Claim Research
Remittance Advice vs Portal

Indiana Health Coverage Programs
Gainwell Technologies
IHCP Works Seminar October 2022

Agenda

- Remittance Advice (RA)
- Portal
- Compare the information on the RA to the claim on the Portal
- Helpful Tools
- Questions

Remittance Advice

RA FAQ

An RA is only generated when there is an actual payment.

True or <u>False</u>

The RA is published weekly anytime there are financial transactions.

RAs are service location specific.

<u>True</u> or False

Log into each service location on the Portal to retrieve the RA for that location.

RA FAQ

The RA does not show claim specific Explanation of Benefit (EOB) Codes.

True or False
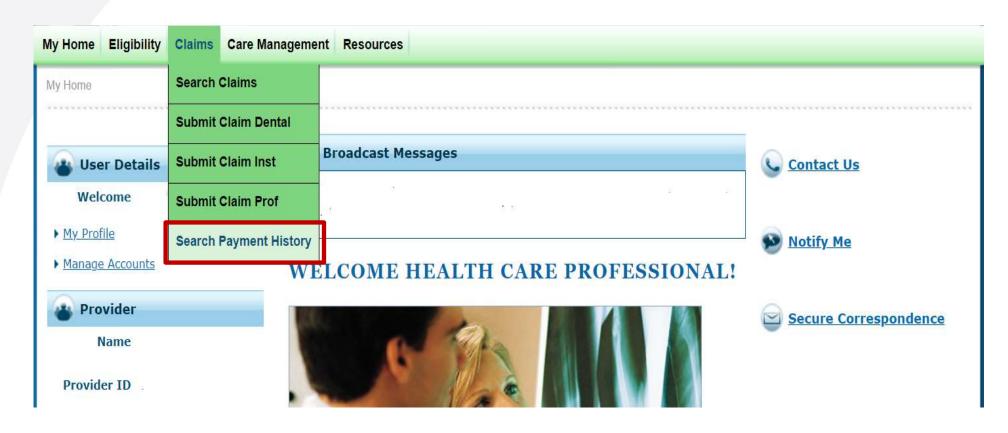
EOB codes are posted to each claim on the remit.

RAs only show paid claims.

True or False

All claims adjudicated during the financial cycle will appear on the RA.
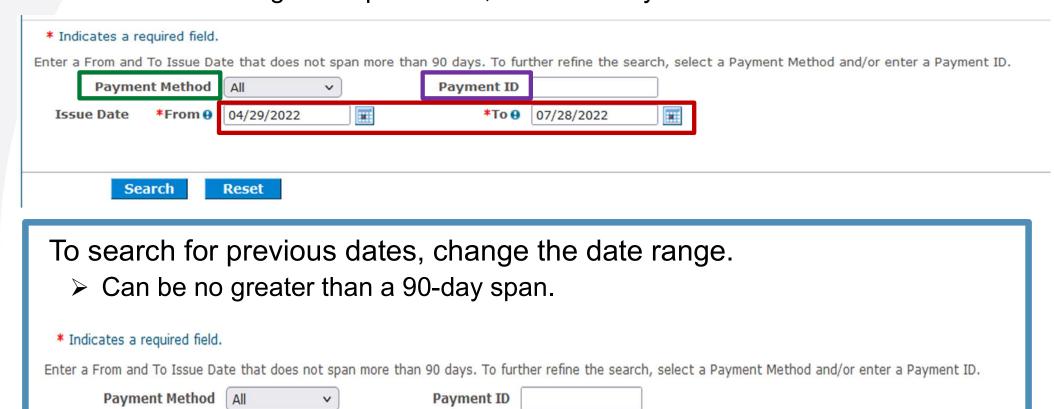
Obtain the RA

Obtain the RA

The Payment Method will default to All - leave as is.

Payment ID will be blank:
- Leave blank to search for all RAs in that time frame.
- If searching for a specific RA, enter the Payment ID.

* Indicates a required field.

Enter a From and To Issue Date that does not span more than 90 days. To further refine the search, select a Payment Method and/or enter a Payment ID.

Payment Method	All	Payment ID	

Issue Date *From ❶ 04/29/2022   *To ❶ 07/28/2022

Search   **Reset**

To search for previous dates, change the date range.
- ➤ Can be no greater than a 90-day span.

* Indicates a required field.

Enter a From and To Issue Date that does not span more than 90 days. To further refine the search, select a Payment Method and/or enter a Payment ID.

