Dental Services

Indiana Health Coverage Programs (IHCP)

Gainwell Technologies

IHCP Works Annual Seminar October 2025

Agenda

- Indiana Medicaid for Provider Website
- Provider References
- Eligibility Verification – Dental Services
- Dental Code Sets and Fee Schedule
- Submitting Dental Claims on the IHCP Portal
- Claim Adjustments
- Questions

Indiana Medicaid for Provider Website

Welcome to Indiana Medicaid

Indiana Medicaid: Home

Provider Enrollment

Indiana Medicaid: Providers: 27 – Dentist

IHCP Rendering Provider Enrollment and Profile Maintenance Packet

Linking a Rendering Provider

Log in to the IHCP Provider Healthcare Portal under the service location the rendering will be linked to.

Choose **Provider Maintenance**

Choose
Rendering Provider Changes

Provider Revalidation

Providers can verify the service location revalidation date in their Provider Profile on the IHCP Portal.

Providers will also see a reminder on the home page of their Provider Profile, on the **IHCP Provider Healthcare Portal.**

Revalidation Information

- Dental providers are required to revalidate every five years.

- Rendering providers are revalidated with the group.

- Notifications with instructions for revalidating are sent to the **MAIL TO ADDRESS *in each service location Provider Profile* -**90 days and 60 days in advance of the revalidation due date.

  ➢ ***The revalidation reminder is service location specific.***

- Providers that fail to revalidate will be required to re enroll as a new provider and will receive a new IHCP provider ID.

- Providers may be denied payment from the time of disenrollment until the new enrollment is completed.

- Providers will also need to re-enroll with the managed care entities (MCEs).

- [Provider Enrollment Revalidation Due Dates Through December 2025](#) reflects a list of providers with upcoming revalidation due dates.

Provider References

Provider References Information
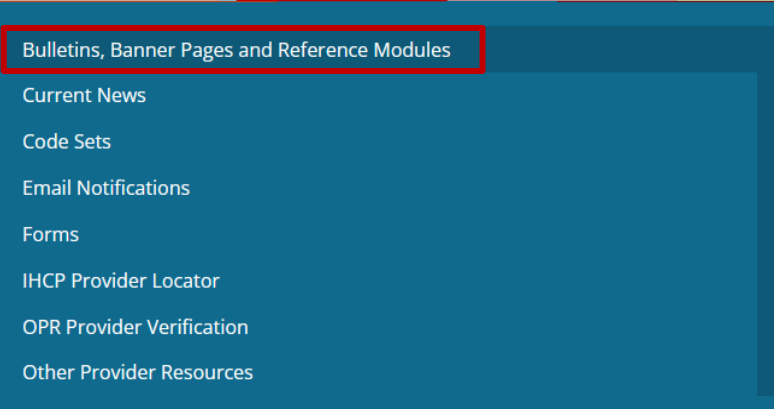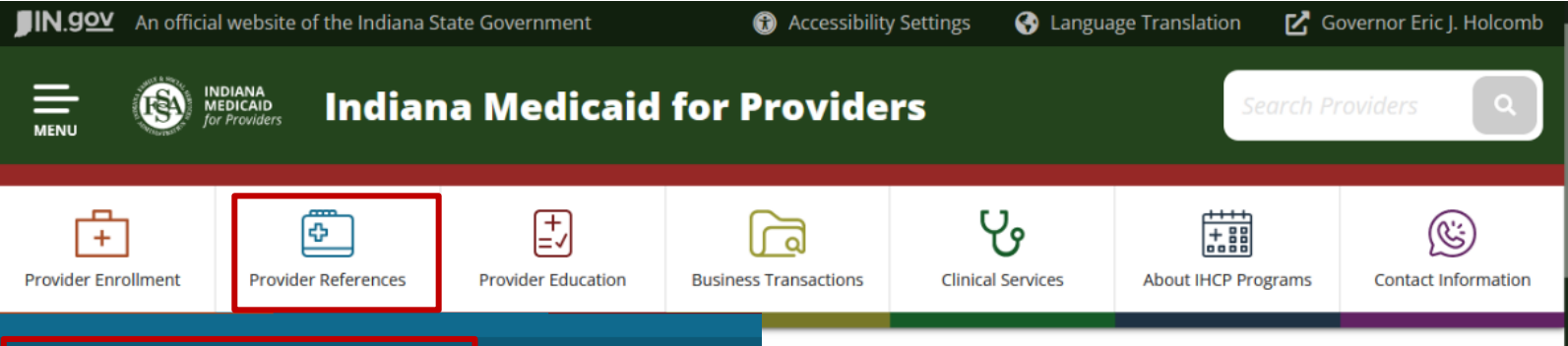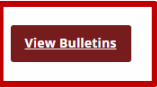
Searching for Dental-Related Bulletins

