



# Leadership Unplugged

**Indiana Health Coverage Programs (IHCP)**

**Gainwell Technologies**

**2026 IHCP Works Annual Seminar**

# Agenda



Who is Gainwell and why do you care?

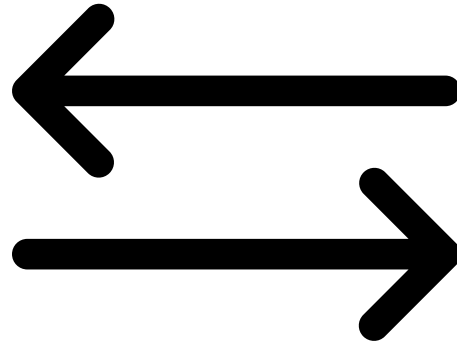


What do we see and what are we doing about it?

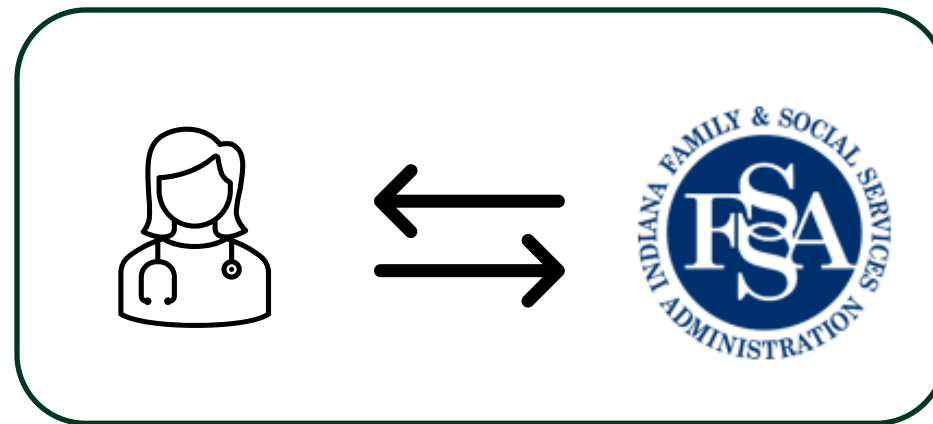
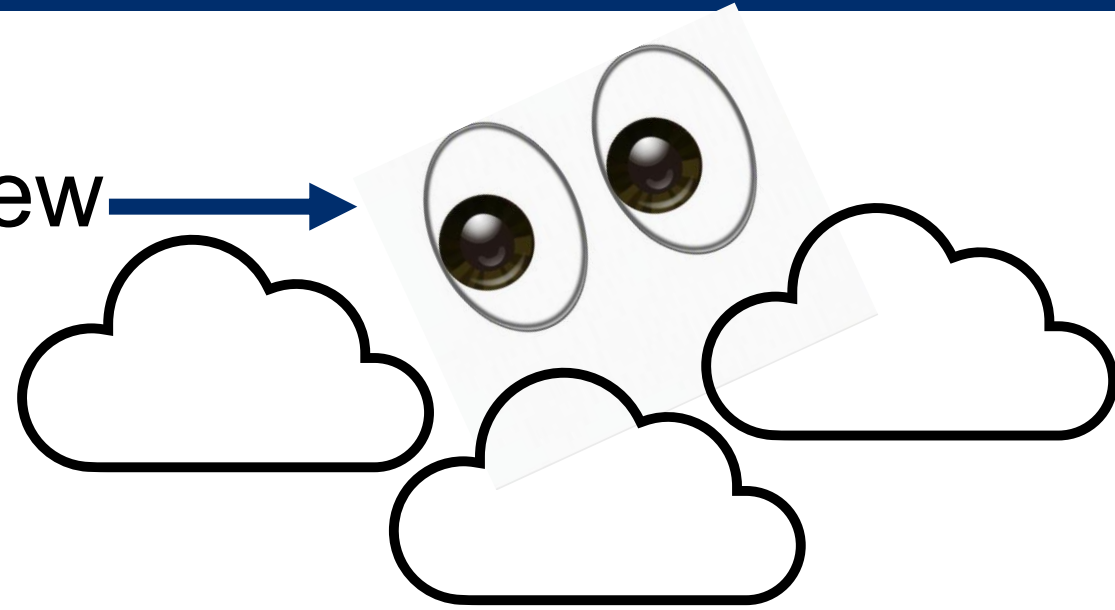


How can we work together for a stronger IHCP?