Payment Method	All	Payment ID	

Issue Date *From ❶ 02/28/2019   *To ❶ 05/01/2019

Obtain the RA

Search Results

To see payment details, click on the Payment ID link.
To access a copy of the Remittance Advice, select the RA icon. Access to the RA will require Adobe Acrobat Reader.

Total Records: 13

Issue Date ▼	Payment Method	Payment ID	Total Paid Amount	RA Copy (PDF)
07/27/2022	EFT		$1,415.12	[RA]
07/20/2022	EFT		$5,009.84	[RA]
07/13/2022	EFT		$2,033.30	[RA]
07/06/2022	EFT		$6,613.33	[RA]

RA
Date

Payment
Method

Payment
ID

Payment
Amount

PDF
ICON

**ALWAYS download the PDF
to see the complete RA information.**

Remittance Advice Format

The RA is divided into sub-sections.

1. Medicare Crossover Claims and Professional, Institutional or Dental Claims
   - Listed under each claim type:
     a. Claims Paid
     b. Claims Denied
     c. Claims in Process
     d. Claim Adjustments
2. Financial Transactions
3. Accounts Receivable (A/R)
4. Summary
5. Explanation of Benefits (EOB) Code Descriptions
6. Adjustment Reason Code (ARC) Descriptions
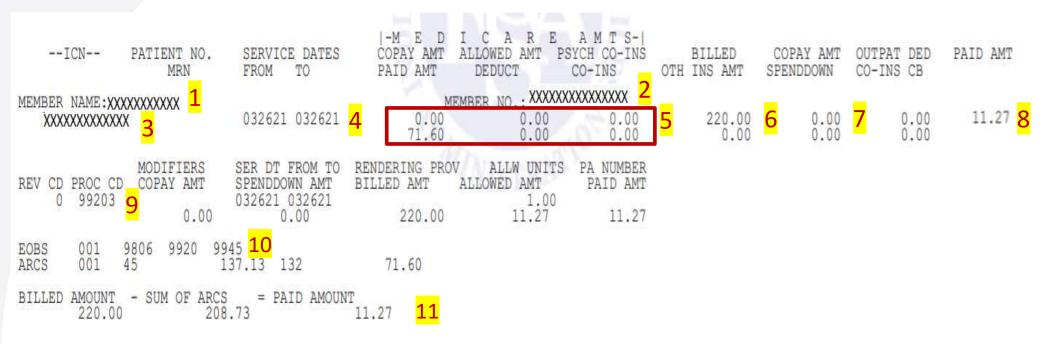7. Remark Code Descriptions
8. Service Code Descriptions

RA Information

RAs will show the following for all claims:

1. Member Name
2. Member ID
3. Claim ICN (Internal Control Number)
4. Dates of Service
5. Medicare Amounts (when applicable)
6. Billed Amount
7. Copay/Deductible
8. Paid Amount
9. Procedure Codes
10. EOB Codes
11. ARC Codes

RA Information

--ICN--	PATIENT NO. MRN	SERVICE DATES FROM TO	|-M E D I C A R E A M T S-| COPAY AMT ALLOWED AMT PSYCH CO-INS PAID AMT DEDUCT CO-INS			BILLED OTH INS AMT	COPAY AMT SPENDDOWN	OUTPAT DED CO-INS CB	PAID AMT
				MEMBER NO. : XXXXXXXXXXXXX **2**					
MEMBER NAME:XXXXXXXXXXX **1**									
XXXXXXXXXXXX **3**		032621 032621 **4**	0.00 71.60	0.00 0.00	0.00 **5** 0.00	220.00 **6** 0.00	0.00 **7** 0.00	0.00 0.00	11.27 **8**

REV CD	PROC CD	MODIFIERS COPAY AMT	SER DT FROM TO SPENDDOWN AMT	RENDERING PROV BILLED AMT	ALLW UNITS ALLOWED AMT	PA NUMBER PAID AMT
0	99203 **9**		032621 032621		1.00	
		0.00	0.00	220.00	11.27	11.27

EOBS	001	9806	9920	9945 **10**		
ARCS	001	45		137.13	132	71.60

BILLED AMOUNT	- SUM OF ARCS	= PAID AMOUNT	
220.00	208.73	11.27	**11**

★ Numbers correspond to information on previous slide.

