



IHCP Provider Enrollment Recertification of Licenses and Certifications Form

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Enrolled providers use this form to update expiring licenses, insurance information (if applicable), and other certifications necessary to continue to be eligible for enrollment with the Indiana Health Coverage Programs (IHCP). Provider types in the following list are required to recertify to update expiring licenses and certifications. If your provider type is not on the list, verification of your license occurs electronically.

If you recertify before your eligibility end date, recertification requires only the submission of this form, along with updates to the expiring licensing and certification documents. If you fail to recertify before your eligibility end date, you must reenroll with the IHCP by submitting a new IHCP provider packet in its entirety.

Who Is Required to Recertify?

The following providers are required to recertify:

- **Provider type 01 – Hospitals that are out of state (OOS) and are eligible for the IHCP** must recertify on or before their license expiration date. Providers with open-ended licenses must submit their Joint Commission on Accreditation of Healthcare Organizations (JCAHO) certification that shows their approval period.
- **Provider type 26 – Transportation providers of all specialties** must recertify before their license expiration date, based on the requirements listed on the [IHCP Provider Type and Specialty Matrix](#). Transportation providers must submit renewed licenses and/or certificates, as well as information (if applicable).
- **Provider type 28 – Out-of-State Laboratory providers with Specialty 281 – Mobile Lab or 283 – Mobile Independent Diagnostic Testing Facility (IDTF)** must submit renewed licenses before their license expiration date.
- **Provider type 29 – Out-of-State Radiology providers with Specialty 291 - Mobile X-Ray Clinic** must submit renewed licenses and certificates before their license expiration date.

Providers required to recertify can refer to the [IHCP Provider Type and Specialty Matrix](#) on indianamedicaid.com for more information about these requirements. The licenses or certifications required to enroll are the same as those required for recertification.

Next Steps

1. After completing this form, perform a quality check using the following checklist. The quality check helps ensure that your recertification can be processed and that it does not have to be returned for corrections.

For Provider Use Only	Quality Check
	All providers complete Fields 1-6 and 12-18.
	Group and clinic providers complete Fields 1-9. A separate form is required to recertify each rendering provider.
	Common carrier transportation providers must also complete fields 10-11.
	Double-check that all required supporting documentation, including copies of applicable professional and operating licenses, is included as an attachment to the packet. Required documentation is listed on the IHCP Provider Type and Specialty Matrix at indianamedicaid.com.
	Obtain the appropriate signature and business information in fields 15-18. An original signature is required.

2. Make a copy of the maintenance form and other documentation for your records.
3. If you need additional maintenance forms, return to indianamedicaid.com and select another form.
4. Mail the maintenance forms and other required documentation to Hewlett Packard Enterprise (HPE) at the following address:

**Provider Enrollment Unit
P.O. Box 7263
Indianapolis, IN 46207-7263**



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Recertifying Billing, Group, or Clinic Provider Information			
1. Provider legal name (please print)		2. Legacy Provider Identifier (LPI) and service location alpha suffix	
3. National Provider Identifier (NPI)	4. Taxonomy	5. ZIP + 4	6. Taxpayer Identification Number (TIN)
Group/Clinic Recertifying Rendering Provider Information			
7. Rendering provider name (please print)			
8. Rendering provider's LPI		9. Rendering provider's NPI	
Common Carrier Transportation Providers Only			
10. Interstate carrier's USDOT or motor carrier docket number		11. Indiana carrier's Indiana identification number	
Contact Information			
The contact person is the person who answers questions about the information provided in this form.			
12. Contact name		13. Telephone	
14. Contact email			
Authorized Signature Information			
<p>The undersigned, being the provider or having the specific authority to bind the provider to the terms of the provider agreement, does hereby agree to abide by and comply with all the stipulations, conditions, and terms set forth herein. The undersigned acknowledges that the commission of any Medicaid or Children's Health Insurance Program (CHIP)-related offense, as set out in 42 USC 1320a-7b, may be punishable by a fine of up to \$25,000 or imprisonment of up to five years or both. The owner, authorized official of the business, or delegated administrator must complete this section to avoid return of the form. The <i>IHCP Delegated Administrator Addendum/Maintenance Form</i> must be completed before a delegated administrator can sign forms. The delegated administrator can sign for only items expressly delegated. The IHCP can process provider maintenance requests only when the appropriate signature is present.</p>			
15. Authorized official's name (please print)		16. Title	
17. Authorized official's signature		18. Date	