



Submitting Claim Adjustments, Voids and Account Receivables

Indiana Health Coverage Programs (IHCP)
Gainwell Technologies
IHCP Works Annual Seminar October 2026

Agenda

- Claim Adjustments
- Adjustments and Voids on the IHCP Portal
- Voiding a Claim
- Paper Claim Adjustments and Voids
- Encounter Claim Void Requests
- Accounts Receivable
- Helpful Tools
- Questions





Claim Adjustments



Adjustments Can Be Complicated

Under federal law, when an overpayment is identified, it must be refunded to the Medicaid program within 60 calendar days.

[Section 1128J\(d\) of the Social Security Act \(42 U.S.C. § 1320a-7k\(d\)\)](#)

Only the most recent PAID claim can be adjusted

Three types of adjustments
(Region Codes)

- Check-related (51)
- Non-check-related (50, 61, 62, 63)
- Mass adjustments (52, 55)



Check-Related Adjustments

- 51 – Check related adjustment forms are available on the [IHCP website](#) Forms Page

Under the Claim Adjustment Forms (Nonpharmacy)

[IHCP Professional, Dental, or Medicare Part B Crossover Claim Adjustment Request](#)

[IHCP Institutional and Inpatient/Outpatient Crossover Claim Adjustment Request](#)



Adjustments Region Codes

Region Codes are the first two digits of the claim internal control number (ICN) that indicate the type of claim.





Non-Check-Related Adjustments

Region Codes

- 50 – Paper (provider) – Available on the [IHCP website](#)
- 61 – Provider replacement claim with attachment
- 62 – Provider replacement claim without attachment on
- 64 – Change in the member waiver liability



Mass Adjustments Region Codes

- 52 – Mass replacement, non-check-related
- 55 – Mass replacement, institutional provider retroactive rate adjustments





How Can You Initiate an Adjustment?



Electronic

[IHCP Provider Healthcare Portal](#)
or 837



Paper

[Paper version on the IHCP website](#)



Claim Adjustments and Timely Filing

Medicare Crossover claims

- No filing limit applied

Inaccurate payment due to provider incorrect or inaccurate information

- Adjustment must be within 60 calendar days of the notification of payment.
- The date of payment is on the remittance advice (RA).
- Attachment is required.



Claim Adjustments and Timely Filing (continued)

Retroactive prior authorization or Service Authorization change *

- Adjustment must be within 180 days of the date the authorization or NOA information is entered into the CoreMMIS
- Attachment of the dated authorization determination can be used as proof

Additional payment or recoupment from the primary payer *

- Adjustment must be within 180 calendar days of the date the change was made
- Copy of a dated primary explanation of benefits (EOB) is needed to override timely filing

Overpayment *

- Not subject to timely filing limit
- Must include a claim note: **“Adjustment due to overpayment. Timely filing does not apply.”**



Adjustments and Voids on the IHCP Portal



Claim Adjustments on the IHCP Portal

Edit, Copy and Void Functions

- **Edit** a **paid** claim that needs to be corrected.
- Leave 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 it meets specific guidelines.
- **Denied** claims cannot be adjusted.
- Don't **void** a claim unless the **entire** paid amount on the claim needs to be refunded.



Editing Claims



1. Search claims by the Member ID and date of service.
2. Choose the most recent ***paid*** claim for your date of service and select the Edit button.



A claim adjustment must be done within **180** calendar days from the **date of service or the date on a primary EOB**.

