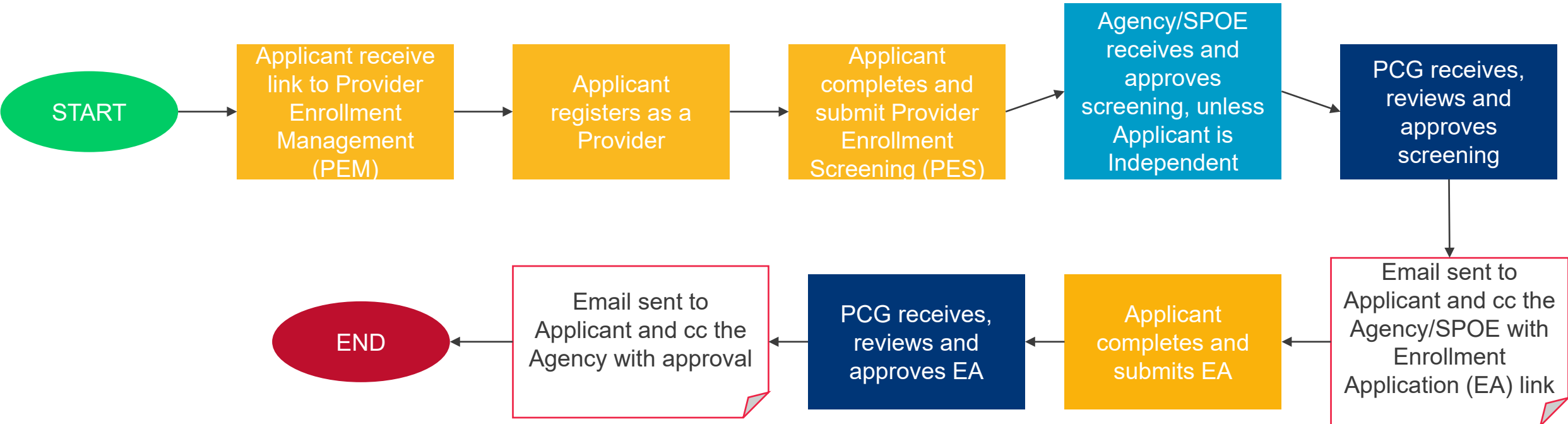


# ElHub Provider Enrollment: Applicants




Agencies, SPOEs, Independent Providers

*March 8, 2021*

# Enrollment Process



An EA will not receive final approval until a copy of the limited criminal history check is provided by either the Agency/SPOE or provider to [INEIHubEnroll@pcgus.com](mailto:INEIHubEnroll@pcgus.com)

	Provider Task
	PCG Task
	Agency/SPOE Task

**Note:** If a screening or application is rejected, the applicant and agency will be informed via email. The applicant will have the ability to address the issues notated in the comments, when applicable.



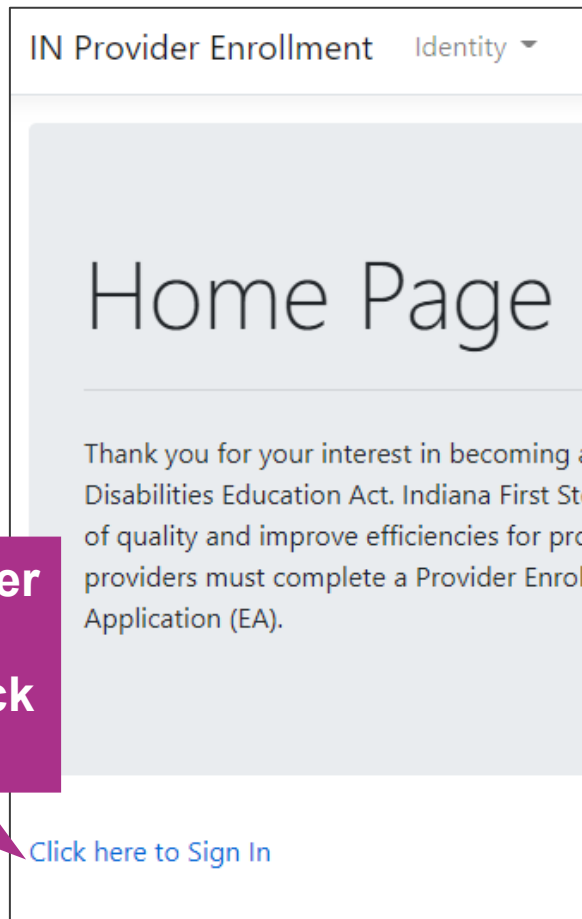
# 1

## **Provider Enrollment Screening (PES)**

*Individuals interested in becoming EI providers must complete a PES. The results of the PES will determine whether the individual meets basic qualifications and is eligible to proceed to the full application process.*

