



## | Addendum/Maintenance Form

## IHCP Provider Delegated Administrator Addendum/Maintenance Form

[in.gov/medicaid/providers](https://in.gov/medicaid/providers)

Use this form to grant authority to a specific individual to submit documents on behalf of the provider for enrollment, profile maintenance, and claims submission. Please read the instructions carefully. Delegated administrators perform only those tasks specifically indicated on the form. The signature of an authorized official, as defined on the form, is required to delegate authority to the administrator. For example, a credentialing coordinator cannot delegate authority to himself or herself or to another party. The information on this form is logged by the Indiana Health Coverage Programs (IHCP) and is used to verify that the individuals who sign requests are authorized to do so.

A delegated administrator may submit a provider enrollment packet; however, the delegated administrator may not sign the IHCP Provider Agreement. This form must contain the authorized official's and delegated administrator's original signatures.

You can also use this form to change or revoke the authority that was previously delegated to an individual. When a change is processed, any authority previously granted to the delegated administrator is removed and replaced with the authority indicated on the change form. In other words, the previous list of tasks the delegated administrator can sign for will be replaced with the list from the update form. When a delegated administrator's authority is revoked, all signature authority previously granted is removed.

### Next Steps

1. After completing this form, perform a quality check using the following checklist. The quality check helps to ensure that your maintenance request can be processed and that it does not have to be returned for corrections.

For Provider Use Only	Quality Check
	In field 1, confirm that the type of request being made has been selected.
	Confirm that either field 2 or field 3 has been completed, as follows: <ul style="list-style-type: none"> <li>• If establishing or changing a delegated administrator's authority, double-check field 2 to ensure that only those items that the delegate is authorized to perform are checked. Note that any existing list on file for the delegated administrator will be replaced with this new list, so select all items that apply, even if they have been selected for the same administrator in the past.</li> <li>• If revoking a delegated administrator's authority, ensure that the box in field 3 has been selected.</li> </ul>
	In fields 4–6, ensure that contact information has been entered.
	In fields 7–12, double-check that all applicable fields are completed to clearly identify the provider.
	In fields 13–16, check that the authorized official's name and title have been entered, and that his or her original signature has been included along with the signature date.
	In fields 17–19, check that the delegated administrator's name and title have been entered, and that his or her original signature has been included along with the signature date.

2. Make a copy of the form and other documentation for your records.
3. Submit this form as an addendum to your IHCP provider packet or separately to report changes to your provider profile.
4. Submissions should be mailed to the IHCP at the following address:

**IHCP Provider Enrollment  
PO Box 50443  
Indianapolis, IN 46250-0418**



## | Addendum/Maintenance Form

## IHCP Provider Delegated Administrator Addendum/Maintenance Form

[in.gov/medicaid/providers](https://in.gov/medicaid/providers)

### Overview

An authorized official may establish, change or revoke signature authority for a delegated administrator. The authorized official that is listed in field 13 and signs in field 15 must be identified on Schedule C, sections C1 through C3, of the IHCP provider packet.

**Note:** Signature authority for the *IHCP Provider Agreement* cannot be delegated. An authorized official is required to sign the IHCP Provider Agreement.

**What is an authorized official?** An authorized official must be a general partner, agent, officer, director, or managing employee who has expressed or implied authority to obligate or act on behalf of the provider entity. An authorized official also includes any individual who has operational or managerial control over, or who directly or indirectly conducts the day-to-day operations for, the provider entity. An authorized official includes such individuals as a general manager, business manager, administrator, or director. Authorized officials are identified on Schedule C, sections C.1 through C.3, of the IHCP provider packet.

**What is a delegated administrator?** A delegated administrator is a person or entity (such as billing agency) to whom the enrolling provider's authorized official has granted the legal authority to do any or all of the following:

- Sign the IHCP provider enrollment and maintenance packet
- Make changes or updates to the organization's status in the IHCP
- Accept payment for services
- Submit claims for payment on behalf of the enrolled entity
- Commit the organization to the laws and regulations of the IHCP

#### 1. Type of request

**Establish a delegated administrator** – You are delegating authority to specific individual.

**Change a delegated administrator's authority** – An individual has been previously set up as a delegated administrator and you are changing the tasks the individual is allowed to perform.

**Revoke a delegated administrator's authority** – An individual has been previously set up as a delegated administrator and you are cancelling all signature authority.

#### 2. To establish or change a delegated administrator's authority, select tasks from this list (to revoke authority, skip to field 3):

As an authorized official of the provider entity, I assign signature authority to the delegated administrator named herein for the following. Any authority previously assigned to this individual is superseded by this authorization:

Change mail-to (non-check-related info) address	Change pay-to (checks and remittance advice [RA]) address
Change legal (owner/home office) address	Change service location (cert code letters) address
Submit name change	Submit license or certification updates
Change taxpayer identification number (TIN), submit W-9	Submit updates to rendering provider information
Submit provider specialty change	Submit the <i>IHCP Outpatient Behavioral Health Addendum</i>
Add, change, or stop electronic funds transfer (EFT)	Submit the <i>IHCP Provider Disenrollment Form</i> for specific service location or to disenroll rendering provider linkages from a provider group only
Submit the <i>IHCP Provider Signature Authorization</i>	

#### 3. Revoke all authority from the delegated administrator (when adding or changing authority, skip this field):

As an authorized official of the provider entity, I revoke all authority from the delegated administrator named herein. Any authority previously assigned to this individual is superseded by this revocation.



## | Addendum/Maintenance Form

IHCP Provider Delegated Administrator Addendum/Maintenance Form

[in.gov/medicaid/providers](https://in.gov/medicaid/providers)**Contact Information**

The contact name and email relate to the person who can answer questions about the information provided in this packet.

4. Contact name	5. Telephone
6. Contact email address	

**Authorized Signature Section**

The undersigned, being the provider or having the specific authority to bind the provider to the terms of the provider agreement, and the named delegated administrator do hereby agree to abide by and comply with all the stipulations, conditions, and terms set forth herein. The undersigned acknowledges that the commission of any Medicaid or Children's Health Insurance Program (CHIP)-related offense as set out in *42 USC 1320a-7b* may be punishable by a fine of up to \$25,000 or imprisonment of up to five years, or both.

7. Provider name (as it appears on tax returns)		8. Taxpayer identification number (TIN)	
9. IHCP Provider ID	10. National Provider Identifier (NPI)	11. Taxonomies	12. ZIP + 4 <b>(Nine digits required)</b>
13. Authorized official's name (please print)		14. Authorized official's title (please print)	
15. Authorized official's signature		16. Date	
17. Delegated administrator's name (please print)			
18. Delegated administrator's signature (required only to establish or change a delegated administrator's authority)		19. Date	

**Please submit one form per delegated administrator.**