



Enrollment Training Webinar

Acentra Health IHSC Provider Portal

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Introduction

Acentra Health has partnered with ICE Health Service Corps (IHSC) and is proud to begin managing enrollment processing and customer support in 2026. As the third-party administrator on behalf of ICE and U.S. Customs and Border Protection, Acentra Health is launching a new, user-friendly Provider Portal designed specifically to improve health care processes and simplify organizational tasks.

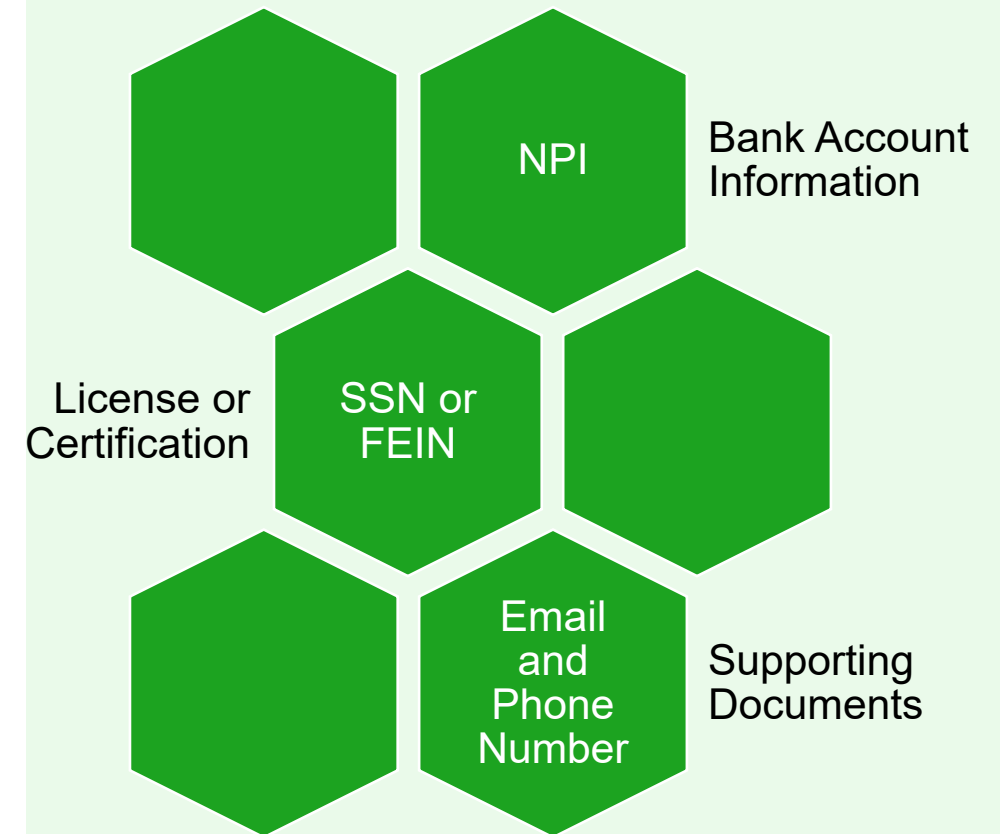
In **mid October** of 2026, the Provider Portal will go-live and providers will be able to:

- Submit a Revalidation
- Submit a New Enrollment

This presentation covers the process for submitting a revalidation and new enrollment through the Provider Portal.

Before You Begin

Before beginning a new enrollment application or revalidation, make sure to gather all necessary information and documentation, such as:





IHSC Provider Portal Account Registration

Enrollment

(Previously referenced as Vendorization by the VA-FSC)

All providers who bill for services provided to ICE detainees must be enrolled with IHSC. Providers will fall into two categories:

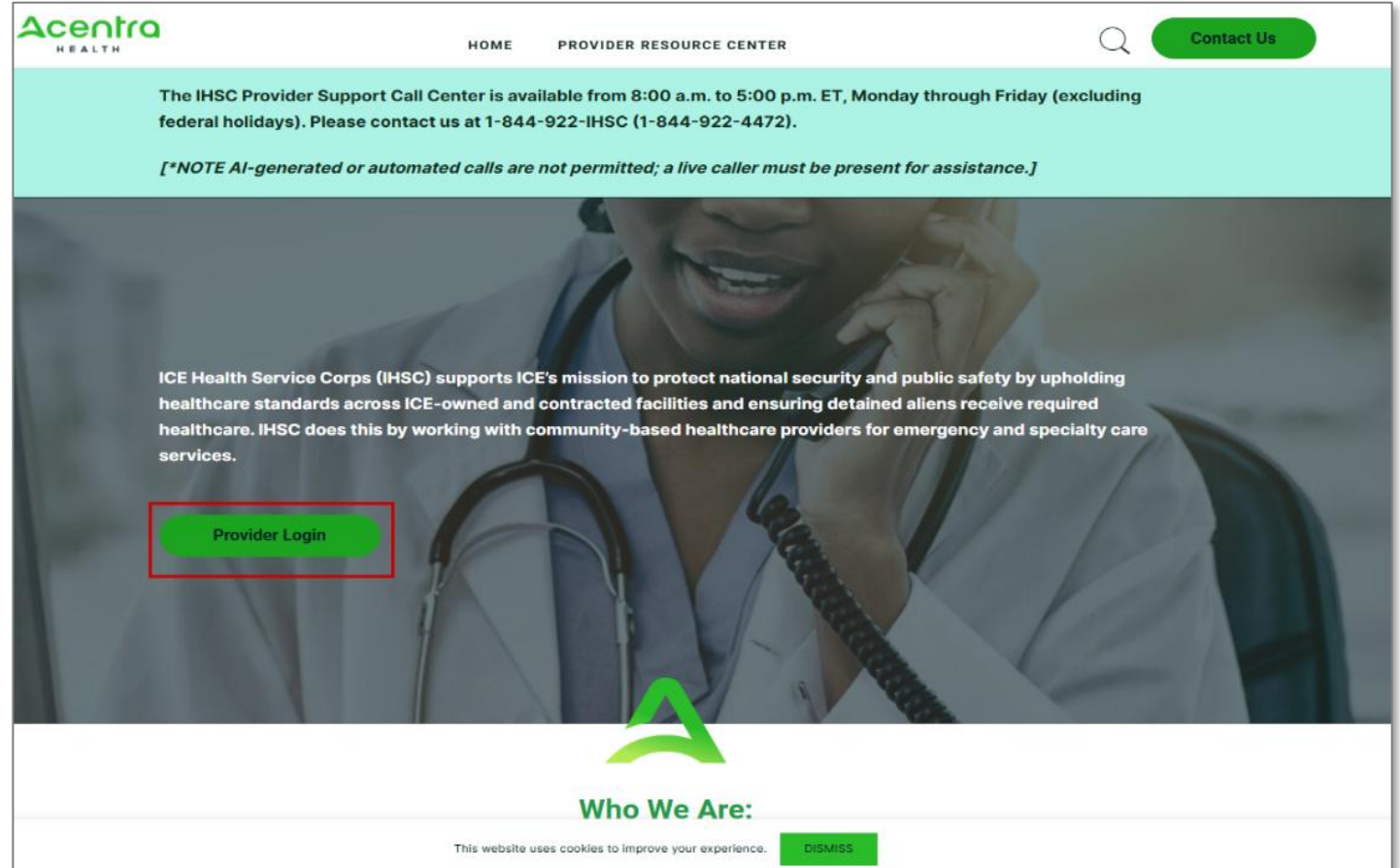
- Enrolled
- Not Enrolled

All providers will need to register to access the new IHSC Provider Portal. Enrolled providers with IHSC who were previously vendorized by Veterans Affairs Financial Service Center (VA-FSC) will complete a revalidation application. Providers who are not enrolled with IHSC will submit a new enrollment application.

Provider Portal User Account Registration

Use of the secure areas of the Provider Portal will require the creation of an account (for example, to submit a new enrollment application).

Go to the IHSC Provider Portal at <https://ihsc-dhs.acentra.com/>. Select the **Provider Login** button.



Create an Account

To create a User Account,
select the **Sign up** link.



ICE Health Service Corps
Sign In (Non Prod)

Authorized Use Only
This is a U.S. Government information system for authorized use only. Use may be monitored, recorded, audited, inspected, searched, copied, disclosed, or used for authorized Government purposes. Unauthorized or improper use may result in disciplinary, civil, or criminal penalties. You have no reasonable expectation of privacy. By continuing, you consent to these terms.

Username

Password

☐ Remember me

[Sign In](#)

[Need help signing in?](#)

Don't have an account? [Sign up](#)

Registration



Create Account

Primary Email *

! This field cannot be left blank

Password *

! This field cannot be left blank

First name *

Last name *

Primary phone *

* indicates required field

Register

[Back to sign in](#)

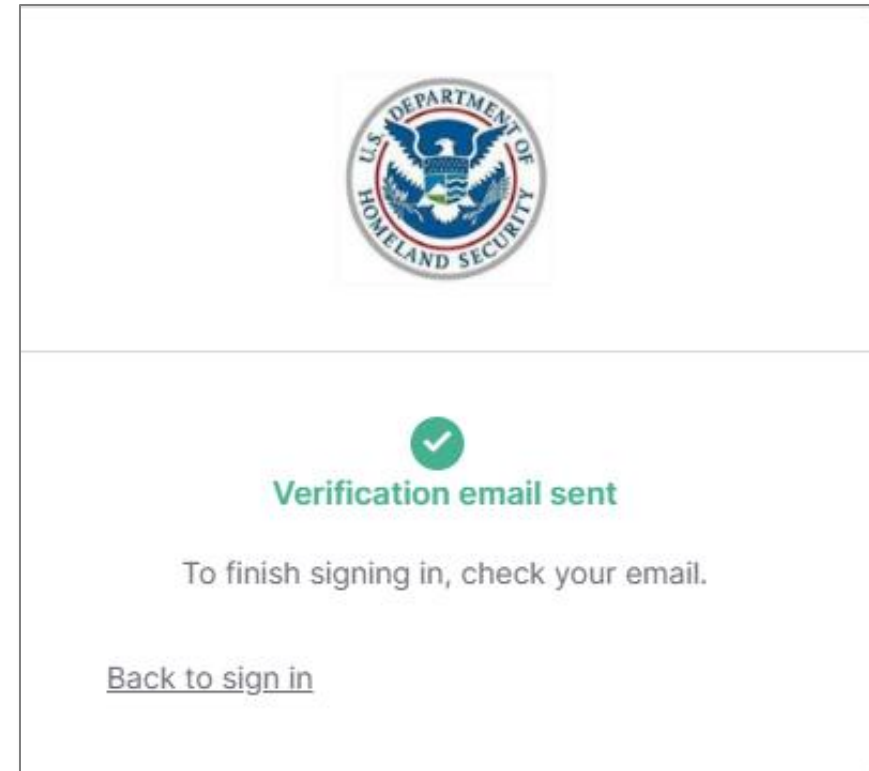
When creating an account, a registration window displays. Enter the following information:

- Primary Email
- Password
- First Name
- Last Name
- Primary Phone Number

After entering the required information, select the **Register** button.

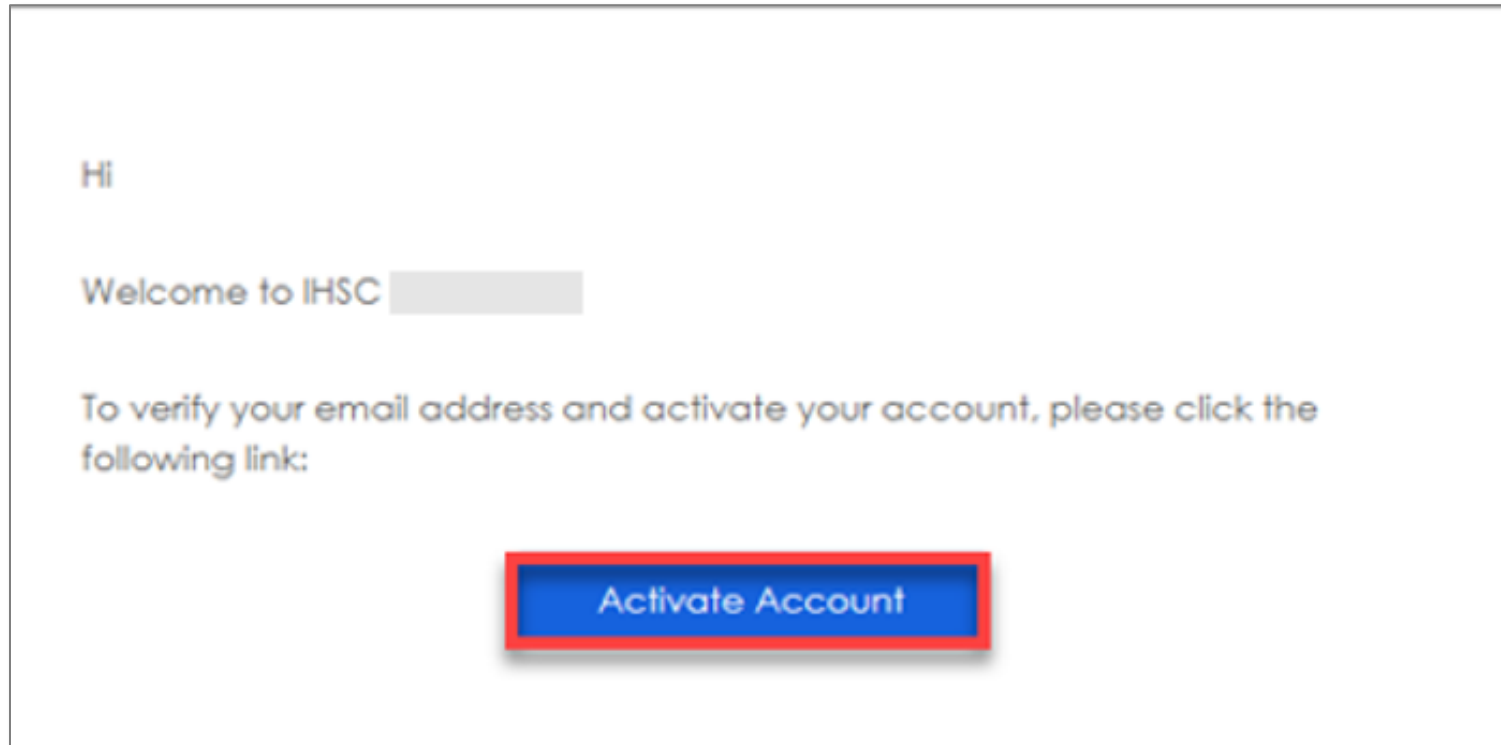
Verification Message

A message displays notifying the user that a verification email has been sent.



Verification Email

The verification email comes from IHSC with the Subject line **Activate Account**. The email has an **Activate Account** button. Select the button to begin the activation process.

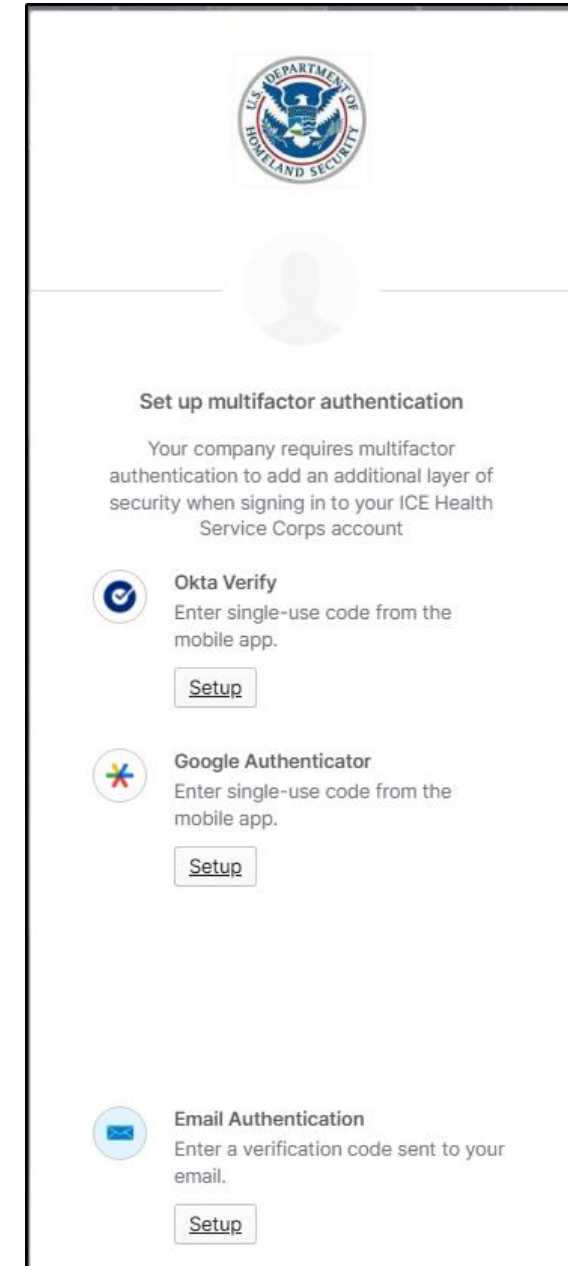


Authentication Options

The system prompts users to set up an authentication options. Users can select one of the follow options:

- Okta Verify
- Google Authenticator
- Email Authentication

The steps depend on the authentication option selected. Follow the prompts to complete setup. For detailed instructions, refer to the Quick Reference Guide (QRG) available on the Acentra Health IHSC website.

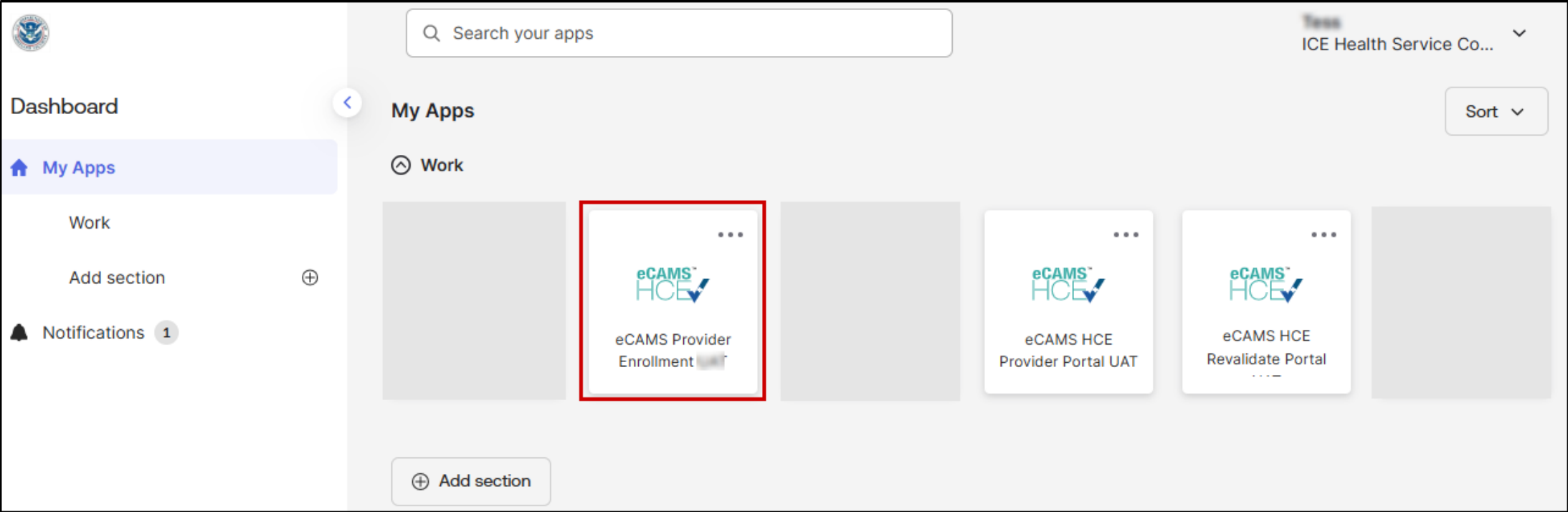


The screenshot shows a web interface for setting up multifactor authentication. At the top is the ICE Department of Homeland Security logo. Below it is a placeholder for a user profile picture. The main heading is "Set up multifactor authentication". A message states: "Your company requires multifactor authentication to add an additional layer of security when signing in to your ICE Health Service Corps account". There are three options listed, each with a "Setup" button:

- Okta Verify**: Enter single-use code from the mobile app. [Setup]
- Google Authenticator**: Enter single-use code from the mobile app. [Setup]
- Email Authentication**: Enter a verification code sent to your email. [Setup]

IHSC Provider Portal Home Page/Dashboard

After setting up an authentication method, users have access to the secure provider portal’s home page to begin the enrollment application. The home page displays the Apps tile. To start a new enrollment, select the **eCAMS Provider Enrollment** tile.



