Provider Directory Accuracy and Updates

2025 Indiana Health Coverage Programs (IHCP) Annual Works Seminar

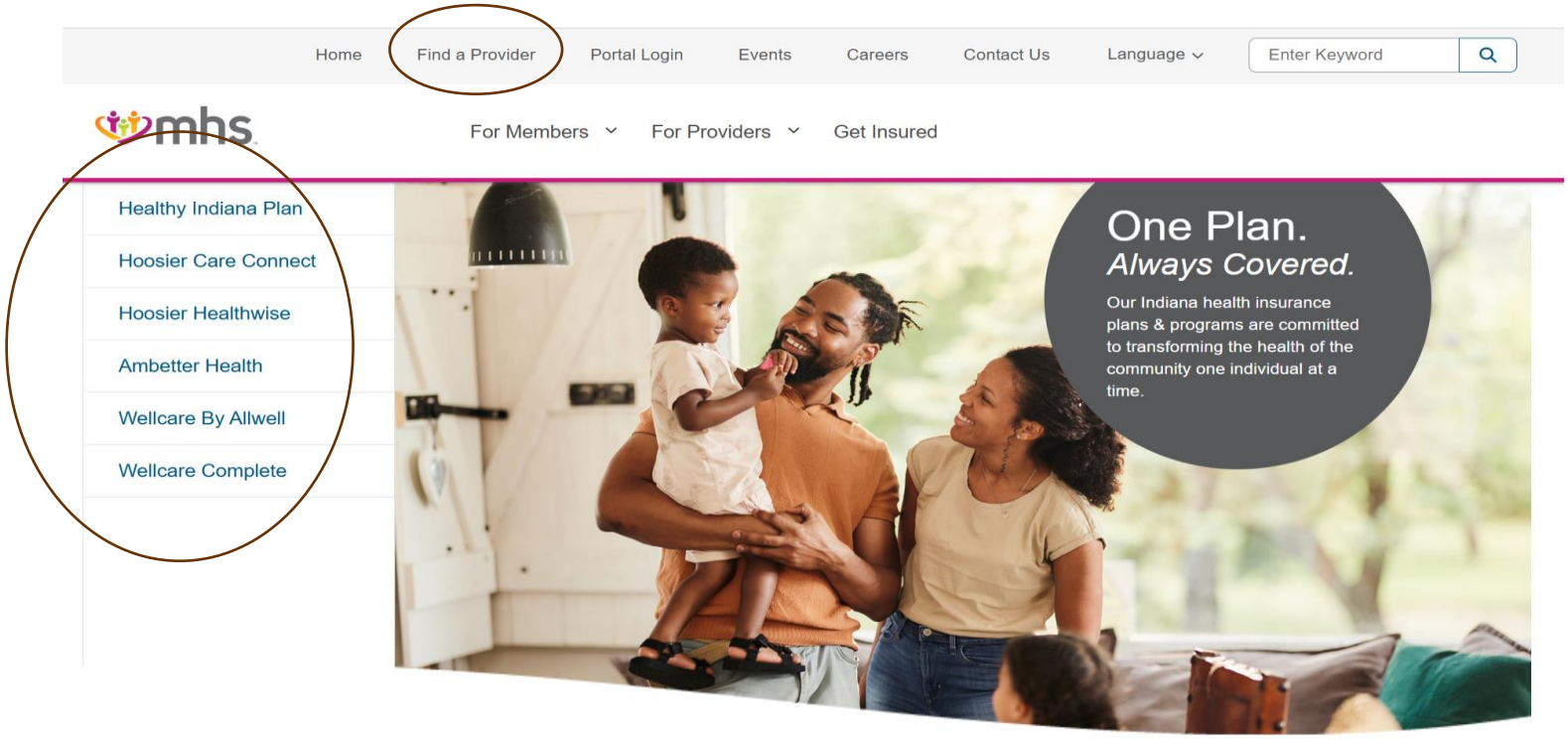
Confidential and Proprietary

Agenda

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

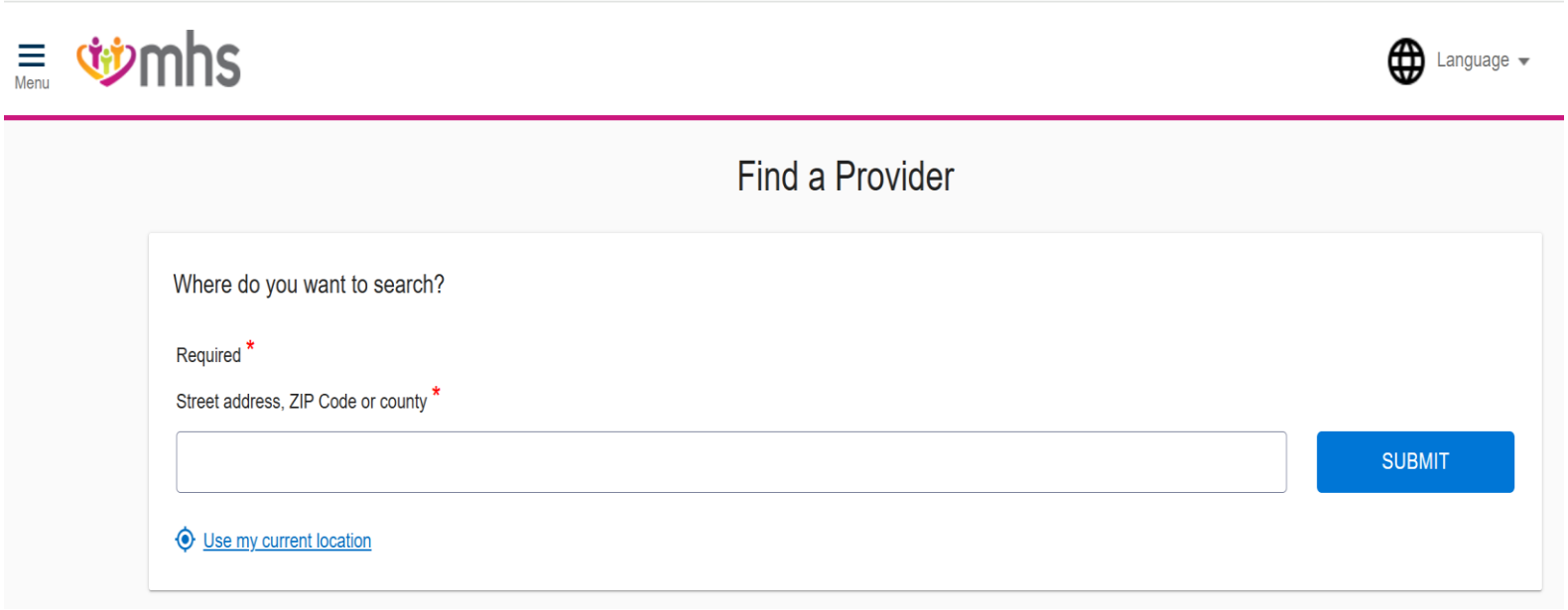
Directory Overview

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.

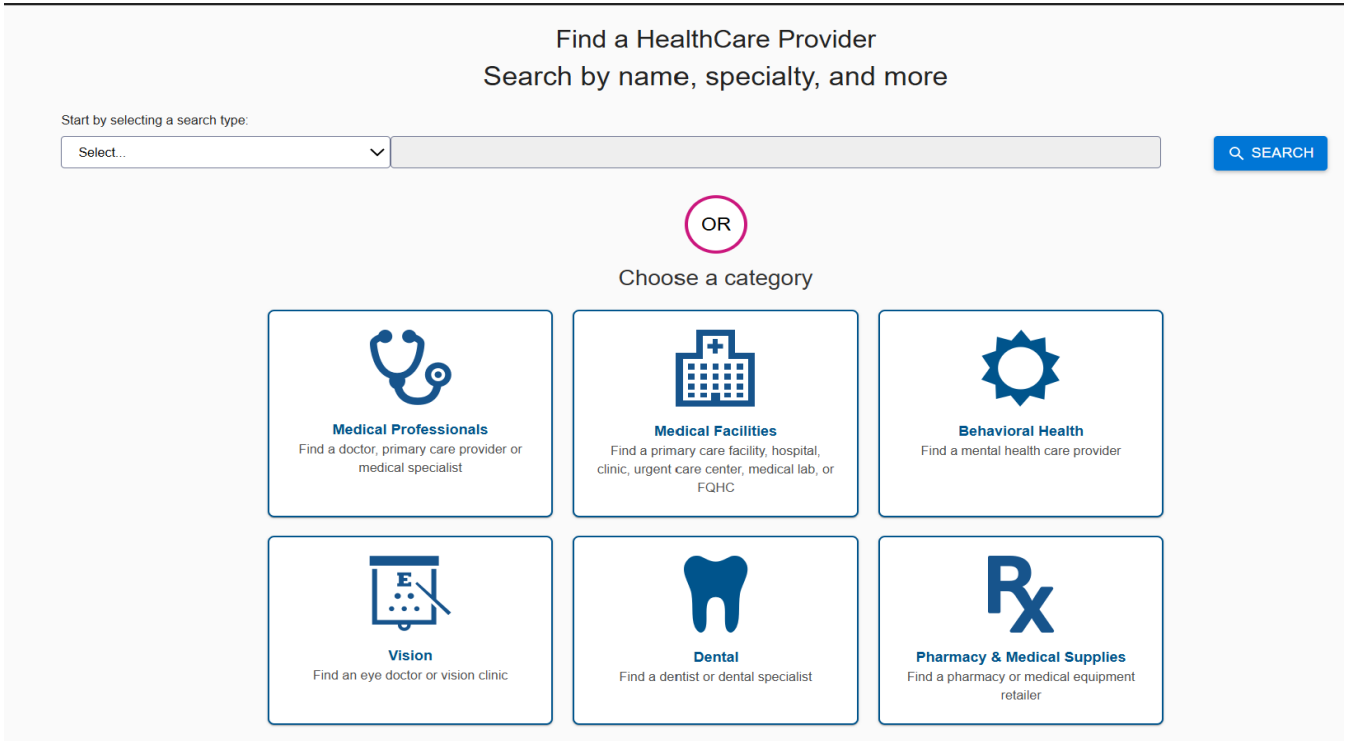
Find a Provider



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

- Street Address
- Zip Code
- County

Find a Provider by Name, Specialty, etc.

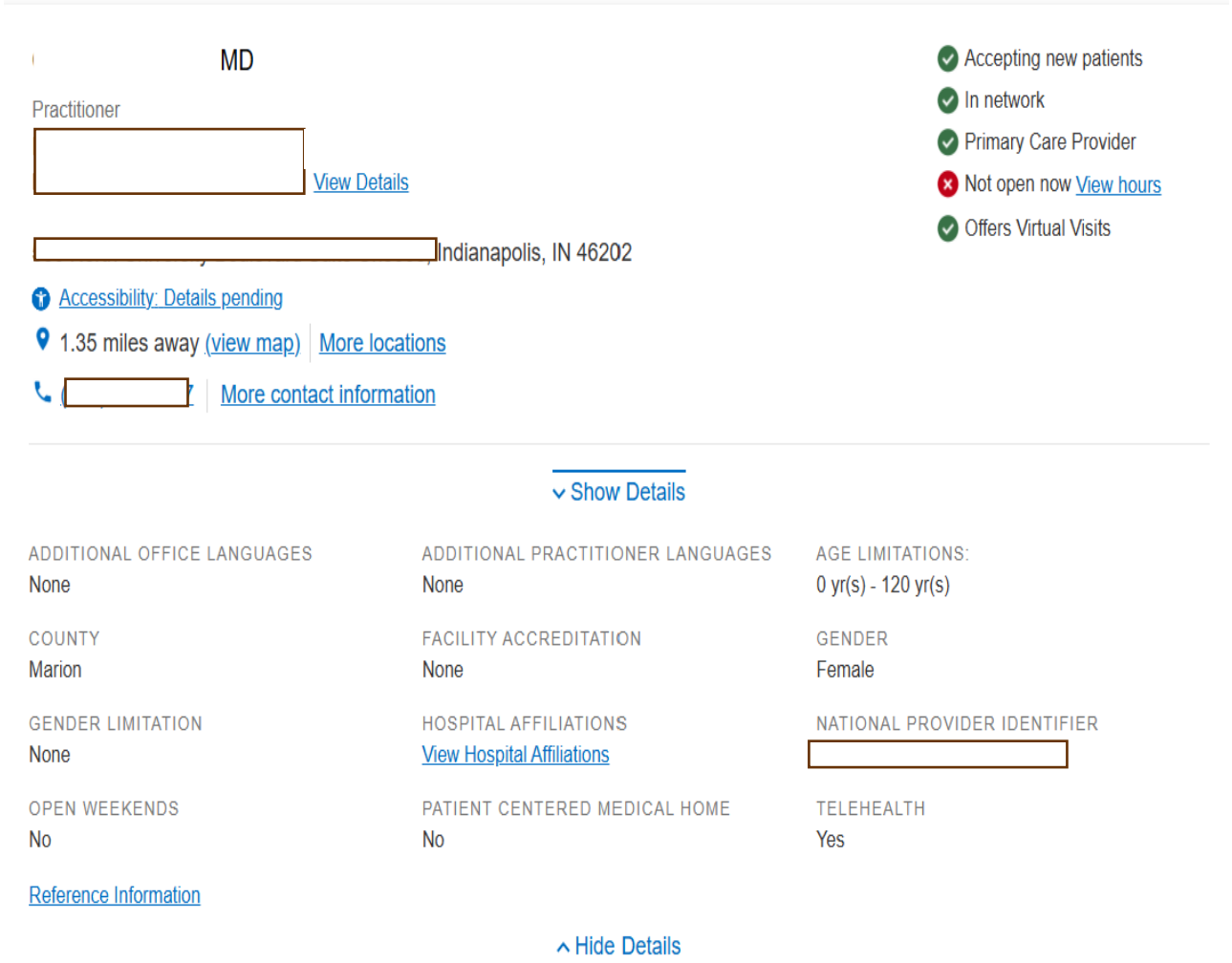


Find a Healthcare Provider (Drop-Down Options):

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

*Choose by Category.

Find a Provider Perinate Information



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.

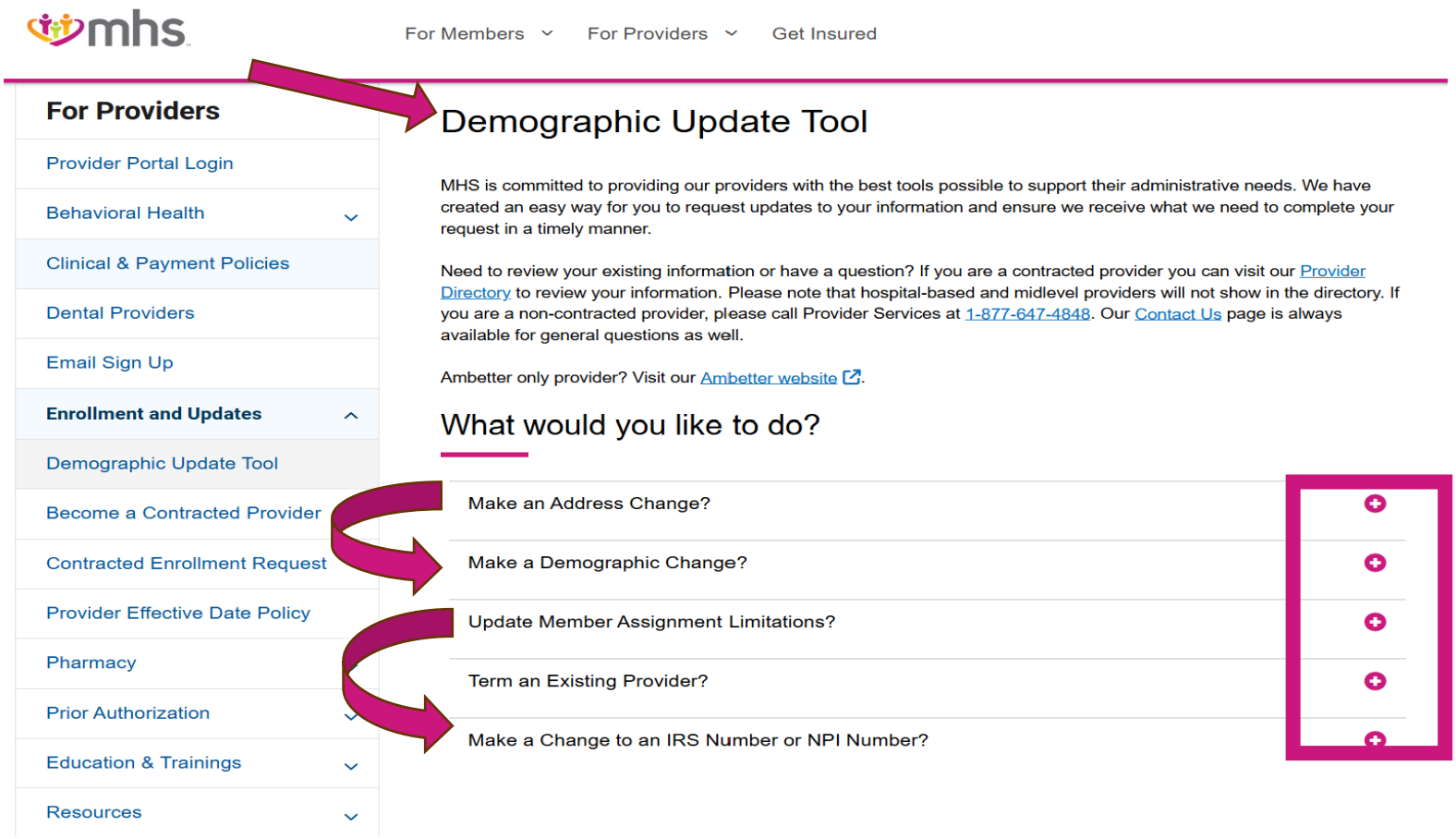
The above two (2) barriers affect overall directory accuracy by reducing the total number of records audited.

