



Provider Enrollment: In the Know

2026 IHCP Works Annual Seminar

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Agenda

- Moratoriums
- Billing Issues
- Trending Topics/Common Enrollment Errors
- Recent Policy Changes
- Resources





Common Acronyms

- Managed Care Organization (MCO)
- Family and Social Services Administration (FSSA)
- Indiana Health Coverage Programs (IHCP)
- Centers for Medicare & Medicaid Services (CMS)
- Applied Behavior Analysis (ABA)
- Home- and Community-Based Services (HCBS)
- Change of Ownership (CHOW)
- Ordering, Prescribing, or Referring (OPR) Provider

Moratoriums

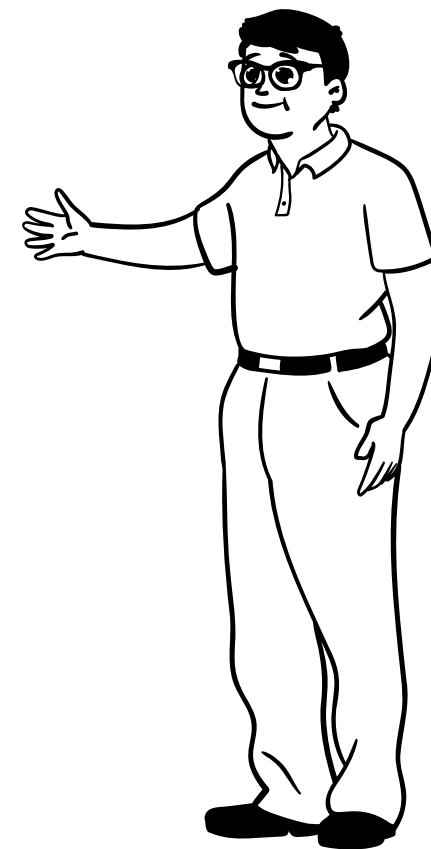




What is a Moratorium?

Essentially, this is a temporary pause on a certain activity, law, or legal obligation.

- A state Medicaid agency can impose a temporary moratorium on the enrollment of new providers that the agency identifies as having a significant risk for fraud, waste or abuse, and that the Secretary of the U.S. Department of Health and Human Services (HHS) has identified as being at high risk for fraud, waste or abuse.
 - The rule for moratoriums comes from [42 CFR 455.470](#)
- In the case of Medicaid, a state would need to identify this need for a moratorium and submit a proposal to the CMS.





ABA Moratorium

[*IHCP Bulletin BT202692*](#) – IHCP receives approval for an ABA provider enrollment moratorium

- What does this mean?
 - Effective as of June 6, 2026
 - In place for an initial period of six months and could be extended in six-month increments
 - Prevents enrollment for brand-new ABA group enrollments as well as CHOWs for existing ABA therapy agencies

***Note: This moratorium does not apply to rendering provider enrollment requests for individuals providing ABA therapy services.**



HCBS Moratorium

[*IHCP Bulletin BT2026124*](#) — IHCP receives approval for an HCBS provider certification and enrollment moratorium

Things to Note:

- Effective as of August 1, 2026
- In place for an initial period of six months and may be extended in six-month increments
- Applies to services under the following:
 - Indiana PathWays for Aging
 - Health & Wellness (H&W)
 - Traumatic Brain Injury (TBI)
 - Community Integration and Habilitation (CIH)
 - Family Supports (FS)
- ⁷ • CHOWs are included if the bill of sale was not prior to August 1, 2026



HCBS Moratorium: Affected Provider Specialties

- Adult Family Care
- Personal Emergency Response System
- Attendant Care
- Behavior Management (H&W and PathWays)
- Behavior Management/Behavior Program and Counseling (TBI, CIH and FS)
- Caregiver Coaching
- Day Habilitation
- Extended Services
- Facility-Based Support
- Family and Caregiver Training
- Home and Community Assistance
- Home-Delivered Meals
- Music Therapy

- Participant Assistance and Care
- Recreational Therapy
- Rent and Food for Unrelated Live-In Caregiver
- Residential-Based Habilitation
- Residential Habilitation and Support – Daily and Hourly
- Respite (FS and CIH)
- Respite Care Services (PathWays, H&W and TBI)
- Structured Family Caregiving
- Transportation
- Wellness Coordination
- Workplace Assistance

