

Submit *CMS-1500* Primary and Secondary Claims via the IHCP Provider Healthcare Portal

Indiana Health Coverage Programs
Gainwell Technologies
2023 IHCP Works Annual Seminar



Agenda

- Advantages of Submitting Claims via the IHCP Provider Healthcare Portal
- How to Submit Primary and Secondary *CMS-1500* Claims
- Claim Submission Tips and Reminders
- How To Perform Claim Follow-up and Check Status
- What Went Wrong and Why Did The Claim Deny
- How To Update Primary Insurance on the IHCP Provider Healthcare Portal
- Helpful Tools
- Questions



Advantages of Submitting *CMS-1500* Primary and Secondary Claims via the IHCP Provider Healthcare Portal



Advantages to Submitting *CMS-1500* Claims via the IHCP Provider Healthcare Portal

- Providers receive *immediate* claim status: Payment, Denial or Pending in Process.
- Remittance Advices (RAs) populate weekly under Search Payment History.
- Submitting claims is easy and efficient.
- Can upload electronic attachments.
- No additional forms to complete.
- Nothing to submit by mail.



How To Submit Primary and Secondary *CMS-1500* Claims



Submit Primary and Secondary CMS-1500 Claims



The screenshot displays a healthcare provider portal interface. At the top, a navigation bar includes tabs for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Resources', and 'Switch Provider'. The 'Claims' tab is active, and a dropdown menu is open, listing the following options: 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof' (highlighted with a red border), and 'Search Payment History'. On the left side, there are sections for 'User Details' (with a 'Welcome' message and links for 'My Profile' and 'Switch Provider') and 'Provider' (with fields for 'Name' and 'Provider ID', and a link for 'Provider Maintenance'). Below these is a 'Provider Services' section with links for 'Member Focused Viewing', 'Search Payment History', and 'Link to MAPIR'. The main content area features a large blue banner that reads 'WELCOME HEALTH CARE PROFESSIONAL!' and a photograph of a male and female healthcare professional in a clinical setting. To the right of the banner are three icons with corresponding links: 'Contact Us', 'Notify Me', and 'Secure Correspondence'. At the bottom of the main content area, a paragraph states: 'We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.'

Provider Information

Be sure you are logged in to the IHCP Provider Healthcare Portal under the correct Service Location.

Provider Information			
Requesting Provider Information			
Billing Provider ID	<input type="text"/>	ID Type	NPI
Rendering Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Rendering Taxonomy	<input type="text"/>	ID Type	<input type="text"/>
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>



Use the spyglass to enter rendering NPI

Provider ID Search [Back to Claim](#) ?

Search By ID | Search By Name | Search By Organization

* Indicates a required field.

*Provider ID Provider ID Type

If a provider is listed more than once, choose the entry without a taxonomy code, if available.



Member ID and Claim Information

Enter Member ID, Date of Birth and at least one character of First and Last Name

*Member ID

*Last Name

Birth Date

*First Name

Other Claim ID

Claim Information

Claim Header Instructions

Hospital From Date

Date Type

Accident Related

*Patient Number

Medical Record Number

Hospital To Date

Date of Current

Authorization Number

Special Program

*Does the provider have a signature on file? Yes No

*Does the provider accept assignment for claim processing? Yes No Clinical Lab Services Only

*Are benefits assigned to the provider by the patient or their authorized representative? Yes No N/A

*Does the provider have a signed statement from the patient releasing their medical information? Yes No

Include Other Insurance

Total Charged Amount \$0.00

Continue

Cancel

If there is a primary insurance that covers the service, check the box.



Diagnosis Code

Diagnosis Codes -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
1			

1 *Diagnosis Type ICD-10-CM ▾ *Diagnosis Code diab

Add
Reset

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter at Adjustment Details section.

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

#	Carrier Name	Carrier ID	Group ID
1			

+ Click to add a new other insurance.

E0800-DIAB D/T UNDRL COND W HYPROSM W/O NONKET HYPRGLY-HYPROS COMA

E08321-DIAB D/T UNDRL COND W MILD NONPRLF DIAB RTNOP W MCLR EDEMA

E08329-DIAB D/T UNDRL COND W MILD NONPRLF DIAB RTNOP W/O MCLR EDEMA

E08339-DIAB D/T UNDRL COND W MOD NONPRLF DIAB RTNOP W/O MCLR EDEMA

E08349-DIAB D/T UNDRL COND W SEV NONPRLF DIAB RTNOP W/O MCLR EDEMA

E08341-DIAB D/T UNDRL COND W SEVERE NONPRLF DIAB RTNOP W MCLR EDEMA

E0851-DIAB DUE TO UNDRL COND W DIAB PRPH ANGIOPATH W/O GANGRENE

E0843-DIAB DUE TO UNDRL COND W DIABETIC AUTONM (POLY)NEUROPATHY

E0852-DIAB DUE TO UNDRL COND W DIABETIC PRPH ANGIOPATH W GANGRENE

E08331-DIAB DUE TO UNDRL COND W MOD NONPRLF DIAB RTNOP W

Add diagnosis by entering description or code.
Choose Add to save each code.