Show 50 entries   Table Search Dental

Bulletin #	Date	Topic	Audience (Provider Type)
BT2024177	11/12/2024	IHCP adds prior authorization requirement for medical and dental frenectomy codes	All
BT2024174	10/31/2024	IHCP updates reimbursement for certain dental codes	Dental, FQHC/RHC
BT2024121	08/01/2024	IHCP clarifies dental prophylaxis coverage	Dentist, FQHC/RHC
BT202435	03/26/2024	IHCP updates claim requirements for certain dental codes	Dentist
BT2023170	12/05/2023	IHCP removes coverage for Janssen dental COVID-19 codes	Clinic, Dentist, Hospital, Pharmacy/Prescribing, Physician/Practitioner
BT202397	08/15/2023	IHCP announces dental coverage policy changes	Dentist

Where to find the Dental Services Provider Module?

Indiana Medicaid: Providers: IHCP Provider Reference Modules

View Modules

- Jump to [Eligibility and Benefits Modules](#)
- Jump to [Claims and Billing Procedures Modules](#)
- Jump to [Service- and Provider-Specific Modules](#)
- Jump to [Program-Specific Modules](#)
- Jump to [Program-Specific Modules – Home- and Community-Based Services](#)

Dental Services

Dental Services Provider Module

Table of Contents

Providers can verify member eligibility through the **Eligibility Verification System (EVS)**

either by using the

- IHCP Provider Healthcare Portal (IHCP Portal)

  or

- Virtual assistant (GABBY) at 800-457-4584, option 2.

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Eligibility Verification

- To avoid claim denials, providers should verify that the member has not exhausted benefit limits before rendering services.

- Providers must verify eligibility at the time a member makes an appointment and again on the day of the appointment, before services are rendered.

- Eligibility should be verified every time the member is seen.

- Providers can verify member eligibility through the Eligibility Verification System (EVS) options below:

  - IHCP Provider Healthcare Portal (IHCP Portal)
    or
  - Virtual assistant (GABBY) at 800-457-4584, option 2.

Member Eligibility Information

Enter the individual's **Member ID** if known – no other identifiers need to be **added.**

or

If the Member ID is not known, enter the member's **first and last name and birth date or social security number and birth date.**

Effective Date:

Enter the date of either:
- The day you are scheduling the service
- Every time the member is seen (prior to the service rendered)

Dental Benefit Inquiries Using Secure Correspondence

- Benefit limit information that is not returned by the EVS or IHCP Portal, providers can contact the **Written Correspondence Unit** to research of a member's FFS claim history for a given service.

- The Secure Correspondence link allows users to send secure correspondence and attachments. (This option is available only to users with permission to perform this function.

Dental Procedure Codes – Emergency Services Only

INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER CODE TABLES

Dental 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 Bulletins* and *IHCP Fee Schedules* for updates to coding, coverage and benefit information.

For information about using these code tables, see the *Dental Services* provider reference module.

Table 1 – Dental Procedure Codes Allowed for Emergency Services Only (Package E and Package B) Members[1]

Table 2 – Dental Procedure Codes That Re...

Dental Claim Guidelines

The claim must be indicate that it was an **Emergency**:

- *On the ADA Dental claim form-* in field 2: enter the word Emergency.
- *On the IHCP Portal dental claim-* in Step 1: select the Emergency box to indicate that the claim is for an emergency.

