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

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

Provider Information

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

Use the spyglass to enter rendering NPI

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   *First Name

Birth Date ❶   Other Claim ID

Claim Information

Claim Header Instructions

Hospital From Date ❶   Hospital To Date ❶

Date Type   [▼]   Date of Current ❶

Accident Related [▼]

*Patient Number   Authorization Number

Medical Record 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 ❶   [diab]

[**Add**]   [**Reset**]

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

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 ad
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.

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

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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.

Back to Step 1   Continue   Cancel

- 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
☐ Click to collapse.						

*Carrier Name [   ]   *Carrier ID [   ]

*Policy Holder Last Name [   ]   *First Name [   ]   MI [   ]
Policy Holder Address [   ]
[   ]

City [   ]   State [▼]   ZIP Code❶ [   ]   Country Code [▼]

*Policy ID [   ]   SSN❶ [   ]
*Relationship to Patient [▼]   *Claim Filing Code [▼]
Group ID [   ]   Policy Name [   ]

TPL/Medicare Paid Amount [   ]   Paid Date❶ [   ] 🗓
Claim ID [   ]
Referral Number [   ]   Authorization Number [   ]

[Add]   [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		Policy Name

Relationship to Patient dropdown:
- 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:
- 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

TPL/Medicare Paid Amount — Paid Date ⓘ

Claim ID

Referral Number — Authorization Number

Add

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

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

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Claim Adjustment Details - Header

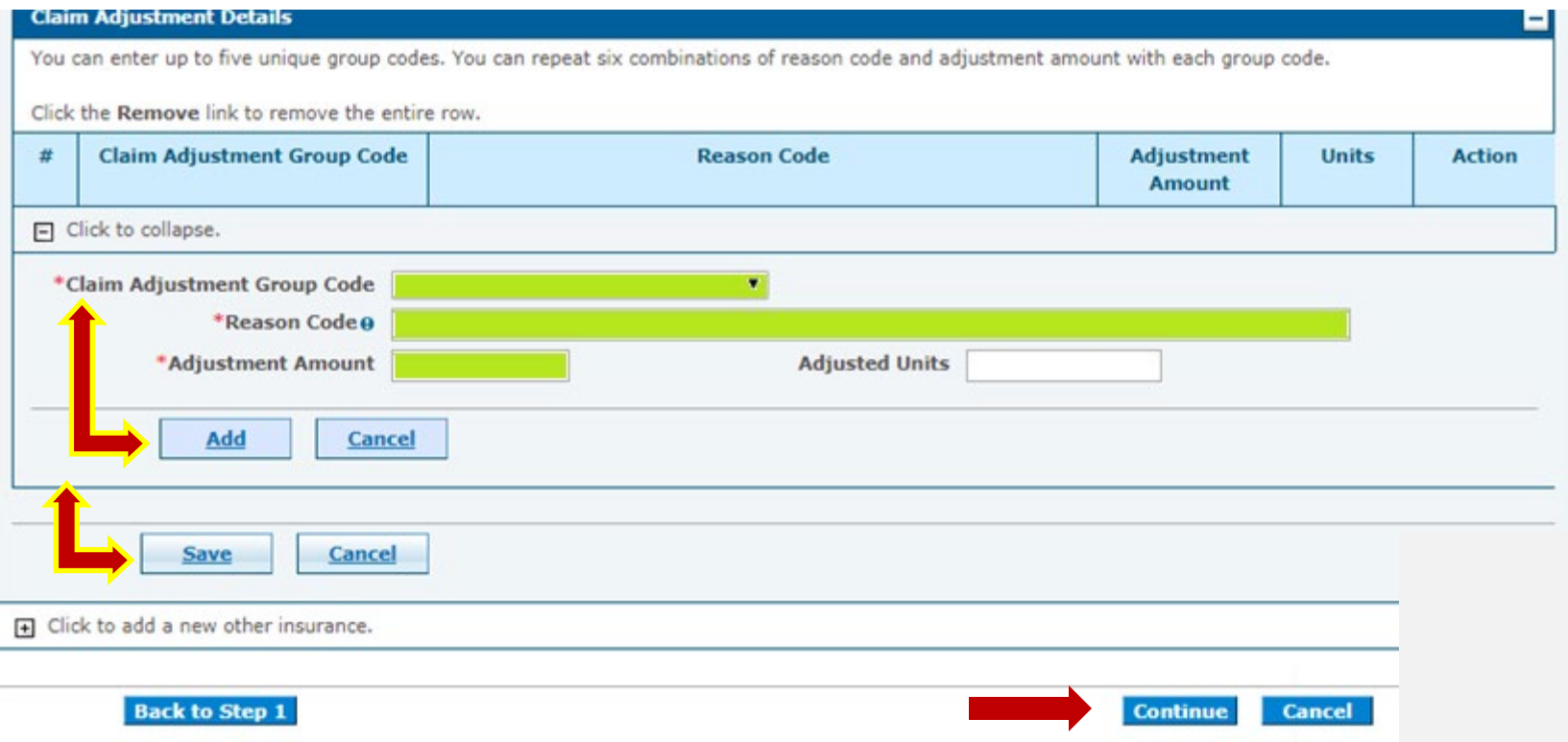Secondary Insurance Information at the *Header* Level

