MHS 101
Medicaid Training
Agenda

• Program Overview
• Claims
• MHS Educational Programs & Services
• Website
• Working Together
Who is MHS?

Managed Health Services (MHS) is a health insurance provider that has been proudly serving Indiana residents for two decades through Hoosier Healthwise, the Healthy Indiana Plan and Hoosier Care Connect.

MHS also offers a qualified health plan through the Health Insurance Marketplace called Ambetter from MHS. All of our plans include quality, comprehensive coverage, with a provider network you can trust.

MHS is your choice for affordable health insurance.
Hoosier Healthwise
What is Hoosier Healthwise?

- Hoosier Healthwise is the State of Indiana's health care program for children, pregnant women, and families with low income
- Based on family income, children up to age 19 may be eligible for coverage
- Hoosier Healthwise covers medical care such as doctor visits, prescription medicine, mental health care, dental care, hospitalizations, surgeries, and family planning at little or no cost to the member or the member's family

Goal: To provide healthcare to children and families and to help prevent health problems with early intervention and treatment
Who is Eligible for Hoosier Healthwise?

Hoosier Healthwise covers the following members:

- Children up to age 19
- Pregnant women
- The Children's Health Insurance Plan (CHIP)
  - This option is available for individuals up to age 19 who may earn too much money to qualify for the standard Hoosier Healthwise coverage
Hoosier Healthwise Member ID Cards
Healthy Indiana Plan (HIP)
What is the Healthy Indiana Plan?

The Healthy Indiana Plan (HIP) is an affordable health insurance program from the State of Indiana for uninsured adult Hoosiers

• HIP pays for medical expenses and provides incentives for members to be more health conscious
• HIP provides coverage for qualified low-income Hoosiers ages 19 to 64, not receiving Medicare who are interested in participating in a low-cost, consumer-driven health care program

The Healthy Indiana Plan uses a proven, consumer-driven approach that was pioneered in Indiana
Healthy Indiana Plan

- HIP Plus
  - Monthly contributions
- HIP Basic
  - Co-pay
- HIP State Plan
  - Plus
  - Basic
HIP Member ID Cards

HIP POWER Account

Member Name:
Member RID:
RXBIN: 004336
RXPCN: MCAIDADV
RXGROUP: RX5440
Hoosier Care Connect
Hoosier Care Connect Overview

Hoosier Care Connect is a coordinated care program for Indiana Health Coverage Programs (IHCP) members age 65 and over, or with blindness or a disability who are residing in the community and are not eligible for Medicare

- Members will select a managed care entity (MCE) responsible for coordinating care in partnership with their medical provider(s)
- Hoosier Care Connect members will receive all Medicaid-covered benefits in addition to care coordination services
- Care coordination services will be individualized based on a member’s assessed level of need determined through a health screening
Member ID Card

MEMBER NAME:
Jane Doe Long Name Here

MEMBER ID/RID: XXXXXXXXXX
Rx BIN: 008019

MEMBER COPAYS:
Transportation: $1 one way/$2 round trip
Prescriptions: $3 per prescription
Non-emergent Emergency Room: $3

Copay Exceptions include:
Members who are pregnant, Native American, less than 18 yrs old, or have met their 5% max.
Other exceptions include medications for family planning and transportation to educational events or MAC meetings.

1115.OS.M.ID 12/15
Claim Process Overview
Claim Process

• EDI Submission
  – Preferred method of claims submission
  – Faster and less expensive than paper submission
  – MHS Electronic Payor ID 68089

• Online through the MHS Secure Provider Portal at mhsindiana.com
  – Provides immediate confirmation of received claims and acceptance
  – Institutional and Professional
  – Batch Claims
  – Claim Adjustments/Corrections

• Paper Claims
  – Managed Health Services
    PO Box 3002
    Farmington, MO 63640-3802
Claim Process

Claims must be received within 90 calendar days of the date of service

Exceptions (rejections do not substantiate filing limit requirements)

- Newborns (30 days of life or less) – Claims must be received within 365 days from the date of service. Claim must be filed with the newborn’s RID #
- TPL – Claims with primary insurance must be received within 365 days of the date of service with a copy of the primary EOP. If primary EOP is received after the 365 days, providers have 60 days from date of primary EOB to file claim to MHS. If the third party does not respond within 90 days, claims may be submitted to MHS for consideration. Claims submitted must be accompanied by proof of filing with the patients primary
Claim Process

Claim Rejection

• A rejection is an unclean claim that contains invalid or missing data elements required for acceptance of the claim in the claim process system. The provider will receive a letter or a rejection report from their electronic data information vendor if the claim was submitted electronically.

