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

Indiana Health Coverage Programs
Gainwell Technologies
2024 IHCP Works Annual Seminar

Agenda

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

Advantages of Submitting 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, ***free*** and efficient.
- Can upload electronic attachments.
- No additional forms to complete.
- Nothing to submit by mail.
- Individual training options with your Provider Relations representative.

Submitting Primary and Secondary *CMS-1500* Claims

Verify Eligibility

Verify Eligibility

- Confirm the Member ID, also known as RID.
- 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.

Submitting Primary and Secondary *CMS-1500* Claims

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

My Home

- Search Claims
- Submit Claim Dental
- Submit Claim Inst
- Submit Claim Prof
- Search Payment History

User Details

Welcome

- My Profile
- Switch Provider

Provider

Name

Provider ID

- Provider Maintenance

Provider Services

- Member Focused Viewing
- Search Payment History

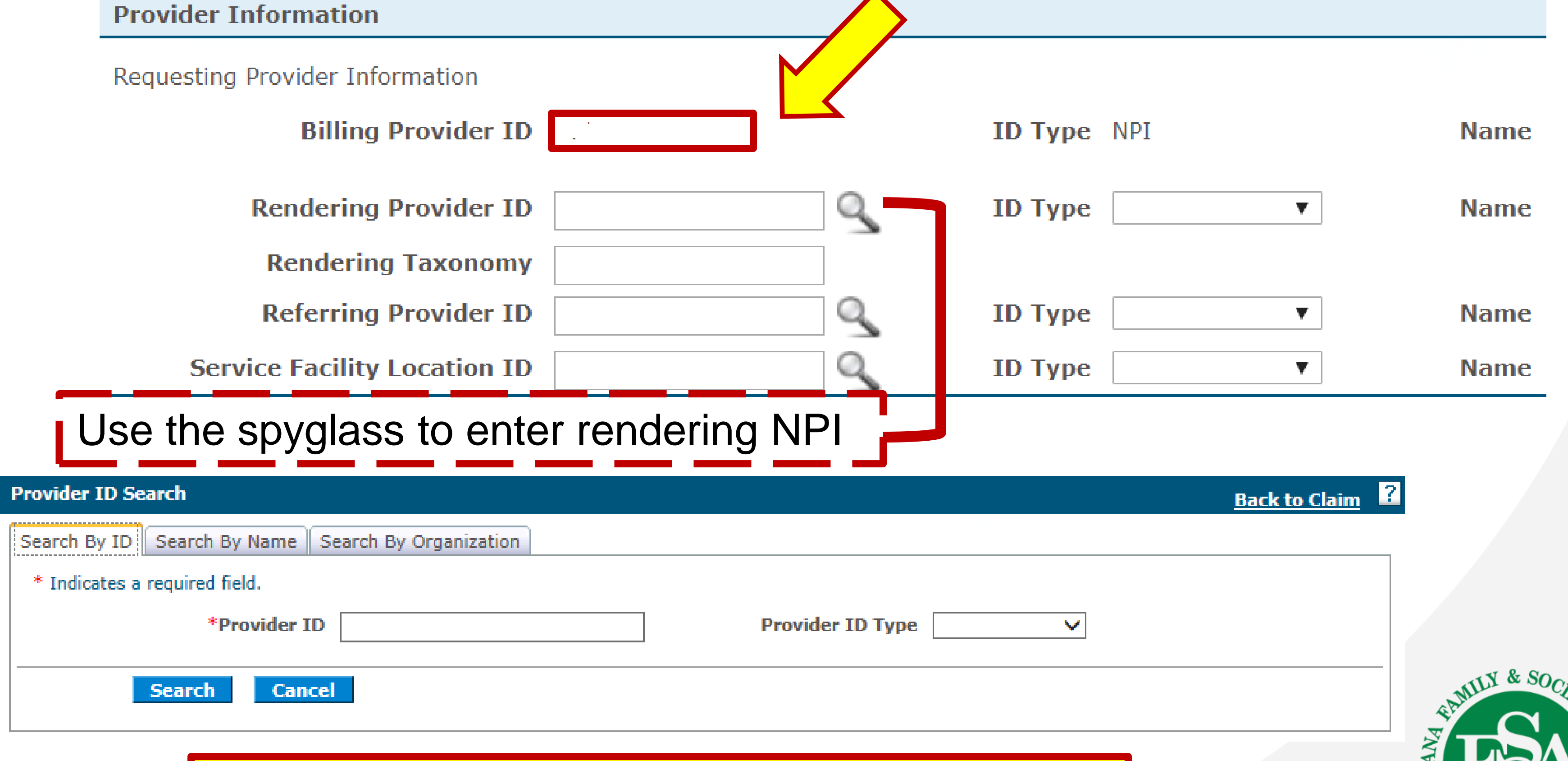
WELCOME HEALTH CARE PROFESSIONAL!

