



Provider Enrollment Made Simple: Fast- Track Your Approval

2026 IHCP Works Annual Seminar

Agenda

- Managed Health Services (MHS) Provider Enrollment
- Requesting a New Contract
- Add Provider to Existing Contract
- Demographic Updates
- Provider Directory Requirements
- Credentialing and Re-credentialing
- Verification of Credentialling and Re-Credentialing Status
- MHS Team
- Questions

Managed Health Services (MHS) Provider Enrollment

Provider Enrollment

IHCP Provider Enrollment



MHS Provider Enrollment (1 of 2)

MHS website www.mhsindiana.com includes

- Request for a new contract
- Enrolling practitioners to existing contract
- Demographic updates

A provider must have a current Indiana Medicaid Provider ID number before beginning the process of enrolling with MHS.

MHS Provider Enrollment (2 of 2)

For Providers	
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Clinical & Payment Policies	
Dental Providers	
Education & Trainings	▼
Email Sign Up	
Enrollment and Updates	▼
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For Providers

Portal Login

If you are a contracted MHS provider, you can log in or register now. If you are a non-contracted provider, you will be able to register after you submit your first claim.

Login/Register

Join Our Network

Thank you for your interest in becoming a Managed Health Services (MHS) network provider. We look forward to working with you to improve the health of the community.

Join Our Network

Provider Quick Links



PRE-AUTH CHECK



SUBMIT CLAIM/CHECK
CLAIM STATUS



PHARMACY

Requesting a New Contract

New Contract Request

How to Submit a Request

- Go to the www.mhsindiana.com
- Select “For Providers”
- Select “Enrollments and Updates”
- Select “Request a New Contract”
- Complete the request and attach required documents

Request a New Contract



For Members ▾

For Providers ▾

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For Providers

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Provider Network Participation & Enrollment Process

New Contract

[Request a New Contract](#)

We appreciate your interest in MHS and are excited to set up your office as a participating provider. If you would like more information, please fill out the online information request form. An MHS representative will reach out to you shortly to discuss contracting options for your office.

Add Provider To Existing Contract

[Enroll a Contracted Provider](#)

If you are a provider who is part of an existing contracted medical or behavioral health entity, use this online contracted enrollment form to enroll a new provider.

Demographic Updates

[Demographic Update Tool](#)

If you are already a contracted provider with MHS and would like to update existing information, please use our online provider update forms.

Once a New Contract or Add Provider To Existing Contract submissions is made, a Request ID will be assigned in your confirmation email. Be sure to keep this email. If you have questions, you can respond to the confirmation email or call Provider Services at [1-877-647-4848](tel:1-877-647-4848) and reference your Request ID.

Contact Us

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



Requesting a New Contract (2 of 2)

- MHS verifies required information and supporting documentation have been submitted
- Required items are based on Indiana Health Coverage Programs (IHCP) managed care organization (MCO) practitioner and hospital/ancillary provider enrollment and credentialing forms
- Missing or incomplete requests will result in a pended request. Notification will be emailed within 5 business days of receipt of request. Providers have 5 calendar days to complete the missing or incomplete information before the request is rejected.

Required Practitioner Information

- Current valid license
- Clinical privileges, Drug Enforcement Administration (DEA) or controlled-substance registration (CSR) certificate, and education verification when applicable
- Work history, malpractice insurance
- Board certification verification if applicable
- IHCP enrollment verification
- Federal exclusion screening

Required Forms Credentialing and Enrolling a Facility/Hospital

- IHCP MCO Hospital/Ancillary Provider Enrollment and Credentialing application
- Behavioral Health Facility and Ancillary Demographic Information, if applicable
- Valid Indiana license
- Accreditation certificate, if applicable
- Medicare and Medicaid certification letters
- Liability coverage face sheet
- Clinical Laboratory Improvement Amendments (CLIA) certificate and DEA number, if applicable
- Provider Location Listing and W-9 Form

