IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

BT2025107 JULY 29, 2025

Final Notice: Gainwell mail forwarding expires Aug. 1, 2025; make sure addresses are updated

Indiana Health Coverage Programs (IHCP) providers need to make sure they are using the new Gainwell mailing addresses. As of Aug. 1, 2025, mail sent to any of the old Gainwell mailing addresses will be returned to sender.

Gainwell Technologies previously announced that all P.O. Box addresses were changing effective Aug. 1, 2024. The

address change was announced in *IHCP Bulletins* <u>BT202447</u>, <u>BT202455</u>,

<u>BT2024107</u>, <u>BT2024133</u>, <u>BT2024166</u>, <u>BT202567</u> and <u>BT202589</u>.

If providers are experiencing a hardship or challenge in updating their mail to the appropriate address or need further assistance, they can contact Gainwell at INXIX-Move2024@gainwelltechnologies.com.

These address changes are limited to correspondence normally handled by Gainwell; they do not impact addresses used for correspondence with other IHCP contractors – such as inquiries, claims and forms being sent U.S. MAIL

to a managed care entity (MCE). If you use a P.O. Box that is not listed in Table 1, it is safe to assume that address has not changed.

Table 1 – Gainwell mail to be returned if sent to old mailing address (listed in Old PO Box column), effective Aug. 1, 2025

Mail sent to this address Any correspondence that does not have a specific	Old PO Box	New PO Box
Any correspondence that does not have a specific		
mailbox Completed and signed IHCP Trading Partner Agreement	N/A	PO Box 50435 Indianapolis, IN 46250-0418
Paper attachments and cover letters for claims submitted electronically	PO Box 7259 Indianapolis, IN	PO Box 50440 Indianapolis, IN 46250-0440
Return-to-provider (RTP) responses	46207	
Notification to TPL Casualty Unit if a request for medical records is received from an IHCP member's attorney about a personal injury claim	PO Box 7262 Indianapolis, IN 46207	PO Box 50441 Indianapolis, IN 46250-0418
Information about an IHCP member's other insurance coverage		
Enrollment/Discharge/Transfer (EDT) State Hospitals and 590 Program – State Form 32696 (R3/2-16)/OMPP 0747 for 590 Program members		
An update if 590 Program member becomes eligible for Medicare or other insurance after enrollment		
	Completed and signed IHCP Trading Partner Agreement Paper attachments and cover letters for claims submitted electronically Return-to-provider (RTP) responses Notification to TPL Casualty Unit if a request for medical records is received from an IHCP member's attorney about a personal injury claim Information about an IHCP member's other insurance coverage Enrollment/Discharge/Transfer (EDT) State Hospitals and 590 Program – State Form 32696 (R3/2-16)/OMPP 0747 for 590 Program members An update if 590 Program member becomes eligible	Completed and signed IHCP Trading Partner Agreement Paper attachments and cover letters for claims submitted electronically Return-to-provider (RTP) responses Notification to TPL Casualty Unit if a request for medical records is received from an IHCP member's attorney about a personal injury claim Information about an IHCP member's other insurance coverage Enrollment/Discharge/Transfer (EDT) State Hospitals and 590 Program — State Form 32696 (R3/2-16)/OMPP 0747 for 590 Program members An update if 590 Program member becomes eligible

Table 1 – Gainwell mail to be returned if sent to old mailing address (listed in Old PO Box column), effective Aug. 1, 2025 (Continued)

PO Box Name	Mail sent to this address	Old PO Box	New PO Box
Gainwell Written Correspondence	Written Correspondence requests Claim administrative review requests and documentation	PO Box 7263 Indianapolis, IN 46207	PO Box 50442 Indianapolis, IN 46250-0418
	Remittance advice copy requests		
IHCP Provider Enrollment	IHCP provider packets and profile maintenance forms, along with any required attachments	PO Box 7263 Indianapolis, IN 46207	PO Box 50443 Indianapolis, IN 46250-0418
	Electronic funds transfer (EFT) form		
Gainwell – Adjustments	Adjustment forms	PO Box 7265	PO Box 50444 Indianapolis, IN 46250-0420
	Non-check-related adjustment requests and underpayment adjustment requests	Indianapolis, IN 46207	
Gainwell – Medical Crossover	Professional (medical) crossover claims – <i>CMS-1500</i> claim form and	PO Box 7267 Indianapolis, IN 46207	PO Box 50445 Indianapolis, IN 46250-0418
Other name used for this PO Box:	claim attachments (for crossover claims only)		
Gainwell – CMS-1500 Crossover Claims			
Gainwell – ID Cards and Dental	Returning found Hoosier Health Cards	PO Box 7268 Indianapolis, IN 46207	PO Box 50446 Indianapolis, IN 46250-0418
Other name used for this PO Box:	Dental claims – <i>ADA 2012</i> claim form and claim attachments		
Gainwell - Dental Claims			
Gainwell – Medical Claims Other name used for this	Professional (medical) claims – CMS- 1500 claim form and claim attachments	PO Box 7269 Indianapolis, IN 46207	PO Box 50447 Indianapolis, IN 46250-0418
PO Box:	Excludes crossover claims		
Gainwell – CMS-1500 Claims	Excludes crossover claims		
Gainwell - Institutional Claims	Institutional claims (including inpatient hospital, home health,	PO Box 7271 Indianapolis, IN 46207	PO Box 50448 Indianapolis, IN 46250-0418
Other names used for this PO Box:	hospice, outpatient facility and long- term care) – <i>UB-04</i> claim form and claim attachments		
Gainwell – Institutional Crossover Claims	Institutional crossover claims and crossover claim attachments		
Gainwell – UB-04 Claims			
IHCP Privacy Office	Correspondence related to Health Insurance Portability and Accountability Act (HIPAA), such as a violation or privacy-related mail	PO Box 7260 Indianapolis, IN 46207	PO Box 50451 Indianapolis, IN 46250-0418
	IHCP Personal Representative Authorization form		
Gainwell – Managed Care	Correspondence for the Gainwell Managed Care team	N/A	PO Box 50452 Indianapolis, IN 46250-0418
Gainwell – Drug Rebate	Drug rebate dispute requests (medical benefit only)	N/A	PO Box 50453 Indianapolis, IN 46250-0418

Table 1 – Gainwell mail to be returned if sent to old mailing address (listed in Old PO Box column), effective Aug. 1, 2025 (Continued)

PO Box Name	Mail sent to this address	Old PO Box	New PO Box
PVS – CHIP	Correspondence related to Premium Vendor Services (PVS) and Children's Health Insurance Program (CHIP)	PO Box 7257 Indianapolis, IN 46207	PO Box 50455 Indianapolis, IN 46250-0418
	No premium payment checks should be sent to this address.		
PVS – MEDWorks	- III	PO Box 7258 Indianapolis, IN 46207	PO Box 50456 Indianapolis, IN 46250-0418
	No premium payment checks should be sent to this address.		
Gainwell – Finance	Repayment agreement request along with documentation	ng Old mailing address: 950 N. Meridian St.,	PO Box 50458 Indianapolis, IN 46250-0418
	Accounts receivable correspondence Suite 1150 and follow-up documentation Indianapolis, IN Stale-dated checks	Suite 1150 Indianapolis, IN 46204	Note: Only correspondence should be mailed to this PO Box.
	Uncashed IHCP checks for voiding 1099 correction request		Checks should be sent to: Gainwell Refunds
	Documentation for backup withholding request		PO Box 2303, Dept.130 Indianapolis, IN 46206- 2303

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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