Where we spend most days:  
at the transaction level



Today's View



# Medicaid Management Information System (MMIS)

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Fee-for-Service (FFS) Claims

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Fiscal Agent Services

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Member and Provider Call Center

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Provider Enrollment

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Provider Relations

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Electronic Visit Verification

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Third-Party Liability

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Managed Care Support

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Interoperability  
9115 / 0057-F

Premium  
Vendor  
Services

### Provider Relations

Support those who serve the IHCP population across a variety of accessible forums, including but not limited to provider relations consultants, call center, and electronic communication.

### Provider Enrollment

Enroll and maintain providers to satisfy the care needs of the IHCP provider network.



## Where We Are

Standardize definitions, interaction-model and reporting for claims inquiries and disputes (1).

### Before:

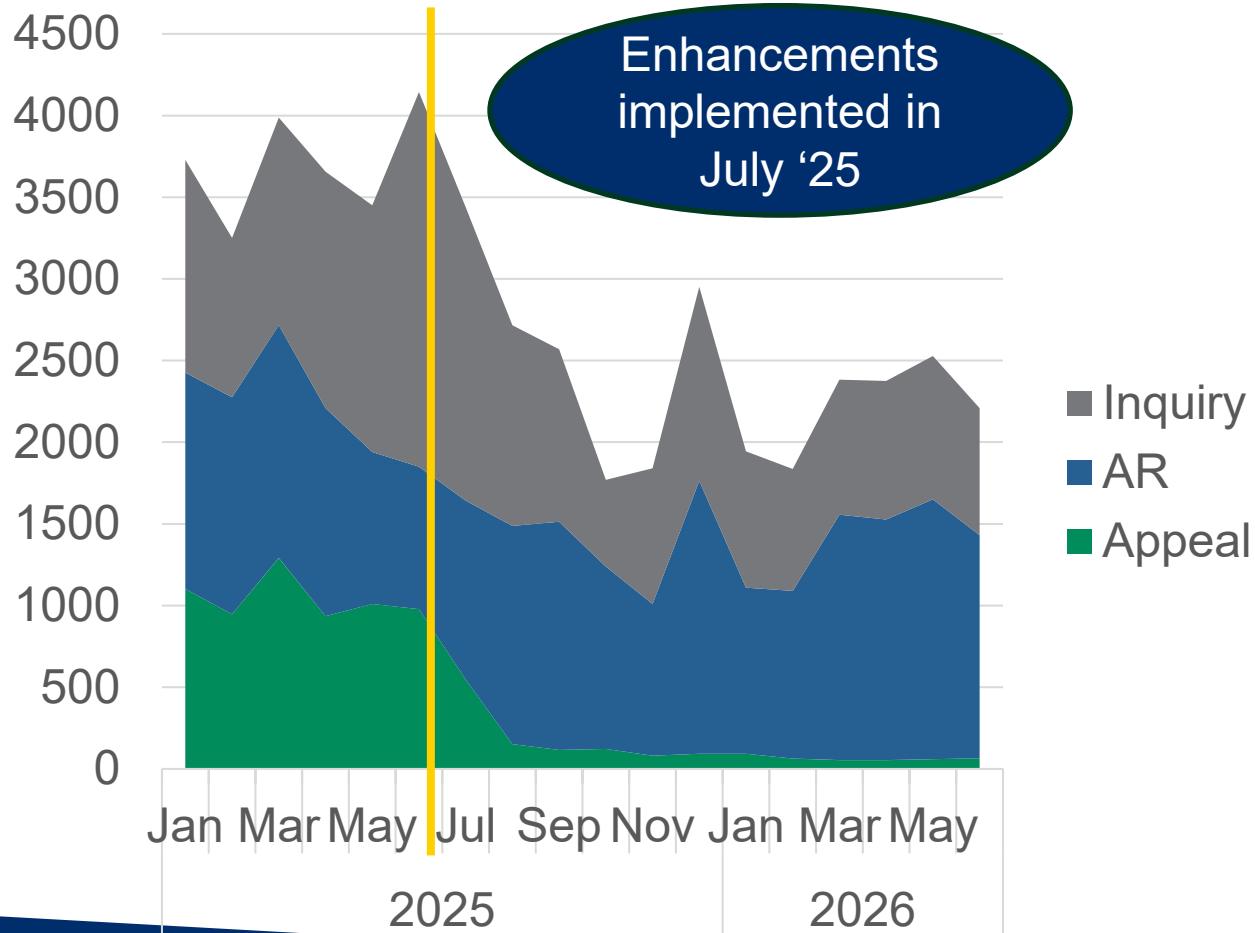
Free-form submission tool that assumed all submitters had a same common definition of inquiry, administrative review (AR), and appeal

