



Administrative Review and Appeals Best Practices

Indiana Health Coverage Programs (IHCP)

Gainwell Technologies

IHCP Works Annual Seminar October 2026



Agenda

- Differences Between Claim Inquiry, Administrative Review and Appeal
- Overview of the Claim Administrative Review and Appeals Process
- Submitting a Claim Administrative Review or Claim Appeal
- Prior Authorization Administrative Review Handled by Acentra
- National Correct Coding Initiative (NCCI)
- Claim Appeals
- Ways We Can Assist You
- Helpful Tools
- Questions



Differences Between Claim Inquiry, Administrative Review and Appeal

The Basics



- **Claim Inquiry:** Questions about the adjudication of a specific claim.
- **Claim Administrative Review:** If the provider has made reasonable attempts to correct a claim and remains dissatisfied with the claim denial/payment, the provider may submit a request for an administrative review stating why the provider disagrees with the denial/payment **within 60 calendar days (not business days)** of the denial/payment receipt, as provided in [Indiana Administrative Code 405 IAC 1-1-3](#).
- **Claim Appeal:** When a provider has exhausted the formal administrative review process, as described in the ***Filing an Administrative Review Request*** section of the [Claim Administrative Review and Appeals](#) provider reference module, the provider may file a **notice of appeal** **within 15 calendar days** of the receipt of the administrative review response. Providers have **45 calendar days to submit a full appeal (including the 15 calendar days for the notice of appeal)** from the receipt of the adverse/upheld administrative review decision.

About the Process:



Key Deadlines

Original fee-for-service (FFS) Claim Filing

Within 180 days from the date of service

Administrative Review Request

Within 60 Calendar Days from claim payment/denial

Notice of Appeal of an Unfavorable Administrative Review

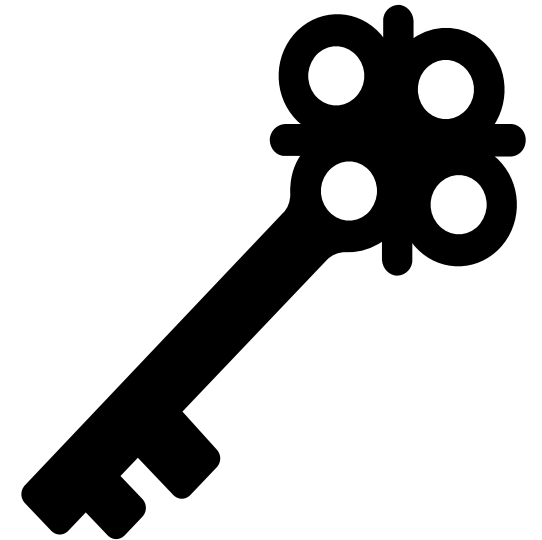
Within 15 calendar days from the unfavorable response to an administrative review

Statement of issues: Full Appeal

Within 45 calendar days from the unfavorable response to an administrative review

Submit a new claim (if required)

Within 30 calendar days from the notification of a favorable decision





Overview of the Claim Administrative Review and Appeals Process



For Denied or Paid Claims

Step 1: Review the claim and the remittance advice (RA) denial reason codes. In your review and research, please feel free to reach out on the [IHCP Provider Healthcare Portal \(IHCP Portal\)](#) using the ***Secure Correspondence*** feature for assistance.

Step 2: If the claim denial is due to a provider's incorrect or inaccurate claim information, the provider should make applicable corrections and submit the claim via routine claim-processing channels. If the claim was paid incorrectly due to the provider's incorrect or inaccurate claim information, the provider should submit a claim adjustment or void/replacement.

Step 3: If the provider has made reasonable attempts to correct a claim and remains dissatisfied with the claim denial/payment, the provider may submit a request for an administrative review stating why the provider disagrees. For paid claims, after reasonable attempts to correct or adjust a claim, the provider may submit a request for an administrative review stating why the provider disagrees with the claim payment amount.



Things to Remember



1. Submitting a claim administrative review ***cannot*** correct a claim.
2. If there is no prior authorization (PA) on file, ***the service cannot be considered until an approved PA is on file***. Medical records cannot bypass this requirement.
3. Only ***one claim can be reviewed per submission***. If you have multiple claims with the same issue, please reach out to your [Provider Relations Consultant](#) for assistance.
4. A claim administrative review ***cannot bypass timely filing requirements*** without supporting documentation.



True or False



- Claims that require an administrative review or appeal are not subject to the 180-day timely filing deadline.

