

IHSC System Phase 1.1 Previously Vendorized Provider Enrollment/Validation Quick Reference Guide

This Quick Reference Guide (QRG) provides step-by-step instructions for validating or re-enrolling as a previously vendorized provider.

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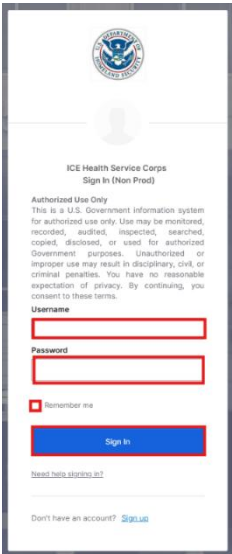
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Note: This QRG is intended for previously vendorized providers, meaning you were previously enrolled in a similar program and have already entered enrollment data to receive EFT payments.

Enrolling or Validating for Previously Vendorized Providers

Provider Portal Login and Accessing the Provider Portal

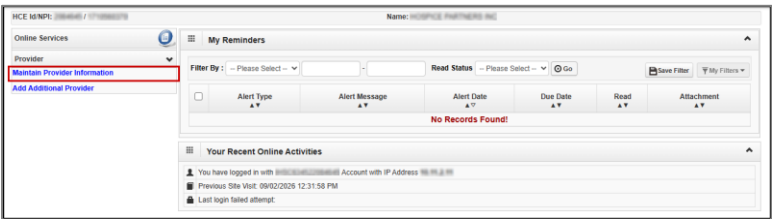
- 1. Access the **IHSC eCAMS HCE Provider Portal** and enter the assigned username and password. Select **Sign In** to access the portal.



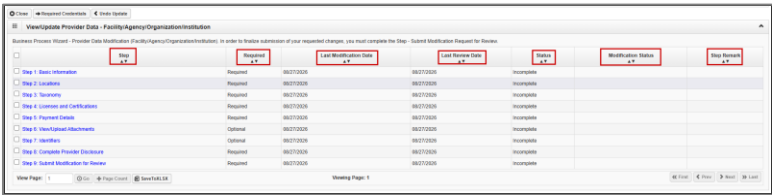
- 2. After completing registration, the system displays the **Profile page**. For revalidations, **EXT Provider File Maintenance** is the only available option. Select **Go** to continue.



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



4. 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.



Step 1: Basic Information

1. 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.

Step 2: Locations

1. 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).

2. 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. No other correspondences will be sent to this address.

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

4. 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**.

Step 3: Taxonomy

1. 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**.

Taxonomy Code	Taxonomy Name	Specialty/Subspecialty	Administrative	Start Date	End Date	Operational Status	Reason	Inactivation Date	End Reason	Location Code	Location Name	Reason
1000000000	1000000000	1000000000	1000000000	1000000000	1000000000	1000000000	1000000000	1000000000	1000000000	1000000000	1000000000	1000000000

2. 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	70-Family Medicine/00000-Family Medicine	00	WATKINS PROSPECT	IHSC Provider Management	10/26/2006	12/31/2999	Approved	-- Please Select --

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SaveToXLSX OK Cancel

3. 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: WATKINS PROSPECT

Administration: IHSC Provider Management-IHSC I

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

Step 4: License/Certification List

1. On the **License/Certification List** page, review the license and certification information. If no changes are needed, select **Close** to exit the page.

License/Certification List

Filter By: -- Please Select -- And: -- Please Select -- And Operational Status: Active Go

License/Certification Type	License/Certification #	Effective Date	End Date	Status	Operational Status	Inactivation Date	Location Code	Location Name
☐ PROFESSIONAL LICENSE	10262088	10/26/2006	12/31/2999	APPROVED	Active		00	WATKINS PROSPECT
☐ PROFESSIONAL LICENSE	10262088	10/26/2006	12/31/2999	APPROVED	Active		00	WATKINS PROSPECT
☐ PROFESSIONAL LICENSE	10262088	10/26/2006	12/31/2999	APPROVED	Active		00	WATKINS PROSPECT

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2. To update the 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.