# Applicant Registration

Navigate to <https://pem.prod.ineihub.com/> to begin to register as a provider applicant.



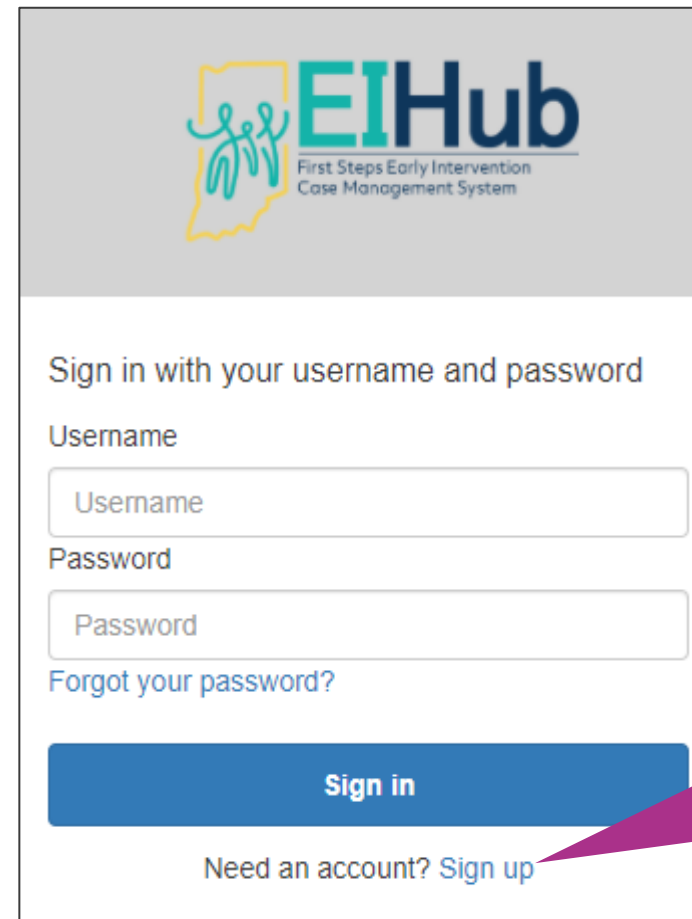
IN Provider Enrollment Identity ▾


## Home Page

Thank you for your interest in becoming a provider applicant. The Indiana First Steps Early Intervention Case Management System is designed to support the quality of care and improve efficiencies for providers. All providers must complete a Provider Enrollment Application (EA).

[Click here to Sign In](#)

1. From the Provider Enrollment Home Page, choose “Click here to Sign in”



 **EIHub**  
First Steps Early Intervention Case Management System

Sign in with your username and password

Username

Password

[Forgot your password?](#)

[Sign in](#)

Need an account? [Sign up](#)

