INDIANA HEALTH COVERAGE PROGRAMS

Provider Healthcare Portal

> *Note:* *For updates to the information in this module, see the following Indiana Health Coverage Programs (IHCP) bulletin, accessible from the IHCP Bulletins page at in.gov/medicaid/providers:*
>
> - *BT202588 – IHCP Portal Secure Correspondence feature to be enhanced*

Revision History

Version	Date	Reason for Revisions	Completed By
1.0	Policies and procedures as of Feb. 13, 2017 Published: Feb. 16, 2017	New document	FSSA and HPE
2.0	Policies and procedures as of July 1, 2017 Published: Feb. 15, 2018	Scheduled update	FSSA and DXC
3.0	Policies and procedures as of March 1, 2018 Published: May 24, 2018	Scheduled update	FSSA and DXC
4.0	Policies and procedures as of Oct. 1, 2019 Published: Feb. 25, 2020	Scheduled update	FSSA and DXC
5.0	Policies and procedures as of Jan. 1, 2021 Published: July 20, 2021	Scheduled update	FSSA and Gainwell
6.0	Policies and procedures as of May 1, 2022 Published: Aug. 30, 2022	Scheduled update	FSSA and Gainwell
7.0	Policies and procedures as of July 1, 2023 Published: July 1, 2023	Scheduled update: • Edited as needed for clarity • Updated information to reflect that PA functions have been removed from the IHCP Portal and are, instead, accessible from the Atrezzo Provider Portal (under the new FFS PA-UM contractor) • Updated figures as needed to reflect current IHCP Portal screens • Updated the *Introduction* section • Updated the *Portal Features* section • Updated the Provider Services section information in *Table 1 – My Home Page Feature Descriptions* • Updated the *Care Management* section • Updated step 5 in the *Member Focused Viewing* section	FSSA and Gainwell

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Version	Date	Reason for Revisions	Completed By
7.1	Policies and procedures as of July 1, 2023 Published: July 3, 2025	Interim update: • Added note on title page pointing to *IHCP Bulletin BT202588*	FSSA and Gainwell

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Provider Healthcare Portal

> *Note: For updates to the information in this module, see [IHCP Bulletins](#) at in.gov/medicaid/providers.*

Introduction

The Indiana Health Coverage Programs (IHCP) Provider Healthcare Portal (IHCP Portal) is an interactive, secure and easy-to-use tool for providers to exchange information with the IHCP through the internet. Providers can access the [IHCP Provider Healthcare Portal](#) from the homepage of the IHCP provider website at in.gov/medicaid/providers.

This module provides a user guide for setting up and maintaining an account on the IHCP Portal, logging in and navigating the portal, and performing some general portal functions such as sending secure correspondence. Instructions for *specific* IHCP Portal functions are described in the provider reference module associated with the particular function, such as the following:

- *[Provider Enrollment](#)* – Enroll, disenroll and revalidate as an IHCP provider. View and update provider profile information.

- *[Member Eligibility and Benefit Coverage](#)* – Verify member eligibility; review member coverage information, including IHCP benefit plan details, managed care assignment, benefit limits and cost-sharing requirements, as well as information about other insurance coverage, if a member has Medicare or other third-party liability (TPL).

- *[Claim Submission and Processing](#)* – Submit professional, institutional and dental claims. Search claims and payment history. (For fee-for-service, nonpharmacy claims only)

- *[Obstetrical and Gynecological Services](#)* – Submit a notification of pregnancy. (For managed care members only)

- *[Presumptive Eligibility](#)* – Enroll as a qualified provider (QP) for the Presumptive Eligibility (PE) process and complete PE member applications.

- *[Claim Adjustments](#)* – Perform voids and replacements of paid claims. (For fee-for-service, nonpharmacy claims only)

- *[Financial Transactions and Remittance Advice](#)* – View Remittance Advices (RAs), request electronic RA transmittals and sign up for electronic funds transfer (EFT). (For fee-for-service transactions only)

- *[Right Choices Program](#)* – Submit provider referrals to a member's lock-in list.

Most panels within the IHCP Portal include a question mark (?) icon in the right side of the header bar, which can be clicked for more detailed information and instructions (see Figure 1). Certain individual fields also include this "click for help" icon.

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Figure 1 – Accessing Additional Help for Specific Portal Panels
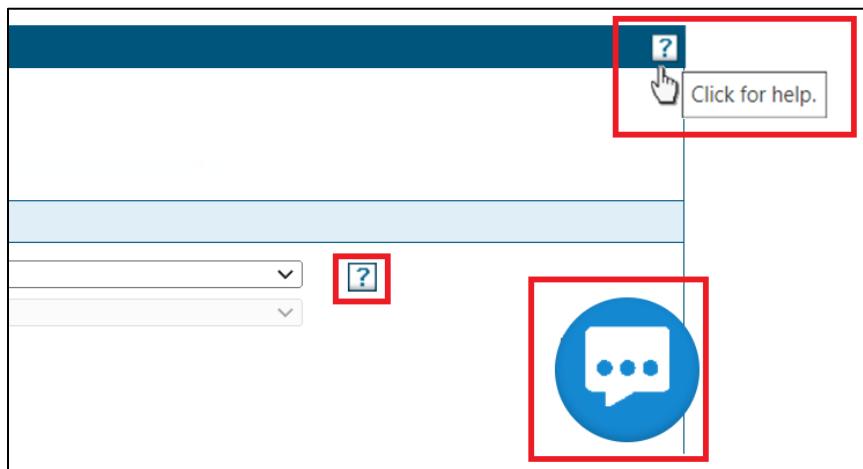
For additional assistance, users can click the ellipsis (…) icon in the lower right corner of each IHCP Portal page (see Figure 1) to access the IHCP virtual assistant. The virtual assistant will respond to several general questions and provide resource information to assist providers in navigating the IHCP Portal.

For telephone-based assistance, contact the Electronic Data Interchange (EDI) technical assistance line toll-free at 800-457-4584 (press option 3, then option 2 to reach an IHCP Portal representative). Questions can also be sent by email to INXIXElectronicSolution@gainwelltechnologies.com.