Other Insurance Details Header Level

Secondary Insurance Information at the *Header* Level

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

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

Refresh Other Insurance

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1					-	Remove

Click to add a new other insurance.

- Verify that the carrier name shows the correct insurance.
- Remove any insurance that should not be listed.
- Click the **1** by the carrier name to complete the information.
- Click the **+** to add the correct Primary Insurance if not listed.

Secondary Insurance Carrier Information Header Level

Secondary Insurance Information at the *Header* Level

Medicare carrier name can be Wisconsin Physician Services (WPS) or Medicare – carrier ID 08102. Medicare Advantage Plan and TPL (third-party liability) can be the name of the carrier.

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to collapse.						
	*Carrier Name <input type="text"/>	*Carrier ID <input type="text"/>				
	*Policy Holder Last Name <input type="text"/>	*First Name <input type="text"/>			MI <input type="checkbox"/>	
	Policy Holder Address <input type="text"/>					
	City <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>		Country Code <input type="text"/>	
	*Policy ID <input type="text"/>	SSN <input type="text"/>				
	*Relationship to Patient <input type="text"/>	*Claim Filing Code <input type="text"/>				
	Group ID <input type="text"/>	Policy Name <input type="text"/>				
	TPL/Medicare Paid Amount <input type="text"/>	Paid Date <input type="text"/>				
	Claim ID <input type="text"/>					
	Referral Number <input type="text"/>	Authorization Number <input type="text"/>				
<input type="button" value="Add"/> <input type="button" value="Cancel"/>						

Paid amount on the *ENTIRE* claim.

Does not have an * but is required for processing.

Relationship to Patient and Claim Filing Code

Secondary Insurance Information at the *Header* Level

*Carrier Name *Carrier ID

*Policy Holder Last Name *First Name MI

Policy Holder Address

City State ZIP Code Country Code

*Policy ID SSN

*Relationship to Patient *Claim Filing Code

Group ID

TPL/Medicare Paid Amount

Claim ID

Referral Number

Policy Name

Paid Date

Authorization Number

Relationship to Patient dropdown options:

- 01-Spouse
- 18-Self
- 19-Child
- 20-Employee
- 21-Unknown
- 39-Organ Donor
- 40-Cadaver Donor
- 53-Life Partner
- G8-Other Relationship

Claim Filing Code dropdown options:

- 11-Other Non-Federal Programs
- 12-Preferred Provider Organization (PPO)
- 13-Point of Service (POS)
- 14-Exclusive Provider Organization (EPO)
- 15-Indemnity Insurance
- 16-Health Maintenance Organization (HMO) Medicare Risk
- 17-Dental Maintenance Organization
- AM-Automobile Medical
- BL-Blue Cross/Blue Shield
- CH-Champus
- CI-Commercial Insurance Co.
- DS-Disability
- FI-Federal Employees Program
- HM-Health Maintenance Organization
- LM-Liability Medical
- MA-Medicare Part A
- MB-Medicare Part B
- OF-Other Federal Program
- TV-Title V

