IHCP Resources and Website Navigation

Indiana Health Coverage Programs Gainwell Technologies 2023 IHCP Works Annual Seminar



Agenda

- You Are Important!
- Indiana Health Coverage Programs (IHCP) Website
- IHCP Provider Healthcare Portal
- Helpful Tools
- Questions



You Are Important!

Indiana Medicaid provides healthcare for over two million Hoosiers who are aged, disabled, blind, pregnant or meet other eligibility requirements.



You make a difference in the health and wellness of the members in your community!



IHCP Website





Where can I find information about the IHCP?

- A. Telephone book
- B. Google "Indiana Medicaid"
- C. 1-800-Medicaidhelp
- D. in.gov/medicaid/providers
- E. IHCP Quick Reference Guide



Indiana Medicaid Website

Google "Indiana Medicaid" to find the homepage for the Indiana Medicaid website

Indiana Medicaid

MENU

Welcome to Indiana Medicaid

Welcome to Indiana Medicaid. On this site, you can learn about the different Medicaid programs and how to apply. Check out our Eligibility Guide to learn about eligibility for certain programs and see if you may qualify.

How a return to normal will impact some Indiana Medicaid members



Member Website

IHCP Member website



IMPORTANT NOTICE:

The most recent federal spending bill removed Medicaid coverage protections from the federal public health emergency, which means Indiana Medicaid will begin to return to normal operations.

FAQs

To help stay covered, click here.

A Vital Safety Net for Hoosiers

Over 2 million Hoosiers can let their minds rest at ease knowing they have access to quality healthcare. Our programs serve a variety of populations, including some of the most vulnerable, such as children and people with disabilities. We can help ensure your medical needs are not obstacles to achieving self-sufficient and productive lives.

SCREENING FOR HEALTH BENEFITS

Answer the questions in the screening tool to see if you might be eligible for Health Coverage. *Already qualified?* <u>Check/Update your Case Status</u>

See if I Qualify

Contact Us



Get Coverage

Provider Website

Indiana Medicaid



Welcome to Indiana Medicaid

Welcome to Indiana Medicaid. On this site, you can learn about the different Medicaid programs and how to apply. Check out our Eligibility Guide to learn about eligibility for certain programs and see if you may qualify.

How a return to normal will impact some Indiana Medicaid members



Members

If you are an Indiana Health Coverage Programs member or are interested in applying to become a member, please click here.



Providers

If you are an Indiana Health Coverage Programs provider or are interested in becoming an Indiana Medicaid provider, please click here.



Business Partners

If you are an Indiana Health Coverage Programs business partner (such as a managed care entity, trading partner, or contractor), please click here.



Providers

IHCP Provider Website

Indiana Medicaid for Providers

The Indiana Health Coverage Programs (IHCP) offers providers easy access to the resources and tools needed to conduct business with Indiana Medicaid. Provider updates and announcements, important reference materials, and general program information are all available through links and webpages located on this website.



Provider Portals

Many IHCP contractors offer portals, allowing providers to perform tasks online. For example, you can use the IHCP Provider Healthcare Portal to enroll as an IHCP provider, check member eligibility, submit claims, view payments, update provider profiles, send secure correspondence and more.







IHCP Provider Healthcare Portal and Kepro Atrezzo Portal

Portal links for providers:

IHCP Provider Healthcare Portal

- Apply to become an IHCP provider or update your existing IHCP enrollment information.
- Verify member eligibility.
- Submit FFS, nonpharmacy claims to Gainwell Technologies and view payment information.
- Submit Presumptive Eligibility (PE) applications.
- Submit Notifications of Pregnancy (NOPs) for managed care members.
- Perform Right Choices Program (RCP) primary medical provider (PMP) functions.

To enroll in the IHCP, go to the IHCP Portal linked above and click Provider Enrollment. To register an account on the IHCP Portal, click Register Now.

See the <u>Provider Healthcare Portal</u> page for more information.

Kepro Atrezzo Provider Portal

• Submit, view and update FFS, nonpharmacy prior authorization (PA) requests.

See the <u>Prior Authorization</u> page and Kepro's <u>Indiana</u> <u>Medicaid</u> page for more information.

(**Note:** Providers must complete registration to be able to use the Atrezzo Provider Portal. Registration is available beginning June 12, 2023. For any questions or issues with registration, please call Kepro at 866-725-9991. Portal training opportunities are listed in IHCP Bulletin <u>BT202339</u>. Registered providers may begin using the portal on July 1, 2023.)

Sandata Portal and Verida Provider Portal

Sandata Portal

• Perform electronic visit verification (EVV) functions for personal care and home health services.

See the <u>Electronic Visit Verification</u> page and the <u>Sandata</u> <u>website</u> for more information. Providers can also use the <u>Sandata Zendesk</u> for education and information.

(**Note:** Sandata is the IHCP state-sponsored system; some providers may choose to use an alternate EVV system, which will have its own portal.)

Verida Provider Portal

- Schedule nonemergency medical transportation (NEMT) trips for FFS members.*
- Submit NEMT claims for FFS members.*

* Excludes NEMT services that are exempt from the brokerage requirement, including – for dates of service on or after July 1, 2023 – advanced life support (ALS) and basic life support (BLS) nonemergency ambulance transports, as well as all NEMT for nursing facility residents.

See the <u>Nonemergency Medical Transportation</u> page and Verida's <u>Indiana Transportation Providers</u> page for more information.

(**Note:** The portal linked above is for IHCP transportation providers. Separate portals exist for IHCP facilities and members to schedule brokered NEMT services: <u>Verida</u> <u>Facility Portal</u> and <u>Verida Member Portal</u>.)

Long-Term Care Web Portal And Optum RxPortal

Long-Term Care Web Portal

• Submit long-term care (LTC) cost reports to Myers and Stauffer.

Instructions for how to register are on the Myers and Stauffer Indiana Long-Term Care page, under Web Portal > Forms.

See the <u>Long-Term Care</u> page and the Myers and Stauffer <u>Indiana Office of Medicaid Policy and Planning</u> page for more information.

(**Note:** Meyers and Stauffer also offers an MDS Web Portal for submitting case-mix reports. Users should contact the Myers and Stauffer Help Desk at 317-816-4122 for registration.)

Optum Rx Portal

- View enrollee eligibility and demographic information for the Indiana Medicaid FFS pharmacy benefit.
- View details for FFS pharmacy claims.

For information about registering for and logging into the portal, click the Provider Login quick link on the <u>Optum Rx</u> <u>Indiana Medicaid website</u>.

See the <u>Pharmacy Benefits</u> page for more information.

News, Bulletins and Banners



Medicalo for Providers Indiana Medicaid for Providers

Search Providers

The Indiana Health Coverage Programs (IHCP) offers providers easy access to the resources and tools needed to conduct business with Indiana Medicaid. Provider updates and announcements, important reference materials, and general program information are all available through links and webpages located on this website.



