



Provider Relations Consultants: What We Can Do For You

Indiana Health Coverage Programs (IHCP)
Gainwell Technologies
IHCP Works Annual Seminar October 2025



Agenda

- How to contact your Provider Relations Consultant
- Complex Claim Denials
- Indiana Health Coverage Programs Portal (IHCP Portal) Navigation Training
- Provider Enrollment and Revalidation
- Member Eligibility Packages and Programs
- Conducting Provider Meetings Onsite or Virtual
- Self Service Tools
- Helpful Tools
- Questions



How to Contact Your Provider Relations Consultant

Contacting your Provider Relations Consultant



- [Indiana Medicaid for Providers](#)



- [Contact Us](#)
- [IHCP Quick Reference Guide](#)
- [Portal Links for Providers](#)
- [Policy Consideration Requests](#)
- [Provider Relations Consultants](#)
 - [Territory Map](#)



Provider Relations Field 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



Complex Claim Denials



What Is a Complex Claim Denial?

- Shadow claims
- Prior Authorization
- Inpatient/Outpatient claims with multiple detail lines
- Diagnosis Related Group (DRG)/Outlier Claims
- Claims that pay differently than expected
- Remittance Advice education



Definitions of Complex Claim Denials

Shadow claims

- A claim that was paid under a Managed Care Entity that has been recouped due to retro Fee For Service member eligibility. These claims must be voided in the FFS system in order to resubmit for payment from FFS Medicaid.

Prior Authorization

- Approval or denial of services requested by the provider prior to providing them. Reference [Prior Authorization Module](#) Provider Reference Module.
- [Acentra Health Portal](#) Provider Reference Module.

Inpatient/Outpatient claims with multiple detail lines

- These claims are standard, as a single claim that summarizes all the individual services a patient receives.

Additional Definitions of Complex Claim Denials



- **Diagnosis Related Group (DRG)** is a classification system used by hospitals and Medicare to group patients with similar conditions, treatments, and expected resource use.
- **An Outlier claim** is a claim that exceeds usual and customary charges due to complexity of the case which can make the claim eligible for additional payment.
- **Unexpected claim payment amount** is a claim submitted by the provider that receives reimbursement which is not what was expected.
- **Remittance Advice Education** explanation of claims for services rendered can be found in the Provider Reference Module [Remittance Advice](#).

Information Needed

Required:

- National Provider Identifier (NPI) and/or Indiana Health Coverage Programs (IHCP) Provider ID
- Provider contact name
- The Member identification number (RID)
- Specific date of service/claim number
- Specific details regarding the information being requested should be included

Not Required:

- Taxpayer identification number (TIN)
- Member's date of birth (*seldom required*)

Remember:

- All protected health information (PHI) **must** be sent via secured or encrypted email.
- Voicemails are confidential; therefore, PHI may be left for review prior to the Provider Relations Consultant returning the call or email.



IHCP Portal Navigation Training



Basic IHCP Portal Training



Portal Registration Process



Portal Navigation Overview

Verifying Eligibility

Switching Provider Locations

Search Payment History/Remittance Advice Search
Resources



IHCP Portal Claims Training

- Claims Training
 - Claims Billing
 - Professional, Institutional and Dental
 - Editing Paid Claims
 - Copying Claims
 - Voiding Claims
 - Billing Secondary Claims
 - Claims Research



Resources

- Provider Reference Module [Claim Submission and Processing](#)
- Provider Reference Module [Claim Adjustments](#)
- Reach out to your Provider Relations Consultant for training and/or additional help with:
 - Billing Primary & Secondary *CMS-1500* Claims
 - *Billing Primary & Secondary UB-04* Claims
 - Claims Research



IHCP Portal Helpful Tools Training



Portal Account Management

Updating Portal User Information
Adding and Managing Delegates



Portal Tools

Secure Correspondence
Member Focused Viewing



Provider Enrollment and Revalidation



Enrollment and Revalidation



New Provider Enrollment



New Rendering Provider Enrollment



Provider Enrollment Maintenance/Updates

Address Updates
Specialty Updates
Electronic Fund Transfer (EFT) Updates
Change of Ownership (CHOW) Updates



W-9 Requirements

[Current W-9 Form](#)



How to Find Your Revalidation Date

**** Waiver providers need an updated waiver certification letter PRIOR to updating their enrollment with Gainwell Technologies ****



Understanding Member Eligibility Packages and Programs



Member Eligibility Packages

- Full Medicaid
- Package A – Standard Plan
- Package C
- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Qualified Individual (QI)
- Qualified Disabled Working Individual (QDWI)



Additional Eligibility Packages

- Package E - Emergency Services Only
- Package B - Emergency Services Only coverage with Pregnancy Coverage
- Family Planning Eligibility Program
- 590 Program

More information on all benefit plans can be found in the [Member Eligibility and Benefit Coverage](#) Provider Reference Module.