Table 1 in the Dental Code Sets Module lists the procedure codes allowed for member with Emergency Services Only (Package E and Package B).

Billing for Dental Services

Area of Oral Cavity Codes

Code	Area
L	Left
R	Right
00	Entire oral cavity
01	Maxillary area
02	Mandibular area
09	Other area of oral cavity
10	Upper right quadrant
20	Upper left quadrant
30	Lower left quadrant
40	Lower right quadrant

Valid Tooth Surface Codes

Anterior Teeth		Posterior Teeth	
D	(Distal)	B	(Buccal)
F	(Facial)	D	(Distal)
I	(Incisal)	L	(Lingual)
L	(Lingual)	M	(Mesial)
M	(Mesial)	O	(Occlusal)

See the Dental Services Codes, accessible from the Code Sets :

- For a list of all procedure codes that require a tooth surface code for billing.
- For procedure codes, the IHCP requires that the tooth number (or letter) be entered in the service line.

Dental Benefit Limitations

Full Mouth Debridement

Limits:

- Limited to one treatment per 24 months per member

- Limited to one unit per date of service

- Cannot be performed within six months of prophylaxis (D1110, D1120), periodontal scaling and root planing (D4341, D4342), periodontal maintenance (D4910), or full-mouth scaling (D4346)

Codes:
- D4355

Periodontal Maintenance

Limits:

- Members 3 years of age and older.

- One periodontal maintenance service (D4910) every three months for the whole mouth.

- The periodontal maintenance (D4910) cannot occur within the same three-month period as a prophylaxis service (D1110 or D1120).

Codes:
- D4910

Periodontal Scaling or Root Planing

Periodontal charting is required to be submitted with the claim for these codes to support medical necessity

1 quadrant = 1 billing unit

Limits:

- The IHCP covers periodontal scaling and root planing for members 3 years of age and older.

- For noninstitutionalized members 21 years old and older, the IHCP limits periodontal scaling and root planning to four units per lifetime.

- Providers can perform the service for all four quadrants on the same date of service.

Codes:
- D4341 – four or more teeth per quadrant
- D4342 – one to three teeth per quadrant

Periodontal Charting Documentation

Periodontal scaling and root planing requires documentation.

Member ID (RID)

When billing for multiple units of D4341 or D4342, the quadrants must be indicated for each service line, as described in the **Area of Oral Cavity** section of the Dental Services Module.

The attachment must also include the member's name.
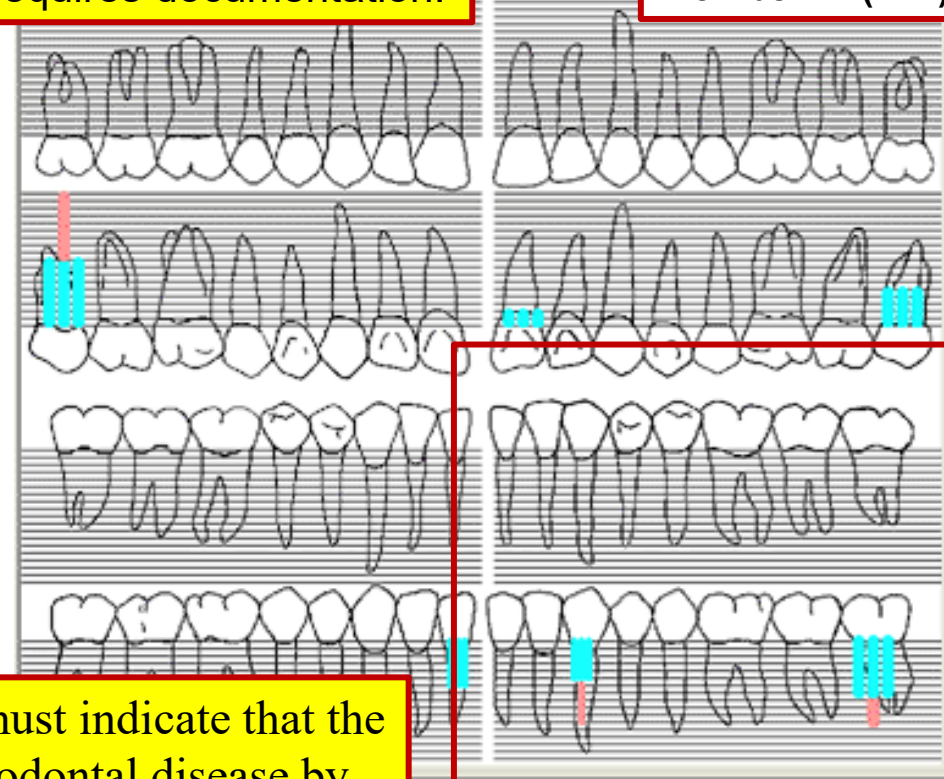
Documentation must indicate that the member has periodontal disease by showing pocket markings

