



---

# Provider Directory Accuracy and Updates

2025 Indiana Health Coverage Programs  
(IHCP) Annual Works Seminar

# Agenda

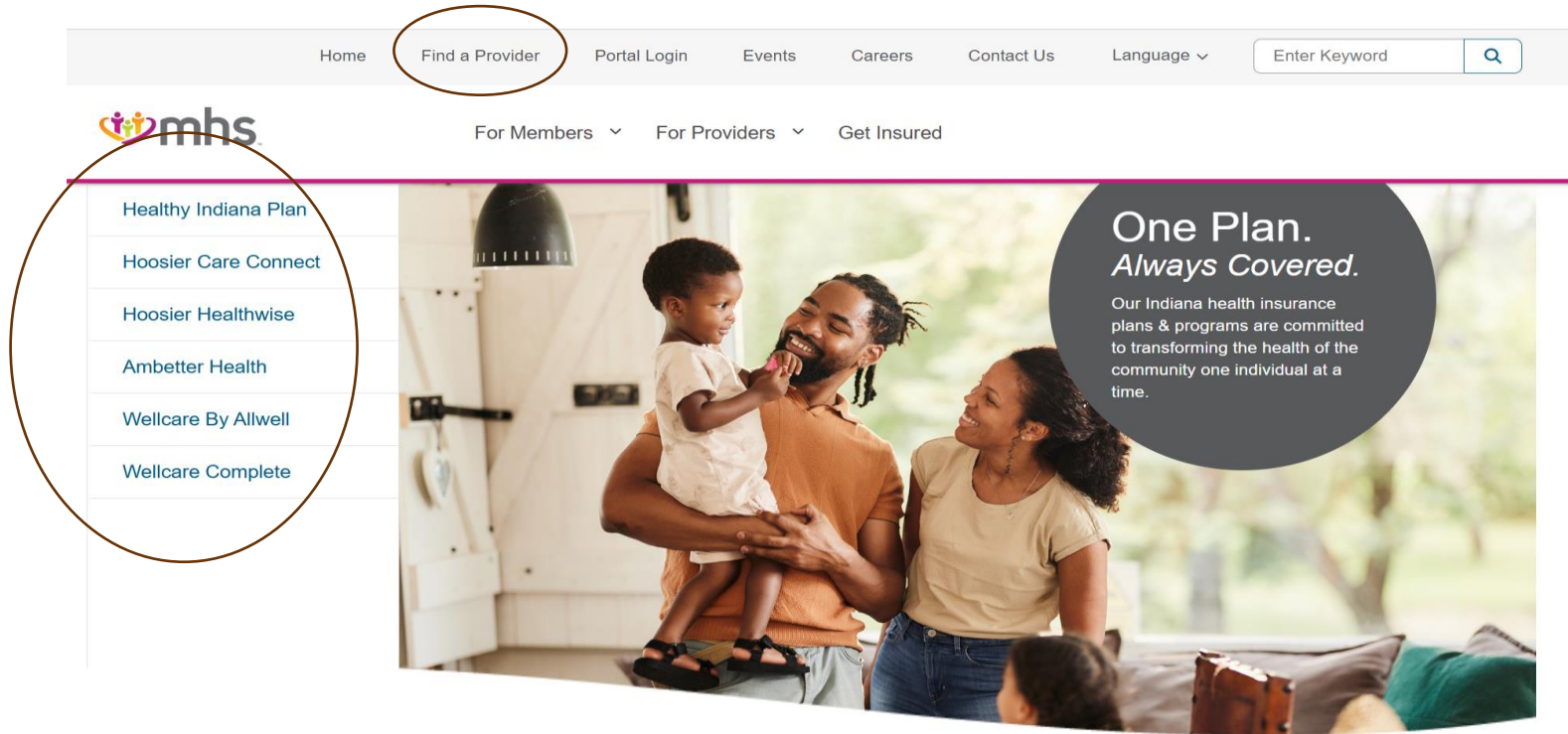
- Directory Overview
- Health Plan Directory Accuracy
- Provider Directory Audits
- Demographic Update Tool
- MHS Provider Engagement Team
- Questions

---

# Directory Overview

---

# Online Provider Directory



- **MHS Website**: One location for access to all MHS directories.
- Find a Provider Link found in the top tool bar.
- Provider Directory includes information on in-network primary care physicians, specialists, Behavioral Health, pharmacies and hospitals, home care providers, and all other network providers.

# Find a Provider


## Find a Provider

Where do you want to search?