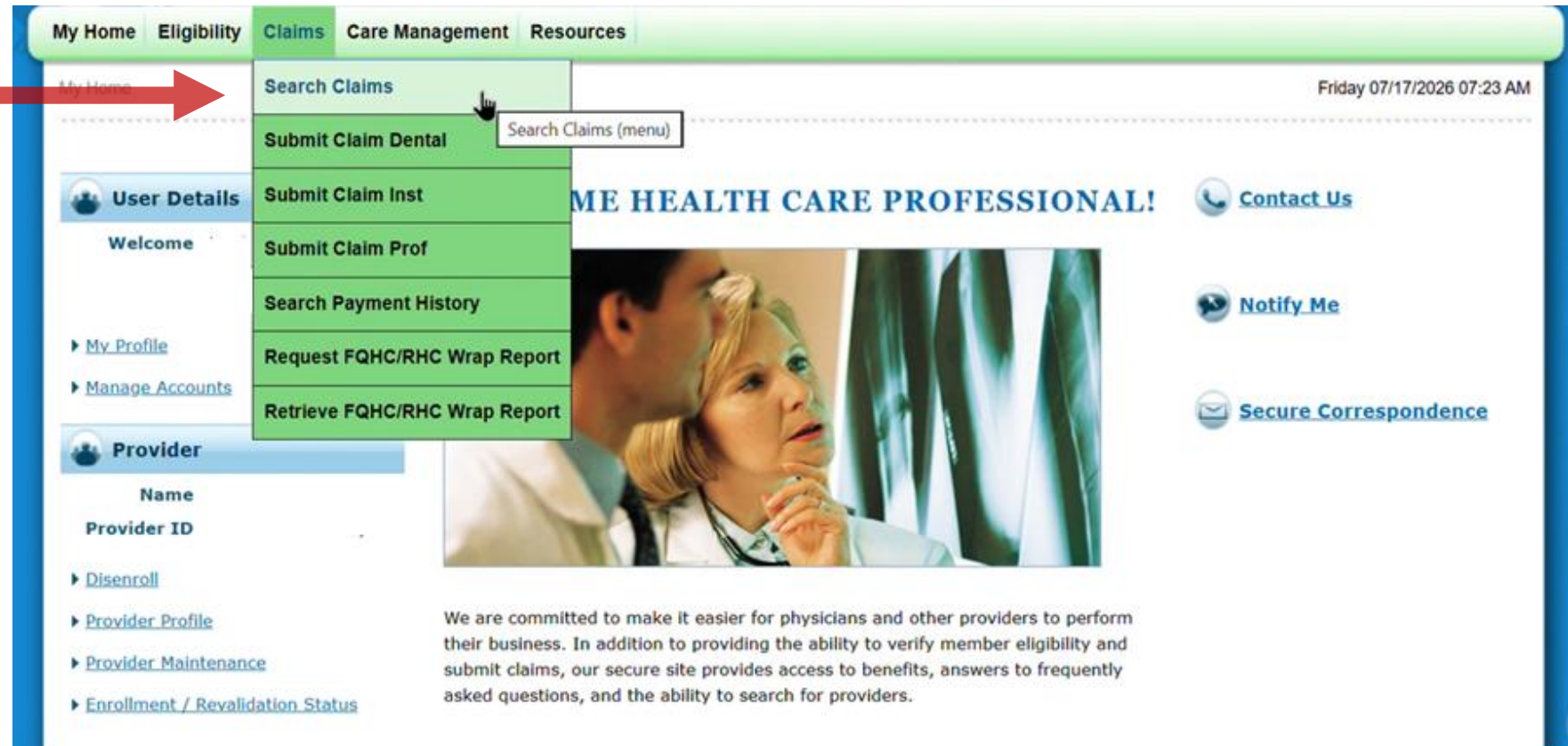


For questions regarding the filing limit, or if you need claim adjustment help, please refer to your [Provider Relations consultant](#).

Finding Your Paid Claim



While logged in to the [IHCP Portal](#) under the correct Service Location, you will click on the **Claims** Menu and select **Search Claims**.



Finding Your Paid Claim (continued)

Best search option
Member ID and
date of service

Search Claims ?

Medical/Dental/Institutional

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

Claim Information

Claim ID

Member Information

Member ID Birth Date 

Last Name First Name

Service Information

Claim Type 

Service From  To  Claim Status 

Paid Date 

Search **Reset**



Adjusting a Claim on the IHCP Portal

- When the paid claim is found in the search, click on the blue Claim ID (internal control number [ICN]) link

Search Results									
To see service line information or to view a remittance advice, click on the '+' next to the claims ID.									
Total Records: 8									
+/-	<u>Claim ID</u>	<u>Claim Type</u>	<u>Claim Status</u> ▼	<u>Service Date</u>	<u>Member ID</u>	Rendering Provider ID	Medicaid Paid Amount	<u>Paid Date</u>	Member Responsibility
+	██████████	Institutional	Finalized Payment	07/01/2026	██████████	██████████	\$1,313.27	07/15/2026	\$0.00

Choose EDIT to Adjust the Claim



[Expand All](#) | [Collapse All](#)

Diagnosis Codes	+
Occurrence Codes	+
Service Details	+
Claim EOB Information	+
Claim Adjustment Reason Code Information	+
No External Cause of Injury exist for this claim	
No Other Insurance Details exist for this claim	
No Condition Codes exist for this claim	
No Value Codes exist for this claim	
No Surgical Procedures exist for this claim	
No Attachments exist for this claim	
No Claim Notes exist for this claim	
No Adjudication Errors exist for this claim	

Edit

Copy

Void

Print Preview

Edit

Copy

Void

Print Preview



Claim Notes

The IHCP accepts claim notes as documentation for certain situations.