New Enrollment

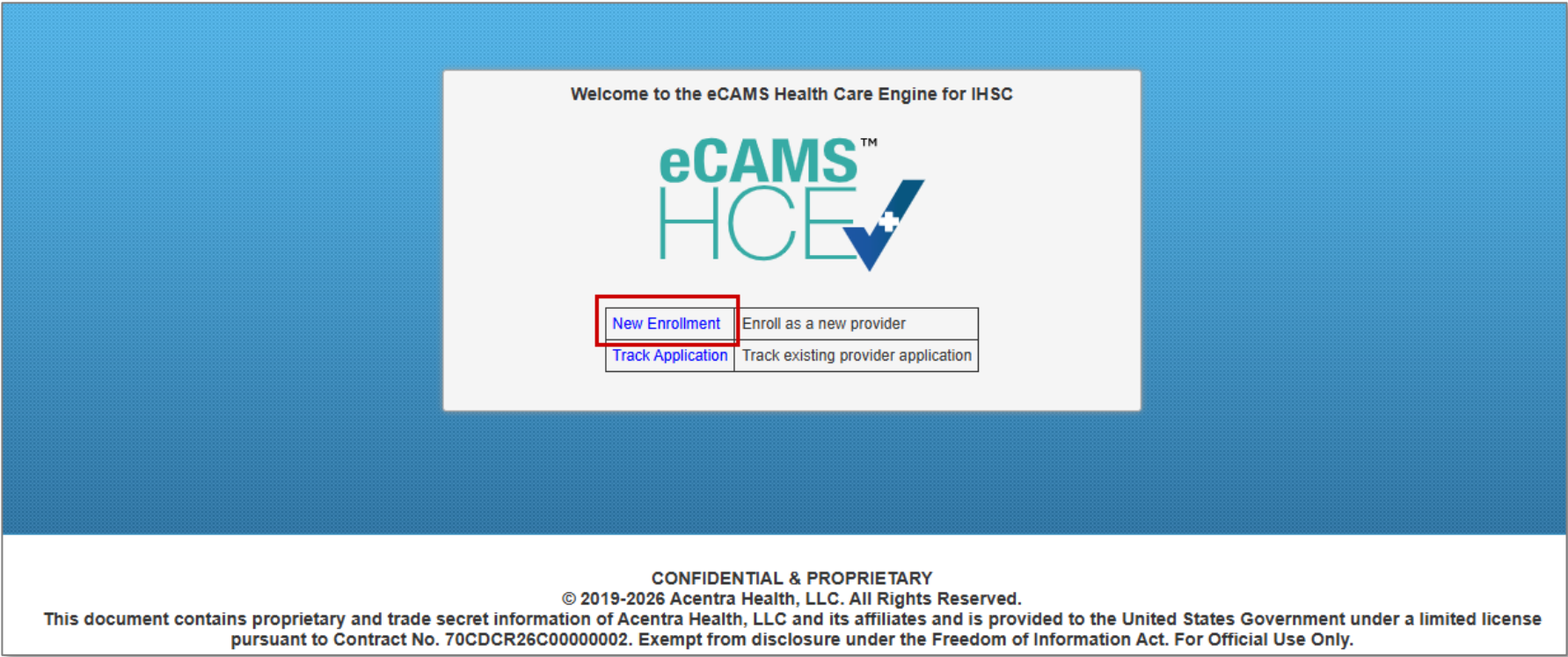
(Not Vendorized)



Beginning a New Enrollment

Select the **New Enrollment** link.

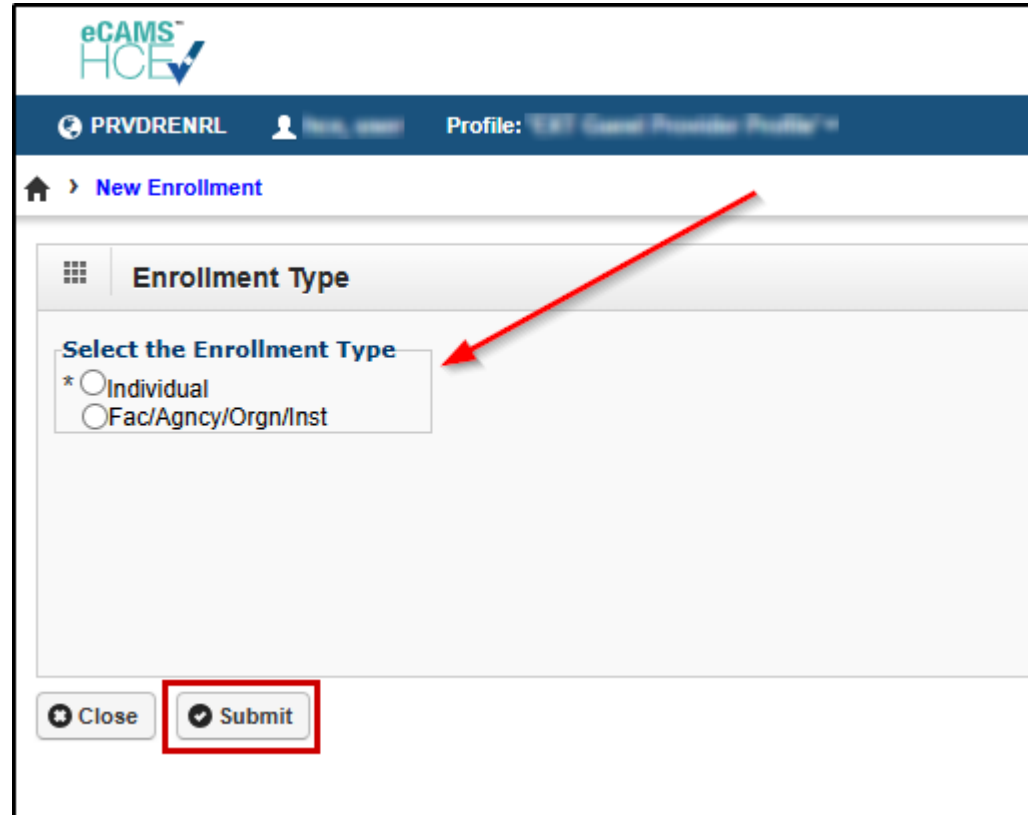
Note: Once the enrollment application is approved, the provider’s account will have administrative level access. The administrator will be responsible for maintaining the provider’s account and assigning user roles to other members of their practice/organization.



Enrollment Type (Not Vendorized)

After selecting **New Enrollment**, select an enrollment type:

- Individual
- Facility/Agency/Organization/Institutional



The screenshot displays the eCAMS HCE web interface. The top navigation bar includes the logo, a user ID (PRVDRENRL), a user profile icon, and a profile name (Profile: TEST General Provider Profile). Below the navigation bar, a breadcrumb trail shows 'New Enrollment'. The main content area is titled 'Enrollment Type' and contains a section labeled 'Select the Enrollment Type'. This section has two radio button options: 'Individual' (marked with an asterisk) and 'Fac/Agncy/Orgn/Inst'. A red arrow points to the 'Individual' option. At the bottom of the form, there are two buttons: 'Close' and 'Submit'. The 'Submit' button is highlighted with a red rectangular box.

Step 1: Basic Information (Not Vendorized)

After selecting the **Enrollment Type**, enter the **Basic Information**:

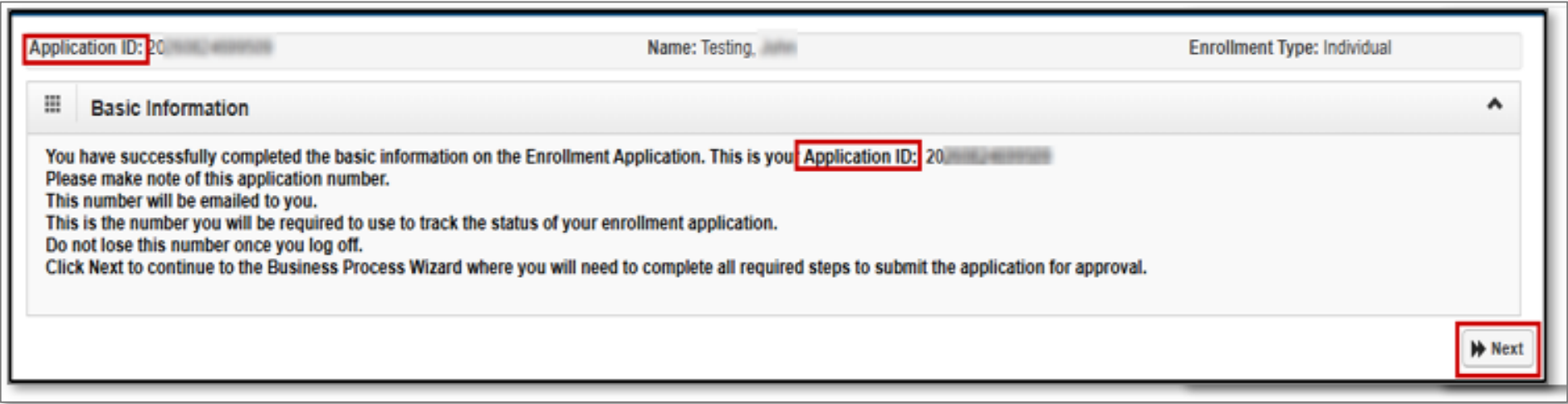
- First and Last Name
- Social Security or FEIN (depending on enrollment type)
- NPI Information (if applicable) – If “Yes” is answered to the question “Do you have an NPI?”, then the NPI field becomes a required field.
- W-9 Entity Type – options are Corporation, Individual/Sole Proprietor or Other
- Other Organizational Information – options are For Profit or Non-Profit
- Email Address – Will be used as primary contact email for all provider correspondence.

After entering the information, select **Finish** to continue to the next section of the application.

The screenshot shows a web form titled "Basic Information". The form is divided into several sections. The top section contains fields for "Provider Name" (First Name, Middle Name, Last Name), "Suffix", "SSN", "Date of Birth", "Gender", "Title", and "Servicing Type". The middle section contains a dropdown for "Do you have an NPI?", a text field for "National Provider Identifier (NPI)", a dropdown for "W-9 Entity Type", and a dropdown for "Other Organizational Information". The bottom section contains a text field for "Contact Email Address" and a date field for "Enrollment Effective Date". At the bottom of the form, there is a checkbox with the text "Please click to view the [Letter of Understanding \(LOU\)](#), [ICE Health Service Corps Off-Site Community Provider Network](#). By clicking this check box, you acknowledge these terms and conditions." and two buttons: "Finish" and "Cancel". A red arrow points to the "Finish" button.

Application ID (Not Vendorized)

Once the user enters their basic information, a window will open with a message stating that the basic information has been successfully completed. The window will also display the **Application ID**, **Name** and **Enrollment Type**. The **Application ID** is also displayed in the body of the message.



Note: Make a note of the Application ID. The Application ID is needed to track the status of the application after submission.

New Enrollment Application (Not Vendorized)

After users enter the basic information, the system issues an **Application ID**. The next screen displays the 10 steps of the **New Enrollment Application**. Select any step to open the corresponding page and enter the required information.

The application displays five columns for each step:

- **Required** –shows if the application step is required or optional.
- **Start Date** – displays the date when the step of the application was started.
- **End Date** - displays the date when the step of the application was completed.
- **Status** – displays if the step of the application is complete or incomplete.
- **Step Remark** – displays a remark when a step is begun but not completed.

Application ID: 20123456789 Name: Testing Enrollment Type: Individual

Close Purge

Enroll Provider - Individual

Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Add Provider Basic Information	Required	08/24/2026	08/24/2026	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Taxonomy	Required			Incomplete	
Step 4: Add Professional Licenses and Certifications	Required			Incomplete	
Step 5: Add Payment and Remittance Details	Required			Incomplete	
Step 6: View/Upload Attachments	Required			Incomplete	
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Training and Education	Optional			Incomplete	
Step 9: Complete Provider Disclosure	Required			Incomplete	
Step 10: Submit Enrollment Application for Review	Required			Incomplete	

View Page: 1 Go Page Count SaveToXLSX Viewing Page: 1 << First < Prev Next > >> Last

Step 2: Add Location (Not Vendorized)

Select **Step 2: Add Location**. The **Location List** page displays. Select **Add** to enter the location information. To exit the **Location List** page, select **Close**.

Note: The location address is the physical location where healthcare services are provided (base location)

✖ Close

➕ Add

☰

Locations List

⬆

Filter By :

🔍 Go

✖ Clear Filter

💾 Save Filter

🔼 My Filters

☐	Location Number ▲▼	Location Name ▲▼	Location Type ▲▼	Location Details ▲▼	End Date ▲▼
No Records Found!					

Add Provider Location (Not Vendorized)

For **Step 2**, enter the **Location Business Name**, the contact person's first and last name, and the other required fields. To enter the location address, select the **+ Address** button and add the address information.

Add Provider Location

Location Type:Base Location*

Location Business Name:*

Contact First Name:*

Contact Last Name:*

End Date:

To enter address details, click +Address. A new window will open where address details can be entered.

Address Line 1:*

Address Line 2:

Address Line 3:

City/Town:*

State/Province:*

County:*

Country:*

Zip Code:*

+ Address

Fax Number:

Phone Number:*

Email Address:*

Cell Phone Number:

Communication Preference:Email

Web Page:

OKCancel

Address Details (Not Vendorized)

The **Address details** window displays, allowing users to enter and validate the location address. Complete the **Address Line 1** and the **Zip Code** fields, then select **+ Validate Address**. If the address validates successfully, the system populates the other required fields. If the system cannot validate the address, it displays a message instructing users to enter a valid address to continue.

Address details

Enter the street number and name in the Address Line 1 field.
Enter the zip code in the Zip Code field.
Select Validate Address.

Address Line 1:

*

(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town:

*

State/Province:

*

County:

*

Country:

*

Zip Code:

-

+ Validate Address

Location List (Not Vendorized)

After entering the location information, the **Location List** panel displays the information. To add a mailing address, select the **Location Number** hyperlink to open the **Location Details** page.

Note: To delete a location, select the checkbox next to the line item, then select **Delete**.

✖ Close

➕ Add

☰

Locations List

⬆

Filter By :

🔍 Go

✖ Clear Filter

💾 Save Filter

🔼 My Filters

☐	Location Number ▲▼	Location Name ▲▼	Location Type ▲▼	Location Details ▲▼	End Date ▲▼
☐	00001	Wealth of Health	Base Location	351 [REDACTED] 22630	12/31/2999

🗑 Delete

View Page: 1

🔍 Go

➕ Page Count

Viewing Page: 1

⏪ First

⏴ Prev

⏵ Next

⏩ Last

📄 SaveToXLSX

Location Details (Not Vendorized)

On the **Location Details** page, select **+ Add Address**. The **Manage Provider Location Address** page displays.

Close

Location Details

Location Business Name: Healthy Mind *

Location Code: 00001

Location Type: Base Location

Contact First Name: *

Contact Last Name: *

End Date: 12/31/2999

Phone Number: *

Fax Number:

Email Address: *

Cell Phone Number:

Communication Preference: Email

Web Page:

Save

+ Add Address

Address List

Address Type ▲▼	Address ▲▼	End Date ▲▼
Location	875 N BOUNDARY RD, ENGLEWOOD, FLORIDA 34223	12/31/2999

View Page: 1

Go

+ Page Count

SaveToXLSX

Viewing Page: 1

<< First

< Prev

Next >

>> Last

Manage Provider Location Address (Not Vendorized)

On the **Manage Provider Location Address** page, select the **+Address** button to add the mailing address. The mailing address will be used to mail **1099s** to providers. All other correspondence from Acentra Health IHSC will be via email.

Close

Manage Provider Location Address

Type of Address: Location

End Date: 12/31/2999

To enter address details, click +Address. A new window will open where address details can be entered.

Address Line 1: 875 N BOUNDARY RD

Address Line 2:

Address Line 3:

City/Town: ENGLEWOOD

State/Province: FLORIDA

County: SARASOTA

Country: UNITED STATES

Zip Code: 34223 - 2312

+ Address

Save

Add Provider Location Address (Not Vendorized)

On the **Add Provider Location Address** page, select **Mailing** from the **Type of Address** drop-down menu. If the mailing address matches the location address, select the **Copy from Location Address** radio button. The system automatically populates the mailing address. If the address differs from than the location address, select **+Address** to enter and validate the mailing address. After entering the address, select **OK** to return to the **Locations Details** page.

The screenshot shows the 'Add Provider Location Address' form. A red box highlights the 'Type of Address' dropdown menu, which is currently set to 'Please Select'. Another red box highlights the 'Address Input Option' section, showing two radio buttons: 'Manually Input' (selected) and 'Copy from Location Address'. A red arrow points to the 'Mailing' option in the dropdown menu. Below the dropdown is an 'End Date' field with a calendar icon. A blue instruction text reads: 'To enter address details, click +Address. A new window will open where address details can be entered.' The form contains several input fields: 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'County', 'Country', and 'Zip Code'. A red box highlights the '+Address' button located next to the 'Zip Code' field. At the bottom right, there are 'OK' and 'Cancel' buttons, with the 'OK' button highlighted by a red box.

Location and Mailing Address (Not Vendorized)

On the **Location Details** page, verify that the **Address List** displays both a **Location** address and a **Mailing** address. If the information is correct, click **Close** to navigate to the **Locations List** page.

Location Details

Location Business Name: Wealth of Health * Location Code: 00001 Location Type: Base Location

Contact First Name: Jon * Contact Last Name: Test * End Date: 12/31/2999

Phone Number: * Fax Number: Email Address: gmail.com *

Cell Phone Number: Communication Preference: Email

Web Page:

Save

+ Add Address

Address List

Address Type	Address	End Date
Location	351 ... 22630	12/31/2999
Mailing	351 ... 22630	12/31/2999

View Page: 1 Go Page Count SaveToXLSX Viewing Page: 1 << First < Prev > Next >> Last

Locations List

Filter By: Go Clear Filter Save Filter My Filters

Location Number	Location Name	Location Type	Location Details	End Date
00001	Wealth of Health	Base Location	351 ... 22630	12/31/2999

View Page: 1 Go Page Count SaveToXLSX Viewing Page: 1 << First < Prev > Next >> Last

On the **Location List** page, select **Close** to return to the **Enroll Provider** page.

Application Status (Not Vendorized)

After users enter the mailing address, the **Enroll Provider** page displays a show a **Complete** status for Step 2. Users can continue to Step 3 of the application.

If users do not enter the mailing address, the status remains **Incomplete**, and the **Step Remark** displays “Please add applicable Addresses.”

ClosePurge

Enroll Provider - Individual

Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/17/2026	07/17/2026	Complete	
Step 2: Add Locations	Required	07/17/2026	07/17/2026	Complete	
Step 3: Add Taxonomy	Required			Incomplete	
Step 4: Add Professional Licenses and Certifications	Optional			Incomplete	
Step 5: Add Payment and Remittance Details	Required			Incomplete	
Step 6: View/Upload Attachments	Optional			Incomplete	
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Training and Education	Required			Incomplete	
Step 9: Complete Provider Disclosure	Required			Incomplete	
Step 10: Submit Enrollment Application for Review	Required			Incomplete	

View Page: 1GoPage CountSaveToXLSX

Viewing Page: 1

FirstPrevNextLast

ClosePurge

Enroll Provider - Individual

Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/17/2026	07/17/2026	Complete	
Step 2: Add Locations	Required	07/17/2026		Incomplete	Please add applicable Addresses.

