

Navigating Provider Enrollment: Strategies for Successful Enrollment

2025 IHCP Works Annual Seminar

Presented By: Amanda Deaton



Agenda

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

The logo for MProvider CONNECT is displayed in a white box. It features the word "MProvider" in a bold, dark blue, sans-serif font, with the word "CONNECT" in a bold, light blue, sans-serif font directly below it.

Who is MDwise?



MDwise Mission and Vision

Who Are We?

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

What Is the MDwise Mission?

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

What Is the MDwise Vision?

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

MDwise Values



Trust

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



Innovation

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



Excellence

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



Stewardship

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



Leadership

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

What is MProvider Connect?



What is MProvider Connect?

- [MProvider Connect](#) is an online, self-service enrollment tool that helps registered users manage their MDwise provider enrollment
- MProvider Connect is the preferred method for managing your MDwise enrollment
- Each submission is assigned a unique case number, and you can track the status of your cases in your MProvider Connect account

**MProvider
CONNECT**

Create an Account

Username example: bluebelle@mdwise.org.mdwise

name@email.com.mdwise

.....

Log in

[Forgot your password?](#)

Your email must be verified in order to log into the portal. If you have not yet verified your email, please click this [link](#).

(DR-05-2025-17014/HHW-HIPO0593 (5/25))

MProvider Connect Features

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

Creating an MProvider Connect Account



Step 1: Login to MProvider Connect

- To access MProvider Connect, visit our website at MDwise.org | [For Providers | MProvider Connect](#)
- Select [Login to MProvider Connect](#)
- A [Sign-up Guide](#) is available to help walk you through creating an account

The screenshot shows the MProvider Connect website. On the left is a dark blue sidebar with a white header 'MPROVIDER CONNECT'. Below it is a 'For Providers' section with a list of links: 'Provider Link Newsletter', 'Become an MDwise Provider' (with a plus icon), 'Behavioral Health', 'Billing and Claims', 'Prior Authorization', 'Forms', 'Provider Manual and Overview', 'Quality', 'Health Equity', 'Pharmacy Resources', 'Contact Information', 'Provider Programs' (with a plus icon), 'myMDwise Provider Portal', and 'MProvider Connect' (highlighted with a red box). The main content area has a dark blue header 'MPROVIDER CONNECT'. Below it is the 'MProvider Connect' title, followed by a paragraph explaining the tool's purpose. A list of features is provided, including 'Request a new provider contract', 'Enroll new providers (PMPs, Specialists, Facilities, etc)', 'Update existing provider information', 'Terminate/disenroll providers', and 'Track requests online'. A red box highlights the 'Login to MProvider Connect >' button. Below this is the 'Create a New Account' section, which states that providers must complete a sign-up process. A red arrow points to the 'Sign-up guide (PDF)' link.

MPROVIDER CONNECT

For Providers

- [Provider Link Newsletter](#)
- [Become an MDwise Provider](#) +
- [Behavioral Health](#)
- [Billing and Claims](#)
- [Prior Authorization](#)
- [Forms](#)
- [Provider Manual and Overview](#)
- [Quality](#)
- [Health Equity](#)
- [Pharmacy Resources](#)
- [Contact Information](#)
- [Provider Programs](#) +
- [myMDwise Provider Portal](#)
- [MProvider Connect](#)

MProvider Connect

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

Included are the following online features:

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

[Login to MProvider Connect >](#)

