

Provider Enrollment IHCP Provider Healthcare Portal

Indiana Health Coverage Programs
Gainwell Technologies
IHCP Works Seminar October 2021



Agenda

- Enrollment 101
- Enrollment 201
- Change of Ownership
- Link Rendering Providers
- Convert Enrollment Status
- Revalidation
- Stay Informed
- Helpful Tools
- Questions



Enrollment 101



Enrollment 101

The Portal's online Provider Enrollment feature is an easy-to-use option for providers to:

- Enroll in the IHCP for the first time
- Enroll a new service location or add rendering providers to their group
- Make other updates to their profile
- **Revalidate**

INDIANA MEDICAID for Providers

Contact Us | FAQs | Login

Home

Home > Provider Enrollment

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](#)

[Enrollment Status](#)



Enrollment 101

- Online transactions are more efficient and convenient.
- Systematic checks help verify that information is complete, reducing inadvertent submission errors and the need for corrections.
- Enrollment applications can be easily saved and edited, as needed, during the process.
- Supporting enrollment documentation is uploaded electronically and submitted with the transaction.
- Providers can monitor the status of submitted transactions in real time.



Enrollment 101

Real-time transaction examples:

- Some address changes (other than *legal address* [home office] and some service locations, based on provider type)
- Presumptive Eligibility Qualified Provider election
- Electronic funds transfer (EFT) addition (18-day paper check during change period)
- EFT deletion
- Languages spoken
- **Provider disenrollment**



Enrollment 101

Review the [IHCP Provider Enrollment Type and Specialty Matrix](#) to determine:

- Provider type and specialty
- Document requirements
 - In-state and out-of-state
- Application fee
- Fingerprinting and background check requirements

IHCP Provider Enrollment Type and Specialty Matrix



Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
30 – End-Stage Renal Disease (ESRD) Clinic	300 – Freestanding Renal Dialysis Clinic	<ul style="list-style-type: none"> • IHCP Hospital and Facility provider enrollment packet or online application, which includes: <ul style="list-style-type: none"> ○ Provider Agreement ○ Federal W-9 form • Copy of Indiana Department of Health (IDOH) certification • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate required • Medicare number, if enrolled in Medicare • Application fee required¹ 	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
31 – Physician	310 – Allergist 311 – Anesthesiologist 312 – Cardiologist 313 – Cardiovascular Surgeon 314 – Dermatologist 315 – Emergency Medicine Practitioner 316 – Family Practitioner 317 – Gastroenterologist 318 – General Practitioner	<ul style="list-style-type: none"> • IHCP provider enrollment packet or online application for your classification, which includes: <ul style="list-style-type: none"> ○ Provider Agreement ○ Federal W-9 form • Copy of license from the Indiana Professional Licensing Agency (IPLA) • Copy of board certification for specialty requested, if applicable • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable 	<ul style="list-style-type: none"> • IHCP provider enrollment packet or online application for your classification, which includes: <ul style="list-style-type: none"> ○ Provider Agreement ○ Federal W-9 form • Copy of license from appropriate state • If applicable, copy of license from Indiana Professional Licensing Agency (IPLA) with the Telemedicine Provider Certification • Copy of board certification for specialty requested, if applicable



Enrollment 101

Determine provider classification:

- **Billing** – An individual or sole proprietor, or an organization operating as a business entity, billing for services at a distinct service location, with no rendering providers
- **Group** – A distinct service location with one or more practitioners or rendering providers
- **Rendering** – A practitioner or other provider rendering services for a group practice
 - A provider enrolled as a *rendering* provider under one or more groups at one or more service locations may **also** enroll as a *billing* provider at a different service location.
- **Ordering, Prescribing, or Referring (OPR)** – Does not bill the IHCP for services rendered but may order, prescribe or refer services



Enrollment 101

Type of transaction:

- New enrollment
- Add service location for an existing provider
 - Requires a new enrollment application
- Report a change of ownership (CHOW)
 - Requires a new enrollment application
- Revalidate enrollment
 - If not **COMPLETED** timely – requires a new enrollment
- Update profile information
- Recertify licenses and certifications
- Add a rendering provider



Enrollment 101

National Provider Identifier (NPI) Requirements

Refer to [BT202163](#) for additional information.

- Type 1 (**individual**) – A healthcare provider that is conducting business as an individual (using a personal name when enrolling) must obtain a Type 1 NPI.
- Type 2 (**organizational**) – A healthcare provider that is conducting business as an individual (using a business name when enrolling) or 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 also obtain a Type 2 NPI. .

