

# MHS Claims Processing and Credentialing



Nancy Robinson  
Senior Director Provider Network



# Dispute Resolution

- **Verbal Inquiry** – MHS Provider Services 877-647-4848\*

## **Claim Appeals must be requested within 67 days of the date of EOP**

- Submit all documentation supporting your objection
- Please reference the original claim number. Requests received after day 67 will not be considered

Cenpatico IN Medicaid Claims Appeals

PO Box 6000

Farmington, MO 63640

- Provider will receive notice of determination within 45 calendar days of the receipt of the appeal

\* *A call to MHS Provider Services **does not** reserve appeal rights*

# Dispute Resolution

## Level Two Appeal (Administrative)

- Submit the informal claims dispute or objection form with all supporting documentation to appeals address:

Cenpatico IN Medicaid Claims Appeals

PO Box 6000

Farmington, MO 63640

- Appeal acknowledgement within 5 business days
- Provider will receive notice of determination within 45 calendar days of the receipt of the appeal.

# Collaboration

- Command center
- Monthly/Bi-Monthly meeting with MHS/CMHCs
- Regular communication and consistent communication
- Provider Relations Support