and guidelines.

Complete Registration or Login



Log In

Username (Email)

LOG IN

[Create New Account](#)

single password



reliable security

EntryKeyID

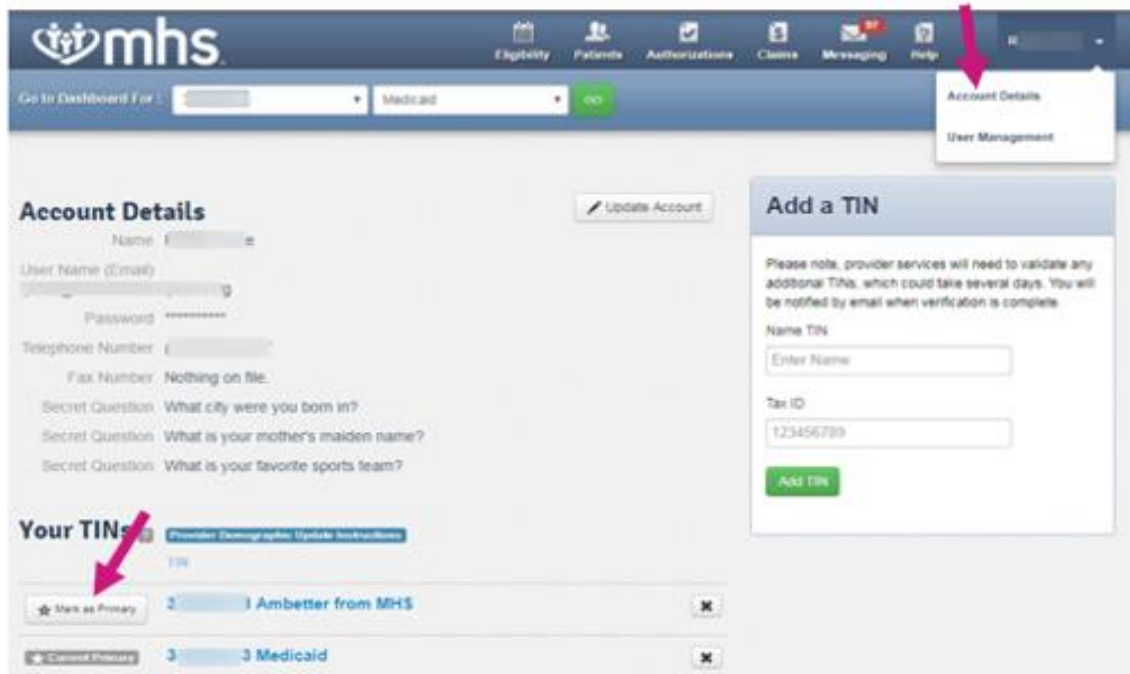
[Help](#) [Privacy Policy](#) [Terms of Use](#) © 2022 Centene

Account Details

 To view your Account Details:

1. Select the drop-down arrow next to user name in the upper right corner on the dashboard
2. Click Account Details


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




The screenshot displays the mhs user interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. A dropdown menu is open, showing 'Account Details' and 'User Management'. Below the navigation bar, there is a 'Go to Dashboard For' section with a dropdown menu set to 'Medicaid'. The main content area is divided into two sections: 'Account Details' and 'Your TINs'. The 'Account Details' section includes an 'Update Account' button and fields for Name, User Name (Email), Password, Telephone Number, Fax Number, and Secret Questions. The 'Your TINs' section includes a 'Provider Demographics Update Instructions' button and a list of TINs with 'Mark as Primary' and 'Delete Primary' buttons. A red arrow points to the 'Account Details' option in the navigation bar, and another red arrow points to the 'Mark as Primary' button in the 'Your TINs' section.