Required \*

Street address, ZIP Code or county \*

SUBMIT

 [Use my current location](#)

Start your search by entering the location information (options include):

- Street Address
- Zip Code
- County

# Find a Provider by Name, Specialty, etc.







Find a HealthCare Provider  
Search by name, specialty, and more

Start by selecting a search type:

Select... ▼ Q SEARCH

OR

Choose a category

 <b>Medical Professionals</b> Find a doctor, primary care provider or medical specialist	 <b>Medical Facilities</b> Find a primary care facility, hospital, clinic, urgent care center, medical lab, or FQHC	 <b>Behavioral Health</b> Find a mental health care provider
 <b>Vision</b> Find an eye doctor or vision clinic	 <b>Dental</b> Find a dentist or dental specialist	 <b>Pharmacy &amp; Medical Supplies</b> Find a pharmacy or medical equipment retailer

## Find a Healthcare Provider (Drop-Down Options):

- Provider Name
- Provider Type/Specialty
- Provider NPI Number
- Popular Searches

\*Choose by Category.

# Find a Provider Perinate Information

---

MD

Practitioner

[View Details](#)

Indianapolis, IN 46202

[Accessibility: Details pending](#)

[1.35 miles away \(view map\)](#) [More locations](#)

[More contact information](#)

✓ Accepting new patients

✓ In network

✓ Primary Care Provider

✗ Not open now [View hours](#)

✓ Offers Virtual Visits

---

▼ Show Details

ADDITIONAL OFFICE LANGUAGES

None

ADDITIONAL PRACTITIONER LANGUAGES

None

AGE LIMITATIONS:

0 yr(s) - 120 yr(s)

COUNTY

Marion

FACILITY ACCREDITATION

None

GENDER

Female

GENDER LIMITATION

None

HOSPITAL AFFILIATIONS

[View Hospital Affiliations](#)

NATIONAL PROVIDER IDENTIFIER

OPEN WEEKENDS

No

PATIENT CENTERED MEDICAL HOME

No

TELEHEALTH

Yes

[Reference Information](#)

^ Hide Details

---

# Health Plan Directory Accuracy

---

# Provider Directory Accuracy - Regulatory Requirements

## Compliance with Federal and State Regulations:

- Requirements to ensure accessible, accurate, updated, and searchable provider directories.
- Ongoing verifications.
- Health Plan Compliance and Enforcement through Corrective Action Plans.

Regulations are designed to improve beneficiary access, reduce provider burden, and enhance interoperability across Medicaid & Medicare systems.

# Provider Directory Accuracy Patient Impact – Access to Care

## Helps Patients Find In-Network Providers

- Patients rely on directories to identify doctors, specialists, and facilities that are **in-network** with their health plan.
- Inaccurate listings can lead to **unexpected out-of-pocket costs** or **denied claims**.

## Reduces Delays In Care

- Accurate contact information, office hours, and service availability help patients **schedule appointments quickly**.
- Incorrect data can result in **missed appointments, longer wait times, or traveling to unavailable providers**.

# Provider Directory Accuracy Patient Impact

## Supports Health Equity

- Reliable directories help underserved populations find **local, culturally competent, and language-accessible care**.
- This is especially important in **Medicaid and Children's Health Insurance Programs (CHIP)**, where barriers to care are already high.

## Improves Care Coordination

- Providers use directories to refer patients to specialists or facilities.
- Inaccurate directories can disrupt **referral pathways**, leading to **fragmented care**.

# Provider Directory Accuracy Impacts- Trust

## Enhances Trust In the Health System

- When patients encounter outdated or incorrect information, it can erode **trust in insurers and healthcare systems**.
- Accurate directories demonstrate a commitment to **transparency and accountability**.

# Provider Directory Accuracy Patient Satisfaction

## **Ease of Finding the Right Provider**

- Patients can quickly locate in-network, specialized, or culturally-appropriate providers.
- Reduces frustration from calling multiple offices or being referred incorrectly.

## **Reliable Contact and Appointment Information**

- Accurate phone numbers, addresses, and office hours help patients schedule appointments efficiently.
- Minimizes missed appointments or wasted trips due to outdated information.

## **Avoidance of Surprise Billing**

- Ensures patients know which providers are in-network, helping them avoid unexpected costs.
- Builds trust in the health plan and provider network.

# Provider Directory Accuracy Patient – Wait Times/Trust

## **Reduced Wait Times and Faster Access**

- Accurate availability data helps patients find providers with shorter wait times.
- Leads to quicker diagnoses and treatment, improving health outcomes and satisfaction.

## **Improved Trust and Confidence**

- When directories are accurate, patients feel the system is organized, transparent, and patient-centered.
- This boosts confidence in both the provider and the health plan.

# Provider Directory Accuracy – Streamline Administration Processes

## **Reduces Claims Errors and Denials**

- Accurate directories ensure that providers listed are in-network and credentialed, reducing billing errors.
- Fewer claims' rejections and appeals save time and administrative costs.