Is this a claim inquiry, claim AR, or claim appeal?

### Now:

Common-language prompts that ensure submitters walk through the right door the first time.

Do you have a claim question? Do you think a claim adjudicated wrong?



## Outcomes

- Submissions go to the right place the first time for quicker resolution.
- 35% drop in overall submissions between Quarter 2 in 2025 and 2026.
- Time to respond decreased by 90%+ since the change, with inquiries returned in two days and ARs adjudicated in five or less.



## Bulk Submissions

- IHCP Bulletin [BT202591](#) outlines a process for working bulk submissions, defined as 30 or more paper submissions from a biller on a single day for the same issue.
- Reduces time spent working massive “accounts receivable drops” and prioritizing real work.

Reminder: Electronic submissions result in faster turn-arounds than paper!



## Coming this year:

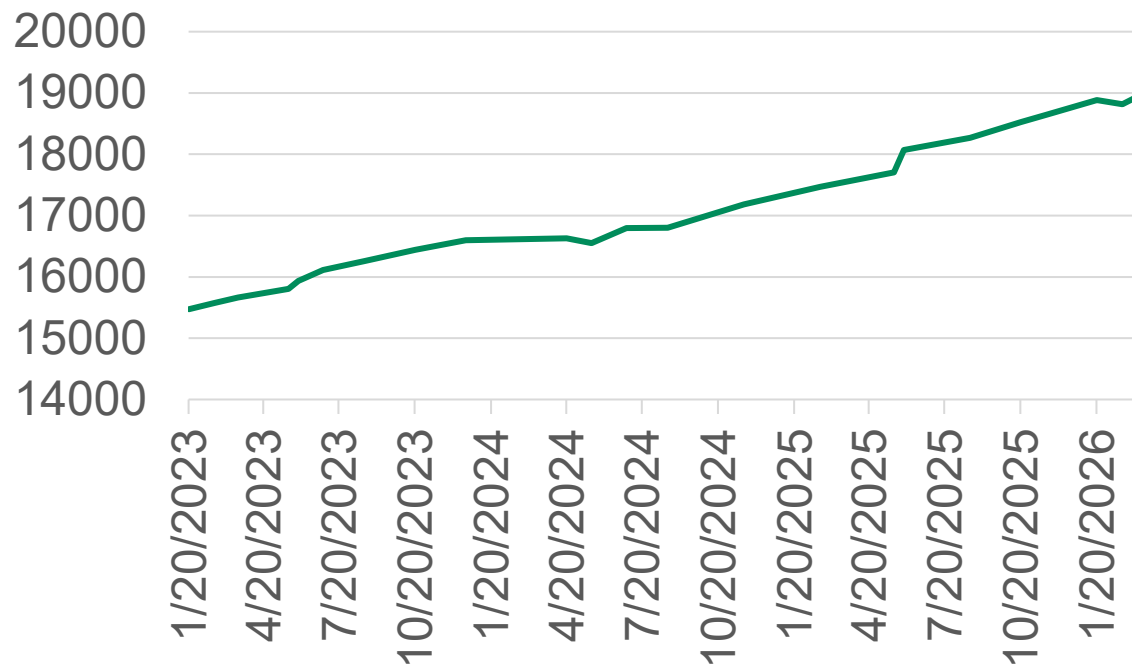
- Integrating better outcome information into resolved cases.
- Continuous improvement feedback loop, particularly focused on overturned ARs/Appeals.
- Focus on reducing inquiries through FAQs, training, improved self-service.



## Where We Are

Explosive network growth drives focus on efficiency, best practices (1).