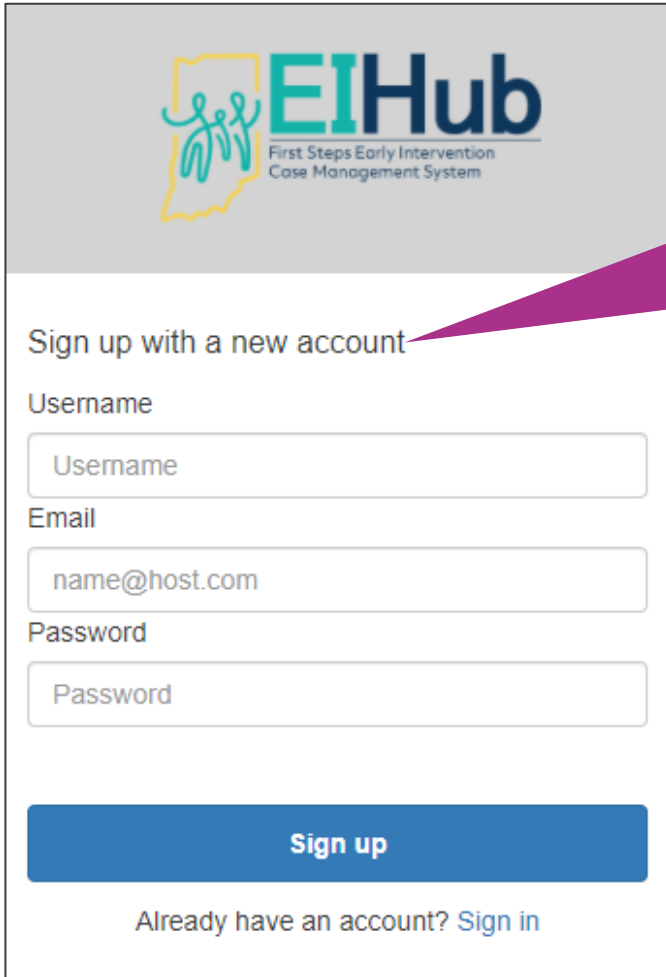
2. Click “Sign up” to continue to provider registration.



# Applicant Registration

## Username Examples\*

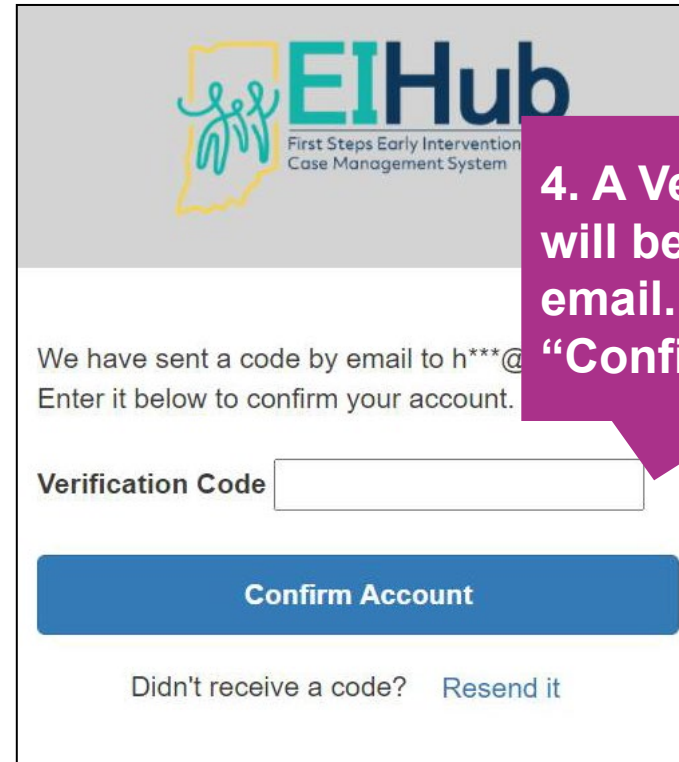
- John Doe = johndoe
- Engelbert Humperdinck = Enghumperdinck
- Minnie Van Mouse = MinVanMouse
- Hermione Granger-Weasley = herweasley



The screenshot shows the registration page for EIH Hub. At the top is the logo for EIH Hub, which includes a stylized figure of three people and the text "EIH Hub First Steps Early Intervention Case Management System". Below the logo is a link that says "Sign up with a new account". There are four input fields: "Username" with a placeholder "Username", "Email" with a placeholder "name@host.com", and "Password" with a placeholder "Password". At the bottom of the form is a blue button labeled "Sign up" and a link that says "Already have an account? Sign in".

3. Create a username and password as instructed, using an accessible email address

Your username should follow the standard naming convention – first 3 letters of your first name followed by your entire last name (as shown in the examples above).



The screenshot shows the verification page for EIH Hub. At the top is the logo for EIH Hub. Below the logo is a message that says "We have sent a code by email to h\*\*\*@. Enter it below to confirm your account." There is a text input field labeled "Verification Code". At the bottom of the form is a blue button labeled "Confirm Account" and a link that says "Didn't receive a code? Resend it".