Claim Denial

• A denial is a claim that has passed edits and is entered into the system but has been billed with invalid or inappropriate information causing the claim to deny. An EOP will be sent that includes the denial reason.
Claim Process

Dispute Resolution

• Should be made in writing by using the Dispute/Objection form.
• Submit all documentation supporting your objection.
• Send to MHS within **67 calendar days** of receipt of the MHS EOP. Please reference the original claim number. Requests received after the timeline will not be considered.

Managed Health Services
Attn: Appeals
P.O. Box 3000
Farmington, MO 63640-3800

MHS will acknowledge your appeal within 5 business days. Provider will receive notice of determination within 45 calendar days of the receipt of the Appeal.

**A call to Provider Inquiry does not reserve appeal rights.**
Need to Know – EFTs and ERAs

Payspan Health

- Web-based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs)
- One year retrieval of remittance advice
- Provided at no cost to providers and allows online enrollment
- Register at Payspanhealth.com
  - For questions call 1-877-331-7154 or email providersupport@payspanhealth.com
MHS Educational Programs & Services
Community Outreach

Navigators

Multicultural Organizations

Healthcare Providers

Advocacy Organizations

Faith Based Organizations

Schools & Educational Institutions

Sponsorships

Community Organizations

Sponsorships
MHS Educational Programs & Services

• MHS includes special health incentives and programs that we make available to our members

• We also offer several programs designed to improve the health of our members through education and personal assistance by our professional staff
Earn Rewards with Preventive Care.
MHS CentAccount® Healthy Rewards Program

MHS will reward members’ healthy choices through our CentAccount Healthy Rewards program. Members can earn dollar rewards by staying up to date on preventive care. These rewards will be added to a CentAccount card that can be used to buy things like healthy groceries, baby items and clothing as well as over-the-counter drugs (allergy, cold meds, etc.). Members can use their CentAccount card at a select number of retailers including Meijer, RiteAid, Dollar General, Family Dollar and Wal-Mart.

You can earn rewards by completing the following healthy activities:

- **$30** for completing the health needs screening within 30 days of becoming a member.
- **$10** for completing the health needs screening within 90 days of becoming a member.
- **$20** per annual well care visit with primary care doctor (age 16 months and up).
- **$15** for every 3 prenatal visits* ($45 max.).
- **$10** per infant well care visit with primary care doctor up to 15 months old ($60 max.) (These visits are recommended before 30 days old, and at 2, 4, 6, 9, 12 and 15 months old).
- **$15** for postpartum doctor visit* (must be completed 21-56 days after delivery).
CentAccount

- Promotes healthy behaviors and encourages preventive health
- Once a claim is billed to MHS, reward dollars are sent to the CentAccount card
- Reward card can be used to purchase items at local stores or pay HIP POWER Account contributions
How Can MHS Members Earn Rewards?

• Submitting a completed Health Needs Screening within 30 or 90 days of becoming a member

• Completing an annual well care visit with a primary care doctor. (One per calendar year; age 16 months old and up)

• Completing infant well care visits with primary care doctor up to 15 months old. These visits are recommended at 3-5 days old, before 30 days old and at 2, 4, 6, 9, 12 and 15 months old

• For enrolling in the smoking cessation program with the Indiana Tobacco Quitline. Call 1-800-QUIT NOW (1-800-784-8669)

• Pregnancy rewards are also available. Members must notify MHS they are pregnant by submitting a completed Notification of Pregnancy (NOP) form or calling.
Pursuant Health Kiosks