- 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 [▼]

*Reason Code ❶ [ ]

*Adjustment Amount [ ]   Adjusted Units [ ]

[Add]   [Cancel]

[Save]   [Cancel]

☐ Click to add a new other insurance.

[Back to Step 1]   [Continue] [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 ❸ [ ]
*Adjustment Amount [ ]   Adjusted Units [ ]

PR – Patient responsibility.

[Add]   [Cancel]

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.

[Save]   [Cancel]

⊞ Click to add a new other insurance.

[Back to Step 1]   [Continue] [Cancel]

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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 ❶   To Date ❶   *Place of Service ▼

*Procedure Code ❶   *Diagnosis Pointers ▼ ▼ ▼ ▼

Modifiers ❶

Charge Amount   *Units   *Unit Type [Unit ▼]   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.

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Procedure Code and Place of Service

Service Details

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

#	From Date	To Date	Place of Service

☐ Click to collapse.

*From Date 🛈 _____ 🗓   To Date 🛈 _____

*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
99214-OFFICE/OUTPATIENT VISIT EST
Rendering Provider ID | 99215-OFFICE/OUTPATIENT VISIT EST

Line Item Control# | _____

e row.

Procedure Code	Charge Amount	Units	Action

*Place of Service | _____ ▼

*Diagn | 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 | Unit ▼

Rendering Taxonom

Service Detail
Other Insurance Information

Secondary Insurance Information at the *Detail* Level

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 ea

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

#	Claim Adjustment Group Code	Reason Code	ion

⊟ Click to collapse.

*Claim Adjustment Group Code [▼]

*Reason Code ❶ [ ]

*Adjustment Amount [ ]   Adjusted Units [ ]

Add   Cancel

Save   Cancel

PR – Patient responsibility.

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

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

Back to Step 1   Repeat process for *all* service details   Continue   Cancel

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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

Click to collapse.

*Transmission Method   FT-File Transfer ▾

*Upload File   Choose File   No file chosen

*Attachment Type

Add   Cancel

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

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 [▼]   *Additional Information*

Note Text [   ]

[**Add**]   [**Cancel**]

[**Back to Step 1**] [**Back to Step 2**]   [**Submit**] [**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

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.

Search for Multiple Claims

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

Service Information

Claim Type	[dropdown]
Service From 🛈	[green field] 📅 To 🛈 [green field] 📅 Claim Status [green dropdown]
Paid Date 🛈	[field] 📅

Claim Status dropdown:
- Finalized Payment
- Finalized Denied
- Pending In Process

[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 Payment						$0.00
+		Professional	Finalized Payment						$0.00
+		Professional	Finalized Denied						
+		Professional	Finalized Payment						

Claim Follow-up and Status

Edit, Copy, Void

Make a decision as to what action should be taken.

Edit

Copy

Void

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 if service is past timely filing – unless there is proof of retroactive eligibility; enrollment; prior authorization or correction due to overpayment.

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

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 / 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

Claim EOB Information

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 [ ]

Policy Holder Address [ ]
[ ]

City [ ]   State [▾]   ZIP Code ⓘ [ ]   Country Code [▾]

*Policy ID [ ]   SSN ⓘ [ ]

*Relationship to Patient [18-Self ▾]   *Claim Filing Code [CI-Commercial Insurance Co. ▾]

Group ID [ ]   Policy Name [ ]

TPL/Medicare Paid Amount [50.00]   Paid Date ⓘ [10/01/2023] ▦

Claim ID [ ]

