

## Helpful Guide to Finding a Provider (Doctor)

The summary below tells you what the information you are looking at on our website means when you select a provider (doctor) from our Find-A-Provider feature.

MHS providers (doctors) are responsible for informing MHS about changes to their contact information, new patient restrictions, age limitations, hospital privileges, and any additional languages that are spoken by the provider. In addition to receiving updates from providers, MHS annually validates the information through outreach to the provider (doctor) to confirm the information is still correct. MHS updates our “Find a Provider” list on a daily basis with the information the providers give to MHS.

The following gives more information about the meaning of some words used on the “Find a Provider” pages.

**Accepting New Patients:** This tells whether the provider (doctor) is accepting new patients or not. If there are changes, the provider must inform us of these changes before they stop accepting new patients.

**Accessible for People with Disabilities:** This tells whether or not the provider’s (doctor’s) office is accessible for people with disabilities. In addition to this, our provider relations staff performs a visit to the office when the doctor applies to become an MHS doctor, regularly, and any time the office moves to make sure that the offices meet American Disabilities Act (ADA) law.

**Ancillary Provider:** This is a MHS provider (doctor) who is not a medical practitioner or hospital, such as a transportation provider.

**Address and Hours:** The provider’s (doctor’s) address and hours they see patients are included. This information is verified every three years. If there are changes made to the office location or hours, it is the provider’s responsibility to tell MHS as soon as possible.

**Board Certification:** The Board Certification indicates if the provider (doctor) has additional training or expertise in a certain area or specialty. You can obtain additional and updated information regarding a provider’s Board Certification by going directly to the American Board of Medical Specialties at [www.ABMS.org](http://www.ABMS.org), or you may call 1-866-ASK-ABMS (275-2267).

**Facility Accreditation:** For facilities (like hospitals), there will be information regarding the status of the facility accreditation (groups that monitor the quality of care and services provided). There are specific organizations that monitor hospital quality. We obtain copies of the hospitals’ accreditation certificate to validate its status. Hospitals are reviewed every three years.

**Gender:** This tells whether the MHS provider (doctor) is a male or a female.



**Hospital Affiliations:** The hospital affiliations section indicates what participating hospitals the provider (doctor) can use to provide care. The doctor must apply to a hospital that he/she wishes to send patients. The hospital also reviews the doctors to ensure that the doctors are properly trained. A doctor reports the hospitals he/she can use when he/she becomes a MHS doctor and is responsible for sending us changes.

**Languages:** We have also included other languages that are spoken by our providers (doctors) (in addition to English). This information is provided to us when a doctor applies to be a MHS doctor and is verified again every three years. The doctor is responsible for telling us of any changes regarding the new languages he/she speaks.

**Location:** The MHS provider (doctor) or hospital's address is listed for each entry. This is where the doctor or hospital provides care and services. To look-up doctors or hospitals near you, enter your ZIP code on the main search page.

**Medical Group Affiliation:** The medical group affiliation is the name of the physician group to which the provider (doctor) belongs, like "Hoosier Care Physicians". This information is given to us by the doctor when they become a MHS doctor. We rely on the doctor to send us updates to any changes in the name of the group; however it is also verified every three years.

**Name:** This is the first and last name of the MHS provider (doctor) or the name of the hospital selected.

**Specialty:** Specialty is the area of medicine in which the provider (doctor) practices. Examples of a specialty include pediatrics, orthopedics, and OB/GYN. MHS verifies all of the schools and hospitals where the provider has been trained to ensure the provider has enough training in this area of medicine before allowing the provider to join the MHS network. Specialty information is reviewed every three years.

**Transportation:** This indicates if the location of the group or facility is located on a public transportation route. If you receive Medicaid package A or package B or Presumptive Eligibility, transportation to covered medical services is free to you. You can schedule a ride by calling MHS Member Services. If you receive services through the Children's Health Insurance Program (CHIP) or the Healthy Indiana Plan (HIP), you may receive emergency transportation.