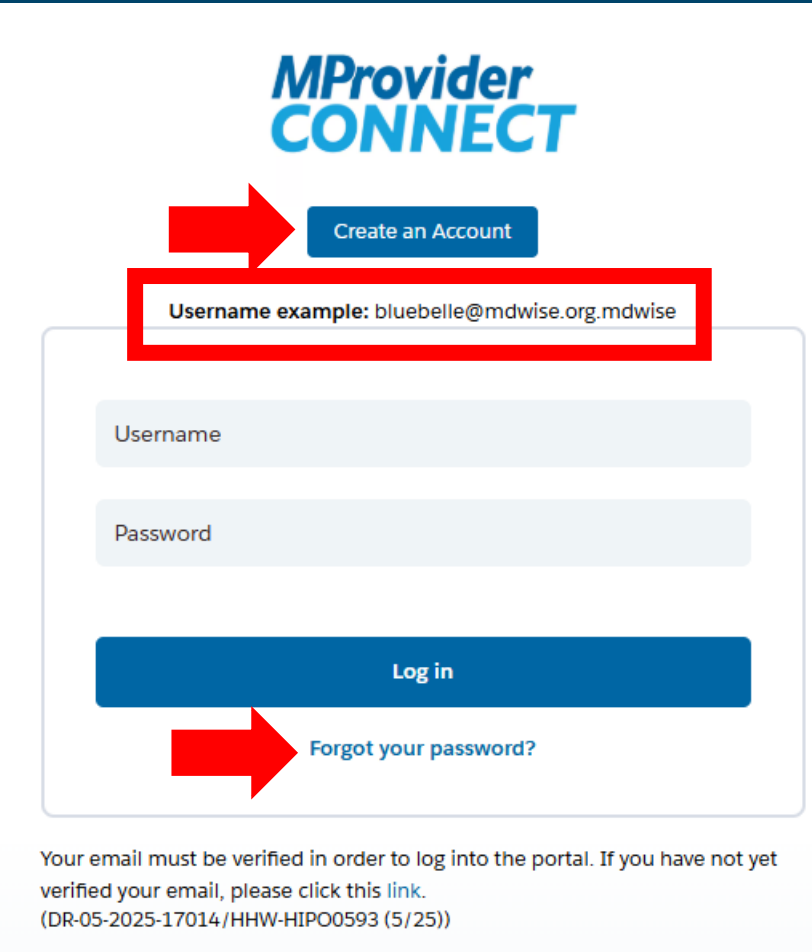
Create a New Account

Providers must complete the sign-up process to gain access. Users are required to create individual accounts. More information coming.

[Sign-up guide \(PDF\)](#)

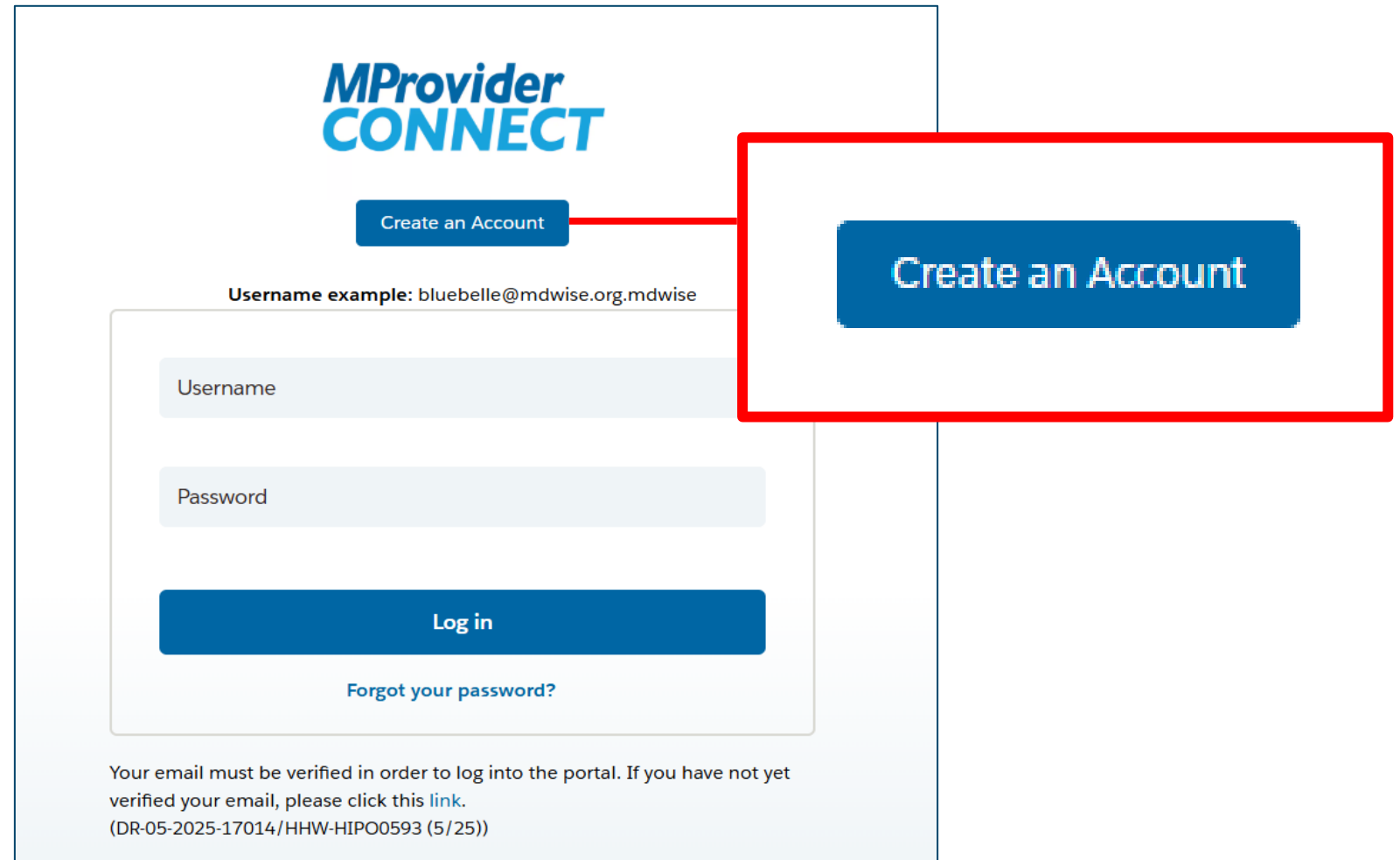
Create an MProvider Connect Account

- If you already have an account, use your Username and Password to log in
 - Your Username will be your email address with “.mdwise” at the end
 - If you need help resetting your password, select **Forgot your password?**
- If you need to sign up for an account, select **Create an Account**