Website Requirements

Any web browser can be used to access the IHCP Portal and use its functions. However, for the best viewing experience, the following web browsers (with a screen resolution of 1024 × 768 pixels) are recommended:

- Google Chrome (two latest versions)
- Mozilla Firefox (two latest versions)

For viewing documents, the following software is required:

- Adobe Reader version 8.0 or higher
- Microsoft Office Suite 2000 or higher

The IHCP Portal will not function properly if special software is being used to block pop-up windows. Users are encouraged to disable pop-up blockers when accessing the portal.

See the *Website Requirements* page of the portal for more system requirements and related information.

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Portal Features

Through the secure and easy-to-use IHCP Portal, healthcare providers can perform a number of critical tasks online, including the following:

- Apply for enrollment as a Medicaid provider with the IHCP and update enrollment information:
  - ➢ Complete and submit a provider enrollment application.
  - ➢ Update enrollment information as needed, including address changes, specialty changes, adding or removing rendering providers, updating license information, and so on.

- Verify IHCP member eligibility:
  - ➢ Perform coverage verification by Member ID (also known as RID), Social Security number (SSN) and date of birth, or name and date of birth.
  - ➢ View information about a member's managed care entity (MCE), benefit limits and other insurance coverage.
  - ➢ Obtain more member information than is available by telephone from the interactive virtual assistance system (GABBY).

- Send inquiries and requests using secure correspondence:
  - ➢ Update information about a member's other insurance coverage/TPL.
  - ➢ Submit inquiries regarding provider enrollment status.
  - ➢ Request assistance with using the IHCP Portal.

The following IHCP Portal features are available **only for fee-for-service (FFS), nonpharmacy** services:

- Submit IHCP claims:
  - ➢ Electronically submit professional, dental and institutional claims, including Medicare crossover claims, to the IHCP for immediate adjudication.
  - ➢ Reduce claim errors with the validity editing features built into certain fields of the portal claim-entry process.
  - ➢ Copy, void and edit (replace) claims.
  - ➢ Submit electronic attachments and notes.
  - ➢ Take advantage of extensive claim submission help.

- Search claims:
  - ➢ View claims for a billing provider for as many as seven previous years.
  - ➢ View adjudicated claims in any status – paid, denied or suspended.
  - ➢ Locate groups of claims by dates, claim type, claim status, Member ID or Claim ID.
  - ➢ View paid amounts, explanation of benefits (EOB) messages and other claim data.

- Search payment history:
  - ➢ Inquire about previously received payments by searching on the check or EFT date or specific check number or payment ID.
  - ➢ View the list of claims associated with each payment.
  - ➢ View specific claim information associated with a payment by clicking on the Claim ID.

- View current and historical RAs

- Send inquiries and requests using secure correspondence:
  - ➢ Submit requests for claim-related administrative review or appeals.
  - ➢ Inquire about a claim or coverage issue.

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> Note: *Requests for prior authorization (PA) can no longer be submitted or updated through the IHCP Portal. Effective July 1, 2023, to submit or update a nonpharmacy, FFS PA request online, providers must use the Atrezzo Provider Portal, accessible from the [Portal Links for Providers](#) webpage at in.gov/medicaid/providers. See the [Prior Authorization](#) module for more information.*
>
> *PA requests submitted via the IHCP Portal prior to July 1, 2023, will continue to be viewable on the IHCP Portal for a limited time. Additionally, PA status for Medicaid Rehabilitation Option (MRO) and Home- and Community-Based Services (HCBS) benefits will continue to be viewable from the IHCP Portal. See the [Care Management](#) section for details.*

For billing, reimbursement and PA procedures related to **managed care** services, contact the member's MCE. For billing, reimbursement and PA procedures for **FFS pharmacy** services, contact the IHCP pharmacy benefit manager, Optum Rx.

Contact information is available from the [*IHCP Quick Reference Guide*](#) at in.gov/medicaid/providers.

Provider Representative and Delegate Roles

To use the IHCP Portal, providers must designate a representative, if they do not already have one. The *provider representative* may then grant one or more *delegates* access to perform specific portal functions on the provider representative's behalf.

The following are the roles and responsibilities of the provider representative:

- Register for a Provider account on the portal. A separate Provider account must be created for each service location associated with the provider.

- Maintain compliance to *Health Insurance Portability and Accountability Act* (HIPAA) security and ensure that users do not share user IDs or passwords.

- Identify and manage other IHCP Portal users authorized to work as delegates under the Provider account:
  - Assign specific portal access rights to delegates according to the user's business need. Delegates have access only to the functions assigned to them by the provider representative (or by a delegate authorized to manage delegates).
  - Deactivate delegate access for all accounts to which a delegate has access when staff changes occur or a delegate is no longer employed by the organization.

Portal Security and Password Regulations

The IHCP Portal is HIPAA-compliant for direct data entry (DDE). Encryption and secure sockets layer (SSL) connections protect the data in transit. HIPAA security regulations require that security information is not shared; therefore, each user must have a unique user ID and password. The portal password regulations meet the qualifications for HIPAA security. All passwords are case-sensitive.

As needed, users have the capability of resetting their own passwords from the IHCP Portal. For security reasons, the password-reset process requires users to answer one of the challenge questions that they defined during the registration process. The portal will email a new temporary password to the user's email address on file. Users will be prompted to change the temporary password the next time they log on.

All user passwords expire after 60 days. The IHCP Portal notifies users when their password has expired and routes them to the *Change Password* page.

