Provider Maintenance on the IHCP Portal

Indiana Health Coverage Programs (IHCP)

Gainwell Technologies

IHCP Works Annual Seminar October 2025

Agenda

- What Can Be Updated on the IHCP Provider Healthcare Portal?

- Helpful Tools

- Questions

What Can Be Updated on the IHCP Portal?

Why Use the IHCP Portal?

- Faster and more convenient than mailing paper applications.

- Information can be saved and returned to later.

- Personal information is secure.

- Required supporting enrollment documentation attachments can be directly uploaded into the application.

- Real-time status of some submitted updates.

- Some updates made on the IHCP Portal are immediate.

Provider Maintenance

Log in to the IHCP Provider Healthcare Portal

Provider Maintenance Options Available (1-3)

Maintenance Options	Description
Change of Ownership (CHOW) Overview	Provides information about how to report a change of ownership (CHOW). *Note: CHOWs cannot be reported via the Provider Maintenance option. Instead, to report a CHOW, providers must follow the instructions in the Change of Ownership section – or, for applicable extended care facilities, the CHOWs for Extended Care Facilities subsection.*
Tax ID Changes	Allows users to update the federal taxpayer identification number (TIN) – either Social Security number or employer identification number (EIN) – associated with their enrollment, as long as the change is not a change of ownership. Submission of a W-9 is required when making the change. Also allows providers to update their disregarded entity status.
Contact and Delegated Administrator Information Changes	Allows maintenance of contact information and delegated administrators: - Contact information corresponds to the individual to be contacted with questions about this location. - Delegated administrators are the individuals entered (during initial IHCP enrollment) for paper submissions only. This option is **not** related to the task of registering delegates in the IHCP Portal.

The information on this slide and the three that follow can be found in *Table 1 – Provider Maintenance Options* within the *Provider Enrollment* provider reference module.

Provider Maintenance Options Available (4-7)

Maintenance Options	Description
Address Changes	Allows users to modify registered W-9, mail-to, pay-to and service location addresses. Changes to the provider's W-9 address on file with the IHCP require submission of a new W-9 form. The address entered **must exactly match** the address reported to the IRS on the W-9 form. Dental providers can also use this option to indicate whether they are accepting new patients or patients with special needs.
Specialty Changes	Allows users to add or remove provider specialties and change primary specialty assignment. Restrictions apply for certain providers, such as transportation providers and specialties that are considered high- or moderate-risk.
Presumptive Eligibility Changes	Allows appropriate provider types to enroll as a qualified provider (QP) for the Presumptive Eligibility (PE) or Presumptive Eligibility for Pregnant Women (PEPW). Only certain specialties can enroll as qualified providers, and some are restricted to PEPW only. For more information, see the *Presumptive Eligibility* module.
EFT Changes	Allows users to enroll in electronic funds transfer (EFT) or change existing EFT information. It takes approximately 18 days for the bank to process and completely establish an EFT account. If claims are paid before an EFT is active, paper checks will be mailed to the pay-to address on file.

Provider Maintenance Options Available (8-11)

Maintenance Options	Description
Language and Accessibility Changes	Allows users to add or remove languages for which they are able to speak or translate, and to update responses to the questions regarding accessibility.
ERA Changes	Allows users to sign up to receive claim payment information using electronic remittance advice (ERA) 835 transactions. If ERA 835 transactions are to be electronically exchanged, an account should be established using this page within the maintenance application.
Other Information Changes	Allows applicable providers to indicate special information such as: • Participation in the 590 Program or Medical Review Team (MRT) • Use of 340B stock • Whether they offer mental health and/or substance use disorder services • Whether they are accepting new dental patients and their ability to serve special-needs populations The access to change or view these options will only appear to providers whose type and specialty are appropriate.
Rendering Provider Changes	Allows group users to add or remove rendering providers linked to the group provider.

Provider Maintenance Options Available (12-13)

Maintenance Options	Description
Provider Identification Changes	Allows users to change provider identification data, which includes: • Provider name (as recognized by the IRS for tax purposes) • Doing business as (DBA)/service location name • Organizational structure • NPI • Taxonomy • Licensure and certificate information, including Clinical Laboratory Improvement Amendments (CLIA) certification • Medicare participation • Patient population • Drug Enforcement Agency (DEA) information • Auto insurance information, auto registration information and driver's license information and attestations (for applicable specialties only) These changes are not intended to report the sale or transfer of ownership of the enrolled entity.
Disclosure Changes	Allows users to report any new or departing owners, board members or managers and maintain address information for all disclosed individuals (owners and managers, individuals, and corporations). Also allows users to update disregarded entity, TIN, and percentage of ownership information for entities with an ownership or controlling interest, when applicable. Do not use the *Disclosure Changes* link to report CHOW information.

