

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202588 JUNE 24, 2025

This bulletin has been updated. The go-live date has been changed to July 17, 2025. The screenshots in Figures 2, 4, 5, 6 and 8 have been updated. A note has been added regarding when the message "Claim Number is not found" is displayed.

IHCP Portal Secure Correspondence feature to be enhanced

The Indiana Health Coverage Programs (IHCP) is excited to announce upcoming enhancements to the IHCP Provider Healthcare Portal (IHCP Portal) Secure Correspondence feature in an effort to assist providers with their submissions for claims, financial and provider enrollment inquiries, third-party liability updates, and claim administrative reviews and appeals. These enhancements will be live on the IHCP Portal July 17, 2025.

The enhancements provide additional options when submitting Secure Correspondence to Gainwell Technologies for review. The update will assist providers in selecting the appropriate type of request, ensuring the submissions are routed to the appropriate team for review, resolution and timely response.

Providers will select the category based on the type of request. The first screen providers see is shown in Figure 1.

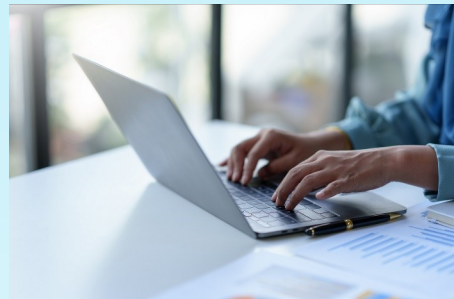
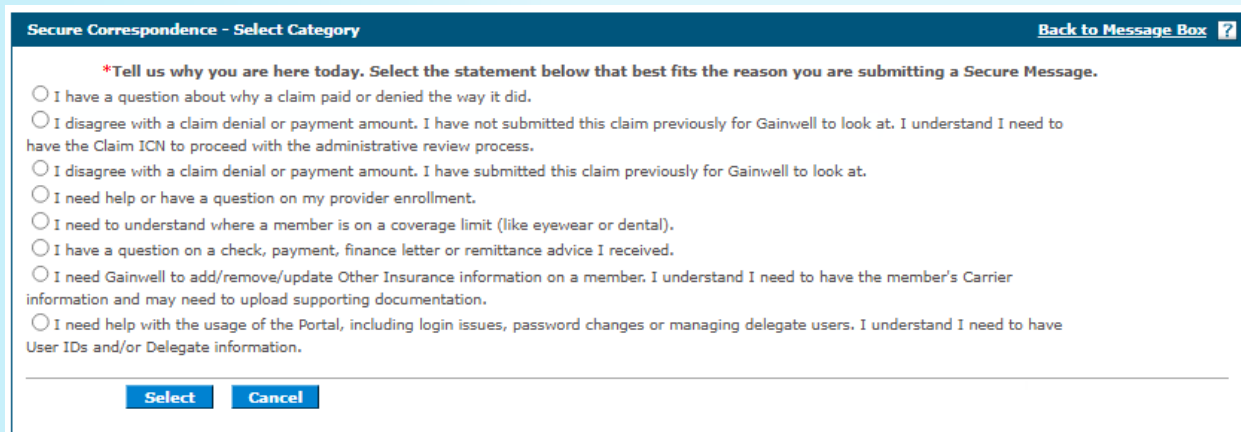


Figure 1 – Select Category screen



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**

When selecting the category, submitters will see additional information. The following section includes new instructions on how to submit Secure Correspondence requests.

Claim inquiries, administrative reviews and appeals

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

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

Submitters will select this option if they have a claim inquiry. When this option is selected, the Secure Correspondence message in [Figure 2](#) displays for the provider to complete.

Figure 2 – Claim Inquiry message

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

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
<input type="checkbox"/> Click to add attachment.					

Fields with a red asterisk (*) are required.

Providers will be asked for the claim number (listed as Claim ID in the IHCP Portal and internal control number [ICN] on the remittance advice [RA]). 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.

Note: 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.

- **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.**

Submitters may select this option if they wish to proceed with a claim administrative review. When selected, the Secure Correspondence message in [Figure 3](#) displays for the provider to complete.

Figure 3 – Claim Administrative Review Request message

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
<input type="checkbox"/> Click to add attachment.					

Send **Cancel**

Fields with a red asterisk (*) are required.