Step 3: Add Taxonomy (Not Vendorized)

To add the taxonomy, select Step 3 of the enrollment application. The **Specialty/Subspecialty List** page displays. Select **+Add** to open the **Add Specialty/Subspecialty** page.

Close

+ Add

Update

Note: Taxonomy Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List

Filter By :

Go

Clear Filter

Save Filter

My Filters

☐	Taxonomy Code ▲▼	Taxonomy Type ▲▼	Specialty/Subspecialty ▲▼	Location Number ▲▼	Location Name ▲▼	Administration ▲▼	End Date ▲▼	Primary Taxonomy ▲▼
No Records Found!								

Add Specialty/Subspecialty (Not Vendorized)

The **Location** and **Administration** fields are pre-populated on the **Add Specialty/Subspecialty** page. Select the **Taxonomy Type** drop-down menu to display the list of taxonomies, then complete the **Taxonomy Type** and **Specialty** fields.

Add Specialty/Subspecialty

Location:

00001-Eye Spy

Administration:

IHSC Provider Management-IHSC P

Taxonomy Type:

Specialty:

Primary Taxonomy:

End Date:

Add Taxonomy Code

Available Taxonomy Codes

Associated Taxonomy Codes

OK

Cancel

Select a taxonomy type that corresponds to the services rendered by the provider.

10-Behavioral Health & Social Service Providers

11-Chiropractic Providers

12-Dental Providers

13-Dietary & Nutritional Service Providers

14-Emergency Medical Service Providers

15-Eye and Vision Services Providers

16-Nursing Service Providers

17-Other Service Providers

18-Pharmacy Service Providers

19-Group

20-Allopathic & Osteopathic Physicians

21-Podiatric Medicine & Surgery Service Providers

22-Respiratory, Developmental, Rehabilitative and Restorative Service Providers

23-Speech, Language and Hearing Service Providers

24-Technologists, Technicians & Other Technical Service Providers

25-Agencies

26-Ambulatory Health Care Facilities

27-Hospital Units

28-Hospitals

Add Specialty/Subspecialty (Not Vendorized) Continued...

After selecting a **Taxonomy Type**, select a **Specialty**. The system displays a drop-down menu with the available specialties.

Add Specialty/Subspecialty

Location:

00001-Eye Spy

*

Administration:

IHSC Provider Management-IHSC Pro

*

Taxonomy Type:

15-Eye and Vision Services Providers

*

Specialty:

*

Primary Taxonomy:

2W-Optometrist

End Date:

6F-Technician/Technologist

Add Taxonomy Code

Available Taxonomy Codes

Associated Taxonomy Codes

>>

<<

OK

Cancel



Available Taxonomy Codes (Not Vendorized)

In the **Available Taxonomy Codes** box, select the taxonomy code or codes associated with the selected specialty. Select the double right arrow to move the codes to the **Associated Taxonomy Codes** box.

To remove a taxonomy code, select it in the **Associated Taxonomy Codes** box, then select the double left arrow. The system moves the code back to the **Available Taxonomy Codes** box.

When complete, select **OK**.

The screenshot displays two overlapping windows from a medical software interface. The top window, titled 'Add Specialty/Subspecialty', contains several dropdown menus: 'Location' (00001-Eye Spy), 'Administration' (IHSC Provider Management-IHSC Pro), 'Taxonomy Type' (15-Eye and Vision Services Providers), 'Specialty' (2W-Optometrist), 'Primary Taxonomy' (empty), and 'End Date' (empty). The bottom window, titled 'Add Taxonomy Code', features two list boxes. The 'Available Taxonomy Codes' list includes: 152W00000X-Optometrist, 152WC0802X-Corneal and Contact Management, 152WL0500X-Low Vision Rehabilitation, 152WP0200X-Pediatrics, 152WS0006X-Sports Vision, 152WV0400X-Vision Therapy, and 152WX0102X-Occupational Vision. The 'Associated Taxonomy Codes' list is currently empty. Between these two list boxes are two buttons: a double right arrow (>>) and a double left arrow (<<). A red arrow points from the 'Available Taxonomy Codes' list to the double right arrow button. At the bottom right of the 'Add Taxonomy Code' window, there are 'OK' and 'Cancel' buttons, with the 'OK' button highlighted by a red rectangular box.

Primary Taxonomy (Not Vendorized)

A primary taxonomy is not required. To add a primary taxonomy, select a **Specialty** (required), then select Yes from the **Primary Taxonomy** drop-down menu. From the **Available Taxonomy Codes** box, select the primary taxonomy code and then select **OK**. Only one taxonomy code can be designated as the primary taxonomy.

Add Specialty/Subspecialty

Location:00001-Healthy Life

Administration:IHSC Provider Management-IHSC f

Taxonomy Type:15-Eye and Vision Services Provide

Specialty:2W-Optometrist

Primary Taxonomy:-- Please Select --

End Date:6F-Technician/Technologist

Add Taxonomy Code

Available Taxonomy Codes

152W00000X-Optometrist
152WC0802X-Corneal and Contact Management
152WL0500X-Low Vision Rehabilitation
152WP0200X-Pediatrics
152WS0006X-Sports Vision
152WV0400X-Vision Therapy
152WX0102X-Occupational Vision

Associated Taxonomy Codes

Add Specialty/Subspecialty

Location:00001-Healthy Life

Administration:IHSC Provider Management-IHSC f

Taxonomy Type:15-Eye and Vision Services Provide

Specialty:2W-Optometrist

Primary Taxonomy:Y-Yes

End Date:

Add Taxonomy Code

Available Taxonomy Codes

152WC0802X-Corneal and Contact Management
152WL0500X-Low Vision Rehabilitation
152WP0200X-Pediatrics
152WS0006X-Sports Vision
152WV0400X-Vision Therapy
152WX0102X-Occupational Vision

Associated Taxonomy Codes

152W00000X-Optometrist

Specialty/Subspecialty List (Not Vendorized)

The primary taxonomy displays on the **Specialty/Subspecialty List** page. The **Primary Taxonomy** column displays Yes to indicate the listed taxonomy is the primary taxonomy. To add additional taxonomies, select **+Add** to open the **Add Specialty/Subspecialty** page.

Note: The **Update** option only allows editing of the **End Date** for the taxonomy. The system automatically sets the end date to 12/31/2999 unless a different end date is entered. To change a taxonomy, delete the existing taxonomy and then select **+Add** to add a new taxonomy.

Close

Add

Update

Note: Taxonomy Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List

Filter By : -- Please Select --

Go

Clear Filter

Save Filter

My Filters

☐ Taxonomy Code	Taxonomy Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date	Primary Taxonomy
☐ 152W00000X	15-Eye and Vision Services Providers	2W-Optometrist/00000-Optometrist	00001	Healthy Life	IHSC Provider Management	12/31/2999	Yes

Delete

View Page: 1

Go

Page Count

SaveToXLSX

Viewing Page: 1

First

Prev

Next

Last

Additional Taxonomies (Not Vendorized)

To add additional taxonomies, select a **Specialty** to populate the associated taxonomy codes in the **Available Taxonomy Codes** box. Select “No” in the **Primary Taxonomy** field, then select the desired taxonomy codes and use the double right arrow to move them to the **Associated Taxonomy Codes** box. Select **OK** when complete.

Add Specialty/Subspecialty

Location:00001-Healthy Life

Administration:IHSC Provider Management-IHSC f

Taxonomy Type:15-Eye and Vision Services Provide

Specialty:2W-Optometrist

Primary Taxonomy:N-No

End Date:

Add Taxonomy Code

Available Taxonomy Codes

152WC0802X-Corneal and Contact Management
152WL0500X-Low Vision Rehabilitation
152WS0006X-Sports Vision
152WX0102X-Occupational Vision

Associated Taxonomy Codes

152WP0200X-Pediatrics
152WV0400X-Vision Therapy

>>

<<

OK

Cancel

Verify Taxonomies (Not Vendorized)

On the **Specialty/Subspecialty List** page displays all selected taxonomy codes. The **Primary Taxonomy** column identifies the primary taxonomy. If no changes are needed, select **Close** to return to the **Enroll Provider** page.

Close

Add

Update

Note: Taxonomy Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List

Filter By : -- Please Select --

Go

Clear Filter

Save Filter

My Filters

☐	Taxonomy Code ▲▼	Taxonomy Type ▲▼	Specialty/Subspecialty ▲▼	Location Number ▲▼	Location Name ▲▼	Administration ▲▼	End Date ▲▼	Primary Taxonomy ▲▼
☐	152W00000X	15-Eye and Vision Services Providers	2W-Optometrist/00000-Optometrist	00001	Healthy Life	IHSC Provider Management	12/31/2999	Yes
☐	152WP0200X	15-Eye and Vision Services Providers	2W-Optometrist/P0200-Pediatrics	00001	Healthy Life	IHSC Provider Management	12/31/2999	No
☐	152WV0400X	15-Eye and Vision Services Providers	2W-Optometrist/V0400-Vision Therapy	00001	Healthy Life	IHSC Provider Management	12/31/2999	No

Delete

View Page: 1

Go

Page Count

SaveToXLSX

Viewing Page: 1

First

Prev

Next

Last

Step 4: Add Professional License and Certifications

Select **Step 4: Add Professional License and Certifications** to open the **License/Certification List** page. Select **+Add** to open the **Add License/Certification** page.

✖ Close

✚ Add

☰

License/Certification List

⬆

Filter By :

🕒 Go

✖ Clear Filter

💾 Save Filter

🔍 My Filters

⬇

☐	License/Certification # ▲▼	License/Certification Type ▲▼	Location Number ▲▼	Location Name ▲▼	Effective Date ▲▼	End Date ▲▼
No Records Found!						

Add License/Certification (Not Vendorized)

On the **Add License/Certification** page, the location defaults to the location information entered earlier in the application. Enter the **License/Certification Type**, **License/Certification #**, and the license/certification **Effective Date** and **End Date**.

Add License/Certification

Location: 00001-Healthy Life *

State of Licensure: -- Please Select -- *

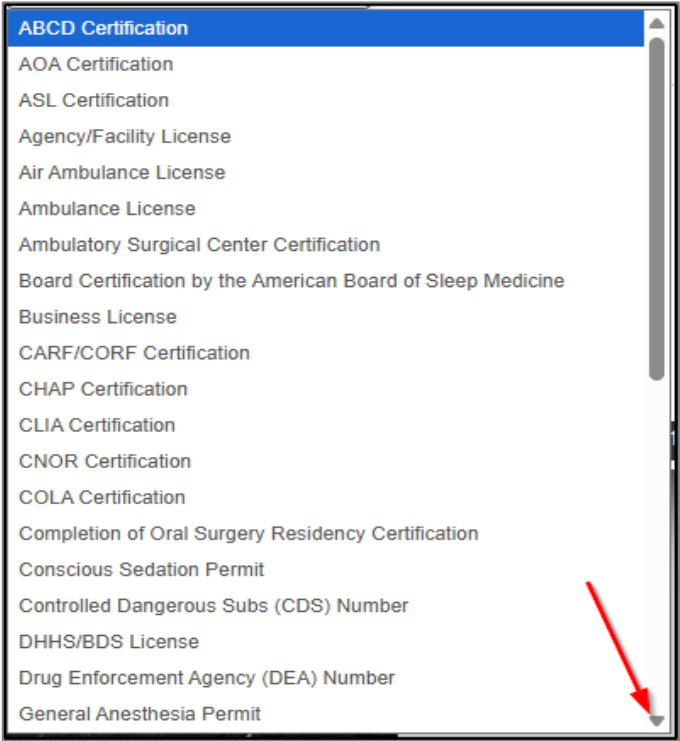
License/Certification Type: ABCD Certification *

License/Certification #: *

Effective Date: *

End Date: *

OK **Cancel**



To view a list of licensing and certifying entities, select the down arrow in the **License/Certification Type** field. Use the scroll bar to view additional options.

License/Certification List (Not Vendorized)

Select **OK** to save the license/certification information and return to the **License/Certification List** page. The page displays the license/certification information entered. If no changes are needed, select **Close** to exit the page and continue to the next step of the application.

✖ Close

✚ Add

License/Certification List

Filter By :

Go

Clear Filter

Save Filter

My Filters

☐	License/Certification # ▲▼	License/Certification Type ▲▼	Location Number ▲▼	Location Name ▲▼	Effective Date ▲▼	End Date ▲▼
☐	06	Professional License	00001	Eye Spy	01/05/2026	01/08/2029

Delete

View Page: 1

Go

Page Count

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Next

Last

SaveToXLSX

Step 5: Add Payment and Remittance Details

Select **Step 5: Payment Details** to open the **Payment Details** window. Select **+Add** to open the payment details entry window.

Note: Payments are issued electronically only. Paper checks are not available.

Close

+ Add

Payment Details

Filter By :

Go

Clear Filter

Save Filter

My Filters

	Location Number	Location Name	Payment Method
☐			

No Records Found!

Provider Information (Not Vendorized)

The **Provider Information**, **Provider Identifiers**, **Payment Details** sections display pre-populated information. Complete the **Financial Institution Information** and **Submission Information** sections.

Please upload a voided check or bank letter in the upcoming Attachments step.

Provider Information

Provider Name:

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): National Provider Identifier (NPI):

Payment Details

Identify Payment Details

Location: 00001-VIRGINIA BEACH

Payment Method

☒ Electronic Funds Transfer(Direct Deposit)

Financial Institution Information

Financial Institution Name: * Financial Institution Routing Number: *

Account Number: * Re-enter Account Number: *

Type of Account at Financial Institution: *

Payment Notification Preference: *

Submission Information

Reason for Submission: (Payment and Remittance Only)

Authorized Signature: *

(Signature only required when inputting new or changing EFT/835 information)

OK Cancel

Financial Institution Information (Not Vendorized)

Financial Institution Information

Financial Institution Name:Chase

Financial Institution Routing Number:

Account Number:

Re-enter Account Number:

Type of Account at Financial Institution:Checking

EFT Test Status:Failure

Payment Notification Preference:Checking

Validate

Submission Information

Reason for Submission:
(Payment and Remittance Only)New Enrollment

Authorized Signature:John Testing

OKCancel

For the **Type of Account at Financial Institution** field, Checking displays by default. To select Savings, select the drop-down menu and choose Savings. In the **Authorized Signature** field, enter the name of the authorized signer. Select **OK** when complete.

CloseAdd

Payment Details

Filter By :

Go

Clear Filter

Save Filter

My Filters

	Location Number	Location Name	Payment Method
	00001	Eye Spy	Electronic Funds Transfer(Direct Deposit)

Delete

View Page: 1

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Page Count

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Last

SaveToXLSX

The **Payment Details** page displays, and **Electronic Funds Transfer (Direct Deposit)** displays in the **Payment Method** column. If no changes are needed, select **Close** to exit the page and continue to the next step of the application.

Step 6: View/Upload Attachments (Not Vendorized)

Select **Step 6: Attachments** to open the **Attachment List** page. Then select **Upload Attachments** to begin the upload process. This step allows providers to upload attachments such as a voided check/bank letter and license/certification.

Close

Upload Attachments

Attachment List

☐	Repository Key	File Name	Document Type	Uploaded Date
No Records Found!				

Attachments (Not Vendorized)

The **Attachment** window displays. From the **Document Type** drop-down menu, select the type of document to upload.

Attachment

Please select the file to be uploaded

Document Type: --SELECT--

*

File Name: Choose File No file chosen

*

The acceptable file extensions for the upload are.doc,.docx,.gif,.gz,.htm,.html,.jpeg,.jpg,.ppt,.rtf,.tif,.tiff,.tst,.txt,.xls,.bmp,.pdf,.xlsx,.zip

Filename cannot be longer than 50 characters and file size cannot exceed 10MB.

Ok

Cancel

Document Type: -- Please Select --

-- Please Select --

File Name: -- Please Select --

Bank letter

Copy of License/Certification

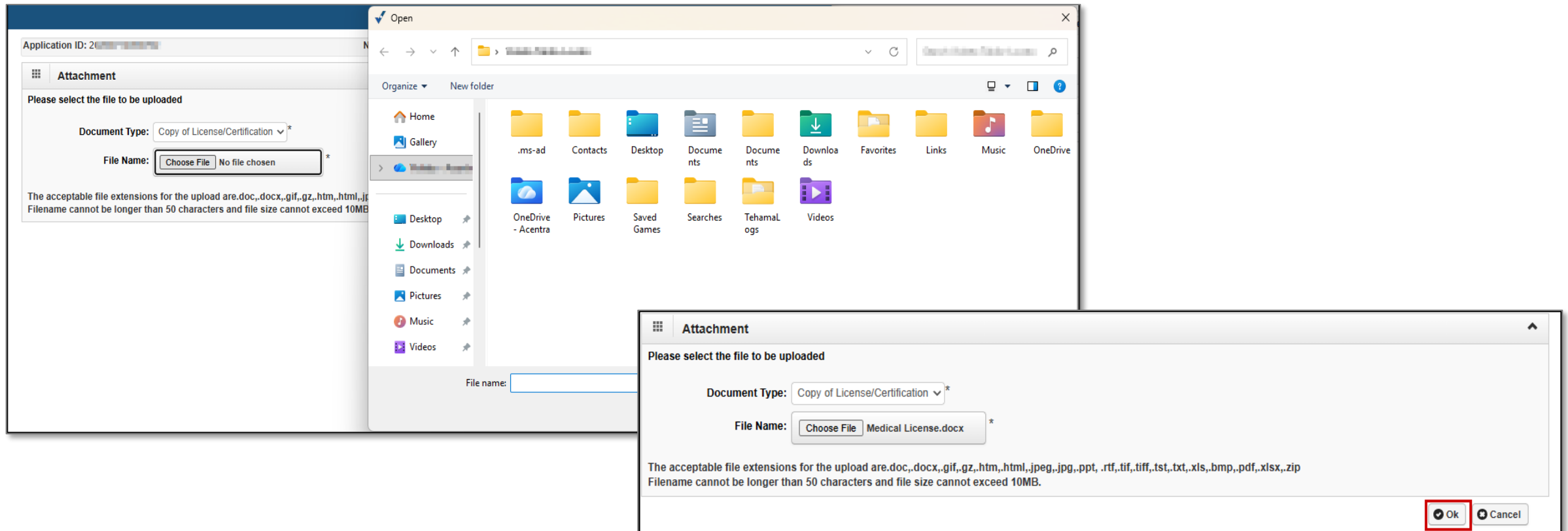
Other Supporting Document

Voided Check

Upload Supporting Documents (Not Vendorized)

Select **Choose File** in the **File Name** field to browse and select the document to upload. After uploading the desired document(s), select the **Ok** to return to the **Attachment List** page.

Note: The acceptable file extensions for upload are: .doc, .docx, .gif, .gz, .htm, .html, .jpeg, .jpg, .ppt, .rtf, .tif, .tiff, .tst, .txt, .xls, .bmp, .pdf, .xlsx, .zip.



Attachment List (Not Vendorized)

The uploaded document displays on the **Attachment List** page. To upload another document, select **Upload Attachments** to open the **Attachment** window, then repeat the upload process. After uploading all required documents, select **Close** to continue to the next step of the application.

Close

Upload Attachments

Attachment List

☐	Repository Key	File Name	Document Type	Uploaded Date
☐	ATT21	Medical License.docx	Copy of License/Certification	07/16/2026 12:10:31 AM

Delete

View Page: 1

Go

+ Page Count

Viewing Page: 1

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> Next

>> Last

SaveToXLSX

Step 7: Add Identifiers (Not Vendorized)

Step 7: Provider Identifiers is optional. To add an identifier, select **+Add** on the **Provider Identifiers** page to open the **Add New Identifier** page.