Demographic Update Tool

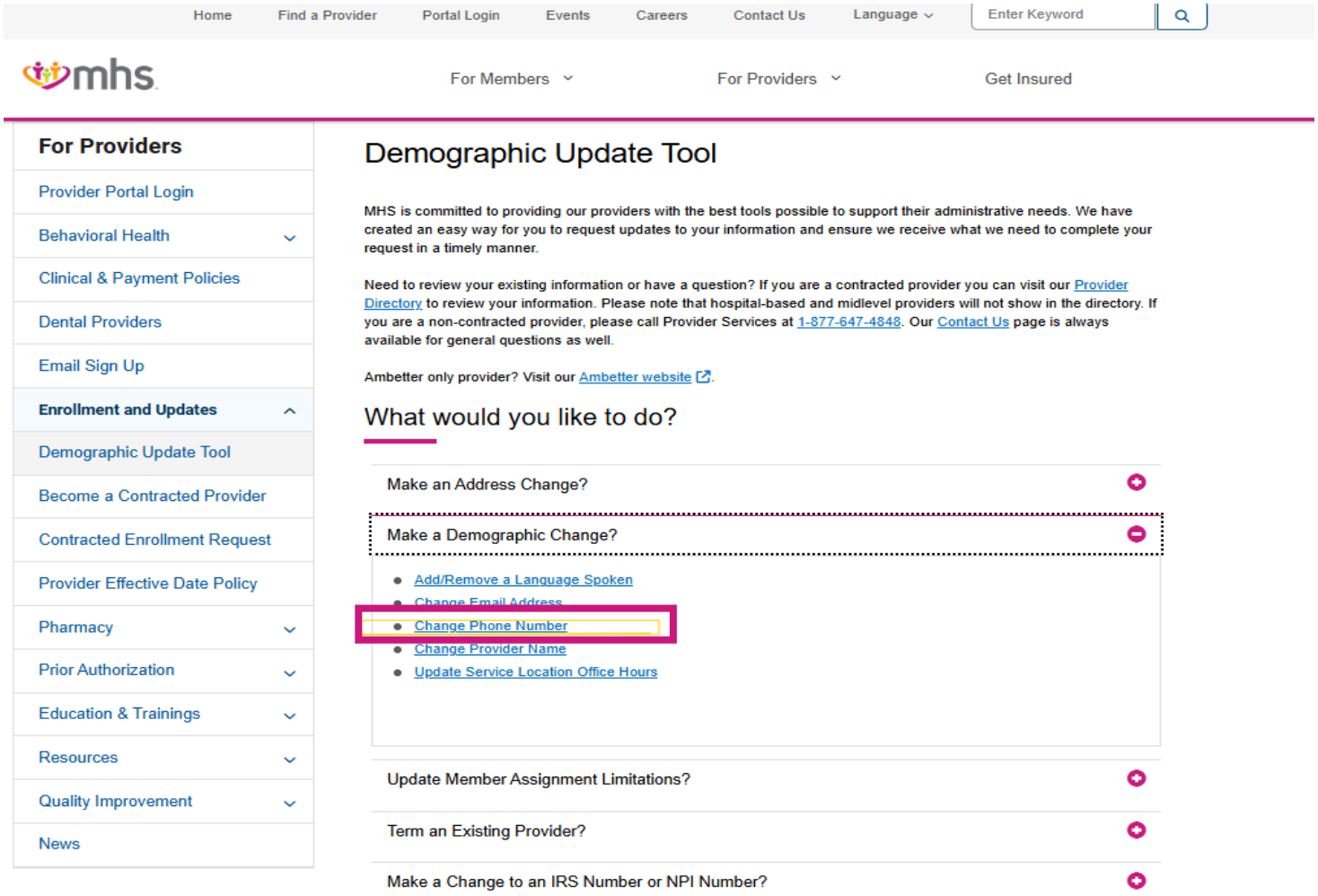
Provider Training Guide - MHS Demographic Update Tool

- 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

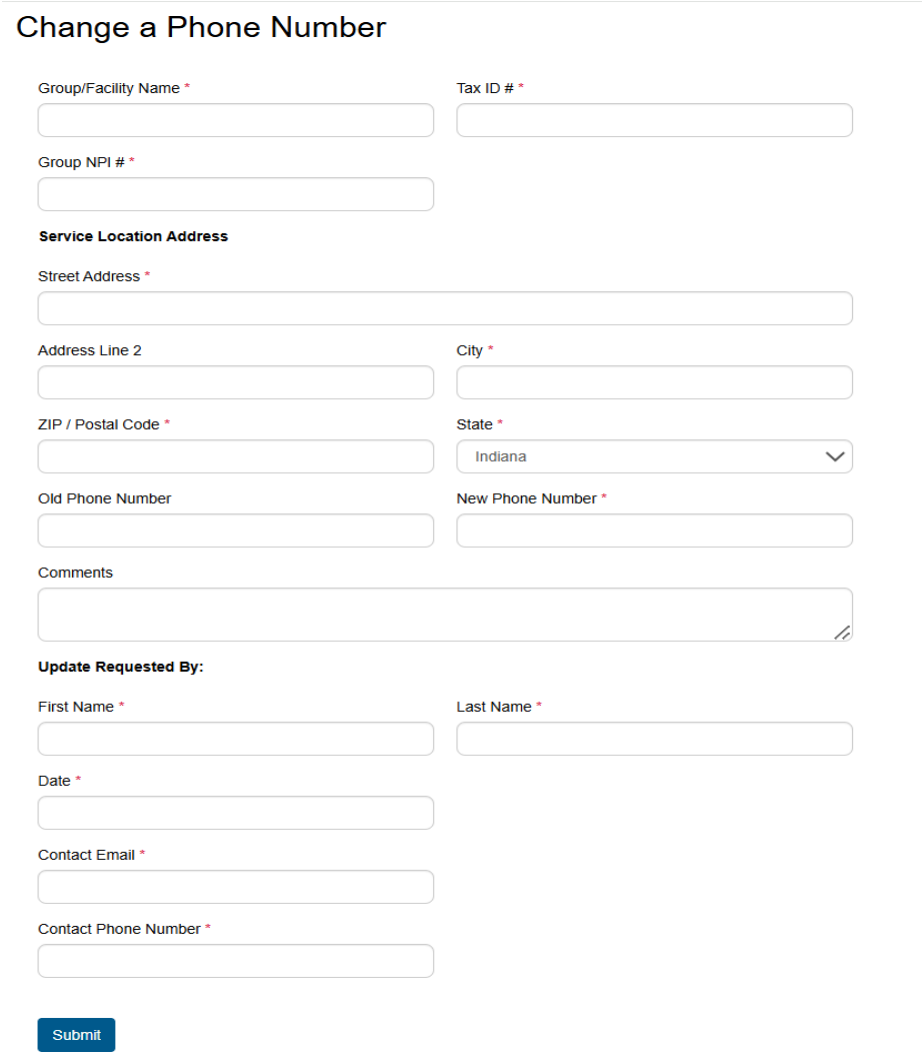


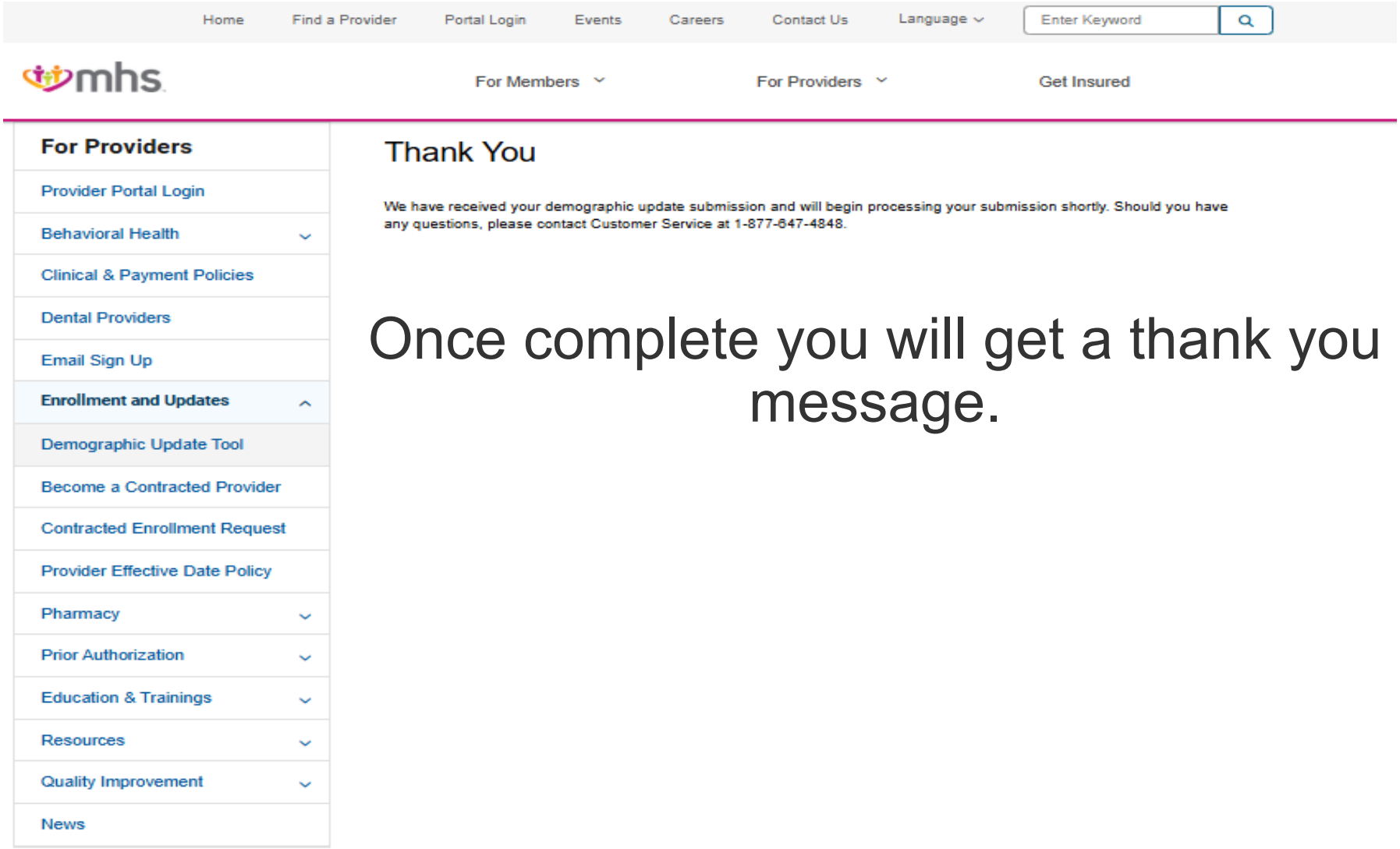
Update Phone Number



Update Phone Number –Fields

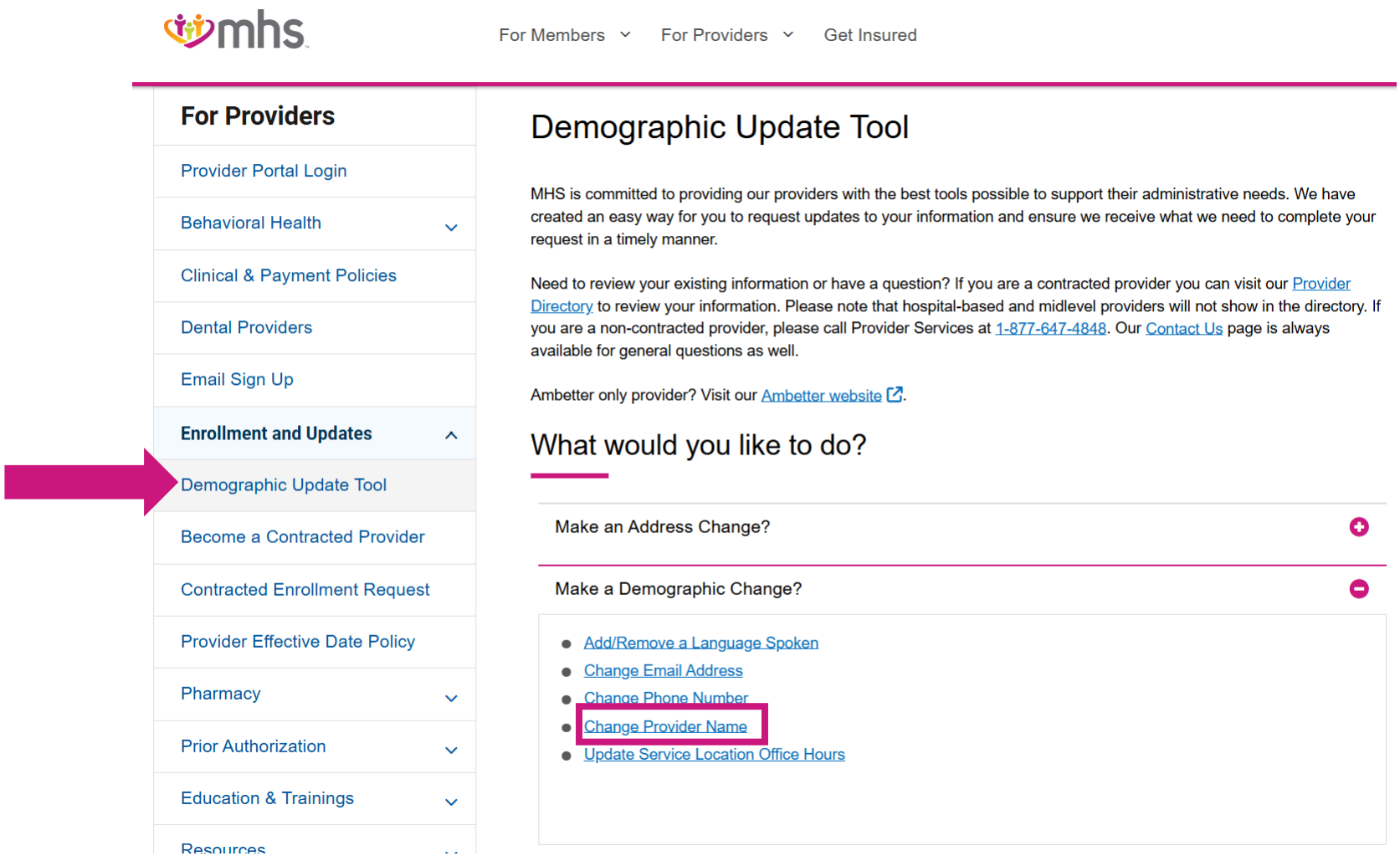
- Once you've selected Change a Phone number, please complete all RED fields.
- Enter the new phone number and fax (if applicable).
- Double-check for accuracy.
- Be sure to leave *Comments*.
- Complete the *Update Requested By* fields with reliable contact information in case we need to outreach.
-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





Once complete you will get a thank you message.

Change Provider Name



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.