What's New?

Find out about recent news items, provider publications, and other website or program updates.

> Read the Latest IHCP Update Email

IHCP News Items

Click Here To View More News





Banner Pages

Sign Up to Receive E-mails

Link to sign up for e-mails

Get Important News & Updates

Sign up for email and/or text notices of Medicaid and other FSSA news, reminders, and other important information. When registering your email, check the category on the drop-down list to receive notices of Medicaid updates; check other areas of interest on the drop-down list to receive notices for other types of FSSA updates.

Enter your email address

Sign Up

Stay Informed!!!

New Subscriber

Subscription Type

Email

Primary Email Address

You must enter a primary email address. You will use this to access and update your subscriptions or modify your subscriber preferences.

Email Address	*	
Confirm Email Address	*	

Email Delivery Preference

If you would like to change how subscription updates are delivered to you, select an option below.

- Send updates immediately by email
- O Send updates daily by email
- O Send updates weekly by email



Provider Website Information

What can I learn?

Choose all that apply:

- A. How to become a provider
- B. Find information on covered services
- C. Educational opportunities
- D. Billing information
- E. Clinical services
- F. Information on IHCP programs
- G. Contact information

All of the above!

Let's take a closer look at the IHCP provider website.



IHCP Website Search



Provider Enrollment

IN.99 An officia	al website of the Indiana S	tate Government	(f) Accessibilit	y Settings 🛛 🚱 Langu	age Translation 🛛 🗹 G	overnor Eric J. Holcomb
	NDIANA MEDICAID or Providers Indian	na Medicaid	for Provide	rs	Search P	roviders Q
+ Provider Enrollment	Provider References	+ = Provider Education	Business Transactions	Clinical Services	About IHCP Programs	Contact Information
Becc	ome a Provi	der				
Fam	ily Member	/Associate	Transporta	tion Provid	ers	
Orde	ering, Presc	ribing or Re	eferring Pro	viders		
IHCP	Provider E	nrollment 1	Fransaction	IS		
Com	plete an IH	CP Provide	r Enrollmer	nt Applicatio	on	
Enro	lling as a M	anaged Ca	re Program	Provider		- Phillipping
Mair	ntaining You	Ir IHCP Pro	vider Enroll	lment		THDIAN E
						UMI

17

Provider References



Current News

Code Sets

Email Notifications

Forms

18

IHCP Provider Locator

OPR Provider Verification

Other Provider Resources



Reference Search

J IN.g <u>ov</u>	An official website of the Indiana State Government			 Accessibility 	y Settings 🛛 🚱 Langu	age Translation 🛛 🖸 🤇	Governor Eric J. Holcomb
		Diana bicaid Providers Indiar	na Medicaid	for Provide	rs	Search F	Providers Q
Provider Enr] ollment	Provider References	+ =-/ Provider Education	Business Transactions	Clinical Services	About IHCP Programs	Contact Information

Provider Reference Search

Topical searches across all bulletins, banner pages and/or reference modules may be completed by entering a word or phrase in the box below and clicking the search button. You will be taken to a new page with a list of results that contain the requested term(s). Click a link in the results to access the desired document.

Include in search results:	🗹 Banner Pages 🛛 🗹 Bulletins	✓ Modules

Search results include current provider reference modules as well as bulletins and banner pages published on or after Jan. 1, 2020. For historical purposes, bulletins, banner pages and newsletters issued *before* 2020 are accessible from the <u>IHCP Bulletin Archive</u>, <u>IHCP Banner Page Archive</u> and <u>IHCP Newsletter Archive</u> pages.

Enter a keyword, subject or phrase.

 Check Banners, Bulletins and Modules to search all resources.



Bulletin Search

Show 50 entries Table Search

Previous 1 <u>2</u> <u>3</u> <u>4</u> <u>5</u> ... <u>10</u> <u>Next</u>

Bulletin #	Date	Торіс	Audience (Provider Type)
<u>BT2023130</u>	10/03/2023	IHCP updates transplant guidelines for colon cancer and urine drug screening	Ambulatory Surgical Center, Hospital, Physician/Practitioner
<u>BT2023129</u>	09/28/2023	Annual update of ICD-10 codes is effective Oct. 1, 2023	All
<u>BT2023128</u>	09/28/2023	IHCP updates Preferred Diabetes Supplies List	DME/HME; Ordering, Prescribing or Referring; Pharmacy/Prescribing; Physician/Practitioner
<u>BT2023127</u>	09/28/2023	IHCP reminds providers to use their FFS Provider Relations consultants	All
BT2023126	09/28/2023	IHCP updates DME and HME code tables	DME/HME, Hospital
<u>BT2023125</u>	09/28/2023	Pharmacy updates approved by Drug Utilization Review Board September 2023	Ordering, Prescribing or Referring; Pharmacy/Prescribing; Physician/Practitioner
BT2023124	09/28/2023	IHCP adds coverage for additional wheelchair codes	All

The search can be refined by entering a keyword in the table search.



Provider Reference Modules

IHCP Provider Reference Modules

For information about IHCP policies and procedures, including guidance on provider enrollment, billing, reimbursement and more, refer to the IHCP provider reference module appropriate to the topic of interest.



Eligibility and Benefits Modules

Member Eligibility and Benefit Coverage

Presumptive Eligibility

²¹<u>Right Choices Program</u>

Claims and Billing Procedures Modules

Claim Submission and Processing

Claim Adjustments

Claim Administrative Review and Appeals

Electronic Data Interchange

Financial Transactions and Remittance Advice

National Correct Coding Initiative

Third-Party Liability



Service and Provider-Specific Modules

Hearing Services

Service- and Provider-Specific Modules

Anesthesia Services	Home- and Community-Based Services Billing Guidelines
Behavioral Health Services	Home Health Services
<u>Chiropractic Services</u>	Hospice Services
<u>Clinical Trials</u>	
Dental Services	Hospital Assessment Fee
Diabetes Self-Management Training Services	Injections, Vaccines and Other Physician-Administered Drugs
Durable and Home Medical Equipment and Supplies	Inpatient Hospital Services
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)/HealthWatch Services	Laboratory Services
Emergency Services	Long-Term Care
Evaluation and Management Services	Medical Practitioner Reimbursement
Family Planning Services	Obstetrical and Gynecological Services
Federally Qualified Health Centers and Rural Health Clinics	Oncology Services
<u>Genetic Testing</u>	Out-of-State Providers
Hearing Services	Outpatient Facility Services