Claim notes cause a claim to go into Suspend/Pending in Process status.





Code: Select the drop-down menu to identify the functional area or purpose to which the note applies

Note Text:
Type your
claim note
here

Claim Note Information

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

#	Note Reference Code	Note Text	Action
☐ Click to collapse.			
			Add Cancel
Additional Information Certification Narrative Goals, Rehabilitation Potential, or Discharge Plans Diagnosis Description Third Party Organization Notes			
Back to Step 1 Back to Step 2		Submit Cancel	

Click **Submit** to proceed to final review

Click **Submit** to proceed to final review

Click **Submit** to proceed to final preview

Click **Add** to add the claim note

Please refer to the [**Claim Submission and Processing**](#) provider reference module for acceptable claim notes or contact your [**Provider Relations consultant**](#).

Claim Status

The screenshot shows the 'INDIANA MEDICAID for Providers' portal. At the top is a navigation bar with links: My Home, Eligibility, Claims, Care Management, Resources, and Switch Provider. Below this is a breadcrumb trail: Claims > Claim Receipt. A section titled 'Delegate for' includes a 'Role IDs' dropdown menu currently set to 'Provider - In Network'. The main content area is titled 'Submit Professional Claim: Confirmation' and 'Professional Claim Receipt'. It states: 'Your Professional Claim was successfully submitted. The claim status is FinalizedPayment.' Below this, it says 'The Claim ID is' followed by a red-bordered box containing the text 'CLAIM NUMBER HERE'. A red arrow points from a text box on the right to this box. At the bottom are four buttons: 'Print Preview', 'Copy', 'Edit', and 'New'.

My Home Eligibility Claims Care Management Resources Switch Provider

Claims > Claim Receipt

Delegate for Role IDs Provider - In Network -

Submit Professional Claim: Confirmation

Professional Claim Receipt

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

The Claim ID is CLAIM NUMBER HERE

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

The claim ICN will begin with 61, 62 or 63

If a claim adjustment denies, you have 60 days to submit a corrected claim (not a claim adjustment).

An attachment or claim note will cause the claim to go into Suspend/Pending in Process status for a claim analyst to review.



Voiding a Claim

Voiding a Claim on the IHCP Portal

The initial process of voiding a claim is the same as adjusting a claim:

- Find the paid claim
- Click on the ICN of the paid claim
- Only **void** the claim if the **entire** paid amount needs to be refunded

Choose Void



[Expand All](#) | [Collapse All](#)

Diagnosis Codes	+
Occurrence Codes	+
Service Details	+
Claim EOB Information	+
Claim Adjustment Reason Code Information	+
No External Cause of Injury exist for this claim	
No Other Insurance Details exist for this claim	
No Condition Codes exist for this claim	
No Value Codes exist for this claim	
No Surgical Procedures exist for this claim	
No Attachments exist for this claim	
No Claim Notes exist for this claim	
No Adjudication Errors exist for this claim	

Edit

Copy

Void

Print Preview

The void claim ICN will show with a claim ID beginning with a “63”

The system message will state the void claim is denied

Edit

Copy

Void

Print Preview



Paper Claim Adjustments and Voids



Finding Forms on the IHCP Website

- [340B Program](#)
- [590 Program](#)
- [Claim-Related Forms \(Nonpharmacy\)](#)
- [Claim Adjustment Forms \(Nonpharmacy\)](#)
- [Financial Forms](#)
- [Hospice Forms](#)

Claim Adjustment Forms (Nonpharmacy)

Title

[IHCP Professional, Dental, or Medicare Part B Crossover Claim Adjustment Request](#)

[IHCP Institutional and Inpatient/Outpatient Crossover Claim Adjustment Request](#)

Completing the Form



IHCP Professional, Dental or Medicare Part B Crossover Claim Adjustment Request Indiana Family and Social Services Administration

Mail completed fee-for-service requests to Gainwell – Adjustments, PO Box 50444, Indianapolis, IN 46250-0420

