

Provider Enrollment IHCP Provider Healthcare Portal

Indiana Health Coverage Programs
DXC Technology
Annual Provider Seminar – October 2019



Agenda

- Be prepared
- Enrollment transactions
- Change of ownership
- Linking rendering providers
- Converting an Ordering, Prescribing, or Referring (OPR) provider to a rendering provider
- Revalidation
- Enrollment status
- Helpful Tools
- Q&A



Be Prepared



Be Prepared

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

in.gov/medicaid/files/matrix.pdf

IHCP Provider Enrollment Type and Specialty Matrix			
Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State (OOS) Provider Document Requirements
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 319 – General Surgeon 320 – Geriatric Practitioner 321 – Hand Surgeon 323 – Neonatologist	<ul style="list-style-type: none"> • Indiana Health Coverage Programs (IHCP) Provider Application and Maintenance Form for your classification, which includes: <ul style="list-style-type: none"> ○ Provider Agreement ○ Federal W-9 form • Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Proof of Medicare participation, if enrolled in Medicare • Copy of license from the Indiana Professional License Agency (IPLA) • Copy of board certification for specialty requested, if applicable 	<ul style="list-style-type: none"> • Indiana Health Coverage Programs (IHCP) Provider Application and Maintenance Form for your classification, which includes: <ul style="list-style-type: none"> ○ Provider Agreement ○ Federal W-9 form • Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Copy of license from appropriate state • Copy of board certification for specialty requested, if applicable • Proof of Medicare participation, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled



Be Prepared

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



Be Prepared

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



Be Prepared

National Provider Identifier (NPI) requirements

- Type 1 (individual) – A healthcare provider that is conducting business as an individual or as a sole proprietor must obtain a Type 1 NPI.
- Type 2 (organizational) – 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.

*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 also a Type 2 NPI as a corporation or limited liability company (LLC).*



Be Prepared

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 CHOW
- Licenses and certifications
- Rendering provider attestation form



Scan and save the documents as JPEG or PDF files to add as attachments on the Portal.



Be Prepared

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

The screenshot shows the Indiana Medicaid for Providers portal. A red box highlights the 'Provider Enrollment' link in the bottom left corner. Another red box highlights the 'Provider Enrollment' section on the right side of the page, which contains links for 'Provider Enrollment Application', 'Resume Enrollment', and 'Enrollment Status'. A third red box highlights the 'W-9 Form' link in the 'Customer Links' section at the bottom right.

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).

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

Customer Links

[W-9 Form](#)

[Provider Enrollment Type and Specialty Matrix](#)



Be Prepared

W-9

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

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		
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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate
<input type="checkbox"/> Other (see instructions) ▶ _____	Exempt payee code (if any) _____	
5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code		Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
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.		
		Social security number [] [] [] - [] [] - [] [] [] []
		or Employer identification number [] [] [] [] - [] [] [] [] [] [] [] []
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.		
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 ▶

Be Prepared

Rendering provider *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.**



Be Prepared

Rendering Provider *Attestation Form*

IHCP Rendering Provider Agreement and Attestation Form	
Page 6 of 6	
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.	
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):	
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 Transactions



Enrollment Transactions

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

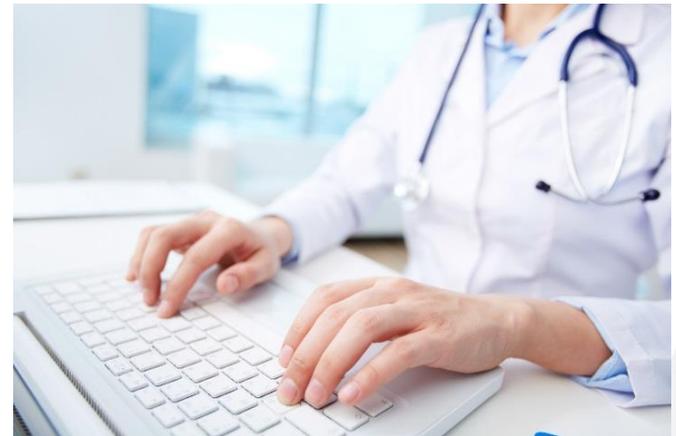


The screenshot displays the 'INDIANA MEDICAID for Providers' portal. At the top, there is a navigation bar with 'Home' and links for 'Contact Us | FAQs | Login'. Below this, a breadcrumb trail shows 'Home > Provider Enrollment'. The main content area is divided into two columns. The left column contains three sections: 'Provider Enrollment Application' (Initiate a new provider enrollment application...), 'Resume Enrollment' (Resume an existing enrollment application...), and 'Enrollment Status' (Check the current status of an enrollment application). The right column features a photograph of a healthcare professional in blue scrubs sitting at a desk with a computer monitor, working in a clinical setting.



