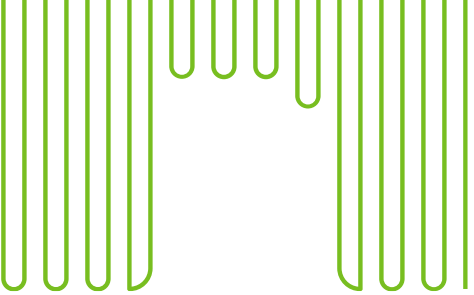


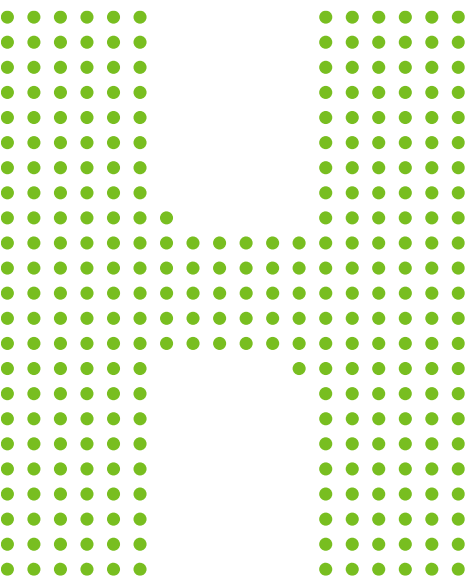
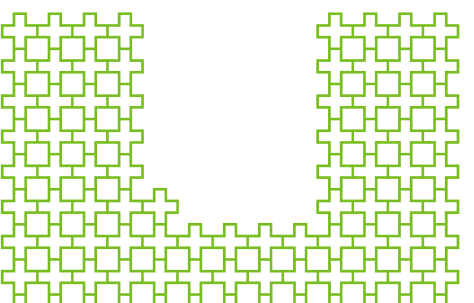


Provider Enrollment from Beginning to End

Humana Healthy Horizons
Indiana PathWays for Aging
2026 IHCP Works Annual Seminar



Agenda

1. Introduction
 2. Provider Enrollment Overview
 3. Humana Provider Enrollment
 4. Vendor Enrollment
 5. Resources
 6. Q&A
- 
- 

Katelynn Koedyker
Provider Engagement Professional



Speakers

Mark Eastridge
Provider Engagement Professional

Humana Healthy Horizons in Indiana PathWays for Aging Long-Term Services and Supports/Home and Community-Based Services Provider Representatives Map

Region 1

INLTSSProviderRelations T1@humana.com
Katelynn Koedyker - (219) 296-8295

Region 2

INLTSSProviderRelations T2@humana.com
Cierra Rich - (260) 298-4348

Region 3

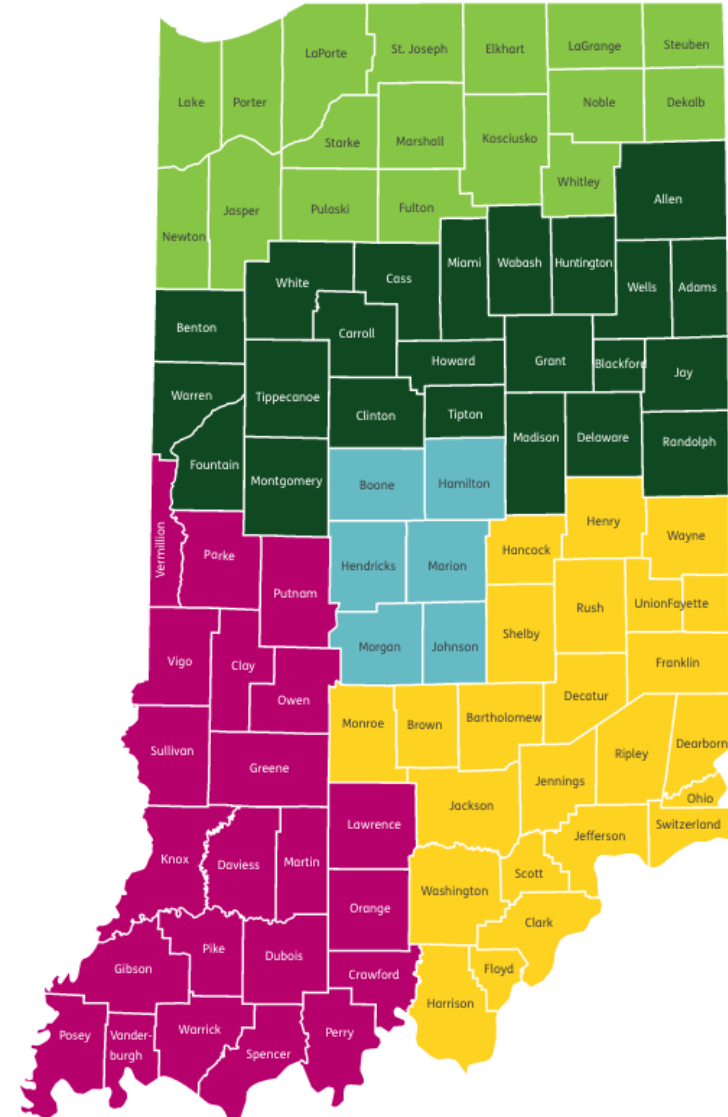
INLTSSProviderRelations T3@humana.com
Taylor Mitchell - (463) 265-2405
Bria Steele - (317) 677-2693