The screenshot shows the MProvider Connect login interface. At the top is the logo. Below it, a red arrow points to a blue button labeled 'Create an Account'. Underneath the button, a red rectangular box highlights the text 'Username example: bluebelle@mdwise.org.mdwise'. Below this box are two input fields: 'Username' and 'Password'. A blue 'Log in' button is positioned below the password field. A red arrow points to a blue link labeled 'Forgot your password?' located below the 'Log in' button. At the bottom of the page, a disclaimer states: 'Your email must be verified in order to log into the portal. If you have not yet verified your email, please click this link. (DR-05-2025-17014/HHW-HIPO0593 (5/25))'.

Step 2: Click Create an Account



The screenshot shows the MProvider CONNECT login interface. At the top, the logo 'MProvider CONNECT' is displayed. Below it is a blue button labeled 'Create an Account'. A red line connects this button to a larger, magnified view of the same button on the right, which is enclosed in a red rectangular box. The main login form contains a 'Username example: bluebelle@mdwise.org.mdwise' label, a 'Username' input field, a 'Password' input field, a blue 'Log in' button, and a 'Forgot your password?' link. At the bottom, a note states: 'Your email must be verified in order to log into the portal. If you have not yet verified your email, please click this [link](#). (DR-05-2025-17014/HHW-HIPO0593 (5/25))'.

**MProvider
CONNECT**

Create an Account

Username example: bluebelle@mdwise.org.mdwise

Username

Password

Log in

[Forgot your password?](#)

Your email must be verified in order to log into the portal. If you have not yet verified your email, please click this [link](#).
(DR-05-2025-17014/HHW-HIPO0593 (5/25))

Step 3: Enter Contact Information

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

Provider Information

Please complete all fields. Fields marked with an * are required. Please enter your personal contact user information below.

* First Name	* TIN
<input type="text"/>	<input type="text"/>
* Last Name	* IHCP Provider ID
<input type="text"/>	<input type="text"/>
* Title	* Phone
<input type="text"/>	<input type="text"/>
Pronouns Select an Option ▼	* E-mail Address <input type="text"/>

CancelNext

What is an Indiana Health Coverage Programs (IHCP) Provider ID Number?

The image shows a registration form for Indiana Health Coverage Programs (IHCP). The form is divided into two columns. The left column contains fields for: * First Name, * Last Name, * Title, and Pronouns (a dropdown menu with 'Select an Option' and a downward arrow). The right column contains fields for: * TIN, * IHCP Provider ID (highlighted with a red border), * Phone, and * E-mail Address. All fields are empty text boxes.

- The **IHCP Provider ID** is a unique number assigned to every enrolled Indiana Medicaid location. This number is NOT the same as an NPI.
- The number is a 7-to-9-digit number and sometimes has an alpha character at the end.



Provider Information

Please complete all fields. Fields marked with an * are required. Please enter your personal contact user information below.

Unable to find a matching group with the information provided. Please email MDwise directly at prregistration@mdwise.org to add the Provider Location.