Close

+ Add

Provider Identifiers

Filter By :

Go

Clear Filter

Save Filter

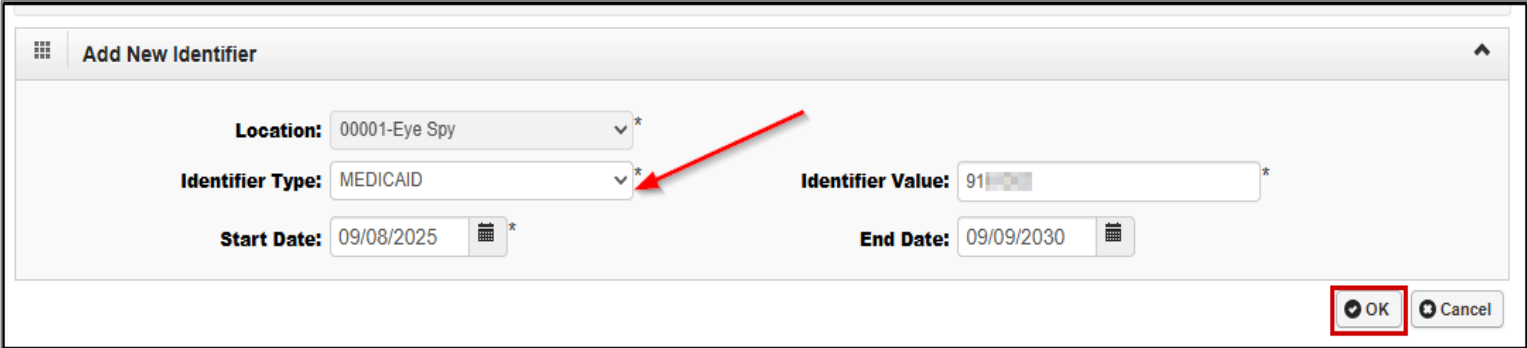
My Filters

	Identifier Type ▲▼	Identifier Value ▲▼	Location Number ▲▼	Location Name ▲▼	Start Date ▲▼	End Date ▲▼
No Records Found!						

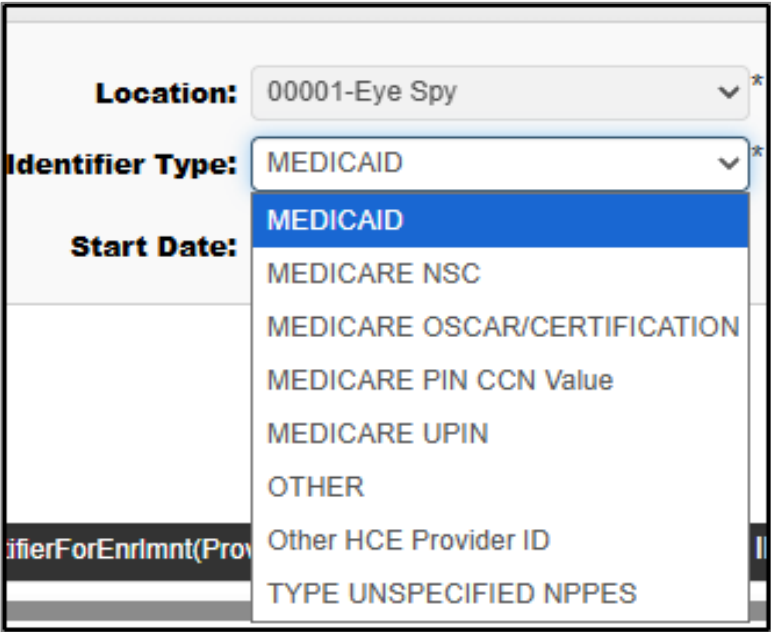
Add New Identifier (Not Vendorized)

The **Location** field displays pre-populated information. In the **Identifier Type** field, select the drop-down menu and choose an identifier type. Enter the identifier number in the **Identifier Value** field. In the **Start Date** field, enter the effective date of the identifier.

To view all available identifier types, select the drop-down menu in the **Identifier Type** field.



The screenshot shows the 'Add New Identifier' form. The 'Location' field is set to '00001-Eye Spy'. The 'Identifier Type' dropdown menu is open, showing a list of options. A red arrow points to the 'Identifier Type' dropdown menu. The 'Identifier Value' field contains '91'. The 'Start Date' field is set to '09/08/2025' and the 'End Date' field is set to '09/09/2030'. The 'OK' button is highlighted with a red box.



The close-up screenshot shows the 'Identifier Type' dropdown menu. The 'MEDICAID' option is selected and highlighted in blue. The list of options includes: MEDICAID, MEDICARE NSC, MEDICARE OSCAR/CERTIFICATION, MEDICARE PIN CCN Value, MEDICARE UPIN, OTHER, Other HCE Provider ID, and TYPE UNSPECIFIED NPPES.

Step 8: Add Training and Education (Optional)

Select **Step 8: Training/Education** to open the **Training/Education List** page. Select **Add** to open the **Add Training/Education** page.

✖ Close

✚ Add

☰ Training/Education List

Filter By :

Go

✖ Clear Filter

Save Filter

My Filters

☐	Training/Education Type ▲▼	Location Number ▲▼	Location Name ▲▼	Name of Institution ▲▼	Date Completed ▲▼	End Date ▲▼
No Records Found!						

Add Training and Education (Not Vendorized)

Complete the following fields:

- **Training/Education Type:** Select the type of degree, certification, or training completed.
- **Name of Institution:** Enter the name of school or institution where the education or training was completed.
- **Place Completed:** Enter the location where the education or training was completed (for example, city and state)
- **Date Completed:** Enter the date the education or training was completed.
- **End Date:** Enter the expiration date of an education or training certificate, if applicable.

To view a list of training and education types, select the drop-down menu for the **Training/Education Type** field.

The screenshot shows the 'Add Training/Education' form with the following fields and their current values or states:

- Location:** 00001-Eye Spy (dropdown menu)
- Training/Education Type:** Professional School/Trng Inst. (dropdown menu, highlighted with a red box and a red arrow pointing to it)
- Name of Institution:** (text input field, highlighted with a red box)
- Place Completed:** (text input field, highlighted with a red box)
- Date Completed:** (calendar icon, highlighted with a red box)
- End Date:** (calendar icon, highlighted with a red box)
- Unit Type:** (dropdown menu)
- Unit Value:** (text input field)

At the bottom right, there are **OK** and **Cancel** buttons, both highlighted with red boxes.

The screenshot shows the 'Add Training/Education' form with the dropdown menu for **Training/Education Type** open. The menu lists the following options:

- Please Select --
- Bachelors
- Employment
- Internships
- Masters
- Medical school
- Other
- Post graduate
- Professional School/Trng Inst.
- Residencies
- SSPS Training

Step 9: Complete Provider Disclosure

Select **Step 9: Complete Provider Disclosure** to open the **Provider Disclosure** page.

The **Provider Disclosure** section contains a list of questions related to fraud and abuse. Select “Yes” or “No” for each question. If any question is answered “Yes”, upload supporting documentation that provides additional information. Use the **Comments** field to enter additional details. The **Comments** field accepts a maximum of 50 characters.

CloseSave

Provider Disclosure

If you answer Yes to any of the disclosure questions, provide details including type of action, the agency who assigned the adverse action, and the date of action.

Question	Answer	Comments
Within ten years of the date of this statement have you or any individual listed on this application had an action related to fraud or abuse in a government program taken against him or her resulting in (1) a felony or misdemeanor conviction; (2) a liability finding in civil proceedings; or (3) a settlement entered into in lieu of conviction?	Not Completed	
Have you had any voluntary or involuntary relinquishment of license or registration?	Not Completed	
Have you had any voluntary or involuntary termination of medical staff membership at another organization?	Not Completed	
Have you had any voluntary or involuntary limitation, reduction, or loss of clinical privileges?	Not Completed	
Have you had any professional liability actions that resulted in a final judgment against you?	Not Completed	

View Page: 1Go+ Page Count

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SaveToXLSX

Provider Disclosure (Not Vendorized)

In the **Answer** field for each question, select the drop-down menu to choose “Yes” or “No”.
If “**Yes**” is selected for any question, upload supporting documentation to provide additional details.
In the **Comments** field state that an attachment has been uploaded.

CloseSave

Provider Disclosure

If you answer Yes to any of the disclosure questions, provide details including type of action, the agency who assigned the adverse action, and the date of action.

Question	Answer	Comments
Within ten years of the date of this statement have you or any individual listed on this application had an action related to fraud or abuse in a government program taken against him or her resulting in (1) a felony or misdemeanor conviction; (2) a liability finding in civil proceedings; or (3) a settlement entered into in lieu of conviction?	Not Completed	
Have you had any voluntary or involuntary relinquishment of license or registration?	Not Completed	
Have you had any voluntary or involuntary termination of medical staff membership at another organization?	No	
Have you had any voluntary or involuntary limitation, reduction, or loss of clinical privileges?	Not Completed	
Have you had any professional liability actions that resulted in a final judgment against you?	Not Completed	

View Page: 1Go+ Page Count

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SaveToXLSX

Provider Disclosure (Not Vendorized) Continued...

After answering all questions, select **Save**, then select **Close** to continue to the next step of the application.

Close

Save

Provider Disclosure

If you answer Yes to any of the disclosure questions, provide details including type of action, the agency who assigned the adverse action, and the date of action.

Question	Answer	Comments
Within ten years of the date of this statement have you or any individual listed on this application had an action related to fraud or abuse in a government program taken against him or her resulting in (1) a felony or misdemeanor conviction; (2) a liability finding in civil proceedings; or (3) a settlement entered into in lieu of conviction?	No	
Have you had any voluntary or involuntary relinquishment of license or registration?	No	
Have you had any voluntary or involuntary termination of medical staff membership at another organization?	No	
Have you had any voluntary or involuntary limitation, reduction, or loss of clinical privileges?	No	
Have you had any professional liability actions that resulted in a final judgment against you?	No	

View Page: 1

Go

+ Page Count

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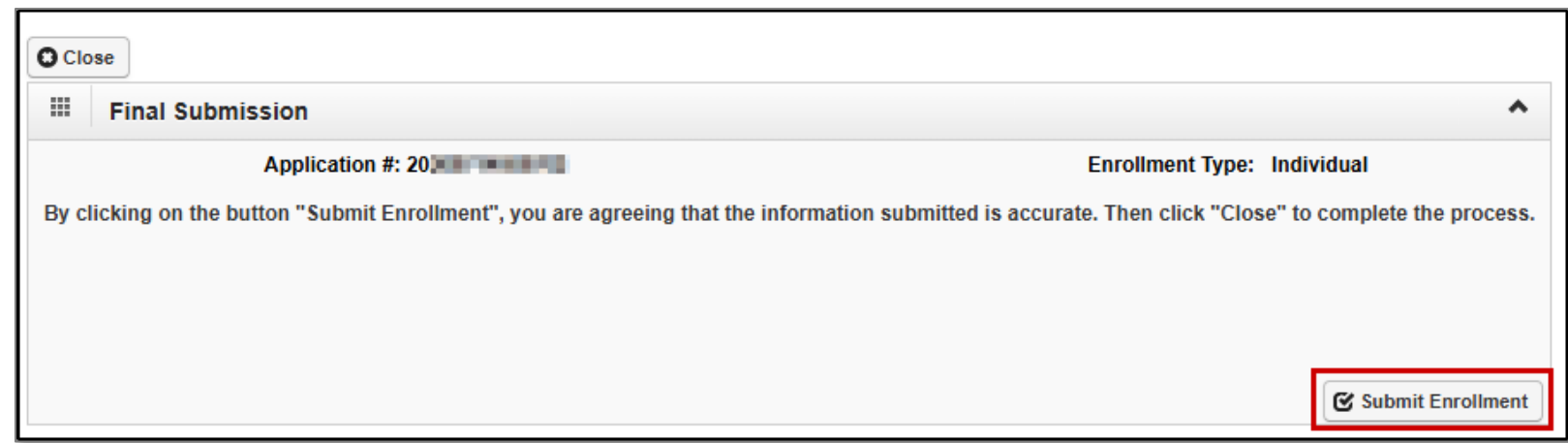
Next >

>> Last

SaveToXLSX

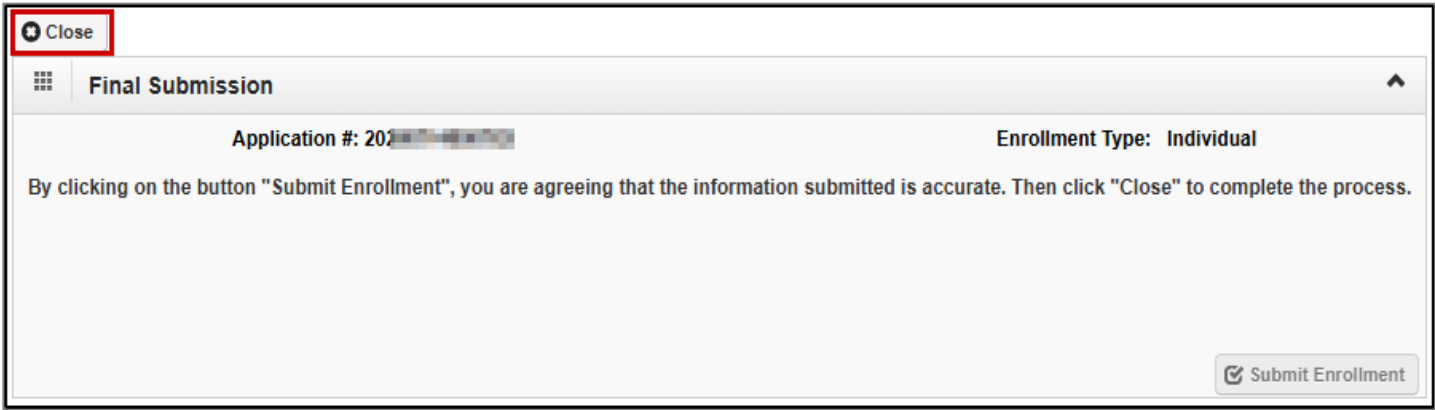
Step 10: Submit Enrollment Application for Review

Select **Step 10: Submit Enrollment Application for Review** to open the **Final Submission** page.
Select **Submit Enrollment** to submit the application.



This screenshot shows the 'Final Submission' page. At the top left is a 'Close' button. Below it is a header bar with a grid icon and the text 'Final Submission'. The main content area displays 'Application #: 20[redacted]' and 'Enrollment Type: Individual'. A paragraph of text states: 'By clicking on the button "Submit Enrollment", you are agreeing that the information submitted is accurate. Then click "Close" to complete the process.' At the bottom right, the 'Submit Enrollment' button is highlighted with a red rectangle.

After the application is submitted, the **Submit Enrollment** button becomes unavailable (grayed out). Select **Close** to return to the **Enroll Provider** page.



This screenshot shows the 'Final Submission' page after the application has been submitted. The 'Submit Enrollment' button at the bottom right is now grayed out. The 'Close' button at the top left is highlighted with a red rectangle. The rest of the page content, including the application number and enrollment type, remains the same.

Application Submission (Not Vendorized)

On the **Enroll Provider** page, each application step displays a status of **Complete**. The application cannot be submitted if any **Required** step displays a status of **Incomplete**. Select **Close** to exit the application.

Note: After submitting the application, no additional edits or changes can be made. To make changes, submit a modification after the application is reviewed and approved.

ClosePurge

Enroll Provider - Individual

Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/24/2026	08/24/2026	Complete	
Step 2: Add Locations	Required	08/24/2026	08/25/2026	Complete	
Step 3: Add Taxonomy	Required	08/25/2026	08/25/2026	Complete	
Step 4: Add Professional Licenses and Certifications	Required	08/26/2026	08/26/2026	Complete	
Step 5: Add Payment and Remittance Details	Required	08/26/2026	08/26/2026	Complete	
Step 6: View/Upload Attachments	Required	08/26/2026	08/26/2026	Complete	
Step 7: Add Identifiers	Optional	08/26/2026	08/26/2026	Complete	
Step 8: Add Training and Education	Optional	08/26/2026	08/26/2026	Complete	
Step 9: Complete Provider Disclosure	Required	08/26/2026	08/26/2026	Complete	
Step 10: Submit Enrollment Application for Review	Required	08/26/2026	08/26/2026	Complete	

View Page: 1Go+ Page CountSaveToXLSX

Viewing Page: 1

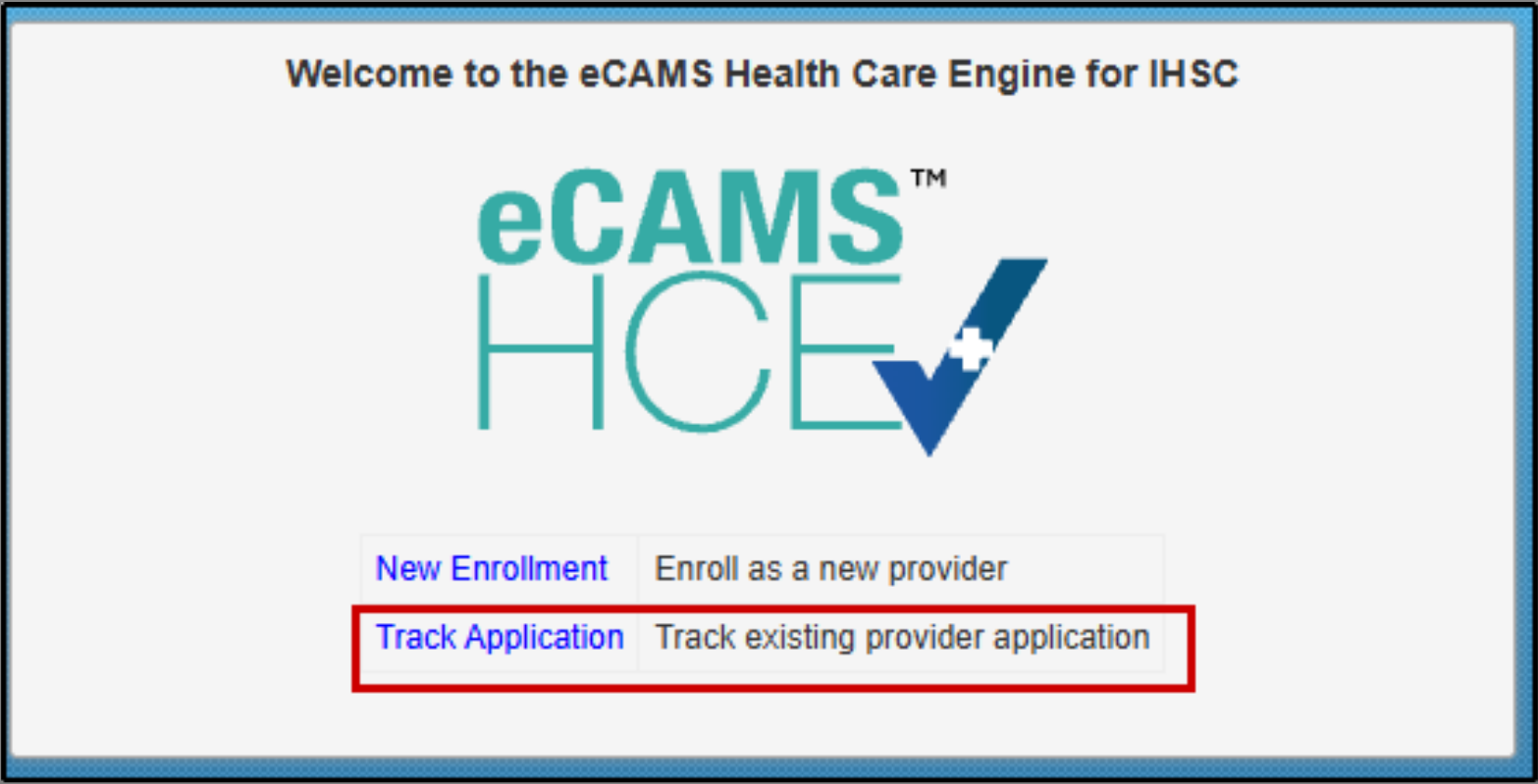
FirstPrevNextLast

Track an Application for a New Enrollment



Track a New Application

To check the status of an application, log in to the **Acentra Health IHSC Provider Portal** and select the **Track Application**.



Track a New Application Continued...

Enter the **Application Number** and **SSN/FEIN** associated with the application to view the application status.

 > Track Application

 Close

 Track Existing Application

Please provide the Application Number and SSN/FEIN to track your application.