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Portal Registration Process

> *Note: Providers must be enrolled in the IHCP before they can register for an account in the IHCP Portal. The online provider enrollment application is publicly available from the **Provider Enrollment** link on the <u>IHCP Portal homepage</u>. The portal does not require users to log in to a registered account to access and submit an enrollment application.*

To start the process of registering for a secure portal account, access the <u>IHCP Provider Healthcare Portal</u> (linked from the homepage of the IHCP provider website at in.gov/medicaid/providers) and complete the following steps:

1. From the Login panel, click **Register Now**.

Figure 2 – Portal Login
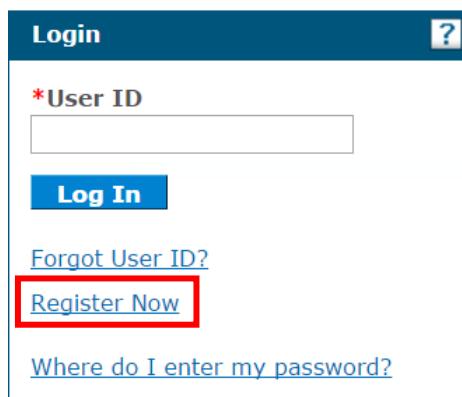
2. On the *Registration* page, select the appropriate type of account as follows:
   - ➢ To register as the *provider representative* for the service location, click **Provider**.
   - ➢ To register as a *delegate* authorized to perform functions on behalf of the provider service location, click **Delegate**.

Figure 3 – Registration Account Types

3. After the registration type is selected, the portal asks for personal information as necessary, based on the role selected. All fields in the *Personal Information* panel are required.

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Figure 4 – Personal Information – Provider

Figure 5 – Personal Information – Delegate

> *Note:* *When entering personal information, if the delegate does not have a driver's license, any unique four-digit number can be entered in the **Last 4 of Driver's License Number** field. However, delegates must remember the number they entered, as it may be needed later to validate their identity on the portal.*
>
> *For the **Delegate Code** field, registering delegates must enter the code supplied by the provider representative or authorized delegate who added them as a new delegate.*

4. After entering the personal information, click **Continue**, and the portal displays the *Security Information* panel.

5. Complete all fields as required in the *Security Information* panel. This panel allows users to configure all the security and contact information for their account:

   ➢ Create a user ID and password that conforms to the requirements listed. User IDs in the portal are unique, so after entering a user ID, confirm that the user ID is available by clicking **Check Availability**.

   ➢ In the section for contact information, enter a display name, phone number (optional) and email address:

   o The display name for a *Provider account* should uniquely identify the provider service location. When registering an account for a rendering provider, enter the provider's name as the display name.

   o The display name for a *Delegate account* should uniquely identify the person associated with the Delegate account. Delegates should enter first and last name.

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> ➢ Choose a site key (an image used as a mutual authentication between the user and the IHCP Portal) and passphrase that can be used to verify the user's identity upon logging into the portal.
>
> ➢ Select three challenge questions and provide answers that can be used to verify identity if the user logs on from a public or unregistered computer. These questions may also be used to help authenticate the account if users get locked out of the portal or forget their password.

Figure 6 – Security Information

6. After all security information has been completed, the final step is to read and accept the *User Agreement.* To do so, the portal requires registering users to enter their full name and click **Submit**.

Figure 7 – User Agreement

7. The portal validates the submitted information and confirms the registration has been accepted.

Figure 8 – User Registration Acceptance
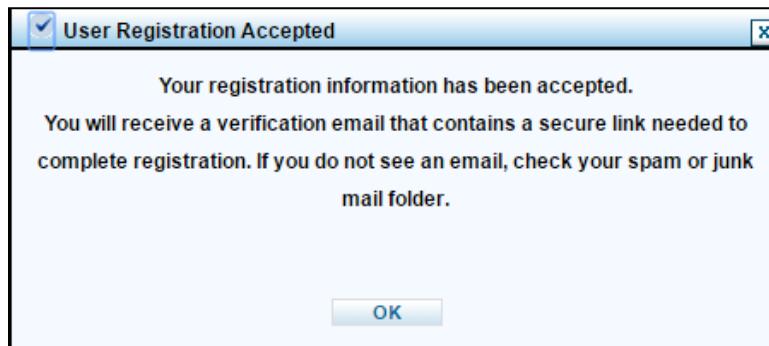
8. A registration verification email message is sent to the email address specified during registration. The message includes a link that contains embedded random data that identifies the user.

Figure 9 – Registration Verification Email

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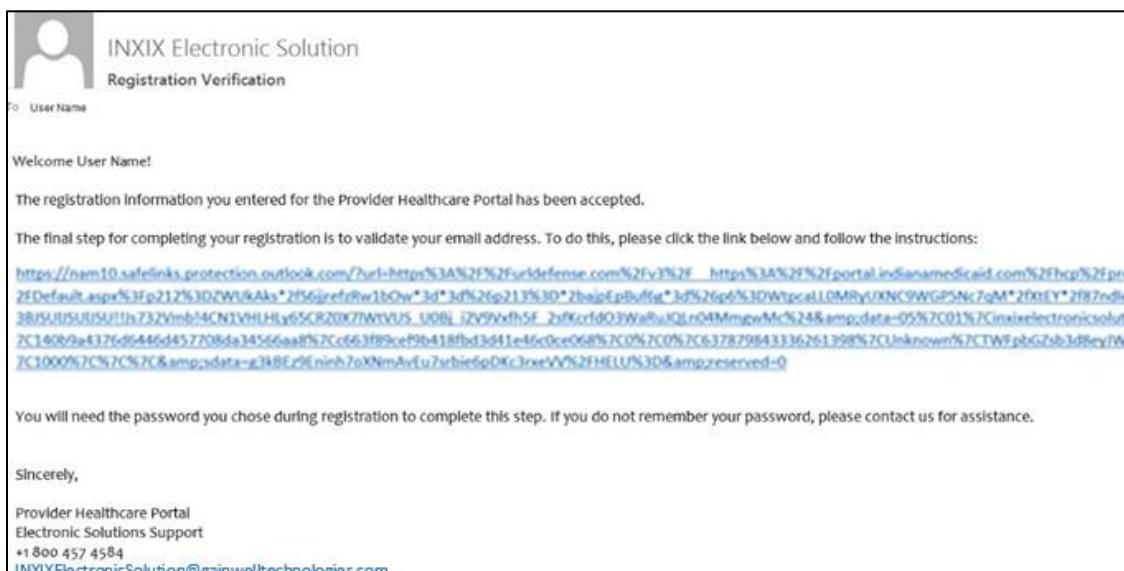
9. Click the link in the email to access a page where the password (created in step 5 of this portal registration process) is required to verify the registration.