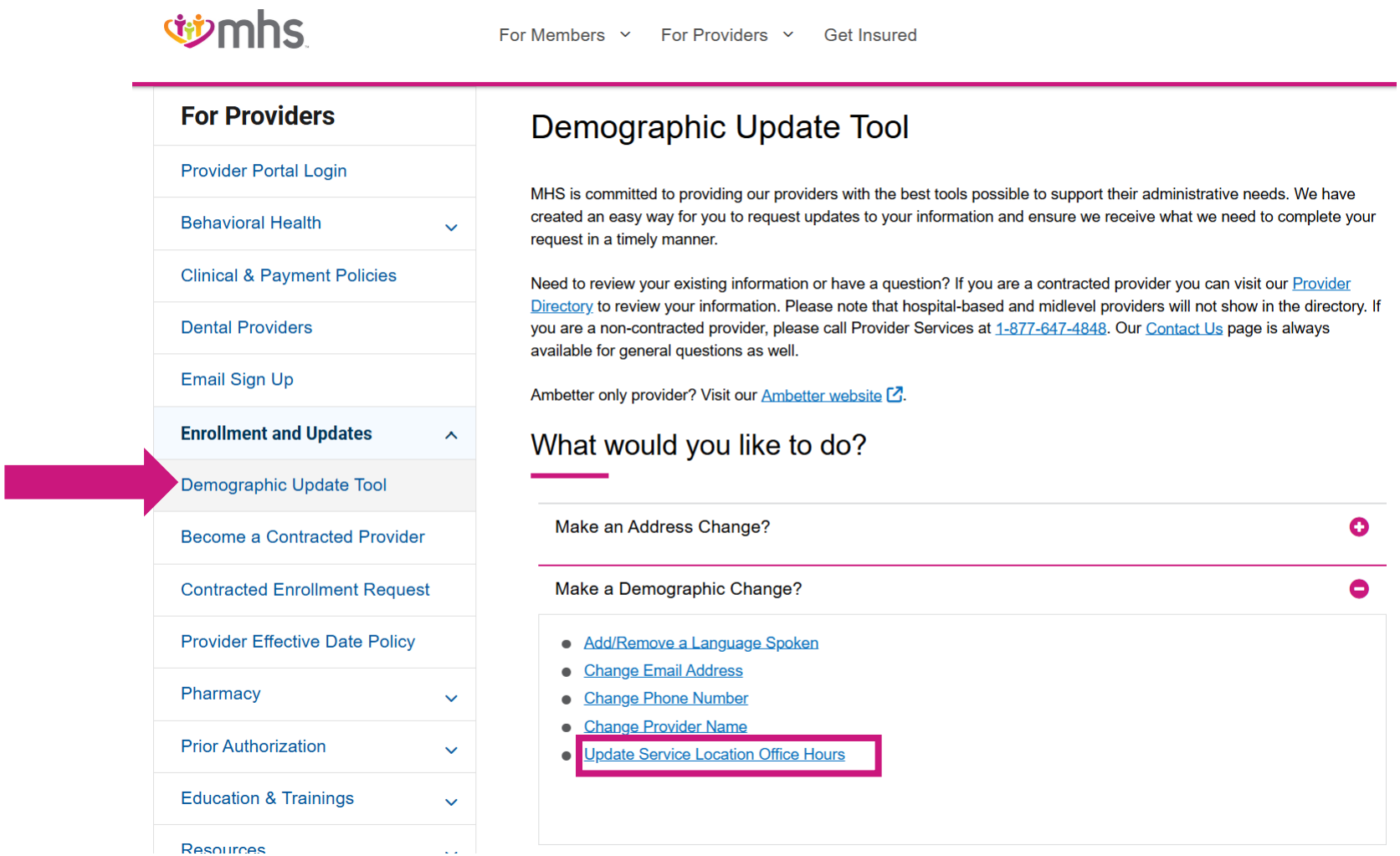
Provider Name Change Best Practices

- USE LEGAL NAME CHANGE CERTIFICATE TO VERIFY THE NEW NAME

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

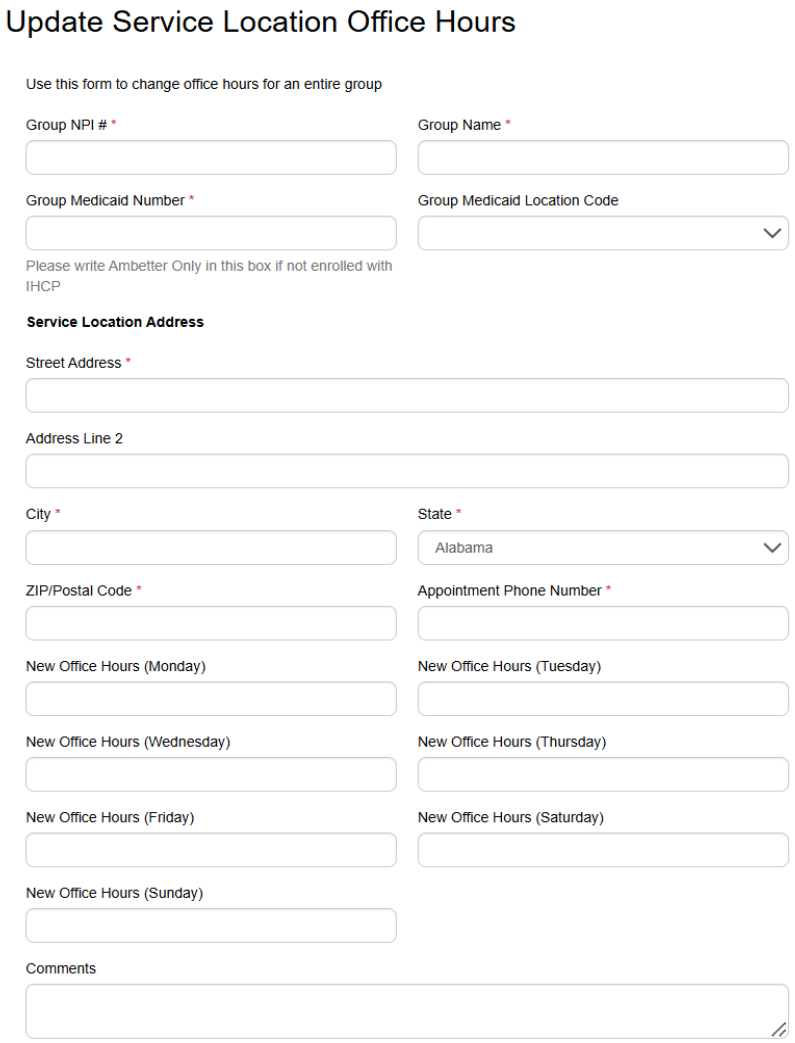
- FOLLOW UP IF YOU DO NOT RECEIVE A CONFIRMATION WITHIN THREE BUSINESS DAYS.

Update Service Location Office Hours

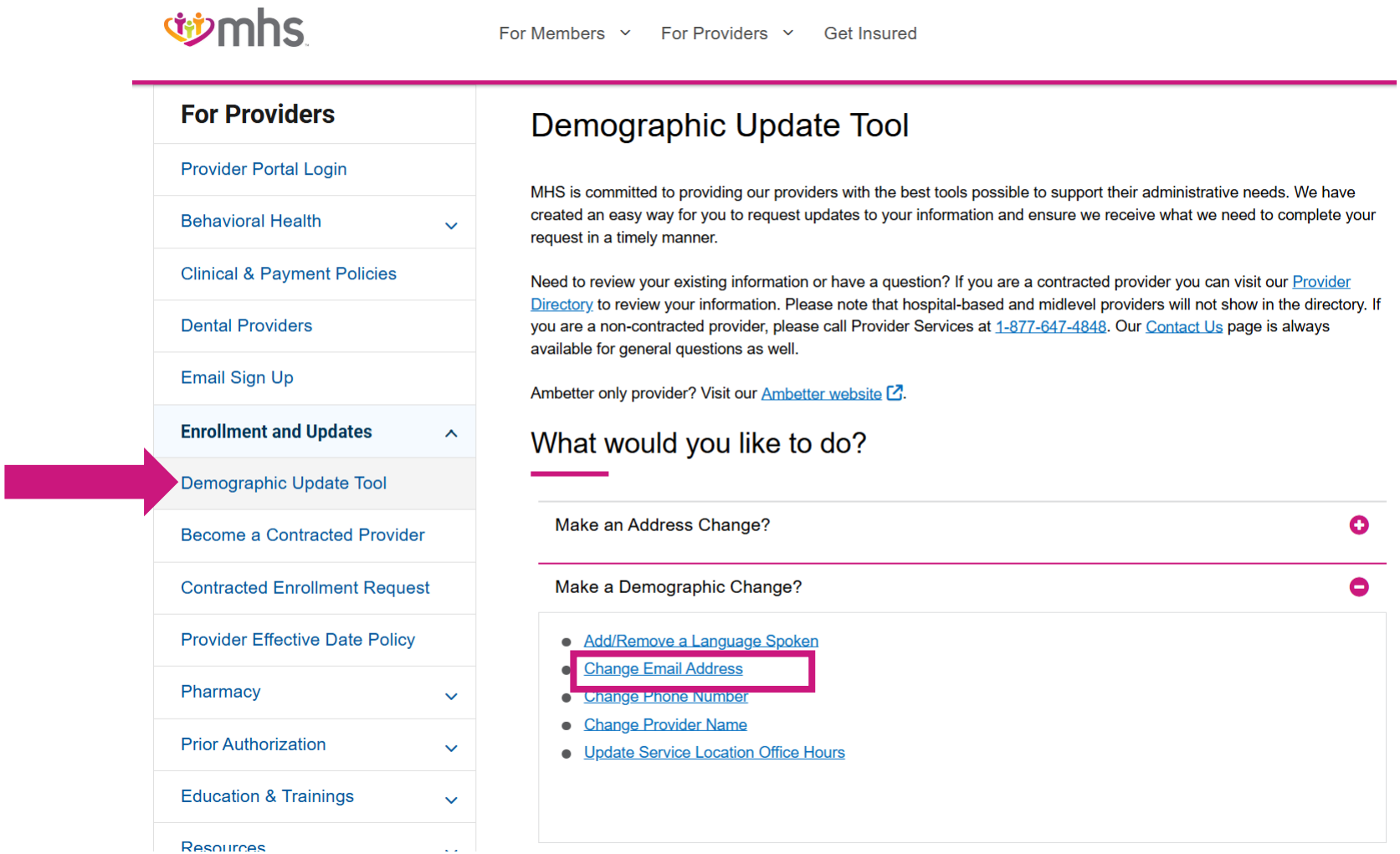


Update Service Location Office Hours- Fields

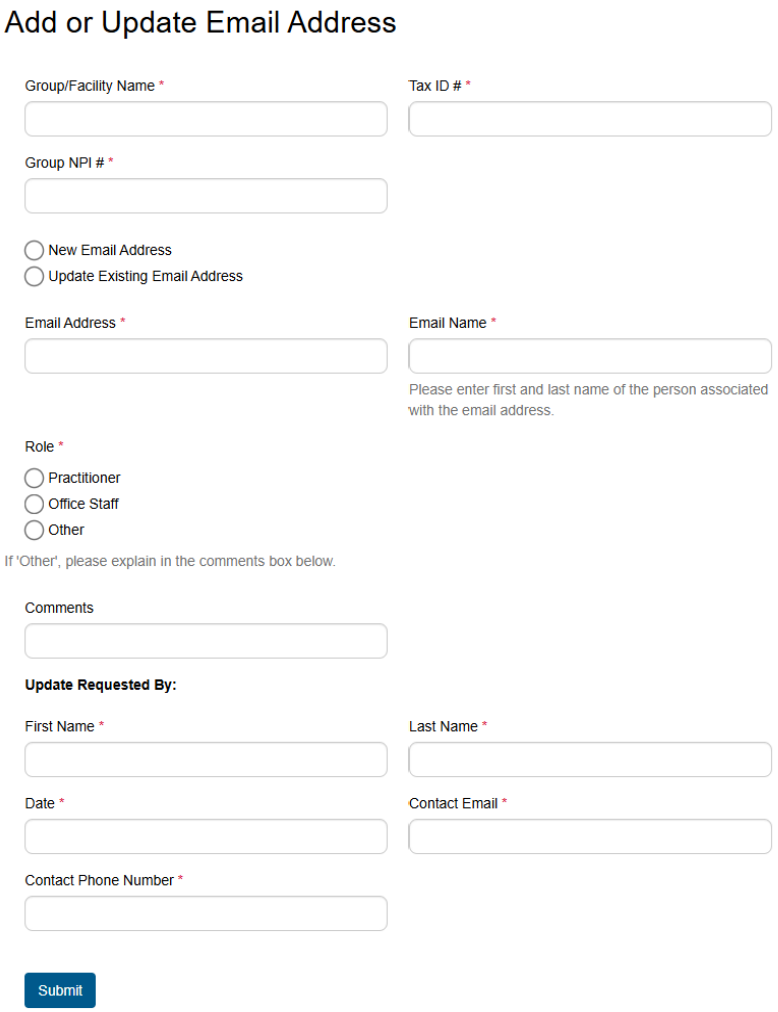
- Go to MHS Demographic Update Tool.
- Navigate to *Update Service Location Office Hours*.
- Complete all required fields.
- Be sure the information is accurate and submit.
- Await email confirmation.



Change Email Address

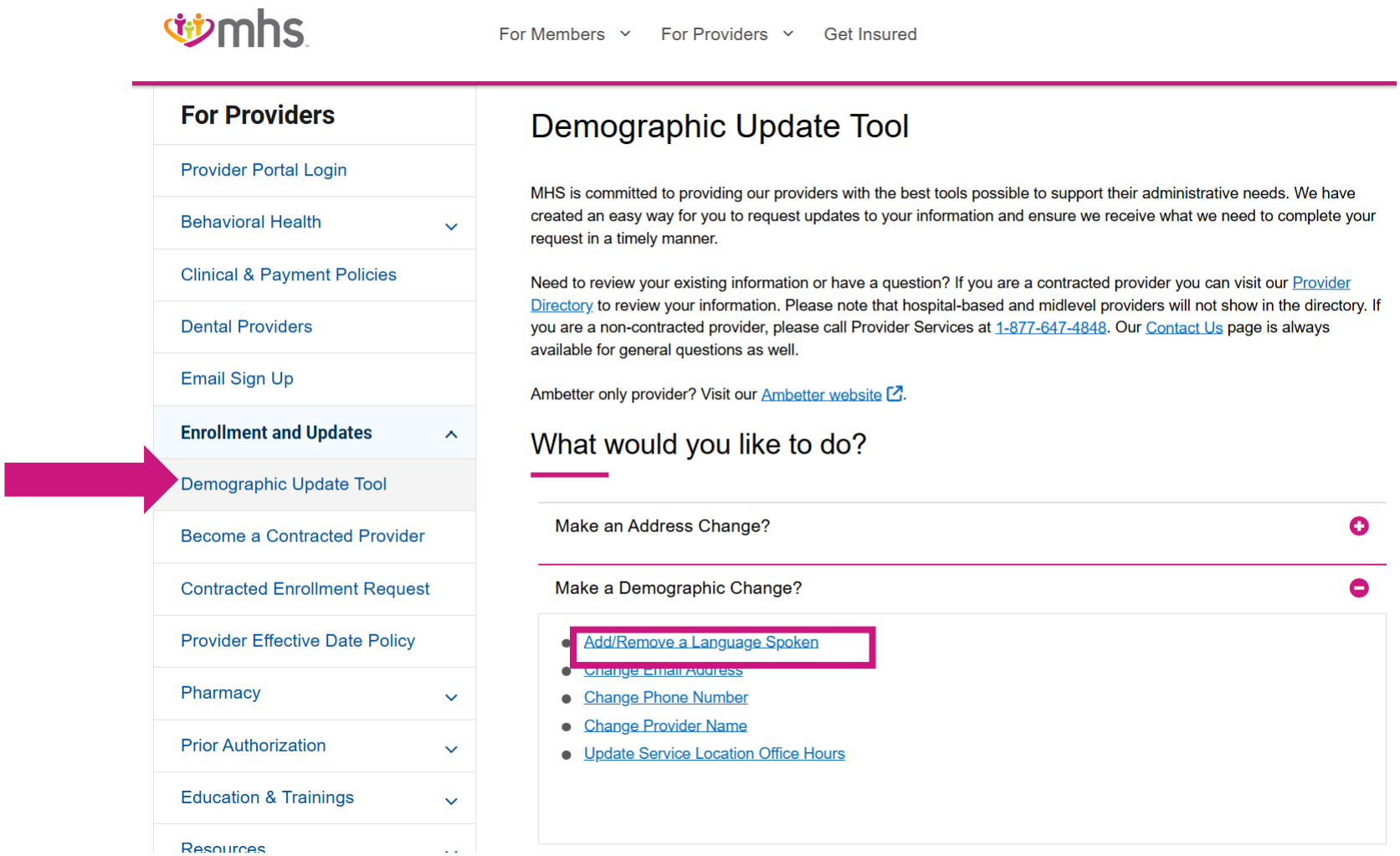


Add or Update Email Address

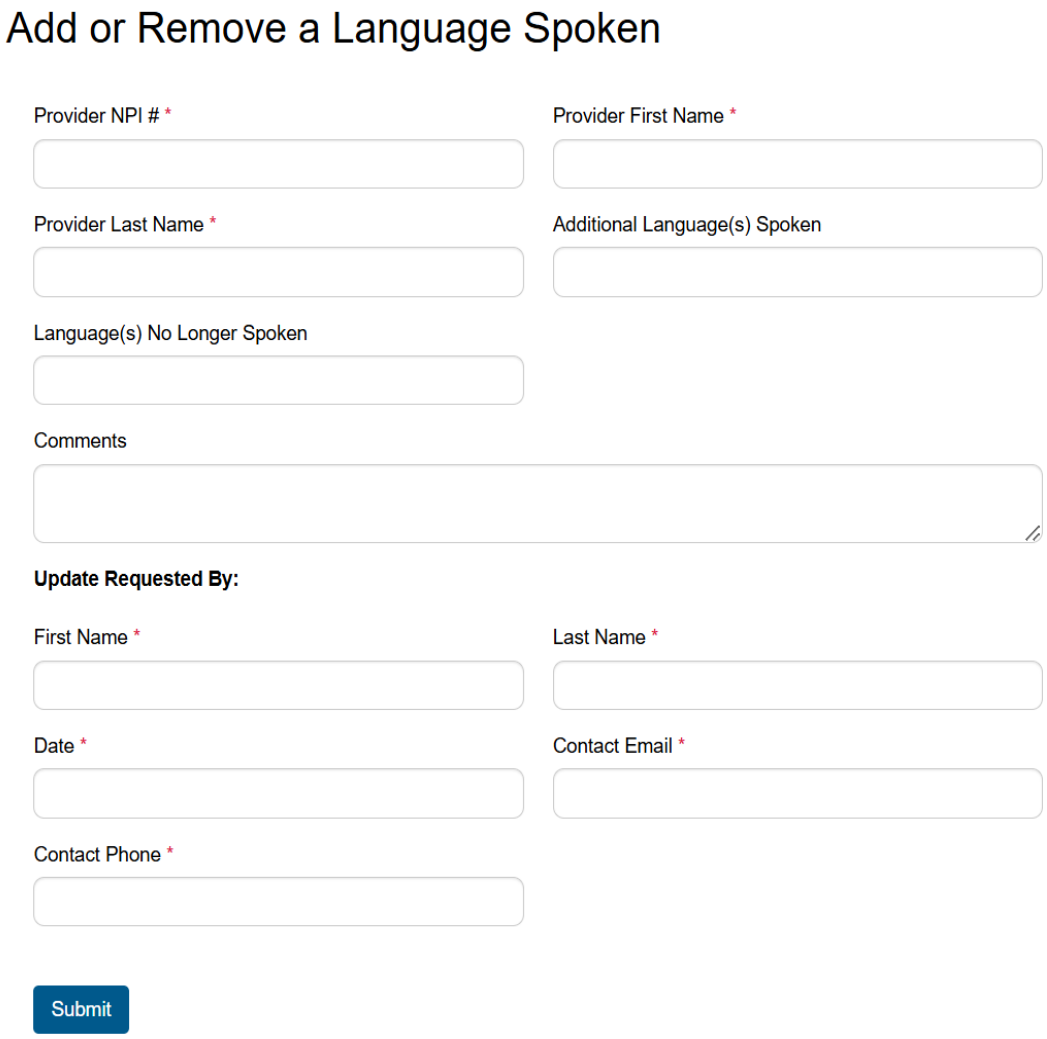


- Once you have selected *Add or Update Email Address*, please complete all RED fields.
- Enter all required information.
- Double-check for accuracy.
- Complete the *Update Requested By* fields with reliable contact information in case of outreach.
- Review all information is correct then *Submit*.

