

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026157 SEPTEMBER 29, 2026

IHCP provides reminders and FAQs for timely revalidations to avoid disruption to enrollment

The Indiana Health Coverage Programs (IHCP) announced in *IHCP Bulletin* [BT202694](#) that the IHCP would be conducting an accelerated provider enrollment revalidation plan for certain providers. The IHCP is reminding all providers scheduled for revalidation to submit their applications as soon as they receive notification to avoid disruption in their provider enrollment.



Providers are notified of revalidation in three ways:

- Providers receive letters from the IHCP to their mail-to address at least 90 days in advance of the provider's revalidation end-date.
- When providers log in to the [IHCP Provider Healthcare Portal](#) (IHCP Portal), they receive a notification regarding when their revalidation is due.
- Providers can view an online spreadsheet of upcoming revalidation due dates on the [Revalidate Your Provider Enrollment](#) webpage at in.gov/medicaid/providers.

Before completing a revalidation request, providers are strongly encouraged to review educational materials created to assist providers with completing error-free enrollment requests. The IHCP is specifically highlighting the following resources:

- [Provider Enrollment Application – Authorized Signatures](#)
- [Verifying the W-9 Form](#)

Providers are reminded of additional required screening for providers classified as moderate or high-risk for revalidation, including the following:

- **Site survey (moderate and high-risk providers)** – Gainwell Technologies will perform an unannounced site survey as the last screening activity. This will only be performed after all other required documentation is reviewed and approved.
- **Fingerprint-based background check (high-risk providers)** – Fingerprinting must be completed for any person with 5% or greater direct or indirect ownership or controlling interest in the business – including the board of directors, if nonprofit – if the business is a nonprofit entity. Background checks should be no older than six months.

Providers are strongly encouraged to submit complete and accurate applications in advance to ensure the IHCP has adequate time to conduct all required screenings and process revalidations without interruption to a provider's enrollment.

Revalidation frequently asked questions

To assist providers, the IHCP is providing the following responses to frequently asked questions about revalidation.

1. *What happens to a provider's IHCP Portal access if their revalidation is not completed before the revalidation date?*

The provider will be considered temporarily deactivated as an IHCP provider. However, the provider will still have access to the IHCP Portal to continue submitting claims for dates of service (DOS) prior to the deactivation date.

2. *Will a provider be reactivated upon finishing revalidation?*

Yes, a provider will be fully reactivated with no gap in enrollment status when all revalidation screening activities have been completed.

3. *What should providers do about prior authorization requests if they are temporarily deactivated?*

For Traditional Medicaid (fee-for service [FFS]), providers will need to delay submitting prior authorization (PA) requests until the providers are reactivated. The IHCP will allow retroactive authorizations to be submitted and reviewed during the time period that a provider was temporarily deactivated. Upon reactivation, a provider may submit a retroactive authorization request with documentation on letterhead including the following details:

- Application tracking number (ATN) for the revalidation
- The revalidation submission date
- The provider's deactivation date

Providers will be able to request retroactive authorization for services affected during the deactivation period for up to three months after the provider's reactivation.

For managed care members, providers should refer to the applicable managed care organization (MCO) to determine how authorizations will be addressed.

4. *What should providers do about claim submissions if they are temporarily deactivated?*

Providers will continue to have access to submit claims for any DOS prior to their deactivation date. After revalidation is complete, providers can submit claims for DOS on or after the temporary deactivation date.

5. *Is the accelerated revalidation plan the same as standard revalidation?*

Service locations only have one revalidation date. If a provider is subject to the accelerated revalidation plan, they will revalidate and will be considered in compliance until the next revalidation cycle (most providers revalidate every five years).

6. *If a provider is temporarily deactivated and is asked to make corrections to their revalidation application, how do they log back in to make the corrections?*

The "revalidation" button within the IHCP Portal will disappear. If a provider is required to make corrections to their application after their enrollment has been temporarily deactivated, the provider will need to contact the IHCP Portal Help Desk at 800-457-4584. Providers must provide their application tracking number (ATN) to the Help Desk member and ask that the revalidation link be reopened. **Providers must make necessary corrections before midnight on the day that they contact the IHCP Portal Help Desk, or the revalidation option will disappear again.**

7. If a provider receives a deactivation notice, should the provider file an appeal?

If the provider submitted their revalidation by the required revalidation date, a provider **should not** submit an appeal.

8. What happens if a provider fails to submit their revalidation request by the revalidation date?

The provider will be deactivated from the IHCP and will be required to re-enroll as a new provider.

QUESTIONS

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

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