

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP clarifies Provider Enrollment revalidation requirements

Pursuant to federal law, all providers enrolled with the Indiana Health Coverage Programs (IHCP) before January 1, 2012, must revalidate their provider enrollments by March 26, 2016. The Centers for Medicare & Medicaid Services (CMS) has directed states to disenroll any provider that fails to revalidate. The IHCP has received questions from providers regarding various aspects of the revalidation process. The following information is offered to help providers better understand revalidation requirements:



- Providers are required to revalidate their enrollment with Medicare and the IHCP separately. Revalidating with Medicare will not revalidate your IHCP enrollment.
- Revalidation is a reenrollment process, not an update process. When completing the IHCP provider enrollment packet, providers must complete **all** applicable fields with current information, not just those fields with new information. If a packet is submitted with only "Revalidate Enrollment" marked in item 1, and the rest of the packet blank, or with only some fields completed, the packet will be considered incomplete. Incomplete packets will be returned to providers with a request that they be resubmitted with the missing information added.
- A properly completed Internal Revenue Service (IRS) form W-9 must be submitted with the IHCP provider enrollment packet. Discrepancies on the IRS form W-9 will result in the packet being returned to the provider, delaying revalidation. See the article [IHCP clarifies W-9 requirements for provider enrollment transactions](#) in this publication.
- Disclosures on Schedule C of the enrollment packet must contain complete and thorough information about all disclosed individuals, including name, Social Security number, and date of birth. The Schedule C must contain a **complete** list of disclosures, not just those individuals added or deleted from a prior disclosure.
- Group providers should disregard the *IHCP Rendering Provider Enrollment and Maintenance Packet* portion of the IHCP group provider enrollment packet when revalidating. However, a group should include a list of rendering providers linked to the service location at the time of revalidation as an attachment to the group's

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enrollment packet. The list of rendering providers must include the information outlined in the instructions on page 1 of the IHCP group provider enrollment packet.

- Providers that do not intend to revalidate their enrollments should submit the [IHCP Provider Disenrollment Form](#) to notify the IHCP of a voluntary disenrollment. Providers should not wait for the IHCP to perform an involuntary disenrollment at the end of the required revalidation period.

IHCP clarifies W-9 requirements for provider enrollment transactions

Inconsistencies between the home office address on a provider's enrollment profile or on a provider enrollment transaction, when compared to the home office address on a submitted W-9 form, are a common reason for enrollment paperwork being returned to providers for correction. These returns delay processing of enrollment transactions. The Indiana Health Coverage Programs (IHCP) Provider Enrollment Unit offers the following tips to help providers meet IHCP requirements related to the W-9:

- The home office address on the provider's profile and on any enrollment transaction **MUST** match exactly the legal address reported to the Internal Revenue Service (IRS) on the W-9 form.
- The home office address must be the same for all IHCP service locations using the same Federal Employer Identification Number (FEIN), Social Security number (SSN), or Taxpayer Identification Number (TIN).
- If an existing provider moves his or her home office, the provider must separately update the home office address for **EACH** affected enrolled service location.
- Any changes to the home office address reported to the IHCP must be supported by a copy of a W-9 form showing the same change was reported to the IRS, using the version of the W-9 currently posted on the IRS website.

Any provider enrollment transaction, including profile updates, enrollment applications, or enrollment revalidations that require the submission of a W-9 will be returned to the provider if the previous requirements are not met. Returning paperwork for correction results in processing delays.

Providers are reminded that the IHCP provider enrollment profile contains four address fields. The home office address is the legal address of the provider as reported to the IRS. This must be a physical location, not a P.O. Box. The IHCP mails annual 1099 forms and other legal or tax related communication to this address. The other addresses in the provider profile include:

- Service location address – The location where services are rendered and related records kept. This must be a physical location, not a P.O. Box.
- Pay-to address – The address where IHCP payments are sent (if the provider is not set up for electronic funds transfer); a P.O. Box is acceptable.
- Mail-to address – The address where general correspondence is sent; a P.O. Box is acceptable.

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