HCBS Moratorium: EXEMPT Provider Specialties



- Adult Day Services
- Assisted Living Case/Care Management
- Benefits Counseling
- Career Exploration and Planning
- Community Transition
- Home Modification and Assessment
- Integrated Health Care Coordination
- Nutritional Supplements
- Occupational Therapy

- Pest Control
- Physical Therapy
- Prevocational Services
- Psychological Therapy
- Remote Supports
- Specialized Medical Equipment and Supplies
- Speech/Language Therapy
- Structured Day Program
- Supported Employment
- Vehicle Modifications

Billing Issues





BOX 33 and Enrollment

Service Location

- In Box 33, ensure you fill in your **service location** name and address

State File Information

- Confirm the address in this field matches the service location address on file with the State

33	BILLING PROVIDER INFO & PH # – Enter the <i>service location</i> name and address (including ZIP code+4) as listed on the provider enrollment profile for the billing provider. The address in this field should match the <i>service location</i> address (not the legal [home office], pay-to, or mail-to address) on file for the billing provider. Required. <i>Note: The billing provider on the claim must be enrolled in the IHCP under either the billing or group enrollment classifications.</i> <i>If the U.S. Postal Service provides an expanded ZIP Code (ZIP code+4) for a geographic area, this expanded ZIP code must be entered on the claim form.</i>
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Waiver Claims

Topic: Claim denials due to incorrect specialty selection

Solution: Select all of your specialties when enrolling to avoid potential future denials

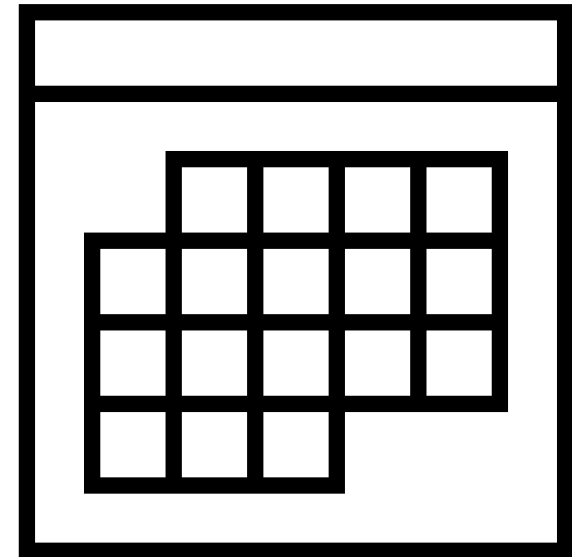


Federally Qualified Health Centers (FQHCs)



Topic: Incorrect effective date when adding a new provider to a group

Solution: Follow the standard group/clinic linkage guidelines outlined in the [Provider Enrollment](#) provider reference module

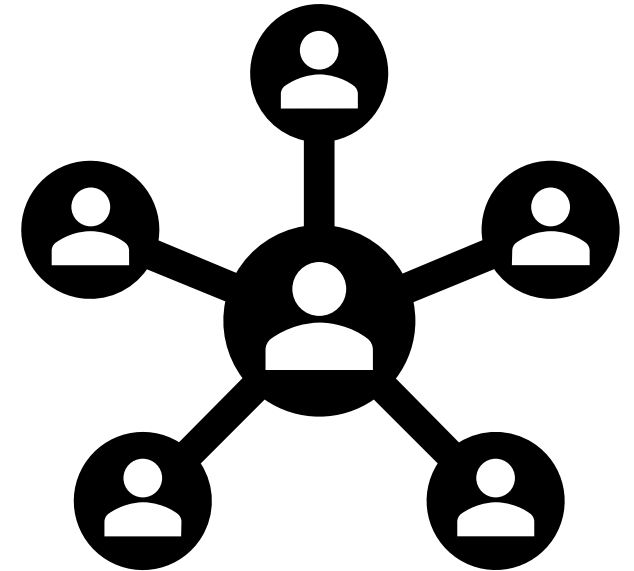


Certified Community Behavioral Health Clinics (CCBHCs)



Topic: CCBHCs are not adding new locations to the CCBHC-enrolled group NPI, leading to providers not receiving the Prospective Payment System (PPS) rate associated with CCBHCs.