Pharmacy Services



Program-Specific Modules

Service- and Provider-Specific Modules

Podiatry Services

Radiology Services

Renal Dialysis Services

School Corporation Services

Surgical Services

Telehealth and Virtual Services

Therapy Services

Transportation Services

Vision Services

Program-Specific Modules

590 Program

<u>Division of Aging</u> <u>Home- and Community-Based Services Waivers</u>

Division of Disability and Rehabilitative Services Home- and Community-Based Services Waivers

Division of Mental Health and Addiction Adult Mental Health Habilitation Services

<u>Division of Mental Health and Addiction</u> <u>Behavioral and Primary Healthcare Coordination Service</u>

<u>Division of Mental Health and Addiction</u> <u>Child Mental Health Wraparound Services</u>

Family Planning Eligibility Program

<u>Healthy Indiana Plan</u>

Medicaid Rehabilitation Option Services



Revision History



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Introduction to the IHCP

Revision History

Version	Date	Reason for Revisions	Completed By
1.0	Policies and procedures as of Oct. 1, 2015	New document	FSSA and HPE
	Published: Feb. 25, 2016		
1.1	Policies and procedures as of Aug. 1, 2016	Scheduled update	FSSA and HPE
	(<i>Core</i> MMIS updates as of Feb. 13, 2017)		
	Published: Feb. 13, 2017		

_		_	
7.0	Policies and procedures as of July 1, 2023 Published: July 1, 2023	 Scheduled update: Edited as needed for clarity Added retirement date of banner pages Updated FFS PA-UM information to reflect the change in contractor Updated Southeastrans to Verida Updated the <u>Customer</u> <u>Assistance</u> section Updated IVR to GABBY where needed Updated <u>Table 2 – Provider</u> <u>Resources</u> 	FSSA and Gainwell

Table of Contents

Table of Contents

Overview1	
Delivery Systems	
Fee-for-Service2	
Managed Care2	
Provider Reimbursement Methodologies	Ĩ
State, Regional and Contractor Responsibilities4	
Family and Social Services Administration4	
Contractors	
Indiana Department of Health6	
Provider Services	
MCE Provider Services	
Optum Rx Provider Services	
Verida Provider Services	
Acentra Health (formerly Kepro) Provider Services	
Gainwell Provider Services	
Provider Resources and Contact Information	
Avenues of Resolution	
IHCP Coverage and Medical Coverage Policy15	
Reimbursement	
Prior Authorization	
Provider or Member Fraud15	
Member Eligibility Determination	
Civil Rights Requirements 16	

Provider Education



Quick Hits

The Indiana Health Coverage Programs (IHCP) offers short informational videos on a variety of topics of particular interest and concern to providers. New videos will be added to this IHCP Quick Hits page as they become available.



Kepro will be the new fee-for-service (FFS) prior authorization and utilization management (PA-UM) vendor for IHCP nonpharmacy services beginning July 1, 2023. Watch this video to learn more.



By following the tips in this video, you can ensure that your provider enrollment transactions are completed seamlessly.



Incorrectly filling out box 33 on the *CMS-1500* claim form causes several claim denials each year. Ensure that you are filling out this box correctly so your claims don't deny!



Federal law requires personal care service and home health service providers use electronic visit verification (EVV) to document services rendered. Watch this video to learn more about what this means for you.

Business Transactions

IN.902 An official website of the Indiana State Gov	vernment (*) Accessibility	Settings 🚱 Langua	ge Translation 🛛 🔀 G	overnor Eric J. Holcomb		
	ledicaid for Provide	'S	Search P	roviders Q		
Provider Enrollment Provider References Prov	vider Education	Clinical Services	About IHCP Programs	Contact Information		
Portal Links for Providers						
IHCP Provider Healthcare Portal						
Eligibility Verification						
Qualified Provider Presumptive Eligibility (PE)						
Electronic Visit Verification						
Electronic Data Interchange (EDI) Solutions						
Billing and Remittance	<u>Code Sets</u> IHCP Fee Schedules					
Program Integrity Long-Term Care Durable Medical Equipment (DMF) Per Diem Table						
Health Insurance Portability and Accountability Ac	alth Insurance Portability and Accountability Ac • Diagnosis-Related Group (DRG) Inpatient Reimbursement					
	• Explanation of Bene	<u>efits (EOB)</u>				
Best Practices for Claim Submission						

• Claim Administrative Review and Appeal

Clinical Services



About IHCP Programs



Contact Information





Let's take a closer look at the IHCP Quick Reference Guide.

Quick Reference Guide

IHCP Quick Reference Guide – *Contact Information*



General Information for the Indiana Health Coverage Programs (IHCP)	Provider Customer Assistance 800-457-4584 Member Customer Assistance 800-457-4584 Member Applications 800-403-0864 Indiana Medicaid Website in cov/medicaid	Provider Enrollment IHCP Provider Enrollment P.O. Box 7263 Indianapolis, IN 46207- 7263 800-457-4584 IHCP Provider Healthcare Portal portal.indianamedicaid.com	Third-Party Liability (TPL) IHCP – TPL P.O. Box 7262 Indianapolis, IN 46207-7262 800-457-4584 Fax: 866-667-6579 INXIXTPLRequests@qainwelltechnologies.com TPL Casualty INXIXTPLCasualty@qainwelltechnologies.com	Fraud and Abuse Reporting Office of Medicaid Policy & Planning (OMPP) Program Integrity 402 W. Washington St., Room W374 Indianapolis, IN 46204-2739 Program.Integrity@fssa.in.gov IHCP Provider and Member Concerns Line 800-457-4515	Long-Term Care Rate- Setting Long-Term Care Audits Myers and Stauffer 800-877-6927 Fax: 317-571-8481 mslc.com/Indiana

Fee-for-Service (FFS), Including Traditional Medicaid, Waiver, 590 Program and Other FFS Coverage