Special Programs and Processes

- [Presumptive Eligibility](#)
 - If you would like to become a Qualified Provider, please contact your Provider Relations Consultant
- [Medical Review Team \(MRT\)](#)
- [Preadmission Screening and Resident Review \(PASRR\)](#)
- [Right Choices Program \(RCP\)](#)



Additional Benefit Options

- [Home-and Community-Based Services \(HCBS\) Waiver Services](#)
- [Medicaid Rehabilitation Option Services \(MRO\)](#)
- [Long-Term Care \(LTC\)](#)
- [Hospice Services](#)



Fee for Service vs Managed Care

- What is fee-for-service versus managed care?
 - Traditional Medicaid (Fee for Service)
 - Carved out services
 - Who are the Managed Care Entities?
 - Hoosier Healthwise
 - Anthem
 - Managed Health Services (MHS)
 - MDwise
 - CareSource



Additional Managed Care Entities

- Hoosier Care Connect
 - Anthem
 - Managed Health Services (MHS)
 - United Healthcare (UHC)
- Healthy Indiana Plan
 - Anthem
 - Managed Health Services (MHS)
 - MDwise
 - CareSource
- Indiana PathWays for Aging (PathWays)
 - Anthem
 - Humana
 - United Healthcare (UHC)



Conducting Provider Meetings Onsite or Virtual



Conduct 1:1 Meetings



Provider contacts Provider Relations Consultant for assistance



Provider Relations Consultant will contact provider to schedule an in person or virtual meeting



The Provider Relations Consultant will conduct meeting to address the provider's questions and concerns



Discuss complex claims questions

Additional Information Regarding 1:1 Meetings



Discuss Provider Enrollment assisting with completing the IHCP Application via the IHCP Portal



Discuss and provide education understanding member eligibility



Navigating the IHCP Medicaid Providers Website and IHCP Provider Healthcare Portal



Self Service Tools



Provider Self Service Tools

- Research claims on the IHCP Provider Healthcare Portal
 - [IHCP Portal](#)
 - Claim Status
 - Claim Explanation of Benefits (EOB) for denials
 - Check Eligibility via the IHCP Portal or Interactive Voice Response (IVR)/GABBY
 - Submit a Secure Correspondence Request



Additional Provider Self Service Tools

- Keep updated on the posted IHCP Bulletins on the IHCP website
- [Sign up for IHCP Bulletins](#)
- Review available Provider Reference Modules on the IHCP Website
- [Provider Reference Modules](#)
- Check Provider Enrollment Status on the IHCP Portal
- [Provider Enrollment Status](#)