Figure 10 – Registration Verification Window

10. Upon successful verification, a *User Successfully Registered* message displays, and an email notification with credentials and login instructions is sent to the user's email.

Figure 11 – Registration Confirmation Message

11. Click **OK** and check the email account provided during registration for the confirmation email.

Figure 12 – Registration Confirmation Email

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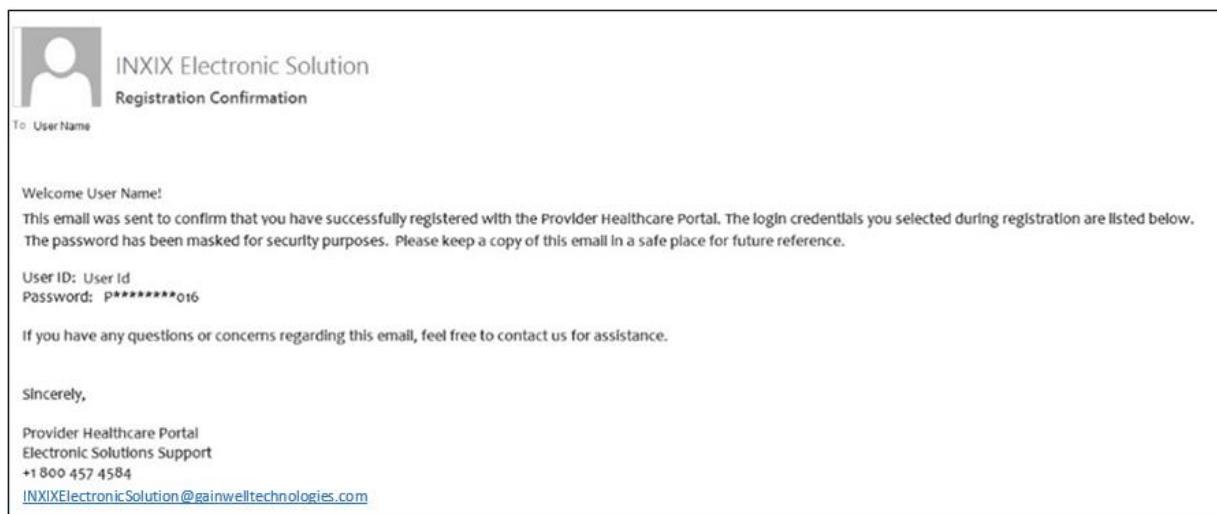
Logging in to the Portal

After a registered account has been established, users can log in by going to the IHCP Provider Healthcare Portal (accessible from the homepage of the IHCP provider website at in.gov/medicaid/providers) and then following these steps:

1. Enter the user ID established during registration and click **Log In**.

Figure 13 – Portal Login
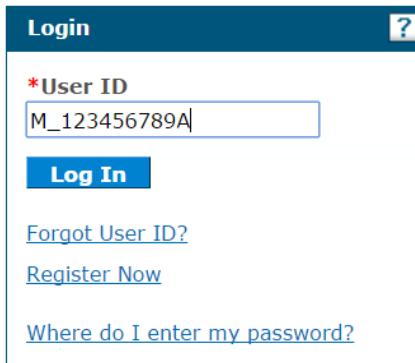
> Note: Registered users who have forgotten their user ID can click *Forgot User ID?* to request that the user ID be sent to their email address.

2. Answer the challenge question and click **Continue**.
    ➢ If using a public computer, **do not select the option to register the computer**. If logging in to the portal on a personal computer used only by authorized individuals, users may select the associated radio button to register that computer. When a computer is registered with the portal, the *Challenge Question* window will be skipped for future logins from that computer.
    ➢ The *Forgot answer to challenge questions* link is available to assist users who have forgotten their challenge question assistance.

Figure 14 – Challenge Question Window

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3. Verify that the site key and passphrase shown in the window are correct; these selections were made when the password was created during account registration. If the site key and passphrase are correct, enter the password and click **Sign In**.

Note: *The Forgot Password? Link is available for registered users who cannot remember the password they created. After clicking the link, users will be required to answer one of the challenge questions they set up during the registration process. If they answer the challenge question correctly, a temporary password is sent to the email address on their profile.*

If a user enters the incorrect password too many times, the account will be locked for 60 minutes before it becomes available again. To avoid such delays, it is always recommended that users who do not remember their password to go directly to the Forgot Password? link.

Figure 15 – Site Key and Passphrase Verification and Password Entry

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.
If this is not your site key token or passphrase, do not type your password.
Call Electronic Solutions Support to report the incident.

Site Key:

Passphrase   *Passphrase*
*Password   ***********

Sign In
Forgot Password?

4. If prompted to do so, review the *User Confidentiality Agreement* and click **Accept**.

Users are required to read and accept the *User Confidentiality Agreement* the first time they log in to the IHCP Portal and annually thereafter. *User Confidentiality Agreement* acceptance is a prerequisite to using the portal.

Figure 16 – User Confidentiality Agreement

5. After the log in is complete, the IHCP Portal's *My Home* page is displayed.

> *Note: If the user is a delegate whose account is linked to more than one Provider account, the user will first be taken to the Switch Provider page to select which provider they will be working under, before the My Home page is displayed.*

Portal Navigation Overview

The following basic navigation features (shown in Figure 17) appear on every page in the IHCP Portal:

- In the upper-right corner of each page are the following options:
  - ➢ **Contact Us** links to a page that provides several methods to contact the IHCP with questions.
  - ➢ **FAQs** provide several resources for information related to the IHCP and IHCP Portal.
  - ➢ **Logout** protects users' information by logging them out of the portal.

- The **menu bar** provides tabs for each page that the user has been given permission to see, as well as quick drop-down navigation to access the core functions of the *Claims* and *Care Management* pages.