Solution: Ensure that when you are adding a location, you enroll under the group NPI associated with the CCBHC demonstration. When billing claims, CCBHCs are required to use service location information and the appropriate place of service code on each of their claims, and all claims for CCBHC services must be billed under the one group NPI.



Trending Topics/Common Enrollment Errors





Types of Enrollment

Type 1 (Individual)

- A healthcare provider that is conducting business as an individual (including sole proprietors enrolling under their personal name rather than a business name) must obtain a Type 1 NPI.

Type 2 (Organization)

- A healthcare provider that is conducting business as an organization or a distinct subpart of an organization, such as a group practice, a facility or a corporation (including an incorporated individual), must obtain a Type 2 NPI.



Provider Classifications

Billing

A practitioner operating as an individual or sole practitioner, or an organization operating as a business entity, billing for services at a distinct location, with no rendering providers linked to the practice or entity.

Group

A practice or business entity operating at a distinct service location with one or more practitioners (rendering providers) linked to a common taxpayer identification number (TIN) for billing.

Rendering

A practitioner or other provider performing services for a group practice and linked to a common TIN.

OPR

Practitioners who do not bill the IHCP for services rendered but may order, prescribe, or refer services or medical supplies for IHCP members.



Background Checks

Providers are submitting fingerprints without the service code associated with FSSA, specifically Indiana Medicaid

- On the Indiana Medicaid for Providers website, providers can find the [Provider Enrollment Risk Levels and Screening](#) webpage
 - You can verify the risk levels for each screening activity and find the instructions for submitting fingerprints as both an in-state and out-of-state provider
 - Background check requirements apply to all individuals who have at least 5% ownership or controlling interest in the enrolling business entity, including the board of directors if the enrolling entity is not-for-profit. It also applies to individual practitioners assigned to the high-risk category
5. On the **Service Code** entry screen, use the guide below to data enter the correct **Service Code** for the Fingerprint Reason that FSSA has instructed you to use.
- FSSA Affordable Care Act = **24Y791**



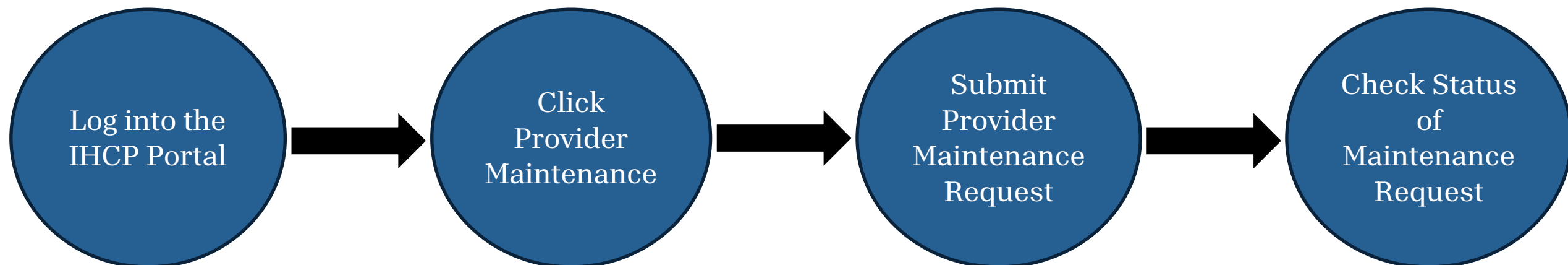
Enrollment Process





Portal Contact Information

- [IHCP Provider Healthcare Portal](#) (IHCP Portal)
- [Provider Enrollment Provider Reference Module](#)



Provider Maintenance: Tracking Information ?

Your change request has been submitted and assigned the following tracking number: **1477**

Please retain the tracking number for checking on the status of your change request. This change may require additional processes to verify data submitted. Use the Provider Maintenance Status page to check on the status of this change request.