Application Number:

*

SSN/FEIN:

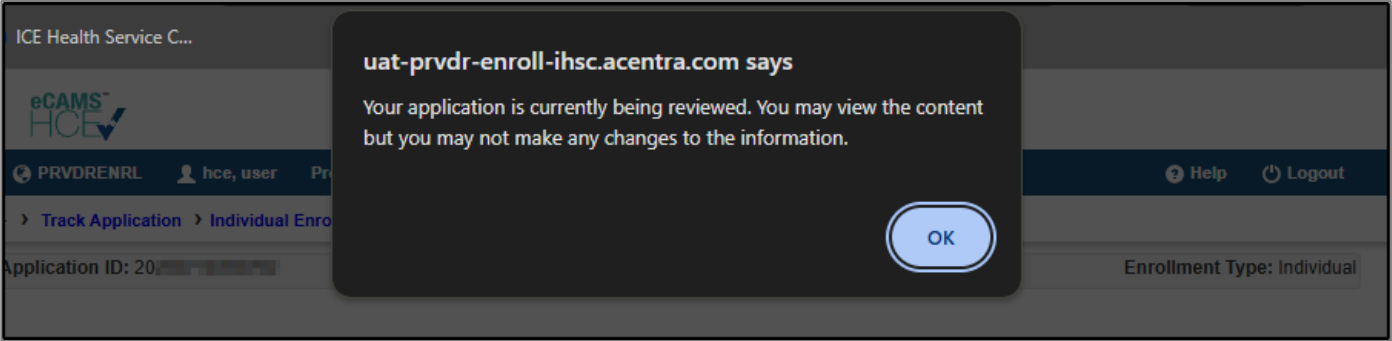
*

 Submit

New Application Review

A status window displays application status details.

Select **OK** to view the application steps and review updates in the Status column.



Close Purge

Enroll Provider - Individual

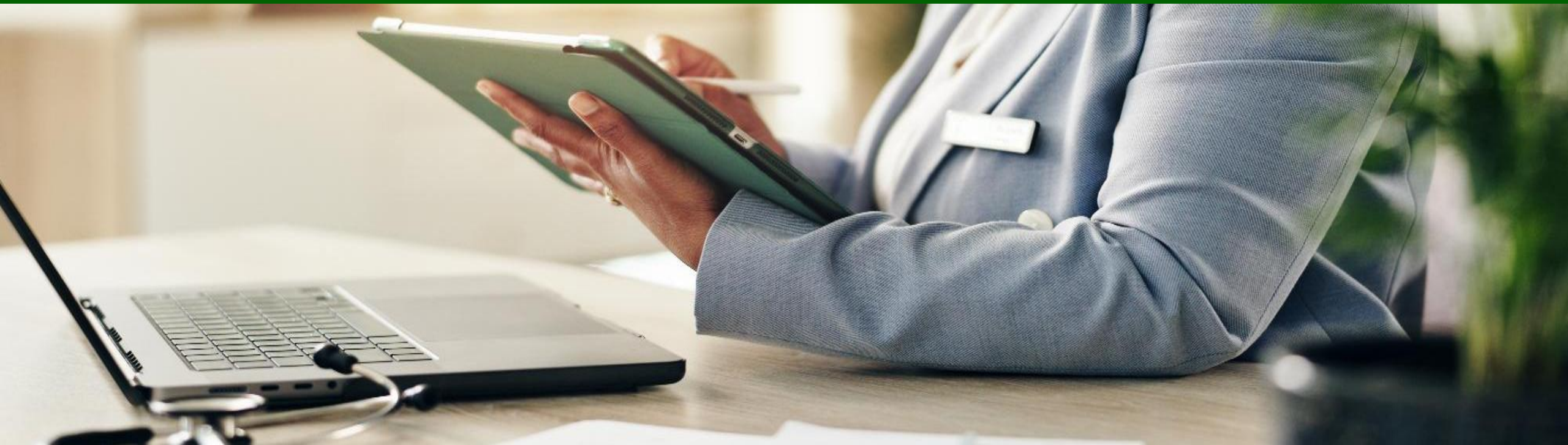
Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/24/2026	08/24/2026	Complete	
Step 2: Add Locations	Required	08/24/2026	08/25/2026	Complete	
Step 3: Add Taxonomy	Required	08/25/2026	08/25/2026	Complete	
Step 4: Add Professional Licenses and Certifications	Required	08/26/2026	08/26/2026	Complete	
Step 5: Add Payment and Remittance Details	Required	08/26/2026	08/26/2026	Complete	
Step 6: View/Upload Attachments	Required	08/26/2026	08/26/2026	Complete	
Step 7: Add Identifiers	Optional	08/26/2026	08/26/2026	Complete	
Step 8: Add Training and Education	Optional	08/26/2026	08/26/2026	Complete	
Step 9: Complete Provider Disclosure	Required	08/26/2026	08/26/2026	Complete	
Step 10: Submit Enrollment Application for Review	Required	08/26/2026	08/26/2026	Complete	

View Page: 1 Go Page Count SaveToXLSX Viewing Page: 1

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Registration for Revalidating Providers



Registration for Revalidating Providers



Providers who were previously vendorized and had paid claims with the Veterans Affairs Financial Services Center (VAFSC) will receive email notifications on the estimated Acentra Health start date. Use the information in the email to register for the IHSC Provider Portal and verify provider information.

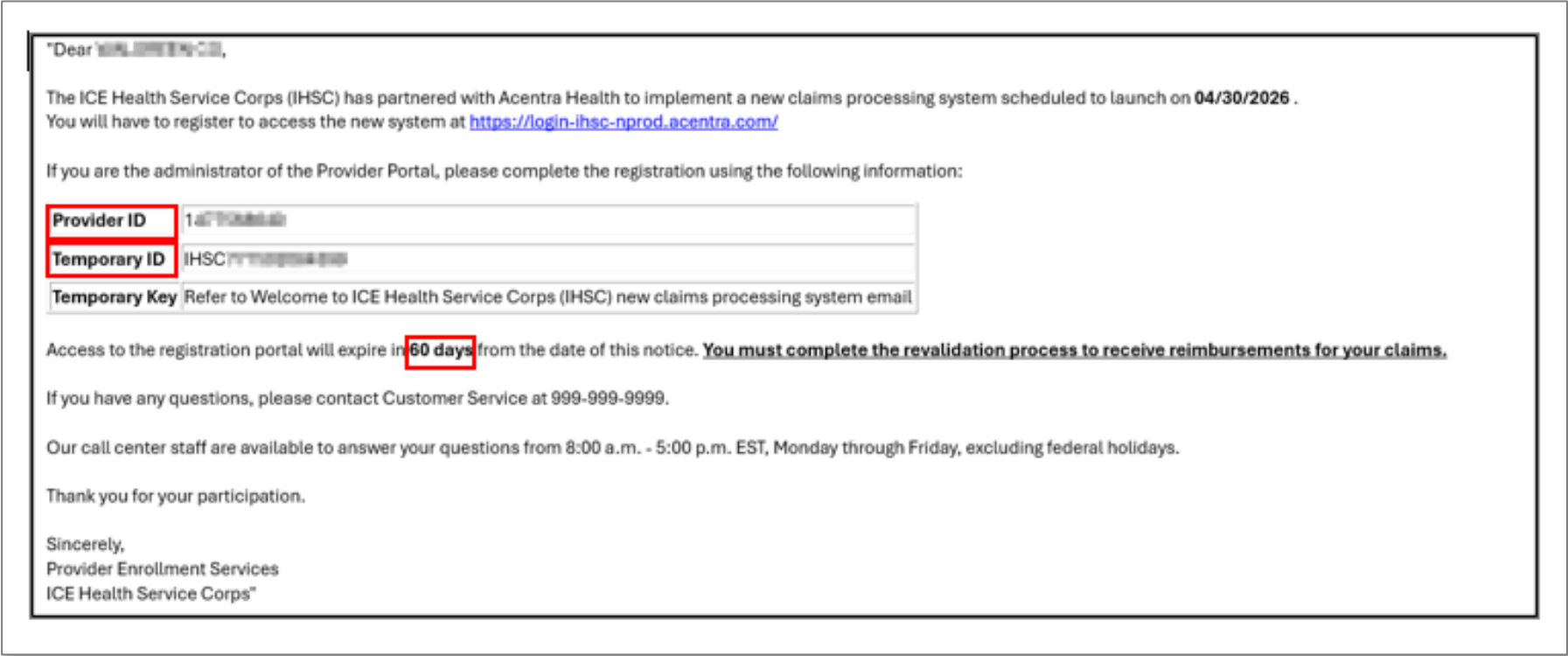


The system generates two emails containing temporary access information, a website link, and instructions when the system is available.

Providers receive these emails from no_reply@ihsc.acentra.com.

First Email

The first email contains the **Provider ID**, **Temporary ID**, and a reminder that access to the registration portal expires **60 days** after the email notification date.



Second Email

The second email contains a **Temporary Key** and detailed instructions for completing the registration process.

Dear [REDACTED]

Welcome to eCAMS, the new claims processing system for the ICE Health Service Corps (IHSC). You should have already received a separate email titled "Revalidation of Provider for Claim Reimbursement", which contains your **Provider ID** and **Temporary ID** needed to complete registration. eCAMS allows users to verify their identity and create an account for communication with IHSC's self-service applications.

If you are the administrator of the Provider Portal, please follow these steps to complete registration.

Please follow the instructions below to complete registration:

1. Visit <https://login-ihsc-nprod.acentra.com/>

2. Create your account

- Please create an account using email address Acentra sent this message to.

3. Complete provider verification:

- After creating your account, click "eCAMS HCE Provider Revalidate Portal" link, and complete the authentication by entering the following:

Provider ID	Refer to the Revalidation of Provider email
Temporary ID	Refer to the Revalidation of Provider email
Temporary Key	[REDACTED]
Tax ID	Social Security Number (SSN) or Federal Employer Identification Number (FEIN) submitted on the claim from the previous processing system
Claim ID	Claim ID (TCN) from the previous processing system.

- Once authenticated, select the profile "EXT Provider File Maintenance".
- Once you select the profile, you will need to click on the "Maintain Provider Information" link on the left-hand menu to verify the information.

4. Once submitted, Acentra Health staff will review your application

5. To determine the status of the review process, please log back in within five business days from the time of submission via the URL and click on the "eCAMS HCE Provider Portal" link. Once approved or rejected, a message will appear in your Provider Portal Inbox. Once approved, you can access all the features of the provider portal and encourage you to log in often for all primary correspondence.

You must complete the revalidation process to receive reimbursements for your claims.

If you have any questions, please contact Customer Service at 844-922-4472.

Our call center staff are available to answer your questions from 8:00 a.m. to 5:00 p.m. EST, Monday through Friday, excluding federal holidays.

Thank you for your participation.

Sincerely,

Provider Enrollment Services

ICE Health Service Corps

Creating an Account

Access the login-ihsc-prod.acentra.com website and select **Sign-up** to create an account.





ICE Health Service Corps
Sign In (Non Prod)

Authorized Use Only
This is a U.S. Government information system for authorized use only. Use may be monitored, recorded, audited, inspected, searched, copied, disclosed, or used for authorized Government purposes. Unauthorized or improper use may result in disciplinary, civil, or criminal penalties. You have no reasonable expectation of privacy. By continuing, you consent to these terms.

Username

Password

☐ Remember me

Sign In

[Need help signing in?](#)

Don't have an account?

[Sign up](#)



Acentra Health eCAMS HCE System



Create Account

Primary Email *

Password *

First name *

Last name *

Primary phone *

* indicates required field

Register

[Back to sign in](#)

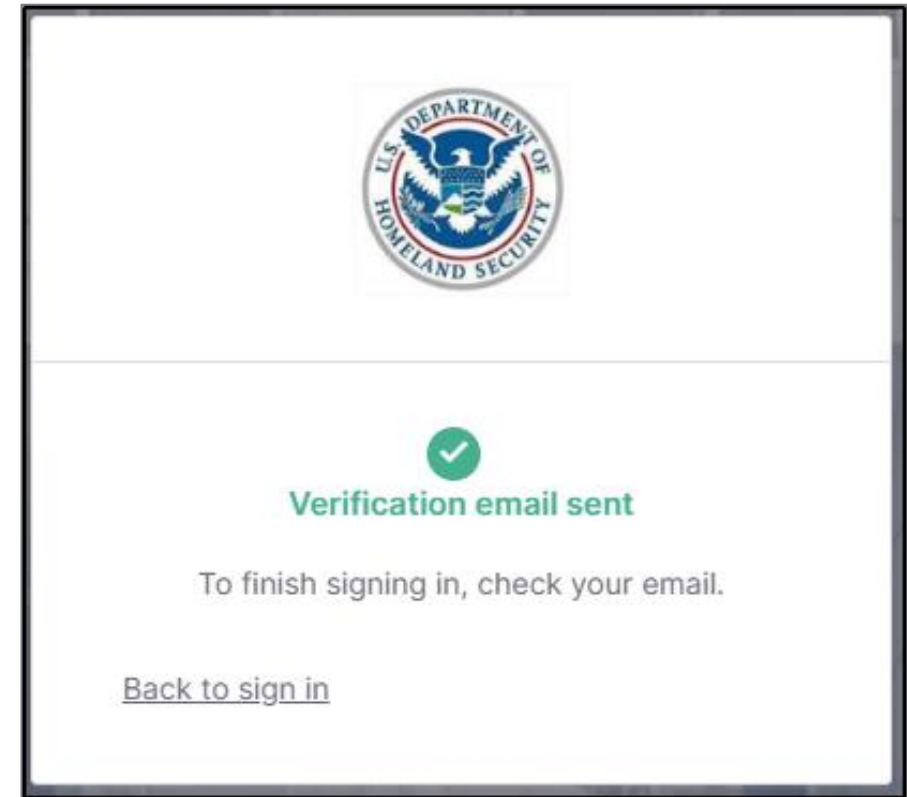
The eCAMS HCE system displays the registration window. Enter the following information:

- Primary email
- Password
- First name
- Last name
- Primary phone number

After entering all required information, select **Register**.

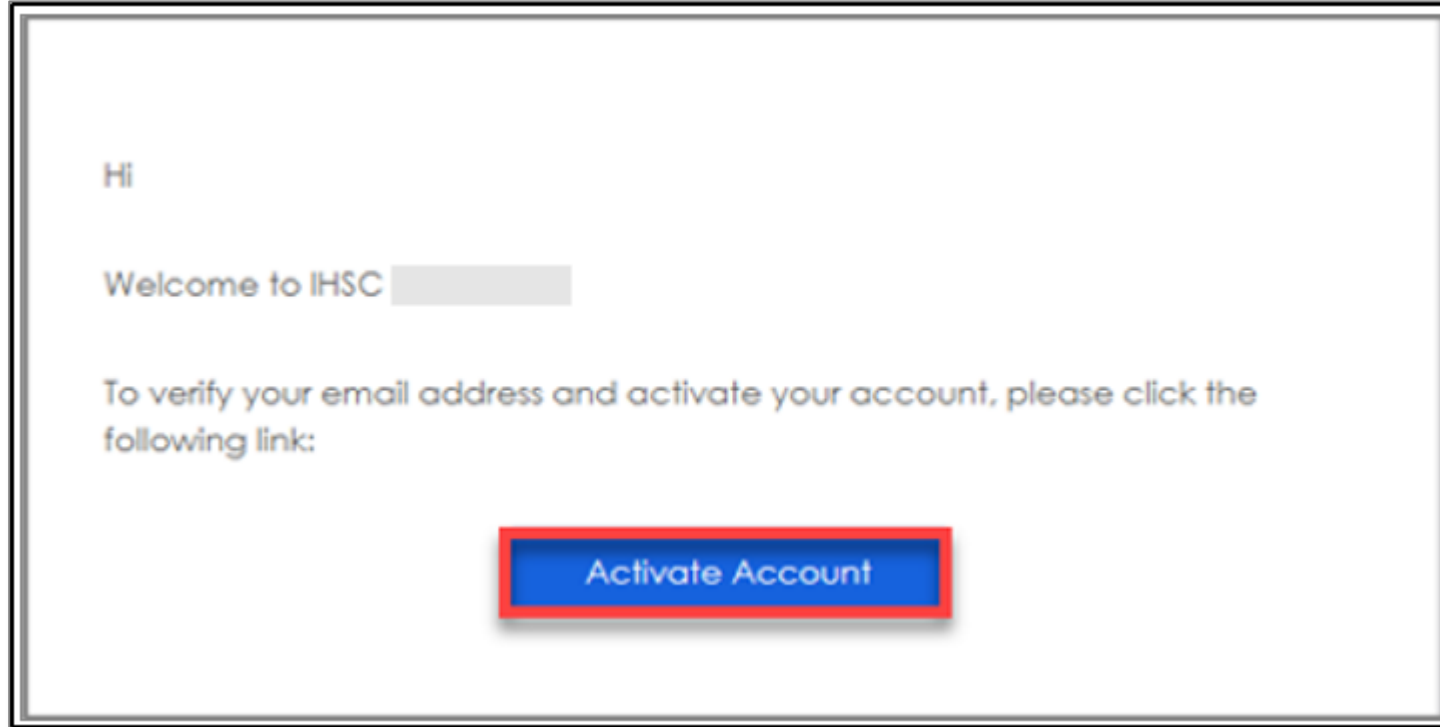
Verification Message

A confirmation message displays indicating a verification email has been sent. Log in to the email account provided during registration to continue the registration process.



Verification Email

The verification email comes from IHSC and has the subject line **Activate Account**. The email includes an **Activate Account** button. Select **Activate Account** to begin the account activation process.

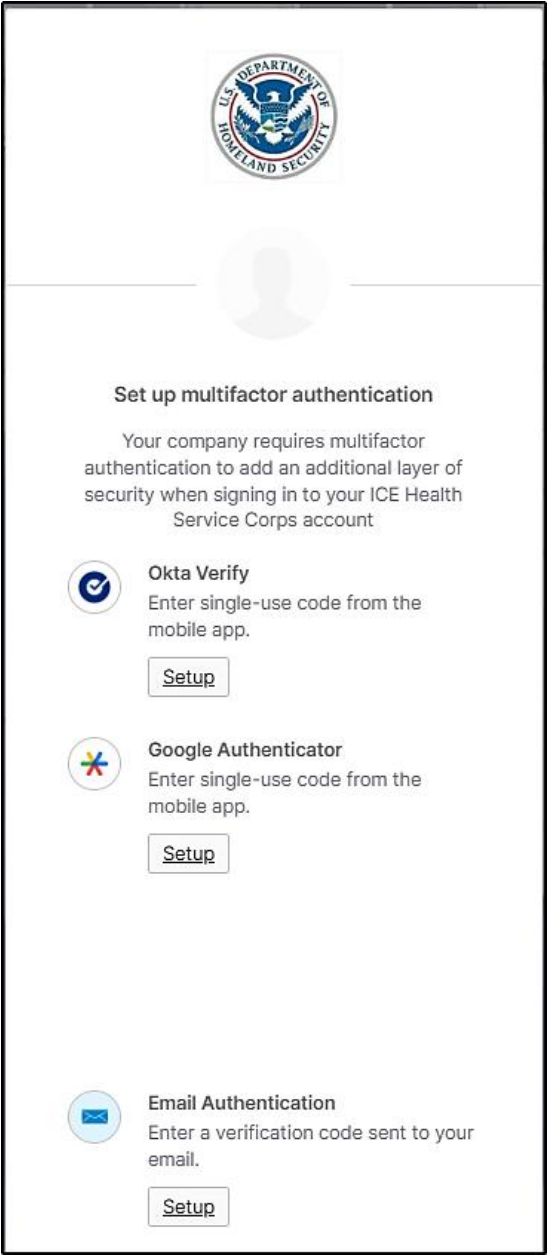


Authentication Options

Next, select an authentication option. Available options include:

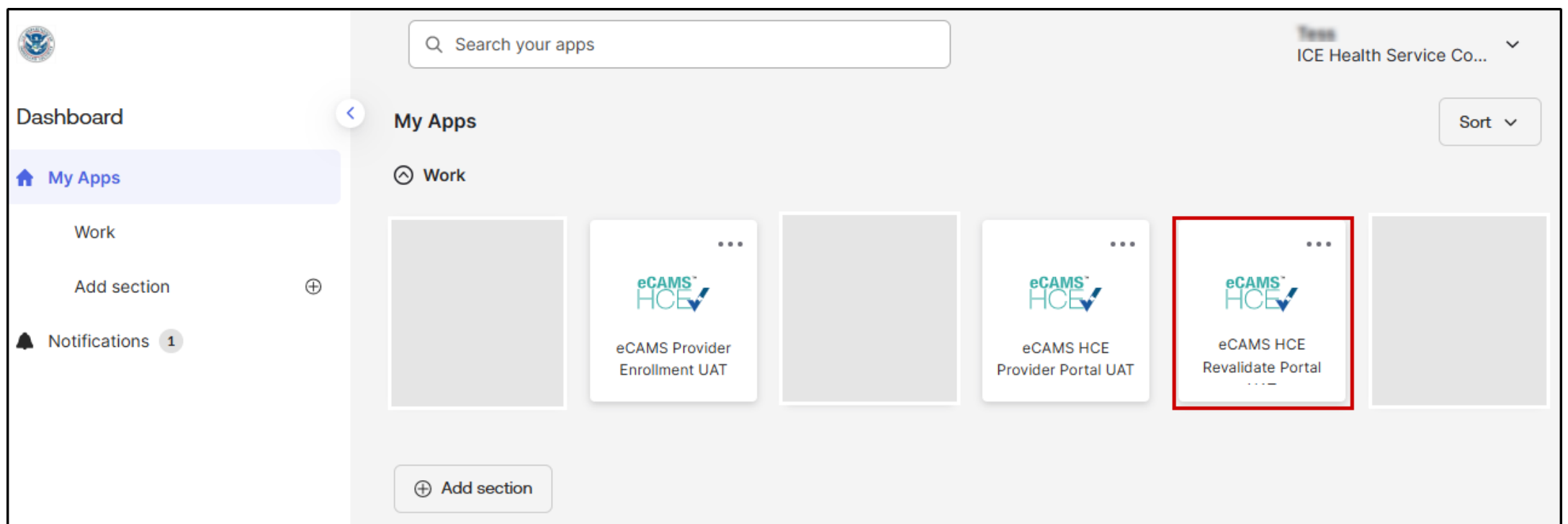
- Okta Verify
- Google Authenticator

The remaining steps vary based on the selected authentication option. Follow the on-screen instructions to complete the authentication setup process.