Region 4

INLTSSProviderRelations T4@humana.com
Mark Eastridge - (812) 697-8583

Region 5

INLTSSProviderRelations T5@humana.com
Kimberly Dunn - (812) 914-3104



Humana Healthy Horizons in Indiana PathWays for Aging
Long-Term Services and Supports/Home and
Community-Based Services Provider Representatives Map

Skilled Nursing Facilities

INLTSSNursingFacilityAssistedLiving@humana.com
Jessie Iden - (574) 275-3573

Assisted Living

INLTSSNursingFacilityAssistedLiving@humana.com
Jessie Iden - (574) 275-3573

Hospice

INLTSSAdultDayHospice@humana.com
Brittani Fox - (219) 216-5588

Adult Day Services

INLTSSAdultDayHospice@humana.com
Kimberly Dunn - (812) 914-3104

Attendant Care/Home and Community Assistance

INLTSSPersonalCareAttendant@humana.com
Cierra Rich - (260) 298-4348
Bria Steele - (317) 677- 2693

Humana Healthy Horizons in Indiana Behavioral Health, Physical Health and Nursing Facility Provider Representatives Map for Indiana PathWays for Aging

Region 1

INMedicaidProviderRelations T1@humana.com

Brittani Fox - (219) 216-5588

Region 2

INMedicaidProviderRelations T2@humana.com

Jelaina Hollingsworth - (346) 236-4261

Region 3

INMedicaidProviderRelations T3@humana.com

Jelaina Hollingsworth (346) 236-4261

Region 4

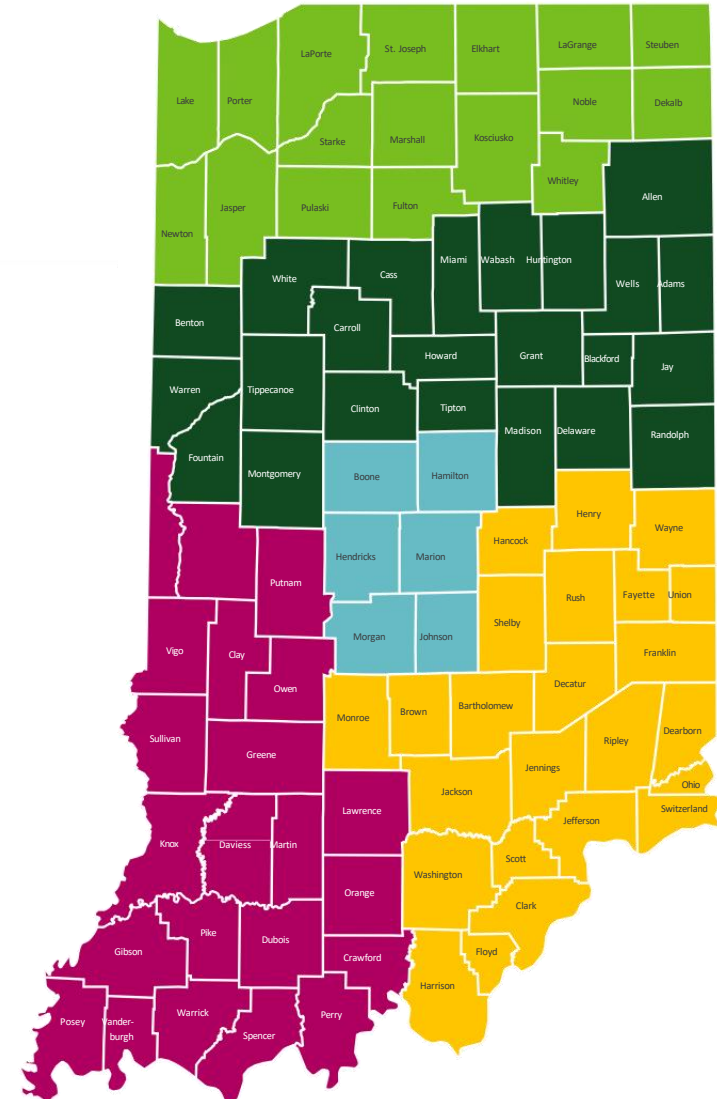
INMedicaidProviderRelations T4@humana.com