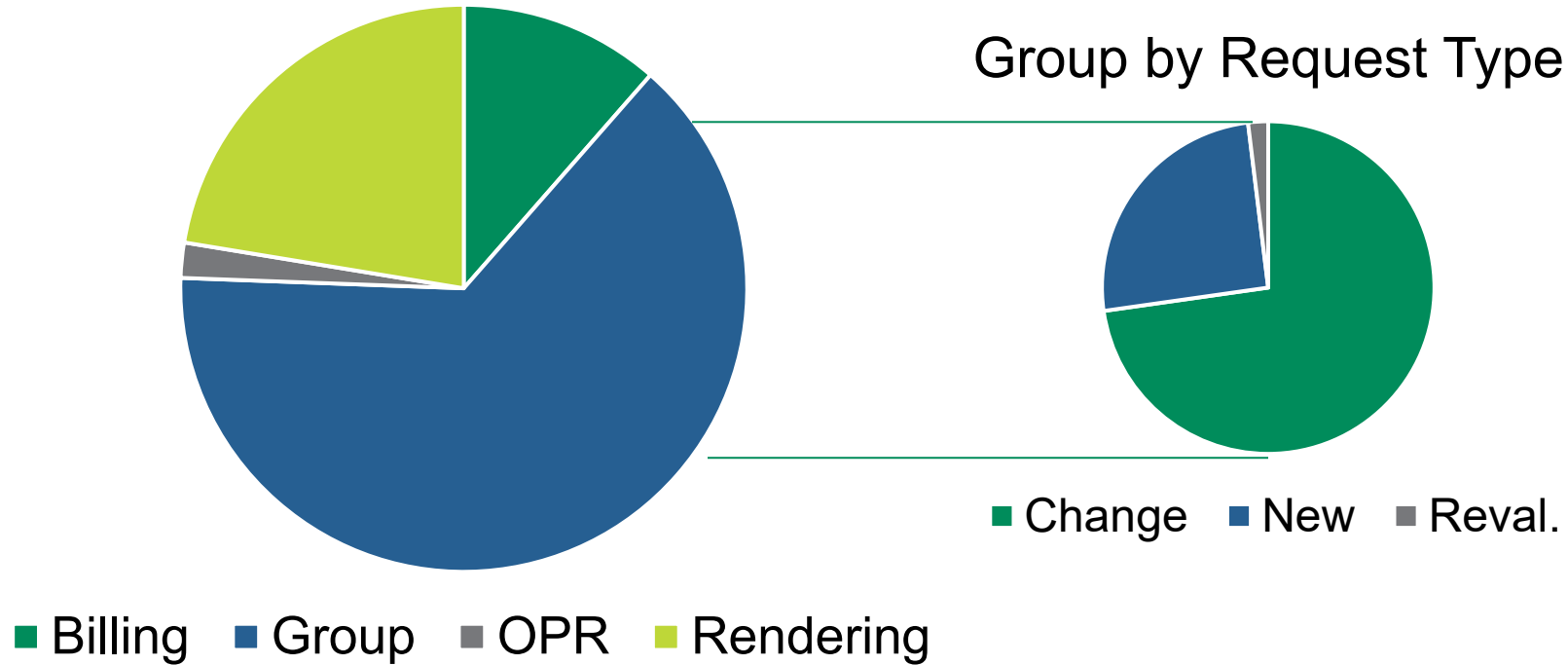
Billing and Group Network Growth



- IHCP Billing and Group Enrollment grew by 23% between 2023-25.
- Enrollment request volume grew by 28% in between 2024 and 2025.



## Submissions by Provider Type



OPR: Ordering, Prescribing, Referring  
Reval: Revalidation

Change Request for Group Records account for 60% of all submissions since Jan. 1, 2025.

Almost all of these are requests to link a provider to a group.



## Where We Are and Where We Are Going

Explosive network growth drives focus on efficiency, best practices (2).

### June 2026

Launched large-batch linkage process ([\*BT2026101\*](#)), allowing linkages of 100 or more to be completed in a few days, avoiding individual maintenance requests.

### Future State

Requests to link enrolled rendering providers will be executed automatically, reducing time to link and allowing resources to focus on more complex enrollment tasks faster.

## Where We Are and Where We Are Going

Explosive network growth drives focus on efficiency, best practices (3).

