Quick Reference Guide: Provider Healthcare Portal: Updating Delegated Administrator Information

Introduction

This quick reference guide (QRG) identifies the procedure to update the provider's delegated administrator information in the Provider Healthcare Portal (Portal).

Topics Covered:

✓ **Update Delegated Administrator Information**

Update Delegated Administrator Information

Delegated administrators are individuals who are authorized to answer questions related to provider enrollments submitted via U.S. Mail. A provider must have at least one person on file with the Indiana Healthcare Coverage Programs (IHCP) that serves as the delegated administrator. This person can be the individual provider or someone authorized to serve on the provider's behalf.

NOTE: The delegated administrators are not provider delegates who use the Portal to maintain provider data.

The provider uses the Portal to add, change, or delete a delegated administrator's information.

To update the contact and delegated administrator information:

1. Log into the Portal.

2. Click **Provider Maintenance** in the Provider section (**Figure 1**) of the My Home page to open the Provider Maintenance: Instructions page.

Figure 1: Provider Maintenance Link

3. Click **Contact and Delegated Administrator Information Changes** on the left side navigation panel of the Provider Maintenance: Instructions page (**Figure 2**) to display the Provider Maintenance: Contact and Delegated Administrator Information page.

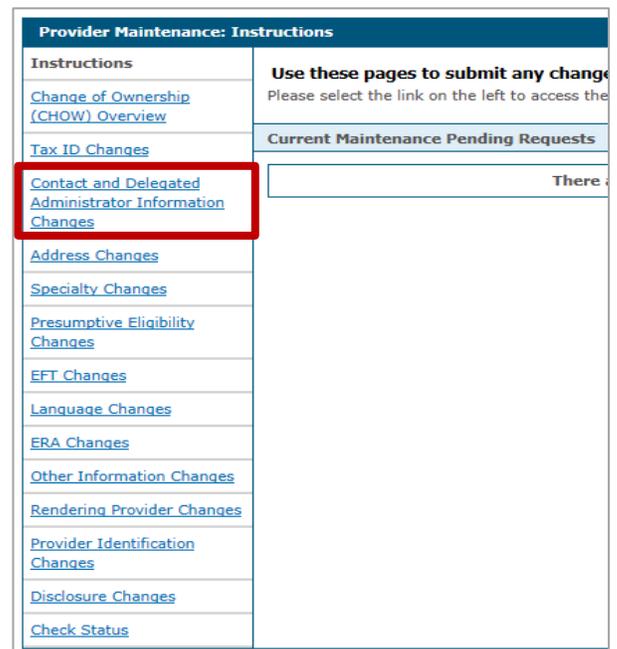*Figure 2: Provider Maintenance: Instructions Page*

4. On the Provider Maintenance: Contact and Delegated Administrator Information page (*Figure 3*), review the instructions at the top of the page.

Provider Maintenance: Contact and Delegated Administrator Information   ?

You are initiating a change request. Complete the desired changes for fields in each section and click the "Submit" button to submit this change request.
The contact person will potentially be contacted to answer any questions regarding the information provided in this change request.

* Indicates a required field.

Contact Information

The contact name and email relate to the person who can answer questions regarding this location. Email addresses will be used for IHCP business only and will not be sold or shared for other purposes.

*Last Name	
*First Name	
Title	
*Telephone Number	Telephone Number Extension
Fax Number	
*Contact Email ❶	
*Confirm Email Address ❶	
Preferred Method of Communication	▼

Delegated Administrator Information

Delegated Administrators are identified for paper submissions, and upon initial enrollment on the portal. Delegated Administrators are not registered portal delegates. Portal delegates are registered and maintained on the Manage Accounts page under User Details on the Home page. Portal delegates are made to allow users access to maintain provider data on the portal, and are not used for paper submissions. Delegated Administrators are only needed and used for paper submissions, and were entered upon initial enrollment, which is prior to the registering delegates task. This page is only used to maintain Delegated Administrators and is not for maintaining your registered portal delegates.

	Delegated Administrator Name	Effective Date	Action
⊟	Click to collapse.		

Delegated Administrator Signature [   ]   Effective Date 05/24/2017

Add

Submit   **Cancel**

Figure 3: Provider Maintenance: Contact and Delegated Administrator Information Page

5. In the Contact Information section (***Figure 4***), enter data in the required fields indicated by an asterisk (*****).

    - Last Name

    - First Name

    - Telephone Number

    - Contact Email

    - Confirm Email Address

Contact Information

The contact name and email relate to the person who can answer questions regarding this location. Email addresses will be used for IHCP business only and will not be sold or shared for other purposes.

*Last Name	
*First Name	
Title	
*Telephone Number	Telephone Number Extension
Fax Number	
*Contact Email ❶	
*Confirm Email Address ❶	
Preferred Method of Communication	

Figure 4: Contact Information Section

6. In the Delegated Administrator Information section (***Figure 5***), review the details in the instruction section to understand the role and responsibilities of a delegated administrator.

7. Type the delegated administrator's name that matches the first and last name entered in step 5 in the signature field.

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	Delegated Administrator Name	Effective Date	Action
⊟	Click to collapse.		
Delegated Administrator Signature		Effective Date 05/24/2017	
Add			

Figure 5: Delegated Administrator Information Section

8. Click **Add** (***Figure 5***) to add a delegated administrator to the list (***Figure 6***).

IMPORTANT: The addition is not permanent until it is submitted.

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9. Click **Submit** (*Figure 6*) to process this update.

Figure 6: Added Delegated Administrator Contact

10. An automated tracking number (ATN) is provided on the Provider Maintenance: Tracking Information page (*Figure 7*) to check the status of the submission. Updating the Contact and Delegate Administrator Information does not require validation and approval. The request is immediately processed and the status will show Completed.

Figure 7: Provider Maintenance: Tracking Information Page

11. Click **Exit** (*Figure 7*) to return to the Provider Maintenance: Instructions page.