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

Provider Information

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



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 | Other Claim ID

Claim Information

Claim Header Instructions

Hospital From Date | Hospital To Date

Date Type | Date of Current

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.*

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Diagnosis Code

Diagnosis Codes

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

#	Diagnosis Type	Diagnosis Code	Action
1			

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

E0800-DIAB D/T UNDRL COND W HYPROSM W/O NONKET HYPRGLY-HYPROS COMA
E08321-DIAB D/T UNDRL COND W MILD NONPRLF DIAB RTNOP W MCLR EDEMA
E08329-DIAB D/T UNDRL COND W MILD NONPRLF DIAB RTNOP W/O MCLR EDEMA
E08339-DIAB D/T UNDRL COND W MOD NONPRLF DIAB RTNOP W/O MCLR EDEMA
E08349-DIAB D/T UNDRL COND W SEV NONPRLF DIAB RTNOP W/O MCLR EDEMA
E08341-DIAB D/T UNDRL COND W SEVERE NONPRLF DIAB RTNOP W MCLR EDEMA
E0851-DIAB DUE TO UNDRL COND W DIAB PRPH ANGIOPATH W/O GANGRENE
E0843-DIAB DUE TO UNDRL COND W DIABETIC AUTONM (POLY)NEUROPATHY
E0852-DIAB DUE TO UNDRL COND W DIABETIC PRPH ANGIOPATH W GANGRENE
E08331-DIAB DUE TO UNDRL COND W MOD NONPRLF DIAB RTNOP W

Add Reset

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter 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.***

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.