Add or Remove a Language Spoken



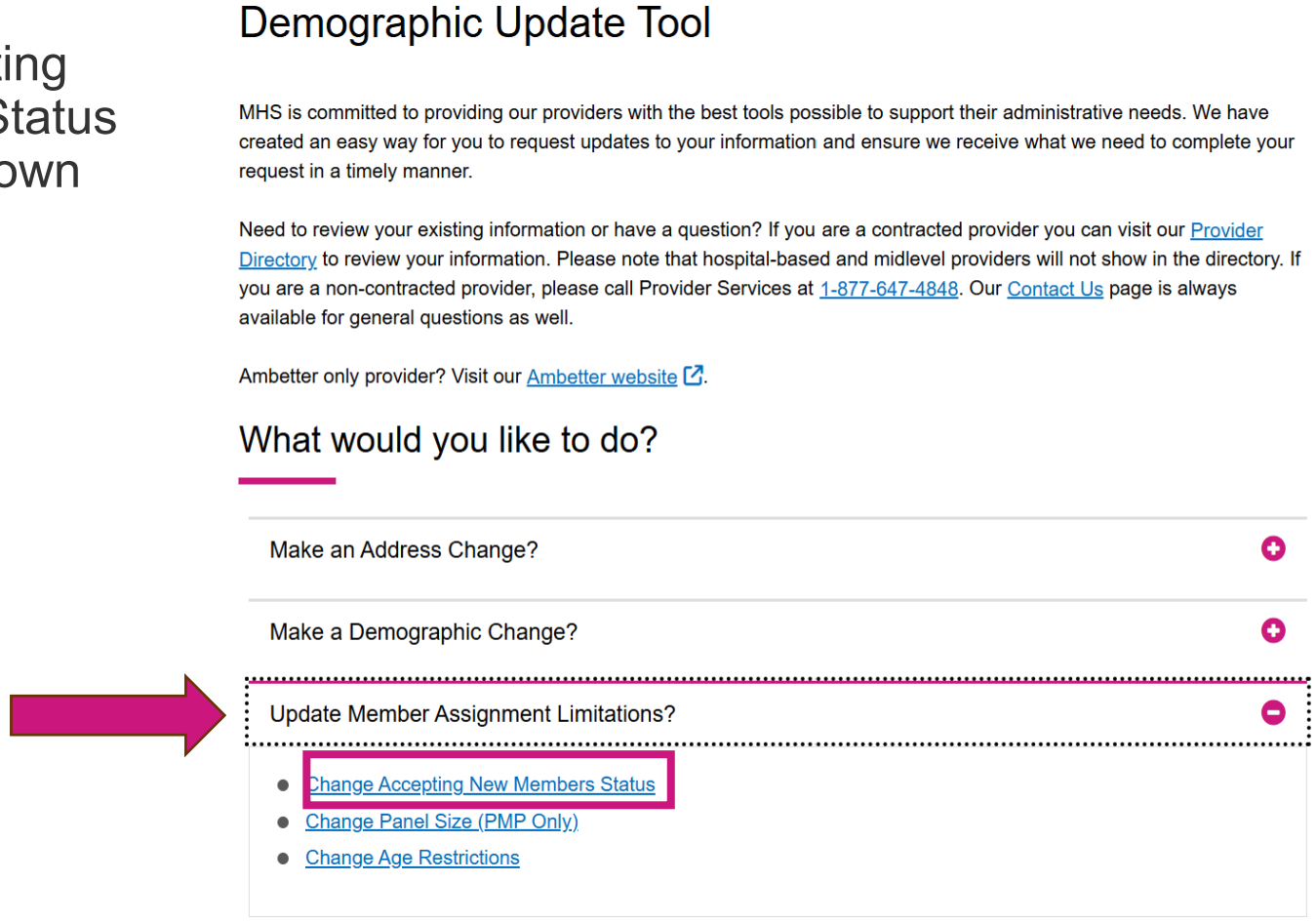
Add or Remove a Language Spoken – Fields



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

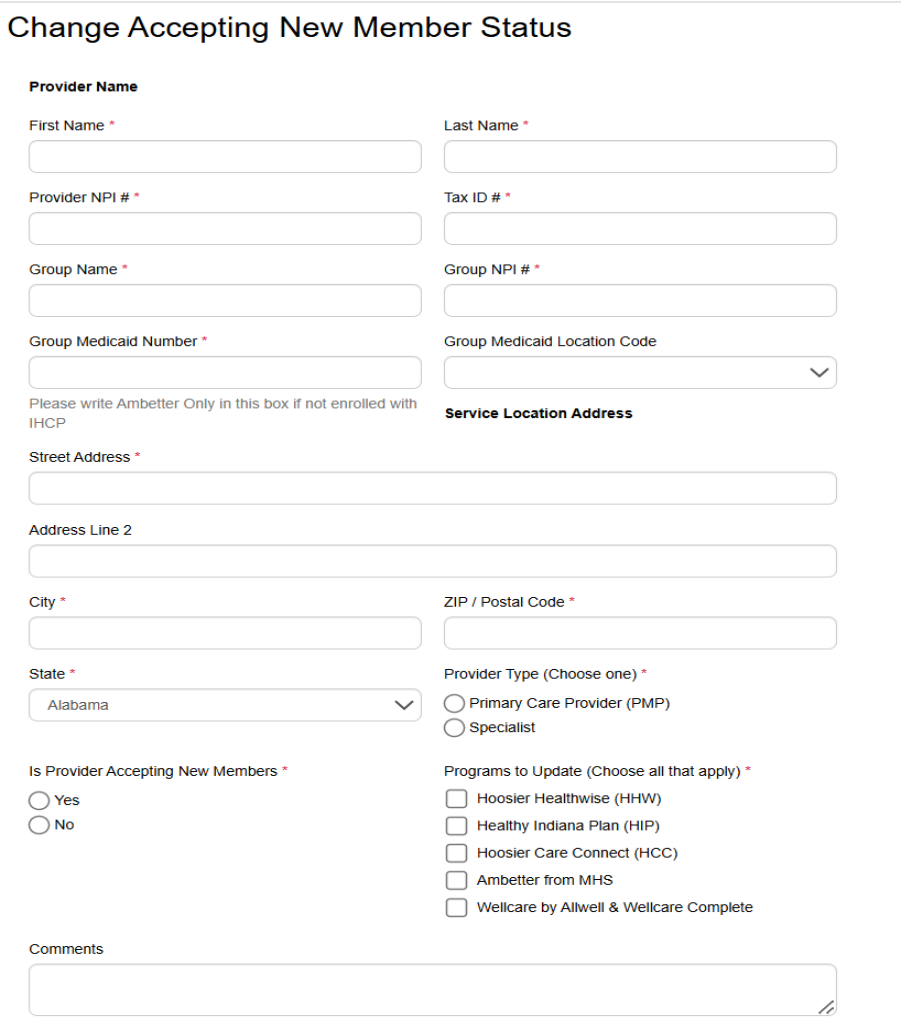
Update Accepting New Member Status Step 1: Select Update Member Assignment Limitations

Choose Accepting New Member Status from the dropdown menu.



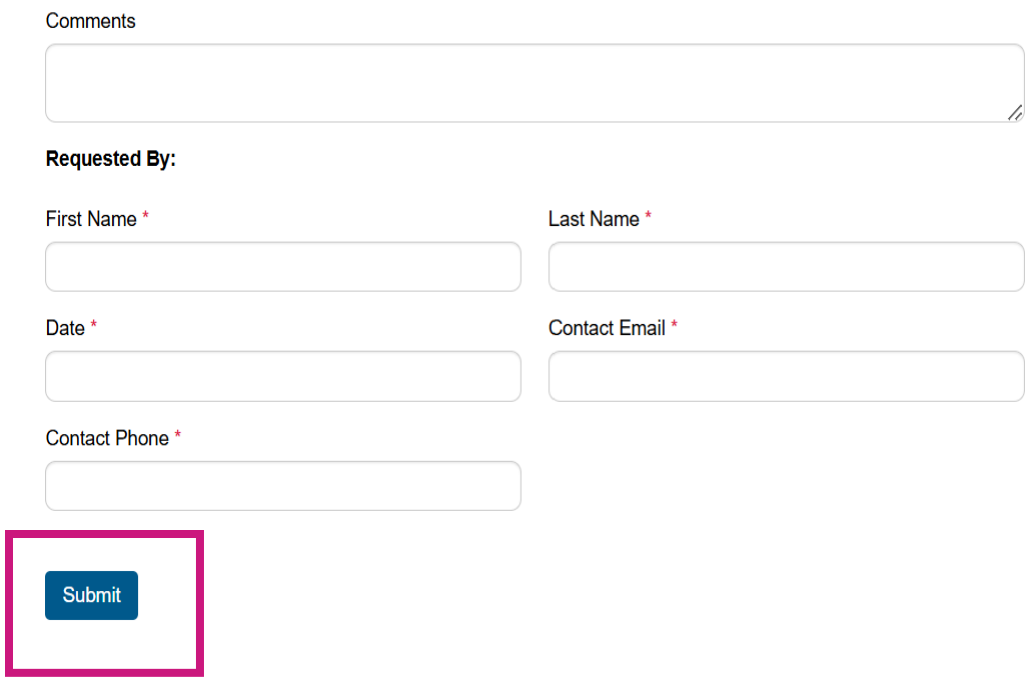
Step 2: Enter Limitation Details

- 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.



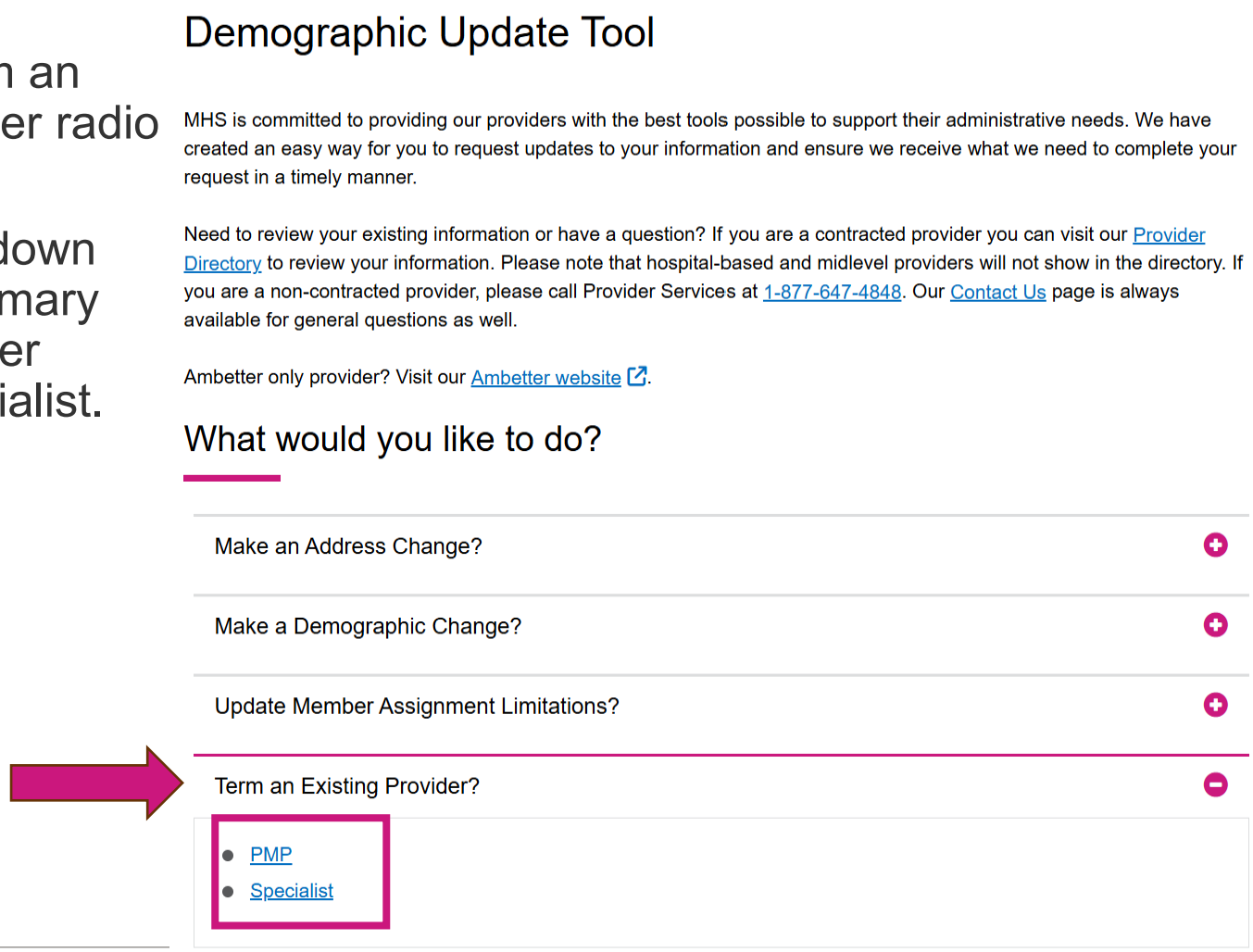
Step 3: Submit & Confirm

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



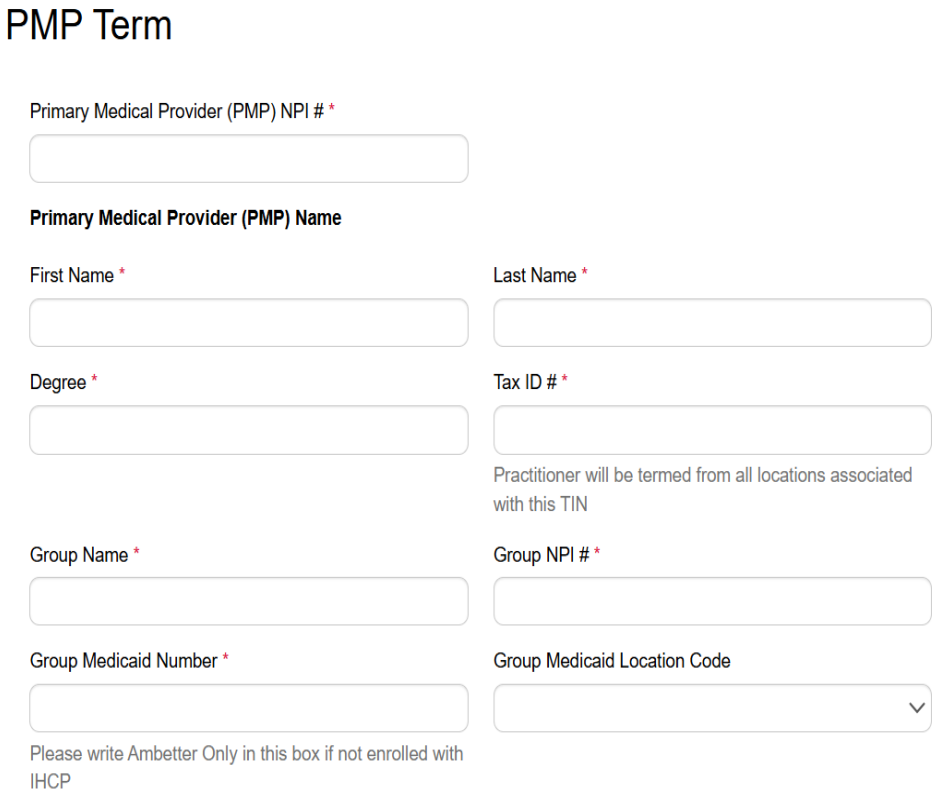
Term and Existing Provider
Step 1: Select Term an Existing Provider