IHSC Provider Portal Home Page

After completing the authentication setup, the system redirects to the secure IHSC Provider Portal home page. To begin your revalidation process, select the eCAMS HCE Revalidate Portal tile.



Revalidation Credentials

Use the credentials provided in the email to log in to the IHSC Provider Portal and begin the revalidation process.

Revalidation

Temporary ID*

Temporary Key*

Tax ID / SSN*

Claim ID*



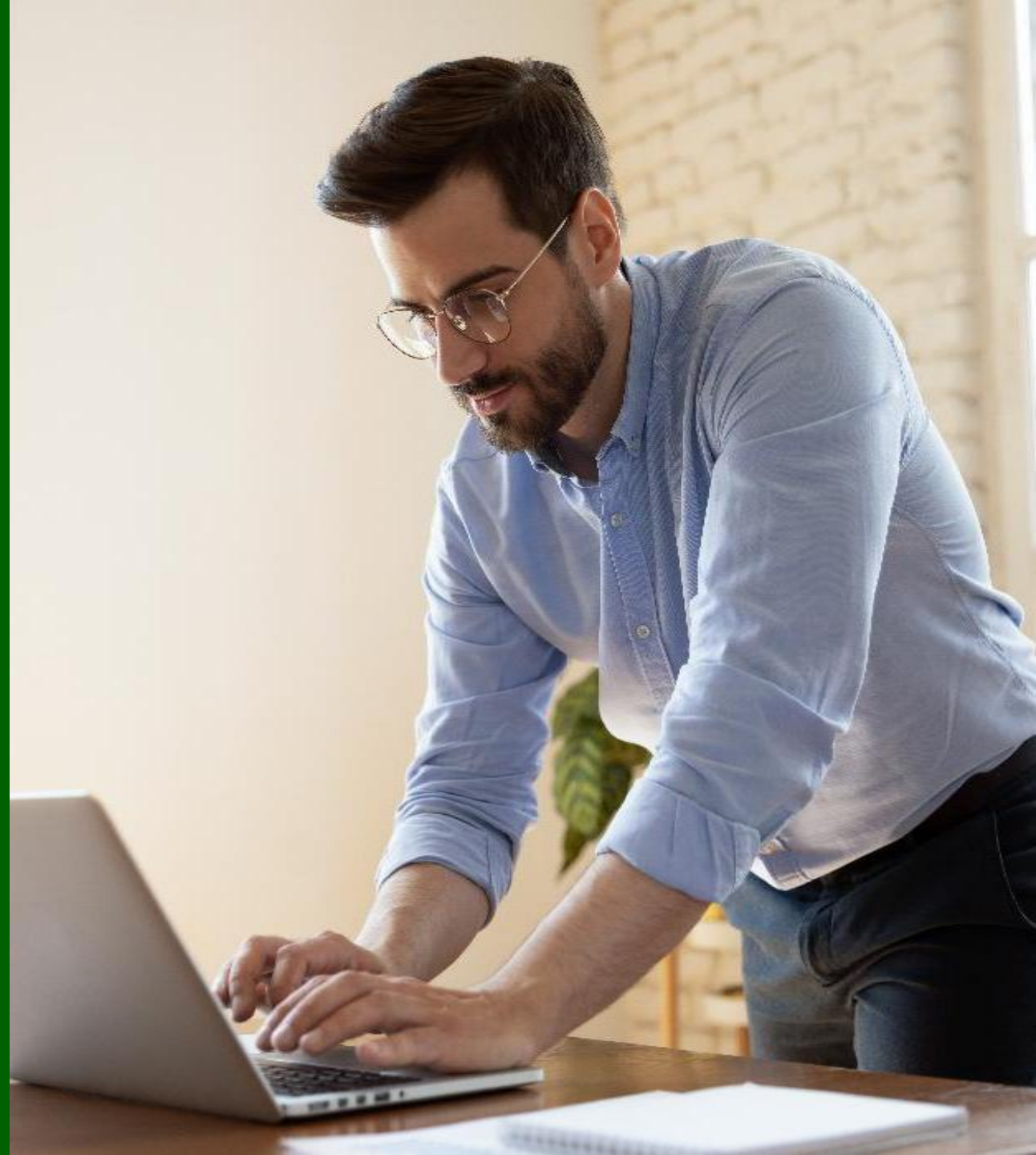


Welcome IHSC Provider! Please use the information sent to you in the "Revalidation" and "Welcome" email to log into the IHSC Provider Enrollment system. Although your provider enrollment record has been migrated to the new system, you will need to provide additional information when you first log in. Institutions will be required to enter a Tax ID, and individuals will be required to enter a Social Security Number (SSN). Additionally, you will need a claim ID from the previous system for additional validation.

Version: IHSC_P1_S6_20260330_1560

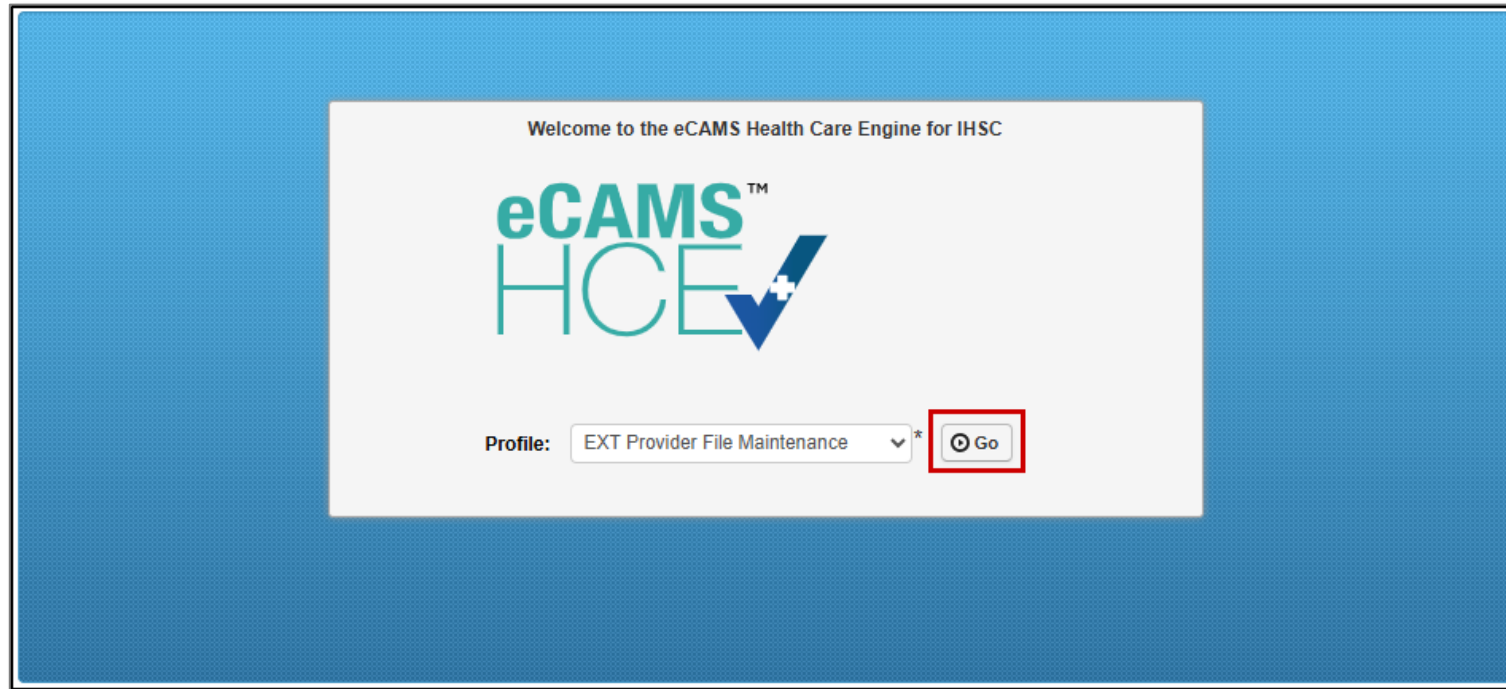
Note: In addition to the information provided in the registration emails, access to the provider’s Tax ID and a Claim TCN processed in the previous system using the associated NPI/Tax ID is required.

Revalidation



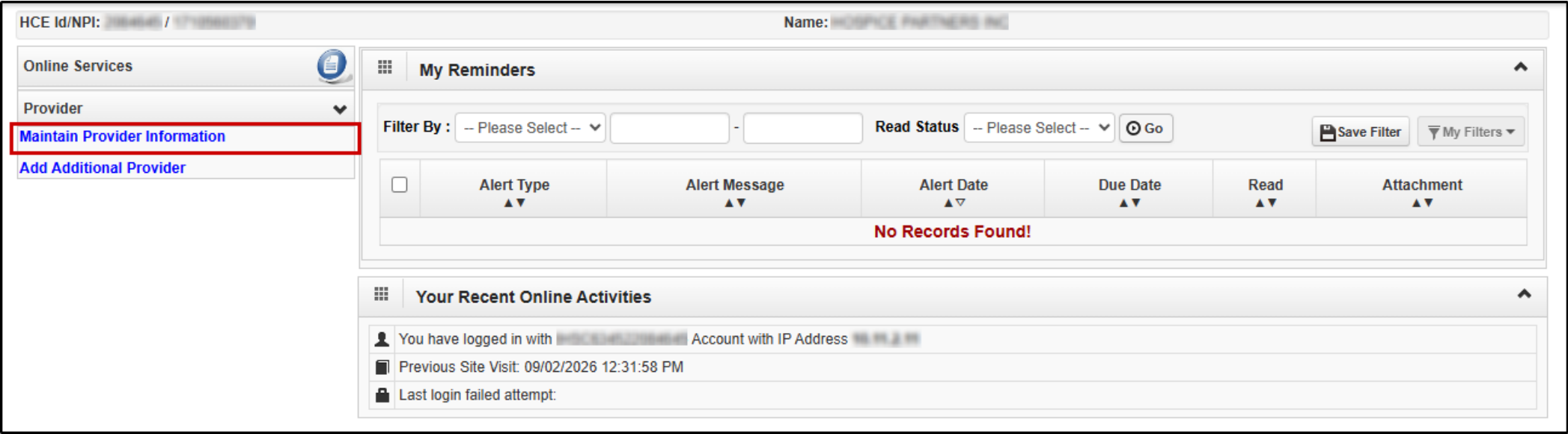
Beginning a Revalidation

After completing registration, the system displays the **Profile page**. For revalidations, **EXT Provider File Maintenance** is the only available option. Select **Go** to continue.



Provider Portal Dashboard

The **Provider Portal Dashboard** displays and includes a navigation menu. Select **Maintain Provider Information** to begin the revalidation application.



Revalidation Application (Previously Vendorized)

A new page displays the nine-step revalidation application. Steps 1 through 8 correspond to Steps 1 through 8 of the new enrollment application. Most information is pre-populated based on information previously provided to the VA FSC. Review and verify the information in each step and update it as needed.

Close

Required Credentials

Undo Update

View/Update Provider Data - Facility/Agency/Organization/Institution

Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of your requested changes, you must complete the Step - Submit Modification Request for Review.

☐	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
☐	Step 1: Basic Information	Required	08/27/2026	08/27/2026	Incomplete		
☐	Step 2: Locations	Required	08/27/2026	08/27/2026	Incomplete		
☐	Step 3: Taxonomy	Required	08/27/2026	08/27/2026	Incomplete		
☐	Step 4: Licenses and Certifications	Required	08/27/2026	08/27/2026	Incomplete		
☐	Step 5: Payment Details	Required	08/27/2026	08/27/2026	Incomplete		
☐	Step 6: View/Upload Attachments	Optional	08/27/2026	08/27/2026	Incomplete		
☐	Step 7: Identifiers	Optional	08/27/2026	08/27/2026	Incomplete		
☐	Step 8: Complete Provider Disclosure	Required	08/27/2026	08/27/2026	Incomplete		
☐	Step 9: Submit Modification for Review	Required	08/27/2026	08/27/2026	Incomplete		

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Step 1: Basic Information (Previously Vendorized)

Select **Step 1: Basic Information** to review basic provider information, such as **Provider Name**, **Organization Business Name**, Tax ID or **FEIN**. Complete all fields marked with an asterisk (*). Review the **Letter of Understanding (LOU)** and select the acknowledgement checkbox to accept the terms and conditions.

Note: The email provided here will be the email address used as the main point of contact for correspondence.

Provider Details

Provider Name(Organization Name):

MISSION SOUTH HOSPITAL

*

(as shown on Income Tax Return)

Organization Business Name:

NATIVE PROJECT

*

Federal Employer Identification Number(FEIN):

123456789

*

National Provider Identifier(NPI):

1234567890

W-9 Entity Type:

Corporation

Other Organizational Information:

For Profit

*

Contact Email Address:

*

Enrollment Effective Date:

Status:

Approved

Please click to view the [Letter of Understanding \(LOU\)](#), [ICE Health Service Corps Off-Site Community Provider Network](#). By clicking this check box, you acknowledge these terms and conditions.

☐

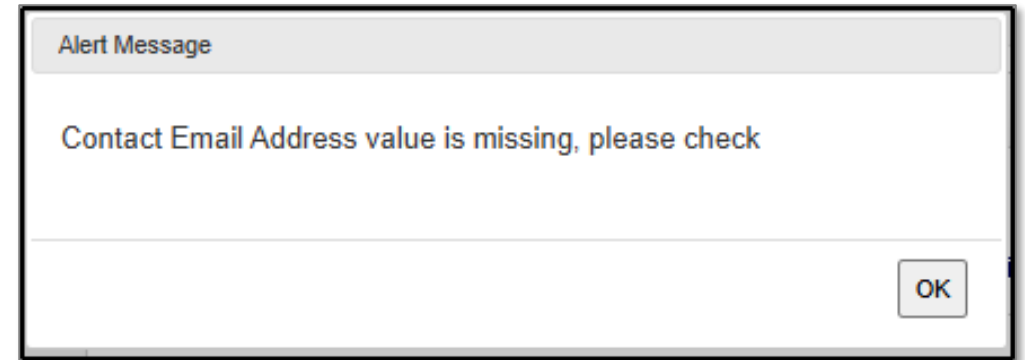
OK

Cancel

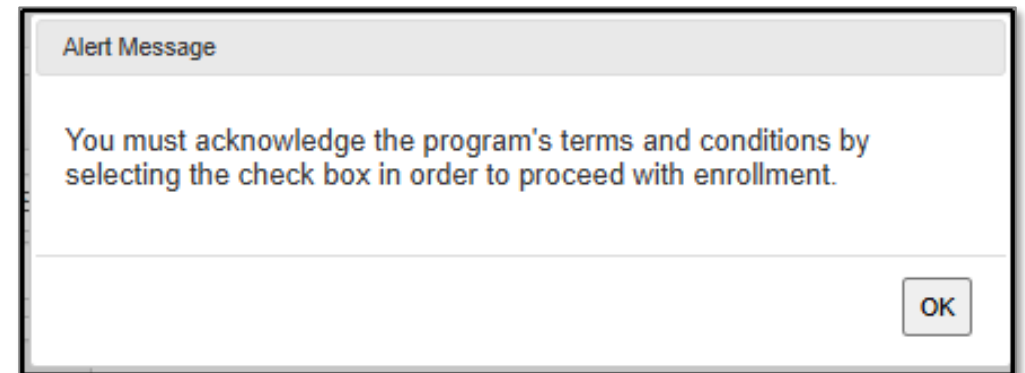
Basic Information (Previously Vendorized) continued...

The provider will not be able to close and exit out of the **Provider Details** page until both the contact email address has been entered, and the LOU has been acknowledged.

If Contact Email Address is not entered in **Step 1: Basic Information**, the system displays the following error message: Contact Email Address value is missing, please check



If the **Letter of Understanding (LOU)** acknowledgement checkbox is not selected and an attempt is made to exit Step 1: Basic Information, the system displays the following error message: You must acknowledge the program's term and conditions by selecting the check box to proceed with enrollment.



Step 2: Locations (Previously Vendorized)

To review the location information for Step 2, select the location code link on the **Provider Locations** page.

Note: The location address is the physical location where healthcare services are provided (base location).

Close

Provider Locations

Filter By : -- Please Select -- And -- Please Select -- Go Clear Filter Save Filter My Filters

☐	Location Code ▲▼	Location Name ▲▼	Location Type ▲▼	Location Details ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Business Status ▲▼
☐	00	NATIVE PROJECT	Base Location	1803 W BARNHILL AVE, SPOKANE, WASHINGTON 99201	10/26/2006	12/31/2999	Approved	Active/Open

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Location Details (Previously Vendorized)

The **Location Details** page displays the **Location** and **Mailing** addresses. On the **Location Details** page, only the **Start Date** and **End Date** fields may be updated. If changes are made, select **Save** before closing the page.

To update a **Location** or **Mailing** address, select the applicable **Address Type** column.

Note: 1099s will be mailed to the mailing address provided here.

Close

Location Details

Location Business Name:

Location Number:

Location Type:

Contact First Name:

Contact Last Name:

Email Address:

Phone Number:

Fax Number:

Cell Phone Number:

Communication Preference:

Web Page:

Business Status:

Business Status Start Date:

Business Status End Date:

System Status:

Start Date:

End Date:

Save

Address List

Filter By:

Go

☐	Address Type	Address	Start Date	End Date	Status
☐	Location	1000 W WAUWATCHELL AVE, SPOKANE, WASHINGTON 83401	10/26/2006	12/31/2999	APPROVED
☐	Mailing	1000 W WAUWATCHELL AVE, SPOKANE, WASHINGTON 83401	10/26/2006	12/31/2999	APPROVED

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+ Page Count

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Manage Provider Location Address (Previously Vendorized)

The **Manage Provider Location Address** page displays the current address information. To update the address, select **+ Address**.

Close

Manage Provider Location Address

Type of Address: Location

Status: Approved

Start Date: 10/26/2006

End Date: 12/31/2999

To enter address details, click +Address. A new window will open where address details can be entered.