- ❖ ***Providers must enroll based on their organizational structure.***
- ❖ ***Currently enrolled providers will need to bring their enrollment into compliance with the NPI reporting guidelines.***



Enrollment 101

National Provider Identifier (NPI) requirements

Reminders:

- *A healthcare provider rendering services as an individual practitioner and **also** conducting business as an incorporated entity must obtain a Type 1 NPI as a practitioner **and** a Type 2 NPI as a corporation or limited liability company (LLC).*
- Behavioral health providers and dental providers that will be enrolling with the managed care entities are required to enroll as a group with a Type 1 and Type 2 NPI.

*Waiver providers are atypical providers and do **NOT** report an NPI.*



Enrollment 101

Gather required documents for transactions.

- Always use the most recent version of forms.
- Dates and signatures must be within the last **90 days**.

Examples:

- W-9
- Bill of sale for a change of ownership (CHOW)
- Licenses and certifications with appropriate dates
- Rendering provider attestation form



Scan and save the documents as JPEG or PDF files to the computer on which the enrollment function will be completed so they can be added as attachments on the Portal.



Enrollment 101

W-9 – Make sure to use the **most current** version.

The screenshot shows the Indiana Medicaid for Providers website. The header includes the logo and the text "INDIANA MEDICAID for Providers". Below the header is a navigation bar with "Home" and "Login" links. The main content area is divided into several sections:

- Login:** A box containing a "User ID" input field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?".
- WHAT CAN YOU DO IN THE PORTAL:** A section with a list of actions: "Submit claims", "Check on the status of their claims", "Inquire on a patient's eligibility", "View their Remittance Advices", and "Request prior authorization". Below this is a section for "Managed Care Entities" with actions like "Enroll, disenroll, and update primary medical providers", "Review their encounter claims", and "Inquire on a managed care member's eligibility".
- Protect Your Privacy!** A section with text: "Always log off and close all of your browser windows".
- Would you like to enroll as a Provider?:** A section with a red box around the "Provider Enrollment" link.
- Customer Links:** A section with a red box around the "W-9 Form" link, and other links for "Provider Enrollment Type and Specialty Matrix".



Enrollment 101

W-9

- The **Legal Name** and **Classification** must **EXACTLY** match what is on the application **AND** how the provider is registered with the Internal Revenue Service (IRS).
- Either** a Social Security number or an employer identification number (EIN) should be entered.
- Sign** and **date** the form.
- Signature** and **date** must be within the last 90 days.

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification ▶ Go to www.irs.gov/FormW9 for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.				
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.						
2 Business name/disregarded entity name, if different from above						
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.					
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC					
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					
	<input type="checkbox"/> Other (see instructions) ▶ _____					
<input type="checkbox"/> C Corporation		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>				
<input type="checkbox"/> S Corporation						
<input type="checkbox"/> Partnership						
<input type="checkbox"/> Trust/estate						
5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)				
6 City, state, and ZIP code						
7 List account number(s) here (optional)						
Part I Taxpayer Identification Number (TIN)						
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.						
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.						
		Social security number <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
		or Employer identification number <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
Part II Certification						
Under penalties of perjury, I certify that:						
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and						
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and						
3. I am a U.S. citizen or other U.S. person (defined below); and						
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.						
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.						
Sign Here	Signature of U.S. person ▶	Date ▶				

Enrollment 101


Rendering Provider Agreement and Attestation Form

Provider Maintenance: Rendering Providers ?

Rendering Providers

If you are adding new rendering providers, you will be required to supply a Rendering Agreement and Attestation Form for each. You are allowed to upload up to **10** Rendering Agreement and Attestation Forms. Any additional forms must be sent by mail along with the ATN coversheet presented at the end of this process.

* Indicates a required field.

*Rendering Linkage Effective Date 

*Either a Provider ID or NPI is required.

Only currently enrolled rendering providers can be added to this group provider

NPI Provider ID

*I accept

I attest that a signed Rendering Provider Agreement and Attestation Form will be sent by mail along with the coversheet furnished at the end of this application submission. Please use the link below to obtain a copy of the most current Rendering Provider Agreement and Attestation Form. Both the group's owner or authorized official and the rendering provider must sign this form.

[Rendering Provider Agreement and Attestation Form](#)

**Download
the most
current
version.**



Enrollment 101

Rendering Provider Agreement and Attestation Form

IHCP Rendering Provider Agreement and Attestation Form	
Version 6.5E, May 2019 Page 5 of 5	
IHCP Rendering Provider Agreement and Attestation Form Authorized Signatures	
The owner or an authorized representative of the business entity directly or ultimately responsible for operating the business enterprise must complete this section. This Agreement must be signed by both the authorized representative of the business entity and the rendering provider. A delegated administrator may not sign this form.	
For the group or clinic's taxpayer identification number (tax ID), use the business' federal employer identification number (EIN). For the rendering provider's tax ID, use the practitioner's Social Security number (SSN) (or, if the rendering provider is an organization, use its EIN).	
Group or clinic's business name (please print):	Tax ID:
Authorized official's name (please print):	Title:
Authorized official's signature:	Date:
Rendering provider's name (please print):	Tax ID (SSN for practitioners; EIN for organizations):
Rendering provider's signature:	Date:

- Group name and Tax ID
- Name and signature of **AUTHORIZED** individual
- Name, signature and **Social Security** number of rendering provider



*Complete a form for each rendering provider.
Signatures and dates must be within **90 days** of request.*



Enrollment 201



Enrollment 201

- All enrollment transactions follow a step-by-step process.
- The required information in each step must be completed and be accurate to proceed to the next step.