- Below the menu bar, **breadcrumbs** indicate the page of the portal currently being viewed and the path taken to get there. By clicking on a page listed on the breadcrumbs, users can return to that page.

Figure 17 – Navigation Tools on the Portal

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My Home

The following figure shows the different features on the IHCP Portal's *My Home* page, and the table describes these features and their functions.

Figure 18 – *My Home* Page Features
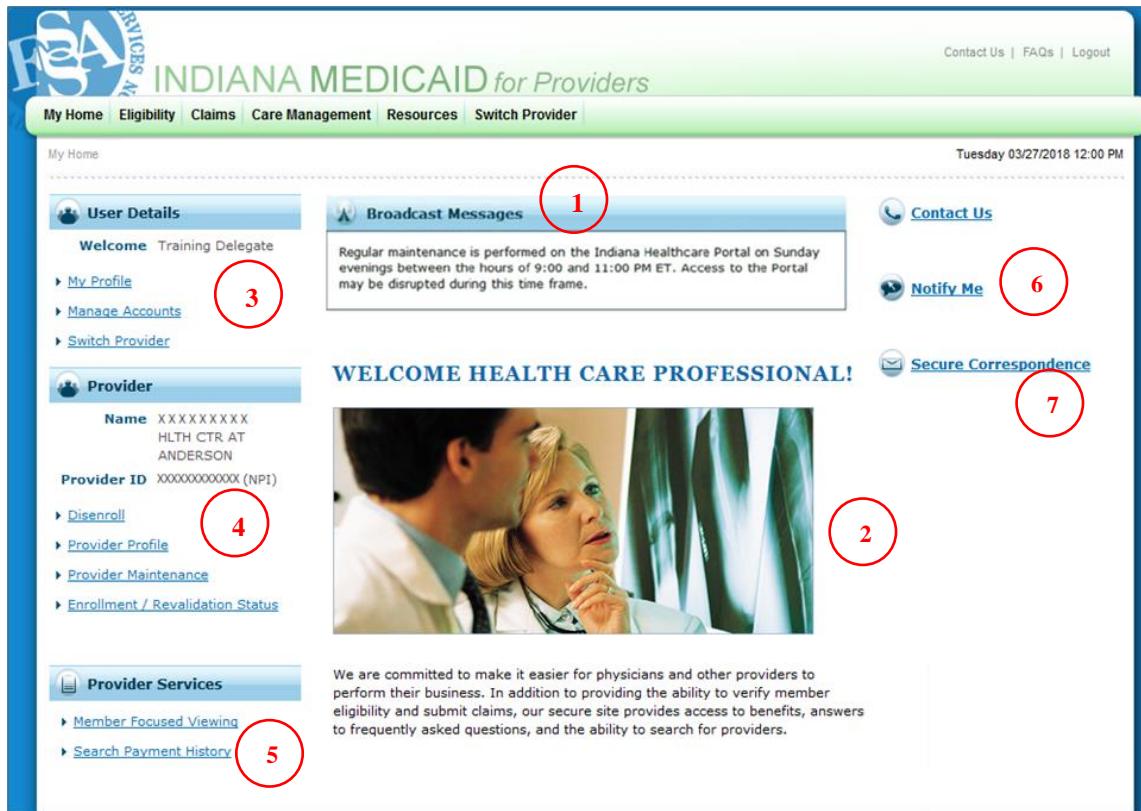
Table 1 – My Home Page Feature Descriptions

Ref #	Description
1	The **Broadcast Messages** section displays information related to the IHCP Portal such as scheduled maintenance. This box is only visible when message information is available and being broadcast.
2	The **content area** contains a welcome message with general information for IHCP providers using the portal.
3	The **User Details** section includes an option to manage the user's account information (*My Profile*). An option to manage the delegate assignments (*Manage Accounts*) will also be displayed, if the user is logged in as the provider representative or as a delegate who has been authorized to manage Delegate accounts. Delegates whose accounts are linked to multiple Provider accounts will also see an option to change the provider (service location) under which they are working (*Switch Provider*).
4	The **Provider** section displays the provider's name and National Provider Identifier (NPI) or Provider ID, and provides links to view provider profile, disenroll, change provider organization information (*Provider Maintenance*), revalidate (when applicable) and check status for enrollment/revalidation. *(These options are available only to users with permission to perform these functions.)*

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Ref #	Description
5	The **Provider Services** section includes an option (*Member Focused Viewing*) that allows users to select a particular member so the system will autofill that member's information when performing functions such as submitting claims, and will return only results specific to that member when displaying information such as claims and coverage. This section also includes an option to view information about claim payments (*Search Payment History*). (*These options are available only to users with permission to perform these functions.*)
6	The **Notify Me** link gives subscribers access to all the email notifications.
7	The **Secure Correspondence** link allows users to send secure correspondence and attachments. (*This option is available only to users with permission to perform this function.*)

Eligibility

The **Eligibility** tab on the IHCP Portal menu bar enables users to access the *Eligibility Verification Request* page, from which they can confirm member enrollment for a given date and review coverage information, such as IHCP benefit plan assignment, as well as information about other insurance coverage if the member has TPL. Qualifying providers can also submit Presumptive Eligibility (PE) applications and notifications of pregnancy (NOPs) from this page, when applicable.

See the *Member Eligibility and Benefit Coverage* module for details about the information and options available when verifying member eligibility on the Portal.

Claims

To access the *Claims* page, select the **Claims** tab from the menu bar. The Claims page displays links to claim-related options that users can perform through the IHCP Portal. These options can also be accessed by hovering the cursor over the Claims tab to activate the drop-down menu.

Figure 19 – Claims Page and Menu Options

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The IHCP Portal allows providers to submit individual FFS, nonpharmacy claims electronically to the IHCP. The portal accepts all FFS **institutional**, **professional** and **dental** claims. See the *Claim Submission and Processing* module for detailed instructions on submitting each type of claim via the portal.

A claim submitted through the portal is assigned a Claim ID, which can be used for tracking purposes. Submitted claims are available for viewing through claim inquiry (Search Claims). The IHCP Portal allows providers to perform voids and replacements to claims, as described in the *Claim Adjustments* module.

