Best Practices for Using Secure and Written Correspondence

Indiana Health Coverage Programs (IHCP)

Gainwell Technologies

IHCP Works Annual Seminar October 2025

Agenda

- Written Correspondence
- Secure Correspondence Features and Upgrades
- Portal Assistance
- Finance
- Provider Enrollment
- Verify IHCP Member Eligibility
- Third-Party Liability (TPL) Updates
- Claims Features Under Secure Correspondence
- Reminders
- Helpful Tools
- Questions

Written Correspondence

Written Correspondence Areas

Claim Inquires

Coverage Inquiries

Refund for Accounts Receivable

Paper Remittance Advice. The total number of pages must be determined first, which can be done by submitting a written request by mail by using **Written Inquiry Form**

Benefit Limit Inquiries

Written Secure Correspondence

- Should be submitted on the Written Inquiry form: [Written Inquiry Form](#)

- Submit the Written Inquiry Form by mail.

- Upon receiving the inquiry, it will be scanned into the system.

- There is no tracking method available for Written Correspondence.

- Inquiries will be answered in writing via mail.

- All claims are required to be legible and filled out correctly. Any corrections will be sent back to provider by mail.

- Providers should not use the Written Correspondence Unit for claim submission, unless specifically directed to do so.

Written Inquiry Form

- Claim inquiries

- Coverage Inquiries

- Remittance Advice Copies

- Providers can request to receive a printed copy of a remittance advice (RA) by mail. There is a fee of $0.15 a page.

- Gainwell – Written Correspondence
  P.O. Box 50442
  Indianapolis, IN 46250-0418

- [Written Inquiry form](#)

Things to Remember

- Bulk submissions are 30 or more submissions by the same provider or biller on the same date. The first claim in the batch will receive a response and subsequent submissions will refer to the response in the initial claim. Upon identification of a bulk submission, a Provider Relations Consultant will reach out to complete education on the inquiry. This education can occur in three ways: email, phone or by meeting. See IHCP Bulletin BT202591.

- Providers should not use Written Correspondence to check claim status. Claim status can be determined by checking Remittance Advice (RA) , inquiring through the IHCP Provider Healthcare Portal IHCP Portal or phone-based virtual assistant GABBY1-800-457-4584, option 2, or 276/277 claim status request and response transaction.

Secure Correspondence Features and Upgrades

Secure Correspondence Benefits

- Options to choose which team the message goes to ensure quality delivery.

- Real time submission to Gainwell Technologies.

- No chance of it getting lost in the mail.

- Electronic submission of secure messages on the [IHCP Provider Portal Login](#).

- Electronic submissions are the most efficient way to submit inquiries.

- A tracking number will be assigned for your records upon submission.

- Email confirmation that a secure correspondence message has been addressed.

- There are new upgraded features for secure correspondence to ensure quality resolution. *(See slide 11)*

Appropriate Submissions to Secure Correspondence

- Requests for a paper RA

- Denied or incorrectly paid claims

- Finance inquires

- National Correct Coding Initiative (NCCI) Edit NCCI Procedure-to-Procedure (PTP) Medically Unlikely Edits (MUEs)

- Benefit inquiry on specific codes that have limits

- Third-Party Liability (TPL) update

- Benefit Coverage inquiries

- IHCP Provider Healthcare Portal login issues

Secure Correspondence How-To Guide

Log in to IHCP Provider Portal – Access must be granted for a delegate to see the Secure Correspondence link. IHCP Provider Portal Login

Delegate Access and the Secure Correspondence Functions

Select the functions that the delegate is authorized to access.
(At least one function must be selected)

*Functions
- ☑ Care Management - Submit Resubmit Authorization
- ☑ Care Management - View Authorization
- ☑ Claim - Inquiry
- ☑ Claim - Submit and Resubmit
- ☐ Disenroll
- ☐ Manage Delegate Accounts
- ☐ MAPIR
- ☑ Member Focus Viewing
- ☐ Notification of Pregnancy Inquiry
- ☑ Payment History - Inquiry
- ☑ Provider Maintenance
- ☐ Provider Profile Inquiry
- ☑ Revalidation
- ☑ Secure Correspondence
- ☑ Submit RCP Referral to Lock-In List
- ☑ Verify Eligibility

[Submit] [Cancel]

New Secure Correspondence Features and Options

Bulletin
BT202588

Secure Correspondence Message

After choosing a category, you will be taken to where you can input your request.