## **Minimizes Call Center Volume**

- When patients can find correct information online, they make fewer calls to health plans or provider offices.
- This reduces the burden on customer service teams and improves response times.

## **Improves Referral Management**

- Providers can confidently refer patients to verified specialists or facilities, reducing referral loops and delays.
- Enhances Care Coordination and documentation accuracy.

# Streamline Administration Processes -Data

## **Supports Regulatory Compliance**

- Accurate directories help health plans and providers meet state and federal requirements, avoiding penalties and corrective actions.
- Simplifies audits and reporting processes.

## **Enables Better Data Analytics**

- Clean, accurate provider data supports network adequacy analysis, utilization reviews, and population health management.

# Provider Directory Accuracy – Best Practices

- Regularly updating provider information.
- Implementing robust verification processes.
- Engaging providers in maintaining accurate data.

---

# Provider Directory Audits

---

# Provider Directory Auditing

- On a quarterly & yearly basis, a sample of contracted providers will be selected for telephone outreach.
- Providers will be called and asked to verify their demographic data:
  - Including their practice address.
  - Phone number for appointments.
  - Panel status.
  - Whether they are still accepting MHS insurance, and hospital affiliation.

# Provider Directory Auditing - Reporting

## MHS Annual STATE 0906 Report - Provider Directory Audit

- MHS conducts an annual audit as outlined by the Office of Medicaid Policy Planning (OMPP). The audit is conducted during the 4th Quarter of each year with results shared with OMPP no later than January 31 of the following year.

## Audit Specifications

- The health plan will select a minimum of 500 contracted providers listed in our online combined Medicaid provider directories to verify the information for the provider that appears in the directory.
- The audit may occur throughout the previous calendar year or during a dedicated audit time-period established by MHS.
- The method for auditing the provider's information may be telephonic or in-person from health plan Provider Representative meetings at the provider's location.

# Quarterly Provider Directory Auditing

## MHS Quarterly Provider Directory Audits

- This audit is to mirror a CMS (Centers for Medicare & Medicaid Services) audit. A sample of High utilized CMS specialties are randomly pulled.
- CMS uses a random sampling method to select a subset of providers listed in a plan's directory. These providers are then contacted directly to verify the accuracy of their information, such as:
  - Practice location.
  - Phone number.
  - Specialty.
  - Awareness of MHS product participation.
  - Whether they are accepting new patients.
  - Hospital Affiliation.

Product	Specialty Category Allowed
Ambetter (Marketplace)	PCP, OB/GYN, Cardiology
Medicaid	Pediatrics, PCP, OB/GYN, Behavioral Health
Medicare	PCP, Cardiology, Oncology, Ophthalmology

# Provider Directory Audit Barriers

## Common Directory Errors

- **Practice Location:** Additional practitioner locations displaying within the directory are considered coverage locations where the practitioner does not routinely visit.
- **Phone Numbers:** Physician office phone numbers are constantly changing and without the health plan being made aware. Reasons can include office relocation, change in ownership of practice, mergers, phone system changes, personal choice, or technical issues, or business strategy.
- **Accepting New Patient Status:** Provider practices may not prioritize notifying the health plan on a timely basis of changes or updates in practitioner panel status. Data entry errors made by the health plan can also contribute to inaccurate information.

# Provider Directory Audit Barriers - Efforts

- **Refusal to Participate:** Practitioner location office staff reluctant to participate in audit due to time constraint, fear of giving incorrect information, or management directive.
- **All Attempts Made:**
  - Auditor is transferred to a voicemail or another phone extension with no call-back (two (2) – attempts made).
  - No answer calls.
  - Phone numbers disconnected/no longer in service.

*The above two (2) barriers affect overall directory accuracy by reducing the total number of records audited.*

---


# Demographic Update Tool

---

# Provider Training Guide - MHS Demographic Update Tool

- Please make sure all information is updated with the Indiana Health Coverage Programs(IHCP) first by going to **IHCP Enrollment**
- This guide provides step-by-step instructions for MHS providers to update their practice information using the **Demographic Update Tool**
- Please use this resource to ensure your provider data is always accurate and current

# Demographic Updates



For Members ▾ For Providers ▾ Get Insured

**For Providers**

[Provider Portal Login](#)

[Behavioral Health ▾](#)

[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 ▾](#)

[Education & Trainings ▾](#)

[Resources ▾](#)

## Demographic Update Tool

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

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

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

### What would you like to do?

Make an Address Change?

Make a Demographic Change?

Update Member Assignment Limitations?

Term an Existing Provider?

Make a Change to an IRS Number or NPI Number?