Mychelle Christian (812) 204-9285

Region 5

INMedicaidProviderRelations T5@humana.com

Mychelle Christian (812) 204-9285



Provider Engagement Leadership Team

Denise Watson, Director Provider Engagement

Phone: 463-280-5327 | Email: dwatson31@humana.com

Stephen Price, Associate Director Provider Engagement

Phone: 574-292-9189 | Email: sprice30@humana.com

Heather Baecher, Sr Claims Research & Resolutions

Phone: 463-336-2331 | Email: hbaecher@humana.com

General Questions or Concerns

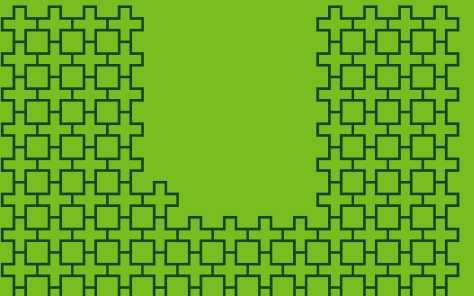
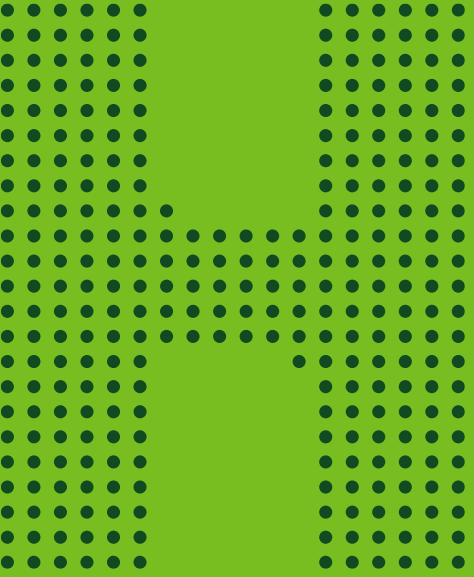
Phone: 866-274-5888 (TTY: 711) Monday – Friday 8 am – 8 pm (Est)

Email: INMedicaidProviderRelations@humana.com

General Claims Questions or Concerns

Phone: 866-274-5888 (TTY: 711) Monday – Friday 8 am – 8 pm (Est)

Email: INMedicaidClaimsResearch@humana.com



Provider Enrollment Overview

IHCP Provider Enrollment

To join the Humana Healthy Horizons in Indiana network, all providers must be actively enrolled with Indiana Health Coverage Programs (IHCP).

If you haven't already done so, you will need to complete the IHCP enrollment process at the [Indiana Medicaid for Providers IHCP Provider Healthcare Portal](#) to obtain your Indiana Medicaid Provider ID.



The screenshot displays the 'INDIANA MEDICAID for Providers' website. The header includes a logo on the left, the site title in the center, and links for 'Contact Us', 'FAQs', and 'Login' on the right. A green navigation bar contains a 'Home' link. Below this, a breadcrumb trail shows 'Home > Provider Enrollment' and the date 'Friday 07/17/2026 08:08 AM'. The main content area is divided into two columns. The left column, titled 'Provider Enrollment', contains three sections: 'Provider Enrollment Application' (with a description and a link), 'Resume Enrollment' (with a description and a bulleted list of reasons), and 'Enrollment Status' (with a description and a link). The right column features a large photograph of a healthcare professional in blue scrubs working at a computer in a clinical setting. Below the photo, there is a 'Customer Links' section with links to 'W-9 Form', 'Provider Enrollment Type and Specialty Matrix', and 'Specialty Matrix'.