### Incomplete Applications Result in Returned to Provider (RTP), Increased Work for All.

- RTP rate for 2026 is 17.5%.
- Reasons for RTP are top-heavy.
- Tax, W-9 Alignment and Authorized Signature Issues drive half of all RTPs.

#### INSIGHT #1: TOP 10 REJECTION REASONS

| Rejection Reason                        | Count         | % of Total   |
|-----------------------------------------|---------------|--------------|
| Authorized Signature\Provider Agreement | 4,617         | 16.8%        |
| Authorized Signature within 90 days     | 4,199         | 15.2%        |
| Tax Classification and W-9 Conflicting  | 3,782         | 13.7%        |
| Rendering Signature Valid Date          | 3,332         | 12.1%        |
| W-9 Name Must Match                     | 3,301         | 12.0%        |
| Authorized Signature\Terms of Agreement | 2,728         | 9.9%         |
| Fingerprint Background Check needed     | 1,973         | 7.2%         |
| Rendering provider agreement missing    | 1,796         | 6.5%         |
| Provider request                        | 1,582         | 5.7%         |
| Retro Effective Date                    | 1,578         | 5.7%         |
| <b>Top 10 Subtotal</b>                  | <b>28,888</b> | <b>56.6%</b> |



# Quick Reference Guides for the IHCP Portal

The following "quick reference guides" offer step-by-step procedures for specific functions within the IHCP Provider Healthcare Portal:

- [Provider Enrollment Application – Authorized Signatures](#)
- [Verifying the W-9 Form](#) (for provider enrollment transactions)
- [Updating Contact Information](#)
- [Managing Delegate Assignments](#)
- [Medicaid Rehabilitation Option \(MRO\)](#)

Two new guides focused on the details we look for in processing these documents.



# Verifying the W-9 Form

## Reference Guide: Verifying the W-9 Form

2. Verify that the **W-9 revision date** on the top left of the form shows the latest version. The most current version as of 11/1/25 is **March 2024**.

New guides share exactly what a Gainwell analyst looks for as well as the RTP language we use.

*Figure 2: Verifying W-9 Form Revision Date*



### Quality Error / Return to Provider (RTP)

Approving an enrollment when the provider submitted an earlier version of the W 9 form is considered a Quality Error. When this happens, the application must be returned to the provider (RTP).

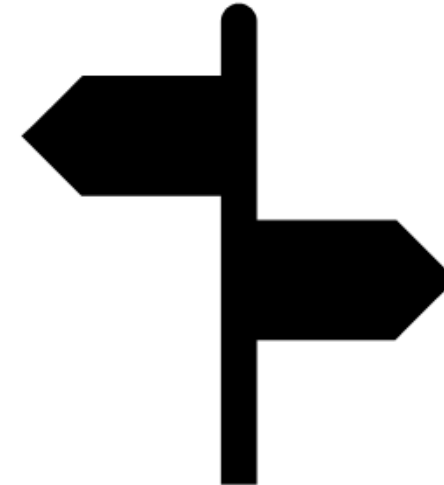
**RTP Reject Code: FN16** W 9 Form Version

## Where We Are and Where We Are Going

Explosive network growth drives focus on efficiency and best practices (4).

### Future State:

- AI Review of Application Attachments for Completeness, Accuracy for Potential Errors Identified BEFORE Submission.



# Provider Enhancements via Interoperability

- **What is this?**
  - Center for Medicare and Medicaid Services (CMS) mandated (CMS-9115-F, -0057-F) data-feeds that your practice records system can use to collect valuable data on your patients, simplify administrative activities.
- **Who can use the service?**
  - All IHCP providers (and members).
- **Which patients can I see using the service?**
  - Patients associated with your organization via fee-for-service claims.
  - Patients are opt-in by default.
- **How do I get connected?**
  - Contact your system vendor.

Note: Managed care organizations (MCOs) are required to have their own data-feeds.





## Enhanced Medical Records

- Via data feed, all claims records administered via FFS are available, including the following elements:
  - Diagnosis
  - Procedures
  - Pharmacy
  - Dental
  - Vision
  - Prior Authorizations (PA)
- Data from 1/1/2016 to present



## Prior Auths directly from Practice Systems

- Check to see if PA is required
- Check to see if patient is eligible for procedure
- Submit PA directly from practice system with attachments

**UNDER CONSTRUCTION**

# 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.

