

# Vision

Indiana Health Coverage Programs  
Gainwell Technologies  
2023 IHCP Works Annual Seminar



# Agenda

- Vision Services Coverage
- Billing and Reimbursement
- Vision Code Sets
- Prior Authorization
- IHCP Website
- IHCP Provider Healthcare Portal
- Helpful Tools
- Questions



# Vision Services Coverage



# Vision Services Coverage

## Eye Exam

IHCP coverage for an initial and routine eye examination is limited to the following:

- Members **under** 21 years of age – One examination per 12-month period
- Members 21 years of age and **older** – One examination every two years



*If medical necessity dictates more frequent examination or care, documentation of such medical necessity must be maintained in the provider's office and is subject to post payment review and audit.*



# Vision Services Coverage

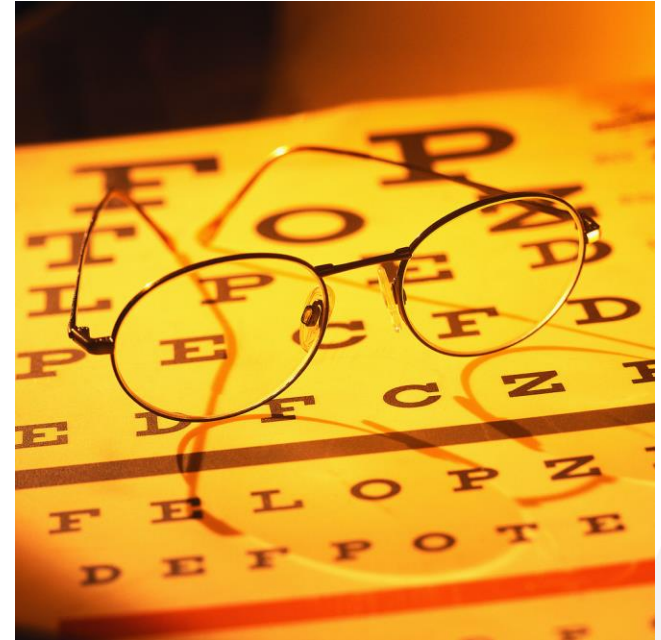
## Eyeglasses

The IHCP provides coverage for eyeglasses if minimum prescription criteria are met, with the following limits:

- Members under 21 years of age – One pair of eyeglasses per 12-month period
- Members 21 years of age or older – One pair of eyeglasses every five years

Additional coverage criteria can be found in the IHCP Vision Services module at:

[Vision Services Module](#)



# Vision Services Coverage

## Prescription Lenses

Prescription of lenses, when required, is included in CPT code 92015 – *Determination of refractive state*:

- Service includes specification of lens type:
  - Monofocal
  - Bifocal
  - Lens power, axis and prism
  - Absorptive factor
  - Impact resistance
- IHCP does not provide coverage for all lenses. Noncovered services include:
  - Lenses with decorative designs
  - Lenses larger than size 61 millimeters, except when medical necessity is documented
  - Fashion tints, gradient tints, sunglasses or photochromatic lenses



# Vision Services Coverage

## Lens Upgrades

If a member chooses to upgrade to progressive lenses, transitional lenses, antireflective coating or tint number other than 1 and 2, providers can bill the basic lens V code to the IHCP.



*Providers can bill the upgrade portion to the member only if they give the member appropriate advance notification of noncoverage and if a separate procedure code for the service exists.*

# Vision Services Coverage Frames

- IHCP reimburses for frames including:
  - Plastic
  - Metal
- Providers should bill for frames using procedure code V2020.
- Maximum amount reimbursed for frames is \$20 per pair, except when medical necessity requires a more expensive frame.
- All claims for more expensive frames are billed with V2025 and must be accompanied by documentation supporting medical necessity such as:
  - Special frames to accommodate a facial deformity or anomaly
  - Frames with special modifications, such as a ptosis crutch
  - Frames for a member with an allergy to standard frame materials
  - Frames for an infant or child requiring the prescription of special-size frames
- Providers must submit a manufacturer's suggested retail price (MSRP) or cost invoice and charges for medically necessary deluxe frames with code V2025.
  - Reimbursement is up to 120% of the cost invoice or up to 75% of the MSRP

*Providers that receive payment from the IHCP for frames may not bill the member for any additional covered services above the IHCP reimbursement.*





# Vision Services Coverage

## Frames continued

- If a member chooses to upgrade to a deluxe frame without medical necessity, the IHCP considers the entire frame, noncovered.
- Provider may bill the member for the frames, if the provider gave proper advance notice of noncoverage to the member and the member signed it.
- Providers should submit the claim for the lenses only to the IHCP.