+

+


+

+

+

# Update Phone Number

[Home](#) [Find a Provider](#) [Portal Login](#) [Events](#) [Careers](#) [Contact Us](#) [Language](#)

 [For Members](#) [For Providers](#) [Get Insured](#)

**For Providers**

- [Provider Portal Login](#)
- [Behavioral Health](#)
- [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](#)
- [Education & Trainings](#)
- [Resources](#)
- [Quality Improvement](#)
- [News](#)

## Demographic Update Tool

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

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

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

### What would you like to do?

Make an Address Change?

Make a Demographic Change?

Update Member Assignment Limitations?

Term an Existing Provider?

Make a Change to an IRS Number or NPI Number?

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

# Update Phone Number –Fields

- Once you've selected Change a Phone number, please complete all **RED** fields.
- Enter the new phone number and fax (if applicable).
- Double-check for accuracy.
- Be sure to leave *Comments*.
- Complete the *Update Requested By* fields with reliable contact information in case we need to outreach.
- Review all information is correct. Then hit Submit.

## Change a Phone Number

Group/Facility Name *	Tax ID # *
<input type="text"/>	<input type="text"/>
Group NPI # *	
<input type="text"/>	
<b>Service Location Address</b>	
Street Address *	
<input type="text"/>	
Address Line 2	City *
<input type="text"/>	<input type="text"/>
ZIP / Postal Code *	State *
<input type="text"/>	Indiana <input type="button" value="v"/>
Old Phone Number	New Phone Number *
<input type="text"/>	<input type="text"/>
Comments	
<input type="text"/>	
<b>Update Requested By:</b>	
First Name *	Last Name *
<input type="text"/>	<input type="text"/>
Date *	
<input type="text"/>	
Contact Email *	
<input type="text"/>	
Contact Phone Number *	
<input type="text"/>	

Submit



## For Providers

[Provider Portal Login](#)[Behavioral Health ▾](#)[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 ▾](#)[Education & Trainings ▾](#)[Resources ▾](#)[Quality Improvement ▾](#)[News](#)

## Thank You

We have received your demographic update submission and will begin processing your submission shortly. Should you have any questions, please contact Customer Service at 1-877-847-4848.

Once complete you will get a thank you message.

# Change Provider Name



For Members ▾ For Providers ▾ Get Insured

## For Providers

[Provider Portal Login](#)

[Behavioral Health](#) ▾

[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](#) ▾

[Education & Trainings](#) ▾

[Resources](#) ▾

## Demographic Update Tool

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

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

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

## What would you like to do?

Make an Address Change? [+](#)

Make a Demographic Change? [-](#)

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

# Change Provider Name

This form is not for members to change their practitioner.

Provider NPI # \*

Provider Current First Name \*

Provider New First Name \*

Provider New Last Name \*

Comments

Update Requested By:

First Name \*

Last Name \*

Date \*

Contact Email \*

Contact Phone Number \*

Submit

Once you've selected Change Provider Name, please complete all RED fields.

# Provider Name Change Best Practices



- USE LEGAL NAME CHANGE CERTIFICATE TO VERIFY THE NEW NAME



- KEEP A COPY OF THE SUBMISSION CONFIRMATION FOR YOUR RECORDS.



- FOLLOW UP IF YOU DO NOT RECEIVE A CONFIRMATION WITHIN THREE BUSINESS DAYS.

# Update Service Location Office Hours



For Members ▾ For Providers ▾ Get Insured

## For Providers

[Provider Portal Login](#)

[Behavioral Health](#) ▾

[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](#) ▾

[Education & Trainings](#) ▾

[Resources](#) ▾

## Demographic Update Tool

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

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

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

## What would you like to do?

Make an Address Change? [+](#)

Make a Demographic Change? [-](#)

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

# Update Service Location Office Hours- Fields

- Go to MHS Demographic Update Tool.
- Navigate to *Update Service Location Office Hours*.
- Complete all required fields.
- Be sure the information is accurate and submit.
- Await email confirmation.

## Update Service Location Office Hours

Use this form to change office hours for an entire group

Group NPI # \*

Group Name \*

Group Medicaid Number \*

Group Medicaid Location Code

Please write Ambetter Only in this box if not enrolled with IHCP

### Service Location Address

Street Address \*

Address Line 2

City \*

State \*

ZIP/Postal Code \*

Appointment Phone Number \*

New Office Hours (Monday)

New Office Hours (Tuesday)

New Office Hours (Wednesday)

New Office Hours (Thursday)

New Office Hours (Friday)

New Office Hours (Saturday)

New Office Hours (Sunday)

Comments

# Change Email Address



For Members ▾ For Providers ▾ Get Insured

## For Providers

[Provider Portal Login](#)

[Behavioral Health](#) ▾

[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](#) ▾

[Education & Trainings](#) ▾

[Resources](#) ...