Provider Enrollment:
Welcome
▶ Request Information
Specialties
Addresses
Provider Identification
Languages
EFT Information
Other Information
Disclosures
Additional Disclosures Information
Agreement
Attachments
Acceptance
Summary



Enrollment 201

If you are not able to complete the required information for a step, the application may be saved and resumed within 90 days.

Delegated Administrator Name	Action
☐ Click to collapse.	
<p>Delegated Administrator Signature <input data-bbox="587 661 1107 691" type="text"/></p> <hr/> <p><input data-bbox="403 761 537 801" type="button" value="Add"/></p>	
<p><input data-bbox="948 925 1064 953" type="button" value="Continue"/> <input data-bbox="1078 903 1257 965" type="button" value="Finish Later"/> <input data-bbox="1271 925 1383 953" type="button" value="Cancel"/></p>	

Choose the ***Finish Later*** option at the bottom of any page.



Enrollment 201

Delegated administrators are individuals granted authority to submit and complete applications or revalidations via the portal upon initial enrollment, or to submit applications or maintenance requests on paper. A signature of an authorized official, or owner is required to authorize or delegate the administrator(s) listed below on the IHCP Provider Agreement page. The delegated administrator may not sign the IHCP Provider Agreement. The Provider Agreement must contain the authorized official's or the owner's electronic signature, as well as indicate they authorize the delegated administrator(s) listed below.

		Action
<input type="checkbox"/>		
Deleg		
<input type="button" value="Add"/>		
<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>		

Suspend Incomplete Application

Do you want to suspend this application and resume later?



Enrollment 201

When the application is completed, on the *Instructions for Summary Page*, select **Confirm**.

Instructions for Summary Page

If after viewing the *Summary* page, you need to make changes to your application, please select the appropriate link in the table of contents panel, navigate back to that page, and make changes. Note that if the enrollment type or provider type fields are modified on the *Request Information* page, you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon these two fields.

Once you have reviewed the contents of this application, click **Confirm** to submit the enrollment for processing.

Please print a copy of this summary for your records.

Print Preview

Confirm

Finish Later

Cancel

Enrollment 201

Provider Enrollment: Credentials

Please provide the following information, which will be required to resume your application at a later date. Your password must be 8 to 20 alphanumeric characters. Your tax identification is provided, if already contained within your provider enrollment application. Your tax identification number will be represented by your Tax Identification Number (TIN), Employee Identification Number (EIN) or Social Security number (SSN), whichever you have provided when completing the application.

Once this information is entered and **Submit** is clicked, a tracking number will be provided. The tracking number along with the following information, will be your credentials to resume your suspended enrollment application.

Along with the ATN, you will also need the password you create when submitting this application. Please make sure to keep a record of the password. Passwords cannot be reset or retrieved by the IHCP. If the password is lost or forgotten, you will need to resubmit the application should corrections be needed.

* Indicates a required field.

Provider Federal Tax Identification Number (TIN),
Employer Identification Number (EIN) or Social
Security Number (SSN)

*Password

*Confirm Password

*Remember your
password information.
It is **NOT** retrievable.*

Below, please enter the email address where you would like your confirmation email sent.

*Email Address

*Confirm Email Address

Submit

Cancel

Enrollment 201

When submitted, an application tracking number (ATN) will be assigned, and the prompt will appear to ***Upload Required Attachments.***

Provider Maintenance: Tracking Information ?

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

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

You must upload all required attachments and "Submit" to finalize your application submission. Your application will not be processed until ALL required attachments have been received.

If you are unable to upload all required attachments, you will be required to complete the paper application and submit along with the supporting documentation.

To Upload Required Attachments [Click Here.](#)

Exit



Enrollment 201

Select the Attachment Type from the drop down – choose **Add** to save each attachment.

Provider Maintenance: Application Attachments ?

Supporting Documentation

The following actions need to be taken to complete the enrollment process. To submit attachments, please follow the instructions in the Attachments panel below. Double-check that all required supporting documentation, including copies of applicable professional and operating licenses, is included as an attachment to the packet. **Required documentation** is listed on the [Provider Type and Specialty Matrix](#). If your filed **Doing Business As Name (DBA)** differs from your legal or personal name, include a copy of registration documentation from the Secretary of State or County Recorder's office as an attachment to the packet.