Portal Assistance

Steps for Portal Assistance

Providers can request technical assistance with using the IHCP Provider Portal including adding or removing delegates, password changes or login issues. Via secure correspondence providers should select the message saying: I need help with the usage of the IHCP Provider Portal. I understand I need to have User IDs and/or Delegate information.
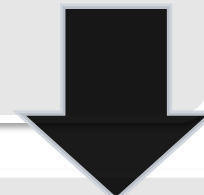
If providers cannot log in to the portal, assistance is also available by emailing Electronic Solutions Email or by calling 800-457-4584.

8 a.m. – 6 p.m. Eastern Time Monday–Friday (except holidays)
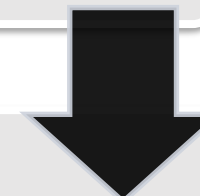
As a reminder, providers should never share usernames or passwords. Each person using the IHCP Portal should have their own, secure login credentials.

Finance

Finance Questions

You can submit a banking, financial or RA inquiry with this option. The following options are available:

❑ I have a question about a missing or incorrect electronic financial transaction (EFT).

❑ I am requesting a paper RA be mailed to me. Reminder: All RAs going back to February 2017 can be printed from the IHCP Portal.

❑ I have questions about an outstanding accounts receivable.

Banking / Financial / RA Inquiry Message

Please remember fields with a red asterisk (*) are required. To expedite processing, providers should consider submitting the following information in the Message field, depending on the request:

- Date of RA

- Date of Finance letter

- Check number

Duplicate submissions received within the last 60 days will receive an error after selecting Send if there is a check number match to a previously submitted inquiry.

Requesting Paper RA Copies

Printed copies of your RA are available upon request, sent by mail to the Written Correspondence Unit on your letterhead or using the IHCP Written Inquiry Form. The cost is **$0.15 per page**.

Please contact Customer Service (800-457-4584) to determine the amount of your check.

Make payable to Gainwell Technologies, along with written request for the paper RAs, to the following address:

Remittance Advice Copies
Gainwell – Written Correspondence
P.O. Box 50442
Indianapolis, IN 46250-0418

Reminder: The IHCP Provider Healthcare Portal is the most efficient way of obtaining this information.

Providers can download their RAs free of charge via the IHCP Portal. See the Viewing Payment History and RAs via the IHCP Portal section for download instructions and help desk information.

The IHCP Portal Help Desk cannot assist with RA copy requests; it should only be used to determine if there are issues with connectivity or linkage to the IHCP Portal.