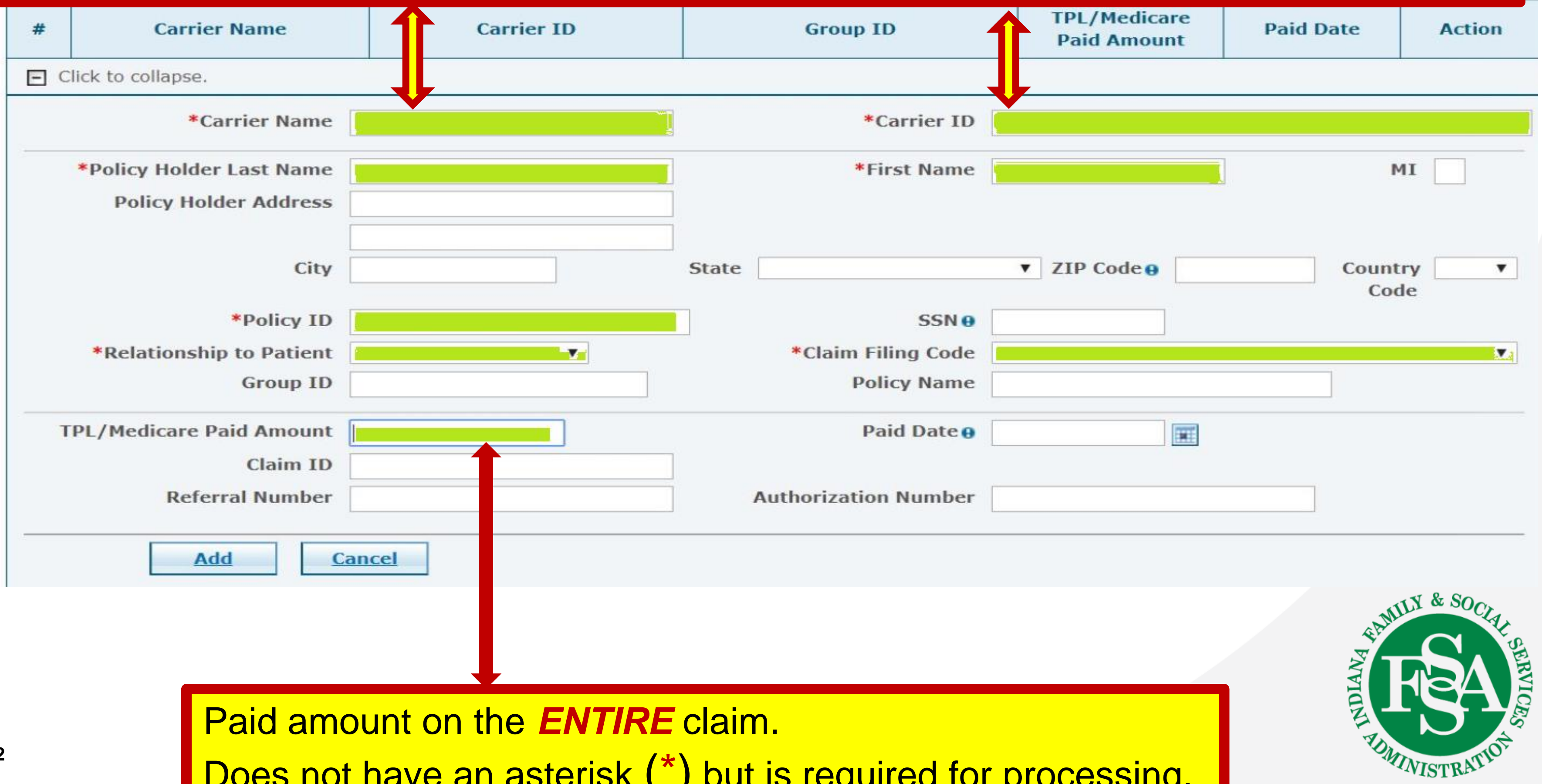
Back to Step 1 Continue Cancel

- 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 third-party liability (TPL) can be the name of the carrier.



Paid amount on the ***ENTIRE*** claim.
Does not have an asterisk (*) but is required for processing.

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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
TPL/Medicare Paid Amount
Paid Date
Claim ID
Referral Number
Authorization Number
Add