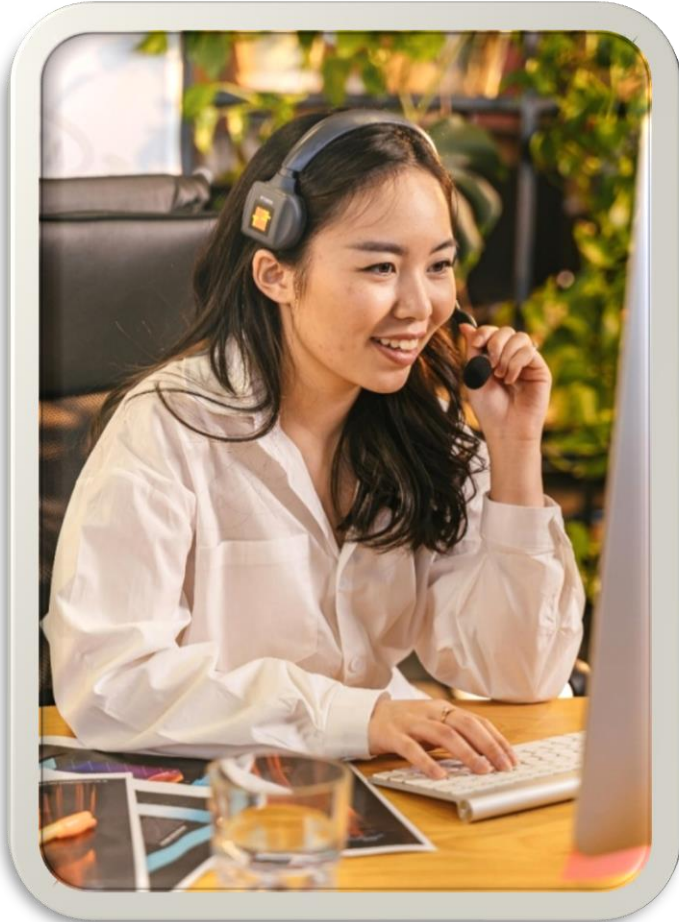
Checking Provider Enrollment Status

A screenshot of the 'INDIANA MEDICAID for Providers' website. The page has a blue header with the FSA logo on the left and navigation links 'Contact Us | FAQs | Login' on the right. Below the header is a green bar with 'Home' and a breadcrumb trail 'Home > Provider Enrollment'. The date 'Friday 09/26/2025 01:22 PM' is displayed in the top right. The main content area is divided into a left sidebar and a right image. The sidebar contains three sections: 'Provider Enrollment' with links for 'Provider Enrollment Application' and 'Resume Enrollment' (which includes a bulleted list of reasons to resume an application), 'Enrollment Status' with a link to check application status, and 'Customer Links' with links for 'W-9 Form', 'Provider Enrollment Type and Specialty Matrix', and 'Specialty Matrix'. The right side of the page features a photograph of a healthcare professional in blue scrubs working at a computer in a clinical setting.



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

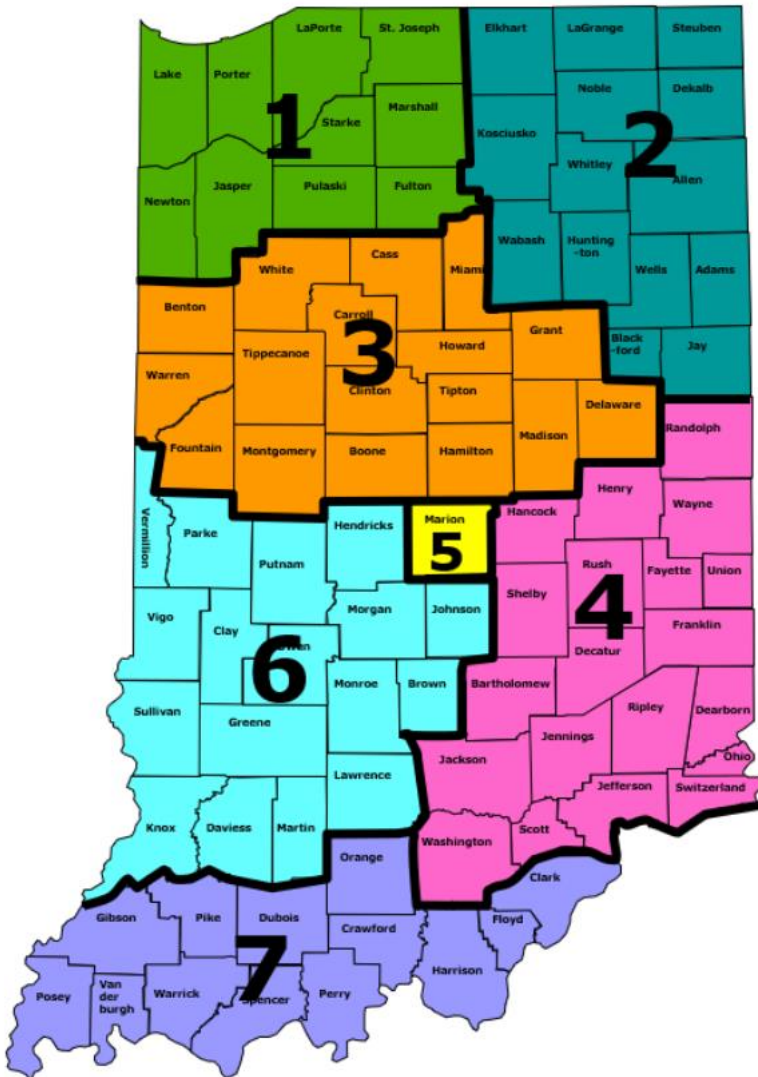
800-457-4584

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.)

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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.



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