The date of the scaling or root planing must be written on the periodontal chart next to the quadrant

10/29/2024

Dental Code Sets and Fee Schedule

Dental Services Codes - Code Set

Provider Refences > Code Sets > View Provider Code Tables > Accept agreement>Dental Service Codes

Service- and Provider-Specific Codes
Dental Services Codes

Where to Find IHCP Fee Schedules

Indiana Medicaid: Providers: IHCP Fee Schedules

Searching the Professional Fee Schedule

IHCP Professional Fee-For-Service Fee Schedule - Search

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: D4910

Procedure Code Range: [ ] to [ ]

Procedure Code Description: [ ]

[Submit]

Providers may search the Professional Fee Schedule by procedure code, procedure code range, or procedure code description.

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
D4910					DENTL	Dental	Def	MAXFEE	1/1/2024			
Min-Max Units	0 - 1				Fee Schedule Amt:	$102.03		Base Units:		0	Age Min-Max:	3 - 999 Years
Procedure Desc:	PERIODONTAL MAINT PROCEDURES							CMS Add Date:	1/1/1984		CMS Term Date:	

Submitting Dental Claims Via the IHCP Provider Healthcare Portal (IHCP Portal)

Advantages of Submitting Claims via the
[IHCP Provider Healthcare Portal](#)

- Instructions for billing dental claims on the IHCP Portal can be found in the [Claim Submission and Processing](#) module.

- Providers receive *immediate* claim status: Payment, Denial or Pending in Process

- Remittance Advices (RAs) populate weekly under Search Payment History.

- Submitting claims is easy and efficient.

- Can upload electronic attachments.

- No additional forms to complete.

- Nothing to submit by mail

What to Know!

- Fields marked with an asterisk (*) are **required**.

- Claims must be submitted in a single session.
  - There is no option to save and come back later to complete the claim.

- Error notifications will highlight information that is not completed.
  - This information must be completed before the claim can be submitted.

Steps to adding the claim details on the IHCP Provider Healthcare Portal

Header Claim Level

Step 1:
- Provider and location information
- Member ID and Claim Information

Step 2:
- Other Insurance Information (if applicable)
- Claim Adjustment Details (Header)

Service Details Claim Level

Step 3:
- Service details
  - Procedure codes, date of service, place of service, charges
- Other Insurance Information (if applicable)
- Adjustment details
- Attachments
- Claim Notes

Provider and Location Information

Provider Information

Requesting Provider Information

Billing Provider ID [.]   ID Type NPI   Name

Rendering Provider ID [ ] 🔍   ID Type [▼]   Name

Rendering Taxonomy [ ]

Referring Provider ID [ ] 🔍   ID Type [▼]   Name

Service Facility Location ID [ ] 🔍   ID Type [▼]   Name

Use the spyglass to enter rendering NPI

Provider ID Search   **Back to Claim**

Search By ID | Search By Name | Search By Organization

* Indicates a required field.

*Provider ID [ ]   Provider ID Type [▼]

Search   Cancel

If a provider is listed more than once, choose the entry without a taxonomy code, if available.