Notes:

- This Maintenance application will not be processed until all required attachments have been uploaded.

* Indicates a required field.

No Attachments exist for this enrollment

*Attachment Type
Other

Upload File

The following types of files are allowed to be uploaded: pdf, bmp, gif, jpg, jpeg, tiff, tif, png

To view/print the attachment summary [Click Here.](#)

Enrollment 201

When all attachments have been added, choose **Submit**.

Provider Maintenance: Application Attachments ?

Supporting Documentation

The following actions need to be taken to complete the enrollment process. To submit attachments, please follow the instructions in the Attachments panel below. Double-check that all required supporting documentation, including copies of applicable professional and operating licenses, is included as an attachment to the packet. **Required documentation** is listed on the [Provider Type and Specialty Matrix](#). If your filed **Doing Business As Name (DBA)** differs from your legal or personal name, include a copy of registration documentation from the Secretary of State or County Recorder's office as an attachment to the packet.

Notes:

- This Maintenance application will not be processed until all required attachments have been uploaded.

* Indicates a required field.

Attachments ▾

Click the **Remove** link to remove the row.

#	File	Attachment Type	Action
1	W-9.pdf	Federal W-9	Remove

*Attachment Type

Upload File

The following types of files are allowed to be uploaded: pdf, bmp, gif, jpg, jpeg, tiff, tif, png

To view/print the attachment summary [Click Here.](#)

Enrollment 201

Monitor the Enrollment Status

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.

- **“Ready for Review”** indicates that the application is pending.
- **“Provider Corrections Required”** resume the enrollment to make the required corrections or submit documentation.

**** The application will expire in 21 days if corrections are not made and the application is not resubmitted.**

Contact Customer Service > Provider Enrollment for specifics on the required corrections.



Enrollment 201

Provider Enrollment

[Provider Enrollment Application](#)

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

[Resume Enrollment](#)

Resume an existing enrollment application that has not been submitted, or correct a submitted application that has been returned for needed provider corrections (RTPd).

Rendering provider applications require the individual's Social Security number.

Provider Enrollment: Resume Enrollment

Enter your assigned Tracking Number, Tax ID and Password in order to resume an existing provider enrollment application. For further questions, please contact Provider enrollment at 1-800-457-4584.

Note: Once an application has been completed and **SUBMITTED**, you may not use this method to resume or view your application. To check on the status of your submitted application, please use the Enrollment Status page

* Indicates a required field.

*Tracking Number

*Provider Federal Tax Identification Number (TIN),
Employer Identification Number (EIN) or Social
Security Number (SSN)

*Password

Submit

Cancel

Change of Ownership



Change of Ownership

Change of ownership (CHOW) can be performed on the Portal.



Change of Ownership

Go to the Portal website, but do **NOT** log in.

Choose **Provider Enrollment.**

Login ?

*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

Protect Your Privacy!

Always log off and close all of your browser windows

Would you like to enroll as a Provider?

[Provider Enrollment](#)

Drug Resources

[View Drug Formulary](#)

Fee Schedule

[Search Fee Schedule](#)

WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?

Through the Indiana Health Coverage Programs (IHCP) secure and easy-to-use internet portal, healthcare providers can:

- Submit claims
- Check on the status of their claims
- Inquire on a patient's eligibility
- View their Remittance Advices
- Request prior authorization

Managed Care Entities can:

- Enroll, disenroll, and update primary medical providers
- Review their encounter claims
- Inquire on a managed care member's eligibility

In addition, the Portal provides access to a wide variety of IHCP information and resources.



Change of Ownership

Do **NOT** log in to the Portal.

Provider Enrollment: Request Information ?

[Welcome](#)

Request Information

Specialties

Addresses

Provider Identification

Languages

EFT Information

Other Information

Disclosures

Additional Disclosures Information

You are initiating a new Indiana Health Coverage Programs (IHCP) enrollment application. Complete the fields on each page and click **Continue** to move forward to each page. All required fields on a page must be completed before the **Finish Later** option can be selected.

* Indicates a required field.

Initial Enrollment Information

*Provider Classification ?

*Provider Type

*Requested Enrollment Effective Date

To request a date prior to today's date, a written request explaining the need for the earlier date, plus supporting documentation, must be submitted with application.

*Enrollment Request Type

- New Enrollment
- Change of Ownership**
- Add Service Location

Provide the required information as indicated in the step-by-step process to complete the application.