Referral Number [ ]   Authorization Number [ ]
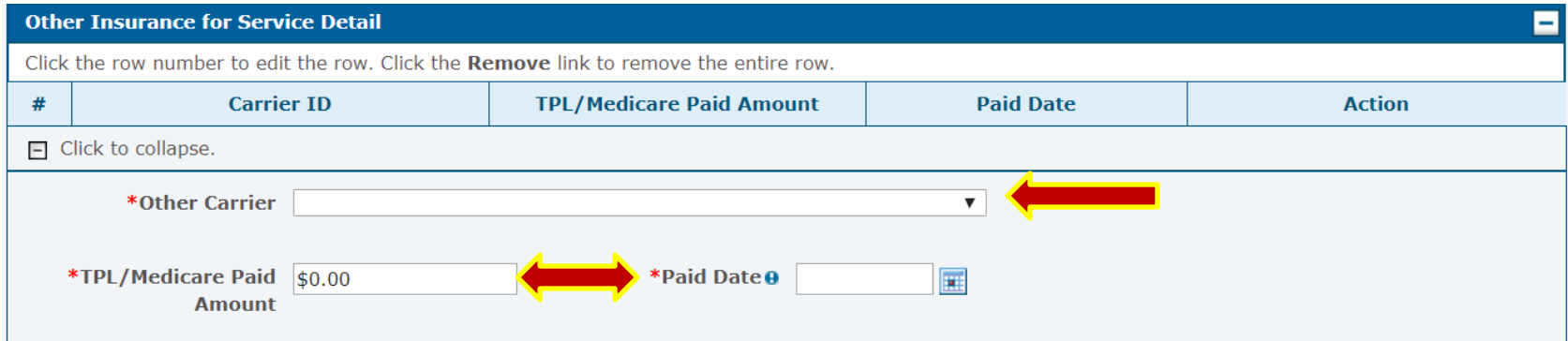
[Add]   [Cancel]

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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 [▼]

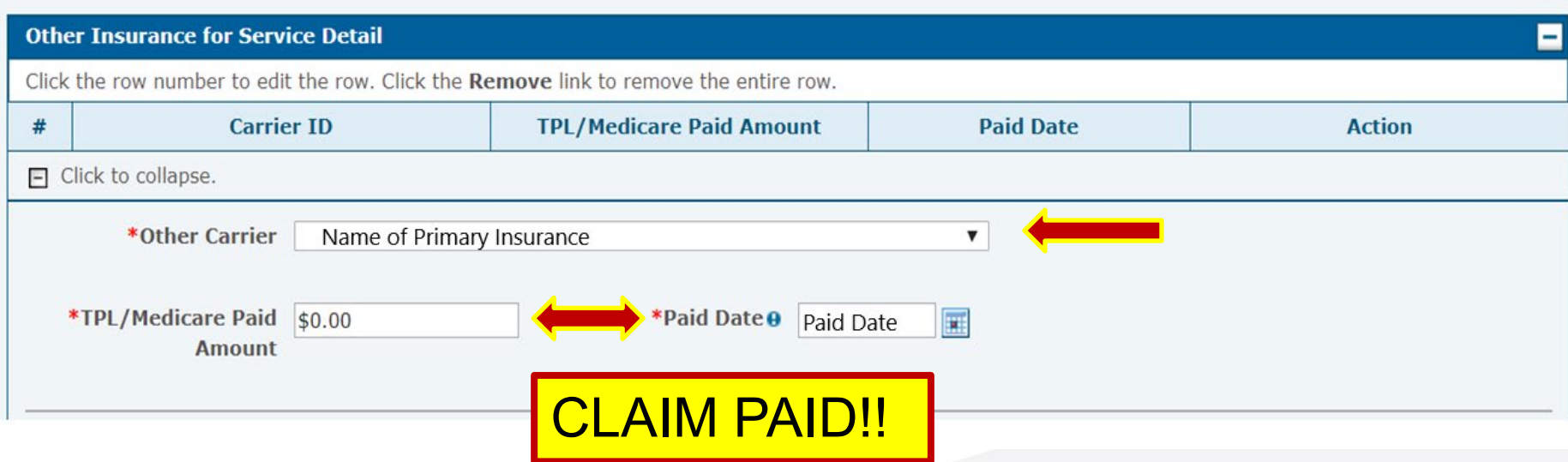*TPL/Medicare Paid Amount [$0.00]   *Paid Date ❶ [   ] 🗓

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 [Name of Primary Insurance   ▼]

*TPL/Medicare Paid Amount [$0.00]   *Paid Date ❶ [Paid Date] 🗓

CLAIM PAID!!