FFS Information (Other than for Pharmacy and Nonemergency Medical Transportation [NEMT])	FFS Prior Authorization and Utilization Management (PA-UM) (By Mail, Phone and Fax) For Medical, Dental and Substance Use Disorder (SUD) Kepro – Prior Authorization 6802 Paragon Place, Suite 440 Richmond, VA 23230 866-725-9991 Fax: 800-261-2774 Hospice Hospice analyst and managed care disenrollment 866-725-9991 Fax: 800-261-2774	FFS Electronic Transac Electronic Data Interchar INXIXTradingPartner@ga technologies.com 800-457-4584 Paper Attachments for El Gainwell – Claim Attacl P.O. Box 7259 Indianapolis, IN 46207- IHCP Provider Healthcarn portal.indianamedicaid.co IHCP Portal Help Desk – Assistance INXIXElectronicSolution technologies.com 800-457-4584 Atrezzo Provider Portal portal.kepro.com	tions age ainwell lectronic Claims hments 7259 e Portal 2m Technical 2gainwell	FFS Paper CI Professional (Gainwell – C. P.O. Box 726 Indianapolis, Professional C Gainwell – C. Claims P.O. Box 726 Indianapolis, Institutional (Heaith, Outpa Care – Includi Gainwell – Du P.O. Box 727 Indianapolis, Dental Gainwell – Du P.O. Box 726 Indianapolis,	aim Submission Excluding Crosso MS-1500 Claims 19 Crossover MS-1500 Crossov 7 IN 46207-7267 In 46207-7267 In 46207-7267 B-04 Claims 1 IN 46207-7271 ental Claims 8 IN 46207-7268	vver) vver Home g-Term	FFS Adjustment f (No Refund Chect Gainwell – Adjus P.O. Box 7265 Indianapolis, IN 4 7265 FFS Refunds Gainwell – Refur P.O. Box 2303, IN 4 2303 Uncashed FFS CI Returns Gainwell – Finan 950 N. Meridian Suite 1150 Indianapolis, IN 4 4288	Forms (ks) Itments 46207- 46207- 46206- 46206- 46206- 5t. 46204-	Form Requests Gainwell – Forms P.O. Box 7263 Indianapolis, IN 46207-7263 FFS Nonpharmacy and non-PA Provider Inquiries and Claim Administrative Review Requests Gainwell – Written Correspondence IHCP Provider Healthcare Portal (In the IHCP Portal, click the Secure Correspondence link to submit a request)
FFS NEMT Information	Verida Trip Reservation Line 855-325-7586 Member Portal: member verida.com Member Webpage: myverida.com/member-resources	Verida Provider Assistance Line V 855-325-7611 8 Provider Portal: F provider.verida.com fit Provider Webpage: F myverida.com/transportation-providers F		Verida Facility I 888-822-6104 Facility Portal: facility.verida.com Facility.Webpage myverida.com/fa	Verida Facility Dispatch Line Verida Facility Dispatch Line 888-822-6104 Reservati Facility Portal: (standing) facility verida.com 855-325-7 Facility Webpage: Verida W myverida.com/facilities verida.com		acility ion Line g orders) 7588 /ebsite M	Request INClaims Claim Ap Verida 843 Da Villa Rid	Administrative Review @verida.com ppeals Claims Ilas Highway ca, GA 30180
FFS Pharmacy Information 32	FFS Pharmacy Inquiries and Prior Authorization Optum Rx Clinical and Technical Help Desk 855-577-6317 Fax: 855-678-6976 PA Fax: 855-577-6384 Optum Rx – PA P.O. Box 44085 Indianapolis, IN 46244-0085	FS Pharmacy Paper Claim Filing Optum Rx Manual Claims Manual Claim Processing P.O. Box 29044 Hot Springs, AR 71903	FFS Pharmacy Reversals Optum Rx – \ Manual Claim P.O. Box 290 Hot Springs, J FFS Pharmacy Management I PDL@FSSA.im	y Claim Voids/ /oid/Reversals Processing 44 AR 71903 y Benefit inquiries .00y	FFS Pharmacy Claim Requests Optum Rx Manual Claim P.O. Box 2904 Hot Springs, A Optum Rx India 5775 Peachtre Atlanta, GA 30 indiana.rebates	Administra Processing 4 R 71903 Ina Drug Ro e-Dunwood 342 @optum.co	tive Review of ebate Operations ly Rd., Suite C-600	FFS Phai Courier M JP Morg Optum F 131 Sou Chicago First-Clas Optum F 26594 N Chicago	rmacy Refunds <u>fail</u> an Chase tx Claims LBX 26594 th Dearborn – 6th Floor , IL 60603 <u>tx Claims</u> tetwork Place , IL 60673-1265



1

Managed Care Information

IHCP Quick Reference Guide – Contact Information



MLY & SO

MINISTR

Managed Care

Program of All-Inclusive Care for the Elderly (PACE)	For contact information, see the Program of All-Inclusive Care for the Elderly page at in.gov/fssa/da.			
Healthy Indiana Plan (HIP) Enrollment Broker Helpline: 877-438-4479	Anthem Provider Services Anthem.com 844-533-1995 Fax: 866-408-7087 Member Services 866-408-6131 Claims Anthem Reimbursement Prior Authorization – Medical and Substance Use Disorder (SUD) Anthem PA 844-533-1995 Fax (Relail Health Inpatient and Outpatient): 866-406- 2803 Fax (Behavioral Health Inpatient): 877-434-7578 Fax (Behavioral Health Outpatient): 866-877-5229 Pharmacy Services PBM: IngenioRx Anthem Pharmacy Information Claims: 833-205-6007 PA: 844-533-1995 PA Fax (Medical Injectable): 888-209-7838 Help for Pharmacists: 833-236-6191 Dental Services DBM: DentaQuest DentaQuest Provider Portal 855-453-5286 Fax: 262-834-3589 Vision Services Vision	Managed Health Services (MHS) Provider Services MHSIndiana.com 877-647-4848 Fax: 866-753-7240 Member Services 877-647-4848 Claims MHS Payment Policies Prior Authorization – Medical and SUD MHS PA 877-647-4848 Fax (Physical Health Inpatient and Outpatient): 866-912-4245 Fax (Behavioral Health Inpatient): 844-288-2591 Fax (Behavioral Health Outpatient): 844-288-2591 Fax (Behavioral Health Outpatient): 846-694-3649 Pharmacy Services MHS Pharmacy Information PBM Claims: CVS Health PBM PA: US Script Claims: 800-311-0557 PA: 866-399-0928 PA Fax: 865-399-0929 (standard) PA Fax: 855-678-6976 (specialty) Dental Services DBM: Envolve Dental Envolve Dental Provider Portal 855-609-5157 Vision Services VBM: Envolve Vision visionbenefits.envolvehealth.com	MDwise Provider Services MDwise.org 800-356-1204 Fax: 877-822-7190 Member Services 800-356-1204 Claims HIP Claims Prior Authorization – Medical and SUD MDwise PA 888-961-3100 Fax (Physical Health Inpatient and Outpatient): 866-613-1642 Fax (Behavioral Health Inpatient): 866-613-1631 Fax (Behavioral Health Outpatient): 866-613-1642 Pharmacy Services MDwise Pharmacy Information PBM: MedImpact Claims: 844-336-2677 PA: 800-788-2949 PA Fax: 858-790-7100 Dental Services DBM: DentaQuest DentaQuest DentaQuest DentaQuest Pax: 262-834-3589	Care Source Provider Services CareSource.com 844-607-2831 Member Services 844-607-2829 Claims CareSource Claims 844-607-2831 Prior Authorization – Medical and SUD CareSource PA 844-607-2831 Fax: 844-432-8924 Pharmacy Services CareSource Pharmacy Information PBM Claims: Express Scripts (ESI) Pharmacy Help Desk: 800-440-0474 PA: 844-607-2831 Pharmacy Benefit PA Fax: 866-930-0019 Physician-Administered Drugs (Medical Benefit) PA Fax: 888-399-0271 Dental Services CareSource Dental 844-607-2831 Vision Services VBM: Superior Vision Provider Customer Service: 888-575-0203 Utilization Management (PA): Fax: 886-819-9417 Email: ecs@sumeriorvision.com
32	superiorvision.com/eve-care-professionals 877-235-5317 Fax: 518-556-7707	866-599-1774 (Hoosier Healthwise and Hoosier Care Connect) 844-820-6523 (HIP)		