Providers can use the Search Payment History option under the Claims tab to access individual claim payment information as well as to view their Remittance Advice (RA) with all payment activity during a given month. See the *Financial Transactions and Remittance Advice* module for more information.

Care Management

The following options are available on the *Care Management* page, which can be accessed by clicking the **Care Management** tab on the IHCP Portal menu bar. These same options can also be accessed by hovering the cursor over the Care Management tab to display a drop-down menu:

- **View Authorization Status** – Allows providers to view authorization information for MRO and HCBS (1915[c] waiver and 1915[i]) services by entering criteria in the search fields: Authorization Number, Service Type, Service Date, Member ID, Birth Date, First/Last Name, Provider ID or Type. For a limited time, providers can also use this option to view the status of any FFS, nonpharmacy PA requested prior to July 1, 2023

> *Note:* *The IHCP Portal's PA functionality is limited to read-only, and providers are only able to view authorizations for MRO or HCBS services – and (for a limited time) for FFS nonpharmacy authorizations requested prior to July 1, 2023.*
>
> *Effective July 1, 2023, to submit new authorization requests, request updates to existing authorizations, or view the status of authorizations (other than MRO or HCBS) submitted on or after that date, providers must follow the procedures of the new IHCP FFS PA-UM contractor, including use of the Atrezzo Provider Portal. For more information, see the Prior Authorization module and the Portal Links for Providers page at in.gov/medicaid/providers.*

- **Notification of Pregnancy Inquiry** – Allows the user to search for NOPs that were submitted on a member's behalf (applicable to managed care members only). See the *Obstetrical and Gynecological Services* module for instructions on using this option.

- **Submit RCP Referral to Lock-In List** – Allows an RCP member's primary medical provider (PMP) to manage the referred providers on the member's lock-in list. Only the member's PMP can submit an RCP referral for a member via the IHCP Portal. (This feature is applicable to both FFS and managed care RCP members.) See the *Right Choices Program* module for instructions on using this option.

Figure 20 – Care Management Page and Menu Options

Resources

Users can access other useful information by selecting the Resources tab from the portal menu bar. The *Resources* page includes links to pages on the IHCP website where providers can find additional information.

Figure 21 – Resources Page

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Switch Provider

If a user is a delegate whose account is linked to multiple Provider accounts, the portal displays a Delegate bar at the top of most pages (just below the menu bar and breadcrumbs), to help the user remember which Provider account they are currently working under.

Figure 22 – Delegate Bar
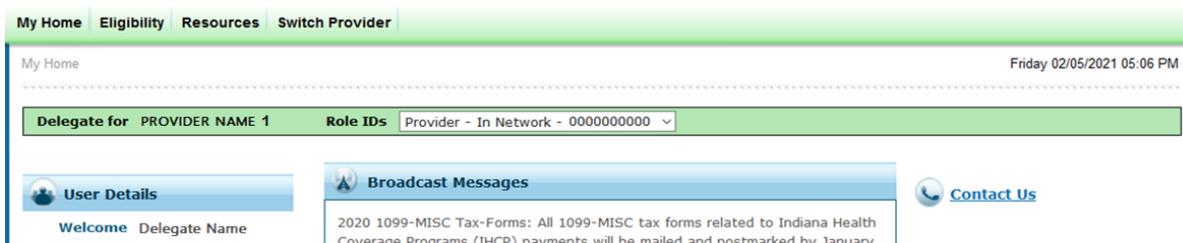
Delegates whose accounts are linked to multiple Provider accounts can log in and begin working on behalf of one Provider account and then use the **Switch Provider** option to begin working on behalf of a different Provider account. The Switch Provider option is available under *User Details* on the *My Home* page as well as on the menu bar of all IHCP Portal pages. Selecting this option takes the user to the *Switch Provider* page, which initially shows the Selected Provider tab with information about the provider under which the delegate is currently working.

Figure 23 – Switch Provider Page – Selected Provider Tab
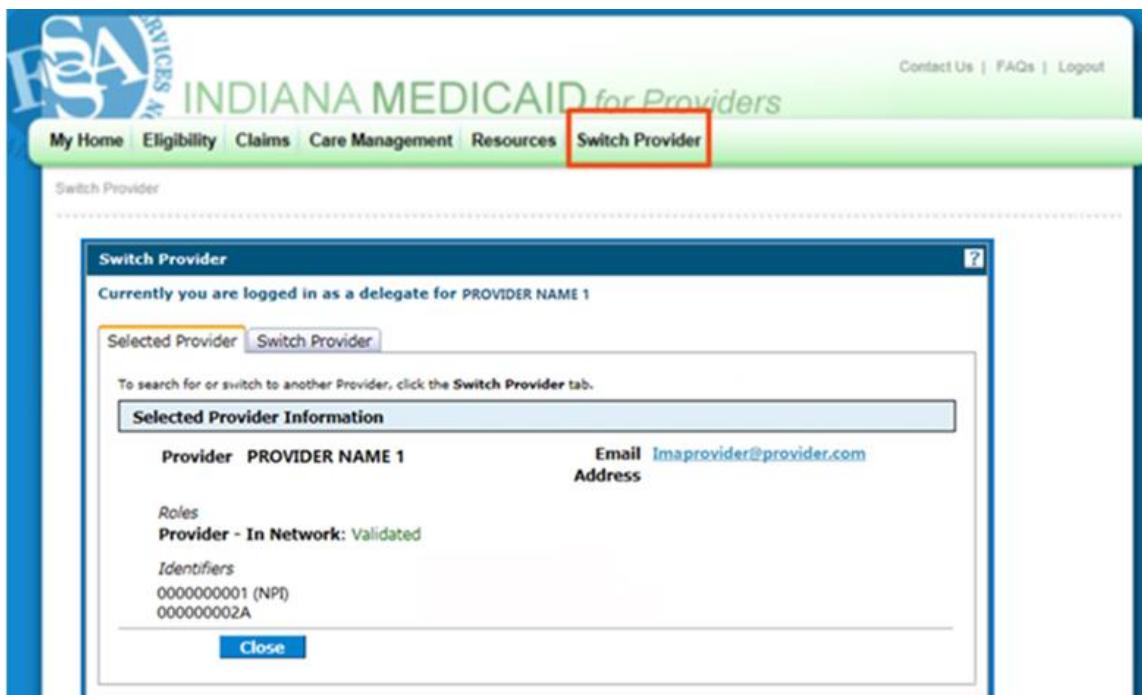
Selecting the Switch Provider tab displays a list of all *other* providers (service locations) to which the delegate is assigned. Select the radio button for a provider listed in the *Available Providers*, panel and click **Submit** to switch to that provider.