- Starting 6/1/17 partnering with Pursuant Health
- New kiosk located in participating Walmart stores
- Complete new member Health Needs Screens at kiosk
- Benefits loaded to card immediately
  - Use in store to buy personal care items
Envolve Dental

• Effective 1/1/2017, all dental claims should be billed to:

  Envolve Dental Claims: IN
  PO Box 20847
  Tampa, FL 33622-0847

• Envolve Dental Provider Services: 1-855-609-5157

• Candy Ervin, Envolve Dental Indiana Provider Relations Specialist Market Manager: Candace.Ervin@envolvehealth.com
Language Assistance

• Language assistance is available 24 hours a day, seven days a week, including holidays and weekends in more than 150 languages including translations for the hearing impaired

• Providers must offer language assistance; however, if the office is unable to assist, MHS can help

Call MHS Member Services at 1-877-647-4848
Transportation

MHS Hoosier Healthwise, Hoosier Care Connect, HIP State Plan and Pregnant HIP Members qualify for transportation services provided by LCP. Effective 01/01/2017 All HIP Members will also receive transportation services.

Rides will take members to and from:
- Doctor visits
- Medicaid enrollment visits
- Pharmacy visits
  (after a doctor’s visit)

Members need to call MHS Member Services at 1-877-647-4848 to schedule their ride at least three days before their appointment.
MHS MemberConnections®

- This is an outreach team of MHS staff who can help members one-on-one with understanding their health coverage and other community resources

- MemberConnections can provide in-person or telephonic help.
  - Builds relationships with the member and the provider.
  - Provide members understanding their health benefits and community resources
  - Members in need of transportation, food, shelter, or other health programs, MemberConnections can help

To find your MemberConnections Representative, please call 1-877-647-4848 and ask for the Rep for your area
MHS Member Baby Shower

Education is key to healthy pregnancies. MHS has created a fun and informative event to encourage healthy behaviors for our members who are pregnant or recently delivered

At the Shower

- Lunch will be provided
- We will stress the importance of scheduling and keeping all prenatal and post-partum care appointments, as well as the first year of life immunization schedule. Which will include information on:
  - OB Case Management services
  - Behavioral health services
  - Member Benefits like CentAccount, transportation, NurseWise and the Health Library
- The members will learn a lot from our community and clinical partners that present at the shower. Topics such as prenatal and post partum care, well-child visits, safe sleep, car seat safety, breastfeeding and more will be discussed
MHS Healthy Celebrations

MHS Healthy Celebrations events focus on non-compliant members. MHS partners with a PMP office to schedule a specific day and time for non-compliant MHS members on the PMP’s panel to visit the office and receive specialty visits and screenings for Children’s Health: EPSDT/well-child (lead screen age appropriate) and Women’s Health: Mammography & Chlamydia.

Each member will also receive a goody bag full of MHS and educational materials and health related giveaways. Then the family can enjoy games, prizes, healthy snacks and refreshments before they leave the doctor’s office.
Reliable Cell Phone Programs

• It is important that MHS members can reach their doctors, care managers and FSSA. That is why MHS offers two programs that provide access to free cell phones called ConnectionsPlus and Safelink

• Qualifying members receive 250 free monthly cell minutes as well as unlimited texting with both programs

• Call MHS Member Services to learn more at 1-877-647-4848.
MHS 24/7 Nurse Advice Line

• The MHS Nurse Advice Line is available 24 hours a day, seven days a week to answer members’ health questions

• The Nurse Advice line staff is bilingual in English and Spanish
MHS Care Coordinator

All MHS members enrolled in Hoosier Care Connect will be matched with a MHS Care Coordinator. This Care Coordinator will work with the member to identify potential barriers or issues related to their health care needs, as well as address goals, objectives and interventions to meeting the needs of the individual.
Specialized Health Programs

MHS has several programs designed to help improve the health of its members through education and personal assistance by our staff including:

- Pregnancy
- Diabetes
- Asthma
- COPD
- Coronary Artery Disease
- Chronic Kidney Disease
- Congestive Heart Failure
- Lead
- Behavioral Health
- Depression
- Hypertension
- ADHD
- Autism & Autism Spectrum Disorders
- Children with Special Needs Unit
- Special Healthcare Needs
MHS Start Smart for Your Baby & Special Deliveries

MHS offers two educational care management programs for MHS members who are pregnant called Start Smart for Your Baby and MHS Special Deliveries. These programs are designed to match a pregnant member with an OB Nurse Care Manager, who can help the member receive proper care throughout her pregnancy as well as after she delivers.