Hoosier Care Connect

IHCP Quick Reference Guide – Contact Information



NISTRA

34

Hoosier Healthwise

IHCP Quick Reference Guide – *Contact Information*



Managed Health Services (MHS) Provider Services MHSIndiana.com 877-647-4848

Fax: 866-753-7240 Member Services 877-647-4848

011-041-4040 Claims

MHS Payment Policies

Prior Authorization – Medical and SUD <u>MHS PA</u> 877-647-4848 Fax (Physical Health Inpatient and

Outpatient: 866-912-4245 Fax (Behavioral Health Inpatient): 844-288-2591

Fax (Behavioral Health Outpatient): 866-694-3649

Pharmacy Services PBM Claims: CVS Health PBM PA: US Script <u>MHS Pharmacy Information</u> Claims: 800-378-0815

PA: 866-399-0928 PA Fax (Standard): 866-399-0929 PA Fax (Specialty): 855-678-6976

Dental Services
DBM: Envolve Dental
Envolve Dental Provider Portal
855-609-5157

Vision Services VBM: Envolve Vision visionbenefits.envolvehealth.com 866-599-1774 (Hoosier Healthwise and Hoosier Care Connect) 844-820-6523 (HIP) MDwise Provider Services <u>MDwise.org</u> 800-356-1204 Fax: 877-822-7190 or 317-829-5530

Member Services 800-356-1204

Claims <u>MDwise Hoosier Healthwise Claims</u> 800-356-1204

Prior Authorization – Medical and SUD <u>MDwise PA</u> 888-961-3100 Fax: 888-465-5581

Pharmacy Services PBM: MedImpact <u>MDwise Pharmacy Information</u> Claims: 844-336-2677 PA: 800-788-2949 PA Fax: 858-790-7100

Dental Services DBM: DentaQuest DentaQuest Provider Portal 855-453-5286

Fax: 262-834-3589

Care Source

Provider Services CareSource.com 844-607-2831

Member Services 844-607-2829

Claims CareSource Claims 844-607-2831

Prior Authorization – Medical and SUD CareSource PA 844-607-2831

Fax: 844-432-8924

Pharmacy Services

CareSource Pharmacy Information PBM Claims: Express Scripts (ESI) Pharmacy Help Desk: 800-416-3632 PA: 844-607-2831 Pharmacy Benefit PA Fax: 866-930-0019 Physician Administered Drugs (Medical Benefit) PA Fax: 888-399-0271

Dental Services CareSource Dental 844-607-2831

Vision Services VBM: Superior Vision Provider Customer Service: 888-575-0203 Utilization Management (PA): Fax: 886-819-9417 Email: ecs@superiorvision.com

Care Management – Right Choices Program (RCP)

RCP Administrator	Kepro – FFS Traditional Medicaid	Anthem – HIP, Hoosier Care Connect and	MHS – HIP, Hoosier Care Connect and	MDwise – HIP and Hoosier Healthwise	CareSource – HIP and Hoosier Healthwise	United Healthcare – Hoosier Care Connect	Z -S
	866-725-9991 Fax: 800-261-2774	Hoosier Healthwise 866-902-1690, option 1	Hoosier Healthwise 877-647-4848	800-356-1204 Fax: 317-822-7500	844-607-2829 (TTY: 800-743-3333 or 711)	800-832-4643, (TTY and TDD: 711)	
5		Fax: 866-387-2959	Fax: 866-753-7240		Email: lockinprogram@caresource.com	Fax: 888-843-6007	FRU D



IHCP Provider Healthcare Portal



IHCP Provider Healthcare Portal

What can you do in the IHCP Provider Healthcare Portal?

- Manage user accounts
- View provider profile
- Provider enrollment maintenance and transactions
- Eligibility verification
- Submit claims
- Check on the status of claims
- View your Remittance Advices
- Secure correspondence

In addition, the IHCP Provider Healthcare Portal provides access to a wide variety of IHCP information and resources.





IHCP Provider Healthcare Portal Access

Common questions:

Do I have to be enrolled to access the IHCP Provider Healthcare Portal?

Yes No

Exception – Provider Enrollment Functions.

After I receive my Provider ID, do I automatically have access to the IHCP Provider Healthcare Portal?

Yes

The Provider ID must be registered on the IHCP Provider Healthcare Portal.

I already have a registered Provider ID. If I add a new service location, do I have to register that Provider ID?



No

No

The Provider ID for each location is different, so each service location must be registered.



Provider Registration

Home	NDIANA portal.indi	anamedicaid.com
Home Login *User ID Log In Forgot User ID? Register Now	Registration Select one of the following options that best describes your role.	
Where do I ente	Provider A Provider is an individual, state or local agency, corporate, or business entity that is enrolled in one or more of the Indiana Health Coverage Programs (IHCP) as a provider of services. Managed Care Entity (MCE) is a lawful entity contracted with the state to operate a prepaid health care delivery plan on a capitiated basis.	Delegate A Delegate is an individual designated by the Provider, Managed Care Entity, or No Provider Organization to perform administrative functions on behalf of an IHCP entity. Non-Provider Organization is an entity approved by the state to gain limited access to the Portal.

or Non-

Registration Information

Registration Step 1 of 2 - Personal Information

* Indicates a required field.

Please provide the following information to get started!

If you are an individual registering as a rendering provider, please enter you rendering provider, please enter your Federal Tax ID.

*Federal Tax ID 9	
*Provider ID	
Continue Cancel	

Remember:

This information is for the *provider*, which may not be the person completing the registration. A copy of this information should also be given to the owner or other appropriate person.