4. A Verification Code will be sent to the email. Enter and click "Confirm Account"



# Applicant Sign In


IN Provider Enrollment Identity ▾

## Home Page

Thank you for your interest in becoming a provider with First Steps Early Intervention Case Management System. Indiana First Steps seeks to provide quality and improve efficiencies for providers, we have implemented a new system. All providers must complete a Provider Enrollment Screening (PES) Application (EA).

[Click here to Sign In](#)

**5. From the Provider Enrollment Home Page, choose "Click here to Sign in"**



Sign in with your username and password

Username

Password

[Forgot your password?](#)

**Sign in**

[Need an account? Sign up](#)

**6. Enter your Applicant login credentials here**



# Applicant PES Process

IN Provider Enrollment INEI-Applicant ▾

## Home Page

Thank you for your interest in becoming a provider with First Steps, Indiana's early intervention program under Part C of the Individuals with Disabilities Education Act. Indiana First Steps seeks to provide the best early intervention services to Hoosier families! To maintain our high standards of quality and improve efficiencies for providers, we have implemented an updated provider enrollment and management system. Potential providers must complete a Provider Enrollment Screening (PES), which will help determine their eligibility to complete the full Enrollment Application (EA).

[Click here to begin new PES Application](#)

**7. Click to begin a provider enrollment application.**



# Applicant PES Process

IN Provider Enrollment INEI-Applicant

## Provider Enrollment Screening

Provider Demographics | Provider Credentials

Thank you for your interest in becoming an early intervention provider for children and families in Indiana. Please complete the following questionnaire.

**First Name \***

**Middle Name or Initial**

**Last Name \***

**Maiden/Other/AKA Name(s)**

**Date of Birth \***

**Phone \***

**Email Address \***  **Email**

**Email (verify)**

**National Provider Identifier (NPI)**

**Federal Employer Identification Number (FEIN)**

**Medicaid ID**

8. Enter all provider demographic information. Red asterisks indicate required fields.

9. Click "Next Tab" to continue to Provider Credentials section.

10. Once the "Provider Credentials" tab is complete, click "Submit Application" to continue to complete the PES process.

Next Tab

Save Progress Submit Application





# Next Steps...

- For Independent Applicants, the PES will be reviewed by the PCG PEM Team
- For Agency/SPOE Applicants, the PES will be reviewed by the Agency/SPOE

## PES Not Approved

- Applicant will be notified of the decision and the reason(s) via email
- Applicants may reapply

## PES Approved

- PES will escalate to PCG PEM Team for processing
- PEM Team will notify approved applicant and Agency Approver (if applicable) of screening decision via email. The email body will contain the link to the applicant's individualized Enrollment Application (EA) and supplemental instructions.



# 2

## Enrollment Application (EA)

*Once the PES has been approved, applicant information will be auto filled into an EA. An informational email that contains a link to the applicant's EA will be generated and sent to the applicant (and Agency Approver, if applicable).*

# Applicant EA Process

Please Note: The screenshot below is only an example of what applicants may receive in the PES results notification email.

Thank you for your interest in becoming an Early Intervention Provider with SIRS in Indiana! You have successfully passed the Provider Enrollment Screening (PES) and are eligible to complete the Provider Enrollment Application (EA). The link to complete your EA is [here](#). This link is unique to your account and should not be shared with others.

Please allow five (5) business days for the review and processing of your EA. You will be notified of the status of your application via email, so please monitor your email correspondence (including your junk or spam mail folder) for the EA decision and/or other communication from the PCG PEM Team. If you have not received an email after five (5) business days, please contact [INEIHubEnroll@pcgus.com](mailto:INEIHubEnroll@pcgus.com).