* First Name

Tester

* TIN

000000000

* Last Name

Test

* IHCP Provider ID

00000000000

* Title

Tester

* Phone

0000000000

Pronouns

Select an Option ▼

* E-mail Address

providerservices@mdwise.org

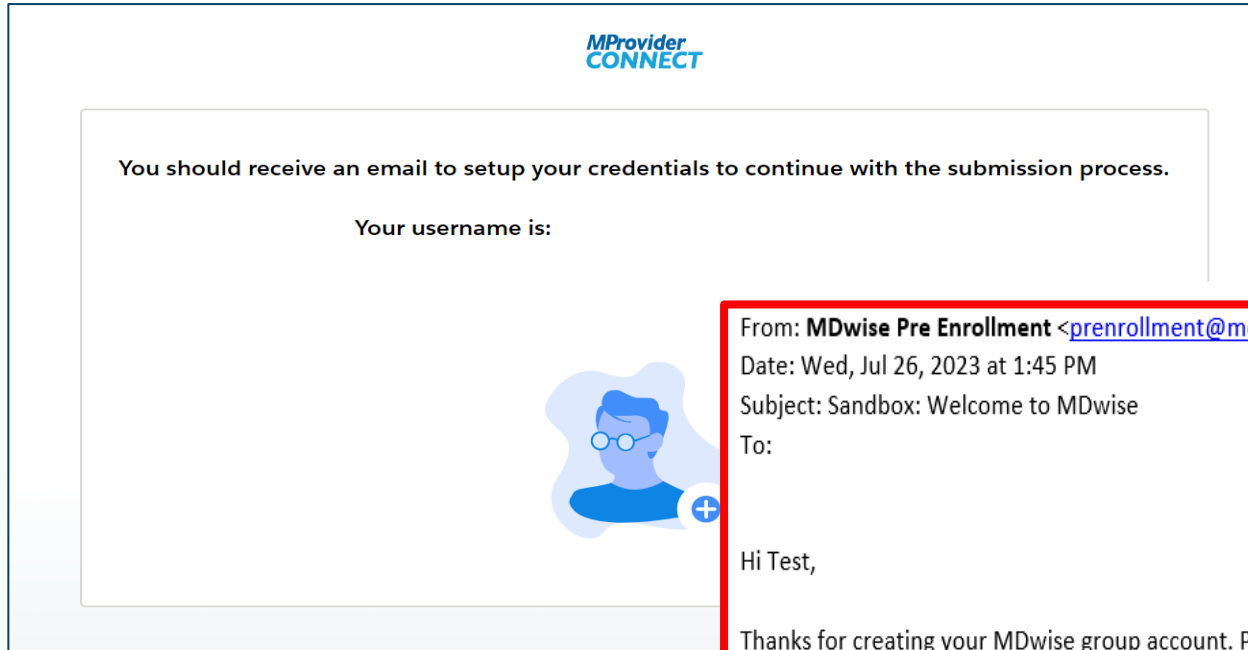
Cancel

Next

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

Unable to find a matching group with the information provided. Please email MDwise directly at prregistration@mdwise.org to add the Provider Location.

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



From: **MDwise Pre Enrollment** <prenrollment@mdwise.org>
Date: Wed, Jul 26, 2023 at 1:45 PM
Subject: Sandbox: Welcome to MDwise
To:

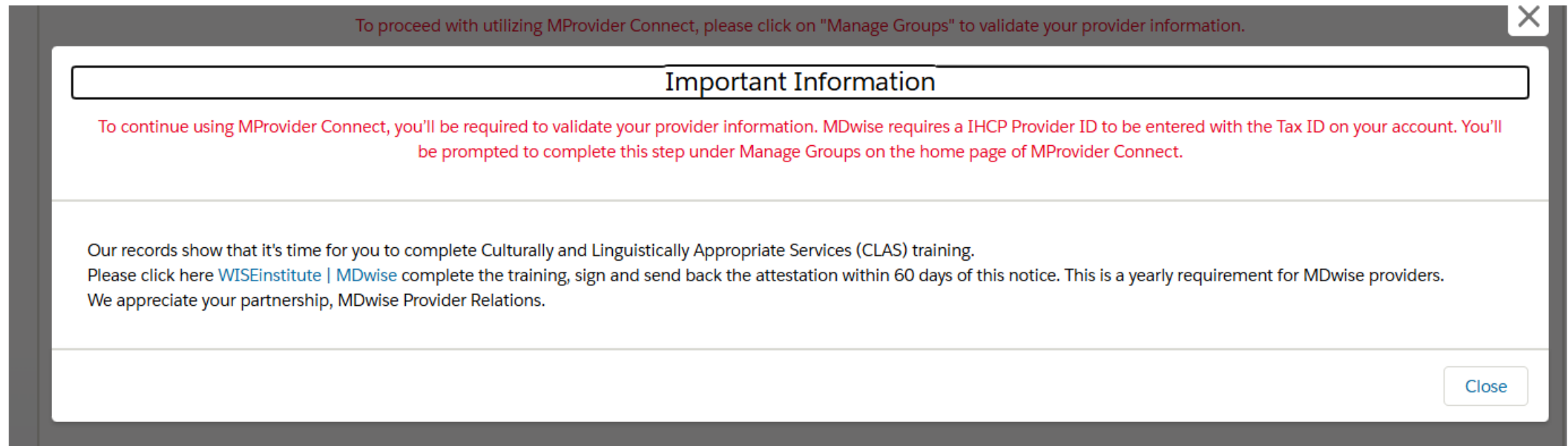
Hi Test,

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

Your username is

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

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



Navigating Through MProvider Connect



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

**MProvider
CONNECT**

[Logout](#)

Contact Information

To proceed with utilizing MProvider Connect, please click on "Manage Groups" to validate your provider information.

