



B I L L I N G P R O V I D E R E N R O L L M E N T I N S T R U C T I O N S

Please read carefully

Dear Prospective Provider,

On behalf of EDS and the Office of Medicaid Policy and Planning, thank you for your interest in becoming a provider in the Indiana Health Coverage Programs (IHCP). Enclosed is an application for enrollment as a billing provider in the IHCP. A separate application must be completed for each service location you are enrolling.

The IHCP Billing Provider Enrollment Application is divided into Schedules A, B, C.1 (Institutional Providers), C.2 (Transportation Providers), and the Provider Agreement. Please refer to **Attachment A** for the provider specialty list. Refer to **Attachment B** to determine which schedules you need to complete and the required licensing for each provider type/specialty. The application contains instructions for completion. Please read the application carefully and answer each question completely. If a field is not applicable, please write N/A in the field. **Failure to complete a required section or enclose copies of the required licenses, certifications, and other required documentation will result in the application being returned to you for additional information and will delay the enrollment process.**

When should the Billing Provider Enrollment Application be used?

A Billing Provider Enrollment Application must be used when:

- **Enrolling a sole proprietorship location with only one practitioner providing services.** A sole proprietorship is defined as a provider who owns a practice location where he or she is the sole practitioner performing services.
- **Enrolling a group location.** A group is defined as a business entity that owns one or more service locations where practitioners are employed or contracted to perform professional services on behalf of the business entity. Each business entity and service location where services are rendered to IHCP members must be enrolled in the program.

Note: The group must enclose Group Member Enrollment Applications for all group members (rendering practitioners) along with the Billing Provider Enrollment Application for the group. Provider Enrollment will not enroll a group location without the associated rendering practitioners' Group Member Enrollment Applications.

- **Enrolling a facility location.** A facility or organization is a location such as a hospital, surgery center, long term care facility, or pharmacy. Transportation providers are also included in this classification.

Mailing Instructions

Once you have fully completed the application, signed the provider agreement, enclosed copies of all required licenses, forms, W-9, and certifications, please mail the entire packet to:

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

Once Provider Enrollment receives and reviews your enrollment application and agreement, we will notify you in writing of the status of your enrollment. Please allow 15 business days for mailing and processing time.

Targeted Case Management Mailing Instructions

Please mail all required information from enrollment of a Targeted Case Manager to:

**Indiana Family and Social Services Administration
Division of Disability, Aging, and Rehabilitative Services
Bureau of Fiscal Services
Attn: Targeted Case Management Provider Enrollment
402 West Washington Street, W-451
P.O. Box 7083, MS21
Indianapolis, IN 46207-7083**

Questions

Please visit our Web site at www.indianamedicaid.com or contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278 with any questions about this application.

Note: Any changes in information reported in this application must be reported to EDS within 10 days of the change. Failure to notify EDS of changes may result in:

- *Misdirected payments and/or bulletins*
- *Incorrect 1099 information*
- *Denied claims*
- *Termination of the provider's IHCP eligibility without advance notice*