



PROVIDER REVALIDATION GUIDE



Impact on Providers: The Provider Revalidation Guide emphasizes the importance of careful management of Application Tracking Numbers (ATNs) and timely resubmission of applications and attachments to avoid delays. Providers must distinguish between revalidation (updating business information every five years) and recertification (keeping licenses and certifications current) to maintain IHCP enrollment. Proper disenrollment procedures and strict adherence to documentation requirements, including accurate legal names, addresses, and signatures, are crucial to avoid processing issues.



Before you begin your enrollment application on the IHCP provider Healthcare portal you should note that your application tracking number (ATN) password cannot be reset by IHCP, its business partners, the provider, or any other entity. If you forget your ATN password, you must restart your application so **be sure to write down and save your password** to ensure you can always access your application.



Once you submit your application the portal will redirect you to another screen that allows you to upload attachments. Once you upload your attachments you must resubmit your application.

- *If you do not resubmit your application will be stuck in the awaiting attachment status and the IHCP will not receive your application.*



If you receive a request to make corrections to an application the corrections or changes should not be made in a separate ATN. **Corrections should be completed by logging into the original ATN submitted.**



Once you are enrolled as an IHCP provider you still must ensure you keep up with revalidations and recertifications. While these two transactions are sometimes referred to interchangeably by providers there are actually two different transactions for processes.

- The centers for Medicare and Medicaid Services (CMS) require State Medicaid programs to revalidate provider enrollments at regular intervals based on provider type and specialty. Typically, this happens every five years.
 - Providers will receive notification letters when it is time to revalidate their enrollments 30, 60, and 90 days in advance.
 - Purpose: To make sure all information pertaining to the business is up to date.\



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- **Recertification** is required to ensure that all licenses, certifications, and insurance information is up to date. Providers must maintain an active license and or certification to remain enrolled in the IHCP. If a provider is required to recertify their enrollment credentials a notification is sent to the provider 60 business days before the end date of the provider's eligibility to participate.
 - **Please note the following about revalidation and recertification:**
 - First if revalidation happens around the same time as recertification, the revalidation can take care of the recertification.
 - Second, if you are enrolling with IHCP close to the time of your license or certification expiring, a recertification letter will not be sent to you. It is the responsibility of the provider to submit a provider update with the updated license or certification to prevent the enrollment from deactivating. This notice can be found in your welcome.letter.
 - Lastly, as with applications revalidation corrections should be made to the original ATN and not submitted as a new ATN.
- Processing Your Recertification
 - If the submission needs correcting or is missing documentation, the Provider Enrollment Unit will contact you by phone, email, or mail.
 - If your recertification is submitted via the IHCP Portal, and your submission is rejected for missing or incomplete information, a new application tracking number (ATN) must be submitted via the portal
 - If your recertification is submitted via paper, and your submission is rejected, providers **MUST** return the entire submission to make corrections or to provide the missing information.
- If a provider becomes ineligible to remain enrolled as an IHCP provider for failing to re-certify timely, revalidate timely, or for any other reason, their enrollment will become deactivated.
- If you must re-enroll after a deactivation, make sure that the retro-effective date you are requesting is not overlapping with the time that the previous enrollment was enrolled.
 - If these dates overlap, you will receive an error message that the provider is already enrolled during that time.
 - If eligible for retro enrollment, please select an effective date after the date the previous enrollment deactivated to close any gaps.
 - You must attach a claim with the same date as the retro enrollment effective date with the new enrollment along with a retro request letter.



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- If you are no longer providing a service and/or have closed a service location it is important that you disenroll with the IHCP.
 - Request for disenrollment from the IHCP to ensure that the provider's profile history is accurately maintained.
 - A provider or an assigned delegate can voluntarily disenroll from the IHCP through the portal.
 - To disenroll with the IHCP first click the disenroll provider link on the Portal's home page.
 - Second - complete the required fields
 - Third – click disenroll
 - Lastly – After the IHCP processes the disenrollment a notification will be sent to the provider to verify this enrollment.
 - Note – If you are enrolled as a waiver provider, you must contact the state waiver agency first to begin the disenrollment process.

- [Access the IHCP Quick Hit video for this information](#)
- Visit [IHCP](#) to check your revalidation due date
- [Required documentation based on service provided](#)
- Use the [IHCP Portal](#) to revalidate enrollment
- [Recertification information](#)



Other tips to avoid a returned revalidation:

- If providers don't start before the revalidation end-date, they will be required to submit a new application with a new provider ID
- Name on the W-9 must match legal business name exactly
- Providers operating under a doing business as (DBA) designation different from the name in line 1 of their W-9 form should enter the DBA name as their service location name. Providers that are disregarded as an entity separate from their owner may enter the name of the disregarded entity as the service location name.
- The address on the W-9 must match the legal address on the application
 - Any change to the legal (home office/owner) address must be reported to IHCP with a copy of the W-9 form showing the same change was reported to the IRS.
- Make sure the tax classification and EIN match the application





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➤ Other tips to avoid a returned revalidation continued:

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- Be sure to use the most recent version of the W-9 form or the application may be sent back to you for corrections
 - [Most recent version](#)
- Terms of agreement must be signed by someone listed in the disclosed section as an “owner” or “managing individual”
 - A delegated administrator is not permitted to sign a provider agreement. The IHCP Provider Agreement must be signed by an owner, board member, or officer.
- Be sure you are paying the correct application fee
 - [Fee information](#)
- Providers need to be timely and pay attention when notice comes due:
 - Pay attention to the notices received by mail (and keep their Mail-To address up to date so that the correct individuals are notified)
 - Pay attention to the revalidation icon when it appears in the IHCP Provider Healthcare Portal



Still have questions? Reach out to your
Technical Assistance Team!

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Or Check out our Technical Assistance Webpage at:

https://www.inarf.org/technical_assistance.html