## Demographic Update Tool


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

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

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

## What would you like to do?

Make an Address Change? 

Make a Demographic Change? 

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

# Add or Update Email Address

## Add or Update Email Address

Group/Facility Name \*  Tax ID # \*

Group NPI # \*

☐ New Email Address  
☐ Update Existing Email Address

Email Address \*  Email Name \*

Please enter first and last name of the person associated with the email address.

Role \*  
☐ Practitioner  
☐ Office Staff  
☐ Other

If 'Other', please explain in the comments box below.

Comments

**Update Requested By:**

First Name \*  Last Name \*

Date \*  Contact Email \*

Contact Phone Number \*

- Once you have selected *Add or Update Email Address*, please complete all **RED** fields.
- Enter all required information.
- Double-check for accuracy.
- Complete the *Update Requested By* fields with reliable contact information in case of outreach.
- Review all information is correct then *Submit*.

# Add or Remove a Language Spoken



For Members ▾ For Providers ▾ Get Insured

## For Providers

[Provider Portal Login](#)

[Behavioral Health](#) ▾

[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](#) ▾

[Education & Trainings](#) ▾

[Resources](#) ...

## Demographic Update Tool

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

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

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

## What would you like to do?

Make an Address Change? [+](#)

Make a Demographic Change? [-](#)

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

# Add or Remove a Language Spoken – Fields

## Add or Remove a Language Spoken

Provider NPI # \*

Provider First Name \*

Provider Last Name \*

Additional Language(s) Spoken

Language(s) No Longer Spoken

Comments

Update Requested By:

First Name \*

Last Name \*

Date \*

Contact Email \*

Contact Phone \*

Submit

- In the comments type if you are *Adding or Removing a Language*.
- Complete all required fields.
- Review and *Submit*.

# Update Accepting New Member Status

## Step 1: Select Update Member Assignment Limitations

Choose Accepting New Member Status from the dropdown menu.


### Demographic Update Tool


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


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

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

### What would you like to do?

Make an Address Change? 

Make a Demographic Change? 

Update Member Assignment Limitations? 

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



# Step 2: Enter Limitation Details

- Accepting new members: Yes/No.
- Panel size limit (e.g., 1,000).
- Age or gender specifics.
- Use Comments for additional comments related to the panel size.

## Change Accepting New Member Status

### Provider Name

First Name \*

Last Name \*

Provider NPI # \*

Tax ID # \*

Group Name \*

Group NPI # \*

Group Medicaid Number \*

Group Medicaid Location Code

Please write Ambetter Only in this box if not enrolled with IHCP

### Service Location Address

Street Address \*

Address Line 2

City \*

ZIP / Postal Code \*

State \*

Provider Type (Choose one) \*

- ☐ Primary Care Provider (PMP)  
☐ Specialist

Is Provider Accepting New Members \*

- ☐ Yes  
☐ No

Programs to Update (Choose all that apply) \*

- ☐ Hoosier Healthwise (HHW)  
☐ Healthy Indiana Plan (HIP)  
☐ Hoosier Care Connect (HCC)  
☐ Ambetter from MHS  
☐ Wellcare by Allwell & Wellcare Complete

Comments

# Step 3: Submit & Confirm

- Enter a valid email for confirmation.
- Click Submit to finalize the update.

Comments

**Requested By:**

First Name \*

Last Name \*

Date \*

Contact Email \*

Contact Phone \*

Submit

# Term and Existing Provider


## Step 1: Select Term an Existing Provider

- Select the Term an Existing Provider radio button.
- From the dropdown list, choose Primary Medical Provider (PMP) or Specialist.

### Demographic Update Tool

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

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

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

### What would you like to do?

Make an Address Change?



Make a Demographic Change?



Update Member Assignment Limitations?



Term an Existing Provider?



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



# Step 2: Enter Termination Group and Practitioner Details

- Provider's Name, Tax ID and NPI.
- Group Name and Information

## PMP Term

Primary Medical Provider (PMP) NPI # \*

Primary Medical Provider (PMP) Name

First Name \*

Last Name \*

Degree \*

Tax ID # \*

Practitioner will be termed from all locations associated with this TIN

Group Name \*

Group NPI # \*

Group Medicaid Number \*

Group Medicaid Location Code

Please write Ambetter Only in this box if not enrolled with IHCP

# Step 3: Enter Termination Location Details

- Service Location Details.
- Reason for Termination (drop-down).

## Service Location Address

Street Address \*

Address Line 2

City \*

ZIP / Postal Code \*

State \*

Date Term Effective \*

Term Reason \*

# Step 4: Select MHS Programs & Leave Contact Information

- MHS Programs to Terminate.
- Provider Contact Information and Details.