FALSE

- To protect your appeal rights, you should submit an administrative review right away.

TRUE



Resources for This Process

- [Professional Fee Schedule](#)
- [Outpatient Fee Schedule](#)
- [Provider Reference Modules](#)
 - [*Claim Submission and Processing*](#)
 - [*Member Eligibility and Benefit Coverage*](#)
 - [*Claim Adjustments*](#)
 - [*Claim Administrative Review and Appeals*](#)
- [Code Sets](#)
- [Bulletins](#)





Submitting a Claim Administrative Review or Claim Appeal

How to Submit a Claim Administrative Review/Claim Appeal



Log in to the [IHCP Provider Healthcare Portal](#) (IHCP Portal)

Note: Please select **Secure Correspondence** to begin the submission process.



Secure Correspondence Submissions



IHCP Bulletin [BT202588](#) provides detailed instructions on using the enhanced IHCP Portal features, such as additional options when submitting Secure Correspondence to Gainwell Technologies for review.

Category Selection Screen

- When selecting the category, submitters will see additional information.
- The following slides include instructions on how to submit Secure Correspondence requests.

Category Selection Screen



Secure Correspondence - Select Category[Back to Message Box](#) ?

***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 Screen

Claim inquiries, administrative reviews and appeals: Providers have three options when submitting claim inquiries, administrative reviews and appeals, including the following:

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

When this option is selected, the Secure Correspondence message on the following slide displays for the provider to complete.

Fields with a **red** asterisk (*) are **required**.

- Providers will be asked for the internal control number (ICN) and the RA date.
- If the system identifies that this claim ICN has been submitted for an inquiry in the last **60** days, the provider will receive an **error message** after selecting **Send**, indicating this request has already been received, and the **submission cannot be duplicated**.

Claim Inquiry Screen Example



Secure Correspondence - Create Message[Back to Select Category](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence - Select Category page. Ensure that all pertinent information is in the Message box or other fields. The Subject box is NOT submitted with the correspondence. The Subject box is only for your tracking and organization

* Indicates a required field.

*Subject

*Message Category Claim Inquiry

Instructions We are here to help you understand your claim payment or denial. Please tell us your questions and we will respond within 10 business days. If you believe this claim was adjudicated incorrectly, please return to the main page by clicking the link in the top right corner, this will take you back to the Select Category page. Please do not submit duplicate requests and allow up to 10 days for processing previous requests.

*Email Address

Provider/Facility

Member ID

*Claim Number

Date of Service To

Medicaid Paid Amount

Paid Date

*Message

The following types of files are allowed to be uploaded: pdf, bmp, gif, jpg, jpeg, tiff, tif, png
Size limit for attachments is 5MB.

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
Click to add attachment.					

Send **Cancel**

Claim Administrative Review Request Screen



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

Submitters may select this option if they wish to proceed with a *claim administrative review*. When selected, the Secure Correspondence message on the following slide displays for the provider to complete.

Fields with a **red** asterisk (*) are **required**.

- Providers will be asked for the 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** after selecting **Send**, indicating this request has already been received, and the **submission cannot be duplicated**.

Claim Administrative Review Screen Example



Secure Correspondence - Create Message

Back to Category Selection ?

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence - Select Category page. Ensure that all pertinent information is in the Message box or other fields. The Subject box is NOT submitted with the correspondence. The Subject box is only for your tracking and organization

* Indicates a required field.

*Subject

*Message Category

Claim Administrative Review Request

Instructions

The Remittance Advice (RA) date must be within the last 60 days. Does your claim meet this requirement? The submitted request will be researched and responded to within 30 days. If an adjustment is necessary, it will be completed within 45 days.

*Email Address

HCPortalDevPM@hp.com

Provider/Facility

Provider1 Account

Member ID

*Claim Number

Date of Service

To

Medicaid Paid Amount

Paid Date

*Date of Remittance Advice

*Message

The following types of files are allowed to be uploaded: pdf, bmp, gif, jpg, jpeg, tiff, tif, png
Size limit for attachments is 5MB.

Attachments

Click the Remove link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
Click to add attachment.					

Send Cancel



Claim Administrative Review and Appeal Requirement Reminders

- The process for disagreeing with a claim payment or denial requires providers to submit an administrative review ***within 60 calendar days of the RA.***
- If an administrative review decision is **upheld**, a notice of appeal **must** be submitted **within 15 calendar days of the administrative review decision.** When submitting an administrative review request, providers must identify the **ICN** from the RA.
- The provider should include the **contact tracking number (CTN)** of the **previously submitted administrative review** on the **appeal request when possible**, as stated in *IHCP Bulletin* [BT202588](#).
- For common billing errors and recommended corrections, see *IHCP Bulletin* [BT202590](#).