# Vision Services Coverage Repair

Billing guidelines for repair or replacement of eyeglasses:

- Repair or replacement covers the part of the eyeglasses that is broken or damaged.
- Members are not entitled to a new pair of eyeglasses if the lenses or frames can be repaired or replaced.
- Providers must use the **U8** modifier and keep appropriate documentation on file in the member's record to substantiate the need to repair eyeglasses.



# Vision Services Coverage Replacement

- If a member needs replacement eyeglasses due to loss, theft or damage beyond repair before the established frequency limitations, providers must use the **modifier U8** to bill for the replacement lenses or frames.
- Providers must include documentation in the member's medical record to substantiate the need for replacement frames or lenses.
- Must include a signed statement by the member detailing how the eyeglasses were lost, stolen or broken.
- If a member needs replacement eyeglasses due to a change in prescription before the established frequency limitations, providers must use **modifier SC** when billing replacement lenses or frames.

*Replacement of eyeglasses or any part of the eyeglasses (lenses or frames) represents the beginning of a new limit period for the replacement.*



# Vision Services Coverage

## Contact Lenses

The IHCP covers contact lenses when they are medically necessary.

Providers can bill for this service using CPT 92310 through 92317.

- Members with severe facial deformity who are physically unable to wear eyeglasses.
- Members who have severe allergies to all frame materials.

Documentation is not required with the claim, but providers must maintain documentation in the patient's medical record post payment review.



# Documentation

Documentation in the patient's record must include the total time of the encounter and a synopsis of the counseling topics and coordination of care efforts.

The eye examination may include the following services - providers should not bill for these services separately:

- Eye examination, including history
- Visual acuity determination
- External eye examination
- Biocular measurement
- Routine ophthalmoscopy
- Tonometry and gross visual field-testing including color vision, depth perception or stereopsis

# Billing and Reimbursement for Vision Services



# Billing & Reimbursement Eye Exam

What code should I use for the eye exam?

Providers should use the CPT code that best describes the examination.

Vision Code Sets can be found on the IHCP website at:  
[Billing and Remittance Provider Code Tables](#)

# Provider References - Code Sets

The screenshot displays the 'Indiana Medicaid for Providers' website interface. At the top, there is a dark green header with the FSA logo, the text 'Indiana Medicaid for Providers', and a search bar labeled 'Search Providers'. Below the header is a horizontal navigation bar with seven icons and labels: 'Provider Enrollment', 'Provider References', 'Provider Education', 'Business Transactions', 'Clinical Services', 'About IHCP Programs', and 'Contact Information'. A red arrow points down to the 'Provider References' icon. Below this bar is a blue sidebar menu with the following items: 'Bulletins, Banner Pages and Reference Modules', 'Current News', 'Code Sets', 'Email Notifications', 'Forms', 'IHCP Provider Locator', 'OPR Provider Verification', and 'Other Provider Resources'. A red arrow points left to the 'Code Sets' item. The main content area on the right features a 'Code Sets' section with a sub-header 'Code Sets' and a paragraph: 'View code tables associated with particular IHCP policies – such as procedure codes allowable for certain provider specialties, diagnosis and service codes covered under a particular benefit plan, and so on.' To the right of the text is a small image of a stethoscope on a desk.



# Vision Code Sets

[INDIANA MEDICAID](#) / [INDIANA MEDICAID FOR PROVIDERS](#) / [BUSINESS TRANSACTIONS](#) / [BILLING AND REMITTANCE](#) / [CODE SETS](#)

The Indiana Health Coverage Programs (IHCP) provides a number of code tables for provider reference, including:

- Codes necessary for billing and claim processing
- Codes billable for certain types of services and by certain provider types or specialties ("code sets")
- Codes related to specific coverage policies for certain members and programs

For further information and guidance related to the code tables, or for diagnosis, procedure and billing codes other than those appearing in these tables, see the IHCP [provider reference modules](#).

Updates to the code tables are announced in [IHCP Banner Pages](#) and [IHCP Bulletins](#).