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Member ID and Claim Information

Enter Member ID, Date of Birth and at least one character of First and Last Name

*Member ID

*Last Name   *First Name

Birth Date 🛈   Other Claim ID

Claim Information

General Claim Information Instructions

Emergency ☐

Accident Related [▼]   Accident Date 🛈 [   ] 📅

*Place of Treatment [11-Office   ▼]   *Patient Number [001]

Special Program [▼]   Authorization Number [   ]

*Does the provider have a signature on file? ⦿ Yes ○ No

*Does the provider accept assignment for claim processing? ⦿ Yes ○ No

*Are benefits assigned to the provider by the patient or their authorized representative? ⦿ Yes ○ No ○ N/A

*Does the provider have a signed statement from the patient releasing their medical information? ⦿ Yes ○ No

Include Other Insurance ☐   Total Charged Amount $0.00

Proceed to Step 2 for other insurance   [Continue] [Cancel]

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Other Insurance Details Header Level

You can add, remove or edit information in the **Other Insurance Details** panel.

Click the **hyperlinked number** for the correct primary dental insurance.

Click **[+]** to add new other insurance. After all information is entered, click **Add Insurance** to add the new carrier.

Click **Remove** to delete any unneeded carriers from the claim.

The claim filing code for all dental claims is **CI.**

Paid amount on the *ENTIRE* claim.
Does not have an * but is required for processing.

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1	CARRIER 2	1001001	S0000		-	Remove
2	CARRIER 3					

Click to add a new other insurance.

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

Refresh Other Insurance

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action

Click to collapse.

*Carrier Name _____   *Carrier ID _____

*Policy Holder Last Name _____   *First Name _____   MI ☐

Policy Holder Address _____

City _____   State _____   Zip Code θ _____   Country Code _____

*Policy ID _____   SSN θ _____

*Relationship to Patient _____   *Claim Filing Code _____

Group ID _____   Policy Name _____

TPL/Medicare Paid Amount _____   Paid Date θ _____

[Add Insurance] [Cancel Insurance]

Back to Step 1

01-Spouse
18-Self
19-Child
20-Employee
21-Unknown
39-Organ Donor
40-Cadaver Donor
53-Life Partner
G8-Other Relationship

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Adding Other Insurance Information - Header

Medicare carrier name can be Wisconsin Physician Services (WPS) or Medicare – carrier ID 08102. Medicare Advantage Plan and TPL (third-party liability) can be the name of the carrier.

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action

☐ Click to collapse.

*Carrier Name

*Policy Holder Last Name

Policy Holder Address

City   State   ZIP Code ❶   Country Code

*Policy ID   SSN ❶

*Relationship to Patient   *Claim Filing Code

Group ID   Policy Name

TPL/Medicare Paid Amount   Paid Date ❶

Claim ID

Referral Number   Authorization Number

*Carrier ID

*First Name   MI

Add   Cancel

01-Spouse
18-Self
19-Child
20-Employee
21-Unknown
39-Organ Donor
40-Cadaver Donor
53-Life Partner
G8-Other Relationship

The claim filing code for all dental claims is **CI.**

Paid amount on the *ENTIRE* claim.
Does not have an * but is required for processing.

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Claim Adjustment Details- Header

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment G		Adjustment Amount	Units	Action

PR – Patient responsibility.

1 – Deductible amount.
2 – Coinsurance amount.
3 – Copayment amount.
Or contractual obligation (CO) with the valid TPL ARC explanation.

Click to collapse.

*Claim Adjustment Group Code

*Reason Code

*Adjustment Amount   Adjusted Units

Add   Cancel

Total claim adjustment amount

Save   Cancel

Click to add a new other insurance.

Back to Step 1   Continue   Cancel

Claim adjustment details are not completed for TPL, unless there is an acceptable denial adjustment reason code.

Claim adjustment details ARE completed for Medicare and Medicare Advantage Plans.

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Service Code Details

Submit Dental Claim: Step 3

* Indicates a required field.