Claim Appeal Screen



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

Submitters may select this option if they wish to submit an *appeal* following an administrative review decision. When this option is selected, the Secure Correspondence message on the following slide displays for the provider to complete.

Fields with a **red** asterisk (*) are **required**.

- When submitting an appeal, providers will be asked for the approximate date of the administrative review. This is a mandatory field.
- Valid appeals are forwarded to the **Office of Medicaid Policy and Planning (OMPP)** for review.
- Providers will be asked for the ICN and the RA date.
- If the system identifies that this claim ICN has been submitted for an appeal in the last **60** days, the provider will receive an **error message** after selecting **Send**, indicating this request has already been received, and the **submission cannot be duplicated**.

Claim Appeal Screen Example



Secure Correspondence - Create Message

Back to Select Category

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence - Select Category page. Ensure that all pertinent information is in the Message box or other fields. The Subject box is NOT submitted with the correspondence. The Subject box is only for your tracking and organization

* Indicates a required field.

*Subject

*Message Category Claim Appeal

Instructions
Before you file a Claim Appeal, you must first submit a Claim Administrative Review. The denial of your claim must be upheld. According to State policy, you should request the Appeal within 15 calendar days from the date of that decision. Please do not submit duplicate requests and allow up to 10 days for processing previous requests.

*Email Address

Provider/Facility

Member ID

*Claim Number

Date of Service To

Medicaid Paid Amount

Paid Date

Previous CTN

*Approximate Decision Date of Administrative Review

*Message

The following types of files are allowed to be uploaded: pdf, bmp, gif, jpg, jpeg, tiff, tif, png
Size limit for attachments is 5MB.

Attachments

Click the Remove link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
Click to add attachment.					

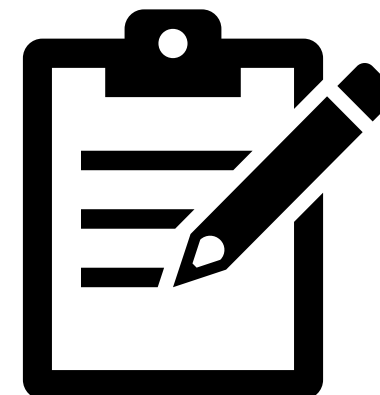
Send

Cancel



Written Correspondence

[Claim Administrative Review Request Form](#)



Indiana Health Coverage Programs



CLAIM ADMINISTRATIVE REVIEW REQUEST

(FEE-FOR-SERVICE NONPHARMACY)

Not To Be Used for Administrative Reviews Related to Prior Authorization Determinations

Date		For Gainwell Internal Use Only – LCN	
------	--	--------------------------------------	--

Provider name		NPI/THCP Provider ID	
Contact name		Telephone number/ Email address	

Reason for Claim Administrative Review Request (please mark applicable box below)

☐	Request reconsideration of claim payment or denial
☐	Request review of NCCI denial
☐	Request review of assistant surgeon modifier AS denial (include operation report)

Claim Information (include all previous filing/adjustment attempts)

Member name		Member ID (RID)	
Date of service		Billed amount	
Date paid/denied		ICN/Claim ID	
Date paid/denied		ICN/Claim ID	
Date paid/denied		ICN/Claim ID	

Please provide a detailed description of the reason for your request (attach all pertinent documentation including Remittance Advice statements, insurer EOB, medical records and so on):

Retain a copy for your records and mail original to:

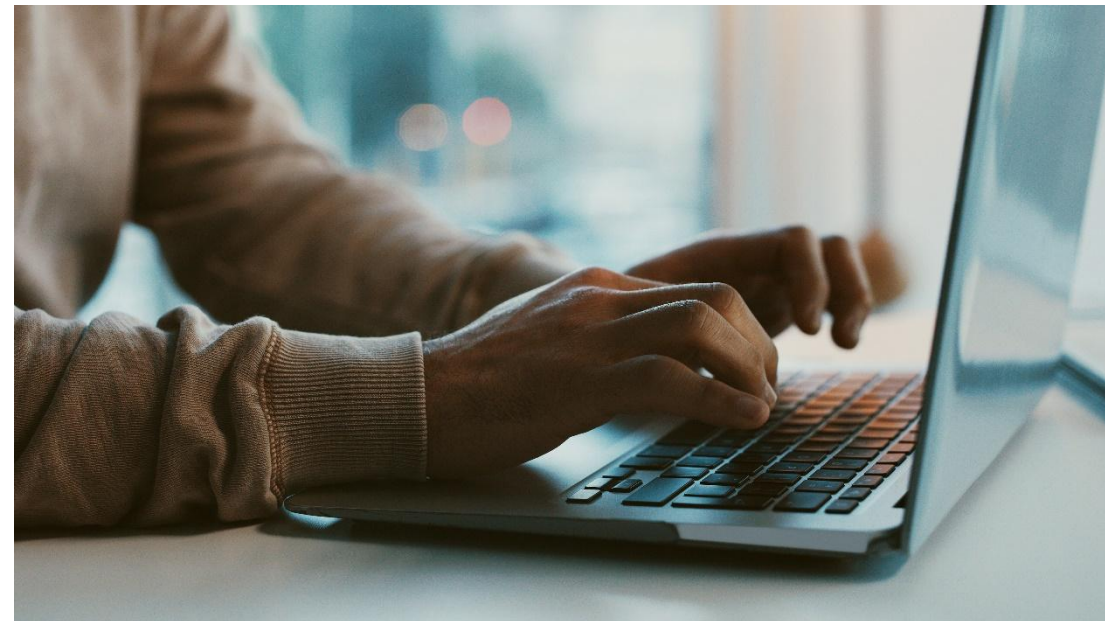
Gainwell – Written Correspondence
PO Box 50442
Indianapolis, IN 46250-0418

Reviewed/Updated: August 2024



Remember

- ❖ Electronic submission on the [IHCP Portal](#) is the **MOST** efficient way to submit your inquiries.
- ❖ While paper submissions are permitted, inquiries submitted via USPS can experience delays.





Prior Authorization Administrative Review Handled by Acentra

Prior Authorization Administrative Review



Acentra Health

- Prior authorization administrative reviews are handled by [Acentra Health](#).
- See the [Prior Authorization](#) provider reference module for additional details.





Prior Authorization Administrative Review Contact Information

Submit PA administrative reviews via:

- The [Atrezzo Portal](#)
- **Fax:** 800-261-2774
- **Mail:**
Acentra Health – Prior Authorization
6802 Paragon Place, Suite 440
Richmond, VA 23230



National Correct Coding Initiative (NCCI)

National Correct Coding Initiative (NCCI)



Procedure-to-Procedure (PTP) Edits:

- **PTP** edits prevent inappropriate payment of services that should not be reported together.
- Each edit has a **column I** and **column II** Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) code.
- If the same provider reports the two codes of an edit pair for the same member on the same date of service, the **column I code** is eligible for payment, but the **column II code** is denied.



Medically Unlikely Edits (MUEs):

- **MUEs** prevent payment for an inappropriate number or quantity of the same service on a single day.
- An MUE for a HCPCS/CPT code is the **maximum number of units of service (UOS)**, under most circumstances, reportable by the same provider for the *same beneficiary* on the *same date of service*.

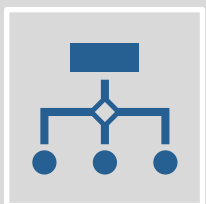


For Claims With NCCI Edits



Access the [Medicaid NCCI Edit Files](#) webpage at cms.gov for the PTP and MUE files.

For additional information regarding NCCI, please see the [NCCI provider reference module](#).



If you confirm that a claim was coded correctly and would like reconsideration, submit an [Administrative Review Request](#) on the IHCP Portal or via Written Correspondence.

Submitting an NCCI Claim Administrative Review



Write **NCCI** at the beginning of the **secure correspondence** message or on the face of the letter (**written correspondence**).

If using the [IHCP Claim Administrative Review Request form](#), select the box marked “**Request review of NCCI denial.**”

The request should document any unusual circumstances which the provider believes pertinent to how the claim was coded.



Claim Appeals



Claim Appeal Process

- An unfavorable outcome to the administrative review allows you the right to appeal that decision.
- **The appeal request must be complete and include:**
1. Pertinent facts 2. Proof of actions taken to resolve the payment/denial and any associated documentation.
- Per [Indiana Code IC 4-21.5-3-7](#), the IHCP must receive the appeal request **within 15 calendar days** after the provider receives the adverse administrative review decision notification.
- The appeal request must be submitted as an IHCP Portal **secure correspondence message** (using the Appeal category, see slides 21 and 22) or delivered in writing by mail, email or fax.