RA Information

Claim is showing denied on the RA. What does the EOB code mean?

```
REPORT:   CRA-HCDN-R                              INDIANA CORE MMIS                          DATE:  02/18/2022
  RA#:    ......                                  INDIANA TITLE XIX                          PAGE:         4
PAYER:    TXIX                                PROVIDER REMITTANCE ADVICE
                                          PROFESSIONAL SERVICES CLAIMS DENIED

                                                                              PAYEE ID
                                                                              NPI
                                                                              PAYMENT NUMBER
                                                                              PAYMENT DATE


  --ICN--      PATIENT NO.       MRN        SERVICE DATES     BILLED        OTH INS      SPENDDOWN
                                             FROM    TO       AMOUNT        AMOUNT       AMOUNT

MEMBER NAME:                                        MEMBER NO.:
                                           120821 120821      150.00          0.00          0.00

                               SERVICE DATES                   PA NUMBER
PROC CD   MODIFIERS   ALLW UNITS  FROM    TO    RENDERING PROVIDER  BILLED AMT
 90837                     0.00  120821 120821                       150.00

 EOBS     001    2033
 ARCS     001    16             150.00
 REMARKS 001    N34
```

```
EOB CODE DESCRIPTIONS
CLM EOB CODE    DESCRIPTION
  1012          SERVICE AND OR MODIFIER BILLED NOT PAYABLE FOR YOUR PROVIDER TYPE/SPECIALTY.
  2017          THE MEMBER IS ENROLLED IN THE RISK BASED MANAGED CARE PORTION OF THE HOOSIER
                HEALTHWISE PROGRAM OR HAS BEEN IDENTIFIED AS A MEMBER OF THE HOOSIER CARE
                CONNECT PROGRAM.  THE MEMBER MUST SEEK CARE FROM THE APPROPRIATE MANAGED CARE
                ENTITY.
  2029          MEMBER NOT ELIGIBLE FOR IHCP BENEFITS FOR DATES OF SERVICE.
  2033          INVALID CLAIM TYPE FOR THE PROGRAM BILLED
  2502          THIS MEMBER IS COVERED BY MEDICARE PART B OR MEDICARE D; THEREFORE, YOU MUST
                FIRST FILE CLAIMS WITH MEDICARE.  IF ALREADY SUBMITTED TO MEDICARE, PLEASE
                SUBMIT YOUR EOMB.
  4033          THE MODIFIER USED IS NOT COMPATIBLE WITH THE PROCEDURE CODE BILLED.  PLEASE
                VERIFY AND RESUBMIT.
  4801          Procedure code not covered for benefit plan.
  5001          THIS IS A DUPLICATE OF ANOTHER CLAIM.
  9806          PRICING ADJUSTMENT - PAYMENT REDUCED DUE TO BENEFIT PLAN LIMITATIONS.
```

Claims on the Portal

Portal Claim FAQ

Only paid claims can be found on the Portal.

True or False

All adjudicated claims appear on the Portal.

Claims on the Portal have different EOB codes than on the RA.

True or False

The same EOB codes from the RA also appear on the Portal.

Portal Claim FAQ

The best way to search for a claim on the Portal is by member ID and from and through dates of service.

True or False

Searching by member ID and from and through dates of service shows all transactions related to the specific claim information.

Claims are service location specific.

True or False

Claims can only be found under the service location they are filed under.

Search for Claims on the Portal

Search for Claims on the Portal

Search for Claims on the Portal

Search Claims

Medical/Dental/Institutional

Either the Paid Date or Service From and To date are required fields when the Claim ID is not entered.

Claim Information

Claim ID	

Member Information

Member ID	XXX	Birth Date ❶	
Last Name		First Name	

Service Information

Claim Type	⌄		
Service From ❶	07/21/2022	To ❶ 07/21/2022	Claim Status ⌄
Paid Date ❶			

Search   **Reset**

Search Results

To see service line information or to view a remittance advice, click on the '+' next to the claims ID.

Total Records: 4

+/-	Claim ID	Claim Type	Claim Status	Service Date ▼	Member ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
+		Professional	Finalized Denied				$0.00	03/09/2022	$0.00
+	.	Professional	Finalized Payment				$64.22	05/25/2022	$0.00
+		Professional	Finalized Denied				$0.00	06/08/2022	$0.00

Compare the information on the RA and the claim on the Portal

Compare the Information

I found the claim on the Portal – how do I find the RA?