How the member is related to the person who holds the insurance

CI – Commercial Insurance
16 – Medicare Advantage Plan
MB – Medicare B



Claim Adjustment Details - Header

Secondary Insurance Information at the *Header* Level

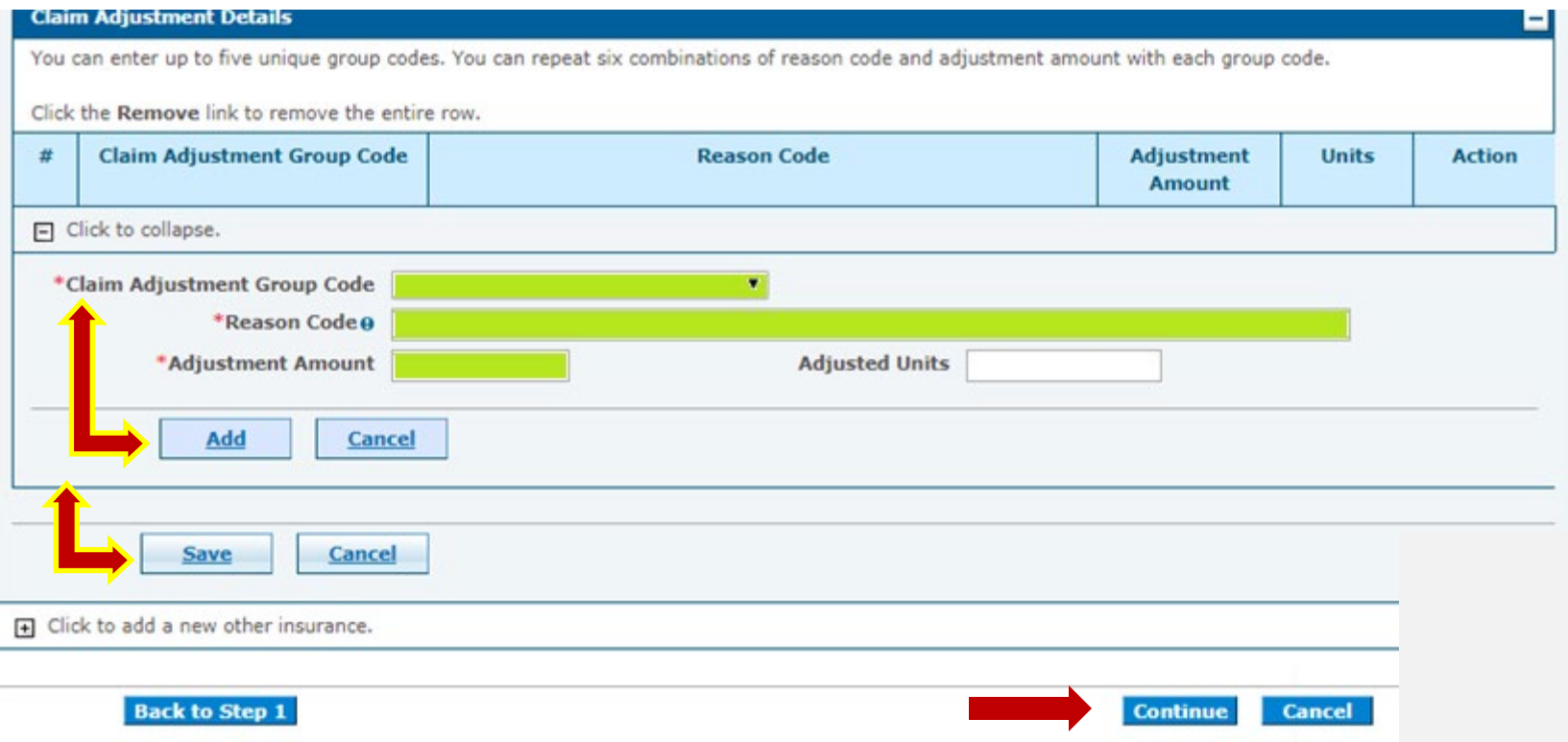
- Claim adjustment details are **NOT** completed for TPL, unless there is an acceptable denial adjustment reason code (ARC).
- Claim adjustment details **ARE** completed for Medicare and Medicare Advantage Plans.

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
Click to collapse.					
*Claim Adjustment Group Code	<input type="text"/>	*Reason Code	<input type="text"/>	Adjusted Units	<input type="text"/>
*Adjustment Amount	<input type="text"/>				
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					
<input type="button" value="Save"/> <input type="button" value="Cancel"/>					
Click to add a new other insurance.					
<input type="button" value="Back to Step 1"/>			<input type="button" value="Continue"/> <input type="button" value="Cancel"/>		



Claim Adjustment Details

Secondary Insurance Information at the *Header* Level

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

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

#	Claim Adjustment Group Code	Reason Code	Adjustment	Units	Action
---	-----------------------------	-------------	------------	-------	--------

Click to collapse.

*Claim Adjustment Group Code

*Reason Code

*Adjustment Amount Adjusted Units

Click to add a new other insurance.

PR – Patient responsibility.

Adjustment amount is the patient responsibility or adjustment reason code (ARC) amount on the **ENTIRE** claim.

1 – Deductible amount.
2 – Coinsurance amount.
3 – Copayment amount.
Or contractual obligation (CO) with the valid TPL ARC explanation.

Service Details

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
---	-----------	---------	------------------	----------------	---------------	-------	--------

Click to collapse.

*From Date To Date *Place of Service

*Procedure Code *Diagnosis Pointers

Modifiers

Charge Amount *Units *Unit Type EPSDT Family Plan EMG

Rendering Provider ID ID Type Rendering Taxonomy

Line Item Control#

NDC for Service Detail

Note for Service Detail

Add

Cancel

Modifiers, if applicable

Enter the charge amount and **TAB** to the Units field. Does not have an * but is required for processing.

Procedure Code and Place of Service

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the row.

#	From Date	To Date	Place of Service
Click to collapse.			
*From Date	<input type="text"/>	To Date	<input type="text"/>
*Procedure Code	9921		
Modifiers	99218-INITIAL OBSERVATION CARE		
	99219-INITIAL OBSERVATION CARE		
	99217-OBSERVATION CARE DISCHARGE		
	99211-OFFICE/OUTPATIENT VISIT EST		
	99212-OFFICE/OUTPATIENT VISIT EST		
Charge Amount	99213-OFFICE/OUTPATIENT VISIT EST		
Rendering Provider ID	99214-OFFICE/OUTPATIENT VISIT EST		
	99215-OFFICE/OUTPATIENT VISIT EST		
Line Item Control#	<input type="text"/>		

Select the row number to edit the row.