Required forms for Credentialing and Enrolling a Physician/Midlevel

Physicians/Mid-Levels require the following forms:

- IHCP MCO Practitioner Enrollment Form
- Collaborative Agreement
 - Nurse Practitioner
 - Physician Assistant
 - Clinical Nurse Specialist
 - Midwives
- Provider Credentialing Application Accessibility Form Supplement Form (New Contract Request Only)
- Provider Location Listing
- W-9 Form

All Behavioral Health Physicians/Mid-Levels require the following forms:

- IHCP MCO Practitioner Enrollment Form
- Behavioral Health Specialty Form
- Health Service Provider in Psychology (HSPP) Attestation
- Provider Credentialing Application Accessibility Supplement Form (New Contract Request Only)
- Provider Location Listing
- W-9 Form

Verification of Information

Be sure:

- Your documentation expiration dates are no more than 30 days from the date of request to avoid documents expiring during the credentialing process.
- You are not missing any required Council for Affordable Quality Healthcare (CAQH) documents.
- You do not have any errors in your CAQH profile.

The following information is required in your CAQH profile for credentialing:

- Medical License
- Drug Enforcement Administration (DEA) Certificate or Controlled Dangerous Substance (CDS) Certificate (if applicable)
- Medicaid Number (if requesting Medicaid participation)
- Medicare Number (if requesting Medicare participation)
- Board Certification
- Specialties
- Liability Insurance
- Practice Location Information
- Professional Training
- Admitting Privileges
- Hospital Affiliations
- Credentialing Contact

Add Provider to Existing Contract

Submit a Network Participation or Enrollment Request

- When a provider has an MHS contract and wants to add practitioners, mid-levels, or facilities, requests go through www.mhsindiana.com under “For Providers”
- Required documents must be attached before the request can be reviewed
- MHS Credentialing assigns a unique identifier that confirms receipt and can be used to check status

Add Provider to Existing Contract



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Confidential and Proprietary Information

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Add Provider to Existing Contract (2 of 2)

Complete Requests Help Prevent Delays

- Network participation requests must include all required IHCP MCO enrollment and form
- Supporting documentation must be included for MHS to enroll and credential the provider

Credentialing Forms and Documentation

Physician and mid-level requests require the IHCP MCO Practitioner Enrollment Form

- Additional practitioner forms may include collaborative agreements, behavioral health specialty forms, or HSPP attestation

Provisional Credentialing and Incomplete Requests

- MHS follows National Committee for Quality Assurance (NCQA) standards for credentialing
- Provisional credentialing may be used when the full credentialing process cannot be completed within 15 business days of a clean application submission
- Provisional credentialing applies only to providers who have never been credentialed with MHS
- Provisional credentialing does not apply to providers contracted through delegation agreements
- Providers have 5 business days to respond to incomplete credentialing or network participation requests; if there is no response, MHS will reject or deny the request

Welcome to the Network

- Once the process is complete, the provider receives a welcome letter from MHS
- The welcome letter confirms the provider's effective date
- The letter also includes important contact information
- Providers should wait for the final welcome letter before rendering services without an authorization

Demographic Updates

Demographic Updates (2 of 3)

- 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
- This is only applicable to providers who are already enrolled with MHS
- Updates are applicable to providers who display on the online directory

Demographic Updates Screen



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Updates



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Demographic Update Tool

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

Need to review your existing information or have a question? If you are a contracted provider you can visit our [Provider Directory](#) to review your information. Please note that hospital-based and midlevel providers will not show in the directory. If you are a non-contracted provider, please call Provider Services at [1-877-647-4848](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?](#)



