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helping people
help
themselves"

Introduction

The purpose of this document is to assist providers with the initial enrollment requirements. Providers must submit original copies of the *Provider Enrollment Application* for initial enrollment. Billing providers are responsible for submitting all enrollment and update documents to EDS. Provider groups submit original copies of enrollment and update documents for their group member providers. Enrollment procedures outlined in this document cover Indiana Health Coverage Program (IHCP) requirements.

To ensure you have the most up-to-date copies of all forms, visit the IHCP Web site at www.indianamedicaid.com prior to submitting forms. Subtle changes to the forms may impact your provider type's document requirements.

Obtain an Application and Related Forms Online

Enrollment Applications are available for download from the www.indianamedicaid.com Web site. To access forms:

1. Click **Provider Services**.
2. Select **Provider Enrollment** from the drop down menu.
3. Click **Enroll a New Provider in the IHCP**.
4. Click the **Provider Type and Specialty Matrix** link to view the document requirements for a specific provider type and specialty. The matrix lists the required license, certification, registration documents, and other supporting documents for each provider type and specialty. This document serves as a checklist for providers to ensure that the appropriate documents are attached to the enrollment.
5. Click **Acrobat** or **Word** to retrieve the application. When the application appears on the screen, you may print it. For convenience, a *Provider Agreement* is included with the application.
6. Retrieve a *W-9 Form* by clicking the **IRS W-9 Form** link on the on the *Enroll a New Provider in the IHCP* window. Print the W-9.
7. To ensure your signature is on file with the IHCP, include a *Claim Certification Statement for Signature on File*. To retrieve this form, click **Acrobat** or **Word**.

Supportive Forms

The *Enroll a New provider in the IHCP* window on the IHCP Web site also includes the following additional forms. These forms are used by or required for specific provider types and specialties.

- The Claim Certification Statement for Signature on File that bypasses the need for an original signature on claims forms. This document is submitted by facility, institution, organization, group, and sole proprietor providers.

- The *PRTF Model Attestation Letter Addendum* assists Psychiatric Residential Treatment Facilities by providing a model letter for submission with the enrollment application.
- Outpatient Mental Health Clinics and Community Mental Health Centers must submit an *Outpatient Mental Health Addendum* with their enrollment application.
- Request for *Designation as Psychiatric Facility with 16 Beds or Less* applies to specific psychiatric hospitals. Review the form to determine whether your provider type requires the form, and print the form if needed.
- Click **IHCP Provider Agreement** to print an individual copy of the agreement.

Call EDS to Obtain Provider Enrollment Forms

Providers may also request *Provider Enrollment Applications* or update forms by calling the Provider Enrollment Help Desk at 1-877-707-5750.

Submit Forms

The Provider Enrollment mailing address is located in the form instructions and at the bottom left corner of each page of the application and update form. **Providers must mail completed applications and updates to this mailing address and must not use alternative methods of document.** Postal mail is delivered directly to EDS mailroom staff, who ensure that the are tracked and delivered to the appropriate staff for processing.

Other methods of document submission are discouraged because they fall outside of the routine mail receipt and document tracking processes.

The following is the Provider Enrollment mailing address:

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

Document Requirements

Licensed providers must submit copies of their licensure to EDS. See the *Provider Type and Specialty Matrix* for a list of all of the required documents to support an enrollment, extension of eligibility, and profile maintenance. Out-of-state providers have specific document requirements that include proof of Medicare and the appropriate state's Medicaid participation. Read the instructions in the *Provider Type and Specialty Matrix* carefully to determine if proof of both Medicare and Medicaid is required.

Return to Provider (RTP) Documents and Letters

When a provider submits inconsistent information or an incomplete form to Provider Enrollment, the entire document is returned to the provider along with a letter that details the items the provider must address to have their enrollment or update completed.

When providers return their corrected documents to EDS they are tracked-in through the mailroom and are assessed for accuracy prior to entry in *IndianaAIM*. If the documents remain incomplete or inconsistent, they are returned with specific detail about what the provider needs to address. (Often times when a second letter is required, Provider Enrollment will call the provider's office prior to the return to assist the provider.)

How to Enroll

The *Provider Enrollment Application* is comprised of ten schedules (Schedules A – J). The core Schedules are A.1 through C.3, and Schedule I. These core documents must be completed by all billing, group, and dual providers. Additionally, a W-9 and Provider Agreement must be submitted with all new enrollments.

Groups that are newly enrolling must also include Schedule G, which is used to link rendering providers to service location(s).

Schedule D is required with an enrollment application when a provider reports a change of ownership. The sales, acquisition, merger, or consolidation document must accompany the application along with a W-9, *Provider Agreement*, and any licensure, registration, or certification required for the provider type and specialty.

Providers are required to submit all other schedules contained in the *Provider Enrollment Application* based on provider type. Schedules that are used by specific provider types are defined later in this document.

Each schedule has a specific purpose. This document outlines the purpose and description of the fields on each schedule.

Schedule A.1 (Basic Provider Information)

This schedule allows the provider to request an effective date that matches the first date of service rendered to an IHCP member. This is also where the provider indicates a change of ownership.

Providers indicate their type of business and whether they have an existing provider number.

This schedule also requires the provider to record information about the service location name, address, and county. The service location name is typically the assumed business name for facilities and groups. Sole proprietors that have a legal business name are enrolled with their business name in the home office, mail to, and pay to name fields. The Service Location Name is the name of the sole proprietor.

This schedule also requires the provider to indicate its legal name and home office information along with the tax identification number associated with the home office.