True Or False

You can ask for a Paper RA through secure correspondence

You can update EFT information on secure correspondence
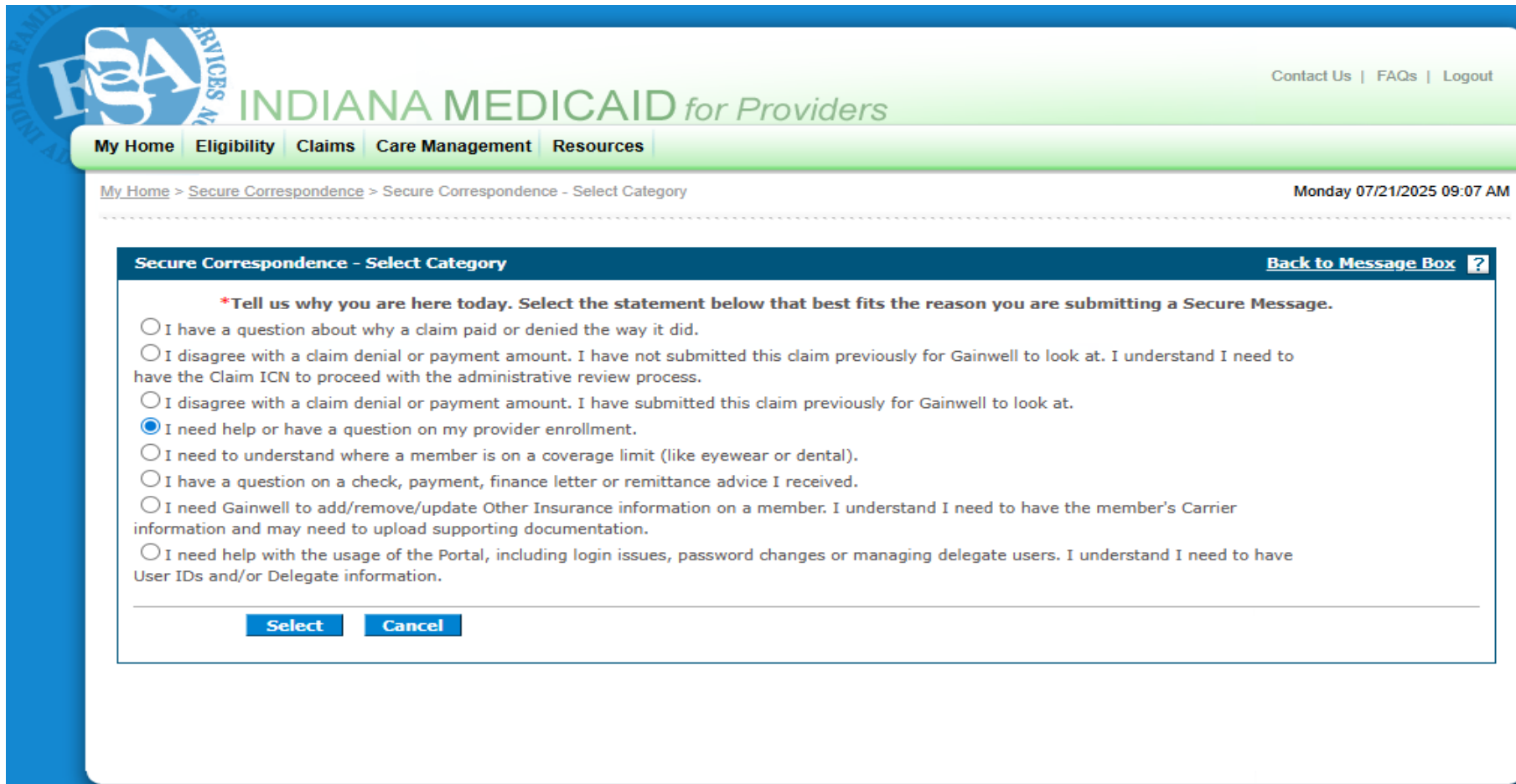
You can send questions about an outstanding AR

Provider Enrollment

Provider Enrollment Inquiry Message

You must be granted access to send a secure message.
For provider enrollment, you must choose the enrollment option.

Enrollment Inquiry Message

Make sure all fields are completed accurately and thoroughly. When requesting an application to be returned to make updates or changes, you should include the ATN that was assigned through the IHCP Portal when possible.

Inquiry Options

Fields with a red asterisk (*) are required. An optional field will allow the provider to include the application tracking number (ATN). The following are examples of enrollment issues providers may inquire about:

- Checking on the status of an enrollment, revalidation or recertification application.
  Note: Providers should include the ATN that was assigned through the IHCP Portal when possible.

- Requesting an application be returned to the provider to make updates or changes.

Provider Enrollment provider reference module

Self Help on the IHCP Portal

Providers can enroll, disenroll, revalidate, view and update provider information on the IHCP Provider Healthcare Portal. This includes address changes, specialty changes, adding or removing rendering providers, updating license information.