Group
Account Name [Pull Rosters](#)

First Name
Test

Phone

Last Name
Test

TIN
77-7777777 [EIN](#) [SSN](#) [Manage Groups](#)

Title

Group Name

Pronoun
Select a pronoun

Email

[Request New Contract](#) [Add Facility or Provider](#) [Update Provider Info](#)

[Remove Provider](#) [Inquiry](#) [View Status](#)

Contact Information

Group

Test Account

First Name

Test

Phone

Last Name

Test

TIN

77-7777777

Title

Provider Relations Rep

Group Name

Test Account

Pronoun

Select a pronoun

TIN

77-7777777

EIN

SSN

Manage Groups

Group Name

Test Account

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

Case Number


Case Status

Submission Date

Case Type

Practitioner Name

Credentialing Status



MDwise
A McLaren Company

Contact Information – Manage Groups

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

To proceed with utilizing MProvider Connect, please click on "Manage Groups" to validate your provider information.

Manage your groups

To better serve you MDwise is requiring a IHCP Provider ID to be entered with the Tax ID on your account.

* TIN * IHCP Provider ID

EIN SSN

Group Name	TIN
1 Test Account	777777777

Contact Information

To proceed with utilizing MProvider Connect, please click on "Manage Groups" to validate your provider information.

Group

First Name

☒ Test Account

[Pull Rosters](#)

[Logout](#)

- The pull roster feature is where providers can pull their rosters independently.
- By clicking the Pull Rosters button next to Group name, a roster will be downloaded.

The screenshot displays the MProvider CONNECT web interface. At the top, the logo 'MProvider CONNECT' is visible on the left, and a 'Logout' button is on the right. The main section is titled 'Contact Information'. It features a 'Group' dropdown menu currently set to 'Test Account'. To the right of this dropdown is a button labeled 'Pull Rosters' with a download icon, which is highlighted by a red rectangular box. Below the group selection, there are input fields for 'First Name' (containing 'Test'), 'Last Name' (containing 'Test'), 'Phone', and 'TIN' (containing '77-7777777'). At the bottom right, there are buttons for 'EIN', 'SSN', and a 'Manage Groups' button with a group icon.

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

Request New Contract

Remove Provider

New Contract Requests

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

New Contract Request

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

▼

Practitioner Participation Document Requirements

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

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

+

Practitioner Fir... ▼	Practitioner La... ▼	NPI ▼	Type ▼
-----------------------	----------------------	-------	--------

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

Add Facility or Provider

Inquiry

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

Add Facility or Provider

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

Type of provider you are enrolling

Select an Option

> Upload Documents

▼ Additional Notes

Please enter your note here

Requested Effective Date (MM/DD/YYYY) ⓘ

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

Add Facility or Provider

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

Type of provider you are enrolling

Practitioner

▼ Add Practitioner

Enter the information

	Practitioner First ...	Practitioner Last N
1	Test	Test

> Upload Documents

> Additional Notes

Add Facility or Provider

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

▼ Add Practitioner

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

	Practitioner First ...	Practitioner Last ...	NPI	Type	
1	Test	Test	00000000000	PMP	—
2	Test	Test2	00000000001	Specialist	—
3	Test	Test3	00000000002	Both	—
4	Test	Test4	00000000003	Specialist	—

Cancel Save

Submit

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

Add Facility or Provider

Inquiry

- General inquiries allow the option to upload documents. While not required, providers are encouraged to upload any documents that are relevant to the inquiry.


Inquiry

* Please submit your inquiry:

Upload Documents

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

Attachments

 Upload Files

 Or drop files

Submit

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

Update Provider Info

View Status

- Update requests can be submitted for basic updates.
 - For example, name changes can be documented in the detail text box, in addition to extensive changes submitted on an MCE Universal Enrollment Form.
 - [IHCP MCE Practitioner Enrollment Form \(PDF\)](#)
 - [IHCP MCE Hospital/Ancillary Provider Enrollment Form \(PDF\)](#)

Update Provider Info

Please submit the MCE Practitioner Enrollment Form for update requests.

You may also submit any additional documents regarding enrollment, attestation forms, or other information that may help process your request.

▼ Add Practitioner

Enter the information for the practitioner you're enrolling.

Practitioner Firs... ▼	Practitioner Last... ▼	NPI ▼	Type ▼	
1			Select an Option ▼	—

> Additional Notes

> Upload Documents

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

Request New Contract

Remove Provider

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

Remove Provider

For disenrolling PMPs, please submit a letter indicating where to move the current provider's assigned members to, the new provider's Name, NPI, LPI and the effective date.

* Current Provider

Enter the new PMP's information

New Provider

Optional

Optional

Group LPI

Effective Date

Optional

Optional

Additional Update Detail

Remove Provider

For disenrolling PMPs, please submit a letter indicating where to move the current provider's assigned members to, the new provider's Name, NPI, LPI and the effective date.