Figure 24 – Switch Provider Tab

Delegates that are linked to a large number of Provider accounts can use the Search function to filter the list of providers displayed to a single provider name or email address.

If a delegate is linked to only one Provider account, the Switch Provider tab displays a message indicating that there are no providers to switch to.

Figure 25 – Delegates Assigned to Only One Provider

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Portal Account Management and User Tools

The following sections describe general account management tasks and user tools on the IHCP Portal. Instructions for function-specific tasks appear in the applicable provider reference module, as described in the *Introduction* section.

My Profile – Updating Portal User Information

The **My Profile** link (located in the *User Details* section of the *My Home* page) is available to all registered IHCP Portal users. Clicking this link takes users to the *My Profile* page, where they can update user information including telephone number, email address and user-specific challenge questions and answers.

Figure 26 – My Profile Information

> Note: The My Profile link is used to update IHCP Portal user account information only.
>   It cannot be used to update provider information on file with the IHCP (commonly
>   referred to as the "provider profile"). To view and update the provider profile, use
>   the Provider Profile and Provider Maintenance links, under the Provider section of
>   the My Home page, as described in the *Provider Enrollment* module.

Manage Accounts – Adding and Managing Delegates

The provider representative may add other IHCP Portal users as delegates, authorized to perform select functions on behalf of the provider. Delegates can also be authorized to create and manage Delegate accounts for that service location.

> *Note: Delegates that are linked to multiple Provider accounts can change which Provider account they are working under during a given portal session, as described in the [Switch Provider](#) section.*

Add New Delegate

After logging in to the IHCP Portal as the provider representative (or as a delegate who has been authorized to manage Delegate accounts), follow these steps to add a new delegate:

1. Click the **Manage Accounts** link on the *My Home* page under the *User Details* section.

2. Select the **Add New Delegate** tab of the *Delegate Assignment* panel.

3. Enter the new delegate's first name, last name, birth date and the last four digits of the delegate's driver's license number.

> *Note: If the delegate does not have a driver's license, any four-digit number can be used However, delegates must remember the number they entered, as it may be needed later to validate their identity on the portal.*

4. Select all functions that the delegate will be authorized to perform on behalf of the provider.

Figure 27 – Add New Delegate

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5. Click **Submit**.

6. The portal displays the information entered and requires users to confirm or edit any data as needed. If all information is correct, click **Confirm**. If information is incorrect, click **Edit** and correct the data as needed.

Figure 28 – Confirm or Edit Delegate Information

7. When information is confirmed, an alert is displayed indicating that the new delegate has been added and providing the delegate code.

> *Note: If the system finds that the delegate being added already has an account in the IHCP Portal, it will display that user's existing delegate code rather than a assign a new code.*

8. Communicate the delegate code to the new delegate and instruct the delegate to use the code to register for a Delegate account in the IHCP Portal to begin using portal functions for the provider.

Figure 29 – Delegate Code

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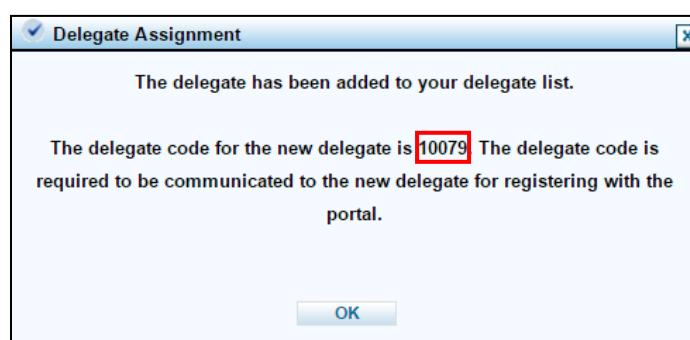
Add Registered Delegate

If the delegate being added is already a registered IHCP Portal user and can provide the previously assigned delegate code, the following simplified process can be used to add the delegate for the current provider service location:

1. Click the **Manage Accounts** link on the portal's *My Home* page, under the *User Details* section.

2. Select the **Add Registered Delegate** tab of the *Delegate Assignment* panel.

3. Enter the delegate's last name and delegate code.

> *Note:* The **Add Registered Delegate** *tab can only be used when delegates are able to provide the code that was previously assigned to them If that code is unknown, the delegate must be added using the* **Add New Delegate** *tab, as described in the previous section, and the system will then automatically locate and attach the user's existing delegate code instead of assigning a new one.*

4. In the Functions area, select the functions that the delegate will be authorized to perform for the provider by clicking all applicable boxes.

5. Click **Submit** to receive confirmation that the delegate has been added to the provider's delegate list.

6. Communicate to the registered delegate that the addition to the provider's delegate list has been made.

Figure 30 – Add Registered Delegate

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Change Delegate Permissions or Deactivate Delegate Accounts

Follow these steps to change a delegate's status or authorized functions:

1. Click the **Manage Accounts** link on the portal's *My Home* page, under the *User Details* section.

2. In the *Delegates* panel (Figure 31), click the name of a delegate to modify the functions for which that individual is authorized.