Changes to a profile must be completed through the Provider Maintenance feature on the IHCP Portal. Submitting updates through the Secure Correspondence messaging feature is not acceptable. The portal Secure Correspondence feature should not be used to submit enrollment documents for recertification. See the Provider Enrollment Module for information on how to recertify, revalidate and do new enrollments.
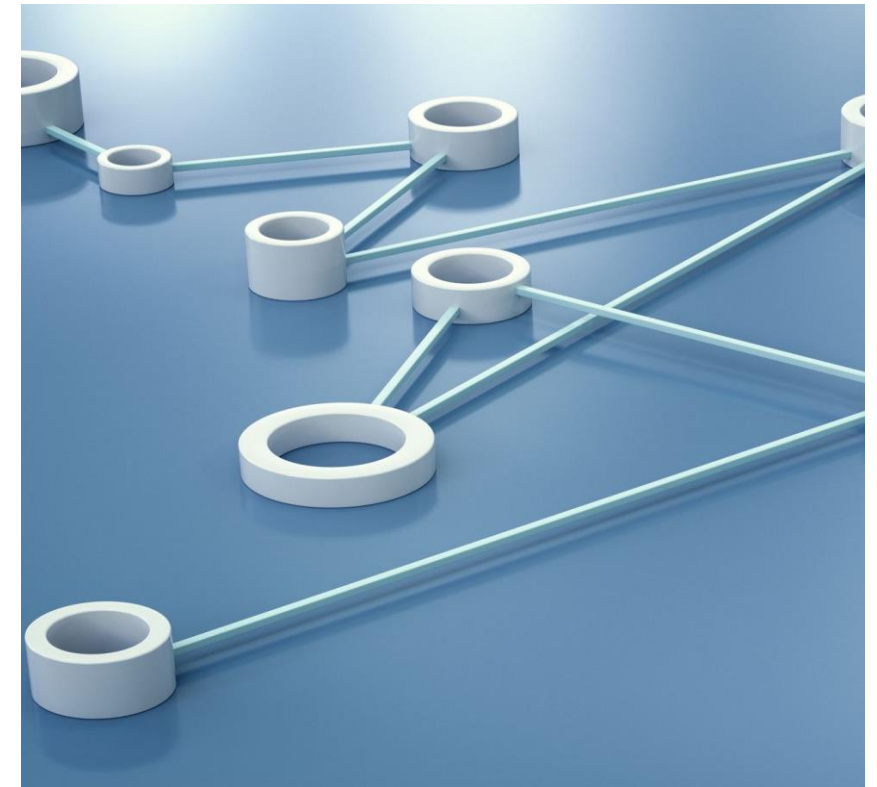
Fact or Fiction

- You can update your provider profile via secure correspondence

  Fiction. This must be done on the provider portal under the provider profile option.

- You can submit your provider enrollment application on the IHCP Provider Portal

  Fact. You can enroll on the IHCP Provider Portal home page

- You can check your provider enrollment status on the portal

  Fact. Click Secure Correspondence / Enrollment

- You can request an application be returned to make updates or corrections

  Fact. Click Secure Correspondence / Enrollment

Verify IHCP Member Eligibility

Checking Benefit Limits via Written Correspondence Under the Service Limitation Option

Coverage Inquiry for inquiries related to benefit limits (fee-for-service [FFS] nonpharmacy only):

- Chiropractic services
- Podiatry services
- Office or other outpatient visits
- Vision Services
- Hearing test
- Medical services
- Dental
- Durable medical equipment
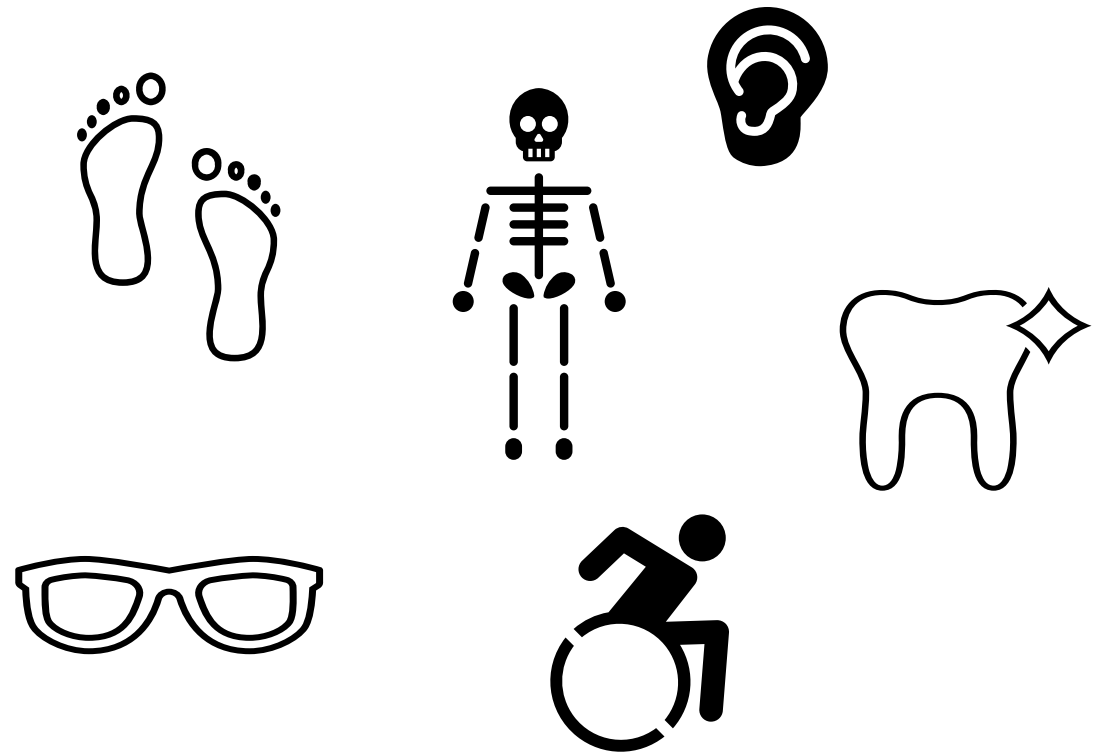
Member Eligibility and Benefit Coverage