Procedure Code	Charge Amount	Units	Action
*Place of Service			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Diagn	<ul style="list-style-type: none"> 42-Ambulance - Air or Water 41-Ambulance - Land 24-Ambulatory Surgical Center 13-Assisted Living Facility 25-Birthing Center 53-Community Mental Health Center 96-Community Setting 61-Comprehensive Inpatient Rehabilitation Facility 62-Comprehensive Outpatient Rehabilitation Facility 33-Custodial Care Facility 97-EI class/program 23-Emergency Room - Hospital 65-End-Stage Renal Disease Treatment Facility 95-Family Day Care 50-Federally Qualified Health Center 14-Group Home * 12-Home 04-Homeless Shelter 34-Hospice 		
Type	<input type="text"/>	Unit	<input type="text"/>
Rendering Taxonom	<input type="text"/>		

Service Detail

Other Insurance Information

Secondary Insurance Information at the *Detail* Level

Service Details							
Select the row number to edit the row. Click the Remove link to remove the entire row.							
#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1			11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$100.00	1.00 Unit	Remove

Other Insurance for Service Detail				
Click the row number to edit the row. Click the Remove link to remove the entire row.				
#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to collapse.				
*Other Carrier <input type="text"/>				
*TPL/Medicare Paid Amount <input type="text"/>		*Paid Date <input type="text"/>		
<input type="button" value="Add"/> <input type="button" value="Cancel"/>				

Paid amount for *this detail only*

Adjustment Details

Secondary Insurance Information at the *Detail* Level

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

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

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1					-	Remove

Click to add a new other insurance.

- Claim adjustment details are **NOT** completed for TPL, unless there is an acceptable denial adjustment reason code (ARC).
- Claim adjustment details **ARE** completed for Medicare and Medicare Advantage Plans.

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
		PR – Patient responsibility.			

Click to collapse.

* Claim Adjustment Group Code

* Reason Code

* Adjustment Amount Adjusted Units

[Add](#) [Cancel](#)

[Save](#) [Cancel](#)

Adjustment amount is the patient responsibility or ARC amount on this **DETAIL** only.

1 – Deductible amount
2 – Coinsurance amount
3 – Copayment amount or CO – with a valid TPL ARC

[Back to Step 1](#) [Repeat process for all service details](#) [Continue](#) [Cancel](#)

Attachments

When the primary explanation of benefits (EOB) is required, use the “Attachments” feature.

Attachments [-]

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

#	Transmission Method	File	Control #	Attachment Type	Action
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Click to collapse.

*Transmission Method

*Upload File No file chosen

*Attachment Type

Submit electronically through file transfer.

Search for the file from the documents saved in your files:

- Attachment file size limit is 5 MB, and valid file types for upload include .bmp, .gif, .jpg, .jpeg, .pdf, .png, .tif and .tiff.
- Word and Excel files are not valid.

Attachment Type

Attachments	
Click the Remove link to remove the	
#	Transmission Method
<input type="checkbox"/>	Click to collapse.
*Transmission Method	
*Upload File	
*Attachment Type	

- BT-Blanket Test Results
- CB-Chiropractic Justification
- CK-Consent Form(s)
- CT-Certification
- D2-Drug Profile Document
- DA-Dental Models
- DB-Durable Medical Equipment Prescription
- DG-Diagnostic Report
- DJ-Discharge Monitoring Report
- DS-Discharge summary
- EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)
- EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)

Claim Note Information	
<input type="button" value="Back to Step 1"/>	<input type="button" value="Back to Step 2"/>
<input type="button" value="Submit"/>	<input type="button" value="Cancel"/>

<input type="button" value="Back to Step 1"/>	<input type="button" value="Back to Step 2"/>	<input type="button" value="Back to Step 3"/>	<input type="button" value="Print Preview"/>	<input type="button" value="Confirm"/>	<input type="button" value="Cancel"/>
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Do not use browser back button.



Claim Note

Claim Note Information [-]

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

#	Note Reference Code	Note Text	Action
☐ Click to collapse.			
Note Reference Code	<input type="text"/>	<input type="text" value="Additional Information"/>	
Note Text	<input type="text"/>		
<input type="button" value="Add"/>		<input type="button" value="Cancel"/>	
<input type="button" value="Back to Step 1"/>		<input type="button" value="Back to Step 2"/>	
		<input type="button" value="Submit"/>	
		<input type="button" value="Cancel"/>	

Only notes that impact the processing of the claim should be used – refer to the [Claim Submission and Processing Module](#) for acceptable claim notes.

****Claim notes may delay the processing of the claim.****

Claim Confirmation and Status

The screenshot displays the 'Indiana Medicaid for Providers' website interface. At the top, there is a navigation bar with links for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Resources', and 'Switch Provider'. Below this, a breadcrumb trail shows 'Claims > Claim Receipt'. A green bar indicates the user is 'Delegate for' a 'Role IDs' of 'Provider - In Network'. The main content area is titled 'Submit Institutional Claim: Confirmation' and contains the following text: 'Your Institutional Claim was successfully submitted. The claim status is FinalizedPayment.' Below this, 'The Claim ID is:' is followed by a red-bordered box containing a redacted ID. A red arrow points from the 'FinalizedPayment' status to the redacted box. Further down, instructions are provided for 'Print Preview', 'Copy', 'Edit', and 'New' buttons. A yellow callout box with a red border contains the text: 'Attachments or notes may cause the claim to be *Pending in Process*.'

INDIANA MEDICAID for Providers

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources | Switch Provider

Claims > Claim Receipt

Delegate for Role IDs Provider - In Network -

Submit Institutional Claim: Confirmation

Institutional Claim Receipt

Your Institutional Claim was successfully submitted. The claim status is FinalizedPayment.