INDIANA MEDICAID for Providers

Contact Us | FAQs | Login

Home

Home > Provider Enrollment

Friday 07/17/2026 08:08 AM

Provider Enrollment

[Provider Enrollment Application](#)
Initiate a new provider enrollment application (includes optional Electronic Fund Transfer (EFT) enrollment).

[Resume Enrollment](#)
Resume an existing application for the following reasons:

- Application has been saved but not yet been submitted
- Application has been RTPd for correction
- Application attachments need to be added

[Enrollment Status](#)
Check the current status of an enrollment application.

Customer Links

[W-9 Form](#)
[Provider Enrollment Type and Specialty Matrix](#)
[Specialty Matrix](#)

IHCP Provider Enrollment Continued

Provider Enrollment

[Provider Enrollment Application](#)

Initiate a new provider enrollment application (includes optional Electronic Fund Transfer (EFT) enrollment).

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Resume an existing application for the following reasons:

- Application has been saved but not yet been submitted
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[Enrollment Status](#)

Check the current status of an enrollment application.

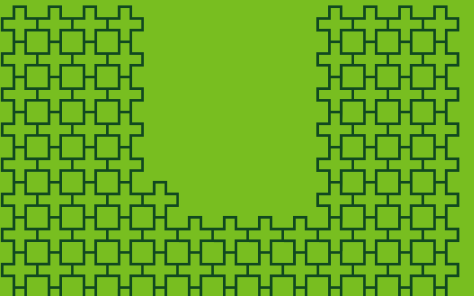
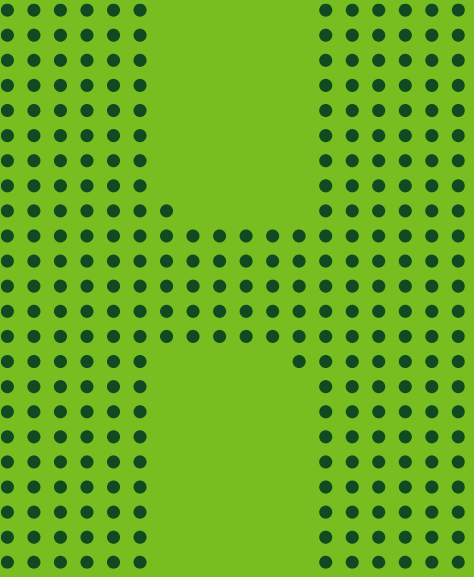
Customer Links

[W-9 Form](#)

[Provider Enrollment Type and Specialty Matrix](#)

IHCP Provider Enrollment Steps

Provider Enrollment: Welcome ?	
▶ Welcome	Welcome to the Online Provider Enrollment Process Please complete each step in the enrollment process. Click Continue to proceed within the enrollment application and choose Finish Later to exit and return at another time. When you have completed all steps of the application, click Submit and then Confirm to submit your application.
Request Information	
Specialties	
Addresses	
Provider Identification	What do you want to do? ▶ New Enrollment: You are enrolling in the IHCP for the first time. ▶ Change of Ownership: The ownership of your business has changed. ▶ Add Service Location: You are already enrolled in the IHCP and want to enroll an additional service location.
Languages and Accessibility	
EFT Information	
Other Information	You will need the following information to complete your enrollment request:
Disclosures	▶ National Provider Identifier (NPI) unless you are an atypical (for instance, transportation or waiver) provider type ▶ Address including ZIP Code/postal code + 4 ▶ Provider taxonomy unless you are an atypical (for instance, transportation or waiver) provider type ▶ Provider taxpayer identification number (TIN), which is either an Employer Identification Number (EIN) or a Social Security Number (SSN) ▶ Provider license number if applicable to your provider type ▶ Address, SSN, and date of birth for disclosed individuals (owners, board members, and managers) ▶ Address and TIN for disclosed corporations (corporations with an ownership or control interest in the applicant) ▶ All attachments must be uploaded at the end of your application submission ▶ The following types of files are allowed to be uploaded: pdf, bmp, gif, jpg, jpeg, tiff, tif, png
Additional Disclosures Information	
Agreement	
Acceptance	
Summary	Please click Continue to start the enrollment application