Immediate Changes

- Contact and Delegate Administrator

- Address Changes (other than "Legal (Home)" address)

- Specialty Changes that do not require documentation

- Presumptive Eligibility (PE) election

- Electronic Funds Transfer (EFT) add/change (18-day paper check during change period, depending on the bank)

- EFT deletion

- Language

- 590 and Medical Review Team (MRT) election

- Rendering Provider termination

- Taxonomy Removal

- Medicare Participation

Electronic Attachments

Any changes that require documentation trigger the attachment screen. This appears **after** you have pressed **Submit**.
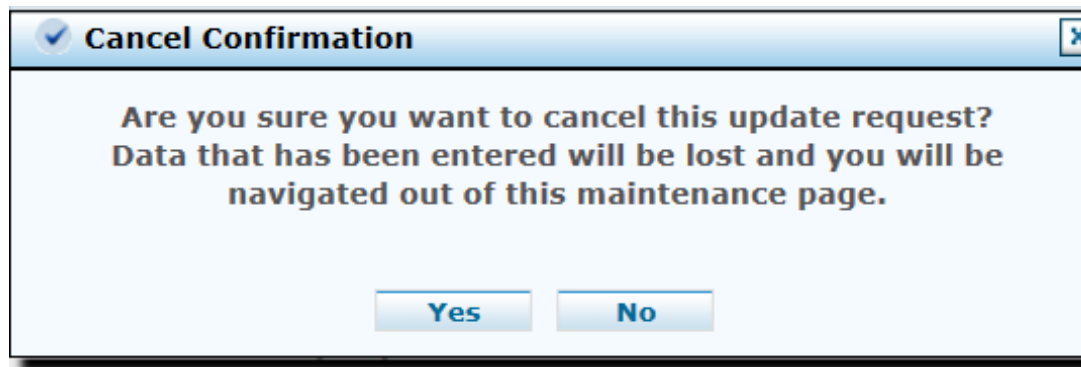
Need to Know

- Review instructions and information provided on each page before submission.

- No changes are made unless you press **Submit.**

- Changes are electronically submitted to Gainwell when clicking **Submit.**

Submit   **Cancel**

- The following confirmation window appears when clicking **Cancel.**

Cancel Confirmation

Are you sure you want to cancel this update request?
Data that has been entered will be lost and you will be
navigated out of this maintenance page.

Yes   No

Check Status

You can check the status of any pending maintenance requests by clicking on the Provider Maintenance link where you submitted the request in the Current Maintenance Pending Requests area.

Please note: If there are requests listed, the category associated with the pending requests will appear grayed out and cannot be accessed until updates are finalized. You also cannot submit more then 1 request at a time in the same category.

Status Codes for Enrollment Actions

Status Code and Description	What Does it Mean?
A – Approved	The enrollment application is in this status after an enrollment has been approved
F - Completed	The enrollment application or the maintenance task has been completed.
D - Denied	The enrollment application has been denied. This status also appears when a Return to Provider (RTP) as not been returned and has expired (21 days old).
I - Incomplete	The enrollment application is in this status when a user has saved an enrollment before submission. This allows a user to return later into a partially completed enrollment.
W – Provider Corrections Required	The enrollment application is in this status when the RTP process has been initiated.
K - Ready for Review	The status right after the user submits on the IHCP Portal until it goes into workflow. This status happens before the "L-Under Review." "Ready for Review" can also mean the application tracking number (ATN) is waiting for mailed-in attachments. "Ready For Review" can also indicate an error.
S – Resubmit Application	The status after the user has resubmitted a corrected enrollment. This status happens before the "L-Under Review."
L - Under Review	The status of an enrollment or maintenance task when it goes to workflow.

RTP Additional Information Requests

- If an RTP is received on an electronic submission update for items that require additional documentation, you have 21 calendar days to correct and resubmit.

- The contact listed on the application or in your file will receive an email notification.

- Notification will be sent to the "Mail To" address listed on application or group location.

- Follow instructions on letter and resubmit.

- If you have attachments, you may need to reattach them before resubmitting.