The screenshot shows the 'Manage License/Certification' form. At the top, there are 'Close' and 'Save' buttons. Below them, the form has several fields: 'Location' (dropdown menu), 'Status' (dropdown menu), 'NOT-DEFINED-PCG:' (dropdown menu), 'License/Certification Type' (dropdown menu), 'Licence/Certification #' (text field), 'Effective Date' (calendar icon), and 'End Date' (calendar icon). The 'Effective Date' is set to 03/03/2006 and the 'End Date' is set to 12/31/2999.

3. 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.

The screenshot shows the 'Add License/Certification' form. It has fields for 'Location' (dropdown menu), 'State of Licensure' (dropdown menu), 'License/Certification Type' (dropdown menu), 'Licence/Certification #' (text field), 'Effective Date' (calendar icon), and 'End Date' (calendar icon). At the bottom right, there are 'OK' and 'Cancel' buttons.

Step 5: Payment Details

1. **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.

The screenshot shows the 'Payment Details' page. It has a table with columns: 'Location Code', 'Location Name', 'Payment Method', 'Start Date', 'End Date', 'Status', 'Operational Status', and 'Expiration Date'. The table is currently empty and shows 'No Records Found'.

2. On the **Payment Information** page, complete the following fields: **Financial Institution Name**; **Account Number**; **Type of Account at Financial Institution**; **Financial Institution Routing Number**; **Re-enter Account 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: 0001-Southwest Plaza

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/BSX information)

OK

Cancel

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

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

Provider Information

Provider Name:

4. 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.

Payment Details

Filter By: And: And Operational Status:

Location Code

Location Name

Payment Method

Start Date

End Date

Status

Operational Status

Installation Date

Electronic Funds Transfer(Direct Deposit)

View Page: 1

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Search List

Viewing Page: 1

OK

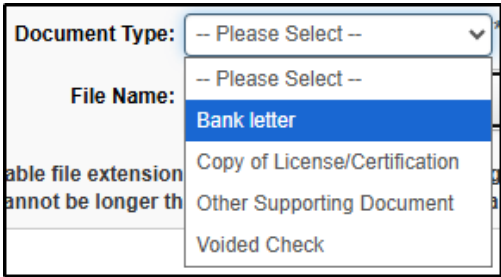
Cancel

Step 6: View/Upload Attachment

1. Select **Step 6** to open the **Attachment** window. This step is required to complete the payment details steps by attaching either a bank letter or a voided check.

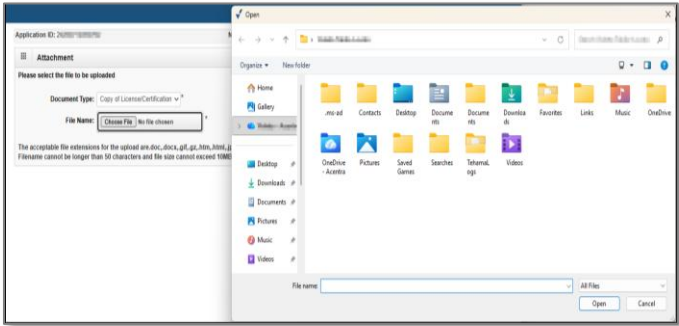


2. In the **Document Type** field, select the type of document to upload from the drop-down menu.



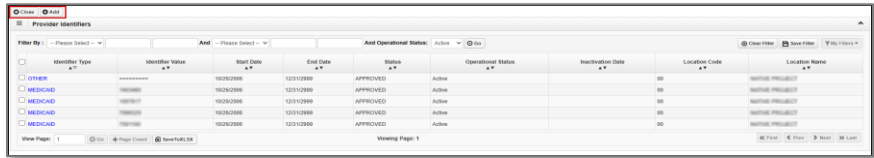
3. Select **Choose File** in the **File Name** field to browse and select the document to upload. After uploading the desired document(s), select the **Ok** to return to the **Attachment List** page.