* Current Provider

Test Account

Enter the new PMP's information

New Provider

Test

NPI

000000000

Group LPI

0000000000

Effective Date (MM/DD/YYYY)

8/1/2023

Additional Update Detail

Submit

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

Update Provider Info

View Status

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

Contact Information

To proceed with utilizing MProvider Connect, please click on "Manage Groups" to validate your provider information.

Group
Account Name ▼ [Pull Rosters](#)

First Name
Test

Phone

Last Name
Test

TIN
77-7777777 EIN SSN [Manage Groups](#)

Title

Group Name

Pronoun
Select a pronoun ▼

Email

[Request New Contract](#) [Add Facility or Provider](#) [Update Provider Info](#)

[Remove Provider](#) [Inquiry](#) [View Status](#)

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

Contact Information

To proceed with utilizing MProvider Connect, please click on "Manage Groups" to validate your provider information.

Group

Account Name

Pull Rosters

First Name

Test

Phone

Last Name

Test

TIN

77-7777777

EIN

SSN

Manage Groups

Title

Group Name

Pronoun

Select a pronoun

Email

Request New Contract

Add Facility or Provider

Update Provider Info

Remove Provider

Inquiry

View Status

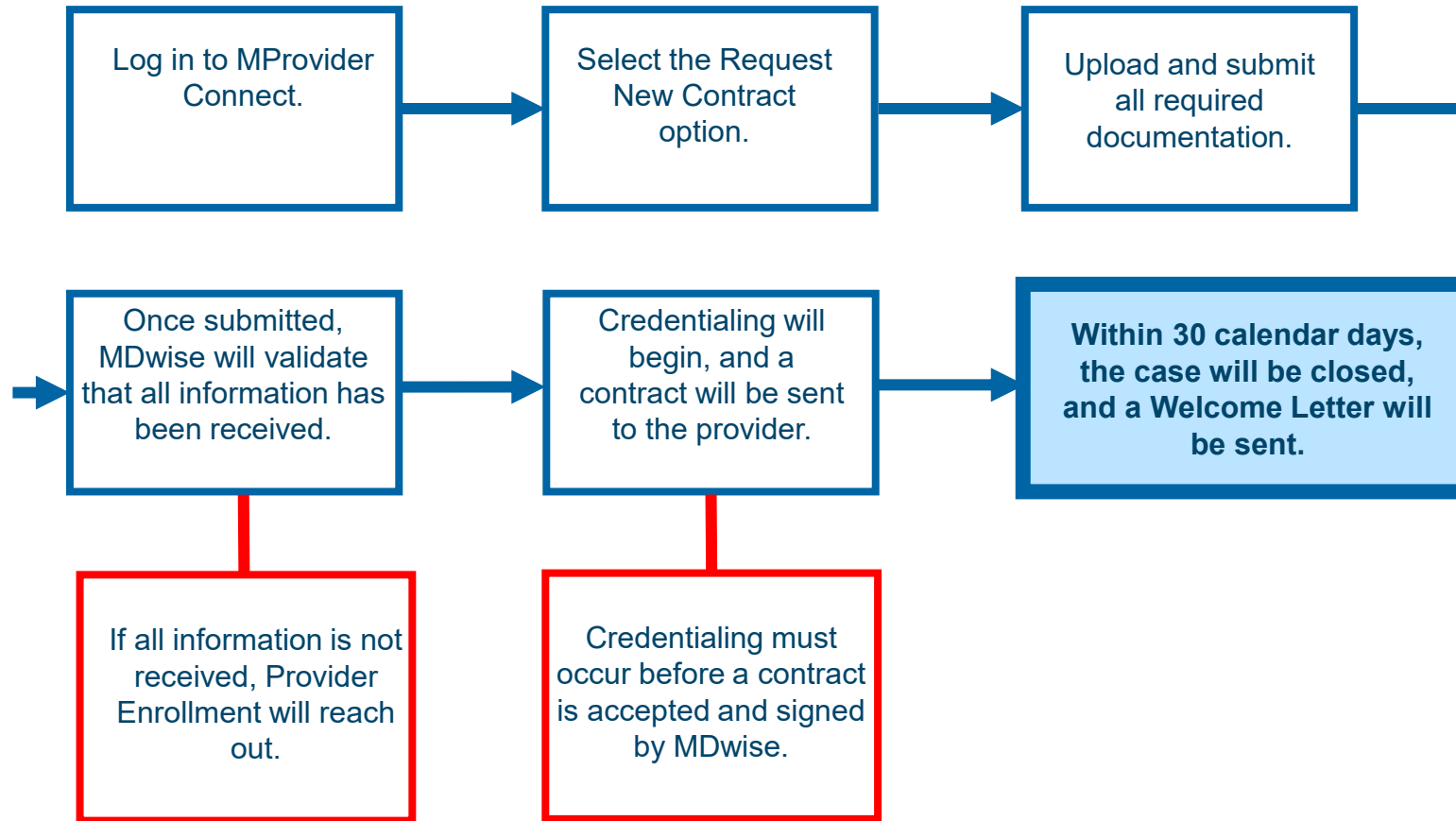
Case Number	Case Status	Submission Date	Case Type	Practitioner Name	Credentialing Status
	Pending	Oct 7, 2025	Existing - Add Provider	Practitioner 1	
	Pending	Sep 26, 2025	Existing - Add Provider	Practitioner 2	