The Claim ID is: [Redacted]

Click **Print Preview** to view the claim details as they have been saved on the payer's system.

Click **Copy** to copy member or claim data.

Click **Edit** to resubmit the claim.

Click **New** to submit a new claim.

Print Preview **Copy** **Edit** **New**

Attachments or notes may cause the claim to be *Pending in Process*.

Claim Submission Tips and Reminders



Primary Explanation of Benefits (EOB)

When is the Primary EOB required for *Other Insurance (TPL)*?

- A. When the TPL makes a payment.
- B. When the TPL denies the claim or the entire claim is applied to deductible.
- C. The TPL EOB is not needed.

When the third-party liability (TPL) carrier has **DENIED** the service as *noncovered*.

- *Exception* – If the **TPL primary EOB contains an acceptable denial adjustment reason code (ARC)**, the secondary windows can be completed with the ARC, and no EOB is required.
- When TPL carrier has applied the *entire* amount to the deductible – **PAID** at \$0.00.

Services that are **NONCOVERED** by the primary insurance are **NOT** filed as a secondary claim.

However:

- The secondary windows may be completed to bypass the need for the primary EOB attachment for **Commercial Insurance Claims ONLY**.



Primary Explanation of Benefits (EOB) TPL

When is the primary EOB **NOT** required for *Other Insurance (TPL)*?

- A. When the TPL covers the service.
- B. When the TPL makes a payment.
- C. When the TPL covers the service and has made a payment on the claim.

When the primary insurance **COVERS** the service and has made a **PAYMENT** on the claim:

- Actual dollars were received.
- Balance is applied to deductible, copayment or coinsurance.

Primary EOB

Medicare and Medicare Advantage

When is the primary EOB required for *Medicare and Medicare Advantage Plans*?

- A. When Medicare or the Medicare Advantage Plan **DENIES** the service.
- B. When Medicare or Medicare Advantage **COVERS** the service.
- C. When Medicare or Medicare Advantage **COVERS** and **makes a payment**.

- Services that are **NONCOVERED** by the primary insurance are **NOT** filed as a secondary claim.
- **Reminder:** When a Medicare Advantage Plan EOB is required, write **MEDICARE ADVANTAGE PLAN** on the EOB.

Primary Explanation of Benefits (EOB)

When is the Primary EOB **NOT** required for *Medicare and Medicare Advantage Plans*?

- A. When Medicare or the Medicare Advantage Plan **DENIES** the service.
- B. When Medicare or Medicare Advantage **ALLOWS and PAYS** the service
- C. When Medicare or Medicare Advantage **ALLOWS and PAYS** some of the charges.

When the Medicare or Medicare Advantage Plan **ALLOWS** the service:

- Actual dollars were received, *OR*
- Entire or partial amount was applied to deductible, coinsurance, or copay.

When Medicare or Medicare Advantage **ALLOWS and PAYS** some of the charges, the claim will need to be split billed and the Medicare EOB will need to be attached to the denied charges claim.

Verify Eligibility

Verify Eligibility

- Confirm the Member ID.
- Verify the spelling of the member's name.
- Make sure the member's benefit plan covers the service being billed.
- Check to see if the member is enrolled in a managed care plan.
- Look for primary insurance coverage.



How To Perform Claim Follow-up and Check Status



Search Claims

To search for specific claims for a member, use the Member ID and dates of service to see all claim activity.

The screenshot displays the 'INDIANA MEDICAID for Providers' portal. The navigation menu includes 'My Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. The 'Claims' menu is expanded, showing options like 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', 'Search Payment History', 'Request FQHC/RHC Wrap Report', and 'Retrieve FQHC/RHC Wrap Report'. The 'Search Claims' option is highlighted with a red box. Below the menu, there are input fields for 'Member ID', 'Last Name', 'Birth Date', and 'First Name'. The 'Member ID' field is filled with a green bar. There are also 'Service Information' fields for 'Claim Type', 'Service From', 'To', 'Paid Date', and 'Claim Status'. The 'Search' button is highlighted with a red box, and the 'Reset' button is also visible. The page header includes 'Contact Us | FAQs | Logout' and the date 'Tuesday 10/03/2023 11:52 AM EST'.

Search for Multiple Claims

To search for multiple claims, enter date range and status.

Service Information

Claim Type

Service From To

Paid Date

Claim Status

Finalized Payment

Finalized Denied

Pending In Process

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
<input type="checkbox"/>		Professional	Finalized Payment						\$0.00
<input type="checkbox"/>		Professional	Finalized Payment						\$0.00
<input type="checkbox"/>		Professional	Finalized Denied						
<input type="checkbox"/>		Professional	Finalized Payment						

Claim Follow-up and Status

Edit, Copy, Void

Make a decision as to what action should be taken.

Edit

Edit a **PAID** claim that needs to be adjusted. Leave all the correct information on the claim that was previously paid; correct what is wrong. **NEVER** edit a paid claim if the date of service is past timely filing – unless there is proof of retroactive eligibility; enrollment; prior authorization or correction due to overpayment.

Copy

Copy a **DENIED** claim. Correct the information and resubmit.