Reminders

Providers are reminded that the Provider Agreement states updates and most changes to the provider enrollment information are to be reported **within 30 business days of the change.**

Providers must notify IHCP Provider Enrollment **within 10 business days of any changes** in the following information:

- Licensure

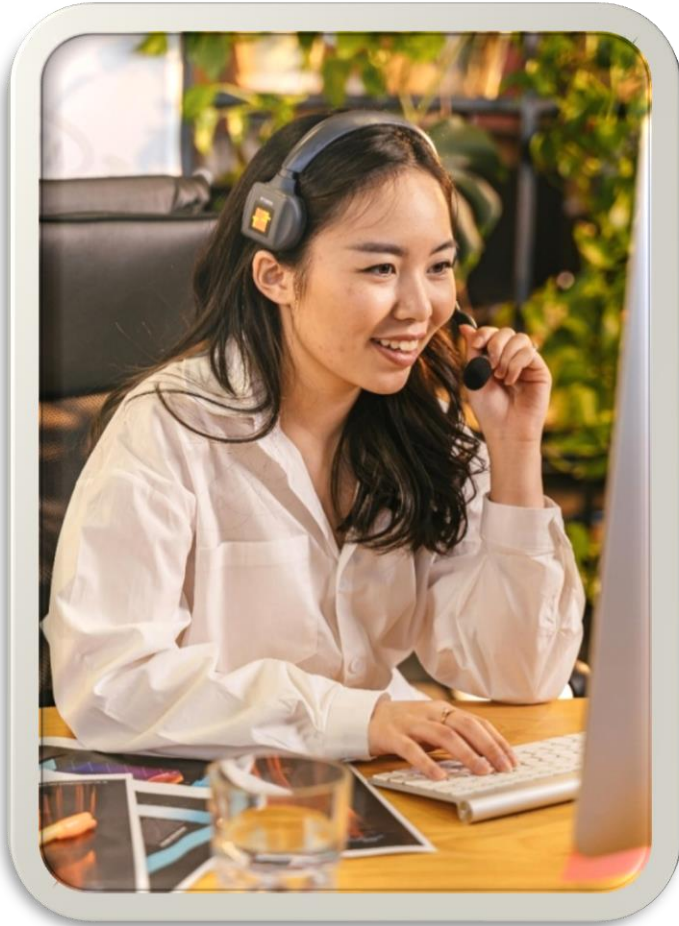- Certification, including Clinical Laboratory Improvement Amendments (CLIA) certification

- Permit

Medicare and Medicaid compare enrollment data - differences in reported information can cause audits to occur.
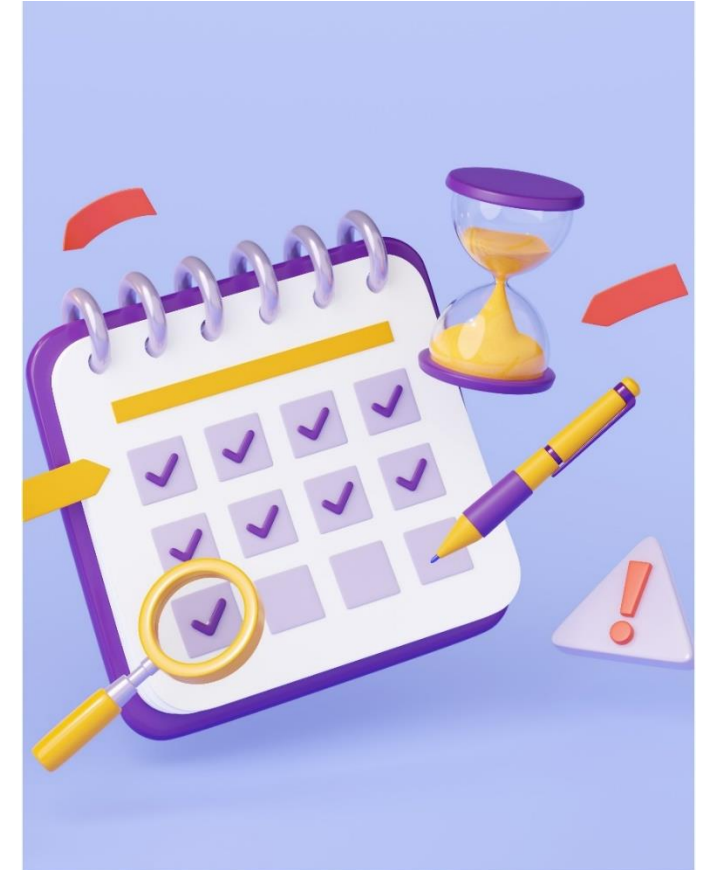
Helpful Tools

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.