1

1. Provider NPI or IHCP Provider ID
Provider name/address/ZIP code+4:
Taxonomy code
Telephone number
Contact name

2. Reason for adjustment (check appropriate box)
☐ Change third-party liability (TPL) amount
☐ Change patient-deductible amount
☐ Offset or refund of entire claim amount (check field 11)
☐ Change information as indicated in fields 13-17
☐ Medicare adjustment (attach all EOMBs that apply to this adjustment)

2

3

3. Claim ID (ICN)	4. Member ID	5. Dates of service From Through	6. Referring provider NPI and taxonomy
7. Member name	8. Amount paid	9. Remittance advice date	

4

10. Give complete explanation of adjustment or refund request:
--

The form must be fully completed to avoid return



Encounter Claim Void Requests

Managed Care Encounter Claim Void Requests



Encounter claim is a copy of the managed care organization (MCO) processed claim. Gainwell Technologies receives copies from MCOs.

Contact the managed care to void the claim.

Once voided, if the claim is past the filing limit, bill the claim on the IHCP Portal with a dated copy of the managed care recoupment.

These claims must be billed within 180 calendar days of the recoupment by the MCO.

Requesting Encounter Claim Void Requests



User Details

Welcome

- ▶ [My Profile](#)
- ▶ [Switch Provider](#)

Provider

Name

Provider ID

Provider Services

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)

WELCOME HEALTH CARE PROFESSIONAL!



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.

 [Contact Us](#)

 [Notify Me](#)

 [Secure Correspondence](#)

NOTE: This is not the preferred method to request the void



Encounter Claim Void Request

Create New 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: 1

Status	Subject	Message Category	Date Opened ▼	Date Closed
Closed	Error Message	Other	11/12/2019	07/30/2024

[Create New Message](#)

Encounter Claim Void Request

Choose Appropriate Request



Secure Correspondence - Select Category

[Back to Message Box](#) ?

***Tell us why you are here today. Select the statement below that best fits the reason you are submitting a Secure Message.**

- ☐ I have a question about why a claim paid or denied the way it did.
- ☒ I disagree with a claim denial or payment amount. I have not submitted this claim previously for Gainwell to look at. I understand I need to have the Claim ICN to proceed with the administrative review process.

Encounter Claim Void Request

Complete the Form



* Indicates a required field.

*Subject	Shadow claim void request	
*Message Category	Claim Administrative Review Request	
Instructions	The Remittance Advice (RA) date must be within the last 60 days. Does your claim meet this requirement? The submitted request will be researched and responded to within 30 days. If an adjustment is necessary, it will be completed within 45 days.	
*Email Address		
Provider/Facility		
Member ID	111111111111	
*Claim Number	222222222222	
Date of Service	05/06/2026	To 05/06/2026
Medicaid Paid Amount	3,546.32	
Paid Date	05/27/2026	
*Date of Remittance Advice	07/08/2026	
*Message	Please void shadow claim causing my claim to deny as a duplicate.	

Attach a copy of the MCO
EOB showing the void



Accounts Receivable

Provider Remittance Advice (RA) Claim Adjustment Example



TOTAL NO. DENIED:	3	INDIANA CORE MMIS	DATE: 06/19/2026
1REPORT: CRA-LTAD-R		INDIANA TITLE XIX	PAGE: 6
RA#:		PROVIDER REMITTANCE ADVICE	
PAYER: TXIX		LONG TERM CARE CLAIM ADJUSTMENTS	
		PAYEE ID	
		NPI	
		PAYMENT NUMBER	
		PAYMENT DATE	06/24/2026