## Information / Documentation

Copy of License  
Copy of Certification  
National Provider Identifier  
Liability Insurance Certificate: ID Number, Carrier Name, Date of Coverage  
Copy of Official Transcript (showing coursework and proof of graduation)  
Signed Supervision Agreement (including supervisor's license/certificate number)  
Background Checks (i.e., Limited Criminal History, [REDACTED])  
Out of State Background Checks (i.e., Limited Criminal History, [REDACTED])  
[REDACTED]  
[REDACTED]  
[REDACTED]


1. Receive PES approval email. Click the "here" link to access the EA.

## Applicant Type

Providers: Providers with Temporary License  
Example: (e.g., SKI-HI)  
[REDACTED]  
[REDACTED]  
Developmental Therapist (all types): Service Coordinators  
First Year DT, COTA, PTA, SLP-CFY  
All Providers  
Any Provider who has lived outside Indiana in the previous five (5) years prior to enrollment  
[REDACTED]



# Applicant EA Process



Sign in with your username and password

Username

Password

[Forgot your password?](#)

**Sign in**

[Need an account? Sign up](#)

First Steps Provider Enrollment - ngood

### Enrollment Applications

Type	Created Date	Last Modified Date	Status	Actions
EA Form	10/6/2020	10/6/2020	Active	<a href="#">Edit</a>

3. The EA will appear automatically. If it does not, click “First Steps Provider Enrollment” and Edit under the Enrollment Applications Actions.

2. Login with Applicant credentials that were created during registration.



# Applicant EA Process

4. Complete the required fields on the “Identifying Information” tab. Click “Next Tab” to continue.

Service Availability

**Average Hours per Week \***

1 - 5

6 - 10

11 - 15

16 - 20

21 - 25

26 - 30

31 - 35

36 - 40

In the fields below, indicate the area(s) the applicant is willing to provide services by selecting all that apply.

**Service Area(s) – Agency Provider (select all that apply) \***

A1

A2

A3

Qualifications

If applicable, please provide the following information about any professional licenses, certifications, etc. held. If there are none, please move to the next section of the EA.

**Professional Qualifications \***

Certificate

License

Not Applicable

**License/Certificate Area \***

**License/Certificate Number \***

**License/Certificate Date Issued \***

**Certificate Date of Expiration**

(blank if the license/certificate does not expire)

**License/Certificate \***

Note: Select any Service Area(s).



# Applicant EA Process

5. Complete the required fields on the "Legal Liability" tab. Click "Next Tab" when complete.

Liability Insurance

All service providers are required to have professional liability insurance coverage. If applicable, please provide the following information or move to the next section of the EA.

**Do you have Professional Legal / Liability Insurance? \***

Yes

No

Unsure

**Professional Liability Insurance Agency \***

**Professional Liability Insurance Policy Number \***

**Professional Liability Insurance Effective Date \***

**Professional Liability Insurance Expiration Date \***

**Professional Liability Insurance Certificate \***

Browse...

Out of State Background Check

If you have lived (or currently live) outside Indiana within the past five (5) years, you are required to acquire and submit a copy of an out of state background check for each state in which you have resided during that time. If you have not lived outside Indiana within the past five (5) years, please move to the next section of the EA.

**Has the applicant lived outside Indiana in the past five (5) years? \***

Yes

No

Out of State Background Check

State	Date From	Date To	Actions
-------	-----------	---------	---------

Add




# Applicant EA Process

Identifying Information   Legal Liability   **Agreements & Acknowledgements**

I hereby swear or affirm under penalty of disenrollment from First Steps that I understand and meet the requirements of the EA process and the information I am submitting is true and correct to the best of my knowledge.

**I have reviewed and agree to comply with the requirements of all Provider Agreements and Associated Riders. \***  Yes

**Applicant's Name \***

**Date Signed \***  

Be sure to save your progress and review all responses for accuracy prior to submitting the EA. Once submitted, it cannot be edited.

6. Check "Yes" to complete the attestation.

Note: The "Date Signed" will auto-populate after "Yes" is checked.

7. Click "Submit Application" to complete the EA process.



# 3

## Notification of EA Submission

*Applicants will receive on screen and email notifications when the EA has successfully been submitted. Applicants are advised to allow five (5) business days for processing before contacting the PEM Team.*



# 4

## Notification of EA Decision

- *EA not approved - the applicant will receive an email with the decision and the specific reason(s) and information about reapplying.*
- *EA approved - the applicant will receive an email with the decision and next steps for becoming an EI Provider with IN First Steps.*

# Questions?

## PCG Contacts:

PCG PEM Team



[INEIHubEnroll@pcgus.com](mailto:INEIHubEnroll@pcgus.com)



877-522-1065





**PUBLIC**  
CONSULTING GROUP

**Solutions that Matter**