Schedule A.2 (Basic Provider Information)

On this schedule, the provider indicates the following basic information:

- Mailing name and address: The IHCP sends bulletins and other IHCP correspondence to this address.
- Payment Name and Address: This is the name that appears in the Pay To Name field is the name that prints on checks.
- Contact Person: This is where the provider indicates to EDS who is designated by the provider entity for provider enrollment.
- Provider Type and Specialty: The provider should use the *Provider Type and Specialty Matrix* to determine the correct codes to use in this section.
- License Number: Licensure information and a copy of the provider's license is essential for enrollment

Schedule A.3 (Service Location Related Information)

On this schedule, the provider indicates the following information related to the service location being enrolled:

- CLIA Certification: In this location, the provider documents Clinical Laboratory Improvement Amendment (CLIA) Certification information for the service location being enrolled. A copy of the CLIA certificate must accompany the enrollment application for those providers that bill laboratory services and qualify as a CLIA certified site.
- Medicare Participation: The provider must indicate its Medicare numbers in this location. Groups submit Medicare numbers for their service locations and rendering providers linked to the service locations.
- Indiana State Department of Health Licensure: Indiana facilities inform EDS about whether they have been surveyed.
- Current or Past IHCP Participation: The provider lists all provider numbers that apply to their business.

Schedule A.4 (Other IHCP Program Selections)

Schedule A.4 is the location where providers indicate if they wish to participate in other IHCP programs.

In addition, the provider notes payment sources.

Schedule B (Organization Structure)

Providers describe their organizational structure and detail about their business in Schedule B.

Schedules C.1, C.2, and C.3 (Disclosure Information)

Schedules C.1, C.2, and C.3 record disclosure information. This information is used to verify whether entities or persons listed are found on the excluded parties listing on the Office of the Inspector General's (OIG) Web site. The provider's tax identification number associated with the ownership, and social security numbers of all individual owners, officers, managing employees, relatives or listed management companies ensure the correct person is identified should a name given on an application appear on the OIG Web site during the verification process.

All three of the C Schedules must be completed. Managing individuals for each enrolled service location must be provided on this application. Schedule C.3 contains very specific statements and questions that must be addressed by enrolling providers. When an item does not apply, providers may include **N/A** as an acceptable response.

Schedule D (Change of Ownership)

When a change of ownership occurs, the provider must indicate the following information to determine the seller and purchaser:

Seller's information

- Provider's Name
- IHCP Provider Number and Alpha Suffixes of Service Locations Involved in the Change of Ownership
- Tax Identification Number

Purchaser's information

- Provider's Name
- IHCP Provider Number
- Tax Identification Number

Schedule E (Institutional Providers)

Table 1 lists the facility provider types and specialties that must complete Schedule E. Providers who complete this schedule must submit all listed supporting documents required for enrollment based on facility type.

Provider Type	Provider Specialties
01 – Hospital	010 – Acute Care Hospital 011 – Psychiatric Hospital (Distinct Part Unit) 012 – Rehabilitation Hospital (Distinct Part Unit) 013 – Long Term Acute Care (LTAC)
03 – Long Term Care	030 – Nursing Facility 031 – ICF/MR 032 – Pediatric Nursing Facility 033 – Residential Care Facility 034 – Psychiatric Residential Treatment Facility (PRTF)

Schedule F (Transportation Providers)

Transportation providers are required to complete Schedule F. This schedule allows the provider to identify its specialty. Specialties dictate the type of supporting documentation required for enrollment in the IHCP. The schedule also provides a place to indicate that the correct supporting documents are attached.

Schedule G (Enrollment of a Rendering Provider to an Actively Enrolled Group)

Actively enrolled groups submit Schedule G to add newly-enrolling rendering providers (group members) to the group's service locations. All newly-enrolling rendering providers must sign and submit Schedule G and a Provider Agreement. An authorized representative of the group must also sign the Provider Agreement. The rendering provider's license, authorizations, or certification must also accompany the Schedule G. Out-of-state providers must provide proof of participation in Medicare or their state's Medicaid Program.

Schedule H (Delegated Administrator Form)

Schedule H is used by business officials to delegate administrative authority to a person or entity to perform provider enrollment-related tasks. **Schedule H is not a signature page for an application or update form.** Provider Enrollment uses this form to keep a record of the delegated administrators for reference when a provider submits forms that do not include the signature of an owner or official with the business.

Schedule I (Electronic Funds Transfer Form)

Providers may submit the Electronic Funds Transfer (EFT) Form to establish an EFT for reimbursement. Supporting documents must accompany the EFT form. The bank's routing number on a deposit ticket may not always represent the customer's bank routing number. Providers should verify that the routing number presented to EDS matches the routing number for the bank account where the EFT will be sent.

Schedule J (Waiver Provider Information)

All Waiver providers are required to submit Schedule J. This schedule lists all available waiver provider specialties. Providers place a check mark next to the specialties that apply to them. In addition, the schedule also reminds providers to submit the appropriate documentation for each of their certified specialties.

Provider Agreement

The *Provider Agreement* outlines the conditions for enrollment in the IHCP. Providers are not permitted to alter the agreement's items. The agreement becomes effective per the date on the Provider Enrollment Notification Letter sent to the provider after the enrollment process is complete.

All billing providers (billing, dual, and sole proprietor) must sign and submit a Provider Agreement to EDS to complete initial enrollment. An owner or authorized representative of the business entity, who is directly or ultimately responsible for operating the business enterprise, must complete the signature section of the Provider Agreement.

Rendering providers must also sign a Provider Agreement. The rendering provider's group official must sign and submit the agreement for the rendering provider.

The name of the official must be printed on the agreement along with his or her signature. In addition, the agreement must also document the official's title.