Checking Benefit Limits on the IHCP Portal

- Providers may submit secure correspondence through the IHCP Provider Portal to inquire the date on which a member reached service limitations.

- The Eligibility tab on the IHCP Portal menu bar enables users to access the Eligibility Verification Request page.

- You can perform coverage verification by using Member ID, Social Security number (SSN) and date of birth, or name and date of birth.

- You can view member's managed care entity (MCE), benefit limits and other insurance coverage.

- More member information is available by telephone from the interactive virtual assistance system (GABBY) at 800-457-4584, option 2. **Customer Assistance representatives do not provide eligibility verification information.**

Third-Party Liability (TPL) Updates

TPL Updates

Providers can submit information about a member's other insurance by using the IHCP Portal's Secure Correspondence link, with **TPL Update** selected as the category.

- Third-party insurance updated to add a new primary policy to the member's profile

- Third-party insurance updated to end date a primary policy to the member's profile

- Third-party insurance updates such as policy number, group number or subscriber's information

- [Medicaid Third-Party Liability Questionnaire](#) and [Medicaid Third-Party Liability Accident/Injury Questionnaire](#). These can be loaded as an attachment.

Third-Party Liability (TPL) Submission

Providers can submit information about member's other insurance by using the IHCP Portal Secure Correspondence link, with add/remove/update Other Insurance selected as the category.

TPL Update Message

Send inquiries for TPL updates and requests by using secure correspondence. For this option, you will need the member ID and the other insurance information.

Claims Features Under Secure Correspondence

Features Under the Claims Options

- FFS nonpharmacy claims only

- Claim Inquiry – For inquiries related to a claim

- Claim Administrative Review Request – For requesting a review of your claim

- Claim Appeal - Providers should use Claim Appeal **only** in the event of an adverse claims administrative review decision

- See the Claim Administrative Review and Appeals provider reference module for more information

Claim Message Options

Secure Correspondence - Select Category   ?

*Tell us why you are here today. Select the statement below that best fits the reason you are submitting a Secure Message.

○ I have a question about why a claim paid or denied the way it did.

○ I disagree with a claim denial or payment amount. I have not submitted this claim previously for Gainwell to look at. I understand I need to have the Claim ICN to proceed with the administrative review process.

○ I disagree with a claim denial or payment amount. I have submitted this claim previously for Gainwell to look at.

○ I need help or have a question on my provider enrollment.

○ I need to understand where a member is on a coverage limit (like eyewear or dental).

○ I have a question on a check, payment, finance letter or remittance advice I received.

○ I need Gainwell to add/remove/update Other Insurance information on a member. I understand I need to have the member's Carrier information and may need to upload supporting documentation.

○ I need help with the usage of the Portal, including login issues, password changes or managing delegate users. I understand I need to have User IDs and/or Delegate information.

[Select]   [Cancel]

Claim Inquiry Message

Providers will be asked for the claim number claim number and the RA date.