MHS OB Nurses can:

• Help you understand what is happening to your body during the pregnancy
• Talk about problems that may come up during your pregnancy
• Talk about what to do if you have complications during your pregnancy
• Help you make doctor appointments or schedule a free ride to the doctor’s office
• Help you get a free cell phone if you need one. You can use this phone to reach your doctor, family and other important people while you are pregnant.
• Help you quit smoking or using tobacco
• Help you find more ways to earn CentAccount© rewards by going to your OB doctor visits
• Answer any other questions about your health and the health of your baby

*By participating in either program, members will be eligible to earn more CentAccount rewards.
First Year of Life

This Care Management program is designed to encourage education and compliance with immunizations (shots) and well visits for babies.

The First Year of Life program matches a member with a Nurse Care Manager who can answer questions and provide helpful information sheets to let a member know what to expect as her baby grows.

Care Managers will also call members and send reminders to schedule upcoming immunizations and well-child visits with the baby’s doctor as they are needed.

*By participating in the program, members will be eligible to earn more CentAccount rewards*
Children with Special Needs Unit

Designed to support coordination of care for children with chronic conditions, children enrolled in the program receive care management services by a dedicated team of MHS doctors, nurses, social workers and care coordinators, specializing in the healthcare needs of children.

This includes conditions such as:

- Cerebral palsy
- Cystic fibrosis
- Developmental disabilities
- Autism
- Traumatic brain injuries
- Congenital syndromes with significant developmental delays
- Other special healthcare needs
Website
MHS Website

Find useful information and tools to help members manage their healthcare

- **Health Needs Screening**
  When you take your health needs screening within 30 days of joining MHS, you get a $30 CentAccount healthy rewards card. Or take it within 90 days of joining MHS, and get a $10 CentAccount reward!

- **Your Benefits**
  Visit the “Your Benefits” pages regularly for member updates and when you want to read our member guides, like the member handbook, brochures and how-to guides. You can also find copies of member forms, member newsletters and information about special MHS programs and services.

- **Find-a-Provider**
  Find MHS in-plan doctors, specialists, hospitals and other facilities using this quick and easy online search.

- **Events Calendar**
  Find out when we’ll be in your city on our calendar of community events hosted across Indiana.

- **Health Library**
  Our health library will help you find answers to your health questions. This resource has more than 4,000 health information sheets on a variety of health topics to help you care for yourself and your family.

- **MHS Secure Member Portal**
  Create an account on our MHS Secure Member Portal, and access tools that help you manage your healthcare faster and easier
  - View your summary of benefits, find EOB, find/change your doctor, see quality reports, view your claims, communicate with Member Services, view your individualized care plan, check your CentAccount balance and more!
MHS Website

- [mhsindiana.com](http://mhsindiana.com)
- Provider directory search functionality
- Provider demographic updates
- Payspan / EFT information
  - Convenient payments
  - One year retrieval of remittance information
  - No cost to providers
- Printable current forms, guides and manuals
  - Update billing information form
  - Denial and Rejection code listings
  - QRG-Quick Reference Guide
- Patient education material
  - KRAMES online service – MHS members have 24 hour a day access to info sheets about more than 4,000 topics relating to health and medication via MHS website. Most information is available in multiple languages including both English and Spanish: [mhsindiana.kramesonline.com](http://mhsindiana.kramesonline.com)
- Contact Us feature
Website Tools

FOR PROVIDERS
- Login
- Become a Provider
- Prior Authorization
- Dental Providers
- Pharmacy
- Provider Resources
- QI Program
- Provider News

FOR MEMBERS

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.