Void

Avoid the **VOID** unless the *entire* paid amount on the claim needs to be refunded.

What Went Wrong and Why Did The Claim Deny



Denied Claim

Provider called stating claim denied for:

Claim EOB Information			
Claim / Service #	Disposition	EOB Code	Description
Claim	Deny	0815	TPL REQUIRED AT DETAIL AND MUST SUM TO EQUAL THE HEADER TPL AMOUNT
Claim	Deny	0815	TPL REQUIRED AT DETAIL AND MUST SUM TO EQUAL THE HEADER TPL AMOUNT

Search for claim using the Member ID and date of service.

Correction of Denied Claim

Information is entered at the *Header* Level.

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
Click to collapse.						
*Carrier Name		*Carrier ID				
*Policy Holder Last Name		*First Name		MI <input type="checkbox"/>		
Policy Holder Address						
City		State	ZIP Code	Country Code		
*Policy ID		SSN				
*Relationship to Patient		*Claim Filing Code				
Group ID		Policy Name				
TPL/Medicare Paid Amount		Paid Date				
Claim ID		Authorization Number				
Referral Number						
Add		Cancel				

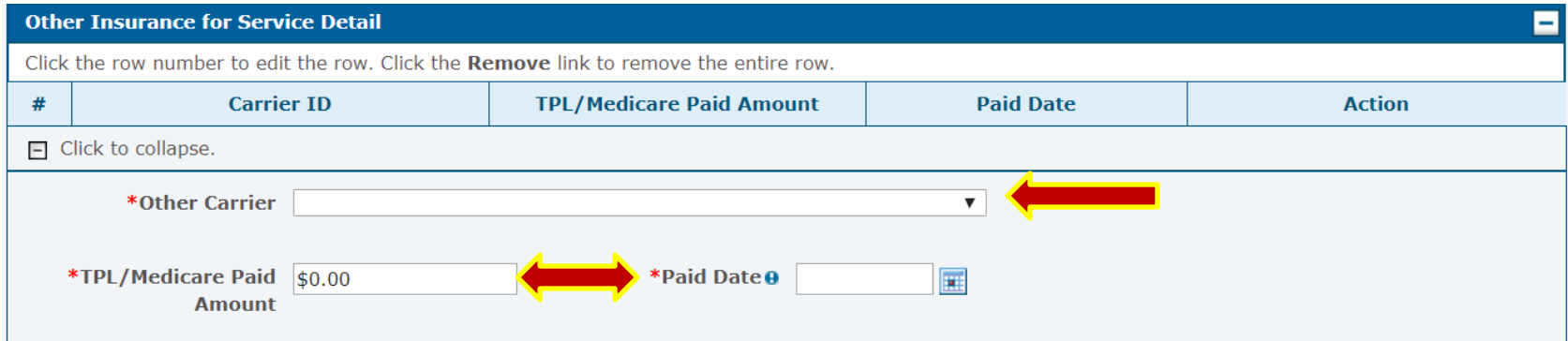
Corrected Claim

Original information at the **Detail** Level on denied claim.

Other Insurance for Service Detail

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

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
Click to collapse.				
	*Other Carrier			
	*TPL/Medicare Paid Amount	\$0.00	*Paid Date	



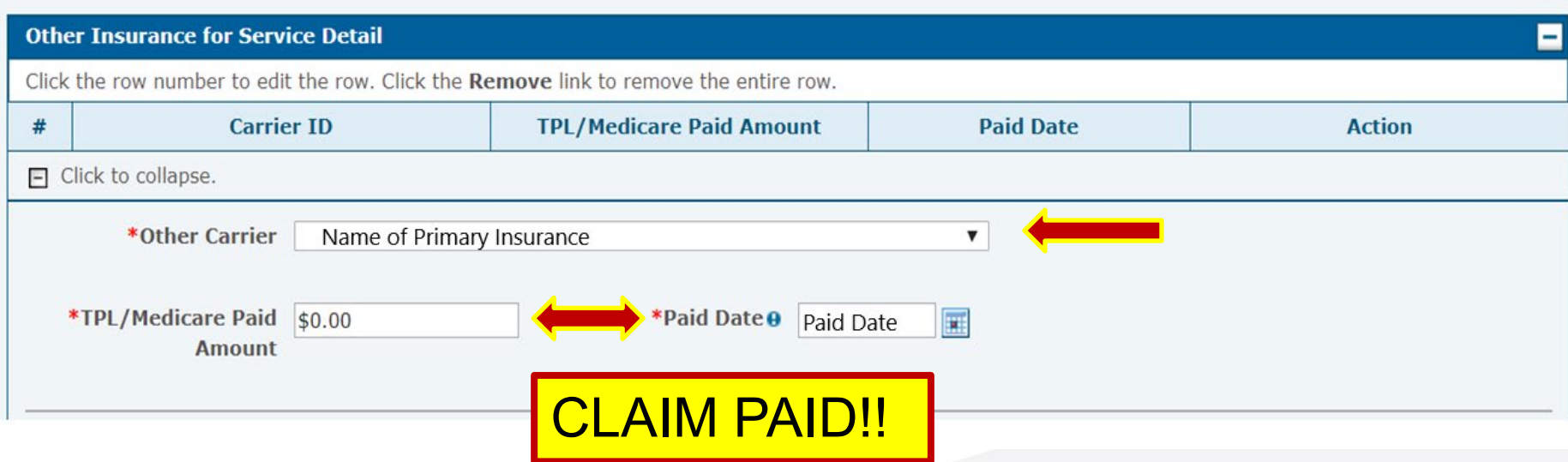
Corrected information entered at the **Detail** Level.