Figure 31 – Select Delegate Account

Delegates					
Click the Delegate's **name** to change the status and/or the functions of the delegate.					
#	**Name** ▲	**Display Name**	**Birth Date**	**Last 4 of Driver's License Number**	**Delegate Code**	**Status**
1	delegate_ln, delegate_fn	delegate_fn delegate_ln	MM/DD/YYYY	1234	XXXXX	Active - Pending

3. In the *Delegate Assignment* panel (Figure 32), under the Edit Delegate tab, change the functions that the delegate will be granted to perform or change the delegate status to inactive:

   ➢ Select or deselect items in the Functions list to change delegate permissions.

   ➢ Select the **Inactive** radio button in the Status field to deactivate the delegate's account.

> *Note: Delegates who are assigned a status of inactive are not able to access portal functions for the provider that assigned them the inactive status.*
>
> *When a delegate leaves an organization, it is the provider representative's responsibility to ensure that the delegate's accounts for all service locations with that provider are made inactive (either by personally performing the deactivations or confirming that an authorized delegate has done so). The delegate can continue to use the same delegate code for a different provider organization. A delegate cannot be deleted from a provider's delegate list.*

4. Click **Submit**.

Figure 32 – Edit Delegate Functions or Status

Secure Correspondence

The IHCP Portal allows users (including delegates, if so authorized) to send secure correspondence messages to the IHCP.

1. From the *My Home* page, click the **Secure Correspondence** link to access the *Secure Correspondence – Message Box*. (The Secure Correspondence option is also available from various other pages of the portal, as applicable.)

2. To create a new message, click the **Create New Message** link.

> *Note: The Secure Correspondence – Message Box shows previous messages the user has sent from (or on behalf of) the Provider account under which they are working. Correspondence in this message box can be sorted by status, subject, message category, date opened (date the secure correspondence was submitted) or date closed (date of response). Users can check the status and other details of messages they have sent by clicking the subject of the message.*

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Figure 33 – Secure Correspondence – Message Box

3. In the *Create Message* panel, enter the subject of the new message, the category that best reflects the purpose of the message, return email address, any other pertinent information and the message itself.

    The message category options are as follows:

    ➢ *Banking/Financial/RA Inquiry* – For requesting an RA or submitting a question about an RA (fee-for-service [FFS] nonpharmacy only)

    ➢ *Claim Administrative Review Request* – For requesting a claim-related administrative review (FFS nonpharmacy only)

    ➢ *Claim Appeal* – For sending a claim-related appeal (FFS nonpharmacy only)

    > *Note: Providers should use Claim Appeal only if the claim administrative review process has been completed. See the Claim Administrative Review and Appeals module for more information.*

    ➢ *Claim Inquiry* – For inquiries related to a claim (FFS nonpharmacy only)

    ➢ *Coverage Inquiry* – For inquiries related to benefit limits (FFS nonpharmacy only)

    ➢ *Enrollment Inquiry* – For inquiries regarding provider enrollment status

    ➢ *Portal Assistance* – For questions about the IHCP Portal

    ➢ *TPL Update* – For updates and questions regarding third-party liability (TPL)

    ➢ *Other* – For all other types of secure correspondence

    > *Note: The portal Secure Correspondence feature should not be used to submit enrollment documents for recertification. See the Provider Enrollment module for information about how to recertify and enrollment.*

Figure 34 – Secure Correspondence – Create Message

4. Use the *Attachments* panel, if needed, to add attachments to the correspondence.

> *Note: The attachment file size limit is 5 MB and valid file types for upload include: .bmp, .gif, .jpg, .jpeg, .pdf, .png, .tif and .tiff.*

5. When all the appropriate information is entered, click **Send** to submit the message.

6. When the *Confirmation* window pops up, click **OK**.

Figure 35 – Confirmation Window

7. After the secure message is delivered, a confirmation email is sent to the address that was submitted in the *Secure Correspondence – Create Message* panel. The email notes that the message was received, indicates the time frame within which a response can be expected and includes a contact tracking number (CTN) that can be used to as a reference when following up on a secure correspondence transaction.

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8. When the inquiry is resolved by the Written Correspondence analyst, the response is documented in the *Secure Correspondence – Message Box* (Figure 33) and the status of the secure correspondence is updated.

9. A notification email is sent to the address that was submitted with the original message, alerting the user that a response has been posted. The email contains a link to the portal's *Secure Correspondence* page so the user can log in and view the response. Users cannot reply to the notification email.

   If there is a question or concern about the response received, the user must create a new secure message. When sending a new secure message as a follow-up to a previous message, it is recommended that users include the CTN and other relevant information about the original message as a reference.

> *Note:*   *Secure correspondence (both the original message and the response) can be viewed only by the individual user who sent the message. Delegates who have been authorized to work on behalf of multiple Provider accounts must be working under the same provider (service location) for which they sent the correspondence in order to view the message and its response.*

Member Focused Viewing

The Member Focused Viewing link allows users to find a member and place that member *in focus*. When a member is *in focus*, that member's information is automatically populated within the IHCP Portal. For example, if a user selects the Claims tab on the menu bar and then selects **Claim Submission**, the information from the member *in focus* automatically appears in the appropriate fields of the claim and the user does not need to enter it.

To place a member in focus, complete the following steps:

1. Click the **Member Focused Viewing** link in the *Provider Services* section of the *My Home* page.

2. In the *Member Focus Search* panel, the **Last Members Viewed** tab shows the last 10 members that have been placed *in focus.* To place one of these members back *in focus*, just select the name and skip to step 5.

Figure 36 – Last Members Viewed

3. To place a new member *in focus*, select the **Search** tab, enter the member's information, and then click **Search**. The Search Results list shows those members that match the search criteria entered.

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Figure 37 – Member Focus Search

4. From the Member column in the *Search Results* panel, click the name of a member to put that member *in focus*.

5. With that member now *in focus*, the portal shows the member's information and includes links to several actions that can be performed for this member, such as:
   ➢ View eligibility verification information and see details about member coverage
   ➢ Submit a claim and see details about previously submitted claims
   ➢ See details about previously submitted authorization requests (limited to MRO and HCBS services, or (for a limited time) PA requests submitted prior to July 1, 2023)
   ➢ Send or review secure correspondence messages

Figure 38 – Member in Focus Information