Search Results

To see service line information or to view a remittance advice, click on the '+' next to the claims ID.

Total Records: 1

+/-	Claim ID	Claim Type	Claim Status	Service Date ▼	Member ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
[+]		Professional	Finalized Denied	12/08/2021			$0.00	02/23/2022	$0.00

Search Payment History [?]

Provider Information

Provider ID	ID Type NPI	Name

* Indicates a required field.

Enter a From and To Issue Date that does not span more than 90 days. To further refine the search, select a Payment Method and/or enter a Payment ID.

Payment Method [All ▾]   Payment ID [_____]
Issue Date *From❶ [04/30/2022] 🗓   *To❶ [07/29/2022] 🗓

[Search] [Reset]

> Change the search date to include the paid date.

Search Payment History [?]

Provider Information

Provider ID	ID Type NPI	Name

* Indicates a required field.

Enter a From and To Issue Date that does not span more than 90 days. To further refine the search, select a Payment Method and/or enter a Payment ID.

Payment Method [All ▾]   Payment ID [_____]
Issue Date *From❶ [02/20/2022] 🗓   *To❶ [02/28/2022] 🗓

[Search] [Reset]

Search Results

To see payment details, click on the Payment ID link.
To access a copy of the Remittance Advice, select the RA icon. Access to the RA will require Adobe Acrobat Reader.

Total Records: 1

Issue Date ▼	Payment Method	Payment ID	Total Paid Amount	RA Copy (PDF)
02/23/2022	Check	000000000	$0.00	🖹

> The RA was a -0- pay remit; however, the **PDF** file should still be reviewed.

Indiana Family & Social Services Administration FSA

Compare the Information

Claim on the RA

```
 --ICN--      PATIENT NUMBER   MRN           SERVICE DATES      BILLED AMT        OTH INS AMT     COPAY AMT        PAID AMT
                                            FROM      TO        ALLOWED AMT      SPENDDOWN AMT    CO-INS CB       OUTPAT DED

MEMBER NAME:                                        MEMBER NO.:
                                            072122 072122          65.00            0.00            0.00            47.62
                                                                   47.62            0.00            0.00             0.00

                         SERVICE DATES  ALLW UNITS  RENDERING PROVIDER       PA NUMBER
PROC CD   MODIFIERS      FROM     TO     COPAY AMT  BILLED AMT  ALLOWED AMT  PAID AMT
E0600     RR            072122 072122       1.00
                                           0.00       65.00       47.62       47.62

EOBS      001   9806   9918
ARCS      001    45             17.38

BILLED AMOUNT   - SUM OF ARCS    = PAID AMOUNT
        65.00              17.38              47.62
```

Claim on the Portal

Search Results

To see service line information or to view a remittance advice, click on the '+' next to the claims ID.

Total Records: 1

+/-	Claim ID	Claim Type	Claim Status	Service Date ▼	Member ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
+		Professional	Finalized Payment	07/21/2022			$47.62	07/27/2022	$0.00

Service Details   ▬

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Copay Amount	Units
1	07/21/2022	07/21/2022	12-Home	E0600-SUCTION PUMP PORTAB HOM MODL	$65.00		1.00 Unit

Claim EOB Information   ▬

Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Pay	9806	PRICING ADJUSTMENT - PAYMENT REDUCED DUE TO BENEFIT PLAN LIMITATIONS.
Svc # 1	Pay	9918	PRICING ADJUSTMENT - MAXIMUM ALLOWABLE FEE PRICING APPLIED.

Compare the Information

Claim on the RA


```
REPORT:   CRA-HCDN-R                      INDIANA CORE MMIS                          DATE:  07/15/2022
  RA#:    5026798                         INDIANA TITLE XIX                          PAGE:        4
  PAYER:  TXIX                         PROVIDER REMITTANCE ADVICE
                                     PROFESSIONAL SERVICES CLAIMS DENIED

                                                                           PAYEE ID
                                                                           NPI
                                                                           PAYMENT NUMBER
                                                                           PAYMENT DATE


   --ICN--      PATIENT NO.      MRN       SERVICE DATES    BILLED      OTH INS       SPENDDOWN
                                            FROM    TO      AMOUNT      AMOUNT        AMOUNT
MEMBER NAME:                                      MEMBER NO.:
                                          032822 032822      466.00        228.66        0.00

                                   SERVICE DATES             PA NUMBER
PROC CD  MODIFIERS   ALLW UNITS   FROM    TO    RENDERING PROVIDER   BILLED AMT
  A5500  RT              0.00     032822 032822
                                                                     80.00
  A5500  LT              0.00     032822 032822
                                                                     80.00
  A5514  RT              0.00     032822 032822
                                                                     153.00
  A5514  LT              0.00     032822 032822
                                                                     153.00

EOBS    001    2033
        002    2033
        003    2033
        004    2033
ARCS    001    16          80.00
        002    16          80.00
        003    16         153.00
        004    16         153.00
REMARKS 001    N34
        002    N34
        003    N34
        004    N34
```