Link Rendering Providers



Link Rendering Providers

Reminders:

- Rendering providers must be linked to each service location where they provide services.
- Attach an *IHCP Rendering Provider Agreement* to each group service location enrollment.
- Attach the rendering provider's license.
 - The license provided must support the specialty indicated for the rendering



Link Rendering Providers

If the rendering provider is **NOT** currently enrolled in the IHCP...

Go to the Portal website, but do **NOT** log in.

Choose **Provider Enrollment.**



The screenshot shows a login window titled "Login" with a question mark icon. It contains a text input field for "*User ID", a blue "Log In" button, and three links: "Forgot User ID?", "Register Now", and "Where do I enter my password?".

WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?

Through the Indiana Health Coverage Programs (IHCP) secure and easy-to-use internet portal, healthcare providers can:

- Submit claims
- Check on the status of their claims
- Inquire on a patient's eligibility
- View their Remittance Advices
- Request prior authorization

Managed Care Entities can:

- Enroll, disenroll, and update primary medical providers
- Review their encounter claims
- Inquire on a managed care member's eligibility

In addition, the Portal provides access to a wide variety of IHCP information and resources.

Protect Your Privacy!
Always log off and close all of your browser windows

Would you like to enroll as a Provider?

[Provider Enrollment](#)

Drug Resources

[View Drug Formulary](#)

Fee Schedule

[Search Fee Schedule](#)



Link Rendering Providers

If the rendering provider is **NOT** currently enrolled in the IHCP...

Provider Enrollment: Request Information ?

[Welcome](#)

Request Information

Addresses

Specialties

Provider Identification

Languages

EFT Information

Other Information

Disclosures

Additional Disclosures

You are initiating a new Indiana Health Coverage Programs (IHCP) enrollment application. Complete the fields on each page and click **Continue** to move forward to each page. All required fields on a page must be completed before the **Finish Later** option can be selected.

* Indicates a required field.

Initial Enrollment Information

*Provider Classification ?

*Provider Type ?

*Requested Enrollment Effective Date ?

To request a date prior to today's date, a written request with supporting documentation, must be submitted with application.

*Enrollment Request Type ?

Billing Group

Rendering

Ordering, Prescribing, Referring (OPR)

Select
Rendering
for the
provider
classification.

Link Rendering Providers

If the rendering provider is **NOT** currently enrolled in the IHCP...

Group is enrolled:

Enter the NPI, ZIP+4 and taxonomy for service location where the rendering provider is being linked.

Group Association

When enrolling a rendering provider, you must supply information identifying a group to which this rendering provider will be associated.

If the group is currently enrolled with IHCP, you must enter information to identify the group. If the group is not currently enrolled, then the group must have successfully submitted an enrollment application. You will need to provide the ATN (Application Tracking Number) of the submitted group application.

*Is the group currently enrolled in the IHCP? Yes No

* You must enter either a National Provider identifier (NPI), an existing IHCP Provider ID, or both.

Group Provider ID

Group NPI NPI ZIP + 4

Taxonomy

Group Association

When enrolling a rendering provider, you must supply information identifying a group to which this rendering provider will be associated.

If the group is currently enrolled with IHCP, you must enter information to identify the group. If the group is not currently enrolled, then the group must have successfully submitted an enrollment application. You will need to provide the ATN (Application Tracking Number) of the submitted group application.

*Is the group currently enrolled in the IHCP? Yes No

* Pending Group Enrollment ATN?

Group enrollment is pending:

Enter the application tracking number (ATN).

Link Rendering Providers

If the rendering provider **IS** currently enrolled in the IHCP...

Log in to the Provider Healthcare Portal under the service location the rendering will be linked to.

My Home

User Details

Welcome

- My Profile
- Manage Accounts

Provider

Name

Provider ID

- Disenroll
- Provider Maintenance**
- Enrollment / Revalidation Status

Provider Services

- Member Focused Viewing
- Search Payment History

WELCOME HEALTH CARE PROFESSIONAL!

Contact Us

Notify Me

Secure Correspondence

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

**Choose
Provider
Maintenance.**



Link Rendering Providers

If the rendering provider **IS** currently enrolled in the IHCP...

Provider Maintenance: In

Instructions

- [Change of Ownership \(CHOW\) Overview](#)
- [Tax ID Changes](#)
- [Contact and Delegated Administrator Information Changes](#)
- [Address Changes](#)
- [Specialty Changes](#)
- [EFT Changes](#)
- [Language Changes](#)
- [ERA Changes](#)
- [Rendering Provider Changes](#)**
- [Provider Identification Changes](#)
- [Disclosure Changes](#)
- [Check Status](#)

Provider Maintenance: Rendering Providers

Rendering Providers

If you are adding new rendering providers, you will be required to supply a Rendering Agreement and Attestation Form for each. You are allowed to upload up to **10** Rendering Agreement and Attestation Forms. Any additional forms must be sent by mail along with the ATN coversheet presented at the end of this process.