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

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

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

CI – Commercial Insurance Co.
16 – Medicare Advantage Plan
MB – Medicare Part B

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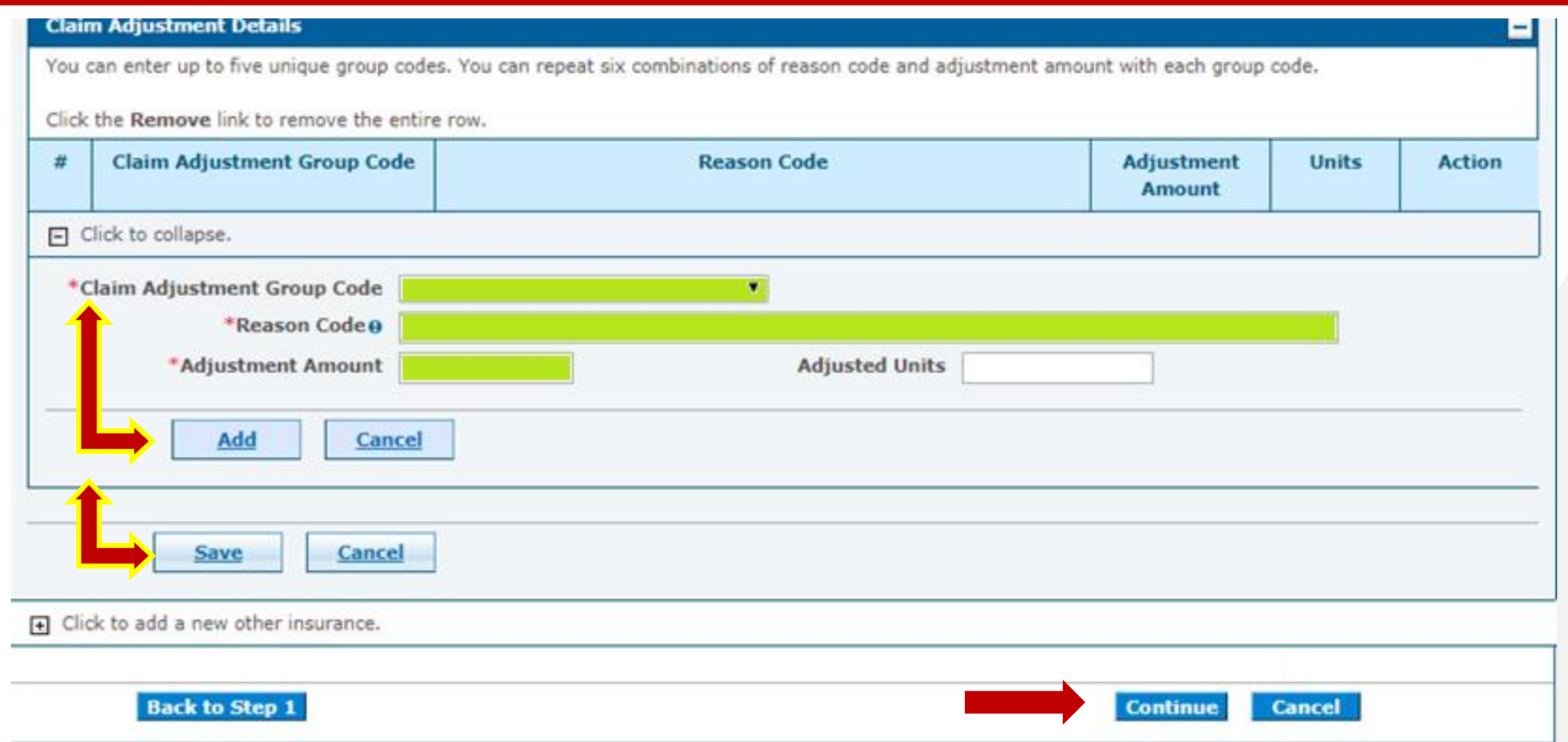
Claim Adjustment Details – Header

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). Refer to the *Claim Submission and Processing* module, Section 5, for acceptable ARC codes.
- Claim adjustment details ***ARE*** completed for Medicare and Medicare Advantage Plans.



Claim Adjustment Details

Secondary Insurance Information at the ***Header*** Level

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment	Units	Action

Click to collapse.

*Claim Adjustment Group Code

*Reason Code

*Adjustment Amount

Adjusted Units

Add | Cancel

Save | Cancel

Click to add a new other insurance.