Address Line 1: 1000 W. WALSHAVILLE AVE

Address Line 2:

Address Line 3:

City/Town: SPOKANE

State/Province: WASHINGTON

County: -- Please Select --

Country: -- Please Select --

Zip Code: 99201

+ Address

Save

Address Details (Previously Vendorized)

The **Address Details** page displays. Update the address in **Address Line 1** and **Zip Code** fields, then select **Validate Address**. After the address is validated, select **OK**.

Address details

Enter the street number and name in the Address Line 1 field.
Enter the zip code in the Zip Code field.
Select Validate Address.

Address Line 1:

(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town:

SPOKANE

State/Province:

WASHINGTON

County:

-- Please Select --

Country:

-- Please Select --

Zip Code:

99201

Validate Address

OK

Cancel

Step 3: Taxonomy (Previously Vendorized)

Select **Step 3: Taxonomy** to open the **Taxonomy List** page. Review the taxonomy information. If no changes are needed, select **Close** to exit the page.

To update taxonomy, select the checkbox for the taxonomy to updated, then select **Update**.

Close

Add

Update

Note: Taxonomy Type and Specialty/Subspecialty are your Taxonomy Codes.

Taxonomy List

Filter By :

-- Please Select --

And

-- Please Select --

And Operational Status:ActiveGo

Clear FilterSave FilterMy Filters

☐	Taxonomy Code	Taxonomy Type	Specialty/Subspecialty	Administration	Start Date	End Date	Operational Status	Status	Inactivation Date	End Reason	Location Code	Location Name	Primary Taxonomy
☒	207Q00000X	20-Allopathic & Osteopathic Physicians	7Q-Family Medicine/00000-Family Medicine	IHSC Provider Management	10/26/2006	12/31/2999	Active	Approved			00	NATIVE PROJECT	No
☐	1041C0700X	10-Behavioral Health & Social Service Providers	41-Social Worker/C0700-Clinical	IHSC Provider Management	10/26/2006	12/31/2999	Active	Approved			00	NATIVE PROJECT	No
☐	163WD0400X	16-Nursing Service Providers	3W-Registered Nurse/D0400-Diabetes Educator	IHSC Provider Management	10/26/2006	12/31/2999	Active	Approved			00	NATIVE PROJECT	No
☐	163W00000X	16-Nursing Service Providers	3W-Registered Nurse/00000-Registered Nurse	IHSC Provider Management	10/26/2006	12/31/2999	Active	Approved			00	NATIVE PROJECT	No
☐	133V00000X	13-Dietary & Nutritional Service Providers	3V-Dietitian, Registered/00000-Dietitian, Registered	IHSC Provider Management	10/26/2006	12/31/2999	Active	Approved			00	NATIVE PROJECT	No
☐	363LF0000X	36-Physician Assistants & Advanced Practice Nursing Providers	3L-Nurse Practitioner/F0000-Family	IHSC Provider Management	10/26/2006	12/31/2999	Active	Approved			00	NATIVE PROJECT	No
☐	101YM0800X	10-Behavioral Health & Social Service Providers	1Y-Counselor/M0800-Mental Health	IHSC Provider Management	10/26/2006	12/31/2999	Active	Approved			00	NATIVE PROJECT	No
☐	101YA0400X	10-Behavioral Health & Social Service Providers	1Y-Counselor/A0400-Addiction (Substance Use Disorder)	IHSC Provider Management	10/26/2006	12/31/2999	Active	Approved			00	NATIVE PROJECT	No
☐	291U00000X	29-Laboratories	1U-Clinical Medical Laboratory/00000-Clinical Medical Laboratory	IHSC Provider Management	10/26/2006	12/31/2999	Active	Approved			00	NATIVE PROJECT	No
☐	261QF0400X	26-Ambulatory Health Care Facilities	1Q-Clinic/Center/F0400-Federally Qualified Health Center (FQHC)	IHSC Provider Management	10/26/2006	12/31/2999	Active	Approved			00	NATIVE PROJECT	Yes

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Manage Taxonomy (Previously Vendorized)

The **Manage Taxonomy** page allows updates to a taxonomy end date. In the **End Reason** field, select a reason for ending the taxonomy. After completing the update, select **OK** to save the changes and exit the page.

Note: Taxonomies cannot be deleted. They can only be end dated.

Note: Taxonomy Type and Specialty/Subspecialty are your Taxonomy Codes.

Manage Taxonomy

Taxonomy Type	Specialty/Subspecialty	Location Code	Location Name	Administration	Start Date	End Date	Status	End Reason
20-Allopathic & Osteopathic Physicians	7Q-Family Medicine/00000-Family Medicine	00	NATIVE PROJECT	IHSC Provider Management	10/26/2006	12/31/2999	Approved	-- Please Select --

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SaveToXLSX

OK

Cancel

Add Specialty/Subspecialty (Previously Vendorized)

Select **Add** on the **Taxonomy List** page to open the **Add Specialty/Subspecialty** page. Select a new **Taxonomy Type** and **Specialty**, then select **OK** to add the new taxonomy.

Add Specialty/Subspecialty

Location:

GENUINE PROJECT

*

Administration:

IHSC Provider Management-IHSC f

*

Taxonomy Type:

-- Please Select --

*

Specialty:

-- Please Select --

*

Primary Taxonomy:

-- Please Select --

Start Date:

*

End Date:

Add Taxonomy Code

Available Taxonomy Codes

Associated Taxonomy Codes

>>

<<

OK

Cancel

License/Certification List									
Filter By : -- Please Select -- And -- Please Select -- And Operational Status: Active Go Clear Filter Save Filter My Filters									
☐	License/Certification Type ▲▼	License/Certification # ▲▼	Effective Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼	Location Code ▲▼	Location Name ▲▼
☐	PROFESSIONAL LICENSE	9900123456	10/26/2006	12/31/2999	APPROVED	Active		00	NATIVE PROJECT
☐	PROFESSIONAL LICENSE	9900987654	10/26/2006	12/31/2999	APPROVED	Active		00	NATIVE PROJECT
☐	PROFESSIONAL LICENSE	9901123456	10/26/2006	12/31/2999	APPROVED	Active		00	NATIVE PROJECT
View Page: 1 Go + Page Count SaveToXLSX Viewing Page: 1 << First < Prev > Next >> Last									

Manage License/Certification (Previously Vendorized)

To update the license or certification information, select the license or certification hyperlink in the **License Certification Type** column. The **Manage License/Certification** page displays. Update the **Effective Date** and **End Date**. If a license or certification is no longer required, update the **End Date** to terminate the license or certification. Select **Save**, then the **Close** to exit the page.

Note: The licenses and certifications cannot be deleted. They can only be end dated.

Close

Save

Manage License/Certification

Location:

00-CITY OF HOPE NATIONAL MEDIC

Status:

Approved

NOT-DEFINED-PGC:

-- Please Select --

License/Certification Type:

Professional License

Licence/Certification #:

XXXXXXXXXX

Effective Date:

03/03/2006

End Date:

12/31/2999

Add License/Certification (Previously Vendorized)

Select **Add** on the **License/Certification List** page to open the **Add License/Certification** page. Enter the **License/Certification Type**, **State of Licensure**, **License/Certification #**, **Effective Date**, and **End Date**. After entering the required information, select **OK** to save the license or certification and exit the page.

Add License/Certification

Location:

INITIAL PROJECT

State of Licensure:

-- Please Select --

License/Certification Type:

ABCD Certification

License/Certification #:

Effective Date:

End Date:

OK

Cancel

Step 5: Payment Details

Step 5: Payment Details is required for all providers. The Payment Details page does not display banking information. To enter the banking information, select **Add** to open the provider **Payment Information** page.

Close

Add

Payment Details

Filter By : -- Please Select --

And

-- Please Select --

And Operational Status:

Active

Go

Clear Filter

Save Filter

My Filters

	Location Code	Location Name	Payment Method	Start Date	End Date	Status	Operational Status	Inactivation Date
No Records Found!								

Payment Information (Previously Vendorized)

On the **Payment Information** page, complete the following fields:

- **Requested EFT Start Date**
- **End Date**
- **Financial Institution Name**
- **Account Number**
- **Type of Account at Financial Institution**
- **Payment Notification Preference**
- **Financial Institution Routing Number**
- **Authorized Signature**

Please upload a voided check or bank letter in the upcoming Attachments step.

Provider Information

Provider Name:

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):

National Provider Identifier (NPI):

Payment Details

Identify Payment Details

Location: 00001-

Payment Method

☒ Electronic Funds Transfer(Direct Deposit)

Financial Institution Information

Financial Institution Name: *

Financial Institution Routing Number: *

Account Number: *

Re-enter Account Number: *

Type of Account at Financial Institution: *

Payment Notification Preference: *

Submission Information

Reason for Submission: (Payment and Remittance Only)

Authorized Signature: *

(Signature only required when inputting new or changing EFT/835 information)

Payment Information (Previously Vendorized) Continued...

A message displays reminding providers to upload a copy of a voided check or bank letter.

Please retry or upload a voided check or bank letter in the upcoming Attachments step. 



Provider Information



Provider Name:

MISSION SOUTH HOSPITAL

After entering the required information, select **OK** to save the payment details and exit the page. The **Payment Details** page displays the new bank entry.

 Close

 Add



Payment Details



Filter By :

-- Please Select --

 And

-- Please Select --

 And Operational Status:

Active

Go

Clear Filter

Save Filter

My Filters

☐	Location Code ▲▼	Location Name ▲▼	Payment Method ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
☐	00	MISSION PROJECT	Electronic Funds Transfer(Direct Deposit)	08/30/2026	12/31/2999	IN REVIEW	Active	

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Step 6: View/Upload Attachments (Previously Vendorized)

Select **Step 6: View/Upload Attachment** to open the **Attachment** window. In the **Document Type** field, select the type of document to upload from the drop-down menu.

Attachment

Please select the file to be uploaded

Document Type: --SELECT--

*

File Name: Choose File No file chosen

*

The acceptable file extensions for the upload are.doc,.docx,.gif,.gz,.htm,.html,.jpeg,.jpg,.ppt,.rtf,.tif,.tiff,.tst,.txt,.xls,.bmp,.pdf,.xlsx,.zip

Filename cannot be longer than 50 characters and file size cannot exceed 10MB.

Ok

Cancel

Document Type: -- Please Select --

-- Please Select --

Bank letter

Copy of License/Certification

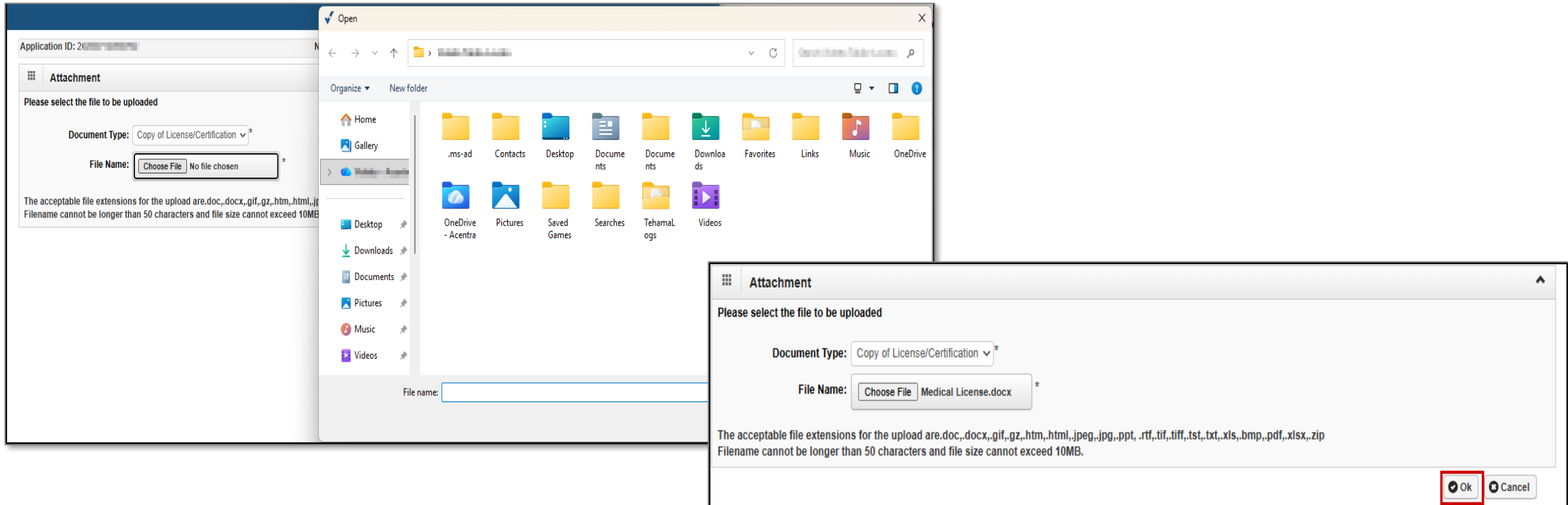
Other Supporting Document

Voided Check

Upload Supporting Documents (Previously Vendorized)

Select **Choose File** in the **File Name** field to browse and select the document to upload. After uploading the desired document(s), select the **Ok** to return to the **Attachment List** page.

Note: The acceptable file extensions for upload are: .doc, .docx, .gif, .gz, .htm, .html, .jpeg, .jpg, .ppt, .rtf, .tif, .tiff, .tst, .txt, .xls, .bmp, .pdf, .xlsx, .zip.



Step 7: Identifiers (Previously Vendorized)

Step 7: Provider Identifiers information is optional. The **Provider Identifiers** page displays any identifiers previously provided. If no changes are needed, select **Close** to exit the page.

CloseAdd

Provider Identifiers

Filter By: -- Please Select -- And -- Please Select -- And Operational Status: Active Go Clear Filter Save Filter My Filters

	Identifier Type	Identifier Value	Start Date	End Date	Status	Operational Status	Inactivation Date	Location Code	Location Name
☐	OTHER	*****	10/26/2006	12/31/2999	APPROVED	Active		00	NATIVE PROJECT
☐	MEDICAID	75514485	10/26/2006	12/31/2999	APPROVED	Active		00	NATIVE PROJECT
☐	MEDICAID	75515017	10/26/2006	12/31/2999	APPROVED	Active		00	NATIVE PROJECT
☐	MEDICAID	75515025	10/26/2006	12/31/2999	APPROVED	Active		00	NATIVE PROJECT
☐	MEDICAID	75515035	10/26/2006	12/31/2999	APPROVED	Active		00	NATIVE PROJECT

View Page: 1 Go Page Count SaveToXLSX Viewing Page: 1 << First < Prev > Next >> Last

To update an identifier, select the **Identifier Type** hyperlink under the **Identifier Type** column. The **Manage Identifier** page displays. To terminate an identifier, enter an **End Date**. Select **Save**, Then select **Close** to exit the page. **Note:** Identifiers cannot be deleted. They can only be end dated.

Close

Manage Identifier

Location: NATIVE PROJECT

IdentifierType: OTHER

Status: Approved

Start Date: 10/26/2006

End Date: 12/31/2999

Identifier Value: *****

Save

Add New Identifier (Previously Vendorized)

To add a new identifier, select **Add** on the **Provider Identifiers** page to open the **Add New Identifier** page. Complete the **Identifier Type**, **Identifier Value**, **Start Date**, and **End Date** fields. Select **OK** to exit the page.

Add New Identifier

Location:

IDENTIFIER PROJECT

*

Identifier Type:

Controlled Dangerous Subs (CDS)

*

Identifier Value:

*

Start Date:

*

End Date:

*

OK

Cancel

Step 8: Complete Provider Disclosure

Select **Step 8: Provider Disclosure** to open the **Provider Disclosure** page. The page displays a list of disclosure questions. Each question initially displays “Not Completed”. Select “Yes” or “No” for each question. If a “Yes” is selected for any question, supporting documentation should be uploaded to provide additional information. In the **Comments** state that an attachment has been uploaded. After answering all questions, select **Save**, then select **Close** to exit the page.

CloseSave

Provider Disclosure

If you answer Yes to any of the disclosure questions, provide details including type of action, the agency who assigned the adverse action, and the date of action.

Question	Answer	Comments
Within ten years of the date of this statement have you or any individual listed on this application had an action related to fraud or abuse in a government program taken against him or her resulting in (1) a felony or misdemeanor conviction; (2) a liability finding in civil proceedings; or (3) a settlement entered into in lieu of conviction?	Not Completed	
Have you had any voluntary or involuntary relinquishment of license or registration?	Not Completed	
Have you had any voluntary or involuntary termination of medical staff membership at another organization?	Not Completed	
Have you had any voluntary or involuntary limitation, reduction, or loss of clinical privileges?	Not Completed	
Have you had any professional liability actions that resulted in a final judgment against you?	Not Completed	

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Note: Supporting documentation can be uploaded through **Step 6: View/Upload Attachment**.

Step 9: Submit Modification for Review

Close Required Credentials Undo Update

View/Update Provider Data - Facility/Agency/Organization/Institution

Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of your requested changes, you must complete the Step - Submit Modification Request for Review.

☐	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
☐	Step 1: Basic Information	Required	08/28/2026	08/27/2026	Complete	Updated	
☐	Step 2: Locations	Required	08/30/2026	08/27/2026	Complete	Updated	
☐	Step 3: Taxonomy	Required	08/27/2026	08/27/2026	Complete		
☐	Step 4: Licenses and Certifications	Required	08/27/2026	08/27/2026	Complete		
☐	Step 5: Payment Details	Required	08/31/2026	08/27/2026	Complete	Updated	
☐	Step 6: View/Upload Attachments	Optional	08/27/2026	08/27/2026	Complete		
☐	Step 7: Identifiers	Optional	08/27/2026	08/27/2026	Complete		
☐	Step 8: Complete Provider Disclosure	Required	09/01/2026	08/27/2026	Complete	Updated	
☐	Step 9: Submit Modification for Review	Required	08/27/2026	08/27/2026	Incomplete		

View Page: 1 Go Page Count

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When Steps 1 through 8 are complete, the **Status** for each step displays **Complete**. Any step that was modified displays **Updated** in the **Modification Status** column.

Select **Step 9: Submit Modification for Review** to submit the revalidation for processing.

Review the message on the Final Submission page, then select **Final Submission** to submit the provider revalidation.

eCAMS HCE

Provider Portal Individual Modification Submit Provider Modification

HCE ID (NPI): 0000000000 Name:

Close Submit Provider Modification

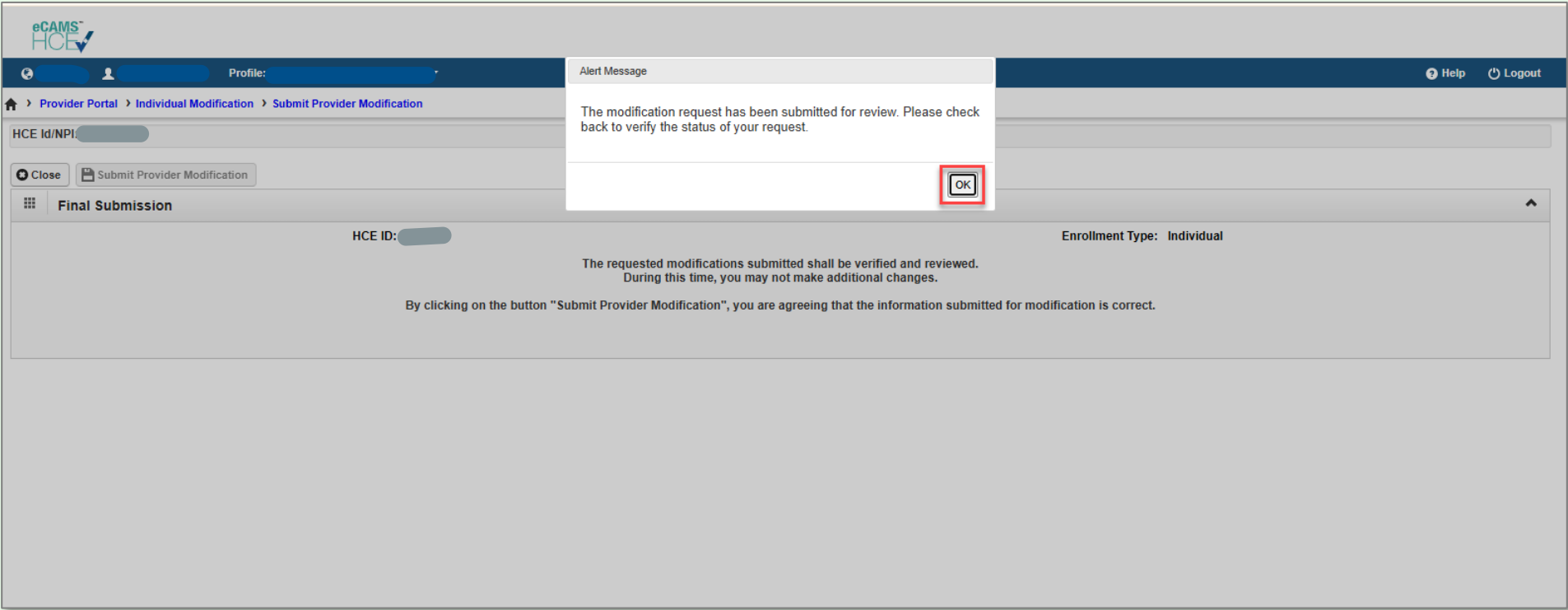
Final Submission

HCE ID: Enrollment Type: Individual

The requested modifications submitted shall be verified and reviewed. During this time, you may not make additional changes.