Other Insurance for Service Detail

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

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
Click to collapse.				
	*Other Carrier			
	*TPL/Medicare Paid Amount	\$0.00	*Paid Date	

CLAIM PAID!!



Claim Denial

Provider called stating claim denied for Medicare information – but it was on the claim....

Claim denial:

Claim EOB Information			
Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Deny	0593	AT LEAST ONE DETAIL SUBMITTED CONTAINS MEDICARE COB DATA RESULTING IN A REVIEW OF ALL DETAIL COB DATA. PLEASE REVIEW TO ENSURE COB DATA FOR DETAIL IN QUESTION DOES NOT CONTAIN ALL ZEROS OR IS MISSING

Search for claim using the Member ID and date of service.

Claim Correction

Claim Adjustment information entered at the **Header** Level for Medicare Advantage Plan.

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
1	PR-Patient Responsibility	2-Coinsurance Amount	\$20.76		Remove

*Claim Adjustment Group Code

*Reason Code

*Adjustment Amount Adjusted Units

Other Carrier and Claim Adjustment information was not entered at the **Detail** Level for Medicare Advantage Plan on denied claim.

Other Insurance for Service Detail

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

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
<input type="checkbox"/>				

Click to collapse.

*Other Carrier

*TPL/Medicare Paid Amount *Paid Date

Claim Adjustment Detail

Other Insurance information and Claim Adjustment Details added at the **Detail** Level for Medicare Advantage Plan.

Other Insurance for Service Detail

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

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
Click to collapse.				
	*Other Carrier	Name of Primary Insurance		
	*TPL/Medicare Paid Amount	\$0.00	*Paid Date	Paid Date

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
Click to collapse.					
	*Claim Adjustment Group Code	PR-Patient Responsibility			
	*Reason Code	2-Coinsurance Amount			
	*Adjustment Amount	20.76	Adjusted Units		

CLAIM PAID!!

How To Update Primary Insurance on the IHCP Provider Healthcare Portal



Secure Correspondence Link

The screenshot displays the Indiana Medicaid for Providers web interface. At the top, the logo for Indiana Medicaid is visible on the left, and navigation links for 'Contact Us', 'FAQs', and 'Logout' are on the right. Below the logo, the text 'INDIANA MEDICAID for Providers' is prominently displayed. A horizontal menu contains links for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Resources', and 'Switch Provider'. The main content area features a 'My Home' section with a 'Delegate for' field and a 'Role IDs' dropdown menu currently set to 'Provider - In Network'. On the left sidebar, there are sections for 'User Details' (with links for 'Welcome', 'My Profile', and 'Switch Provider') and 'Provider' (with links for 'Name', 'Provider ID', and 'Provider Maintenance'). In the center, a large blue banner reads 'WELCOME HEALTH CARE PROFESSIONAL!' above a photograph of a doctor and a patient. On the right side of the page, there are three links: 'Contact Us', 'Notify Me', and 'Secure Correspondence'. The 'Secure Correspondence' link is highlighted with a red rectangular border.

Secure Correspondence is a delegate function assigned when the delegate is added to a service location.

Secure Correspondence Message

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

[Create New Message](#)

Total Records: 11

Status	Subject	Message Category	Date Opened ▼	Date Closed
Closed		TPL Update		
Closed		TPL Update		
Closed		TPL Update		
Closed		TPL Update		
Closed		TPL Update		

- Previously submitted correspondence messages and status are listed.
- Responses are specific to the service location under which the correspondence was submitted.



Eligibility

Other Insurance Details						
Carrier Name (Carrier ID)	Address	Phone Number	Policy ID	Group ID	Policy Holder	Coverage Type
ADVANCED PARADIGM						PHARMACY
ANTHEM BC/BS						MEDICAL

- The TPL reported on the claim should match what is on the eligibility:
 - If it does not, a TPL update should be submitted.
(Exception – Pharmacy information)
- Medicare Advantage Plans should **NOT** show on the eligibility.

Message Content

Secure Correspondence - Create Message

[Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence Message - Box

* Indicates a required field.

*Subject	<input type="text" value="TPL UPDATE"/>
*Message Category	<input type="text" value="TPL Update"/>
*Email Address	<input type="text" value="youremailaddress@company.com"/>
*Confirm Email Address	<input type="text" value="youremailaddress@company.com"/>
Member ID	<input type="text"/>
Claim Number	<input type="text"/>
Date of Service	<input type="text"/> <input type="button" value="📅"/>
To	<input type="text"/> <input type="button" value="📅"/>
Medicaid Paid Amount	<input type="text"/>
Paid Date	<input type="text"/> <input type="button" value="📅"/>
Provider/Facility	<input type="text"/>
*Message	<div style="border: 1px solid black; padding: 5px;"><p>MEMBER NO LONGER HAS ANTHEM AS PRIMARY INSURANCE POLICY NUMBER XXXXXXXXX. CLAIM SUBMITTED FOR DOS 07.03.2023 FOR OFFICE VISIT. CLAIM DENIED FOR PRIMARY INSURANCE. PLEASE REMOVE MEMBER'S LISTED PRIMARY INSURANCE.</p></div>



Attachment

Add any available attachments to support the request.