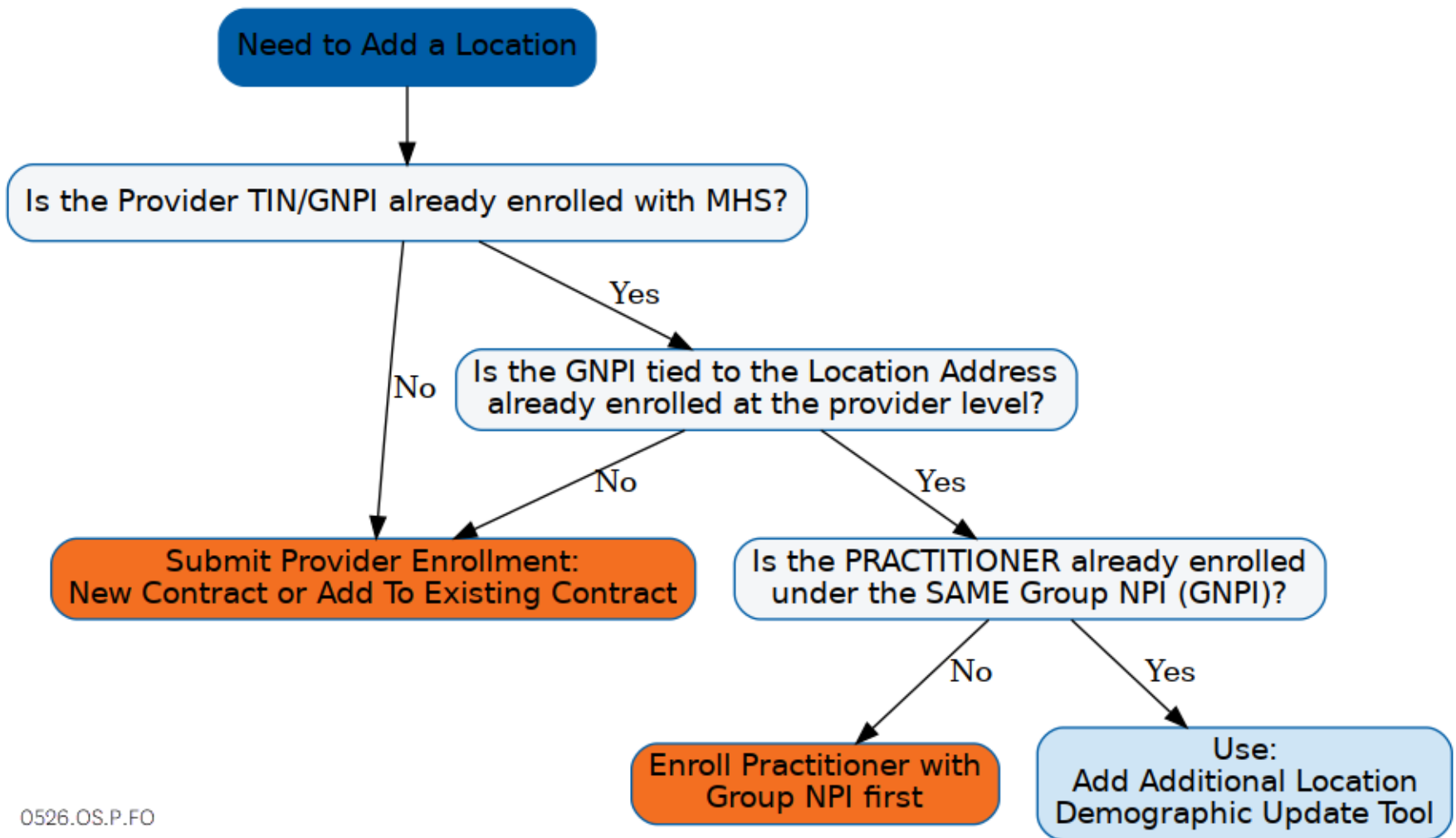
Add Additional Locations

- Federally Qualified Health Center (FQHC) new locations, require a facility enrollment form to be submitted for that respective location
- Updates to taxonomy codes can be submitted under “Make an Address Change” “add an additional location” and indicate in the comments section “taxonomy update”