Exit

A screenshot of a web application window titled "Provider Maintenance: Tracking Information". The window has a dark blue header bar with the title and a question mark icon. The main content area is white and contains a message: "Your change request has been submitted and assigned the following tracking number: 1477". The number "1477" is highlighted with a red rectangular box. Below this message is a paragraph of instructions: "Please retain the tracking number for checking on the status of your change request. This change may require additional processes to verify data submitted. Use the Provider Maintenance Status page to check on the status of this change request." At the bottom right of the window is a blue button labeled "Exit".

Recent Policy Changes





ABA Agency Accreditation

[IHCP Bulletin BT2026118](#)

- To ensure we have providers that are properly providing services with qualifications, the IHCP is required all newly enrolled and existing ABA group enrollments to be accredited.
 - The Autism Commission on Quality (ACQ)
 - The Behavioral Health Center of Excellence (BHCOE)
- Documentation was to be submitted by August 1, 2026.

***Note: Any previous accreditation issued from BHCOE will be accepted until an agency's reaccreditation with ACQ.**

Accelerated Revalidation (BT202694)



Providers subject to accelerated revalidation	Screening level for the accelerated revalidation
Providers that were categorized as high-risk upon their initial enrollment with the IHCP	Moderate
Providers that had their risk level changed to high-risk after their initial enrollment	High
Waiver providers (provider type 32), regardless of their initial or current risk-category assignment	Moderate if the provider was previously screened at the high-risk level High if the provider was not previously screened at the high-risk level

***Exceptions:** Any nonwaiver providers that completed their screening activities between June 1, 2025, and May 31, 2026, will be excluded from the accelerated revalidation plan. Additionally, any waiver providers that were originally screened as high-risk, and that completed their screening activities between June 1, 2025, and May 31, 2026, will be excluded from the accelerated revalidation plan. Waiver providers that were not originally screened as high-risk will be subject to accelerated revalidation regardless of when their screening activities took place.

Resources



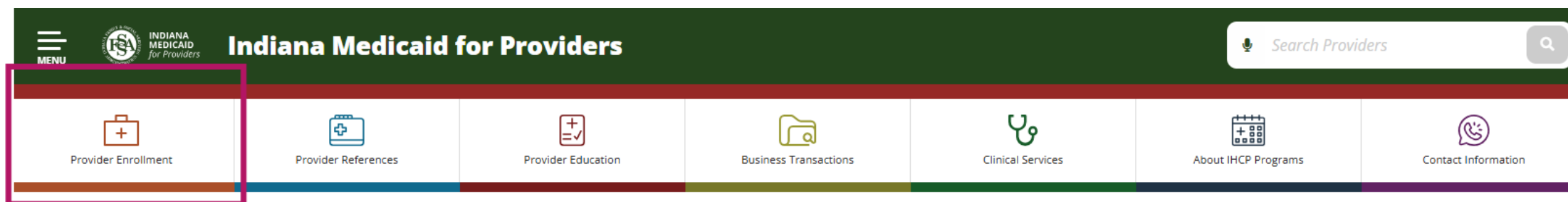


Provider Enrollment Matrixes

- [IHCP Provider Enrollment Type & Specialty Matrix](#)
 - Can review each provider type and specialty
 - Holds in-state and out-of-state document requirements
- [IHCP Provider Enrollment Risk Category and Application Fee Matrix](#)
 - Information on if an application fee is required
 - Determine the enrollment screening risk and revalidation risk categories of each provider type and specialty



Provider Enrollment Webpages



Become an IHCP Provider

Complete an IHCP Provider Enrollment Application

IHCP Provider Enrollment and Maintenance Actions

Family Member/Associate Transportation Providers

Ordering, Prescribing, or Referring Providers

Enrolling as a Managed Care Program Provider

HCBS Waiver Provider Certification and Enrollment



Becoming an IHCP Provider

How to enroll as an IHCP Provider:

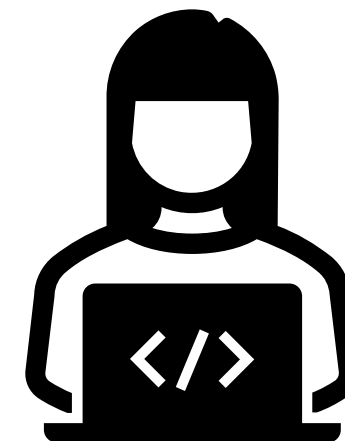
- Refer to previous slides
- Check out the [Indiana Medicaid for Providers](#) website
- Review additional resources
 - Video – [*IHCP Quick Hit Video: Provider Enrollment*](#)
 - Web-based training – [*Online Enrollment*](#)
 - Quick reference guides – [*Verifying the W-9 Form*](#) and [*Provider Enrollment Application – Authorized Signatures*](#)
 - Provider reference module – [*Provider Enrollment*](#)



Completing an IHCP Enrollment Application

Maintenance actions requiring a full IHCP Enrollment Application:

- To **enroll** as an IHCP provider for the first time
- To **add a service location** for an existing IHCP provider
- To **convert** an existing enrollment from the Ordering, Prescribing, Referring (OPR) classification to the **Rendering** classification
- To **report a change of ownership (CHOW)** for an existing IHCP provider
- To **revalidate** an enrollment, as required (see the [Provider Enrollment Revalidation](#) page)





IHCP Provider Enrollment and Maintenance Actions

Examples of what you can do in the IHCP Portal:

To do this...	Start here...
Recertify credentials with the IHCP	Recertify Your Enrollment Credentials
Revalidate an enrollment	Revalidate Your Provider Enrollment
Report changes to the information on file for your enrollment	Update Your Provider Profile

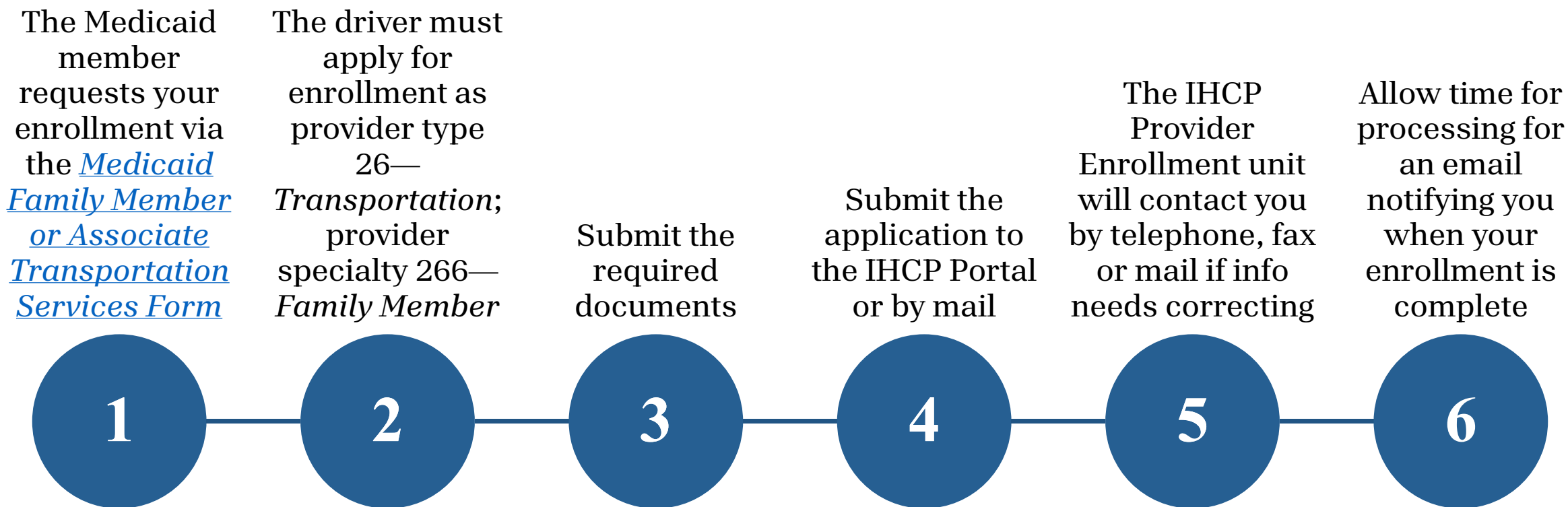
Note: While the portal is recommended, all changes can be completed and sent via mail to:

**IHCP Provider Enrollment
P.O. Box 50443
Indianapolis, IN 46250-0418**



Family Member/Associate Transportation Providers

Enrollment process for family member or associate drivers:



Note: If you are already enrolled with the IHCP under another type of transportation service, it is not appropriate for you to apply for this.