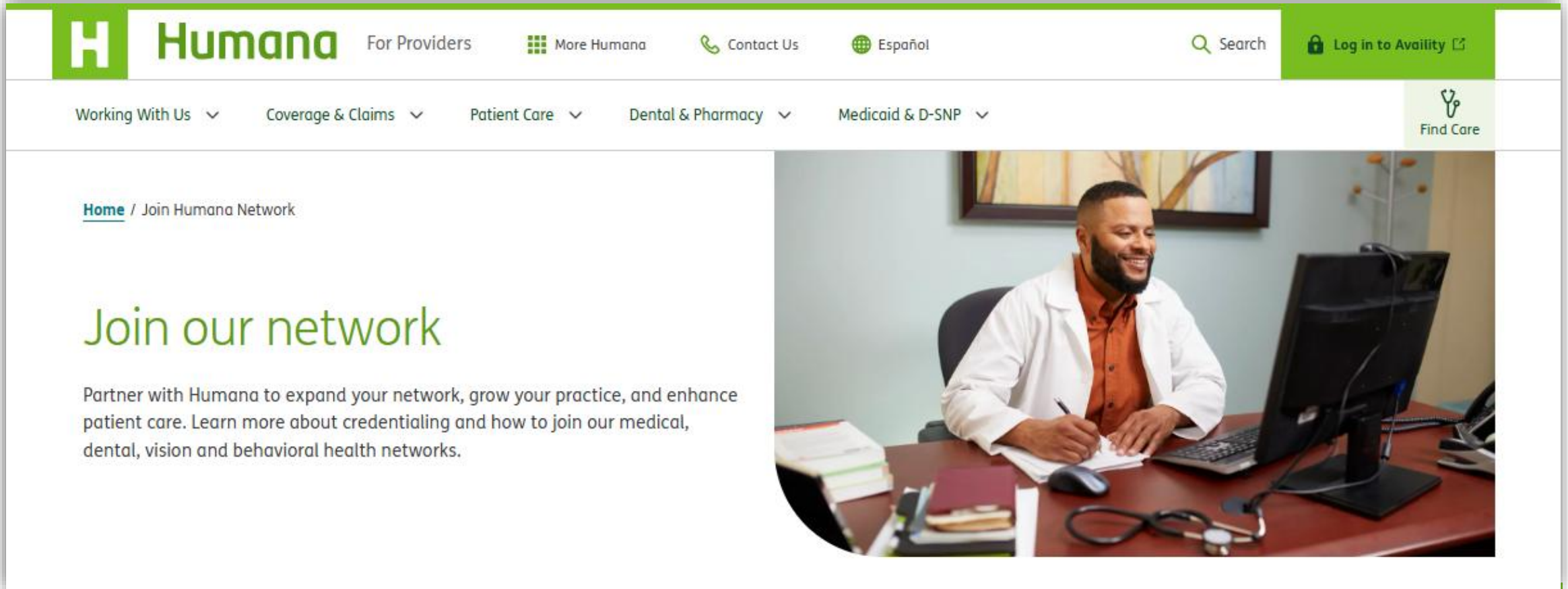


Humana Provider Enrollment

Provider Enrollment Overview

After completion of IHCP Enrollment, you are now ready to join Humana's network.

Humana's provider website offers a step by step, Join Our Network Resources Guide, located [Indiana Medicaid: Provider Information and Materials](#), specific to Humana process [Join Our Network – Humana](#).



The screenshot displays the Humana website's 'For Providers' section. The top navigation bar includes the Humana logo, 'For Providers', 'More Humana', 'Contact Us', 'Español', a search bar, and a 'Log in to Availity' button. Below this, a secondary navigation bar lists categories: 'Working With Us', 'Coverage & Claims', 'Patient Care', 'Dental & Pharmacy', and 'Medicaid & D-SNP', along with a 'Find Care' button. The main content area features a breadcrumb trail 'Home / Join Humana Network' and a large heading 'Join our network'. The text below the heading reads: 'Partner with Humana to expand your network, grow your practice, and enhance patient care. Learn more about credentialing and how to join our medical, dental, vision and behavioral health networks.' To the right of the text is a photograph of a male doctor in a white lab coat sitting at a desk, smiling, with a computer monitor and stethoscope visible.