[View Provider Code Tables](#)



# IHCP Code Table Agreement

## IHCP Provider Code Tables Agreement

**IMPORTANT NOTICE:** Before you can view the IHCP provider code tables, you must accept the following agreement. If you accept, you will be sent to the IHCP Provider Code Tables page. If you do not accept, you will be returned to the indianamedicaid.com provider home page.

**LICENSE FOR USE OF "Physicians' CURRENT PROCEDURAL TERMINOLOGY", FOURTH EDITION ("CPT")**

**End User/Point and Click Agreement:**

### CMS DISCLAIMER

The scope of this license is determined by the ADA, the copyright holder. Any questions pertaining to the license or use of the CDT-4 should be addressed to the ADA. End users do not act for or on behalf of CMS. CMS DISCLAIMS RESPONSIBILITY FOR ANY LIABILITY ATTRIBUTABLE TO END USER USE OF THE CDT-4. CMS WILL NOT BE LIABLE FOR ANY CLAIMS ATTRIBUTABLE TO ANY ERRORS, OMISSIONS, OR OTHER INACCURACIES IN THE INFORMATION OR MATERIAL COVERED BY THIS LICENSE. In no event shall CMS be liable for direct, indirect, special, incidental, or consequential damages arising out of the use of such information or material.

Should the foregoing terms and conditions be acceptable to you, please indicate your agreement and acceptance by clicking below on the button labeled **"ACCEPT"**.



Accept

Decline

## IHCP Provider Code Tables

The Indiana Health Coverage Programs (IHCP) provider code table documents are available in Adobe Acrobat portable document format (PDF). Click on the links within each section to view the documents in your web browser. To save a copy of the document, right-click on the link and choose "Save Link As."

### Code Table Sections:

[General Billing Codes](#) - Individual code tables related to general billing topics

[Service- and Provider-Specific Codes](#) - Groups of code tables related to a particular type of service or provider specialty ("Code sets" for certain provider types or specialties are included in this section.)

[Program- and Benefit-Specific Codes](#) - Groups of code tables related to a particular member program, benefit or coverage policy



# Service- and Provider-Specific Code Sets

## Service- and Provider-Specific Codes

- [Anesthesia Services Codes](#)
- [Behavioral Health Services Codes](#)
- [Chiropractic Services Codes](#)
- [COVID-19 Vaccination Codes](#)
- [Dental Services Codes](#)
- [Durable and Home Medical Equipment and Supplies Codes](#)
- [Family Planning Services Codes](#)
- [Genetic Testing Codes](#)
- [Hearing Services Codes](#)
- [Hospice Services Codes](#)
- [Injections, Vaccines and Other Physician-Administered Drugs Codes](#)
- [Inpatient Hospital Services Codes](#)
- [Long-Term Care Codes](#)
- [Obstetrical and Gynecological Services Codes](#)
- [Podiatry Services Codes](#)
- [Renal Dialysis Services Codes](#)
- [Surgical Services Codes](#)
- [Telehealth and Virtual Services Codes](#)
- [Therapy Services Codes](#)
- [Transportation Services Codes](#)
- [Vision Services Codes](#)



# Vision Services Codes



## INDIANA HEALTH COVERAGE PROGRAMS

### PROVIDER CODE TABLES

### Vision Services Codes

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate current coverage. See [IHCP Banner Pages](#), [IHCP Bulletins](#) and [IHCP Fee Schedules](#) for updates to coding, coverage and benefit information.*

*For information about using these code tables, see the [Vision Services](#) provider reference module.*

[Table 1 – Covered Procedure Codes for Opticians \(Specialty 190\)](#)

[Table 2 – Covered Procedure Codes for Optometrists \(Specialty 180\)](#)

[Table 3 – ICD-10 Diagnosis Codes for Optometrist Billing of Visual Evoked Potential \(VEP\) Testing](#)

[Table 4 – Cataract Surgery Codes That Allow for Reimbursement of Intraocular Stents and Intraocular Lenses](#)



# Prior Authorization (PA) Requirements



# Prior Authorization Requirements

The IHCP does not require prior authorization (PA) for most vision care services. However, PA is required for the following services:

- Blepharoplasty for a significant obstructive vision problem
- Prosthetic device, except eyeglasses
- Reconstruction or plastic surgery
- Retisert

# Prior Authorization Vendor

Effective July 1, 2023, the fee-for-service nonpharmacy prior authorization vendor is Kepro.