Provider Information

Billing Provider ID	ID Type NPI	Name

Patient and Claim Information

Member ID	
Member	Gender
Birth Date	Total Charged Amount $0.00

Expand All | Collapse All

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Service Date	Oral Cavity Area	Tooth Number	Procedure Code	Charge Amount	Units	Action

Click to collapse.

22-LOWER LEFT CANINE - CUSPID
24-LOWER LEFT CENTRAL INCISOR
O-LOWER LEFT CENTRAL INCISOR
19-LOWER LEFT FIRST MOLAR
21-LOWER LEFT FIRST PREMOLAR-1ST BICUSPID
L-LOWER LEFT FIRST PRIMARY MOLAR
N-LOWER LEFT LATERAL INCISOR
23-LOWER LEFT LATERAL INCISOR
M-LOWER LEFT PRIMARY CANINE - CUSPID
18-LOWER LEFT SECOND MOLAR
20-LOWER LEFT SECOND PREMOLAR-2ND BICUSPID
K-LOWER LEFT SECOND PRIMARY MOLAR

*Service Date

Oral Cavity Area

Buccal
Distal
Facial
Incisal
Lingual
Mesial
Occlusal

Tooth Number

Tooth Surface

*Procedure Code
D4341
D4341-PERIODONTAL SCALING & ROOT

Charge Amount 120.00   *Units 1.00   Line Item Control#

Other Fees

Rendering Provider ID   ID Type   Rendering Taxonomy

Add   Cancel

See the Dental Services module for information about Tooth Surface and Oral Cavity Area codes.

Clicking Add saves your entry and collapses the service detail.

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Other Insurance Information – Detail Level

Click the detail number under the # column to expand the Other Insurance for Service Detail.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Service Date	Tooth Number	Procedure Code	Charge Amount	Units	Action
1	10/27/2016		D4341-PERIODONTAL SCALING & ROOT	$120.00	1.00	Remove

⊞ Click to add service detail.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Service Date	Tooth Number	Procedure Code	Charge Amount	Units	Action
1	07/19/2018		D4341-PERIODONTAL SCALING & ROOT	$100.00	1.00	Remove

*Service Date ❶ 07/19/2018

Tooth Number

Tooth Surface

*Procedure Code ❶ D4341-PERIODONTAL SCALING & ROOT

Charge Amount $100.00   *Units 1.00   Line Item Control#

Rendering Provider ID   ID Type   Rendering Taxonomy

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action

⊟ Click to collapse.

*Other Carrier   UHC Dental-UHC Dental

*TPL/Medicare Paid Amount   *Paid Date ❶ 08/20/2018

[Add]   [Cancel]

[Save]   [Cancel]

Primary amount paid for service detail line.

Clicking Add and Save collapses the Service Detail again.

Other Insurance Adjustment Information

Enter the adjustment information:
- group code
- reason code
- Adjustment Amount (patient responsibility)

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment	Units	Action

☐ Click to collapse.

*Claim Adjustment Group Code

*Reason Code ⓘ

*Adjustment Amount   Adjusted Units

Add   Cancel

Save   Cancel

☐ Click to add a new other insurance.

Click Add and Save.

Adjustment amount is the patient responsibility or adjustment reason code (ARC) amount on the *ENTIRE* claim.

PR – Patient responsibility.

1 – Deductible amount.
2 – Coinsurance amount.
3 – Copayment amount.
Or contractual obligation (CO) with the valid TPL ARC explanation.

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Claim Attachments

When the primary EOB is required, use the *"Attachments"* feature.

The primary explanation of benefits (EOB) **is** required when the third-party liability (TPL) carrier has DENIED the service as noncovered.

The primary EOB **is not** required when the primary insurance COVERS the service and has made a *PAYMENT* on the claim with actual dollars received or the balance is applied to deductible, copayment or coinsurance.

Services that are *NONCOVERED* by the primary insurance are *NOT* filed as a secondary claim.