Destination Enrollment



Benefits of MProvider Connect

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



Provider Enrollment Forms

IHCP MCE Practitioner Enrollment Form:

- Form used to enroll participating practitioners.

IHCP MCE Hospital/ Ancillary Provider Enrollment Form:

- Form used to enroll participating facilities, hospitals, non-practitioner providers, etc.
- You can access the [Provider and Specialty Matrix](#) to determine which form is needed.


Please Note: All information must be updated with IHCP, before enrolling with MDwise. Please make sure the enrollment form is the most current version.


Required Documentation


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


- [W-9](#) that has been signed within the last 12 months
- [Disclosure Ownership and Interest Form](#)
- Full list is located on the [Become an MDwise Provider](#) section of the website

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









IHCP MCE PRACTITIONER ENROLLMENT FORM

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

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

Please select the programs for which this form applies:


☐ Healthy Indiana Plan (HIP)
☐ Hoosier Care Connect
☐ Hoosier Healthwise


Please indicate if this is a new enrollment or an enrollment update: ☐ New enrollment ☐ Update


If an update, please explain what is being updated:

PRACTITIONER DATA

Council for Affordable Quality Healthcare (CAQH) Number:			
Practitioner First Name:		MI:	Last Name:
Degree (check one): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DMD <input type="checkbox"/> DPM <input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> CNM <input type="checkbox"/>			
Social Security Number:		Date of Birth:	
National Provider Identifier (NPI):		Taxonomies (list all):	
DEA #:		CSR #:	
License Number & State:		UPIN: IHCP	
Enrolling as: <input type="checkbox"/> PMP with Panel <input type="checkbox"/> Physician Specialist <input type="checkbox"/> NP Supporting a PMP			
<input type="checkbox"/> NP Supporting a Specialty <input type="checkbox"/> Certified Midwife <input type="checkbox"/> Prenatal Care Coordinator			
Primary Specialty:		Secondary Specialty: NP -	
Are you: <input type="checkbox"/> A Locum Tenem? <input type="checkbox"/> Hospital-Based Physician? <input type="checkbox"/> Hospitalist			







IHCP MCE HOSPITAL/ANCILLARY PROVIDER ENROLLMENT AND CREDENTIALING FORM

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

☐ Healthy Indiana Plan (HIP)
 ☐ Hoosier Healthwise
 ☐ Hoosier Care Connect

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

If an update, please explain what is being updated:

APPLICATION INSTRUCTIONS: For this application to be considered complete:

- All information must be legible (please print or type); application must be completed in its entirety, signed, and dated.
- Use a separate sheet of paper to provide additional information, if necessary.
- Current copies of all documents applicable to your organization **MUST** be submitted with this application:

- State license
 - CMS site evaluation – If state site survey is not available
 - Liability coverage face sheet
 - Federal W-9 form (current)

Effective Date Policy

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

Pitstop for Primary Medical Providers (PMPs)



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

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

Pay for Value (P4V)

- Pay for Value Program or P4V is an incentive program for PMPs.
 - Provider must be a PMP (refer to [PMP Network Participation Requirements](#) for additional information).
 - Contracted with MDwise for at least six (6) months of the measurement year.
 - The PMP must have an annual average of 50 attributed members per month, with those members assigned to the PMP for at least six (6) months of the measurement year.
 - Panel status is open.
 - Participate in both Hoosier Healthwise and HIP.
 - 90% of all claims submitted electronically.
- Additional details about the P4V program, including participation requirements, are outlined in our [P4V program flyer](#).

Roadblocks: Top Case Denial Reasons



Denial Reason	Tips To Avoid Denials	Examples
Information does not match IHCP Portal information	➤ Make sure all information has been approved and enrolled with the state before enrolling with MDwise	➤ Provider not linked to location in IHCP
Not all required documentation submitted	➤ If unsure about what documentation is needed, information is available on our website	➤ Missing disclosure and ownership form
Missing signature when required	➤ When submitting documentation, confirm the signature pages have been completed	➤ Signature on enrollment form missing
Forms missing information	➤ Before documentation has been submitted, confirm fields required are not empty	➤ Address and NPI not filled out on enrollment form