Kepro Customer Service line: 866-725-9994

Kepro fax number: 800-261-2774

Atrezzo Provider Portal: [portal.kepro.com](https://portal.kepro.com)

For questions about any authorizations, providers may call Kepro Customer Service at 866-725-9991.



# Provider References





# IHCP Provider References



**Indiana Medicaid for Providers**



Search Providers



Find policy information, news announcements, and other tools and resources for guidance in Indiana Health Coverage Programs (IHCP) providers at the links below:

- [Bulletins, Banner Pages and Reference Modules](#)
  - [IHCP Bulletins](#)
  - [IHCP Banner Pages](#)
  - [IHCP Provider Reference Modules](#)
- [Current News](#)
- [Forms](#)
- [IHCP Email Notifications](#)
- [IHCP Provider Locator](#)
- [Ordering, Prescribing or Referring \(OPR\) Provider Verification](#)
- [Other Provider Resources](#)
  - [Code Sets](#)
  - [IHCP Companion Guides](#)
  - [Indiana State Plan](#)
  - [FAQs - Top 10 Questions](#)



# Provider Reference Modules

INDIANA MEDICAID <i>for Providers</i>	Provider Enrollment	Provider References	Provider Education	Business Transactions	Clinical Services	About IHCP Programs	Contact Information
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## IHCP Provider Reference Modules

For information about IHCP policies and procedures, including billing guidance, refer to the [IHCP Provider Reference Module](#) appropriate to the topic of interest.

[Provider Reference Modules](#)

# Provider References

## Vision Services Module

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***Any published IHCP Bulletin or Banner Page past the module's policies and procedures effective date supersedes the module.***

# Business Transactions Professional Fee Schedule

## IHCP Fee Schedules

The Professional Fee Schedule can be searched by Procedure Code, Procedure Code Range, or Procedure Code Description. If the search returns more than 100 records, you will be asked to further refine your search criteria. Wild card searches using special characters are not used and will display an error message.

**Procedure Code:** Enter at least three characters of the Procedure Code to filter by specific Procedure Code. This search criteria cannot be used in combination with the Procedure Code Range criteria.

**Procedure Code Range:** Enter a beginning and ending five-character Procedure Code to obtain all Procedure Codes within a range. This search criteria cannot be used in combination with the Procedure Code criteria.

**Procedure Code Description:** Enter a text string to obtain records containing the entered text in either the short or long Procedure Code Description. This search criteria can be used in combination with the Procedure Code or the Procedure Code Range criteria.

**Procedure Code:**

**Procedure Code Range:**  to

**Procedure Code Description:**

\* Code values are described on the [Fee Schedule Instructions](#) page.

1

Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Category	Service Category Desc	Rate Type	Pricing Method	Pricing Effective Date	Pricing End Date	PA Req'd	Attach Req'd
V2020					VISIO	Vision	Def	MAXFEE	10/5/1994			
<b>Min-Max Units</b>					<b>Fee Schedule Amt:</b>		\$20.00	<b>Base Units:</b>		0	<b>Age Min-Max:</b>	
<b>Procedure Desc:</b>		VISION SVCS FRAMES PURCHASES					<b>CMS Add Date:</b>		1/1/1985	<b>CMS Term Date:</b>		

# IHCP Provider Healthcare Portal





# IHCP Provider Healthcare Portal Benefit Limits Details

- Certain benefit limits, including limits for vision services, are available through the eligibility verification system (EVS), which providers can access through any of the following methods:
  - Provider Healthcare Portal, accessible from the home page at [IHCP Provider Portal](#)
  - Interactive Voice Response (IVR) system at 800-457-4584
  - 270/271 electronic data interchange (EDI) transaction



*Benefit limit information is provided through the EVS options. Providers can request this information for fee-for-service (FFS) claims through the IHCP Portal secure correspondence.*