- If you plan to upload an attachment, be aware that the attachment file size limit is 5 MB, and valid file types for upload include: .bmp, .gif, .jpg, .jpeg, .pdf, .png, .tif and .tiff.
- Word and Excel are not allowed

Claim Note Information

The Claim Note Information panel is not required, but it can be used, if needed, to provide clarifying information about the claim as follows:

1. Select Additional Information from the Note Reference Code drop-down menu.

2. Enter any necessary information in the Note Text field.

3. Click Add to add the claim note.

(Dental claims submitted via the IHCP Portal or 837D transaction allow five claim notes at the header level.)

Claim Note Information
Click the **Remove** link to remove the entire row.

#	Note Reference Code	Note Text
Click to collapse.		

Note Reference Code ▼ → Additional Information

Note Text

Add   Cancel

Back to Step 1   Back to Step 2   Submit   Cancel

Only notes that impact the processing of the claim should be used – refer to the *Claim Submission and Processing Module* for acceptable claim notes.

Claim notes may delay the processing of the claim.

Claims Submission and Processing Module

Dental Claim Submission **Confirmation**

After you click **Confirm** to submit the claim for processing, the IHCP Portal displays the Claim ID and current claim status.

Review the information and then select the appropriate option from the bottom of the page:

- If you discover that you need to edit the claim information, use the Back to Step buttons to navigate to the appropriate step and edit the desired information.

- Click **Print Preview** to print a copy of the claim information being submitted.

- Click **Cancel** if you decide not to submit the claim. When you choose to cancel the claim submission, data entered during the process will be lost and the claim data will not be submitted.

- If, after reviewing the information, you are ready to submit the claim, click Confirm.

Searching **Claims** via the **IHCP Provider Portal**

Search by **Claim ID**, **Member ID** or service dates.

Click **+** or the Claim ID to obtain the results of the claim.

Claim Adjustments

Edit, Copy, and Voiding Claims – Correcting or resubmitting claims via the IHCP Provider Portal (Claim Adjustments)

Adjustment Filing Limits

- The Claims Resolution and Adjustments Unit must receive the paid claim replacement request within 60 days of notification of the claim's disposition. The date of notification is considered to be the date on the RA.

- Information on submitting a claim adjustment on the IHCP Portal can be found in the **Claims Adjustments** Module

Service Details

#	Service Date	Tooth Number	Procedure Code	Charge Amount	Copay Amount	Units
1	06/20/2018		D0140-LIMIT ORAL EVAL PROBLM FOCUS	$88.00		1.00
2	06/20/2018	19-LOWER LEFT FIRST MOLAR	D0220-INTRAORAL PERIAPICAL FIRST	$35.00		1.00

Claim EOB Information

Claim Adjustment Reason Code Information

No Other Insurance Details exist for this claim

No Attachments exist for this claim

No Claim Notes exist for this claim

No Adjudication Errors exist for this claim

[Edit]   [Copy]   [Void]   [Print Preview]

A Void or Edit can only be done on a paid claim.

A denied claim can only be Copied.

Dental Contact Information

IHCP Quick Reference Guide - **Contact Information**

IHCP:
- Enrollment, TPL, Fraud, Waste, Abuse and Long-Term Care

Fee-for-Service:
- Pharmacy, Non-Emergency Transportation, Electronic Data Interchange   (EDI), and Claim Submissions

Managed Care:
- Provider Services, Prior Authorizations, Pharmacy, Dental Providers

Care Management- Right Choice Program (RCP)
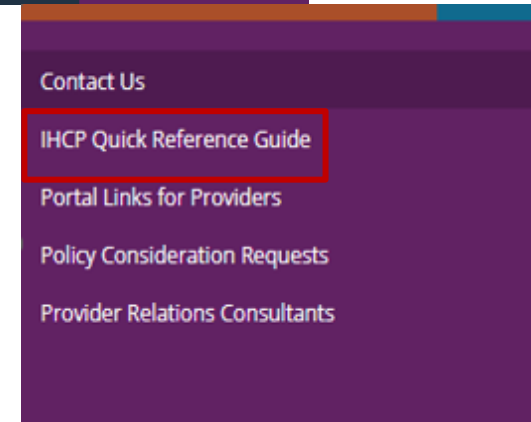
Note: Dental claims for members enrolled in managed care are the responsibility of the MCE with which the member is enrolled. Contact the appropriate entity for billing instructions and/or payer contractor.

