# IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

BT201931 MAY 30, 2019

# Rendering providers required to update provider profiles to establish IHCP Portal accounts

The Indiana Health Coverage Programs (IHCP) requires rendering providers to include their Social Security number (SSN) as their taxpayer identification number (tax ID) and their date of birth in their IHCP provider profile. These data elements must be on file with the IHCP to establish an IHCP Provider Healthcare Portal (Portal) account.

Rendering providers who enrolled with the IHCP before February 13, 2017, or who used a group provider's tax ID for their IHCP enrollment, must update their provider profiles to include this information. The <a href="IHCP Rendering Provider Tax ID/Date of Birth Maintenance Form">IHCP Rendering Provider Tax ID/Date of Birth Maintenance Form</a> has been created to offer providers a streamlined form to easily update the required information. The form is posted on the <a href="Update Your Provider Profile">Update Your Provider Profile</a> page at in.gov/medicaid/providers. This update can only be submitted via paper; without a Portal account, there is no electronic submission option. This form should be submitted via regular United States

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

Postal Service (USPS) mail to:

Note: Please do not send the form by certified or overnight mail, as doing so may result in delivery to an incorrect address and cause processing delays.

After the rendering provider's profile has been updated, the provider should create a *Provider account* on the IHCP <u>Provider Healthcare Portal</u>, accessible from the home page at in.gov/medicaid/providers. A Portal *Provider account* allows providers to conduct business transactions with the IHCP electronically, including the electronic submission of recredentialing information that will be required with implementation of the new provider enrollment and credentialing solution – FSSA EnCred.

# **QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

# **COPIES OF THIS PUBLICATION**

If you need additional copies of this publication, please download them from the <u>Bulletins</u> page of the IHCP provider website at in.gov/medicaid/providers.

### **TO PRINT**

A <u>printer-friendly version</u> of this publication, in black and white and without photos, is available for your convenience.

### SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the <a href="HCP provider website"><u>IHCP provider website</u></a> at in.gov/medicaid/providers.