Claim on the Portal

Claim EOB Information			
Claim / Service #	**Disposition**	**EOB Code**	**Description**
Svc # 1	Deny	2033	INVALID CLAIM TYPE FOR THE PROGRAM BILLED
Svc # 2	Deny	2033	INVALID CLAIM TYPE FOR THE PROGRAM BILLED
Svc # 3	Deny	2033	INVALID CLAIM TYPE FOR THE PROGRAM BILLED
Svc # 4	Deny	2033	INVALID CLAIM TYPE FOR THE PROGRAM BILLED

Verify the member eligibility.

Compare the Information

The claim paid on the RA

```
 --ICN--      PATIENT NUMBER   MRN        SERVICE DATES      BILLED AMT        OTH INS AMT       COPAY AMT           PAID AMT
                                          FROM     TO        ALLOWED AMT       SPENDDOWN AMT     CO-INS CB           OUTPAT DED

MEMBER NAME:                                            MEMBER NO.:
                                          020322 020922      1,315.12               0.00            0.00               1,315.12
                                                             1,315.12               0.00            0.00                   0.00

                         SERVICE DATES ALLW UNITS RENDERING PROVIDER       PA NUMBER
PROC CD  MODIFIERS       FROM     TO     COPAY AMT  BILLED AMT   ALLOWED AMT   PAID AMT
 T2016   U7 U5           020322 020922   52.50                              B213160049
                                          0.00      1,315.12     1,315.12     1,315.12

EOBS    001    0952  9070  9806  9918
ARCS    001    94          0.01  45              -0.01
REMARKS 001    M53

BILLED AMOUNT   - SUM OF ARCS       = PAID AMOUNT
     1,315.12              0.00          1,315.12
```

The EOB code on the Portal indicates a "warning" message

Claim EOB Information

Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Pay	0952	EVV AGGREGATOR UNITS LESS THAN UNITS SUBMITTED ON THE CLAIM, PROVIDER SHOULD VERIFY EVV AGGREGATOR INFORMATION.

Be sure to review the EOB codes.

Compare the Information

Paid claim on the RA – why did it pay at -0-?

Paid claim on the Portal

Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Pay	9013	MEDICAID PAYMENT IS ZERO DUE TO THE MEDICARE PAYMENT AMOUNT EXCEEDING OR EQUALING THE MEDICAID ALLOWABLE AMOUNT
Svc # 1	Pay	9806	PRICING ADJUSTMENT - PAYMENT REDUCED DUE TO BENEFIT PLAN LIMITATIONS.
Svc # 1	Pay	9920	PRICING ADJUSTMENT - RESOURCE BASED RELATIVE VALUE SCALE (RBRVS) PRICING APPLIED.

Verify the primary paid amount on the claim is correct.

Compare the Information

The claim paid on the RA – not all details paid

--ICN--	RENDERING PROVIDER	SERVICE DATES FROM	TO	BILLED AMT ALLOWED AMT	OTH INS AMT SPENDDOWN AMT	COPAY AMT CO-INS CB	PAID AMT
MEMBER NAME: `016393		071922	071922	MEMBER NO.: 1,542.08 308.40	0.00 0.00	0.00 0.00	308.40

PROC CD	TOOTH	SURFACE COPAY AMT	AREA OF ORAL CAV BILLED AMT	SERVICE DATE ALLOWED AMT	PA NUMBER PAID AMT
D7210	3			071922	
		0.00	169.62	154.20	154.20
D7210	A			071922	
		0.00	169.62	154.20	154.20

PROC CD	TOOTH	SURFACE COPAY AMT	AREA OF ORAL CAV BILLED AMT	SERVICE DATE ALLOWED AMT	PA NUMBER PAID AMT
D4341			10	071922	
		0.00	170.21	0.00	0.00
D4341			20	071922	
		0.00	170.21	0.00	0.00
D4341			30	071922	
		0.00	170.21	0.00	0.00
D4341			40	071922	
		0.00	170.21	0.00	0.00

EOBS	001	9806	9918
	002	9806	9918
	003	4034	4218
	004	4034	
	005	4019	
	006	4019	
	007	4019	
	008	4019	

Compare the Information

The claim paid on the RA – not all details paid cont.