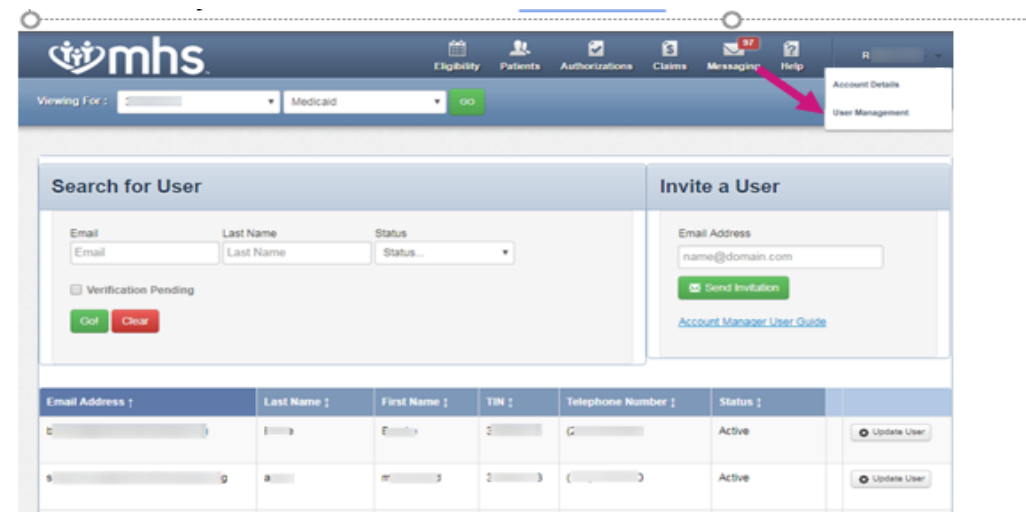
Account Manager

User Management:

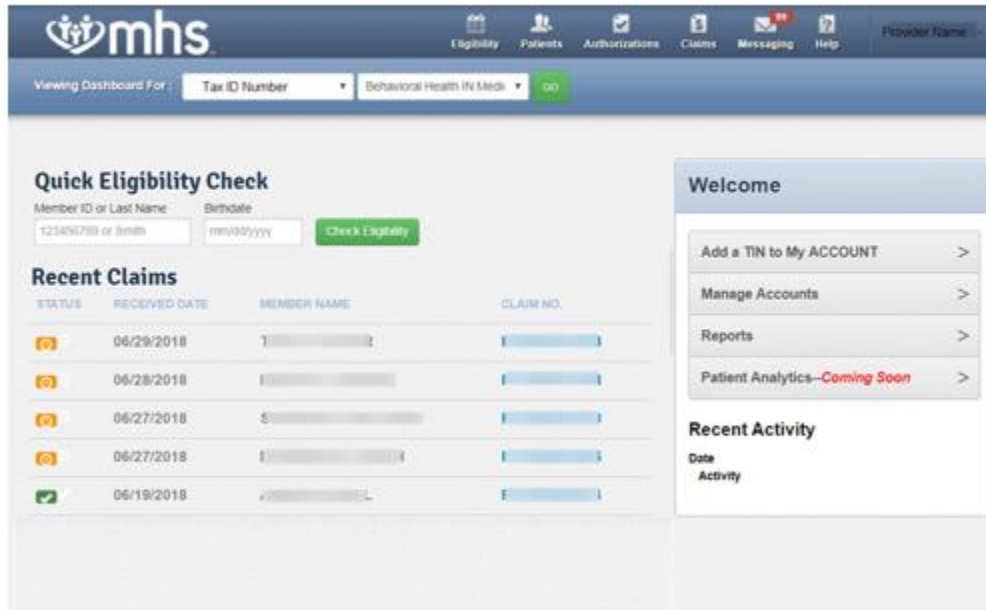
 For **Account Managers** to manage their office staff/users associated to their practice:

 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 user name.




Homepage – Behavioral Health



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 a dropdown menu for 'Viewing Dashboard For:' set to 'Tax ID Number' and a 'Behavioral Health IV Meds' dropdown with a 'GO' button. The main content area is divided into three sections:

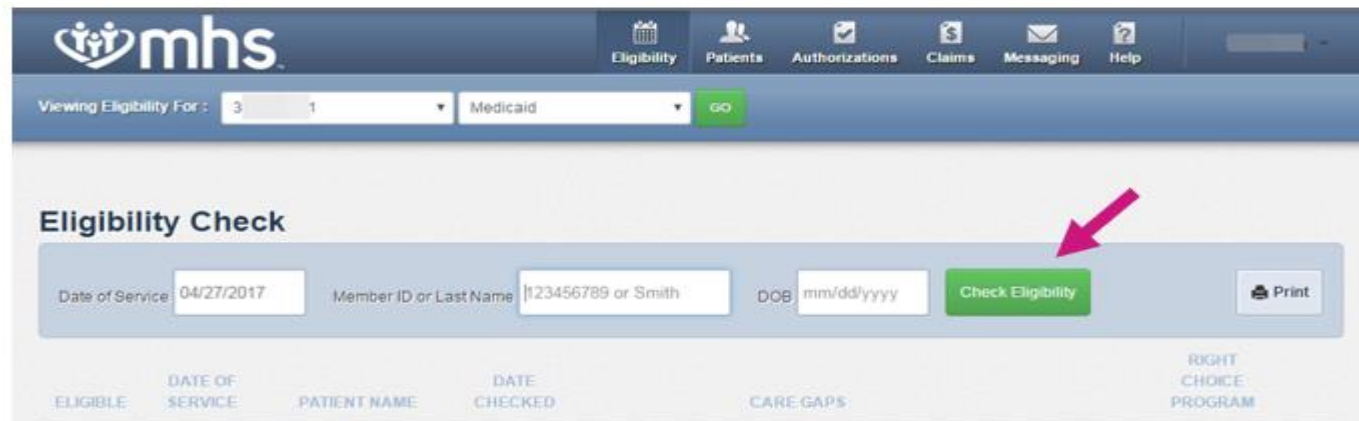
- Quick Eligibility Check:** A form with fields for 'Member ID or Last Name' (containing '123456789 or Smith') and 'Birthdate' (containing 'mm/dd/yyyy'). A green 'Check Eligibility' button is to the right.
- Recent Claims:** A table with columns for STATUS, RECEIVED DATE, MEMBER NAME, and CLAIM NO. It lists five claims with various statuses (e.g., pending, approved) and dates from 06/19/2018 to 06/29/2018.
- Welcome:** A sidebar with a 'Welcome' header and a list of quick links: 'Add a TIN to My ACCOUNT', 'Manage Accounts', 'Reports', and 'Patient Analytics—Coming Soon'. Below this is a 'Recent Activity' section with columns for 'Date' and 'Activity'.