Claim Administrative Review Process via Secure Correspondence

As a reminder, the process for disagreeing with a claim payment or denial requires providers to submit an administrative review within 60 calendar days of notification of the claim's disposition. The date of notification is the date on the RA.

When submitting an administrative review request, providers must identify the claim number (ICN) from the RA. If a provider does not agree with the decision on the administrative review, an appeal can be submitted. The provider should include the claim of the previously submitted administrative review on the appeal request when possible.

Prior to submitting an administrative review or inquiry, providers must do their due diligence by reviewing the claim's explanation of benefits (EOB) codes to determine if there are actions to take to resolve the issue prior to submitting an administrative review.

If an administrative review decision is upheld, the provider has the right to submit an appeal; however, an intent to appeal must be submitted within 15 calendar days of the administrative review decision. This information can be found here: BT202588.

Duplication of Administrative Reviews

Providers will be asked for the claim number (ICN) and the RA date. If the system identifies that this claim ICN has been submitted for an administrative review in the last 60 calendar days, the provider will receive an error message at submission, indicating this request has already been received, and the submission cannot be duplicated.

If receiving the message "Claim Number is not found," this can mean that the ICN is not valid or correct, or that the provider location submitted on the claim does not match the provider login credentials.

Reminders

Contact Checklist

Emails and calls should always include:

- Provider NPI and Provider ID
- Contact name, phone number and email
- Exact reason for the email or call:
  - Claim example and exact claim information
  - Member information including the Member Medicaid number
  - Nature of issues
- Include application tracking number (ATN) if related to provider enrollment
- Any other information to help Provider Relations research prior to returning the email or call

Email is the preferred method of contact.
If sending protected health information (PHI),
send via secure email.

Did You Know?

- The IHCP has a dedicated team to minimize your wait time for assistance.

- The Provider Relations Unit has a field consultant assigned to every region of the state to meet the needs of the provider community.

- The Provider Relations Unit also has a dedicated consultant for out-of-state providers.

- These regions are divided into seven territories. IHCP Bulletin BT202501

Helpful Tools

Useful Information
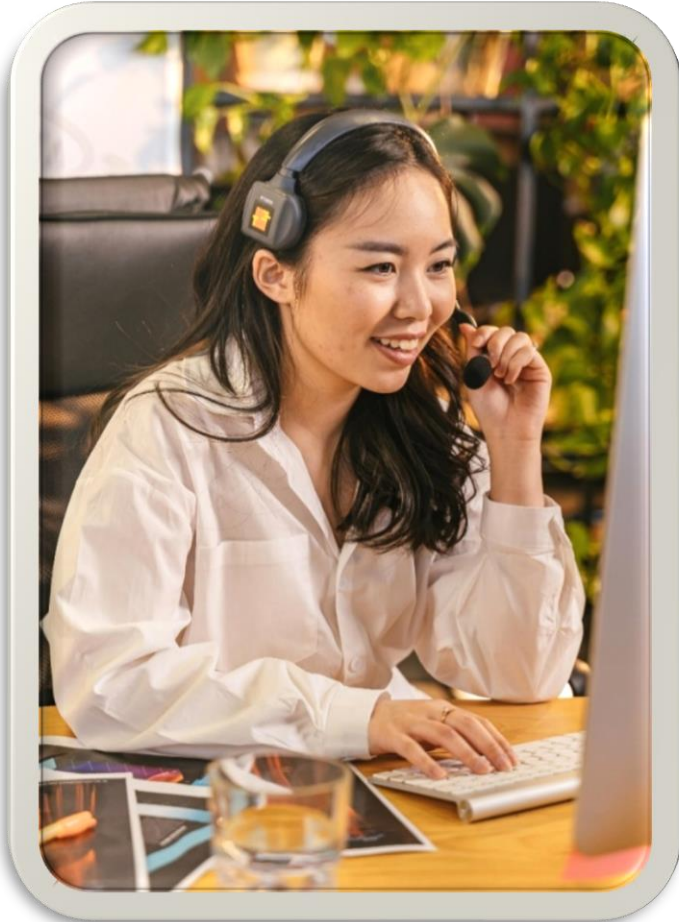
Indiana Medicaid for Providers website

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.