* Indicates a required field.

*Rendering Linkage Effective Date

*Either a Provider ID or NPI is required.

Only currently enrolled rendering providers can be added to this group provider

NPI Provider ID

*I accept

I attest that a signed Rendering Provider Agreement and Attestation Form will be sent by mail along with the coversheet furnished at the end of this application submission. Please use the link below to obtain a copy of the most current Rendering Provider Agreement and Attestation Form. Both the group's owner or authorized official and the rendering provider must sign this form.

[Rendering Provider Agreement and Attestation Form](#)

Choose
Rendering Provider Changes.



Link Rendering Provider Reminders

- A rendering provider must be enrolled using a Type 1 NPI and using his or her personal name as the legal name on the enrollment.
- A rendering provider must be enrolled using their Social Security number (SSN) as the unique identifier associated with the IHCP enrollment application.

Currently enrolled rendering providers that do not have an SSN associated with their enrollment must update their profile by completing the ***IHCP Rendering Provider Tax ID/Date of Birth Maintenance Form***, available on the [Update Your Provider Profile](#) page, under Provider Enrollment on the IHCP provider website.

Refer to [BT201931](#) for additional information.



Convert Enrollment Status



Convert OPR or Rendering Provider

The Provider Healthcare Portal allows providers to convert their enrollment from the **Ordering, Prescribing, or Referring (OPR)** classification to the **Rendering** classification, or from a **Rendering** classification to an **Ordering, Prescribing, or Referring (OPR)**.

- The individual provider must be registered on the Portal.
- Refer to [BR201835](#) for complete instructions.



Convert OPR or Rendering Provider

Log in to Portal as the *Individual Provider*

The screenshot displays the provider portal interface. At the top, there is a navigation bar with links for 'My Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. Below this, a 'My Home' section is visible. The main content area is divided into several sections:

- User Details:** Includes a 'Welcome OPR...' message and links for 'My Profile' and 'Manage Accounts'.
- Provider:** Includes fields for 'Name' and 'Provider ID', and links for 'Disenroll', 'Provider Profile', 'Provider Maintenance', 'Enrollment / Revalidation Status', and 'Converting OPR or Rendering' (highlighted with a red box).
- Provider Services:** Includes links for 'Member Focused Viewing' and 'Search Payment History'.

On the right side of the main content area, there is a 'WELCOME HEALTH CARE PROFESSIONAL!' message, a photograph of two healthcare professionals, and a paragraph of text: 'We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.' To the right of this text are three links: 'Contact Us', 'Notify Me', and 'Secure Correspondence'.

A red arrow points from the 'Converting OPR or Rendering' link to a yellow callout box containing the text 'Choose the link.'



Convert OPR or Rendering Provider



Provider Enrollment Conversion

[OPR or Rendering Conversion](#)

Initiate a conversion from either an OPR provider to a Rendering or a Rendering to an OPR Provider.

[Resume Conversion](#)

Resume an existing conversion application that has not been submitted, or correct a submitted conversion application that has been returned for needed provider corrections (RTPd).

[Conversion Status](#)

Check the current status of an OPR or Rendering Conversion application.

Customer Links

[W-9 Form](#)

[Provider Enrollment Type and
Specialty Matrix](#)



Convert OPR or Rendering Provider

My Home Customization Tools

Tools > Provider Maintenance > Provider Enrollment > Enrollment Request Information

Provider Conversion: Request Information

Welcome

You are initiating a new Enrollment application. Below is the initial enrollment screen. Complete the fields on each screen and select the Continue button to move forward to each page. All mandatory data is required to "Finish Later". The contact person will potentially be contacted to answer any questions regarding the information provided in this enrollment application.

* Indicates a required field.

Request Information

Addresses

Specialties

Provider Identification

Adverse Legal Actions

Attachments

Acceptance

Summary

Initial Enrollment Information

Provider Classification

* Provider Type

* Requested Enrollment Effective Date

Enrollment Request Type: Rendering to OPR Conversion

Provider Identification

Enter SSN if you are enrolling as an Individual or FEIN if enrolling as a business. The Social Security number disclosed on this form is used to determine whether the person named in this federally excluded party and to verify licensure.

Social Security Number

* Tax ID Type EIN SSN

Contact Information

The contact person may be contacted to answer any questions regarding the information provided in this enrollment application. Email addresses will be used for IHCP business only.

* Last Name

* First Name

Title

* Telephone Number Telephone Number Extension

Fax Number

* Contact Email

* Confirm Email Address

Preferred Method of Communication

Provider Classification can be **Rendering** or **OPR**. Choose what the provider is changing to

Complete the information as indicated.



