

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202631    MARCH 5, 2026

## Training documents available to assist providers in smoother IHCP enrollment and revalidation

The Indiana Health Coverage Programs (IHCP) is making two training documents available to assist providers with addressing two of the most common denial reasons during enrollment and revalidation. These resources are intended to help providers to better understand the requirements and avoid common errors that may result in application denials.

### Reference Guide: Verifying the W-9 Form

The first training document provides step-by-step instructions to help providers verify the information they provide on the IHCP enrollment application with information on their Internal Revenue Service (IRS) *W-9* form. The [Reference Guide: Verifying the W-9 Form](#) is used to confirm a person's or business' legal name, tax classification and taxpayer ID number (TIN) for tax reporting and compliance purposes. The *W-9* form is required for all billing and group enrollments in the IHCP.

It is very important to verify that the information on the *W-9* form matches the details provided in the enrollment application. Applications with mismatched or incorrect information must be returned to the provider for correction.

The reference guide also explains how the IHCP defines disregarded entities and when the enrollment application needs to be returned to the provider due to *W-9* issues.



### Provider Enrollment Application – Authorized Signatures

The second training document is the [Provider Enrollment Application – Authorized Signatures](#) reference guide, which outlines the individuals authorized to sign the sections of the provider enrollment application that require signatures.

The reference guide details who must sign the IHCP Provider Agreement, Acceptance Page (also referred to as the Terms of Agreement) and the IHCP Rendering Provider Agreement. The reference guide details who is required to sign the documents and provides graphics depicting where the signatures should be made on the application documents.

### For more information

These training documents can be found on the [Become an IHCP Provider](#) webpage at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). If you have questions or need additional information, reach out to your [Provider Relations consultants](#) for help.

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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