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 days, the provider will receive an error message after selecting **Send**, indicating this request has already been received, and the submission cannot be duplicated.

Note: 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.

All administrative reviews are automatically assigned a contact tracking number (CTN) from the IHCP Portal when submitted.

Claim administrative review requirement reminders

As a reminder, the process for disagreeing with a claim payment or denial requires providers to submit an administrative review within 60 days of the RA. If an administrative review decision is upheld, the provider has the right to submit an appeal; however, an appeal must be submitted within 15 days of the administrative review decision.

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 CTN 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 the provider can take to resolve the issue.

For common billing errors and recommended corrections, see *IHCP Bulletin* [BT202590](#).

- 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 selected, the Secure Correspondence message in Figure 4 displays for the provider to complete.

Figure 4 – Claim Appeal message

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.

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to add attachment.					

Send **Cancel**

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 claim number (ICN) and the RA date. If the system identifies that this claim ICN has been submitted as 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.

Note: 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.

Provider enrollment

Submitters may select this option if they have a question or concern regarding their enrollment or enrollment application:

- **I need help or have a question on my Provider Enrollment.**

When this option is selected, the Secure Correspondence message in Figure 5 displays for the provider to complete.

Figure 5 – Enrollment Inquiry message

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

Instructions This is a general form for asking questions or inquiring on the status of a provider enrollment application. Documentation for enrollment process should be submitted through the IHCP Provider Healthcare Portal. Provider Enrollment status can be checked automatically by calling 1-800-457-4584 or by accessing the following link for [Provider Relations Consultants](#). 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

ATN

*Message

Send **Cancel**

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

Changes to a provider's profile must be completed through the Provider Maintenance feature on the IHCP Portal. Submitting updates through the Secure Correspondence messaging feature is not acceptable.

Service limitations

Providers can submit a request to get clarification on a member's service limit usage, such as vision or dental with this option:

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

When this option is selected, the Secure Correspondence message in Figure 6 displays for the provider to complete.

Figure 6 –Service Limitations message

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

Instructions This category is to get details on the coverage limits for members (e.g. eyewear or dental). This option is not for any member eligibility inquiries. 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

*Type of Service

*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**

Fields with a red asterisk (*) are required.

The member's Medicaid Member ID is required to verify the member is Medicaid eligible.

Service type is required, such as dental or vision.

Please allow 10 days for processing.

Finance questions

Providers can submit a banking, financial or RA inquiry with this option:

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

The following are examples of finance concerns providers may have:

- 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.

When this option is selected, the Secure Correspondence message in Figure 7 displays for the provider to complete.

Figure 7 – Banking/Financial/RA Inquiry message

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

Instructions This section is for questions related to check, payments, finance letter or remittance advice the user received. 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

Check Number

Date of Finance Letter

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.					

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.

Third-party liability updates

Providers can request to have Gainwell update a member's third-party liability (TPL) information with this option:

- **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.**

The following are examples of TPL updates that providers may request:

- 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

When this option is selected, the Secure Correspondence message in Figure 8 displays for the provider to complete.

Figure 8 – TPL Update message

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

Instructions This is for submitting a request to add/remove/update "other insurance" information on a member. 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

*Type of TPL Request

Instructions To add a new TPL segment, please ensure the carrier name, policy number and effective date are entered in the Message box below and any required documentation is attached.

*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

Fields with a red asterisk (*) are required.

The member's Medicaid Member ID will be required to identify the member's TPL file.

Portal assistance

Providers can request technical assistance with the IHCP Portal with this option:

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

When this option is selected, the Secure Correspondence message in Figure 9 displays for the provider to complete.

Figure 9 – Portal Assistance message

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

Instructions This category is for any assistance regarding portal login/password changes.

*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**

Fields with a red asterisk (*) are required.

Providers can request assistance with using the IHCP Portal, including assistance adding or removing delegates, password changes or login issues. If providers cannot log in to the portal and need assistance, assistance is also available by emailing INXIXElectronicSolution@gainwelltechnologies.com or by calling 800-457-4584.

As a reminder, providers should never share usernames or passwords. Each person using the IHCP Portal should have their own, secure login credentials.

If additional assistance with the new Secure Correspondence feature is required, please reach out to the [Provider Relations consultants](#).

QUESTIONS?

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

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