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.

Login/Register
Join Our Network
Website Tools

FOR PROVIDERS

Login
Become a Provider
Prior Authorization
Dental Providers
Pharmacy

Provider Resources

Case and Disease Management
Demographic Update Tool
Electronic Transactions
Forms
Frequently Asked Questions
Grievance Process
Guides and Manuals
Health Library
Helpful Links

Demographic Update Tool

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

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

Ambetter only provider? Visit our Ambetter website.

What would you like to do?

MAKE AN ADDRESS CHANGE?

MAKE A DEMOGRAPHIC CHANGE?

UPDATE MEMBER ASSIGNMENT LIMITATIONS?

TERM AN EXISTING PROVIDER?

MAKE A CHANGE TO AN IRS NUMBER OR NPI NUMBER?
# MHS Provider Relations Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
<th>Extension</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candace Ervin</td>
<td>Envolve Dental Indiana Provider Relations</td>
<td>1-877-647-4848 ext. 20187</td>
<td></td>
<td><a href="mailto:Candace.Ervin@envolvehealth.com">Candace.Ervin@envolvehealth.com</a></td>
</tr>
<tr>
<td>Chad Pratt</td>
<td>Provider Relations Specialist – Northeast Region</td>
<td>1-877-647-4848 ext. 20454</td>
<td></td>
<td><a href="mailto:ripratt@mhsindiana.com">ripratt@mhsindiana.com</a></td>
</tr>
<tr>
<td>Tawanna Danzie</td>
<td>Provider Relations Specialist – Northwest Region</td>
<td>1-877-647-4848 ext. 20022</td>
<td></td>
<td><a href="mailto:tdanzie@mhsindiana.com">tdanzie@mhsindiana.com</a></td>
</tr>
<tr>
<td>Jennifer Garner</td>
<td>Provider Relations Specialist – Southeast Region</td>
<td>1-877-647-4848 ext. 20149</td>
<td></td>
<td><a href="mailto:jgarner@mhsindiana.com">jgarner@mhsindiana.com</a></td>
</tr>
<tr>
<td>Taneya Wagaman</td>
<td>Provider Relations Specialist – Central Region</td>
<td>1-877-647-4848 ext. 20202</td>
<td></td>
<td><a href="mailto:twagaman@mhsindiana.com">twagaman@mhsindiana.com</a></td>
</tr>
<tr>
<td>Katherine Gibson</td>
<td>Provider Relations Specialist – North Central Region</td>
<td>1-877-647-4848 ext. 20959</td>
<td></td>
<td><a href="mailto:kagibson@mhsindiana.com">kagibson@mhsindiana.com</a></td>
</tr>
<tr>
<td>Esther Cervantes</td>
<td>Provider Relations Specialist – South West Region</td>
<td>1-877-647-4848 ext. 20947</td>
<td></td>
<td><a href="mailto:Estherling.A.PimentelCervantes@mhsindiana.com">Estherling.A.PimentelCervantes@mhsindiana.com</a></td>
</tr>
<tr>
<td>Mary Schermer</td>
<td>Behavioral Health Provider Relations Specialist - West Region</td>
<td>1-877-647-4848 ext. 20269</td>
<td></td>
<td><a href="mailto:mary.schermer@envolvehealth.com">mary.schermer@envolvehealth.com</a></td>
</tr>
<tr>
<td>LaKisha Browder</td>
<td>Behavioral Health Provider Relations Specialist - East Region</td>
<td>1-877-647-4848 ext. 20224</td>
<td></td>
<td><a href="mailto:lakisha.browder@envolvehealth.com">lakisha.browder@envolvehealth.com</a></td>
</tr>
</tbody>
</table>
Recap of what you learned

• The three different Indiana Medicaid Programs and how to identify the difference in the three
• Basic claim information
• MHS Educational Programs & Services and how member benefits can benefit the provider
• How to locate the member as well as the provider website
Questions

Thank you for partnering with MHS