Programs to Term (choose all that apply) \*

- ☐ Healthy Indiana Plan (HIP)
- ☐ Hoosier Care Connect (HCC)
- ☐ Hoosier Healthwise (HHW)
- ☐ Ambetter from MHS
- ☐ Wellcare by Allwell & Wellcare Complete
- ☐ Behavioral Health

**Update Requested By:**

First Name \*

Last Name \*

Date \*

Contact Email \*

Contact Phone Number \*

# Step 5: Enter Termination Details PMP

- Move Members To:
  - This option provides the opportunity to have PMP panel members either auto-assigned or moved to alternate practitioners.
- Up to three (3) alternate practitioners can be submitted.

Move Members To (choose one): \*

- ☐ Auto-Assignment  
☒ Provider

If the accepting provider is **not a current MHS panel holding PMP**, and/or the panel size or age restrictions cannot accommodate individual members being assigned to the requested provider, the members will be auto assigned.

Provider #1 NPI \*

Provider #1 TIN \*

Provider #1 First Name \*

Provider #1 Last Name \*

Provider #2 NPI

Provider #2 TIN

Provider #2 First Name

Provider #2 Last Name

Provider #3 NPI

Provider #3 TIN

Provider #3 First Name

Provider #3 Last Name

Submit

# Step 6: Submit and Confirm

- Ensure to complete the Update Requested By with a valid email address.
- Click Submit to send the request.

Update Requested By:

First Name \*

Last Name \*

Date \*

Contact Email \*

Contact Phone Number \*

Submit

# Add an Additional Location

## Step 1: Select Make an Address Change

- Choose *Add an Additional Location* from the dropdown menu.

### Demographic Update Tool

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

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

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

### What would you like to do?



#### Make an Address Change?

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

# Step 2: Enter Group and Practitioner Details

- Enter Group and Practitioner information.
- If multiple practitioners, you can attach a file.
- Please note that you can only add the additional address to practitioners that are already enrolled with the applicable Group NPI.

## Add an Additional Location

MHS asks that **additional addresses only be requested for practitioners that display on the directory**. Additional address are utilized for directory purposes only and are not needed for claims payment. For more information on addresses and practitioner enrollment please refer to Chapter 17 of the [MHS Provider Manual \(PDF\)](#).

MHS will not process additional address requests for these practitioner types: Emergency Medicine, Radiology, Anesthesiology (excluding Pain Management), Pathology, CRNA, Midwives, Occupational Therapy, Mid-levels not acting as a PCP holding a panel, and Practitioners who practice exclusively in a facility setting.

Group/Facility Name \*

Group Indiana Medicaid Number \*

Tax ID Number \*

Group NPI Number \*

Practitioner First Name

Practitioner Last Name

Practitioner NPI

Multiple Practitioners

No file chosen

If multiple practitioners are adding this address as an additional location, please attach a spreadsheet with their names and NPI numbers.

# Step 3: Enter Address Details

- Complete the additional Location Address fields.

## Additional Location Address

Street Address \*

Address Line 2 \*

City \*

State \*

ZIP / Postal Code \*

Appointment Phone Number \*

Location Phone Number \*

Office Hours (Monday) \*

Office Hours (Tuesday) \*

Office Hours (Wednesday) \*

# Step 4: Leave Comments and Contact Info

- Use Comments box to provide us what the Effective Date of this change should be and any other relevant comments to support the request.
- Enter your contact email.
- Click Submit to finalize the update.

Comments

Update Requested By:

First Name \*

Last Name \*

Date \*

Contact Email \*

Contact Phone \*

Submit

# Change an IRS Number (TIN)

## Step 1: Select 'Make a Change to an IRS or NPI Number'

Choose the appropriate option from the dropdown list.

### Demographic Update Tool

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

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

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

### What would you like to do?

Make an Address Change?



Make a Demographic Change?



Update Member Assignment Limitations?



Term an Existing Provider?



Make a Change to an IRS Number or NPI Number?



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

# Step 2: Upload Documentation

- Complete Group Name/TIN/NPI fields.
- Attach completed **W-9** and any other supporting documentation.
- Comments: Include effective date and applicable locations.
- Review for accuracy and completeness.
- Enter contact details including a valid email and click Submit.

## Change an IRS Number (TIN)

Group/Facility Name \*

Old Tax Identification Number (TIN) \*

Old Group NPI # \*

New Tax Identification Number (TIN) \*

New Group NPI # \*

Please Attach a Completed W9 \*

No file chosen

Please attach a completed W9. Please submit enrollments through your Provider Relations staff member if you bill with a SSN as your TIN.

Comments

Update Requested By:

First Name \*

Last Name \*

Date \*

Contact Email \*

Contact Phone Number \*

Contact Phone Number \*

# Update A Billing Address


## Step 1: Select Make an Address Change

- Choose the Update a Billing Address option from the dropdown list.