Enrollment Transactions

- 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 can be uploaded electronically and submitted with the transaction.
- Providers can monitor the status of submitted transactions in real time.



Enrollment Transactions

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 Transactions

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 Transactions

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 692" type="text"/></p> <hr/> <p><input data-bbox="403 761 537 801" type="button" value="Add"/></p>	
<p><input data-bbox="944 925 1078 953" type="button" value="Continue"/> <input data-bbox="1078 903 1257 958" type="button" value="Finish Later"/> <input data-bbox="1257 925 1383 953" type="button" value="Cancel"/></p>	

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



Enrollment Transactions

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 Transactions

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), Employer 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 Transactions

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

Enrollment Transactions

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

[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.



Change of Ownership



Change of Ownership

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



Change of Ownership

Do NOT log into the Portal – it is a New Enrollment.

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.



Linking Rendering Providers



Linking 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.



Linking 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.**

Login ?

*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

[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](#)



Linking 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 Information

Agreement

Attachments

Acceptance

Summary

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

Provider Identification

A Social Security number or Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

*Federal Tax ID

*Tax ID Type EIN SSN

*Are you currently enrolled as an IHCP provider? Yes No

*Were you previously enrolled as an IHCP provider? Yes No

Select
Rendering
for the
provider
classification.



Linking 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 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).***

Linking Rendering Providers

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

Log into the Provider Healthcare Portal.

My Home | Eligibility | Claims | Care Management | Resources

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.**



Linking 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.



Linking Rendering Providers to a NEW Group Location

When enrolling a NEW group with more than 10 rendering providers:

- Link up to 10 rendering providers that have been previously enrolled in the IHCP.
- After the NEW group is enrolled, link the additional rendering providers via the Portal, as instructed in previous slides.
- To request the linkage be retroactive, enclose a claim for the provider that shows a member received services from that provider on the date requested.
- Nonenrolled providers may be added, as instructed in the previous slides, at the time the NEW group is enrolled.



Linking Rendering Providers to Multiple Locations

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.

Attach one Agreement per Group Tax ID for each rendering provider

[Rendering Provider Agreement and Attestation Form](#)

Add **Reset**

Only the newly added rendering provider can be expanded to add the additional groups.

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

Total Records: 9					
+/-	NPI	Provider ID	Name	Rendering Linkage Effective Date	Action
			Rendering Provider 1		Remove
			Rendering Provider 2		Remove
			Rendering Provider 3		Remove

Submit **Cancel**

Full instructions in **BR201824**



Linking 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 Provider Enrollment page on the website.

Refer to ***BT201931*** for additional information.



Converting an OPR to a Rendering Provider



Converting an OPR to a Rendering Provider

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

- The individual provider must be registered on the Portal.
- Refer to ***BR201835*** for complete instructions



Converting an OPR to a rendering provider

Log on to Portal as the OPR Provider

INDIANA MEDICAID *for Providers*

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources

My Home

User Details

Welcome OPR...

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

Provider

Name

Provider ID

- ▶ [Disenroll](#)
- ▶ [Provider Profile](#)
- ▶ [Provider Maintenance](#)
- ▶ [Enrollment / Revalidation Status](#)
- ▶ [Converting OPR or Rendering](#)

Provider Services

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)

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](#)

Choose the link.

Converting an OPR to a 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](#)



Converting an OPR to a Rendering Provider



Provider Conversion: Request Information

Welcome

Request Information

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.

Initial Enrollment Information

Provider Classification: Ordering, Prescribing, Referring (OPR)

*Provider Type: **Rendering**

*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 enrollment application is a 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: []

Continue **Finish Later** **Cancel**

Provider Classification should be Rendering.

Complete the information as indicated.



Converting an OPR to a 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 a rendering provider type.
- This process is the preferred method to change the OPR to rendering provider classification.
- Paper enrollment forms are still accepted.
 - Be sure to download the most recent version.



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		BUSINESS & AGRICULTURE	RESIDENTS	GOVERNMENT	EDUCATION	TAXES & FINANCE	VISITING & PLAYING	FAMILY & HEALTH
INDIANA MEDICAID <i>for Providers</i>	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 2019](#) for a list of providers with upcoming revalidation due dates.



Revalidation dates are available on the website.



Helpful Tools



Helpful Tools

IHCP website at in.gov/medicaid/providers:

- *IHCP Provider Reference Modules*
- Contact Us – Provider Relations Field Consultants

Customer Assistance:

- 1-800-457-4584
- 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

Please review your schedule for the next session
you are registered to attend.



Session Survey - Tuesday

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1045>



Session Survey - Wednesday

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1054>



Session Survey - Thursday

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1060>

