

Provider Healthcare Portal Registration FAQs

These are some of the questions the Indiana Health Coverage Programs (IHCP) is asked most frequently about the IHCP Provider Healthcare Portal (IHCP Portal). For detailed information about registering for and using the Portal, see the [Provider Healthcare Portal](#) provider reference module and the [IHCP Provider Healthcare Portal Training](#) page at in.gov/medicaid/providers.

For the IHCP Portal registration process, are the last four digits of my driver's license number validated in any way?

No, we do not validate or check the last four digits of the driver's license number. This number is used as a unique identifier for each user. Delegates must remember the identifier they enter in this field.

Can more than one person sign up delegates for a service location?

Yes, each service location has one Provider account representative. However, that account representative can assign Manage Delegate Accounts functionality so that, if the Provider account representative is not available, another co-representative can also manage Delegate accounts, such as adding a delegate or inactivating a delegate for that service location.

When a Provider account representative authorizes delegates, do the delegates receive an email with their username? Do I then provide the delegate with the delegate code?

The Provider account representative receives the delegate code at the time the delegate is authorized in the *Provider* account. The representative must give the delegate code to the user to use in registering a *Delegate* account. Users create a unique username when they register their *Delegate* account.

When I created delegates as part of IHCP Portal registration, I was asked to assign functions to each of my delegates. How do I know which functions to assign to my delegates? Where can delegates go to get training?

The IHCP Portal includes a list of checkboxes of delegate functions. You should select as many functions as you want that delegate to be authorized to perform. (You must select at least one.) [Table 1](#) describes what each of the listed functions enables delegates to do. For information on these delegate functions, see the [Provider Healthcare Portal](#) provider reference module. For training or further reference, see the *Provider Healthcare Portal: Overview for Provider Delegates* web-based training presentation as well as other applicable presentations or quick reference guides on the [IHCP Provider Healthcare Portal Training](#) page at in.gov/medicaid/providers.

How do we remove delegates if they leave our organization?

Delegates are not actually removed; they are marked inactive. If a delegate leaves an organization, it is the responsibility of the Provider account representative to make that delegate inactive in each *Provider* account where the delegate is no longer an authorized user. Delegates can be marked inactive on the *Manage Accounts* page. Select the individual delegate and change the delegate's status from Active to Inactive.

If I'm a provider that does my own billing, do I need to create a delegate?

Providers that do all their own billing and file maintenance work do not have to create delegates.

Will my account be locked if I enter the wrong password?

If you type your password incorrectly five times, you will be locked out of your IHCP Portal account for 60 minutes. After 60 minutes, you can log in by entering the correct password. If you do not remember the correct password, click the Forgot Password link and you will be prompted to change your password.

Can I use previous passwords when choosing a new password?

You will not be able to reuse any of your most recent 24 passwords.

What is the timeout period for inactivity on the IHCP Portal?

Your user session will time out after 30 minutes of inactivity. You will get a five-minute warning before your session times out. The warning message dialog box allows you to extend your session.

I'm entering the federal taxpayer identification number (TIN) and Provider ID, but I'm getting an error saying that the data does not match. What should I do?

Ensure that you are entering your IHCP Provider ID. If your Provider ID contains an alpha character, the alpha character must be uppercase. A National Provider Identifier (NPI) is not the same as a Provider ID.

I'm getting an error message stating that the federal TIN or Provider ID I entered is incorrect. What should I do?

If the federal TIN in *CoreMMIS* is different from what you are entering, check with your credentialing personnel to confirm which TIN is correct. If the TIN truly is different from what is currently on file with the IHCP, send a completed *IHCP Provider Taxpayer Identification Number Maintenance Form*, along with a *W-9* form showing the correct TIN, to the IHCP so we can update our records. The form is available on the [Update Your Provider Profile](#) page at in.gov/medicaid/providers.

What should I do if I've entered a wrong email address and cannot get the email containing the link to verify registration?

Contact the electronic data interchange (EDI) technical assistance line at 800-457-4584. To reach the IHCP Portal help desk, choose option 3 and then option 2. The IHCP Portal help desk representative can resend the registration verification email to an alternate email address. When you log in, you can update your email address.

What should I do if I've entered a user ID, entered an answer to the challenge question, and received a message that the answer to the challenge question is incorrect?

Go back to the login screen and verify that you are entering the correct user ID.

Rendering providers do not have federal employer identification numbers (EINs). What do we use as a TIN when registering on the IHCP Portal?

Rendering providers should use their Social Security numbers as their taxpayer identification number when registering an account on the portal.

Table 1 – Delegate Functions Available Through the IHCP Portal

Delegate Function	Description
Care Management – Submit Resubmit Authorization	<p>Obsolete</p> <p>Note: Effective July 1, 2023, providers must use the Atrezzo Provider Portal to submit fee-for-service (FFS) nonpharmacy PA requests online. See the IHCP Provider Portals page for links.</p>
Care Management – View Authorization	<p>Ability to view a provider’s prior authorization (PA) requests</p> <p>Note: Effective July 1, 2023, this IHCP Portal function is limited to viewing authorizations for Medicaid Rehabilitation Option (MRO) and Home- and Community-Based Services (HCBS) requests – and for a limited time, FFS nonpharmacy requests submitted prior to July 1, 2023. To view FFS nonpharmacy PAs submitted after July 1, 2023, providers may use the Atrezzo Provider Portal. See the IHCP Provider Portals page for links.</p>
Claim – Inquiry	Ability to search for a provider’s submitted claims
Claim – Submit and Resubmit	Ability to submit and resubmit a provider’s claims
Disenroll	Ability to remove rendering providers from a group service location or voluntarily disenroll a provider from the IHCP
Expedited Waiver Application	<p>Ability to determine if a member is eligible for expedited waiver eligibility</p> <p>Note: The Office of Medicaid Policy and Planning (OMPP) approves entities that can enter these applications, and the entity must be preselected for this function.</p>
Manage Delegate Accounts	Ability to manage the delegate assignments
MAPIR	<p>Obsolete</p> <p>Note: The Promoting Interoperability Program has ended; the Medical Assistance Provider Incentive Repository (MAPIR) application function is no longer applicable.</p>
Member Focus Viewing	Ability to view eligibility data, recent claims and prior authorizations for a specified member; information that can be viewed is dependent on the other authorized functions of the delegate
Notification of Pregnancy Inquiry	Ability to search for and view a Notification of Pregnancy submitted on a member’s behalf (applicable for managed care members only)
Payment History – Inquiry	Ability to search for and view payments and RAs
Provider Maintenance	<p>Ability to update provider information, including but not limited to taxpayer identification number (TIN), contact information, address, specialty, electronic funds transfer (EFT) information, languages, the provider’s name, taxonomy and licenses</p> <p>Ability to sign up for electronic Remittance Advices (ERA/835)</p>
Provider Profile Inquiry	Ability to view provider profile information
Revalidation	Ability to submit revalidation information for a provider’s enrollment
Secure Correspondence	Ability to use the secure correspondence messaging function to quickly communicate with Gainwell instead of using unsecure email
Submit RCP Referral to Lock-In List	Ability to submit Right Choices Program (RCP) referrals to add a provider to a member’s lock-in list
Verify Eligibility	<p>Ability to verify a member’s enrollment status and benefit plan assignment, as well as related member information, for a specific date or date range</p> <p>Ability to submit a Notification of Pregnancy on behalf of a managed care member (applies only to delegates of certain provider types)</p> <p>Ability to submit Presumptive Eligibility (PE) applications (applies only to delegates of PE qualified providers)</p>