Convert OPR or Rendering Provider

Provider Conversion:	
▶	Welcome
	Request Information
	Specialties
	Provider Identification
	Other Information
	Agreement
	Attachments
	Acceptance
	Summary

- Complete the required information in the step-by-step process.
- Click **CONFIRM** on the *Summary* page.
- The provider's existing IHCP Provider ID will be assigned to the new classification.
- This process is the preferred method to change the OPR to a rendering provider, or a rendering provider to the OPR classification.
- Paper enrollment forms are still accepted.
 - Be sure to download the most recent version.



Convert Billing to Group

1. Disenroll service location as billing provider.

- Real-time transaction – will be effective **immediately**

Log in to service location.

Login

*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

Choose the Disenroll function.

User Details

Welcome

- ▶ [My Profile](#)
- ▶ [Manage Accounts](#)

Provider

Name

Provider ID

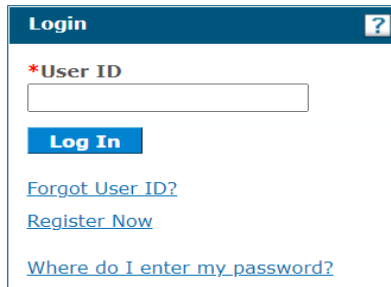
- ▶ [Disenroll](#)
- ▶ [Provider Profile](#)



Convert Billing to Group

2. The *next day*, complete the group enrollment.

- BE PREPARED – have all required information and attachments.
- Link all rendering providers to the new group.



Login ?

*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

Protect Your Privacy!

Always log off and close all of your browser windows

Would you like to enroll as a
Provider?

[Provider Enrollment](#)

Providers will not have access to the Portal to verify eligibility until the group application is complete.

3. Monitor the Enrollment Status.

Revalidation



Revalidation

- Notification letters are sent to the provider's **mail-to** address listed on the provider profile 90 days and 60 days before the revalidation due date.
 - Keep **ALL** addresses up to date via the Provider Healthcare Portal.
- Notification is also posted on the home page of the Provider Account in the Portal for the specific location.
- Submit a revalidation application as soon as possible after notification.
- Provider enrollment is end-dated when revalidation is not received timely.
 - **Providers that fail to revalidate will be required to re-enroll as new providers and will receive a new IHCP Provider ID.**
- Track the status of your revalidation via the Provider Healthcare Portal.



⚠ Revalidation ⚠

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [Resources](#)

My Home

User Details

Welcome

- ▶ [My Profile](#)
- ▶ [Manage Accounts](#)

Provider

Name

Provider ID

- ▶ [Disenroll](#)
- ▶ [Provider Profile](#)
- ▶ [Provider Maintenance](#)
- ▶ [Enrollment / Revalidation Status](#)

⚠ Revalidation

WELCOME HEALTH CARE PROFESSIONAL!

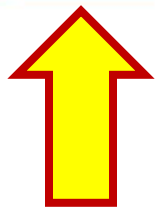


We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

 [Contact Us](#)

 [Notify Me](#)

 [Secure Correspondence](#)



⚠ Revalidation ⚠

MENU **IN.gov** **BUSINESS & AGRICULTURE** **RESIDENTS** **GOVERNMENT** **EDUCATION** **TAXES & FINANCE** **VISITING & PLAYING** **FAMILY & HEALTH**

INDIANA MEDICAID for Providers Provider Enrollment Provider References Provider Education Business Transactions Clinical Services About IHCP Programs Contact Information

[INDIANA MEDICAID](#) / [IHCP PROVIDERS](#) / [PROVIDER ENROLLMENT](#) / [MAINTAINING YOUR IHCP PROVIDER ENROLLMENT](#) / PROVIDER ENROLLMENT REVALIDATION

The Centers for Medicare & Medicaid Services (CMS) requires state Medicaid programs to revalidate provider enrollments at intervals not to exceed every five years. The CMS revalidation requirement for durable medical equipment (DME) and home medical equipment (HME) providers, including pharmacy providers with DME or HME specialty enrollments, is more frequent, at intervals not to exceed every three years.

Indiana Health Coverage Programs (IHCP) providers will receive notification letters when it is time to revalidate their enrollments. Notifications with instructions for revalidating are sent 90 and 60 days in advance of the revalidation due date. Notices are mailed to the mail-to address indicated on the provider's service location profile. Providers will also see a reminder on the home page of their Provider Account in the IHCP [Provider Healthcare Portal](#) (Portal). Providers with multiple service locations must revalidate the enrollment of each service location and will receive notification for each separately. Providers should not attempt to revalidate until they receive their notification letter.

Providers that fail to revalidate in a timely manner will be disenrolled from participation in the IHCP. After disenrollment, the provider will need to re-enroll with the IHCP. Disenrollment with subsequent re-enrollment may result in a gap in the provider's eligibility.