Electronic Submissions

All provider types may submit a request to join the network via Availity Essentials

- Sign in to **Availity Essentials** (registration required)
- Select **Payer Spaces** then select Humana in the top header
- Select the **Applications** tab in the middle of the page
- Scroll down to select **Join Our Network**, then follow the prompts to complete the form and submit your application

Alternative Submission Options

Submit enrollment request to the follow email addresses:

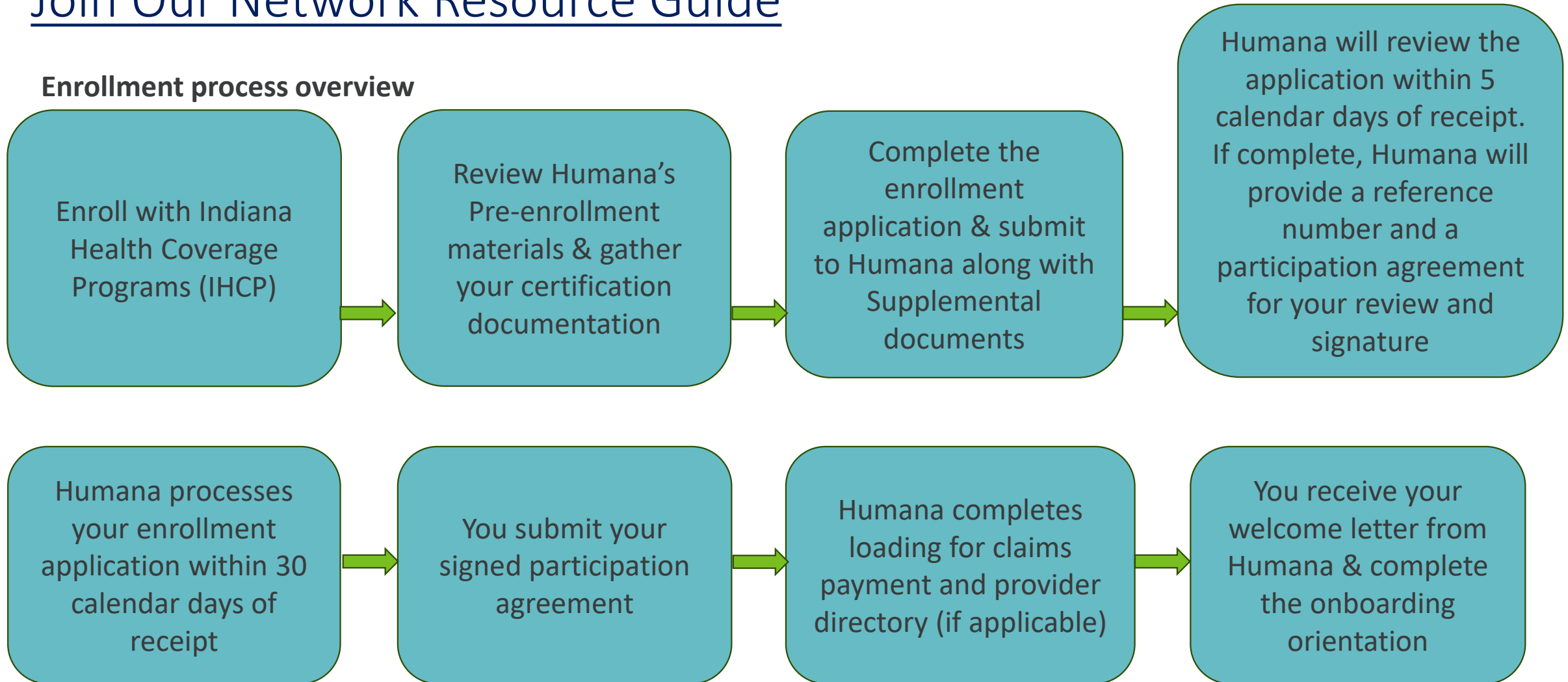
- Medical Providers: INProviderUpdates@humana.com
- Behavioral Health Providers: INBHMedicaid@humana.com
- Long-Term Services & Supports/Home & Community Based Service Providers: LTSSContracting@humana.com
- Pharmacy: pharmacycontractingrequests@humana.com

Provider Enrollment Application Process

- Once a request is received, the assigned the contractor will outreach and provide all required documents. This includes provider profile forms, the credentialing application, and W-9.
- The assigned contract will also include a reference number for provider recordkeeping and tracking purposes.
- Because documents are returned via email, the contractor must manually upload the application documents into the internal system.
- The standard process will then continue, ultimately resulting in the contract being routed for external review and signature.

