

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202080 JUNE 30, 2020

Portal enhanced for Family Member transportation provider enrollment

The Indiana Health Coverage Programs (IHCP) has enhanced the IHCP Provider Healthcare Portal (Portal) online enrollment process for transportation provider specialty 266 – *Family Member*. Revalidation and maintenance for this provider specialty can also be done online.

To enroll with the IHCP under provider specialty 266 – *Family Member*, the family member or associate transportation provider must have the following:

- [Medicaid Family Member or Associate Transportation Services Form](#) completed and signed by the member being transported
- Copy of current driver's license
- Copy of current auto insurance for the vehicle being used
- Copy of current auto registration for the vehicle being used
- Federal *W-9* form



To enroll online as a provider with transportation provider specialty 266 – *Family Member* on the Portal, follow these steps:

1. Go to the [Provider Healthcare Portal](#), accessible from the home page at in.gov/Medicaid/providers.
2. On the Portal home page, click the **Provider Enrollment** link.
3. On the Provider Enrollment page, click the **Provider Enrollment Application** link.
4. On the Welcome page, click **Continue** to continue with new enrollment.
5. In the *Initial Enrollment Information* section on the *Provider Enrollment: Request Information* panel:
 - Select **Billing** from the Provider Classification drop-down box.
 - Select **26: Transportation Provider** from the Provider Type drop-down box.
 - Select **New Enrollment** from the Enrollment Request Type drop-down box.
6. Enter all remaining required information on the *Provider Enrollment: Request Information* panel.
7. Click **Continue** and follow the steps to complete the *Addresses* panel; on the *Specialties* panel, select **specialty 266**.
8. Click **Continue** to go to the *Provider Identification* panel and continue completing the sections as indicated.
9. Finish completing the application following online instructions and submit.
10. After the application is submitted, the provider will be prompted to upload supporting documentation at the end of the application process.

See the [Provider Enrollment](#) provider reference module for more information.

Watch your email and mail for further communications and/or welcome letters. Claim reimbursement for Family Member transportation providers will be performed by Southeastrans. Managed care claim reimbursement will be performed by the broker with which the member's managed care entity (MCE) has contracted.

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 [Bulletins](#) page of the IHCP provider website at in.gov/medicaid/providers.

TO PRINT

A [printer-friendly version](#) 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 [IHCP provider website](#) at in.gov/medicaid/providers.