Production Reference of the spectrum and provide an answer for each of the question groups below. Production Control Provided States are provided and answer for each of the question groups below. Provide provide provide States are provided and answer for each of the question groups below. Provide provide provide States are provided and answer for each of the question groups below. Provide provide provide States are provided and answer for each of the question groups below. Provide provide provide States are provided and answer for each of the question groups below. Provide provide provide provide and provide an answer for each of the question groups below. Provide provide provide provide provide and provide an answer for each of the question groups below. Provide provide provide provide provide provide and provide and answer for each of the question groups below. Provide	and the second s	
Provide of the second secon		Contact He L EADe L Lovie
Pagement of the server of the server to a second of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of the server of the server of the question groups below. Pagement of the server of t		
<pre>s 2 Bigidization Electorg > Registration</pre> <pre>stagistration Step2 of 2 - Security Information </pre> <pre>stagistration Step 2 of 2 - Security Information </pre> <pre>stagistration Step 2 of 2 - Security Information </pre> <pre>stagistration Step 2 of 2 - Security Information </pre> <pre>stagistration Step 2 of 2 - Security Information </pre> <pre>stagistration Step 2 of 2 - Security Information </pre> <pre>stagistration Step 2 of 2 - Security Information </pre> <pre>stagistration Step 2 of 2 - Security Information </pre> <pre>stagistration Step 2 of 2 - Security Information </pre> <pre>stagistration Step 2 of 2 - Security Information </pre> <pre>stagistration Step 2 - Security Informat</pre>		
* Indextense * Indextense * Indextense Indextense	- Providention Selector > Registration	Thursday 07/20/2023 11-28 AM J
tests a required field. Indicates a required field. the User ID must be 8-20 characters in length, and contain a minimum of 1 numeric digit, 1 lowercase letter, no spaces, and none of the following special characters and in the User ID should be lowercase. the Password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter, 1 lowercase letter, and cannot be the same as the User D "User ID	* <u>Registration Generation</u> - Strageneous	······································
<pre>* Indicates a required field. https://iicover.set.elter.res.genes.and none of the following special characters is he password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 lowercase letter, 1 lowercase letter, and cannot be the same as the User of the following special characters is a personal must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter, 1 lowercase letter, and cannot be the same as the User of "user ID</pre>	registration Step 2 of 2 - Security	Information ?
<pre>builded & lequet water: he User 10 must be 8-20 draracters in length, contain a minimum of 1 numeric digit, 1 lowercase letter, no spaces, and none of the following special characters:</pre>	 Indicates a required field. 	
he User ID must be 8-20 characters in length, and contain a minimum of 1 numeric digit, 1 lovercase letter, no spaces, and none of the following special characters V^* : < > + = ; > 9 ((). The User ID cannot end in a period () as the last character. All letters in the User ID should be lowercase. He assword must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter, 1 lowercase letter, and cannot be the same as the User D. - User ID		
he pessword must be 8-20 dharacters in length, contain a minimum of 1 numeric digit, 1 uppercase letter, 1 lowercase letter, and cannot be the same as the user • User 1D	The User ID must be 8-20 characters in $\langle \ \ \rangle$ () = (), The	n length, and contain a minimum of 1 numeric digit, 1 lowercase letter, no spaces, and none of the following special characters User ID cannot end in a period (.) as the last character. All letters in the User ID should be lowercase.
•User ID	he Password must be 8-20 characters D.	in length, contain a minimum of 1 numeric digit, 1 uppercase letter, 1 lowercase letter, and cannot be the same as the User
*Password tease provide your contact information below. *Onfirm Password Phone Number *Email Address @ tease choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal. *Site Key: (* Output Ou	*User ID	Check Availability
•Confirm Password tease provide your contact information below. •Display Name Phone Number •Email Address 0 •Confirm Email Address 0 •Confirm Email Address 0 tease choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal. •Site Key: •Site Key: •Site Key: •Site Key: •Passphrase tease select a unique challenge question and provide an answer for each of the question groups below. •Challenge Question #1 Select a Challenge Question •Answer to #1 •Challenge Question #2 Select a Challenge Question •Answer to #3 Select a Challenge Question	*Password	
Hease provide your contact information below. • Display Name Phone Number • Email Address 0 • Confirm Email Address 0 • Confirm Email Address 0 • Confirm Email Address 0 • Site Key: • Site Key: • Site Key: • Site Key: • Passphrase • Passphrase tease select a unique challenge question and provide an answer for each of the question groups below. • Challenge Question #1 Select a Challenge Question • Challenge Question #2 Select a Challenge Question • Challenge Question #3 Select a Challenge Question • Challenge Question #3 Select a Challenge Question • Challenge Question #3 Select a Challenge Question	*Confirm Password	
• Display Name Phone Number • Email Address @ • Confirm Email Address @ • Confirm Email Address @ tease choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal. • Site Key: • Site Key: • Site Key: • Diagloon • Passphrase • Passphrase	lease provide your contact informatio	n below.
Phone Number • Email Address @ • Confirm Email Address @ tease choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal. • Site Key: • Site Key: • Site Key: • Passphrase • Passphrase tease select a unique challenge question and provide an answer for each of the question groups below. • Challenge Question #1 Select a Challenge Question • Answer to #1 • Challenge Question #2 Select a Challenge Question • Answer to #3 • Challenge Question #3 Select a Challenge Question • Answer to #3 • Challenge Question #3 Select a Challenge Question • Answer to #3 • Challenge Question #3 Select a Challenge Question • Answer to #3 • Challenge Question #3 Select a Challenge Question • Answer to #3 • Challenge Question #3 Select a Challenge Question • Answer to #3 • Challenge Question #3 Select a Challenge Question • Answer to #3 • Challenge Question #3 Select a Challenge Question • Answer to #3 • Answer to #	*Display Name	
*Email Address 6 *Confirm Email Address 6 *lease choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal. * Site Key: • Site Key: ● Apple ● Bailoon ● Bailoon	Phone Number	
Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal. • Site Key: • Site Key: • Site Key: • Passphrase • Passphrase Please select a unique challenge question and provide an answer for each of the question groups below. • Challenge Question #1 Select a Challenge Question • Answer to #1 • Challenge Question #2 Select a Challenge Question • Answer to #3 • Challenge Question • Challenge Qu	*Confirm Email Address e	
Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.		
Site Key:	Please choose a personalized Site Key	and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.
	• Site Key:	
		Apple O Balloon O Balloons O Baseball O Billiards
Please select a unique challenge question and provide an answer for each of the question groups below.	*Passphrase	
Challenge Question #1 Select a Challenge Question Answer to #3 Challenge Question #2 Select a Challenge Question Answer to #2 Challenge Question #3 Select a Challenge Question Answer to #3 Challenge Question #3	Nease select a unique challenge questi	ion and provide an answer for each of the question groups below.
*Answer to #1 *Challenge Question #2 Select a Challenge Question *Answer to #2 *Challenge Question #3 Select a Challenge Question *Answer to #3	Challenge Question #1	Select a Challenge Question
Challenge Question #2 Select a Challenge Question Answer to #2 Challenge Question #3 Select a Challenge Question Answer to #3	Answer to #1	
Challenge Question #3 Select a Challenge Question Answer to #3	Challenge Question #2 Answer to #2	Select a Challenge Question
*Answer to #3	*Challenge Question #3	Calack a Challanna Aliachtan
	*Answer to #3	

User ID

Login ? *User ID Log In Forgot User ID? Register Now	If the User ID is not entered correctly, the challenge question may not be one that was answered.
Where do I enter my password?	Challenge Question What is the name of your favorite pet?
	*Your Answer
	Forgot answer to challenge question?
	Select O This is a personal computer. Register it now.This is a public computer. Do not register it.
	Continue
Make sure your site key token and	bassphrase are correct.
If the site key token and passphrase are correct, type If this is not your site key token or passphrase, do no Call <u>Electronic Solutions Support</u> to report the inciden	e your password and click Sign In . t type your password. t.
Site Key: Passphrase bowling *Password *1 Sign In Forgot Password?	Forgotten passwords can be reset by the user!!!

