

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202541 MARCH 25, 2025

Provider Relations and Written Correspondence provide responses to frequently asked questions

The Gainwell Technologies Provider Relations and Written Correspondence Units have created this frequently asked questions (FAQ) bulletin as a handy reference for providers.

1. *If I have a general claim question (such as how to submit a claim or clarify a denial), who can I contact?*

Reach out to your regional Provider Relations consultant for claim assistance. You can locate your regional consultant on the [Provider Relations Consultants](#) webpage at in.gov/medicaid/providers.

Consultants can assist providers with training, billing and provider enrollment questions.

Please ensure all emails sent to your Provider Relations consultant are sent via a secure email platform if they contain protected health information (PHI) or personally identifiable information (PII). Examples of PHI and PII include but are not limited to member names, member dates of birth or death, Member IDs, Claim IDs, and any medical records.

If needed, passwords to encrypted files must be provided via telephone or emailed separately from the documentation or data. **Under no circumstances should PHI or PII be sent unsecured.** Providers should never include Social Security numbers of Medicaid members. Be sure the attachments do not contain visible information about other patients from within the provider's practice.

Providers can also submit inquiries through the [IHCP Provider Healthcare Portal](#) (IHCP Portal) under the Secure Correspondence feature.



Correspondence and inquiries should not be submitted through the Gainwell Technologies website under Contact Us. These submissions go to Gainwell corporate headquarters and have to be transferred to the Indiana Provider Relations Unit, which prevents timely response times from the Indiana Provider Relations Unit.

2. *I have claims that were denied and I disagree with the decision. Who can help me resolve this?*

Inquiries related to a single claim can be submitted through the IHCP Portal under the Secure Correspondence feature. These secure correspondence inquiries go to the Gainwell Written Correspondence Unit. There is a limit of one claim per inquiry.

If you have multiple claims that need to be reviewed, please reach out to your Provider Relations consultant instead of submitting multiple requests through the IHCP Portal for the same issue related to multiple claims. The regional consultants' name and contact information can be found on the [Provider Relations Consultants](#) webpage at in.gov/medicaid/providers.

3. I disagree with a denial decision on a claim. I want to appeal; how do I appeal this denial?

Providers are required to follow the administrative review and appeals processes defined in the [Claim Administrative Review and Appeals](#) provider reference module at in.gov/medicaid/providers.

Step 1: Claim administrative review

The first step in disputing a denied claim is to submit an administrative review request through the IHCP Portal under the Secure Correspondence feature within 60 days of the notification of the claim denial. An appeal is not considered valid unless an administrative review is completed first. Appeals received without a previous administrative review are treated as administrative reviews.

**Step 2: Claim appeal**

If the claim denial decision is upheld after the administrative review, and the provider still does not agree with the decision, an appeal may be sent through the IHCP Portal, under Secure Correspondence (using the Appeal category), or delivered by mail, email or fax to:

MS07
Secretary
Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning
402 W Washington St. Room W374
Indianapolis, IN 46204-2739
Fax: 317-232-4412
Email: fssa.appeals@oalp.in.gov

The IHCP must receive the appeal request within 15 calendar days after the provider receives the adverse administrative review decision notice on which the appeal is premised.

Individual managed care entities (MCEs) manage their own claim appeal processes within the managed care delivery system. Questions about managed care claim appeal processes should be directed to the MCE with which the member is enrolled.

4. I have a question about an enrollment application I've submitted. How do I get assistance with that?

You may submit questions regarding enrollment through the IHCP Portal under the Secure Correspondence feature. Choose the proper message category from the drop-down menu for your inquiry. Contact your facility's portal administrator if you do not currently have access to this feature. The Message Category drop-down menu includes several category options, including enrollment, third-party liability (TPL) updates and finance.

5. Where can I mail paper claims or enrollment applications?

Please see the [IHCP Quick Reference Guide](#) for the new P.O. Box addresses. A full list of the Gainwell mailing address changes is in *IHCP Bulletin* [BT2024166](#).

Paper documents cannot be delivered in person.

6. I missed my revalidation because I did not get the notification. What happened?

All correspondence related to claim returns, revalidations, accounts receivables and other important documents are mailed to the *mail-to* address on the provider profile. It is important that providers keep their mail-to address current at all times. This address may be different from the service location address or pay-to addresses. Updates can be made through the IHCP Portal or through paper forms. For more information, see the [Update Your Provider Profile](#) webpage at in.gov/medicaid/providers.

If you missed your revalidation, please contact your [Provider Relations consultant](#) for next steps.

7. A member's eligibility information has changed. How can we get these changes made in the system?

If a member's eligibility information is incorrect, including name, date of birth, date of death or benefit plan, the member or their authorized representative can report the changes in the following ways:

- Online through the [FSSA Benefits Portal](#)
- By visiting their [local Division of Family Resources \(DFR\) office](#) in person
- By calling the DFR call center at 800-403-0864 or sending a fax to the DFR at 888-436-9199

It is recommended to include a copy of the member's eligibility screen from the IHCP Portal and indicate the correction that needs to be made. The DFR will not work directly with providers, unless the provider is an authorized representative, but will consider corrections requested this way. Including any documentation to support the update will help resolve the issue more quickly.

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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