

Third Party Payer REFERENCE GUIDE



All HIP Plus members are required to pay a monthly POWER Account Contribution (PAC).

These payment amounts are set by the State and range from \$1 to \$20 per month. A PAC can be paid by the member or someone else on their behalf (known as a Third Party Payer).

Getting Started

To become a Third Party Payer, you will need to inform MHS that your office would like to participate in Third Party Payments (TPP). You can do this through your Provider Partnership Associate or by calling MHS Provider Services at 1-877-647-4848.

Each month MHS will send you a list of members that are already on or are eligible for HIP Plus. Please compare the report to who you have on your panel. Then send back any members in question for confirmation.

You must have at least verbal permission from your patient(s) in order to make payments on their behalf. You will add your patient(s) to the TPP Authorization form, found on mhsindiana.com, along with the amount being paid for each patient. The authorization form will tell MHS that you have spoken with your patient(s) and they agree to allow you to make payment(s) on their behalf.

Making Payments

Payments may be made online at mhsindiana.com using the "Quick Pay" option or by mailing in a check.

When using "Quick Pay," under merchant agreement please select "Centene MHS other." The selection will help keep track of who made the payment. When mailing in a check please be sure to include: patient's name, RID, and amount being paid. If one check is covering payment for more than one member, please include all information for each patient. Checks should be mailed to the following address:

MHS HIP Billing
550 N. Meridian Street, Suite 101
Indianapolis, IN 46204

Important Things to Remember

- ▶ All past due balances must be paid in full before starting TPP. For example: If your patient has a \$20 PAC payment that is past due and you make a \$60 payment to cover three months of future coverage, the \$20 balance will be taken from the \$60 payment. You would have only covered two months of coverage.
- ▶ MHS does not control the status of patients' coverage and/or monthly PAC amounts.



Questions?

Contact MHS Provider Services at 1-877-647-4848.



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