Helpful Tools

Useful Information

[Indiana Medicaid for Providers website](#)

[IHCP Provider Reference Modules](#)

[IHCP Bulletins](#)

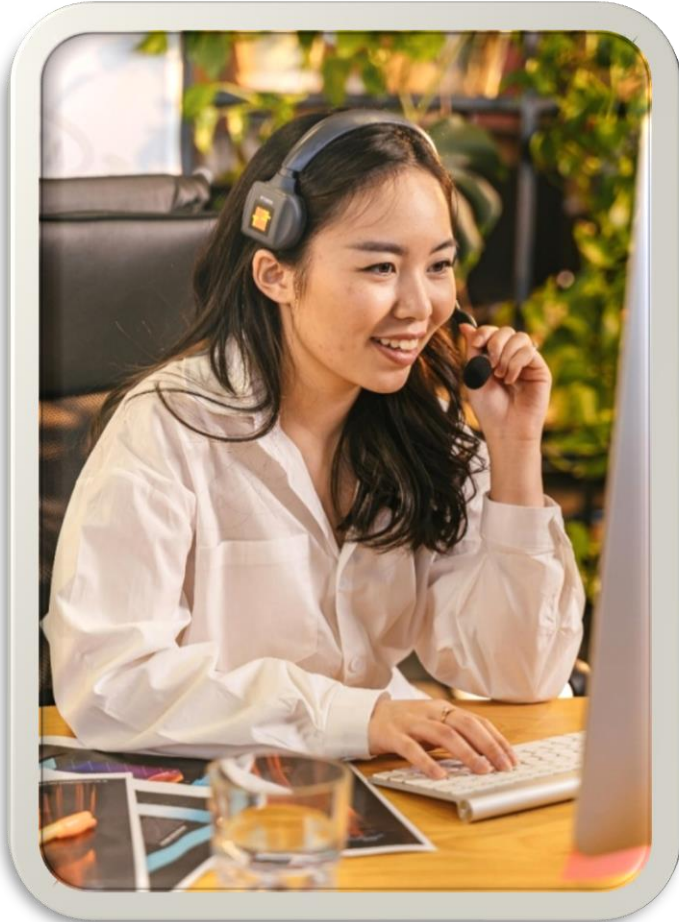*Sign up for [email notifications](#) to receive weekly summaries of new and updated bulletins, modules and other publications.*

Customer Assistance

800-457-4584

8 a.m. - 6 p.m. Eastern Time Monday – Friday

[Provider Relations Consultants](#) by region

Secure Correspondence via the [IHCP Provider Healthcare Portal](#)

*(After logging in to the IHCP Portal, click the **Secure Correspondence** link to submit a request.)*

Provider Relations Consultants

Areas Covered	Consultant	Email	Telephone
Region 1 plus Chicago/Watseka, IL, and Sturgis, MI	Michelle Walls	INXIXRegion1@gainwelltechnologies.com	317-488-5071
Region 2 plus Danville, IL	Jill Harris	INXIXRegion2@gainwelltechnologies.com	317-488-5080
Region 3	Gabrielle Anderson	INXIXRegion3@gainwelltechnologies.com	317-488-5324
Region 4 plus Cincinnati/Harrison and Hamilton/Oxford, OH	Kassandra Johnson	INXIXRegion4@gainwelltechnologies.com	317-488-5153
Region 5	Jeannette Moore	INXIXRegion5@gainwelltechnologies.com	317-488-5186
Region 6	Emily Redman	INXIXRegion6@gainwelltechnologies.com	317-210-2618
Region 7 plus Louisville and Owensboro, KY	Tami Lott	INXIXRegion7@gainwelltechnologies.com	317-286-6894
All out-of-state providers except those in the previously listed cities	Judy Green	INXIX_OOS@gainwelltechnologies.com	317-488-5026

Questions

Thank you for attending!

By taking a few moments to complete the event and session evaluations, you help us understand your experience and shape the future of our programs.

TQRCG

gainwell.