Claim Denial

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

Claim denial:

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

Claim EOB Information

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: PR-Patient Responsibility ▼

*Reason Code ❶: 2-Coinsurance Amount

*Adjustment Amount: $20.76   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
⊟ Click to collapse.				

*Other Carrier [▼]

*TPL/Medicare Paid Amount: $0.00   *Paid Date ❶ [   ] 📅

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

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

Secure Correspondence Message

Secure Correspondence – Message Box   Back to My Home ?

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.

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Message Content

Secure Correspondence - Create Message

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.

Field	Value
*Subject	TPL UPDATE
*Message Category	TPL Update
*Email Address ⓘ	youremailaddress@company.com
*Confirm Email Address ⓘ	youremailaddress@company.com
Member ID	
Claim Number	
Date of Service ⓘ	▦ To ⓘ ▦
Medicaid Paid Amount	
Paid Date ⓘ	▦
Provider/Facility	
*Message	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.

Attachment

Add any available attachments to support the request.

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.
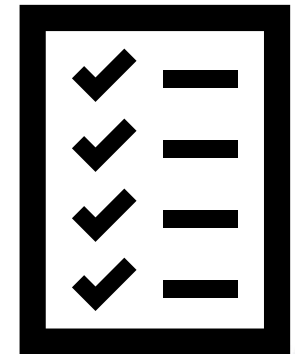
E-mail is the preferred method of contact.

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
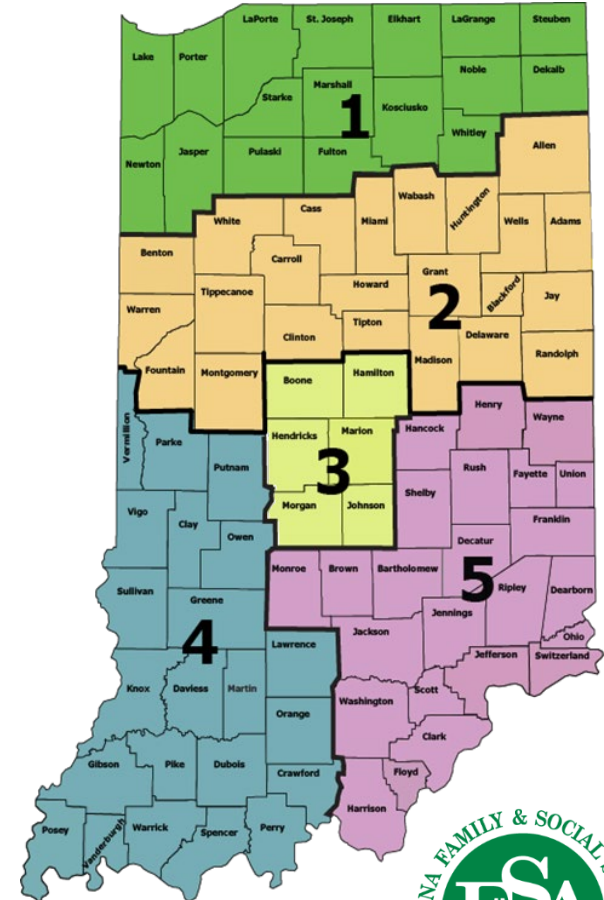
Helpful Tools Links

[Indiana Medicaid for Providers](#) website:

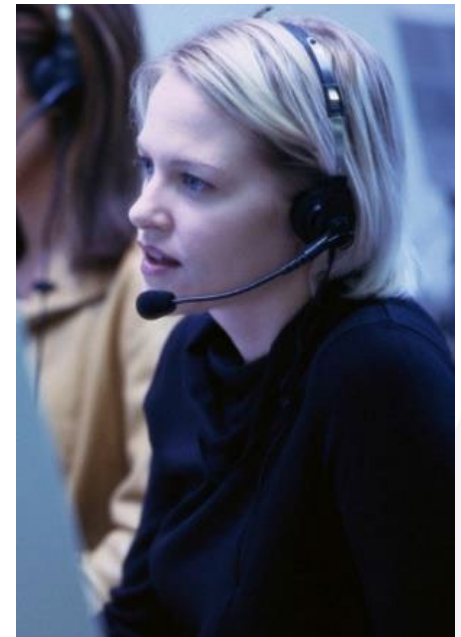Provider References > IHCP Provider Reference Modules

- 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