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

Check Eligibility

 The **Eligibility** tab offers an **Eligibility Check** 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 search area with a dropdown menu set to '3', a text input field containing '1', and a dropdown menu set to 'Medicaid'. A green 'GO' button is next to the search area. The main content area is titled 'Eligibility Check'. It features a form with the following fields: 'Date of Service' with the value '04/27/2017', 'Member ID or Last Name' with the value '123456789 or Smith', and 'DOB' with the value '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 with the following columns: ELIGIBLE, DATE OF SERVICE, PATIENT NAME, DATE CHECKED, CARE-GAPS, and RIGHT CHOICE PROGRAM.

MHS Team

MHS Provider Network Territories

Indiana

NORTHEAST REGION

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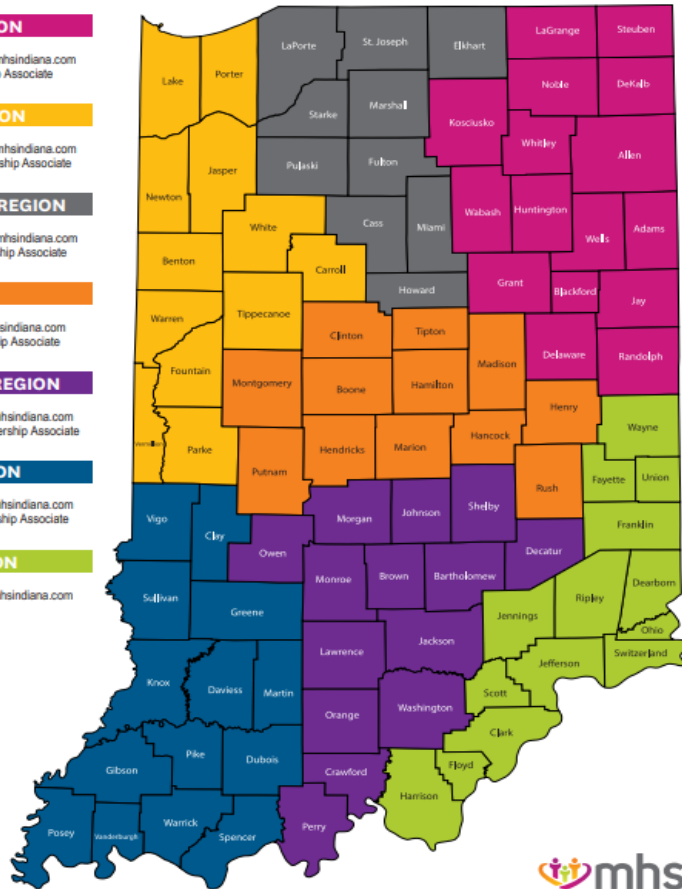
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Available online:

https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ProviderTerritory_map_2021.pdf

MHS Provider Network Territories

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HealthLinc
Heart City Health Center
Indiana Health Centers
Lutheran Medical Group
Parkview Health System
South Bend Clinic

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PROVIDER GROUPS

American Health Network of Indiana
Columbus Regional Health
Community Physicians of Indiana
HealthNet
Health & Hospital Corporation of
Marion County
Indiana University Health
St. Vincent Medical Group

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Questions?

**Thank you for being our
partner in care.**