My Home

Contact Us | FAQs | Logout

My Home Eligibility Claims Care Management Resources

INDIANA MEDICAID for Providers

ES A







Manage Accounts

Contact Us | FAQs | Logout

My Home Eligibility Claims Care Management Resources

		васк со му ноте
	Add New Delegate Add Registered Delegate	
ser Details	* Indicates a required field.	
	Enter the fields below and click Submit to generate the delegate code for the new delegate to register.	
Welcome		
	*First Name	
Profile	*Last Name	
and the second	*Birth Date	
lage Accounts	*Last 4 of Driver's License	
Provider	Select the functions that the delegate is authorized to access.	
Namo	(At least one function must be selected)	
Manne	*Functions Care Management - Submit Resubmit Authorization	
	Care Management - View Authorization	
ovider ID	Claim - Inquiry	
	Claim - Submit and Resubmit	
nroll	Disenroll	
	Expedited Waiver Eligibility Application	
ider Profile	Manage Delegate Accounts	
ider Maintenance	Member Focus Viewing	
Vider mannenance	Reyment History - Toquiry	
ollment / Revalidation Status		
	Revalidation	
	Secure Correspondence	
	Submit RCP Referral to Lock-In List	
ovider Services	Verify Eligibility	
nber Focused Viewing	Submit Cancel	
	Submit Cancer	
arch Payment History	Add deleases and assign the	ـ ـ
	π uu ueleyales allu assiyii ille	7
	privilagos poodod	
	privileges needed.	

Disenroll

Contact Us | FAQs | Logout

NDIA

TUMINISTRAT

My Home Eligibility Claims Care Management Resources

	Disenroll Provider Back to My Ho
🞳 User Details	* Indicates a required field. This utility allows for Providers to voluntarily disenroll from the IHCP.
Welcome	Requesting Drouider Tyfermation
My Profile Manage Accounts	Provider ID ID Type NPI Name
Provider	*Requested Disenroll Date 9
Name	*Disenroll Reason
Provider ID	*Contact Telephone 🔒
Disenroll	*Contact Email
Provider Profile Provider Maintenance	By entering my full name in the space provided below and transmitting this form electronically, I state that, I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform.
Enrollment / Revalidation Status	*Please sign by typing your full name here
	Disenroll Cancel
Provider Services	
Member Focused Viewing	Warning – Warning –
Search Payment History	once this is submitted it is final

44

Provider Profile

My Home Eligibility Claims	NAMEDICAID for Providers Care Management Resources	Contact Us FAQs Logout
User Details	Provider Profile Details	
Welcome My Profile	Provider ID	Provider Type
Manage Accounts	NPI	
Provider	Provider Name	
Name		
Provider ID	General Name / Address Specialties Rendering	
Disenroll Provider Profile	, and the second s	J
Provider Maintenance Enrollment / Revalidation Status	Organization Information	
	Organizati	ion
Provider Services	Disregarded Ent	tity
Member Focused Viewing Search Payment History	Revalidation Da	ate 12/02/2027
· SCHOLAR STRUCTURE STRUCTURE	Recertification Da	ate _

Provider Maintenance

Contact Us | FAQs | Logout

	DIANA MEDICA	D for Providers
My Home Eligibility C	laims Care Management Resource	25
	Provider Maintenance: Ins	structions
User Details	Instructions	Use these pages to submit any changes to your organizational information.
My Profile	<u>Change of Ownership</u> (<u>CHOW) Overview</u>	Please select the link on the left to access the information that you would like to maintain.
Manage Accounts	Tax ID Changes	Current Maintenance Pending Requests
Provider	Contact and Delegated	There are no Pending Maintenance Requests to show.
Name Provider ID	Administrator Information Changes	
▶ <u>Disenro≣</u>	Address Changes	
Provider Profile Provider Maintenance	Specialty Changes	
Enrollment / Revalidation Status	Language Changes	
0	ERA Changes	
Provider Services	Other Information Changes	-
Search Payment History	Provider Identification Changes	
-	Disclosure Changes	
46	Check Status	

RVIC

Enrollment/Revalidation Status

My Home Eligibility	DIANA MEDICAID for Providers	Contact Us FAQs Logout
User Details Welcome		
My Profile	Provider Enrollment / Revalidation - Status	Back to My Home ?
Manage Accounts	Enter your assigned Tracking number and Federal Tax Identification Number (TIN or EIN) as	sociated with your enrollment or revalidation application to verify its current
Provider	status. For any further queries, please contact Provider Enrollment at 1-800-457-4584.	
Name	* moleates a required neid.	
Provider ID Disenroll Provider Profile	*Tracking Number *Provider Federal Number (TIN), Empl Number (EIN) or Socia	l Tax Identification loyer Identification al Security Number (SSN) 0
Provider Maintenance Enrollment / Revalidation Status	Search Cancel	
Provider Services		
Member Focused Viewing Search Payment History		to MILY & SOCIE



Revalidation

My Home Eligibility Claims	Contact Us FAQs Logout ANA MEDICAID for Providers s Care Management Resources
User Details Welcome • My Profile • Manage Accounts	 The Revalidation link will appear when the service location is in the 90 day time frame for completion. The date for <i>COMPLETION</i> can also be verified on the Provider Profile
Provider	Organization Information
Name	Organization
Provider ID Disenroll Provider Profile	Disregarded Entity Revalidation Date 07/27/2025 Recertification Date _
Provider Maintenance Enrollment / Revalidation Status Revalidation	Warning!!! The revalidation must be <i>submitted</i> and <i>approved</i> before the revalidation end date. If the revalidation is not finalized prior to the date, the

Now, let's look at Eligibility.

application will need to be submitted, which will result in a

service location will be termed and a new enrollment

new Provider ID.

MLY & Se

ADMINISTR'

NDIAN





What do you think?

Eligibility only needs to be verified the first time the member is seen.

Yes or No

Eligibility should be verified every time the member is seen.

Eligibility should be verified by calling a Customer Service agent.

Yes or No

Absolutely not!!!

Eligibility can be verified through:

- The IHCP Provider Healthcare Portal
- The interactive virtual assistant ("GABBY")

To access GABBY, call the IHCP Customer Assistance line at 800-457-4584 and then, when prompted, select option 2.