Join Our Network Resource Guide

Enrollment process overview



Credentialing

A completed credentialing application, including supporting documents, is necessary to verify a practitioner's credentials for network participation. A completed credentialing application must include the following:

- A completed provider/group enrollment roster.
- An active Medicaid ID obtained through IHCP Provider Enrollment must be enrolled with IHCP at the service location(s) applicable to your Humana Healthy Horizons contract.
- An up-to-date Council for Affordable Quality Healthcare (CAQH) application, with status of complete or reattested, and access granted to Humana/ChoiceCare.
- A copy of supporting documentation for your CAQH application.
- A completed site visit: If the practitioner is serving as a Primary Medical Provider (PMP), an on-site survey is required prior to beginning credentialing activities.

Provider Enrollment Next Steps

The effective date policy is as follows:

- A brand-new provider that is not part of an existing contract with Humana is effective the first of the month following the contract execution date.
- The effective date is no sooner than the IHCP effective date.
- A provider added to an existing contract is effective the first of the month following receipt of the network participation request from the provider.

Final Steps:

- If the enrollment application is complete, a participation agreement is sent for review and signature.
- Your signed participation agreement is required to complete the enrollment process.
- Humana updates all internal data systems and external provider directories with your information.
- Providers receive a welcome letter from Humana, notifying that enrollment is complete.
- Our provider education/outreach representative will then reach out to begin the onboarding orientation.

Provider Demographic Changes

Waiver providers must update certification first, then update their IHCP enrollment, then notify Humana.

Non-waiver providers must update their IHCP enrollment first, then notify Humana.

Please allow thirty (30) calendar days for all updates to be made and appear in the system.

Update/Change Address

Change Tax ID

Addition/Removal of
Provider

Provider should
contact Humana
Healthy
Horizons to...

Update/Change Fax
Number

Update/Change Email
Address

Change Telephone Number

Provider Demographic Changes Cont.

Notifications to Humana of changes can be completed as follows:

Phone: 866-274-5888 (TTY: 711)

Providers/facilities/ancillary providers/Federally Qualified Health Centers (FQHCs)/Rural Health Clinics (RHCs):

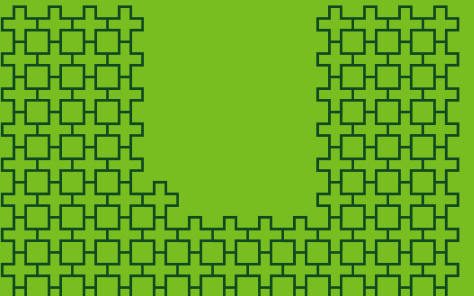
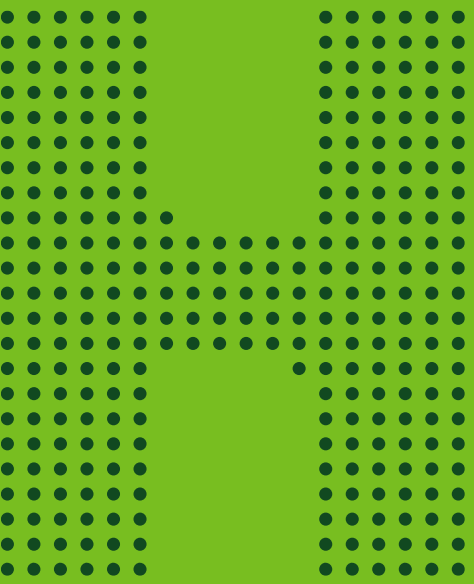
Email: INProviderUpdates@humana.com

Behavioral health:

- For address/location change:
 - Submit updated W-9 and a roster to INBHMedicaid@humana.com
- For non-address/location information:
 - Submit letter requesting change with provider name, TIN, National Provider Identifier (NPI), details for the change and a point of contact to INBHMedicaid@humana.com

HCBS:

Email: LTSSContracting@humana.com or call 866-274-5888 (TTY: 711)



Vendor Enrollment

Home/Vehicle Modification – Evolve

Interested in joining Evolves Provider Network?

Complete the Provider Application here: [Evolve Provider Application](#)

Already an Evolve Provider and have questions?