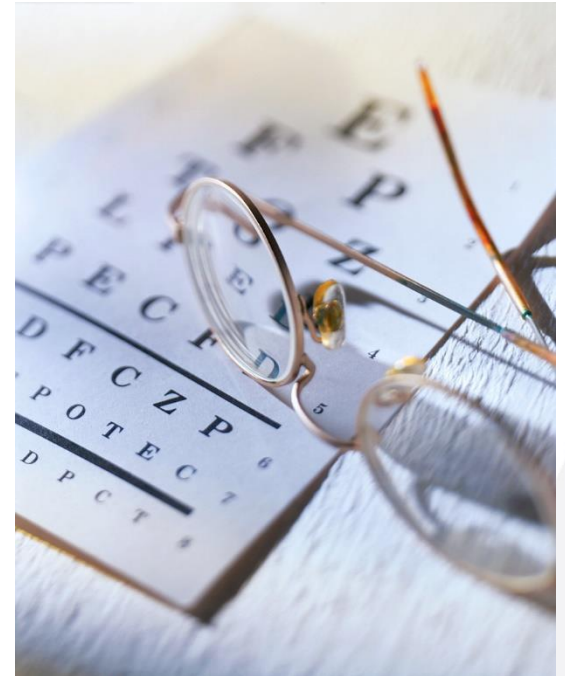
*For managed care members, contact the appropriate managed care entity (MCE) for information about a member's vision service limitations.*



# Secure Correspondence Request Benefit Limits Details

EVS may not include all the information a provider needs, such as dates on which the limits were exhausted.

- This situation can result in reduced reimbursement or no reimbursement for rendered services.
- Providers may submit secure correspondence through the portal to request the date on which a particular member exceeded service limitations for fee-for-service (FFS) claims.



*Providers should allow up to four business days for a response.*





# Reminders



# IHCP Quick Reference Guide

## IHCP Quick Reference Guide – Contact Information



<b>General Information for the Indiana Health Coverage Programs (IHCP)</b>	<b>Provider Customer Assistance</b> 800-457-4584  <b>Member Customer Assistance</b> 800-457-4584  <b>Member Applications</b> 800-403-0864  <b>Indiana Medicaid Website</b> <a href="http://in.gov/medicaid">in.gov/medicaid</a>	<b>Provider Enrollment</b>  IHCP Provider Enrollment P.O. Box 7263 Indianapolis, IN 46207-7263  800-457-4584  IHCP Provider Healthcare Portal <a href="http://portal.indianamedicaid.com">portal.indianamedicaid.com</a>	<b>Third-Party Liability (TPL)</b>  IHCP – TPL P.O. Box 7262 Indianapolis, IN 46207-7262  800-457-4584 Fax: 866-667-6579 <a href="mailto:INXIXTPL.Requests@gainwelltechnologies.com">INXIXTPL.Requests@gainwelltechnologies.com</a> TPL Casualty <a href="mailto:INXIXTPL.Casualty@gainwelltechnologies.com">INXIXTPL.Casualty@gainwelltechnologies.com</a>	<b>Fraud and Abuse Reporting</b>  Office of Medicaid Policy & Planning (OMPP) Program Integrity 402 W. Washington St., Room W374 Indianapolis, IN 46204-2739 <a href="mailto:Program.Integrity@fssa.in.gov">Program.Integrity@fssa.in.gov</a>  IHCP Provider and Member Concerns Line 800-457-4515	<b>Long-Term Care Rate-Setting</b> <b>Long-Term Care Audits</b>  Myers and Stauffer 800-877-6927 Fax: 317-571-8481 <a href="http://mslc.com/indiana">mslc.com/indiana</a>
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### Fee-for-Service (FFS), Including Traditional Medicaid, Waiver, 590 Program and Other FFS Coverage