After Submission: What Happens Next

All claim appeal requests will receive response ***within 45 calendar days*** of receipt of the request, regardless of the decision to pay or deny the claim.

What If



What if I submit my request in the wrong order?

If you submit an appeal prior to filing a claim administrative review, your appeal will be processed as a claim administrative review.

What if I want to know the status of my claim administrative review?

You may always reach out on the [IHCP Portal](#) to obtain the status of your claim inquiry/claim administrative review using the Secure Correspondence feature.

What if I want the status of my appeal?

Appeals submitted via **Written Correspondence/Secure Correspondence** are forwarded to **Office of Administrative Law Proceedings (OALP)** at the state upon receipt. After the state makes a determination on the submitted information, a notification of that decision is sent ***directly to the mail-to address on file*** for the provider location. Gainwell does **NOT** receive copies of the determination letters. You may always reach out to OALP at fssa.appeals@oalp.in.gov or by USPS (see slide 35) for additional information.



Claim Appeal Determinations

Inquiries regarding appeals sent to the state can also be submitted in writing through the USPS using the following contact information:

MS07

Secretary

Indiana Family and Social Services Administration

Office of Medicaid Policy and Planning

402 W. Washington St., Room W374

Indianapolis, IN 46204-2739





Important Notes



Timely Filing Limits, as previously stated, must be observed throughout this process.



It is also important to note that *Provider Relations Consultants*, *Customer Assistance* and/or *Written/Secure Correspondence* **CANNOT** expedite the processing of your appeal. ***Appeals are processed at the state level.***



While Gainwell and the **OALP** strive to process appeals within the time frames previously stated, completion is subject to many variables that may affect finalization.



Ways We Can Assist You



Ways Gainwell Can Assist

- Claim research
- Claim reprocessing when appropriate
- Completing documents on the IHCP Portal
- Education on correcting claims





Important Links

Bulk Administrative Review and Appeal Submission:

See *IHCP Bulletin* [BT202591](#)

Timely Filing Limits:

See the [Claim Submission and Processing](#) provider reference module

Claim Adjustments:

See the [Claim Adjustments](#) provider reference module

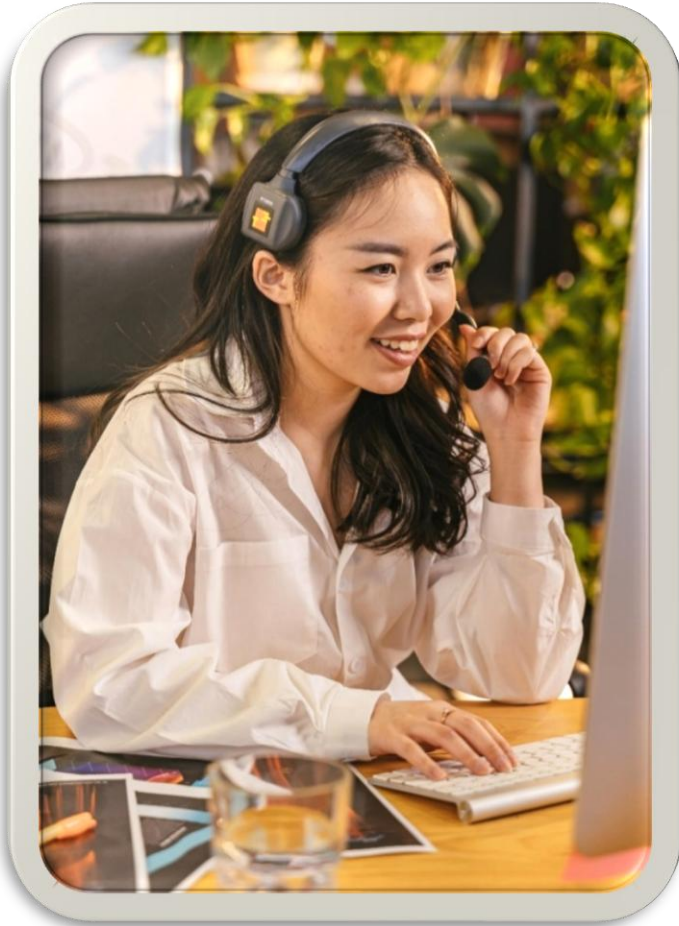
Gainwell Mailing Address Information:

See *IHCP Bulletin* [BT2025107](#)



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. - 5 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	Open	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	Virginia Hudson	INXIXRegion5@gainwelltechnologies.com	317-488-5186
Region 6	Open	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.