Ordering, Prescribing or Referring Providers



To participate
as an OPR
provider,
please note the
following:

- Must have an NPI
- OPR providers are not required to pay application fees
- Opioid treatment centers that do not intend to submit claims for reimbursement should enroll as OPR providers
- Providers already enrolled in the IHCP as another provider classification do not need to enroll as an OPR
- To receive payment as an OPR provider, you must enroll as a billing, group or rendering provider

Enrolling as a Managed Care Program Provider



MCO	HIP	Hoosier Care Connect	Hoosier Healthwise	PathWays
Anthem	X	X	X	X
CareSource	X		X	
Humana				X
Managed Health Services (MHS)	X	X	X	
UnitedHealthcare		X		X

Refer to this page containing MCO enrollment instructions and forms [here](#).



HCBS Waiver Provider Certification and Enrollment

Division of Disability, Aging and Rehabilitative Services (DDARS)

- [Community Integration and Habilitation \(CIH\) Waiver](#)
- [Family Supports \(FS\) Waiver](#)
- [Health and Wellness \(H&W\) Waiver](#)
- [Traumatic Brain Injury \(TBI\) Waiver](#)

OMPP

- [Indiana PathWays for Aging \(PathWays\) Waiver](#)

Division of Mental Health and Addiction (DMHA)

- [Adult Mental Health Habilitation \(AMHH\) Program](#)
- [Behavioral and Primary Healthcare Coordination \(BPHC\) Program](#)
- [Child Mental Health Wraparound \(CMHW\) Program](#)



OMPP Contact Information

OMPP Provider Relations Team

- OMPPProviderRelations@FSSA.in.gov
 - This inbox is for provider issues if you need assistance after reaching out to the MCOs or Gainwell Technologies
 - Claim, Enrollment, Policy, Eligibility, etc.-related questions can be sent here
- IHCPListens@FSSA.in.gov
 - This inbox is for ideas and feedback for future publications and/or provider education events

OMPP Provider Enrollment Team

- OMPPProviderEnrollment@FSSA.in.gov
 - This inbox is for enrollment-related questions which include background checks, the enrollment process, error messages on the portal, etc.

OMPP Waiver Certification Team

- OMPPWaiverCertification@fssa.in.gov
 - This inbox is for OMPP Certification Portal access issues, providers needing assistance during portal account creation, and general certification inquiries



External Contact Information

BDS Contact Information

- BDSProviderServices@fssa.in.gov
 - Use this inbox for provider applications, NOA-related emails, BDS Portal questions, etc.
- BDS.Help@fssa.in.gov
 - Service Plan expedition, service delivery (policy, guidance), Jira ticket help

DMHA Contact Information

- AMHH- amhhservices-fssa@state.in.us
- BPHC- BPHC.service@fssa.in.gov
- CCBHC- CCBHCQuestions@fssa.in.gov
- CMHW- DMHAYouthservices@fssa.in.gov





Stay Connected with the IHCP!

Get Important News & Updates

Sign up for email and/or text notices of Medicaid and other FSSA news, reminders, and other important information. When registering your email, check the category on the drop-down list to receive notices of Medicaid updates; check other areas of interest on the drop-down list to receive notices for other types of FSSA updates.

Sign Up

Please be sure to stay connected and [sign up to get important FSSA news and updates](#).

FSSA - Medicaid Policy and Planning ☐

Indiana Health Coverage Programs Providers



Other Ways to Find the IHCP Update Email



The weekly IHCP update email can also be found on the [IHCP Providers homepage](#).

What's New?

Find out about recent news items, provider publications, and other website or program updates.

[Read the Latest IHCP Update Email](#)

IHCP News & Events

- 07-01-2026 IHCP will host monthly IHCP Live webinar July 1
- 08-05-2026 IHCP will host monthly IHCP Live webinar August 5

[Click Here to View More News and Events](#)



Bulletins



Provider Reference Modules



Questions?



Thank You!



Please scan the QR code and complete the
session evaluation survey!