

Questions and Answers from the 2021 IHCP Roadshow Panel Discussion: Newly Enrolled Behavioral Health Professionals

The Indiana Health Coverage Programs (IHCP) hosted a panel discussion on Thursday, April 29, 2021, for newly enrolled behavioral health professionals as part of the 2021 IHCP Roadshow. This document provides a summary of the questions and answers discussed during the panel.

How can eligible behavioral health professionals enroll in the IHCP?

Providers can enroll online through the IHCP [Provider Healthcare Portal](#) (Portal), accessible from the home page at in.gov/medicaid/providers. To begin the process, click the Provider Enrollment Application link.

Note: Although enrolling through the Portal is preferred, providers can also choose to download and print the application from the Indiana Medicaid website and apply by mail. Please note that all signatures must be legible and in black or blue ink. If you are completing the application online before downloading and printing it, an electronic signature is acceptable. Correction tape or liquid correction fluid is not acceptable.

It is important that providers choose the correct provider classification:

- **Group** – An office with multiple practitioners
- **Billing** – An individual practitioner operating alone
- **Rendering** – An individual practitioner operating with others
- **Ordering, Prescribing or Referring (OPR)** – A practitioner who does not provide services

Applicants must also submit the following:

- A provider agreement that has been signed and dated within 30 days of the submission of the application
- A completed *W-9* form (required for group and billing classifications only)
- A copy of your professional license
- A copy of your Clinical Laboratory Improvement Amendment (CLIA) certification, if applicable
- Your Medicare ID number, if applicable

After the application has been submitted through the Portal, the applicant will receive a tracking number for reference.

For more information, please refer to *IHCP Bulletin* [BT2020108](#).

After a provider is enrolled with Medicaid, how do they initiate the credentialing process with the managed care entities?

Providers begin the credentialing process with managed care entities (MCEs) by visiting the health plan website or reaching out via email.

- Anthem:
 1. Go to the [Anthem website](https://mediprovider.anthem.com) at mediprovider.anthem.com.
 2. Select Indiana.
 3. Click Join Our Network (under The Anthem Network tab).
 4. Click the link for the *Provider Maintenance Form – Provider Application/Add Provider*.
 5. Complete and submit the form online.
- CareSource:
 1. Go to the [CareSource website](https://caresource.com) at caresource.com.
 2. Navigate to the [Become a Participating Provider](#) page (**Providers > Education > Become a Participating Provider**).
 3. Select Indiana Medicaid and click Go.
 4. Click the link for the *New Health Partner Contract Form*.
- MDwise:
 1. Go to the [MDwise website](https://mdwise.org) at mdwise.org
 2. Navigate to the [Provider Enrollment Forms for Hoosier Healthwise and HIP](#) page (**For Providers > Forms > Provider Enrollment Forms**).
 3. Select appropriately from the following:
 - MCE Hospital/Ancillary Provider Enrollment Credentialing Form
 - Universal Managed Care Entity (MCE) Provider Enrollment Form
 - W-9 Request for Taxpayer Identification Number (TIN)
 - Provider Contract Inquiry Form (Medical and Behavioral Health)
 - Non-Contracted Provider Set-up Form
 - Provider Update Form
 - Vision Eligibility Request Form
 4. When finished, send enrollment forms to prenrollment@mdwise.org.
- MHS:
 1. Go to the [MHS website](https://mhsindiana.com) at mhsindiana.com.
 2. Navigate to the [Enrollment and Updates](#) page (**For Providers > Enrollment and Updates**).
 3. Click **Request a New Contract** to access the [Become a Contracted Provider](#) page and complete the information requested.
- UnitedHealthcare:
 1. Go to the [Optum Provider Express – Our Network](https://providerexpress.com) page at providerexpress.com.
 2. Click on the appropriate credentialing type for your provider and contract type (Autism/ABA/BCBA Providers, Individually Contracted Clinician, Facility or Hospital-Based, Group with Individually Credentialed Providers, or Group with Agency Credentialed Providers).

What is required to credential with each MCE?

Each MCE has individual requirements for their credentialing process. The following is a nonexhaustive list of required documents and information:

- IHCP or MCE enrollment form
- W-9 tax form
- Completed Health Information Exchange (HIE) form
- Name
- Specialty
- Council for Affordable Quality Healthcare (CAQH) ID Number
- Taxpayer identification number (TIN)
- National Provider Identifier (NPI)
- All state licensures based on specialty
- Please include the following, if applicable:
 - Drug Enforcement Administration (DEA) certificate and/or Controlled Dangerous Substances (CDS) certificate
 - Malpractice insurance face sheet
 - Clinical Laboratory Improvement Awards (CLIA) certificate, if applicable
 - Standard Care Agreement (SCA) if an advanced practice registered nurse (APRN)
 - Supervisory agreement if a physician assistant

What common enrollment or credentialing pitfalls do you see and how can providers avoid them?

Common errors on an IHCP application include:

- Enrolling under the incorrect provider classification
- Attaching incorrect information to the application, such as the wrong W-9 or an incorrect Social Security number for the rendering provider
- Delegating signatures to an administrator when an owner must sign the application
- Submitting an application with missing, incorrect or incomplete information

Behavioral health professionals that maintain a Council for Affordable Quality Healthcare (CAQH) account encounter a delay in the credentialing process when the provider account is not up to date.

The IHCP recommends providers keep track of the ticket number provided to them during the enrollment or credentialing process for reference. The IHCP also encourages providers to check their email regularly during the enrollment and credentialing process, as this is how providers are notified of incorrect or missing information on the application.

What billing differences exist now that these providers can enroll instead of being supervised?

Enrolled midlevel practitioners can bill for services they rendered under their own NPI. These claims would not require the use of a modifier nor a supervising provider's NPI. Billing guidance for newly enrolled behavioral health professionals can be found in *IHCP Bulletin* [BT2020122](#) and *IHCP Banner* Pages [BR202119](#) and [BR202123](#).

UnitedHealthcare ONLY: Is Optum the only one we need to apply to for behavioral health or do we need to apply to UnitedHealthcare as well?

Clinicians with behavioral health specialties/licenses need only credential and contract with Optum. If a group or provider is also rendering services that are medical in nature, they would need to also contract/credential with UnitedHealthcare. An example would be an FQHC. Generally speaking, individual practitioners would only need to contract/credential with Optum.