<b>FFS Information</b> <i>(Other than for Pharmacy and Nonemergency Medical Transportation (NEMT))</i>	<b>FFS Prior Authorization and Utilization Management (PA-UM) (By Mail, Phone and Fax)</b>  For Medical, Dental and Substance Use Disorder (SUD) Kepro – Prior Authorization 6802 Paragon Place, Suite 440 Richmond, VA 23230  866-725-9991 Fax: 800-261-2774  <b>Hospice</b> Hospice analyst and managed care disenrollment 866-725-9991 Fax: 800-261-2774	<b>FFS Electronic Transactions</b>  <i>Electronic Data Interchange</i> <a href="mailto:INXIXTradingPartner@gainwelltechnologies.com">INXIXTradingPartner@gainwelltechnologies.com</a> 800-457-4584  <i>Paper Attachments for Electronic Claims</i> Gainwell – Claim Attachments P.O. Box 7259 Indianapolis, IN 46207-7259  IHCP Provider Healthcare Portal <a href="http://portal.indianamedicaid.com">portal.indianamedicaid.com</a>  IHCP Portal Help Desk – Technical Assistance <a href="mailto:INXIXElectronicSolution@gainwelltechnologies.com">INXIXElectronicSolution@gainwelltechnologies.com</a> 800-457-4584  Atrezzo Provider Portal <a href="https://portal.kepro.com">https://portal.kepro.com</a>	<b>FFS Paper Claim Submission</b>  <i>Professional (Excluding Crossover)</i> Gainwell – CMS-1500 Claims P.O. Box 7269 Indianapolis, IN 46207-7269  <i>Professional Crossover</i> Gainwell – CMS-1500 Crossover Claims P.O. Box 7267 Indianapolis, IN 46207-7267  <i>Institutional (Inpatient Hospital, Home Health, Outpatient Facility, Long-Term Care – Including Crossover)</i> Gainwell – UB-04 Claims P.O. Box 7271 Indianapolis, IN 46207-7271  <i>Dental</i> Gainwell – Dental Claims P.O. Box 7268 Indianapolis, IN 46207-7268	<b>FFS Adjustment Forms (No Refund Checks)</b> Gainwell – Adjustments P.O. Box 7265 Indianapolis, IN 46207-7265  <b>FFS Refunds</b> Gainwell – Refunds P.O. Box 2303, Dept. 130 Indianapolis, IN 46206-2303  <b>Uncashed FFS Check Returns</b> Gainwell – Finance Unit 950 N. Meridian St. Suite 1150 Indianapolis, IN 46204-4288	<b>Form Requests</b> Gainwell – Forms P.O. Box 7263 Indianapolis, IN 46207-7263  <b>FFS Nonpharmacy and non-PA Provider Inquiries and Claim Administrative Review Requests</b> Gainwell – Written Correspondence <a href="mailto:Provider.Healthcare@fssa.in.gov">Provider.Healthcare@fssa.in.gov</a> Portal <i>(in the IHCP Portal, click the Secure Correspondence link to submit a request)</i>
<b>FFS NEMT Information</b>	<b>Verida Trip Reservation Line</b> 855-325-7586  Member Portal: <a href="http://member.verida.com">member.verida.com</a>  Member Webpage: <a href="http://myverida.com/member-resources">myverida.com/member-resources</a>	<b>Verida Provider Assistance Line</b> 855-325-7611  Provider Portal: <a href="http://provider.verida.com">provider.verida.com</a>  Provider Webpage: <a href="http://myverida.com/transportation-providers">myverida.com/transportation-providers</a>	<b>Verida Facility Dispatch Line</b> 888-822-6104  Facility Portal: <a href="http://facility.verida.com">facility.verida.com</a>  Facility Webpage: <a href="http://myverida.com/facilities">myverida.com/facilities</a>	<b>Verida Facility Reservation Line (standing orders)</b> 855-325-7588  <b>Verida Website</b> <a href="http://verida.com">verida.com</a>	<b>Request Administrative Review</b> <a href="http://Claims@verida.com">Claims@verida.com</a>  <b>Claim Appeals</b> Verida Claims 843 Dallas Highway Villa Rica, GA 30180
<b>FFS Pharmacy Information</b>	<b>FFS Pharmacy Inquiries and Prior Authorization</b> OptumRx Clinical and Technical Help Desk 855-577-6317 Fax: 855-678-6976 PA Fax: 855-577-6384 OptumRx – PA P.O. Box 44085 Indianapolis, IN 46244-0085	<b>FFS Pharmacy Paper Claim Filing</b> OptumRx Manual Claims Manual Claim Processing P.O. Box 29044 Hot Springs, AR 71903	<b>FFS Pharmacy Claim Voids/Reversals</b> OptumRx – Void/Reversals Manual Claim Processing P.O. Box 29044 Hot Springs, AR 71903  <b>FFS Pharmacy Benefit Management Inquiries</b> <a href="mailto:PDL@FSSA.in.gov">PDL@FSSA.in.gov</a>	<b>FFS Pharmacy Administrative Review of Claim Requests</b> OptumRx Manual Claim Processing P.O. Box 29044 Hot Springs, AR 71903  <b>OptumRx Indiana Drug Rebate Operations</b> 5775 Peachtree-Dunwoody Rd., Suite C-600 Atlanta, GA 30342 <a href="mailto:indiana_rebates@optum.com">indiana_rebates@optum.com</a>	<b>FFS Pharmacy Refunds</b>  <b>Courier Mail</b> JP Morgan Chase OptumRx Claims LBX 26594 131 South Dearborn – 6th Floor Chicago, IL 60603  <b>First-Class Mail</b> OptumRx Claims 26594 Network Place Chicago, IL 60673-1265

Version 11.2

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July 2023



# Claim Filing Limit

The IHCP mandates a 180-day filing limit for fee-for-service (FFS) claims.