Call 844-438-7577 Option 3 (TTY: 711) or email: providers@evolve-emod.com

Website: [Providers - Evolve](#)

To complete the application please include the following:

- Company Information
- Service Area by County
- Service Categories
- Contact Information
- General and Professional Liability Questionnaire

Vision



To become in network with our Vision vendor:

Please contact EyeMed

888-581-3648 (TTY:711)

M-F 8:00 a.m. to 8:00 p.m. ET

To Join the network: [InFocus Splash](#)

Website: [EyeMed Vision Benefits](#)

Indiana: [EyeMed for Humana in Indiana](#)

Transportation

The image is a screenshot of the LCP Transportation website. At the top, there is a dark red header bar with white text. On the left, it says 'Office: 317-291-9318' with a phone icon. On the right, it says 'Toll free: 800-508-7230' with a phone icon. Below this is a grey navigation bar with the LCP logo on the left and several menu items: 'Home', 'Company Information', 'Transportation Provider Network', 'Member Resources', and 'Help'. The main content area features a large background image of a woman in a grey shirt standing next to a white van, with a person sitting inside. Overlaid on this image is the text 'WELCOME TO LCP TRANSPORTATION' in large, bold, white capital letters. Below this, a paragraph of text describes the services. At the bottom right of the text area is a white button with the text 'LEARN MORE' in black capital letters.

Office: 317-291-9318

Toll free: 800-508-7230

LCP

Home Company Information ▾ Transportation Provider Network Member Resources ▾ Help ▾

WELCOME TO LCP TRANSPORTATION

At LCP Transportation LLC, we offer a full range of non-emergency transportation services. Whether you, your loved ones, or your patients need a ride, we've got you covered. Our team of Transportation Concierge Service Representatives treats every member with respect and has extensive qualifications to transport and serve unique populations. Many of our TCSRs have thousands of trips worth of experience, and we equip them with a full fleet of safe vehicles to meet any non-emergency transportation need. We keep wait times minimal, arrive on time and get to and from destinations in a timely fashion — all while ensuring the total safety of every passenger.

LEARN MORE

Please contact LCP at 800-936-2794 (TTY:711) or through
[LCP Transportation | Indiana's Premier Medical Transportation Provider](#)

Dental



Please contact DentaQuest at 800-417-7140 (TTY: 711) or join through the company website: [Oral Health Care & Dental Insurance | DentaQuest](#)
Select providers then choose the enrollment that is appropriate:

**ENROLL IN OUR
NETWORK**

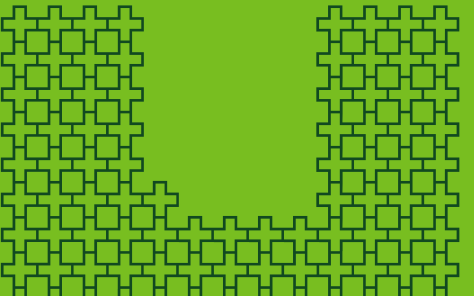
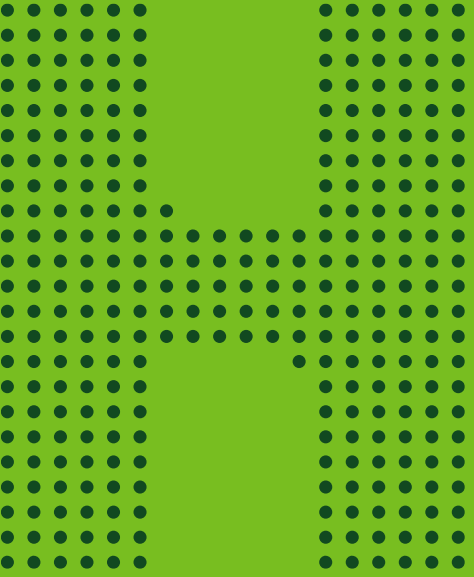
Enroll now →

**UPDATE YOUR
INFORMATION**

Update now →

**BECOME A TRADING
PARTNER**

Register/Log in →



Resources

Humana Provider Resources

Humana Healthy Horizons in Indiana Website
[Indiana Medicaid: Provider Information and Materials](#)

LCP
[Transportation Providers | LCP Transportation](#)

EyeMed
[EyeMed Vision Benefits](#)

Evolve
[Evolve Home & Vehicle Modification](#)

DentaQuest
[Oral Health Care & Dental Insurance | DentaQuest](#)

Availity
[Availity Essentials](#)



Please take a few minutes to complete the event and session evaluations!

Humana
Healthy Horizons.®



Thank you!