See [Provider Enrollment Revalidation Due Dates through December 2020](#) for a list of providers with upcoming revalidation due dates.



Revalidation dates are available on the IHCP website.



Stay Informed



Stay Informed

The IHCP rescinded temporary provider enrollment COVID policies.

[BT202161](#)

Screening Requirements effective 9/1/2021

- Application fee - \$599 for enrollments received in 2021
- Site visits
- Criminal background checks

Surety bond requirement effective 9/1/2021

- When applicable for Transportation providers

Licensure and recertification effective 10/1/2021

- Certification updates can be completed on the Portal.
- Providers will be notified of required certification updates via the **MAIL TO** address in the service location profile on the Portal.



Stay Informed

The IHCP rescinded temporary provider enrollment COVID policies.

[BT202161](#)

Revalidation schedule effective 10/1/2021

- Providers that are classified as moderate- or high-risk that enrolled during the public health emergency (PHE) will go through an accelerated revalidation process.
 - Screening requirements will apply.
 - Providers will be given a 90-day notice.
- New revalidation dates will be calculated for all providers that were due for revalidation during the public health emergency.
- Providers that paid an application fee during the public health emergency will have a credit toward a future payment.

Check the address profile on the Portal.

All notices will be sent to the *service location mail-to address* on file.



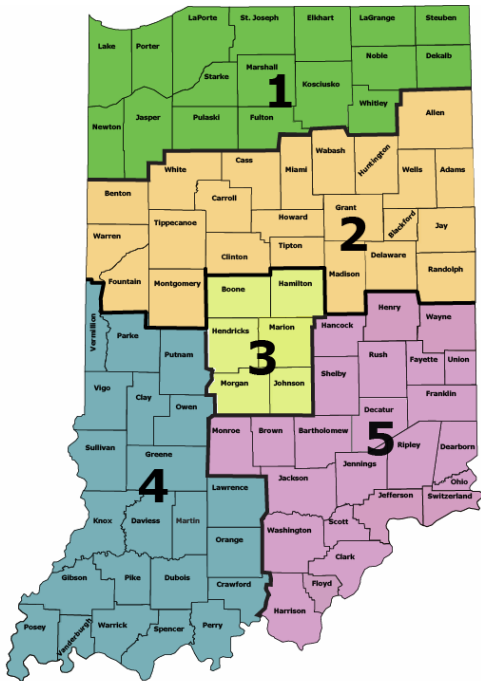
Helpful Tools



Helpful Tools

Consultants for the Indiana Regions

(F= Field; I= Internal)



Region	Consultant	Email	Telephone	Counties Served
1	Jean Downs (F) Katie Grause (I)	INIXRegion1@dxc.com	317-488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley
2	Shari Galbreath (F) Gretchen Schaller-Golob (I)	INIXRegion2@dxc.com	317-488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White
3	Crystal Woodson (F) Jeannette Curtis (I)	INIXRegion3@dxc.com	317-488-5324	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Jenny Roberts (F) Emily Redman (I)	INIXRegion4@dxc.com	317-488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
5	Tami Foster (F) Vikki Lowllun (I)	INIXRegion5@dxc.com	317-488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne

Helpful Tools

IHCP Provider website at in.gov/medicaid/providers:

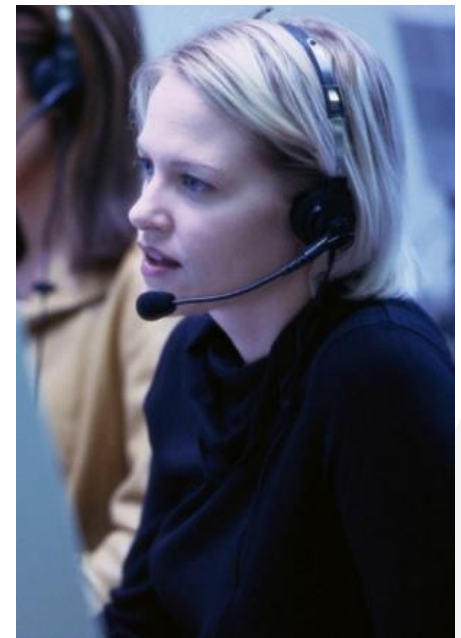
- Provider References > IHCP Provider Reference Modules
- Contact Information > Provider Relations Consultants

Customer Assistance:

- 800-457-4584
- Live assistance available Monday–Friday, 8 a.m. – 6 p.m. Eastern Time

Secure Correspondence:

- Via the Provider Healthcare Portal
 - Registered account required.
 - After logging in to the Portal, click **Secure Correspondence** to submit a request.



Questions