# Helpful Tools



# Provider Assistance

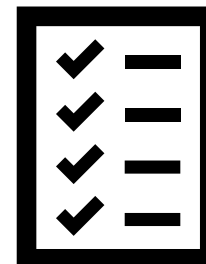
Your provider relations consultant can:

- Assist you with complex claim denial issues.
- Provide free IHCP Provider Healthcare Portal training.
- Assist you with the enrollment or revalidation process.
- Assist you in understanding member eligibility.
- Conduct 1:1 virtual or in-person onsite training and provider workshops.
- Help you in navigating the IHCP provider website/modules.

# Contact Checklist

E-mails and calls should always include:

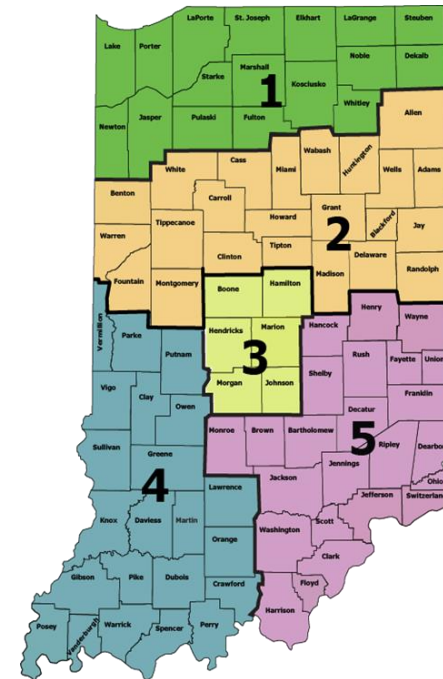
- Provider NPI and Provider ID.
- Contact name, phone number and e-mail.
- Exact reason for the e-mail or call:
  - Claim example and exact claim information.
  - Member information including the RID (member Medicaid number).
  - Nature of issues.
- Provider enrollment – include the application tracking number (ATN).
- Any other information to help us research prior to returning the e-mail or call.



E-mail is the preferred method of contact.

# Provider Relations Team

Region	Consultant	Telephone	Counties Served
1	<b>Jean Downs (F)</b> <b>Katie Grause (I)</b> <a href="mailto:inxixregion1@gainwelltechnologies.com">inxixregion1@gainwelltechnologies.com</a>	317-488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley
2	<b>Shari Galbreath (F)</b> <b>Jen Collins (I)</b> <a href="mailto:inxixregion2@gainwelltechnologies.com">inxixregion2@gainwelltechnologies.com</a>	317-488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White
3	<b>Crystal Woodson (F)</b> <b>Jeannette Curtis (I)</b> <a href="mailto:inxixregion3@gainwelltechnologies.com">inxixregion3@gainwelltechnologies.com</a>	317-488-5321	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	<b>Jenny Roberts (F)</b> <b>Emily Redman (I)</b> <a href="mailto:inxixregion4@gainwelltechnologies.com">inxixregion4@gainwelltechnologies.com</a>	317-488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
5	<b>Tami Foster (F)</b> <a href="mailto:inxixregion5@gainwelltechnologies.com">inxixregion5@gainwelltechnologies.com</a>	317-488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne



# Helpful Tools Links

## [Indiana Medicaid for Providers](#) website:

Provider References > IHCP Provider Reference Modules

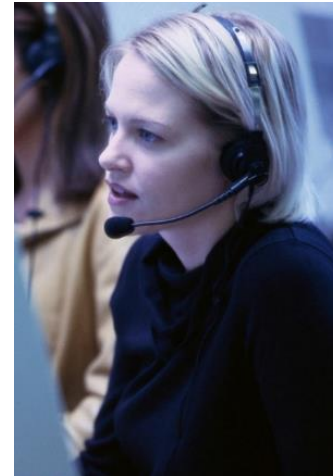
- Contact Information > Provider Relations Consultants

### **Customer Assistance:**

- 800-457-4584
- Live assistance available Monday–Friday,  
8 a.m. – 6 p.m. Eastern Time

### **Secure Correspondence:**

- Via the IHCP Provider Healthcare Portal
  - Registered account required
  - After logging in to the IHCP Provider Healthcare Portal, click **Secure Correspondence** to submit a request





# Questions