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



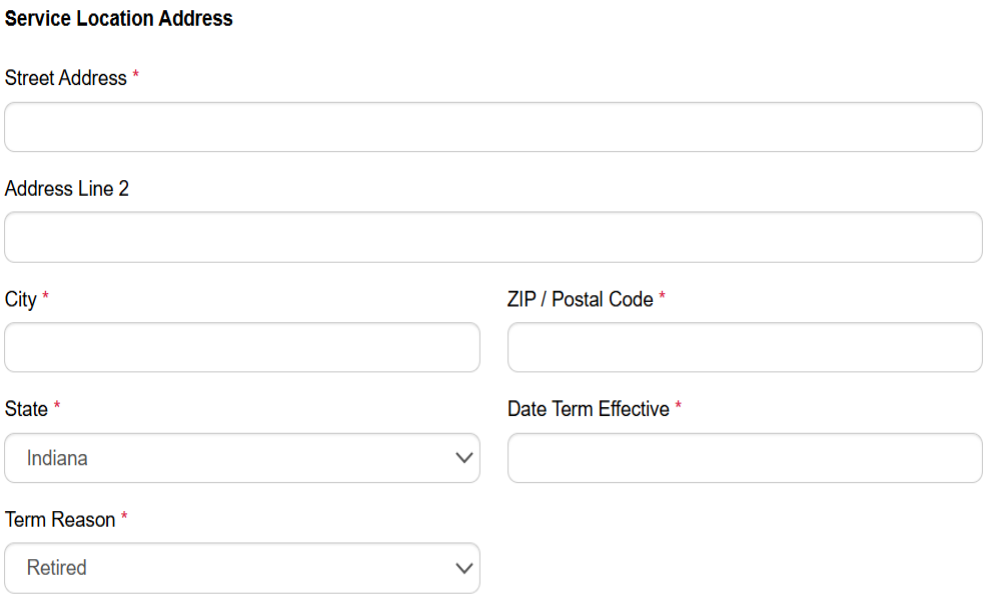
Step 2: Enter Termination Group and Practitioner Details

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



Step 3: Enter Termination Location Details

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



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 *

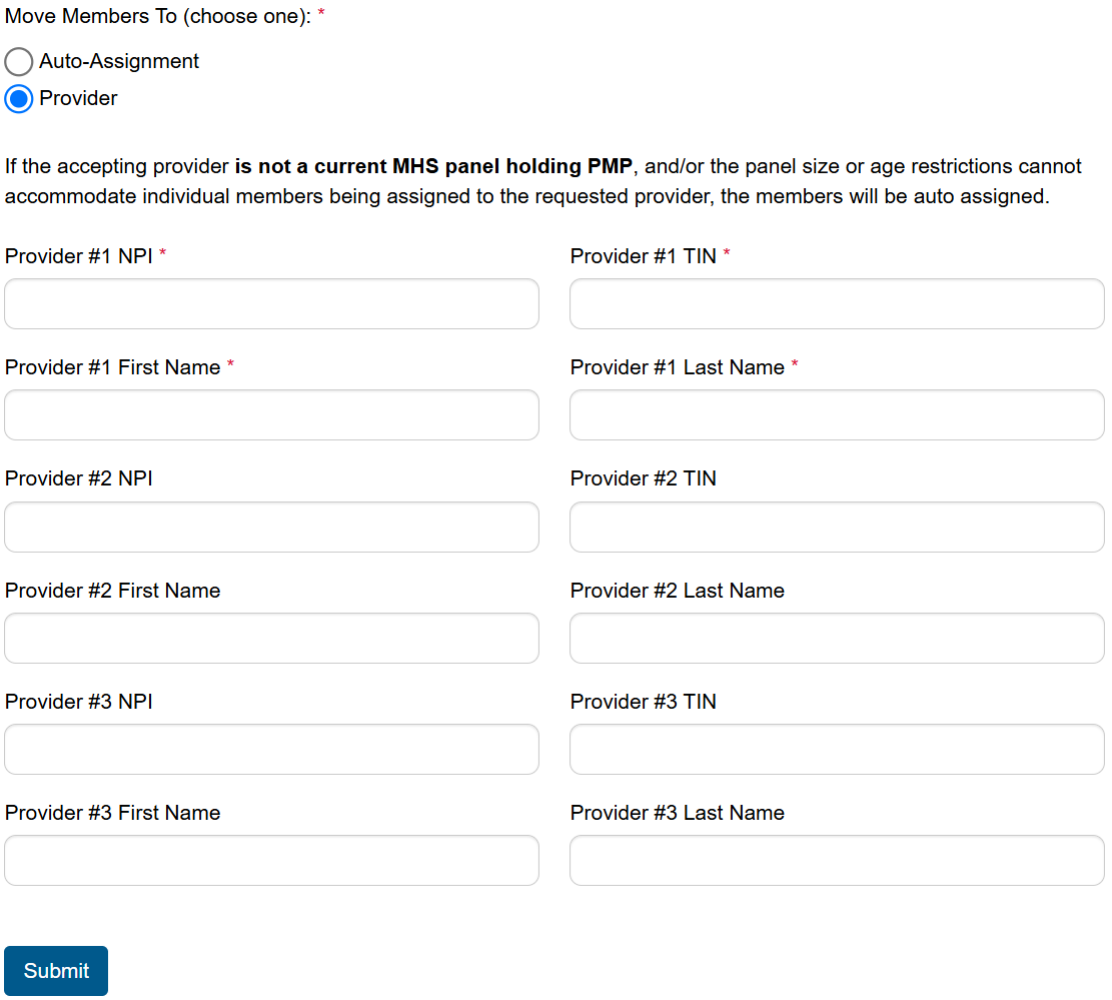
Date *

Contact Email *

Contact Phone Number *

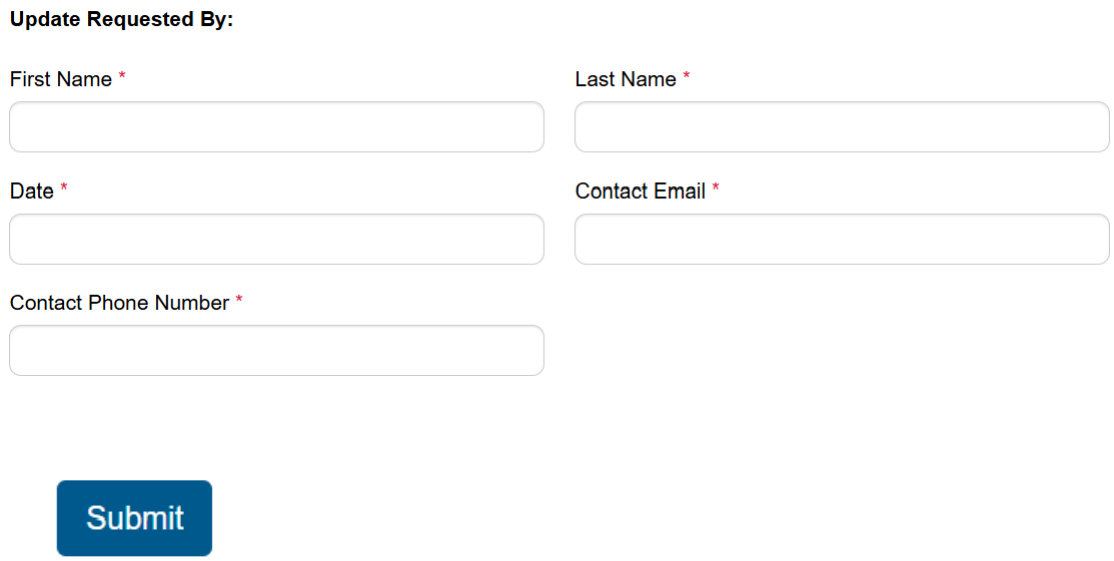
Step 5: Enter Termination Details PMP

- 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.



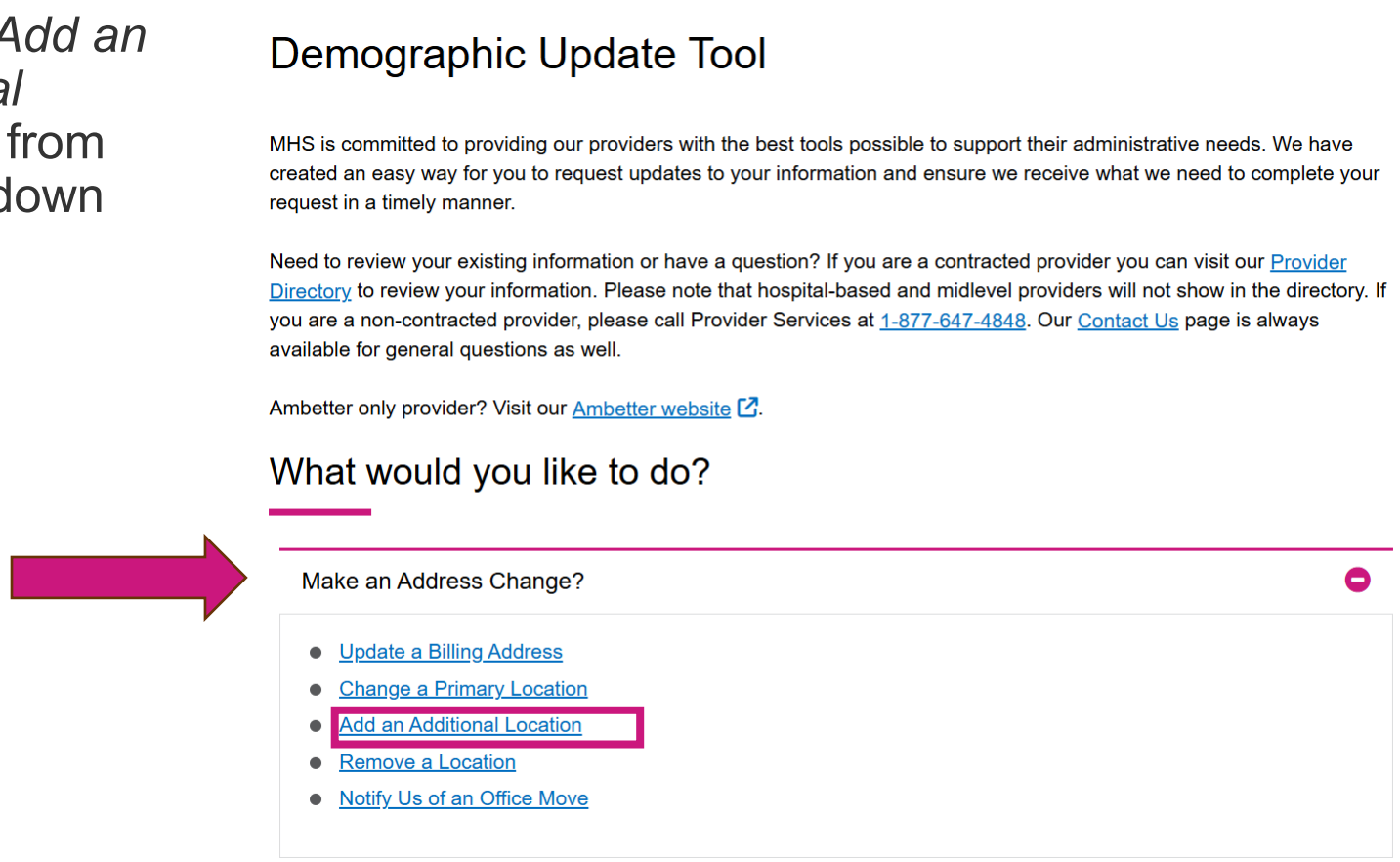
Step 6: Submit and Confirm

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



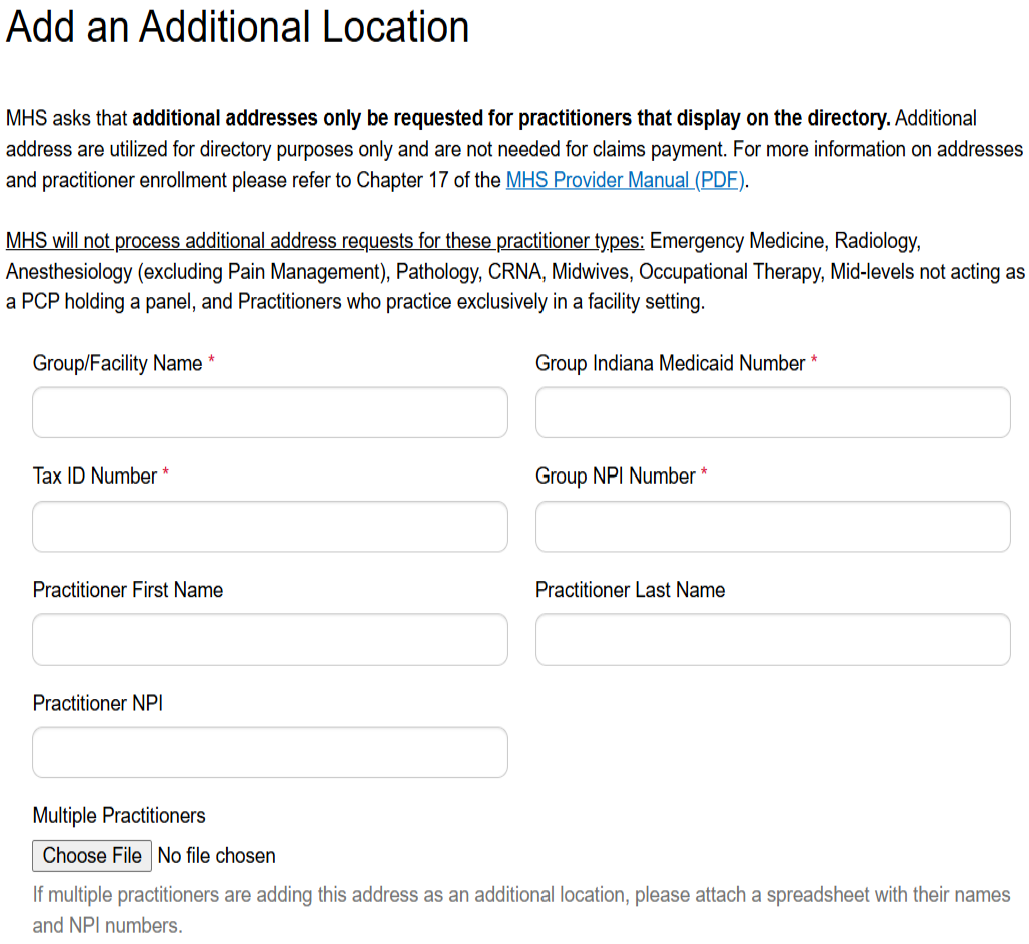
Add an Additional Location
Step 1: Select Make an Address Change