What do you think?

Eligibility can only be verified by the Member ID.

Yes or No

Eligibility can be verified by the member's first and last name and birth date or their Social Security number and birth date.

If the member has insurance listed that is not valid or insurance that is not on the eligibility, correct information should be submitted through a third-party liability (TPL) update using Secure Correspondence.





Let's take a closer look at the eligibility verification.

Eligibility Information

My Home Eligibility Claims C	NA MEDICAID fo	or Providers		Contact Us FAQs Logout	
Eligibility Verification Request				3	2
* Indicates a required field. Enter the member information. If Member ID is	s not known, enter SSN and Birth Date	e, or Last Name, First Name, and Bir	th Date.		
Member ID	Last Name		First Name		
SSN 🛛	Birth Date 🖯				
*Effective From ()	Effective To 9				
Submit Reset					

- Enter the individual's Member ID if known no other identifiers need to be added.
- 2. If the Member ID is not known, enter the member's first and last name and birth date or social security number and birth date.
 - Make sure it is the legal name, not a nickname, and is spelled correctly.
- 3. Enter the date of service.
 - A previous date can be entered, but a future date cannot be entered.
 - Provider must be enrolled on the effective date.



Eligibility Search Result

My Home Eligibility Claims Care Management Resources	Contact Us FAQs Logout
Coverage Details for which is a subscription of the state	
Member ID Birth Date	Expand All Collapse All
Verification Response ID	
Benefit Details	

Coverage	Description	Effective Date	End Date
Package A-Standard Plan	Package A-Standard Plan		

Manage	Managed Care Assignment Details								
	Managed Ca	are Program			Primary Medical Provider		Provider Phone		
	Hoosier Healthwi	se Managed Care							
E	ffective Date	End Date			MCO / CMO Name		MCO / CMO Phone		
					MDWISE/EXCEL NETWORK		1		



Other Insurance

Contact Us | FAQs | Logout

My Home Eligibility

Claims Care Management Resources

IANA MEDICAID for Providers

Other Insurance Deta	ils					-
Carrier Name (Carrier ID)	Address	Phone Number	Policy ID	Group ID	Policy Holder	Coverage Type
ULICO CASUALTY COMPANY ()						MENTAL HEALTH
GMUNDRWRITERS ()				-		DENTAL
CVS/CAREMARK ()				•	•	PHARMACY
ANTHEM BC/BS ()				-	-	HOSPITALIZATION, MEDICAL AND MAJOR MEDICAL
ANTHEM BC/BS ()			• •			HOSPITALIZATION, MEDICAL AND MAJOR MEDICAL
ANTHEM BC/BS ()						HOSPITALIZATION, MEDICAL AND MAJOR MEDICAL
ANTHEM BC/BS () ₅₃			*			HOSPITALIZATION, MEDICAL AND MAJOR MEDICAL

Eligibility Update

When it appears the insurance information is not correct, a TPL update should be completed via Secure Correspondence.



Eligibility Update Information

Secure Correspondence - Message Box

Send

Cancel

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
Secure Correspondence - Create M	lessage		Back to Me	essage Box ?	
Enter your correspondence information Box	n below and click the Send button to send the co	rrespondence or click Canco	el to return to Secure Correspondence	Message -	
* Indicates a required field.					
*Subject	TPL Update				Enter as much
*Message Category	TPL Update	~			information as
*Email Address 🔒					inionnation as
					possible:
*Confirm Email Address 🔒					· Cubicat
Member ID					 Subject
Claim Number					Message Category
Date of Service 🔒	Тоө	I			
Medicaid Paid Amount					 Contact Email
Paid Date 🔒					Mossage explaining
Provider/Facility					• Message explaining
*Message	Eligibility is showing member has multiple Anthen and different ID's. Member is only covered unde Please verify coverage.	n plans with same coverage r one Anthem plan.			 the reason for the update Add any attachments to support request
The following types of files are allowed	d to be uploaded: pdf, bmp, gif, jpg, jpeg, tiff, t	if, png			
Attachments					MILY & SOCK
Click the Remove link to remove th	e entire rew				
# Transmission Method	file	Control #	Attachment Type	Action	
• Click to add attachment.					
55					TUN TOT
					NISTRAL

Back to My Home ?

Claims





Let's take a closer look at Search Payment History.

Search Payment History

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 V Payment ID							
Issue Date *From 0 04/20/2023 *To 0 07/19/2023							
Search Reset							
To conclude the second state of the state way we							
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 0 02/28/2019 = *To 0 05/01/2019 =							

Search Payment History Result

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

<u>Issue Date</u> 🔻	Payment Method	Payment ID	Total Paid Amount	RA Copy (PDF)		
07/19/2023	EFT		\$2,032.16	RA		
07/12/2023	EFT		\$5,823.41	RA		
07/05/2023	EFT		\$6,071.28	RA		
06/28/2023	EFT		\$7,395.28	RA		
06/21/2023	EFT		\$3,632.53	RA		
06/14/2023	EFT	·	\$2,083.50	RA		
RA Date	Payment Method	Payment ID	Payment Amount	PDF ICON		
ALWAYS download the PDF to see the complete RA information.						

Care Management

Ay Home Eligibility Clair	Care Manager	ment Resources		_			
My Home	View Authoriz	ation Status		Remind	ler:		
	Submit RCP F	CP Referral to Lock-In List		Effective	July 1, 2023, prior authorization		
🞳 User Details	Notification of	f Pregnancy Inquiry	iges	are subm	nitted to Kepro.		
Manage Accounts Provider		effective 7/1/2023. Ken	ro will also be	pro.	FFS Prior Authorization and		
Manage Accounts Provider		administrative review re Effective 7/1/2023, Kep administrator for IHCP f	equests to Ke oro will also be ee-for-servic	pro. e the Right Choices P e members, effective	FFS Prior Authorization and Utilization Management (PA-UM)	e Correspond	
Provider ID		referral process will not change, and will continue to be s IHCP Provider Portal. However, RCP questions can be dire number listed below.					
Disenroll Provider Profile		Effective 7/1/2023, Kepro's contact information is as folk 1-800-261-2774; mail: 6802 Paragon Place, Suite 440, Ri Kepro's toll-free telephone number: (866) 725-9991; or t					
Provider Maintenance Enrollment / Revalidation :	Status	Provider portal: https://	/portal.kepro.	.com/	866-725-9991 Fax: 800-261-2774		
	v	VELCOME H	EALTH	CARE PRO	Atrezzo Provider Portal		

Resources

Links to a wealth of information!!	
	Links to a wealth of information!!

TIMINISTRATION

Virtual Assistant

One last knowledge test...



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 and 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)	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 Information

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.





We are here to help!





Questions