Resources



- **Provider Enrollment Forms for Hoosier Healthwise and HIP**

- [W-9 Request for Taxpayer Identification Number](#)
- [IHCP Provider Ownership and Managing Individual Maintenance Form](#)
- [IHCP Provider Enrollment Type and Specialty Matrix](#)
- [IHCP MCE Practitioner Enrollment Form](#)
- [IHCP MCE Hospital/Ancillary Provider Enrollment and Credentialing Form](#)

- **MDwise Provider Enrollment**

- [Become an MDwise Provider](#)
- [MProvider Connect Login](#)

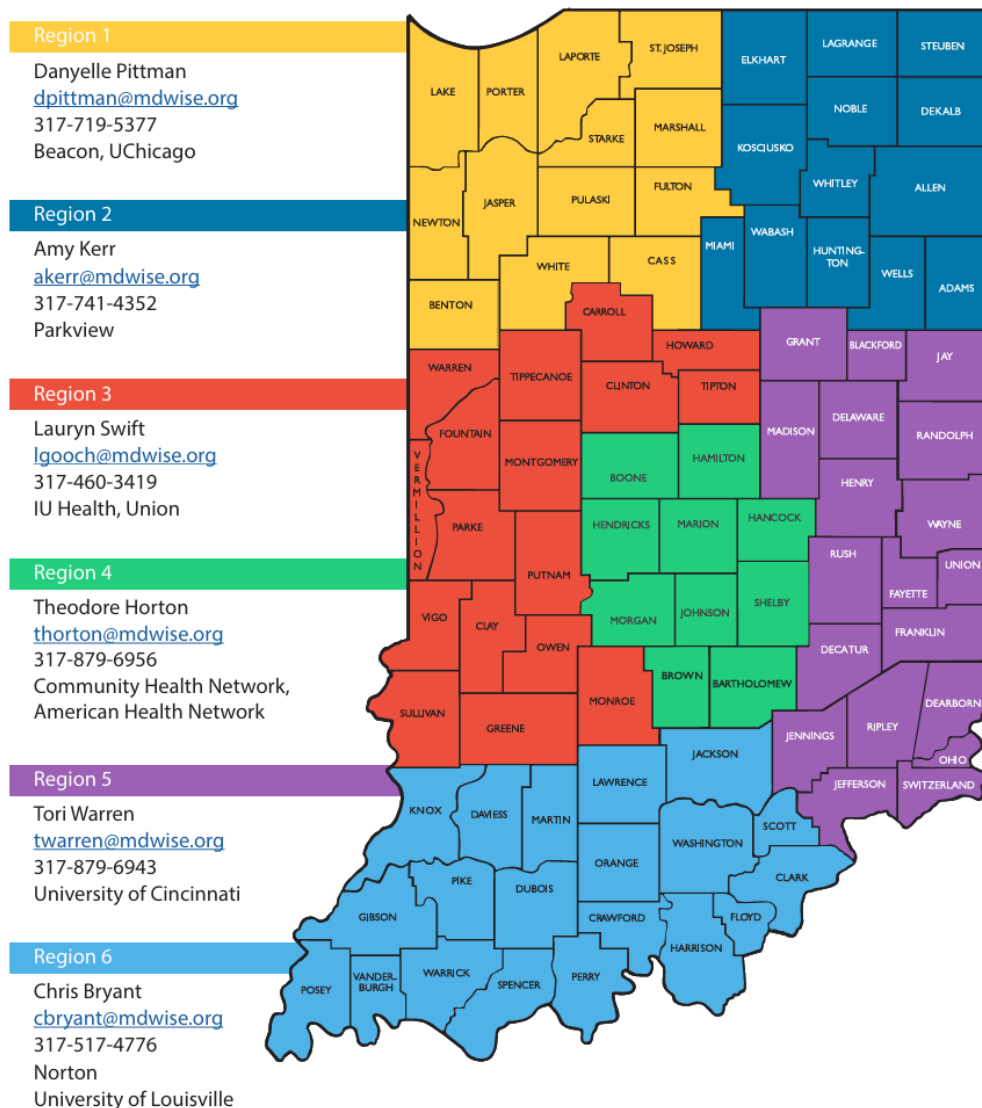
- **Provider Customer Service Unit (PCSU)**

- **(833) 654-9192**, Monday through Friday, 8:00 a.m. to 8:00 p.m. (Eastern Time Zone)

- **Provider Programs**

- [INcontrol Care Management](#)
- [WISEinstitute Education](#)
- [Provider Incentive Programs](#)

MDwise Provider Relations Team



PROVIDER GROUP REPRESENTATIVES

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Provider Groups

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

LaToya Robertson

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Provider Groups

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

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Provider Groups

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

PROVIDER RELATIONS LEADERSHIP

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Questions?



Thank you!



Please take a few moments to
complete the event and
session evaluations.

We appreciate your feedback!