Claim Adjustment Example

--ICN--		PATIENT NO.	SERVICE DATES	COPAY AMT	ALLOWED AMT	PSYCH CO-INS	BILLED	COPAY AMT	OUTPAT DED	PAID AMT
		MRN	FROM TO	PAID AMT	DEDUCT	CO-INS	OTH INS AMT	SPENDDOWN	CO-INS CB	
MEMBER NAME:						MEMBER NO.:				
20		040626 040626		(0.00)	(0.00)	(0.00)	(67,989.27)	(0.00)	(0.00)	(11,694.47)
				(53,033.70)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	
EOBS	001	9947								
	002	9947								
	003	9947								
	004	5001								
ARCS	001	45	1,497.21							
	002	45	18,462.03							
	003	45	27,116.22							
	004	18	0.219.24							
62		040626 040626		0.00	0.00	0.00	67,989.27	0.00	0.00	13,529.00
				53,033.70	0.00	13,529.00	0.00	0.00	0.00	
REV CD	PROC CD	MODIFIERS	SER DT	FROM TO	RENDERING PROV	ALLW UNITS	PA NUMBER			
								ALLOWED AMT	PAID AMOUNT	
0	J7214	76 TB JZ	040626	040626	MCD 201024420	414.00				
						1,869.15		371.94	371.94	
0	J7214	JZ TB	040626	040626	MCD 201024420	7147.00				
						32,267.70		6,420.86	6,420.86	
0	J7214	JZ TB	040626	040626	MCD 201024420	7498.00				
						33,852.42		6,736.20	6,736.20	
									0,736.20	
									ADDITIONAL PAYMENT	1,834.53

Financial Transactions



FINANCIAL TRANSACTIONS



PAYEE ID
NPI
PAYMENT NUMBER
PAYMENT DATE

-----NON-CLAIM SPECIFIC PAYOUTS TO PAYEE-----

TRANSACTION NUMBER	PAYOUT AMOUNT	REASON CODE	FIN ARC	SERVICE DATE FROM THRU	RELATED PROVIDER ID
-----------------------	------------------	----------------	------------	---------------------------	------------------------

NO NON-CLAIM SPECIFIC PAYOUTS TO PAYEE

-----NON-CLAIM SPECIFIC REFUNDS FROM PAYEE-----

TRANSACTION NUMBER	REFUND AMOUNT	REASON CODE	FIN ARC	PAYMENT NUMBER	RECEIPT DATE	MEMBER NAME	MEMBER NO.
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NO NON-CLAIM SPECIFIC REFUNDS FROM PAYEE



-----ACCOUNTS RECEIVABLE-----



A/R NUMBER	SETUP DATE	ORIGINAL AMOUNT	RECOUPMENT AMOUNT	TO DATE	BALANCE	REASON CODE	FIN ARC	MEMBER NAME	MEMBER NO.	ADJUSTMENT --ICN--	PREVIOUS --ICN--	AMOUNT RECOUPED IN CURRENT CYCLE
00	052226	11,694.47	11,694.47		0.00	8400	CS			62	20	11,694.47
TOTAL RECOUPMENT			11,694.47							11,694.47		

RA Summary



CLAIMS DATA

	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
CLAIMS PAID	35	140,322.46	171	700,234.83	625	2,917,973.70
CLAIM ADJUSTMENTS	1	13,529.00	106	17,560.85	125	17,616.22
CLAIM INTEREST		0.00		0.00		0.00
TOTAL CLAIMS PAYMENTS	36	153,851.46	277	717,795.68	750	2,935,589.92
CLAIMS DENIED	22		123		234	
CLAIMS IN PROCESS	1	81,308.16				

EARNINGS DATA

PAYMENTS:

CLAIMS PAYMENTS	153,851.46	717,795.68	2,935,589.92
MANAGED CARE ADMINISTRATIVE PAYMENT*	0.00	0.00	0.00
HOOSIER HEALTHWISE CAPITATION PAYMENT*	0.00	0.00	0.00
PATHWAYS CAPITATION PAYMENT*	0.00	0.00	0.00
HEALTHY INDIANA PLAN POWER ACCOUNT*	0.00	0.00	0.00
HEALTHY INDIANA PLAN CAPITATION PAYMENT*	0.00	0.00	0.00
NON EMERG MED TRANSP CAPITATION PAYMENT*	0.00	0.00	0.00
PAYOUTS	0.00	0.00	0.00

AMOUNT RECOUPED IN
CURRENT CYCLE

11,694.47

ACCOUNTS RECEIVABLE:

CLAIM SPECIFIC:

CURRENT CYCLE	(11,694.47)	(11,694.47)	(11,694.47)
OUTSTANDING FROM PREVIOUS CYCLES	(0.00)	(4,578.21)	(4,769.03)
NON-CLAIM SPECIFIC	(0.00)	(0.00)	(5.00)

Remittance Advice and Financial Transaction Resources



The [Financial Transactions and Remittance Advice](#) provider reference module



Call the Customer Assistance Unit toll-free line at 800-457-4584 for requests such as asking Finance to reissue a lost check. Live assistance is available 8 a.m. to 6 p.m. Eastern Time, Monday through Friday, excluding holidays. Providers should allow two weeks (14 calendar days) before submitting a reissue request to allow for delivery delays from the U.S. Postal Service.