Attachments -

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

#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					
*Transmission Method <input type="text" value="FT-File Transfer"/>					
*Upload File <input type="button" value="Choose File"/> No file chosen					
*Attachment Type <input type="text"/>					
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					<input type="button" value="Attachments"/>
<input type="button" value="Send"/> <input type="button" value="Cancel"/>					

- 01-Primary payer EOBs, including Medicare
- 02-Invoices or MSRP
- 03-Medical records
- 04-Consent forms
- 05-Remittance Advice (RA)
- 06-Screen prints
- 07-Admin Review Request Form
- 08-Claim/Correspondence
- 09-Other

Helpful Tools



Provider Assistance

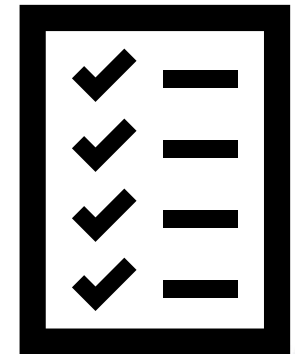
Your provider relations consultant can:

- Assist you with complex claim denial issues.
- Provide free IHCP Provider Healthcare 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.

Contact Checklist

E-mails and calls should always include:

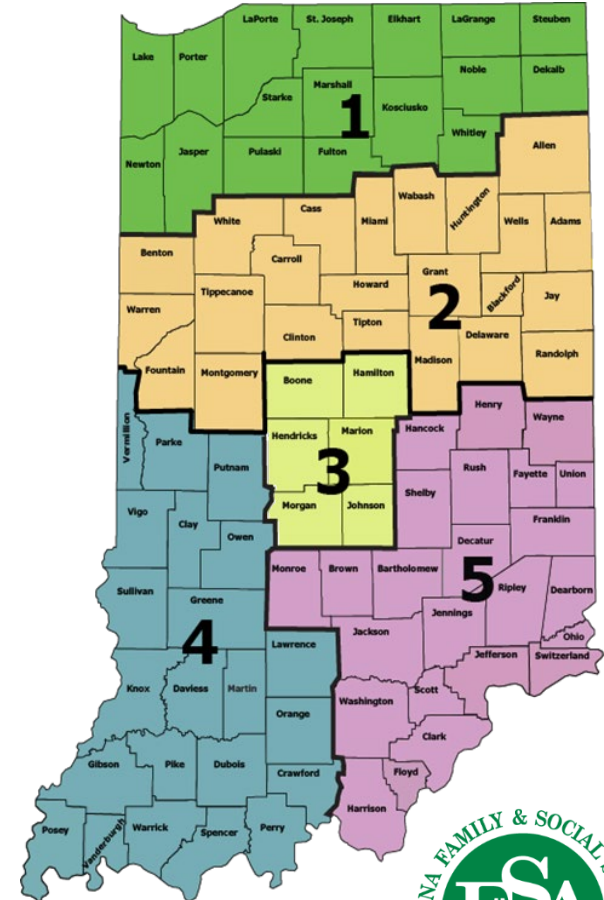
- Provider NPI and Provider ID.
- Contact name, phone number and e-mail.
- Exact reason for the e-mail or call:
 - Claim example and exact claim information.
 - Member information including the RID (member Medicaid number).
 - Nature of issues.
- Provider enrollment – include the application tracking number (ATN).
- Any other information to help us research prior to returning the e-mail or call.



E-mail is the preferred method of contact.

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) Jen Collins (I) 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) 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 Links

[Indiana Medicaid for Providers](#) website:

Provider References > IHCP Provider Reference Modules

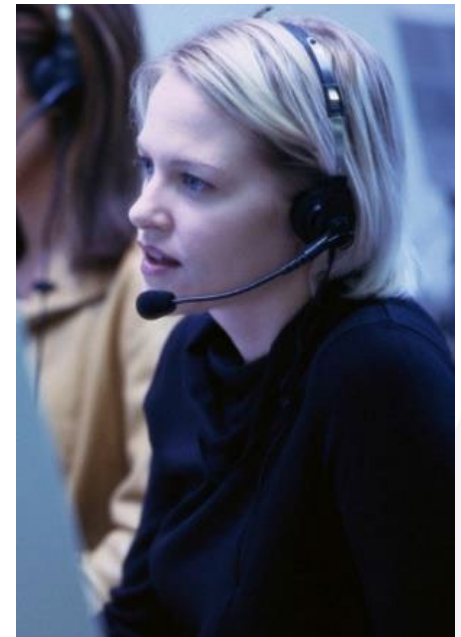
- Contact Information > Provider Relations Consultants

Customer Assistance:

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

Secure Correspondence:

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



Questions