Same claim on the Portal

5	07/19/2022	10-UPPER RIGHT QUADRANT		D4341-PERIODONTAL SCALING & ROOT
6	07/19/2022	20-UPPER LEFT QUADRANT		D4341-PERIODONTAL SCALING & ROOT
7	07/19/2022	30-LOWER LEFT QUADRANT		D4341-PERIODONTAL SCALING & ROOT
8	07/19/2022	40-LOWER RIGHT QUADRANT		D4341-PERIODONTAL SCALING & ROOT

Svc # 5	Deny	4019	ATTACHMENT REQUIRED FOR SERVICE RENDERED. PLEASE VERIFY AND RESUBMIT.
Svc # 6	Deny	4019	ATTACHMENT REQUIRED FOR SERVICE RENDERED. PLEASE VERIFY AND RESUBMIT.
Svc # 7	Deny	4019	ATTACHMENT REQUIRED FOR SERVICE RENDERED. PLEASE VERIFY AND RESUBMIT.
Svc # 8	Deny	4019	ATTACHMENT REQUIRED FOR SERVICE RENDERED. PLEASE VERIFY AND RESUBMIT.

No Attachments exist for this claim

[Dental Services module](#) provides information on required attachments for this service.
Refer to provider specific modules for information on attachments.

Compare the Information

The claim denied on the RA

```
RA#:                                 INDIANA TITLE XIX                              PAGE:
PAYER:                           PROVIDER REMITTANCE ADVICE
                   MEDICARE CROSSOVER PROFESSIONAL SERVICE CLAIMS  [DENIED]
                                                                              PAYEE ID
                                                                              NPI
                                                                              PAYMENT NUMBER
                                                                              PAYMENT DATE

                                              |- -M  E D I C A R E   A M T S- -|
   --ICN--     PATIENT NO.   SERVICE DATES  COPAY AMT   ALLOWED AMT  PSYCH CO-INS  BILLED AMT  SPENDDOWN   OTH INS AMT
                 MRN         FROM    TO      PAID AMT    DEDUCT        CO-INS       COPAY AMT

MEMBER NAME:                                            MEMBER NO.:
                             120821 120821    0.00         0.00         0.00        752.72      0.00         0.00
                                            162.52         0.00         0.00          0.00

                             SERVICE DATES            RENDERING PROV    PA NUMBER
REV CD PROC CD  MODIFIERS    FROM    TO    ALLW UNITS  BILLED AMT       SPENDDOWN
   0   88172    26           120821 120821    0.00
   0   88172    26 59        120821 120821    0.00       126.77          0.00
   0   88173    26           120821 120821    0.00       126.77          0.00
   0   88173    26 59        120821 120821    0.00       249.59          0.00
                                                        249.59          0.00

EOBS   000     5008 ◄
       001     1010
       002     1010
       003     1010
       004     1010
```

> **EOB 000 means claim denied at the Header**

The EOB code on the Portal indicates paid but with a "warning" message

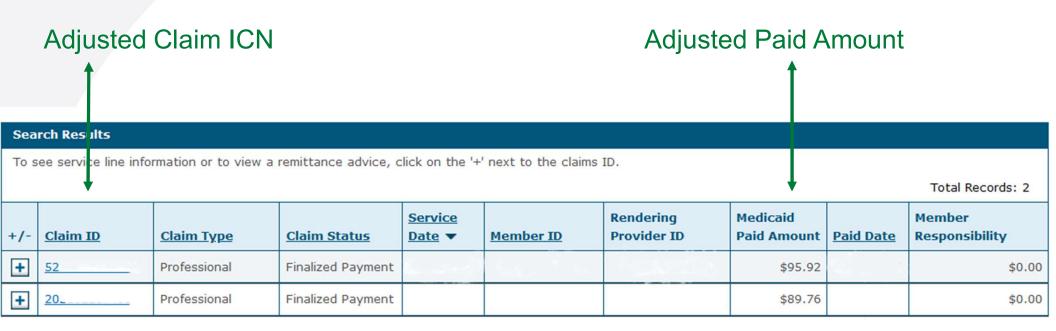| Svc # 1 | Pay | 1010 | RENDERING PROVIDER IS NOT AN ELIGIBLE MEMBER OF BILLING GROUP OR THE GROUP PROVIDER NUMBER IS REPORTED AS THE RENDERING PROVIDER. PLEASE VERIFY PROVIDER NUMBER AND RESUBMIT. |
| Svc # 2 | Pay | 1010 | RENDERING PROVIDER IS NOT AN ELIGIBLE MEMBER OF BILLING GROUP OR THE GROUP PROVIDER NUMBER IS REPORTED AS THE RENDERING PROVIDER. PLEASE VERIFY PROVIDER NUMBER AND RESUBMIT. |