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



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

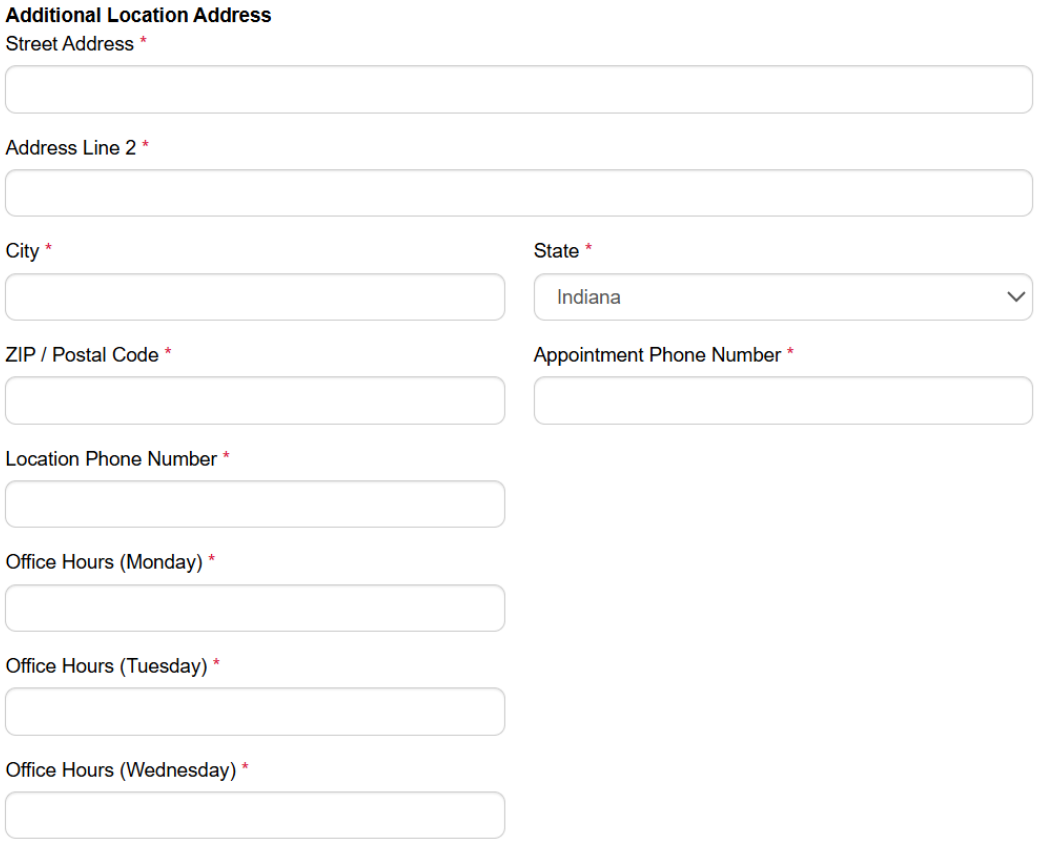
Multiple Practitioners

Choose File No file chosen

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

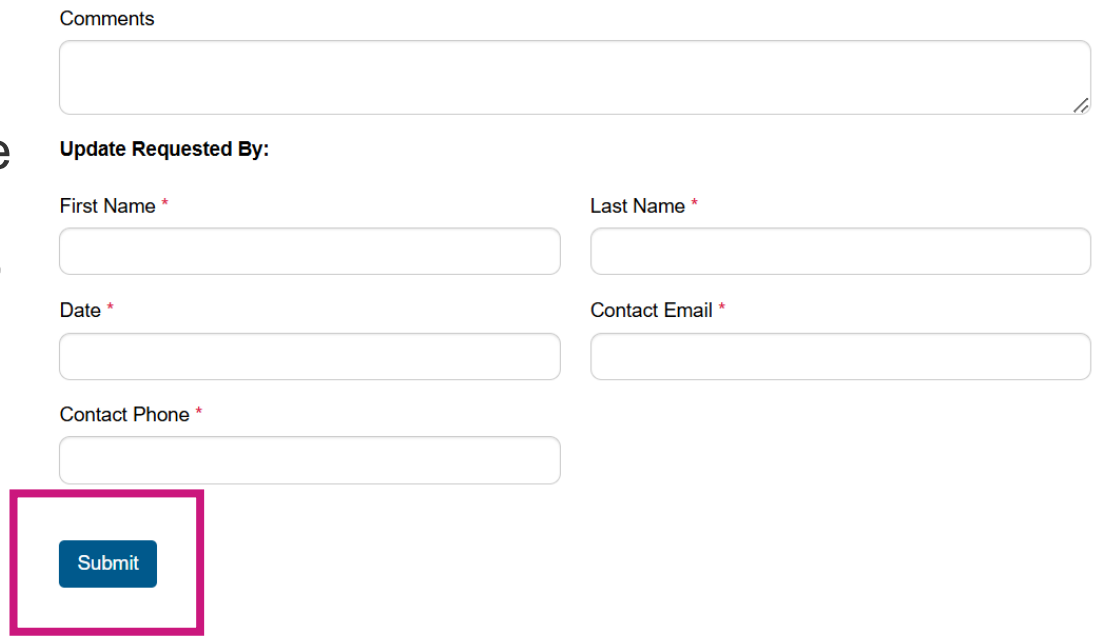
Step 3: Enter Address Details

- Complete the additional Location Address fields.



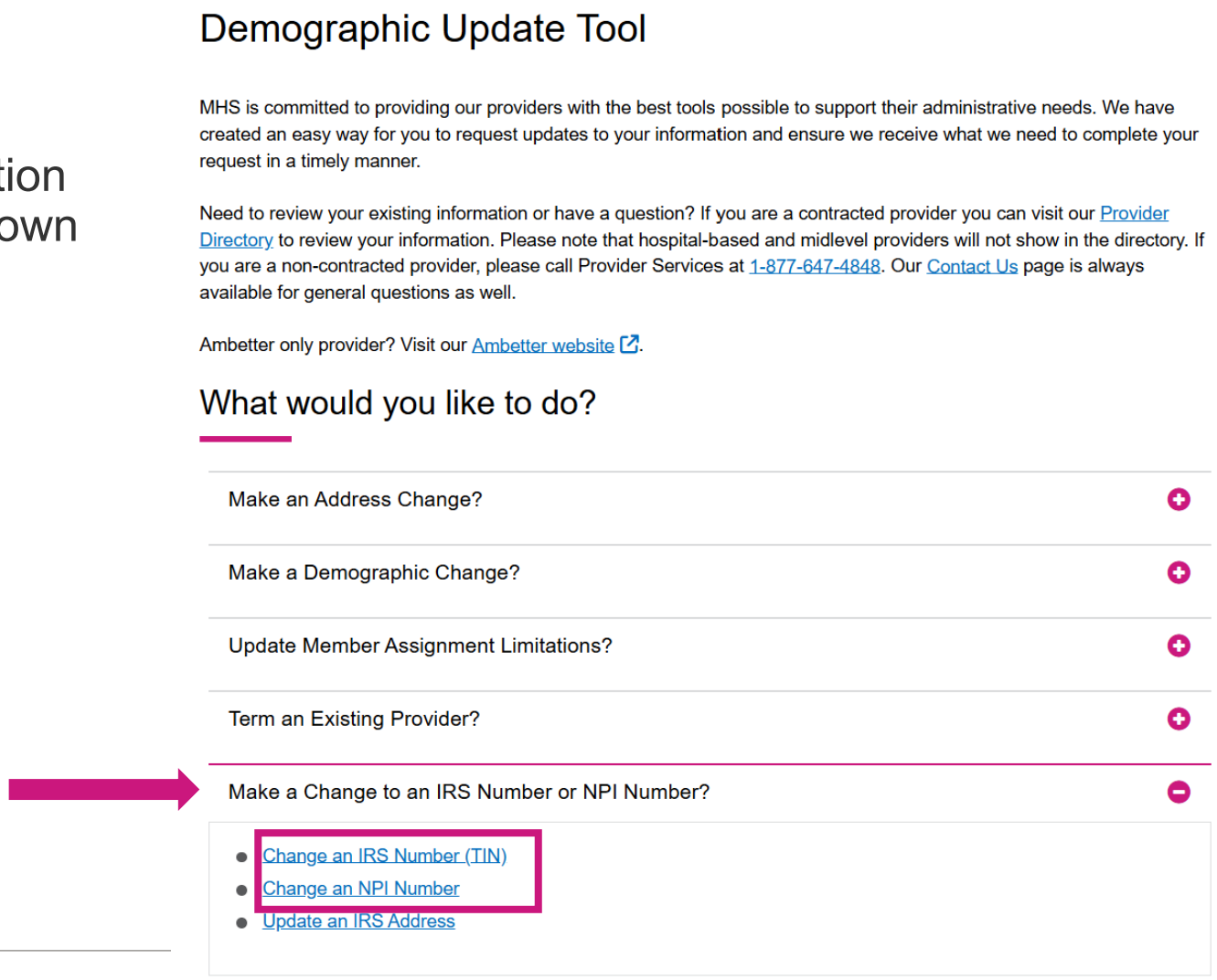
Step 4: Leave Comments and Contact Info

- 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.



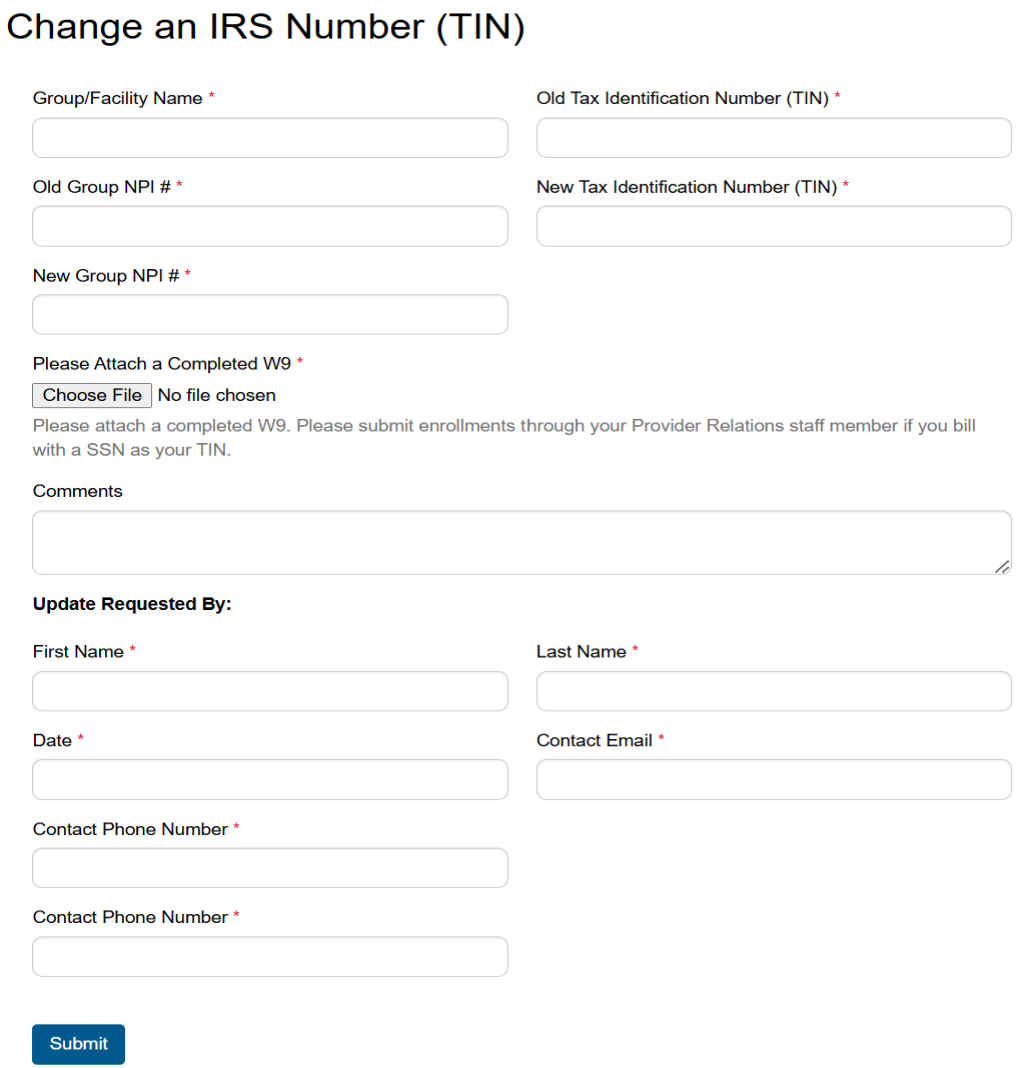
Change an IRS Number (TIN)
Step 1: Select ‘Make a Change to an IRS or NPI Number’

Choose the appropriate option from the dropdown list.



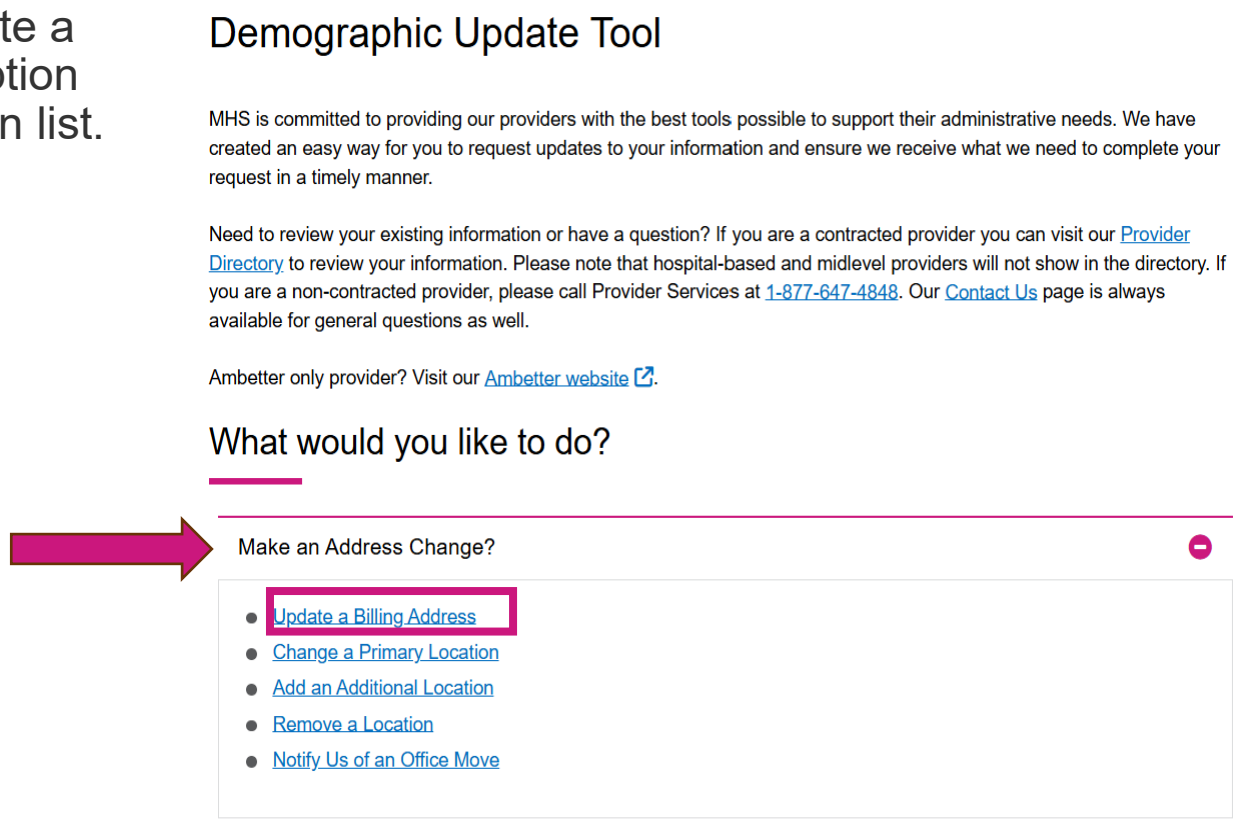
Step 2: Upload Documentation

- 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.



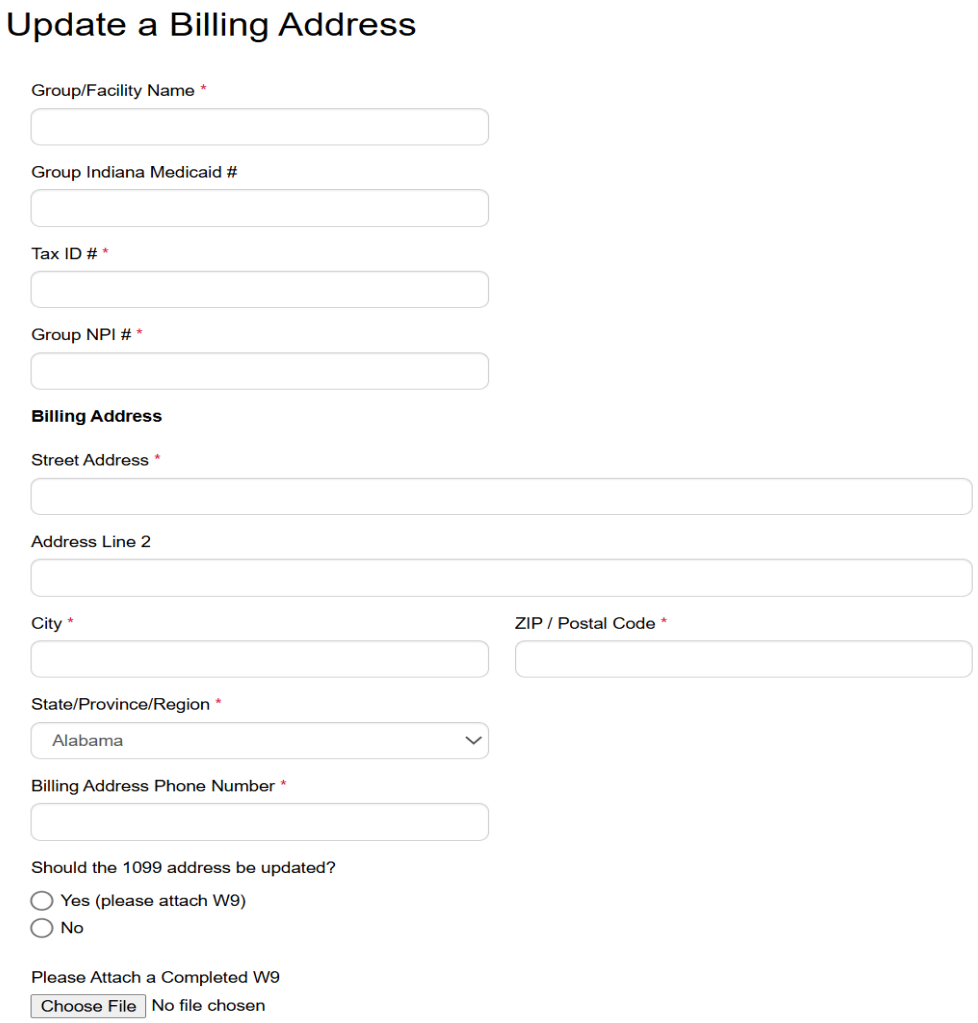
Update A Billing Address
Step 1: Select Make an Address Change