Your [Provider Relations consultant](#) if needing instructions on updating your address to report correct information on your W-9 and service location, need help with electronic funds transfer (EFT) enrollment or updates, questions on claim denials, remittance advice, accounts receivables and much more.

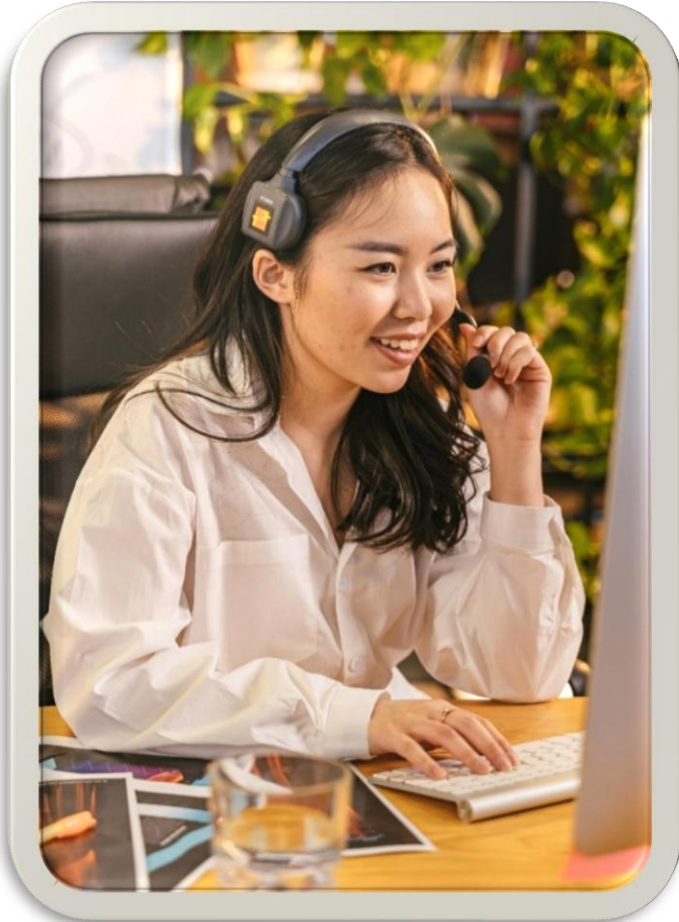


Send a Secure Correspondence message while logged on through the [IHCP Portal](#) if you have questions on a finance letter, check, payment or remittance advice.



Helpful Tools

Useful Information



[Indiana Medicaid for Providers website](#)

[IHCP Provider Reference Modules](#)

[IHCP Bulletins](#)

Sign up for [email notifications](#) to receive weekly summaries of new and updated bulletins, modules and other publications.

Customer Assistance

800-457-4584

8 a.m. - 5 p.m. Eastern Time Monday – Friday

[Provider Relations Consultants](#) by region

Secure Correspondence via the [IHCP Provider Healthcare Portal](#)

*(After logging in to the IHCP Portal, click the **Secure Correspondence** link to submit a request.)*

Provider Relations Consultants



Areas Covered	Consultant	Email	Telephone
Region 1 plus Chicago/Watseka, IL, and Sturgis, MI	Michelle Walls	INXIXRegion1@gainwelltechnologies.com	317-488-5071
Region 2 plus Danville, IL	Jill Harris	INXIXRegion2@gainwelltechnologies.com	317-488-5080
Region 3	Open	INXIXRegion3@gainwelltechnologies.com	317-488-5324
Region 4 plus Cincinnati/Harrison and Hamilton/Oxford, OH	Kassandra Johnson	INXIXRegion4@gainwelltechnologies.com	317-488-5153
Region 5	Virginia Hudson	INXIXRegion5@gainwelltechnologies.com	317-488-5186
Region 6	Open	INXIXRegion6@gainwelltechnologies.com	317-210-2618
Region 7 plus Louisville and Owensboro, KY	Tami Lott	INXIXRegion7@gainwelltechnologies.com	317-286-6894
All out-of-state providers except those in the previously listed cities	Judy Green	INXIX_OOS@gainwelltechnologies.com	317-488-5026



Questions

Thank you for attending!

By taking a few moments to complete the event and session evaluations, you help us understand your experience and shape the future of our programs.