Updates to Demographics

- The Add Additional Location option is not for new provider locations or new practitioner enrollments
- This tool may only be used to link a practitioner to a location where the Group National Provider Identifier (NPI) is already enrolled at the provider level, and the practitioner is already enrolled with both MHS under that same Group NPI and with IHCP as a rendering provider at that location
- All new Group NPI's or new practitioner enrollments must be submitted through the provider enrollment site
- See the following decision tree that will help determine if this demographic update is right for your situation

Demographic Updates (3 of 3)



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Provider Directory Requirements

Provider Directory Requirements (2 of 2)

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

Additionally, plans/issuers are required to

- Establish the required verification process
 - Verify and update the provider directory information every 90 calendar days
 - Establish a process to remove providers that are unable to be verified during a timeframe established by issuer
 - Make updates within 2 business days of receiving updates from a provider

Mandated Information to be Included in Directory

The following information must be included in the provider directory

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

Print directory disclaimer: With respect to a print directory containing provider directory information, a notification should be included that the information was accurate as of the date of publication and that members should consult the online database or contact the plan/issuer to obtain the most current information

Credentialing and Re-credentialing

Credentialing and Re-credentialing

- The purpose of the credentialing and re-credentialing is to ensure all providers meet the established criteria for participation in the MHS provider network
- MHS Credentialing ensures the provider has met all federal and state regulatory requirements

Application Review

- Once the application is reviewed, the Credentialing Committee will render a final decision on acceptance within 60 calendar days
- MHS requires practitioners to enroll and keep up to date their CAQH information

Credentialing Committee

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

Re-Credentialing

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

Verification of Credentialing and Re-Credentialing Status

Verification of Credentialing and Re-Credentialing Status (2 of 2)

- Providers can visit the MHS website to complete the “Provider Services Team Question Form”
- The required fields ensure the MHS Provider Engagement Network Specialist team receives all necessary information to properly assess the issue
- Upon receipt of the submitted form, MHS will promptly send a confirmation receipt email for your records

MHS 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**

MHS Team

MHS Provider Network Territories

Indiana

NORTHEAST REGION

For claims issues, email:
MHS_ProviderRelations_NE@mhsindiana.com
joy.k.diarra@mhsindiana.com
Joy Diarra, Provider Engagement Administrator
1-317-864-2378

NORTHWEST REGION

For claims issues, email:
MHS_ProviderRelations_NW@mhsindiana.com
Candace.V.Ervin@mhsindiana.com
Candace Ervin, Provider Engagement Administrator
1-317-364-7635

NORTH CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_NC@mhsindiana.com
Natalie.Smith@mhsindiana.com
Natalie Smith, Provider Engagement Administrator
1-317-379-9035

CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_C@mhsindiana.com
latisha.davis@mhsindiana.com
Latisha Davis, Provider Engagement Administrator
1-317-601-5999

SOUTH CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_SC@mhsindiana.com
DDENNING@mhsindiana.com
Dalesia Denning, Provider Engagement Administrator
1-317-951-3800

SOUTHWEST REGION

For claims issues, email:
MHS_ProviderRelations_SW@mhsindiana.com
Dawnlee.A.McCarty@mhsindiana.com
Dawn McCarty, Provider Engagement Administrator
1-317-556-6171

SOUTHEAST REGION

For claims issues, email:
MHS_ProviderRelations_SE@mhsindiana.com
CMONROE@mhsindiana.com
Carolyn Valachovic Monroe
Provider Engagement Administrator II
1-317-443-8243



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Altwell from MHS • A better from MHS • Healthy Indiana Plan (HIP) • Hoosier Care Connect • Hoosier Healthwise

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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

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)

MHS Provider Network

NETWORK LEADERSHIP

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MICHAEL FUNK

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1-877-647-4848
Michael.J.Funk@mhsindiana.com

CENTENE VISION

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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 being our partner in care.

Questions?