By clicking on the button "Submit Provider Modification", you are agreeing that the information submitted for modification is correct.

A confirmation message displays indicating that the modification has been submitted. Select **OK**, then select **Close**.

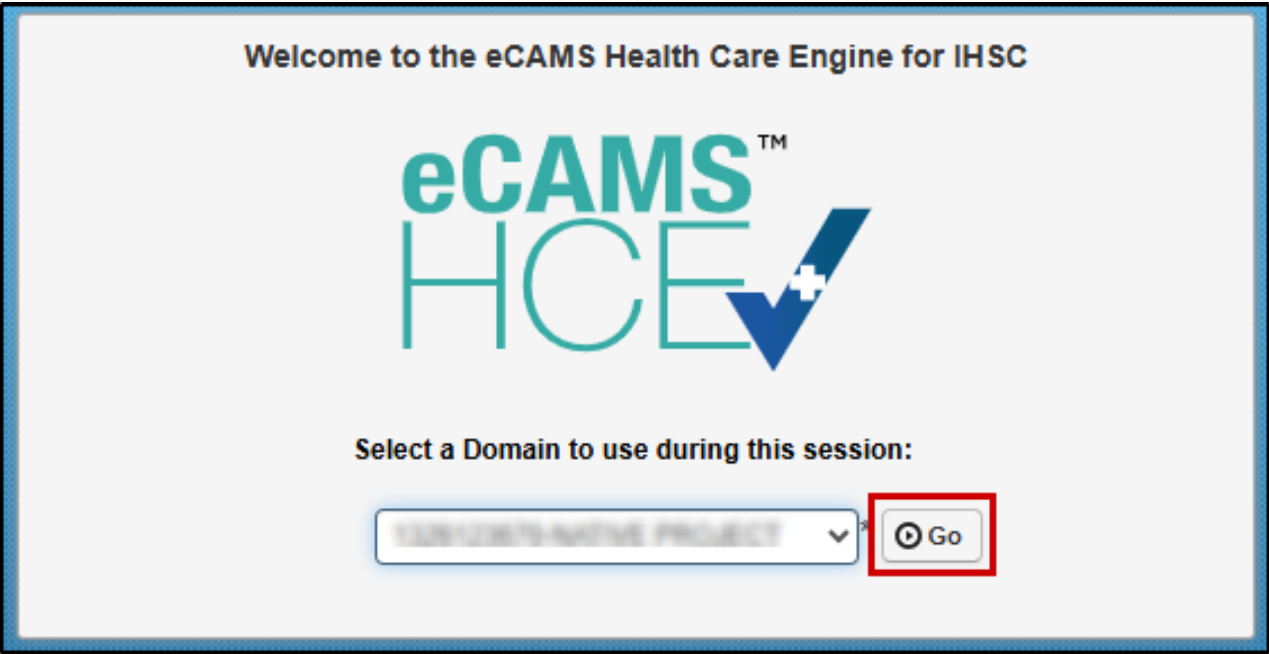




Tracking a Revalidation

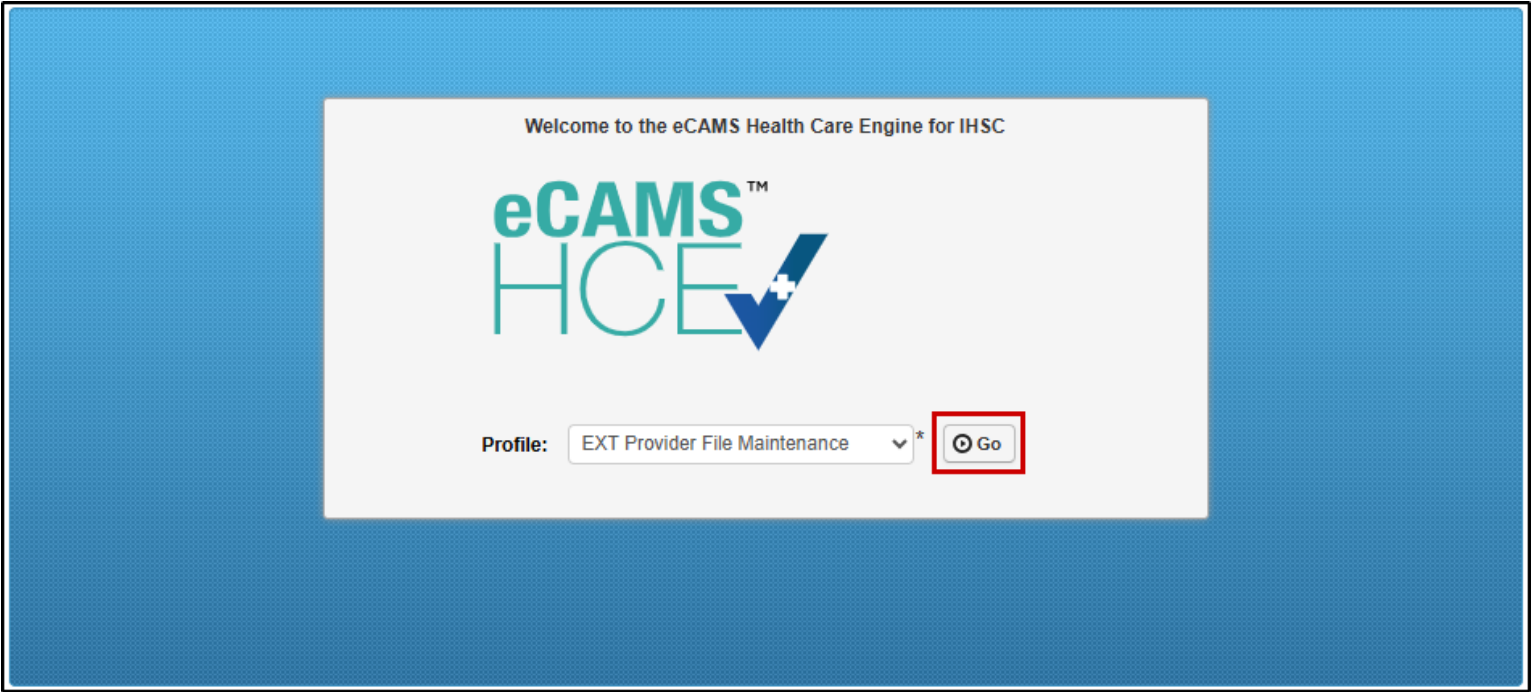
Track a Revalidation Application

Once a revalidation is submitted, the provider can view status updates as the revalidation is processed. The provider will need to log in to their IHSC Provider Portal. Select the **Domain** that the revalidation was submitted for and select **Go**.



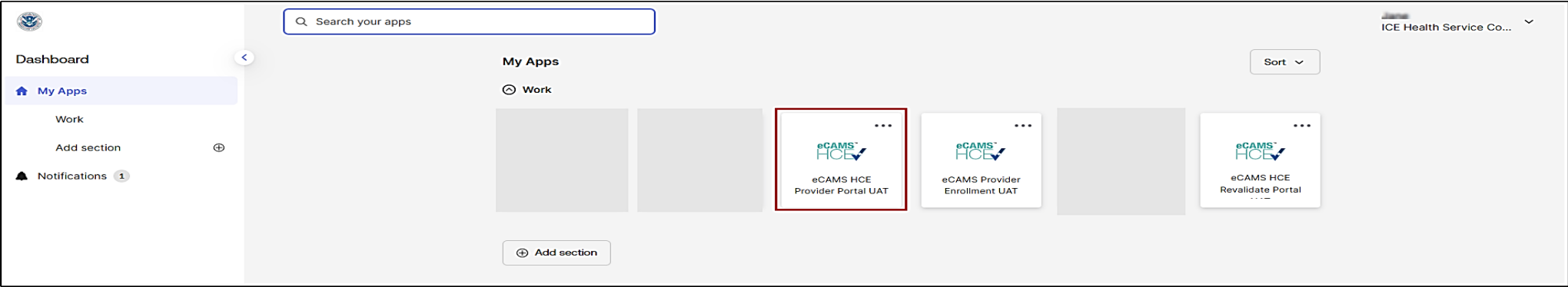
Track a Revalidation Application Continued...

The next window will show the Profiles available under the domain selected. Until a revalidation is approved, the only profile option that will be available is the **EXT Provider File Maintenance**. Select **Go** to continue.

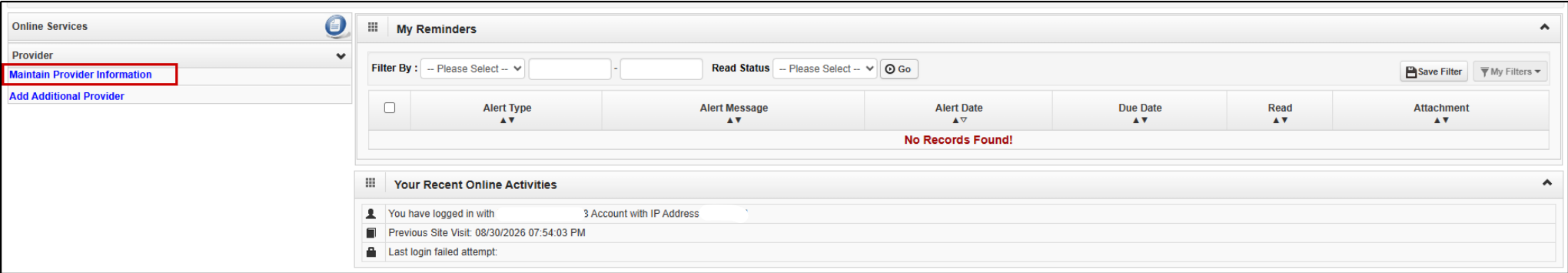


Track a Revalidation Application Continued...

The provider will see their IHSC Provider Portal Dashboard. To review the revalidation and see status updates, select the **eCAMS HCE Provider Portal** tile.



In the next page, select **Maintain Provider Information**.



Track a Revalidation Application Continued...

The provider’s revalidation application will display. The **Modification Status** column displays the status of the revalidation.

As the Acentra Health Provider Enrollment Coordinator reviews and completes each revalidation step, the corresponding **Modification Status** will update.

eCAMS
HCE

Profile:

Help

Logout

Provider Portal

Individual Modification

HCE Id/NPI: Name:

Close

Required Credentials

Undo Update

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested changes, you must complete the Step - Submit Modification Request for Review.

☐	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
☐	Step 1: Basic Information	Required	07/01/2026	07/01/2026	Complete	Review Complete	
☐	Step 2: Locations	Required	07/01/2026	07/01/2026	Complete		
☐	Step 3: Taxonomy	Required	07/01/2026	07/01/2026	Complete		
☐	Step 4: Licenses and Certifications	Optional	07/01/2026	07/01/2026	Complete		
☐	Step 5: Payment Details	Required	07/01/2026	07/01/2026	Complete		
☐	Step 6: Identifiers	Optional	07/01/2026	07/01/2026	Complete		
☐	Step 7: View/Upload Attachments	Optional	07/01/2026	07/01/2026	Complete		
☐	Step 8: Complete Provider Disclosure	Required	07/01/2026	07/01/2026	Complete		
☐	Step 9: Submit Modification for Review	Required	07/01/2026	07/01/2026	Complete		

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Return to Provider (RTP)

Once a new application or revalidation is submitted it will be reviewed by a Provider Enrollment Coordinator (PEC). If the PEC finds any discrepancies on the application or revalidation or requires additional information to complete their review, a Return to Provider (RTP) will be initiated. This will return the application or revalidation to the provider to update the discrepancy or to provide the additional information needed. Some common RTP reasons are:

- 1 Required supporting documentation is missing
- 2 Banking information cannot be validated
- 3 License/Certification is invalid or expired
- 4 Supporting documentation or attachment is not legible



Provider Resources

Contact Information

For questions about revalidation, new enrollments, or general inquiries, contact the IHSC Provider Support Call Center at 1-844-922- IHSC (1-844-922-4472).

Note: The IHSC Provider Support Call Center is available from 8:00am to 5:00pm EST, Monday through Friday (excluding federal holidays).



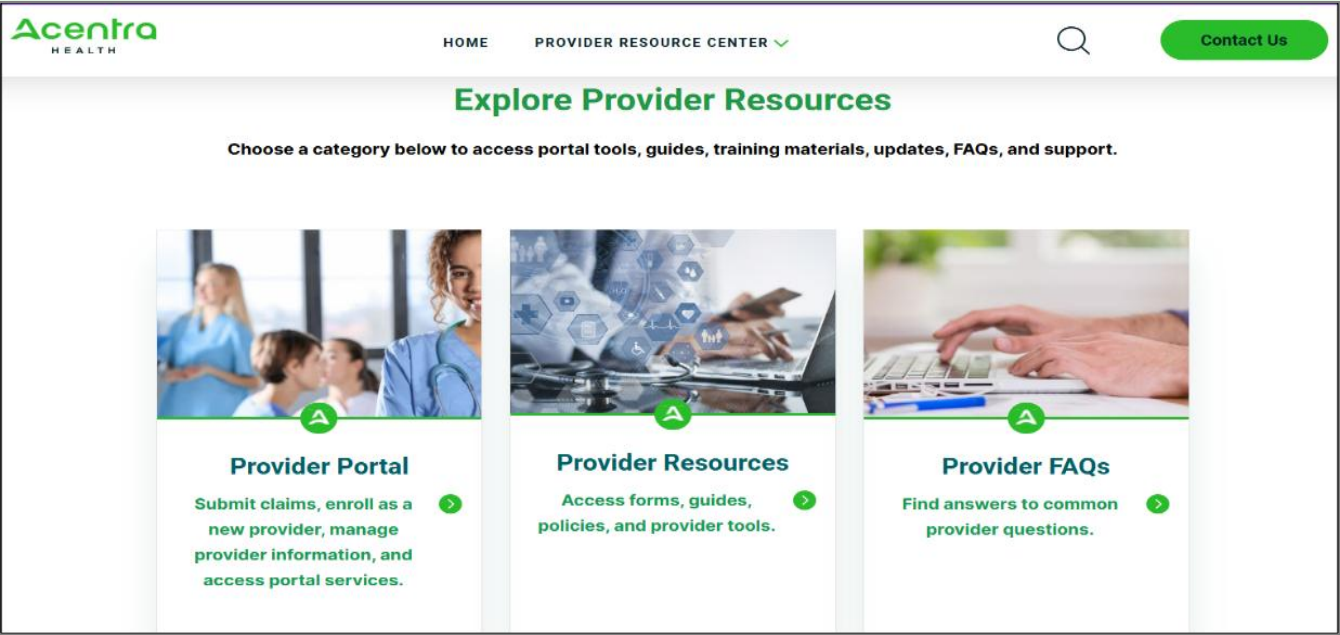
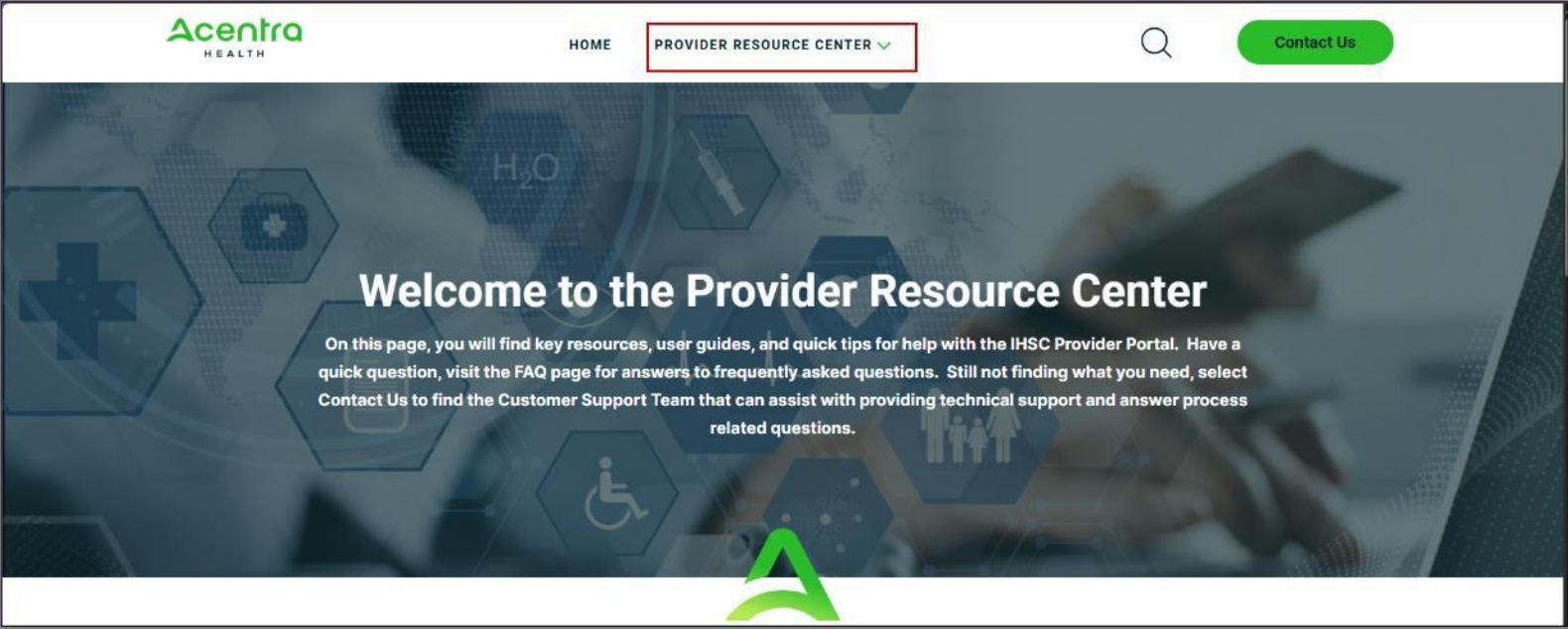
Appeals

The IHSC Provider Support Call Center can assist you with many questions, including providing guidance on how to submit an appeal.

IHSC providers who have successfully registered through the IHSC Provider Portal, can appeal a denial of their enrollment application, credentialing decision, termination of enrollment, or rejection of an enrollment modification request.

- Providers will visit the Acentra Health IHSC website at <https://ihsc-dhs.acentra.com/> and select the **Provider Resource Center** tab at the top of the web page.
- Navigate to the Provider Resources tab and download the Provider Appeals form
- Once the form is completed, the provider will log in to their secure IHSC Provider Portal Account and select the IHSC Provider Appeals link to upload and submit their completed Appeals form.
- Appeals will have a turnaround time of thirty (30) business days for processing.
- Providers will be informed of their appeal outcome through their IHSC Provider Portal account.

Additional resources are available through the **Acentra Health Provider Resource Center**.



Visit the Acentra Health IHSC website at <https://ihsc-dhs.acentra.com/> and select the **Provider Resources Center**. The Provider Resources page displays resources such as user guides, FAQs, training videos, and the latest updates.



Accelerating
Better Outcomes