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



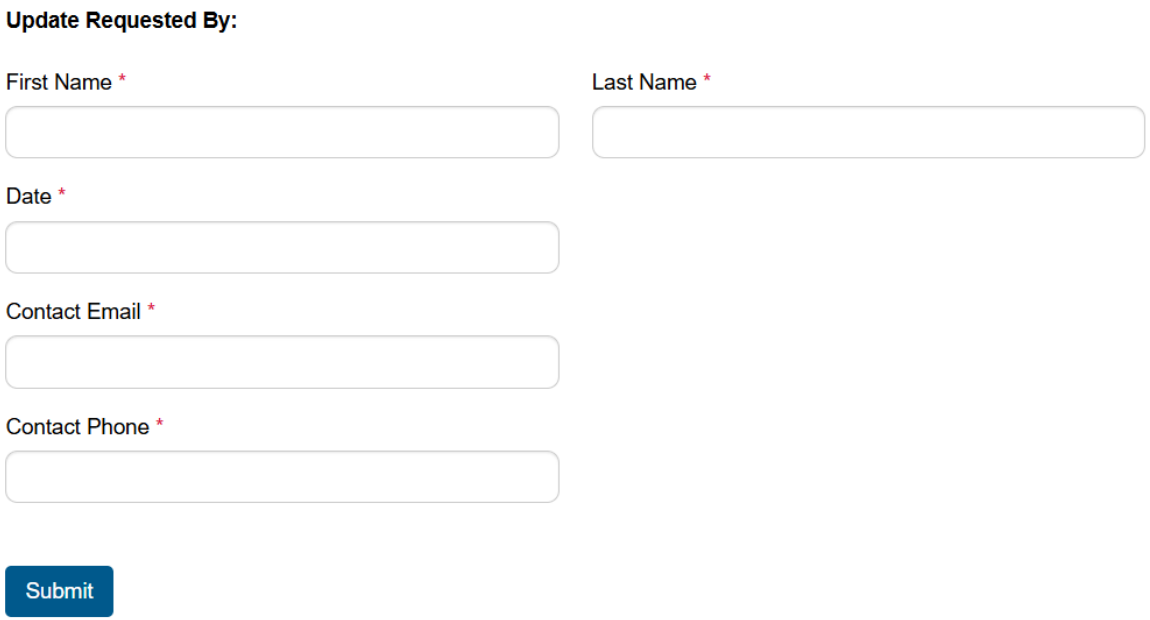
Step 2: Enter Details & Upload Documentation

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



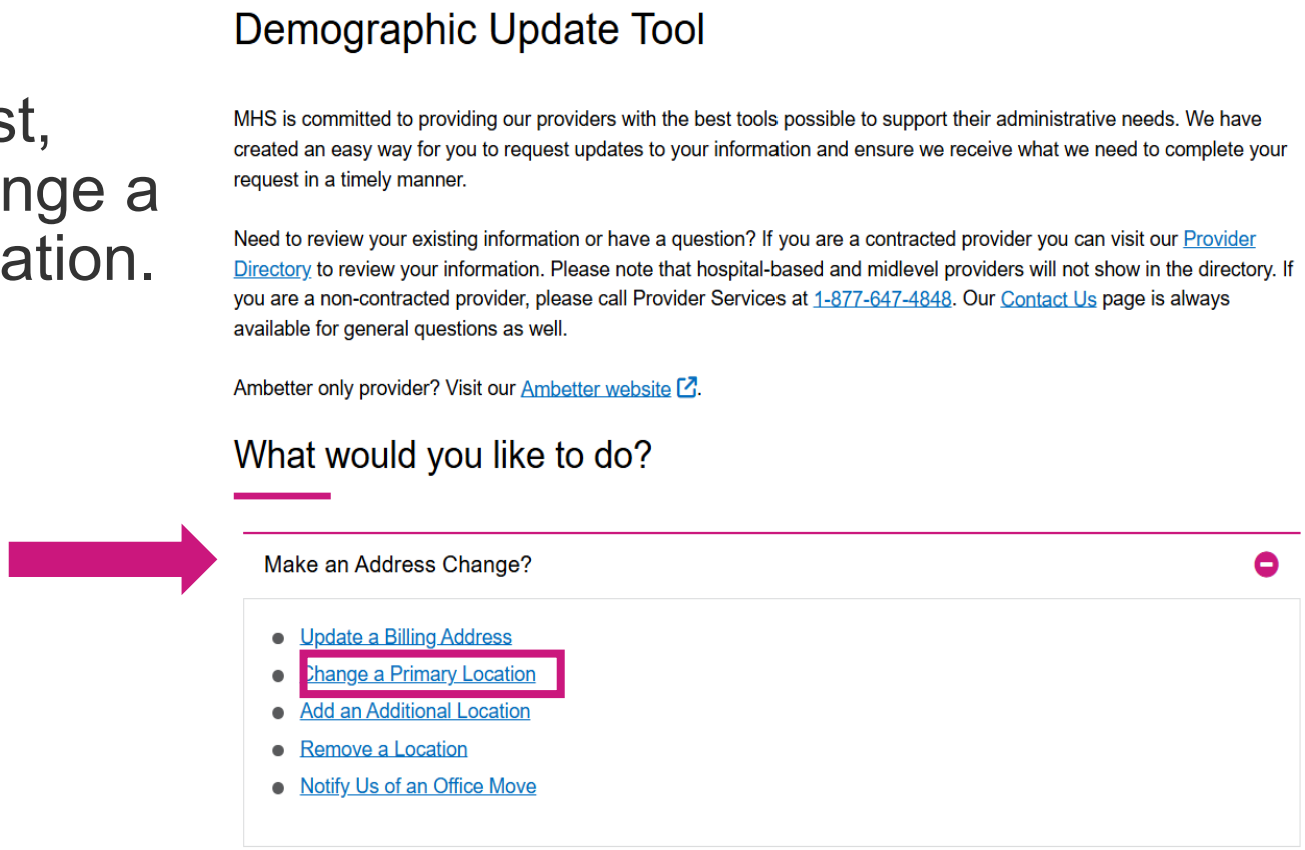
Step 3: Confirm & Submit

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



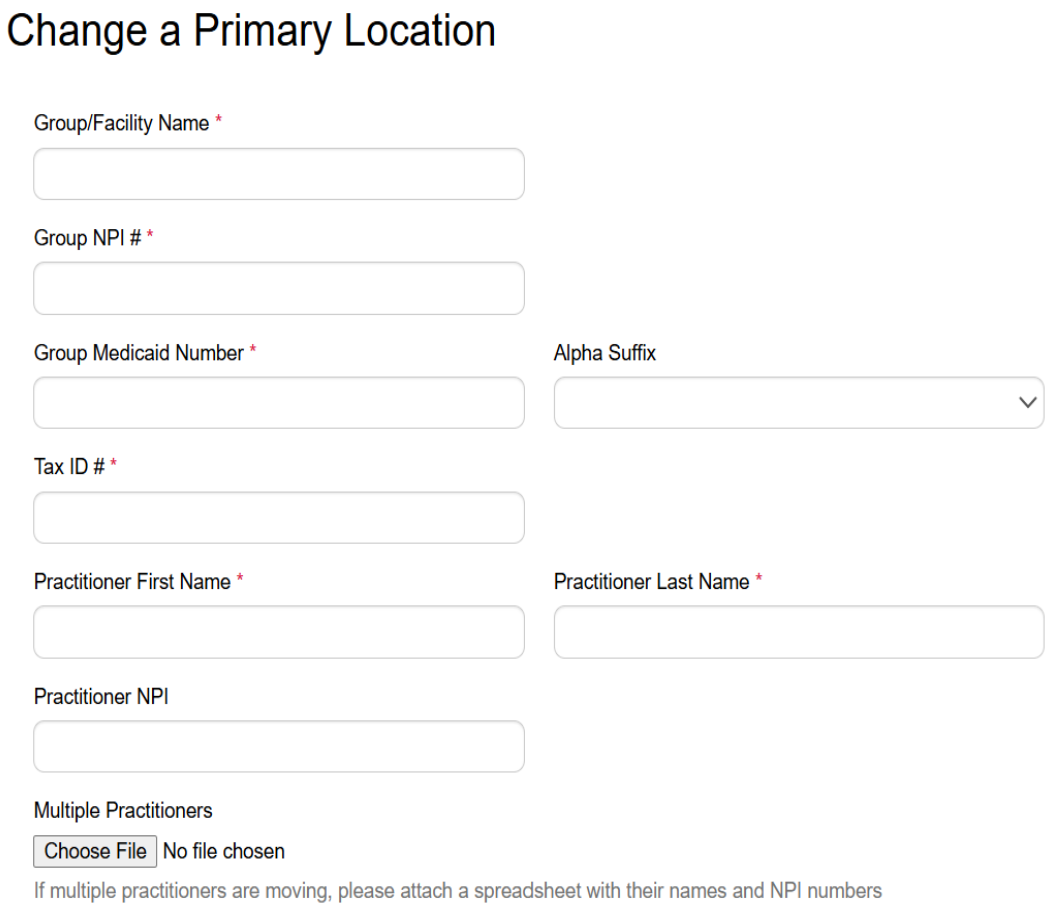
Change a Primary Location
Step 1: Select Make an Address Change

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



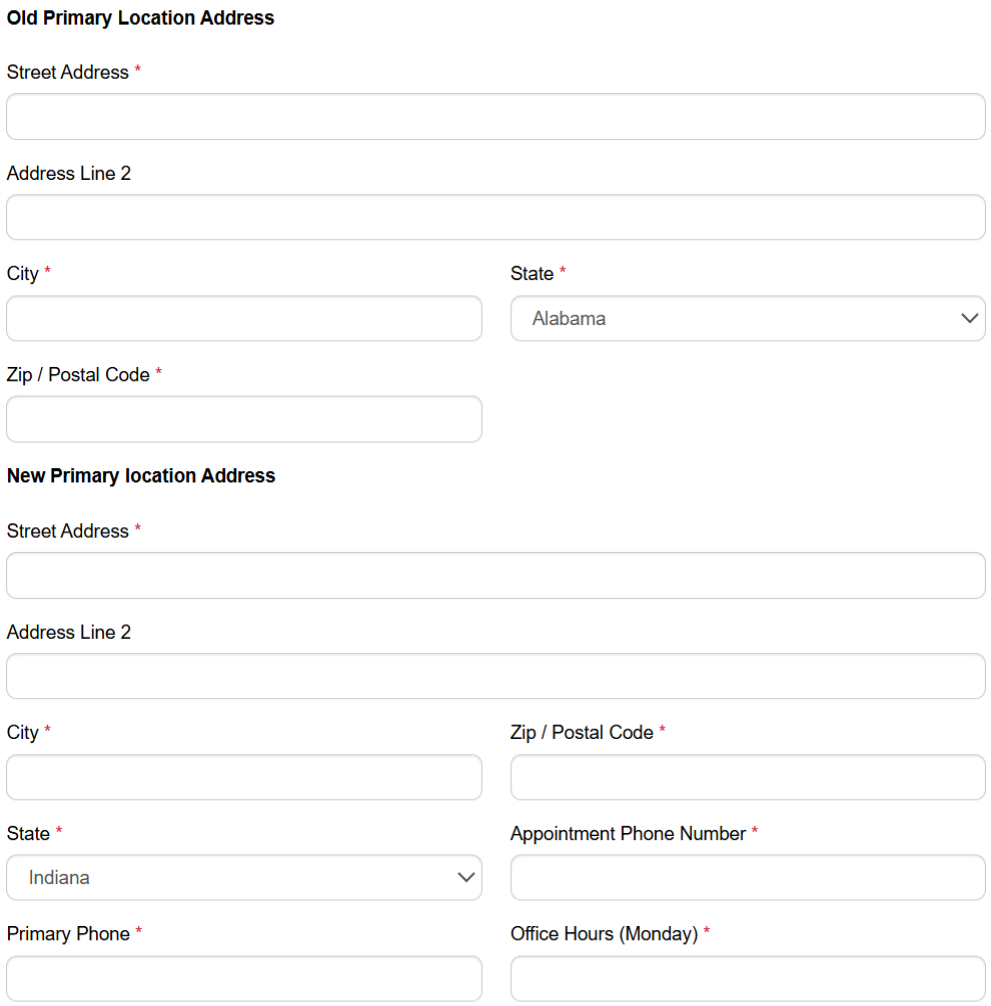
Step 2: Enter Group & Practitioner Details