- Verify the rendering is linked to the specific service location
- Rendering taxonomy code is not normally required
- Look at the EOB codes for the actual denial

Compare the Information

Adjusted claim on the RA

Original Claim ICN

Original Paid Amount

```
--ICN--        PATIENT NO.      MRN        SERVICE DATES        BILLED AMT       OTH INS AMT      COPAY AMT        PAID AMT
                                           FROM      TO         ALLOWED AMT      SPENDDOWN AMT    CO-INS CB        OUTPAT DED

MEMBER NAME:                                          MEMBER NO.:
20XXXXXXXXXX                               011121  011121          (318.00)          (0.00)          (0.00)          (89.76)
                                                                    (89.76)          (0.00)          (0.00)           (0.00)

EOBS     001    9806    9920
         002    4005    9806    9920
ARCS     001     45            143.29
         002     45             84.95

52 XXXXXXXXXX                              011121  011121           318.00            0.00            0.00            95.92
                                                                     95.92            0.00            0.00             0.00

                  SERVICE DATES ALLW UNITS  RENDERING PROVIDER          PA NUMBER
PROC CD  MODIFERS  FROM     TO    COPAY AMT  BILLED AMT    ALLOWED AMT   PAID AMT
99203    25       011121  011121    1.00
                                    0.00       220.00        82.87        82.87
51798             011121  011121    1.00
                                    0.00        98.00        13.05        13.05
                                                          ADDITIONAL PAYMENT                       6.16
```

Adjusted Claim ICN

Adjusted Paid Amount

Net Difference Additional payment

Compare the Information

Adjusted claim on the Portal

Adjusted Claim ICN   Adjusted Paid Amount

Search Results

To see service line information or to view a remittance advice, click on the '+' next to the claims ID.

Total Records: 2

+/-	Claim ID	Claim Type	Claim Status	Service Date ▼	Member ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
+	52_____	Professional	Finalized Payment				$95.92		$0.00
+	20._____	Professional	Finalized Payment				$89.76		$0.00

Original Claim ICN   Original Paid Amount

Helpful Tools

Provider Assistance

Your provider relations consultant can:

- Assist you with claim denial issues
- Provide free IHCP Portal Training
- Assist you with the enrollment or revalidation process
- Assist you in understanding member eligibility
- Conduct 1:1 virtual or in-person onsite training and provider workshops
- Help you in navigating the IHCP Provider Website/Modules

Provider Relations Team

Region	Consultant	Telephone	Counties Served
1	**Jean Downs (F)** **Katie Grause (I)** inxixregion1@gainwelltechnologies.com	**317.488.5071**	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley
2	**Shari Galbreath (F)** inxixregion2@gainwelltechnologies.com	**317.488.5080**	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White
3	**Crystal Woodson (F)** **Jeannette Curtis (I)** inxixregion3@gainwelltechnologies.com	**317.488.5321**	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	**Jenny Roberts (F)** **Emily Redman (I)** inxixregion4@gainwelltechnologies.com	**317.488.5153**	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
5	**Tami Foster (F)** **Jen Collins (I)** inxixregion5@gainwelltechnologies.com	**317.488.5186**	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne

Helpful Tools

IHCP Provider website at in.gov/medicaid/providers:

- Provider References > IHCP Provider Reference Modules
- Contact Information > Provider Relations Consultants

Customer Assistance:

- 800-457-4584
- Live assistance available Monday–Friday,
  8 a.m. – 6 p.m. Eastern Time

Secure Correspondence:

- Via the Provider Healthcare Portal
  - Registered account required.
  - After logging in to the Portal, click
    Secure Correspondence to submit a request.

Questions