### Demographic Update Tool


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

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

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

### What would you like to do?



Make an Address Change? 

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

# Step 2: Enter Details & Upload Documentation

- Complete *Group Name/Medicaid ID/TIN/NPI* fields.
- Provide updated *Billing Address* Information.
- Attach updated W-9 or tax documents.

## Update a Billing Address

Group/Facility Name \*

Group Indiana Medicaid #

Tax ID # \*

Group NPI # \*

### Billing Address

Street Address \*

Address Line 2

City \*

ZIP / Postal Code \*

State/Province/Region \*

Billing Address Phone Number \*

Should the 1099 address be updated?

☐ Yes (please attach W9)

☐ No

Please Attach a Completed W9

No file chosen

# Step 3: Confirm & Submit

- Review for accuracy and completeness.
- Leave comments and please include effective date and applicable locations.
- Enter a valid email and click *Submit*.

Update Requested By:

First Name \*

Last Name \*

Date \*

Contact Email \*

Contact Phone \*

Submit

# Change a Primary Location

## Step 1: Select Make an Address Change

- From the dropdown list, choose Change a Primary Location.

### Demographic Update Tool

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

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

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

### What would you like to do?



#### Make an Address Change?

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

# Step 2: Enter Group & Practitioner Details

- Complete Group/Practitioner Name/TIN/NPI fields.
- Attach listing of practitioners (including NPI) if multiple locations are changing Primary Location.

## Change a Primary Location

Group/Facility Name \*

Group NPI # \*

Group Medicaid Number \*

Alpha Suffix

Tax ID # \*

Practitioner First Name \*

Practitioner Last Name \*

Practitioner NPI

Multiple Practitioners

No file chosen

If multiple practitioners are moving, please attach a spreadsheet with their names and NPI numbers

# Step 3: Enter Address Details

- Complete Old and New address fields
- Provide Office Hours details.

## Old Primary Location Address

Street Address \*

Address Line 2

City \*

State \*

Zip / Postal Code \*

## New Primary location Address

Street Address \*

Address Line 2

City \*

Zip / Postal Code \*

State \*

Appointment Phone Number \*

Primary Phone \*

Office Hours (Monday) \*

# Step 4: Submit & Confirm

- Review for accuracy and completeness.
- Leave Comments and please include effective date and applicable locations.
- Enter a valid email and click Submit.

Comments

**Update Requested By:**

First Name \*

Last Name \*

Date \*

Contact Email \*

Contact Phone Number \*

Submit

# Remove a Location

## Step 1: Select Make an Address Change

- From the dropdown list, choose Remove a Location.

### Demographic Update Tool

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

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

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

### What would you like to do?



Make an Address Change?

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

# Step 2: Enter Group & Practitioner Details

- Complete Group/Practitioner Name/TIN/NPI fields.
- Indicate if location closing completely.

## Remove a Location

Use this form if you want to remove a location from a practitioner or group

Group/Facility Name \*

Group Indiana Medicaid # \*

Tax ID # \*

Group NPI # \*

Practitioner First Name

Practitioner Last Name

Practitioner NPI

Is this location closing completely?

☐ Yes

☐ No

# Step 3: Enter Address Details

- Enter information on the location to be removed.
- Review for accuracy and completeness.
- Provide Comments including effective date of change.
- Enter Contact Details with valid email and click Submit.

## Delete Location Address:

Street Address \*

Address Line 2

City \*

ZIP / Postal Code \*

State \*

Location Phone Number

Comments

## Update Requested By:

First Name \*

Last Name \*

Date \*

Contact Email \*

Contact Phone \*

Submit

# Notify Us of an Office Move

## Step 1: Select 'Make an Address Change'

- From the dropdown list, choose Notify us of an Office Move.

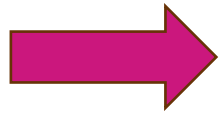
### Demographic Update Tool

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

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

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

### What would you like to do?



#### Make an Address Change?

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

# Notify Us of an Office Move

## Step 2: Enter Group Details

Enter *Group Name/NPI/  
Tax ID#*

### Notify Us of an Office Move

This form must be used Only when the entire office moves locations.

Group/Facility Name \*

Group NPI # \*

Tax ID # \*

# Notify Us of an Office Move

## Step 3: Enter Address Details

Provide Office Moving From and Office Moving To details.

### Office moving From:

Street Address \*

Address Line 2

City \*

Zip / Postal Code \*

State \*

Group Medicaid # \*

Alpha Suffix

### Office moving To:

Street Address \*

Address Line 2

City \*

State \*

Zip / Postal Code \*

Group Medicaid # \*

Alpha Suffix \*

Appointment Phone Number \*

Office Phone Number \*

# Notify Us of an Office Move

## Step 4: Confirm & Submit

- Provide Comments.
- Enter Effective date of the Change.
- Hit Submit.