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: Provider Identifiers (Optional)

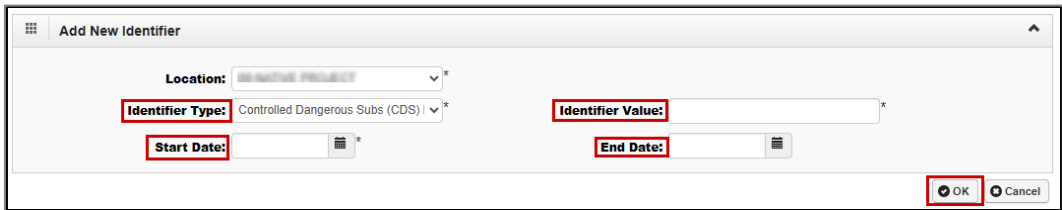
1. The **Provider Identifiers** page displays any identifiers previously provided. If no changes are needed, select **Close** to exit the page.



2. 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.



3. 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.



Step 8: Provider Disclosure

1. 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.

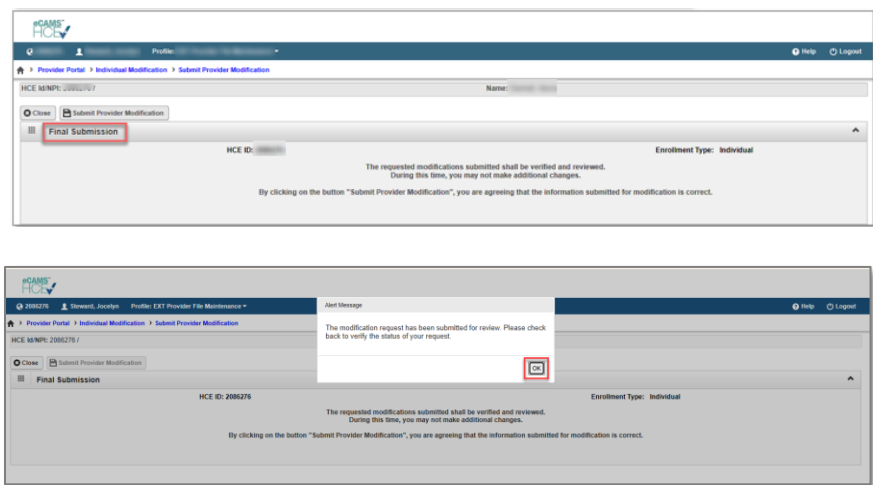
Note: Supporting documentation can be uploaded through **Step 6: View/Upload Attachment**.

Step 9: Submit Modification for Review

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

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		

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



Track a Revalidation Application

1. To Track a Revalidation Application, select **Maintain Provider Information**.



2. 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.

CloseRequired CredentialsGo BackUpdate

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual). In order to enable 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	07/01/2025	07/01/2025	Complete	Review Complete	
☐ Step 2: Location	Required	07/01/2025	07/01/2025	Complete		
☐ Step 3: Specialty	Required	07/01/2025	07/01/2025	Complete		
☐ Step 4: Licenses and Certifications	Optional	07/01/2025	07/01/2025	Complete		
☐ Step 5: Payment Details	Required	07/01/2025	07/01/2025	Complete		
☐ Step 6: Identifiers	Optional	07/01/2025	07/01/2025	Complete		
☐ Step 7: View/Upload Attachments	Optional	07/01/2025	07/01/2025	Complete		
☐ Step 8: Complete Provider Disclosure	Required	07/01/2025	07/01/2025	Complete		
☐ Step 9: Submit Modification for Review	Required	07/01/2025	07/01/2025	Complete		

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