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



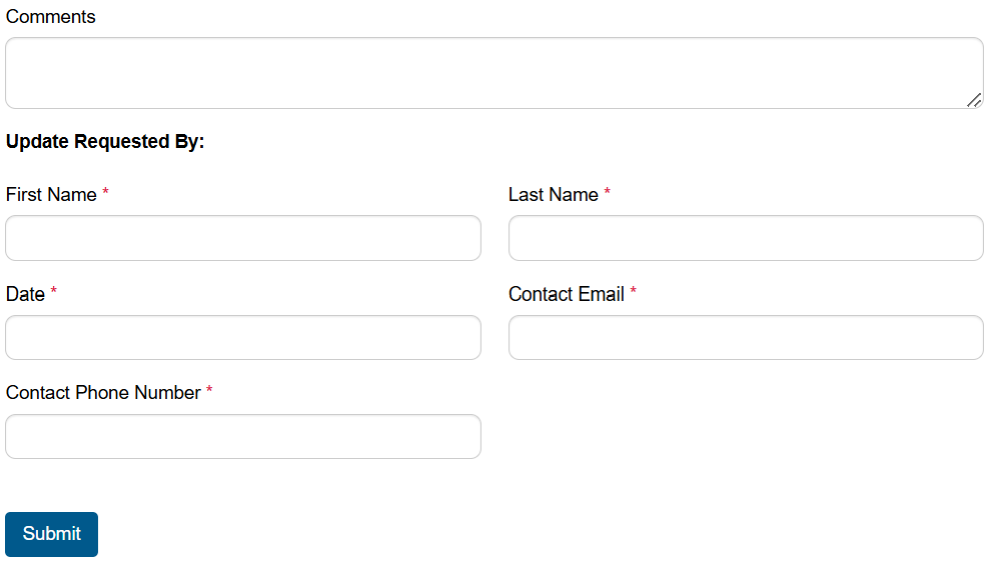
Step 3: Enter Address Details

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



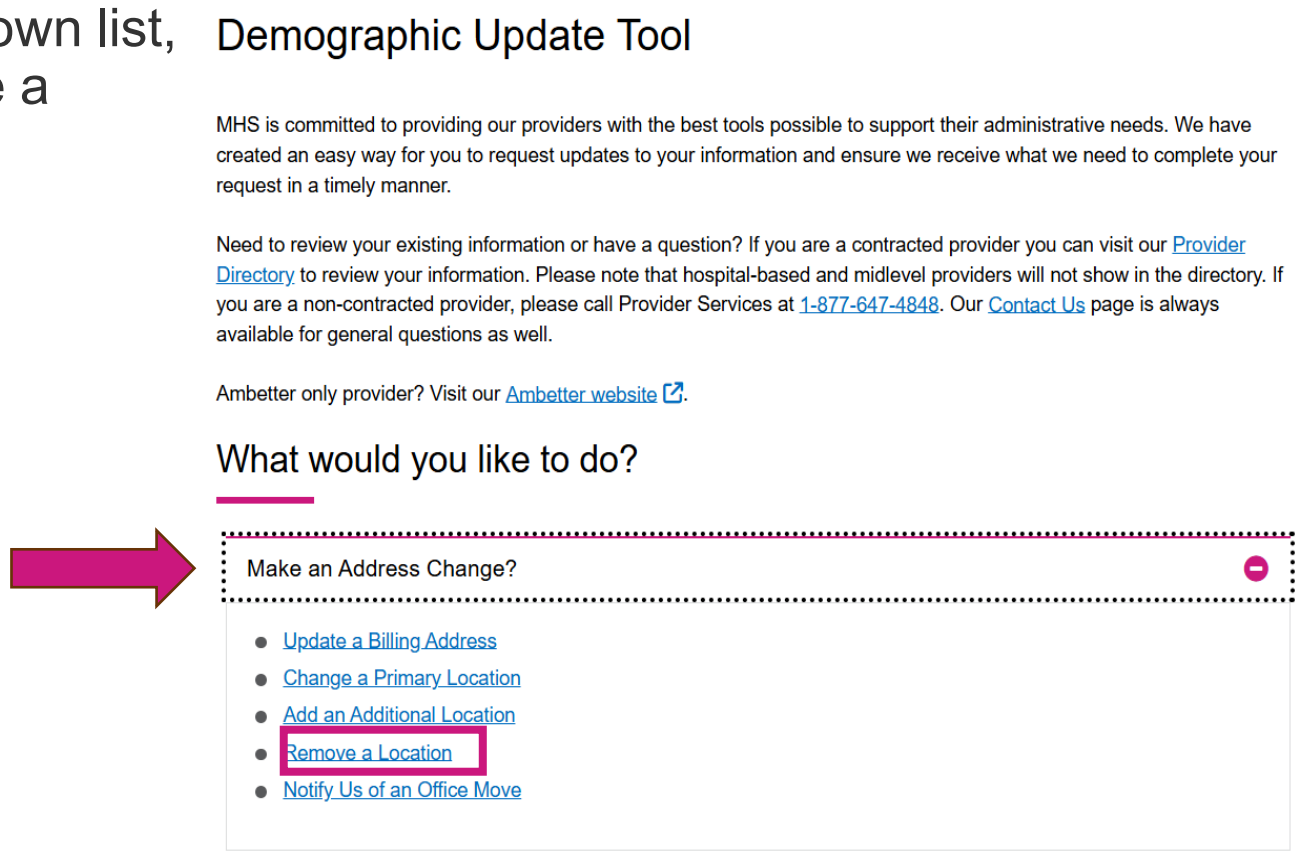
Step 4: Submit & Confirm

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



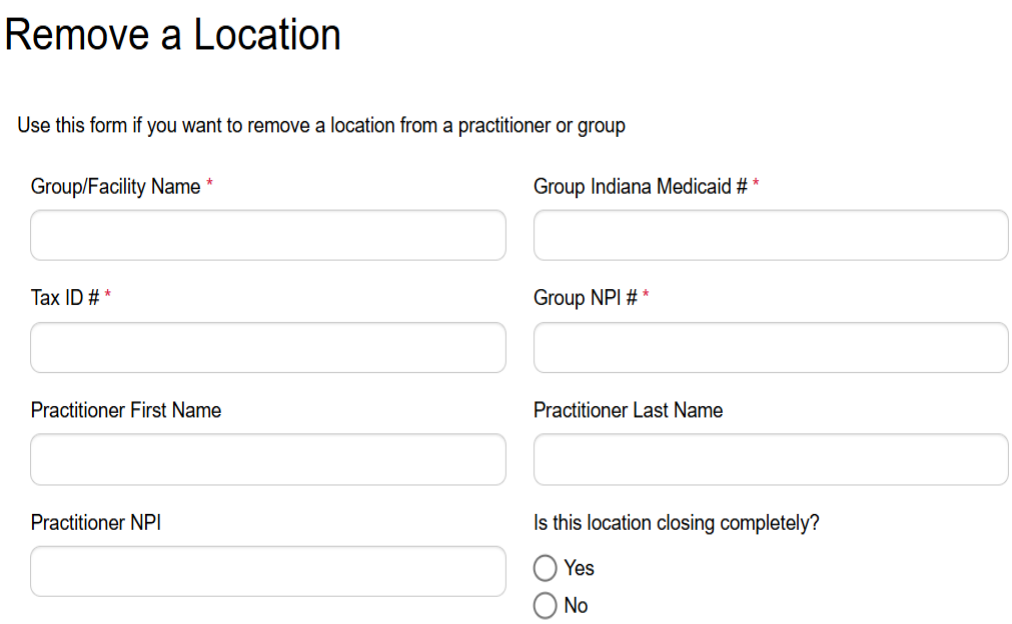
Remove a Location
Step 1: Select Make an Address Change

- From the dropdown list, choose Remove a Location.



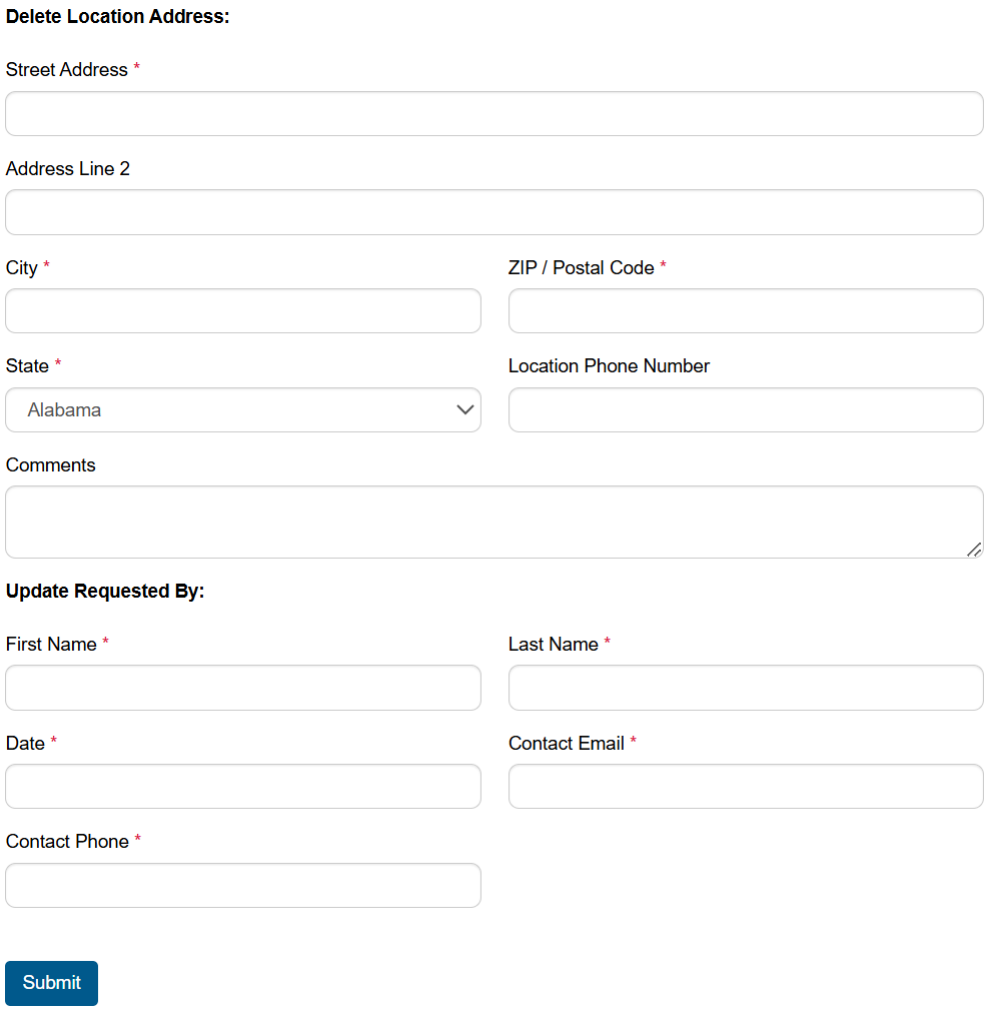
Step 2: Enter Group & Practitioner Details

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



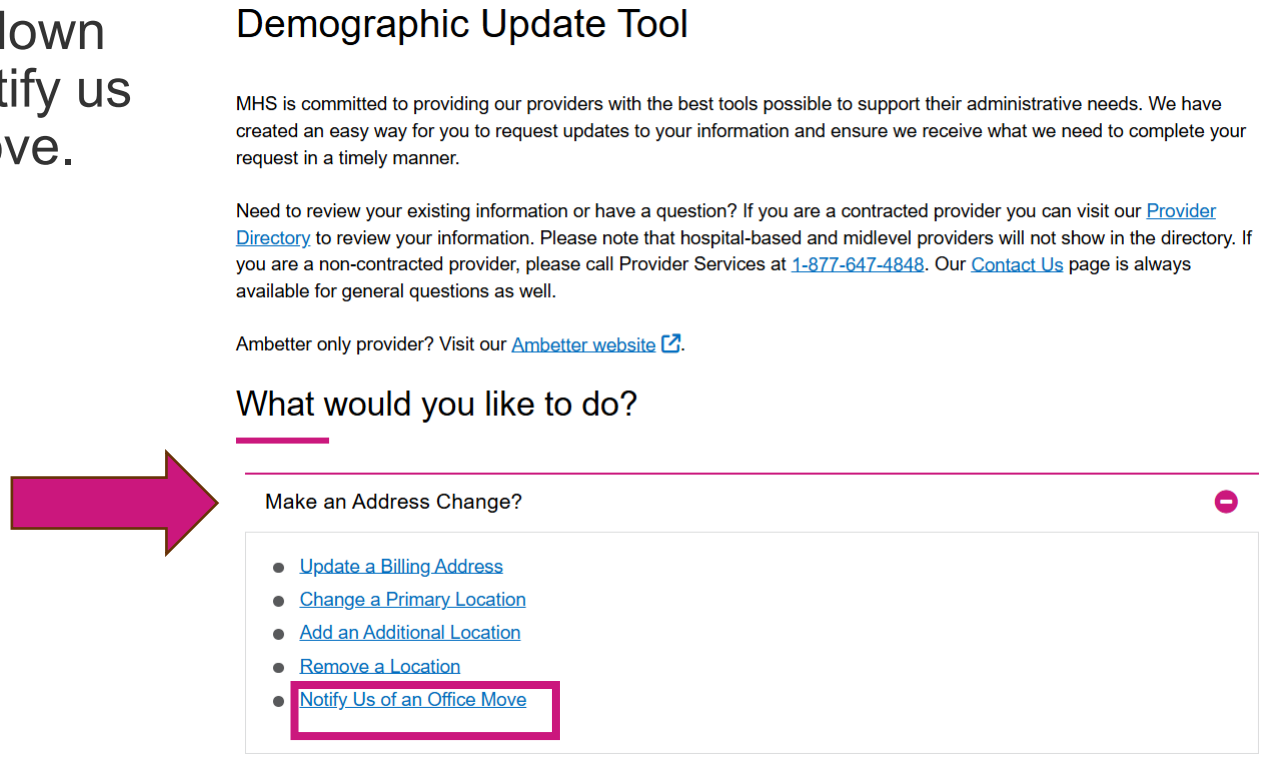
Step 3: Enter Address Details

- 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.



Notify Us of an Office Move
Step 1: Select ‘Make an Address Change’

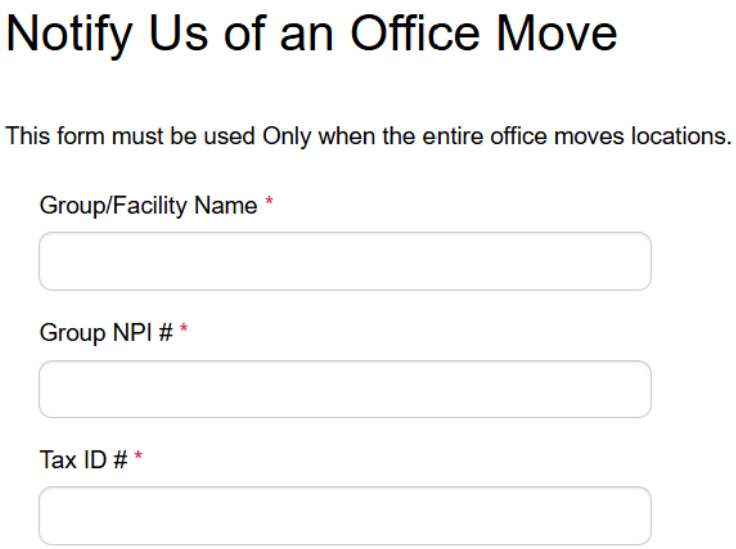
- From the dropdown list, choose Notify us of an Office Move.



Notify Us of an Office Move

Step 2: Enter Group Details

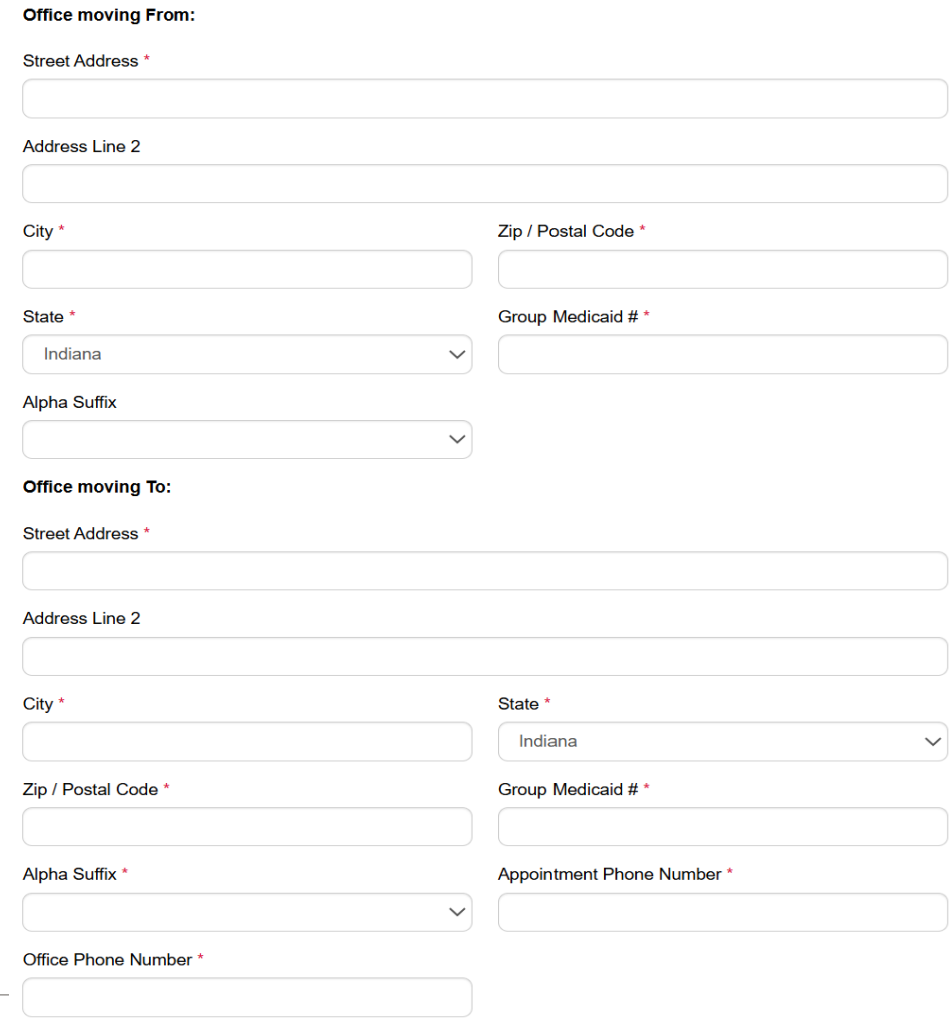
Enter *Group Name/NPI/ Tax ID#*



Notify Us of an Office Move

Step 3: Enter Address Details

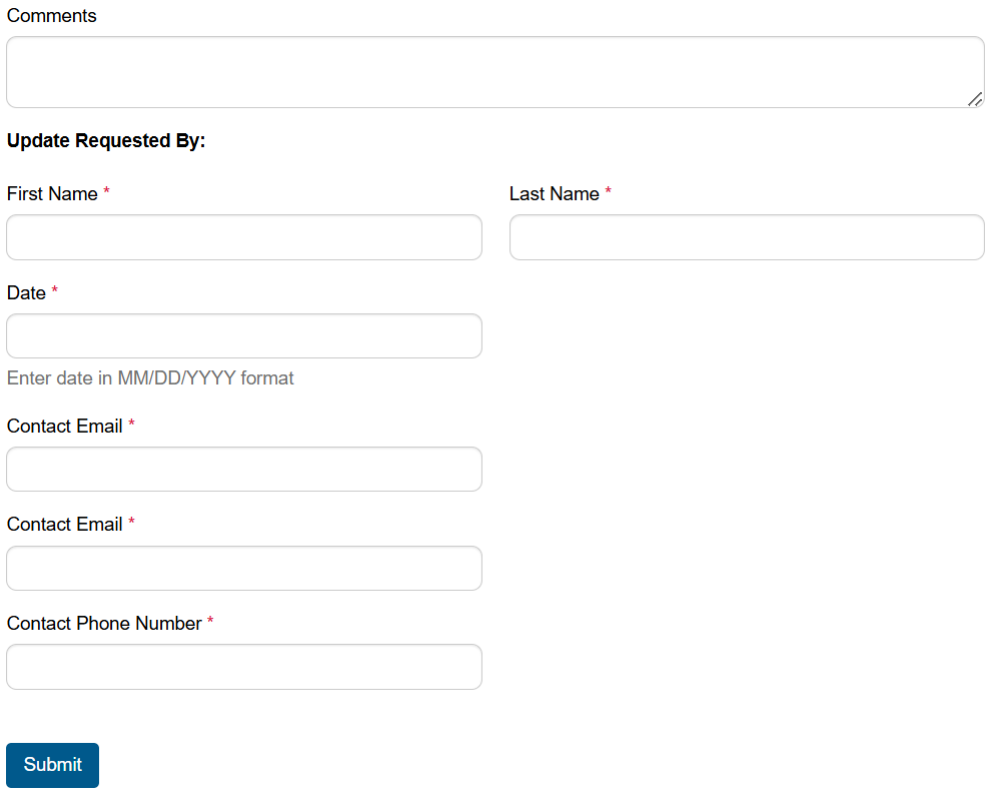
Provide Office Moving From and Office Moving To details.



Notify Us of an Office Move

Step 4: Confirm & Submit

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

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

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1-877-647-4848
TBALKO@mhsindiana.com

MICHAEL FUNK
Manager, Network Development & Contracting
1-877-647-4848
Michael.J.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.

mhs

Questions?

Thank you for being our partner in care.