Comments

Update Requested By:

First Name \*

Last Name \*

Date \*

Enter date in MM/DD/YYYY format

Contact Email \*

Contact Email \*

Contact Phone Number \*

Submit

# Thank You for Supporting Quality Care

- Accurate provider data ensures timely and appropriate member care.
- Your commitment supports access, trust, and continuity of care across Indiana.
- Thank you for being a valued partner in our provider network.
- If you have any questions or need help:  
Call Provider Services at **1-877-647-4848**  
Monday - Friday from 8:00 a.m. – 8:00 p.m. EST.  
Or visit the **Contact Us** page on the [MHS Website.](#)

# MHS Provider Engagement Team

---



---

# MHS Resources

- For additional information, please contact your MHS Provider Engagement Account Manager to schedule an appointment today
- Additional resources available at on the **MHS Website**
- Register online for additional **Monthly Web Sessions**

# PEAM Contact Information

## NORTHEAST REGION

For claims issues, email:  
MHS\_ProviderRelations\_NE@mhsindiana.com  
joy.k.diarra@mhsindiana.com  
Joy Diarra, Provider Engagement Account Manager  
1-317-864-2378

## NORTHWEST REGION

For claims issues, email:  
MHS\_ProviderRelations\_NW@mhsindiana.com  
Candace.V.Ervin@mhsindiana.com  
Candace Ervin, Provider Engagement Account Manager  
1-317-364-7635

## NORTH CENTRAL REGION

For claims issues, email:  
MHS\_ProviderRelations\_NC@mhsindiana.com  
Natalie.Smith@mhsindiana.com  
Natalie Smith, Provider Engagement Account Manager  
1-317-379-9035

## CENTRAL REGION

For claims issues, email:  
MHS\_ProviderRelations\_C@mhsindiana.com  
ldavis@mhsindiana.com  
Latisha Davis, Provider Engagement Account Manager  
1-317-601-5999

## SOUTH CENTRAL REGION

For claims issues, email:  
MHS\_ProviderRelations\_SC@mhsindiana.com  
DDENNING@mhsindiana.com  
Dalesia Denning, Provider Engagement Account Manager  
1-317-951-3800

## SOUTHWEST REGION

For claims issues, email:  
MHS\_ProviderRelations\_SW@mhsindiana.com  
Dawnalee.A.McCarty@mhsindiana.com  
Dawn McCarty, Provider Engagement Account Manager  
1-317-556-6171

## SOUTHEAST REGION

For claims issues, email:  
MHS\_ProviderRelations\_SE@mhsindiana.com  
tiffany.calloway@centene.com  
Tiffany Calloway,  
Provider Engagement Account Manager  
1-812-697-8126

# PEAM Manager Map Color Key



# Large Provider Groups - Carolyn

## CAROLYN VALACHOVIC MONROE

Provider Engagement Account Manager

1-317-443-8243

CMONROE@mhsindiana.com

## PROVIDER GROUPS

Eskenazi/The Health and Hospital  
Corp.

Baptist Health

Lifespring

Wellcare

Deaconess (including Little Company  
of Mary)

Good Samaritan

Norton (including King's Daughters,  
Clark & Scott Memorial)

Indiana University Health

Reid Hospital

St. Elizabeth Hospital

Community Health

# Large Provider Groups - Mona

## MONA GREEN

Provider Engagement Account Manager  
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

# Behavioral Health Provider Contact

## ANGEL JOHNSON

Provider Engagement Account Manager

1-317-468-5184

[angel.johnson3@centene.com](mailto:angel.johnson3@centene.com)

## PROVIDER GROUPS

Park Center

Otis Bowen

Centerstone

Valley Oaks Health

Grant-Blackford

Four County

Hamilton Center

Community Mental Health  
Center (Lawrenceburg)

Oaklawn

Northeastern Center

Edgewater Health

Regional Mental Health

Swanson Center

Porter-Starke Services

Southwestern Behavioral  
Community Mental Health  
Center (Vevay/Batesville)

# Additional Contact Information

**MHS Provider Network**

**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.L.Funk@mhsindiana.com

**CENTENE VISION**

**SIERRA HICKS**  
sierra.hicks@centene.com  
Vision Provider Services: 1-844-820-6523

**CENTENE DENTAL**

**THOMAS "TONY" SMITH**  
thomas.smith3@centene.com  
Dental Provider Services: 1-855-609-5157

# Thank You for Attending!

By taking a few moments to complete the event and sessions evaluations, you'll help us understand your experience and shape the future of our programs.



---

# Questions?

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

---