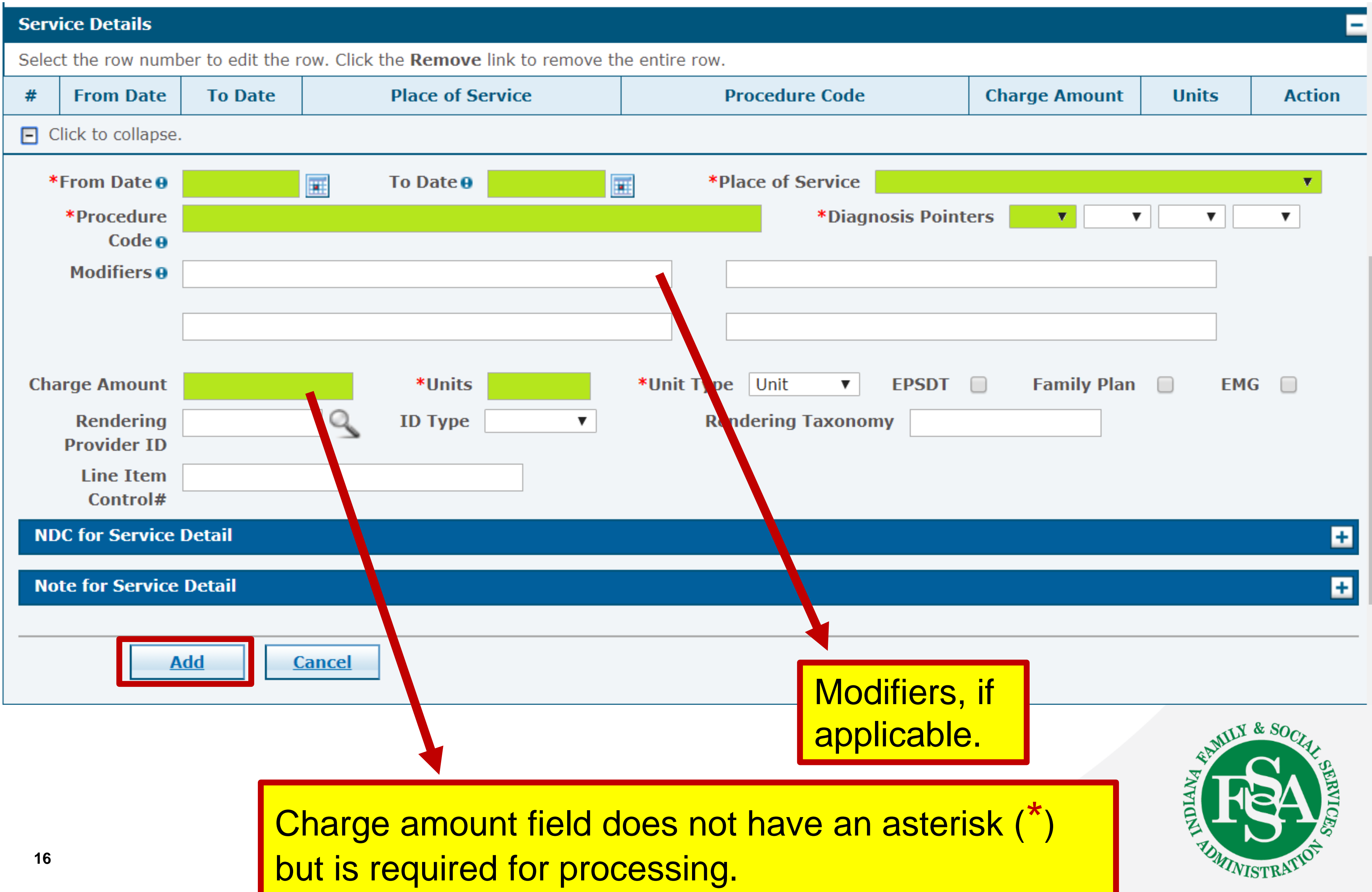
Back to Step 1 | Continue | Cancel

PR – Patient responsibility

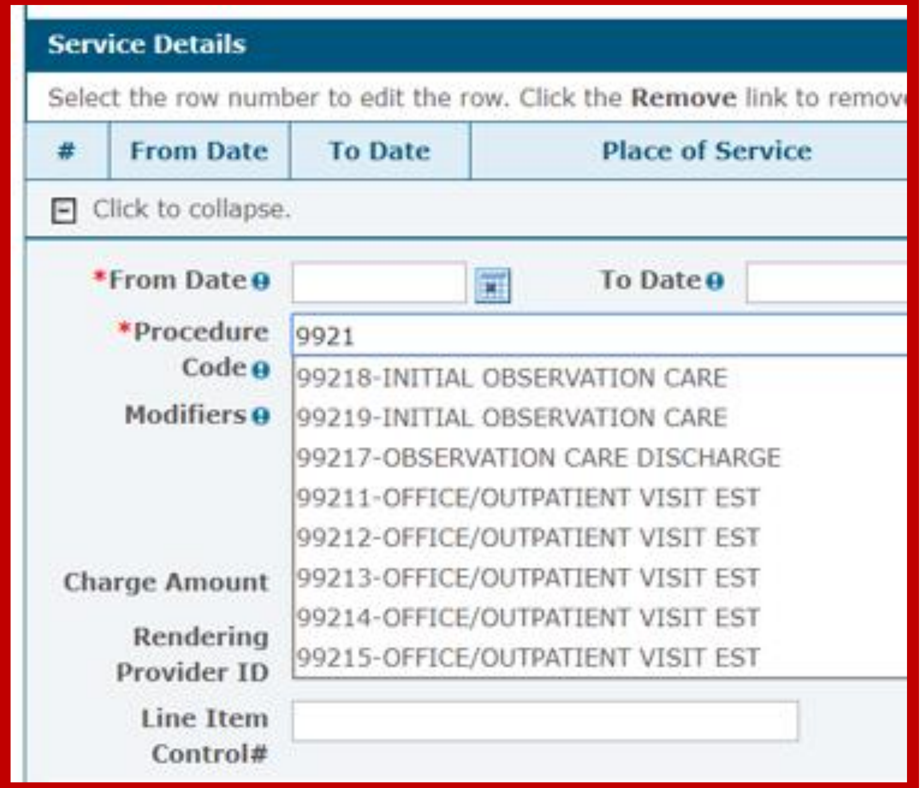
Adjustment amount is the patient responsibility or adjustment reason code (ARC) amount on the ***ENTIRE*** claim.

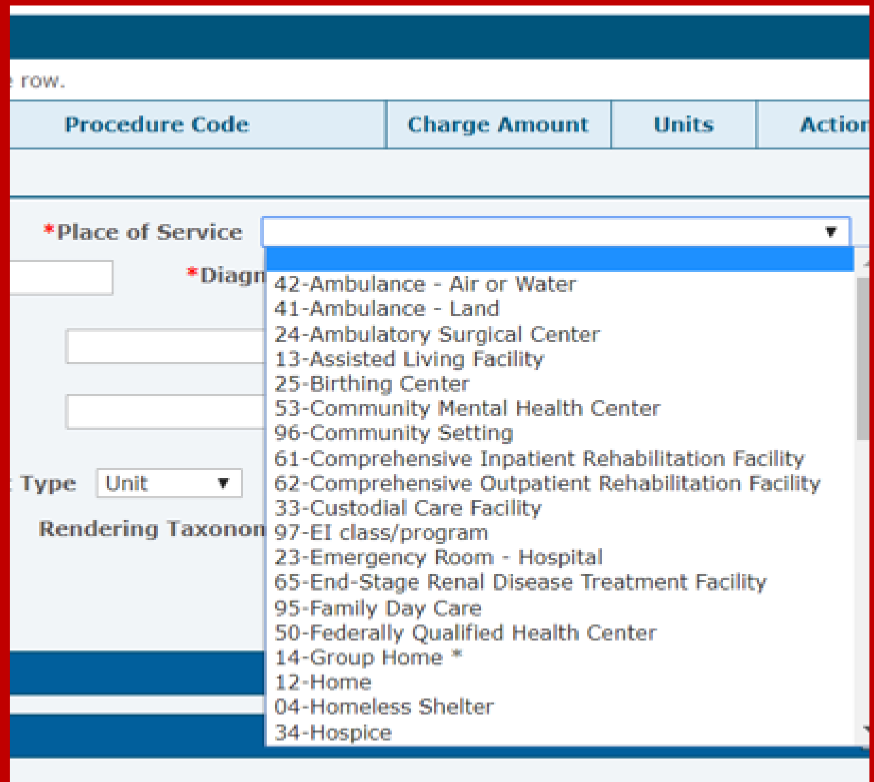
1 – Deductible amount
2 – Coinsurance amount
3 – Copayment amount
OR contractual obligation (CO) with the valid TPL ARC explanation

Service Details



Procedure Code and Place of Service





Service Detail
Other Insurance Information

Secondary Insurance Information at the ***Detail*** Level

Service Details

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

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1			11-Office	99213-OFFICE/OUTPATIENT VISIT EST	$100.00	1.00 Unit	Remove

Other Insurance for Service Detail

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

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action

Click to collapse.

*Other Carrier

*TPL/Medicare Paid Amount

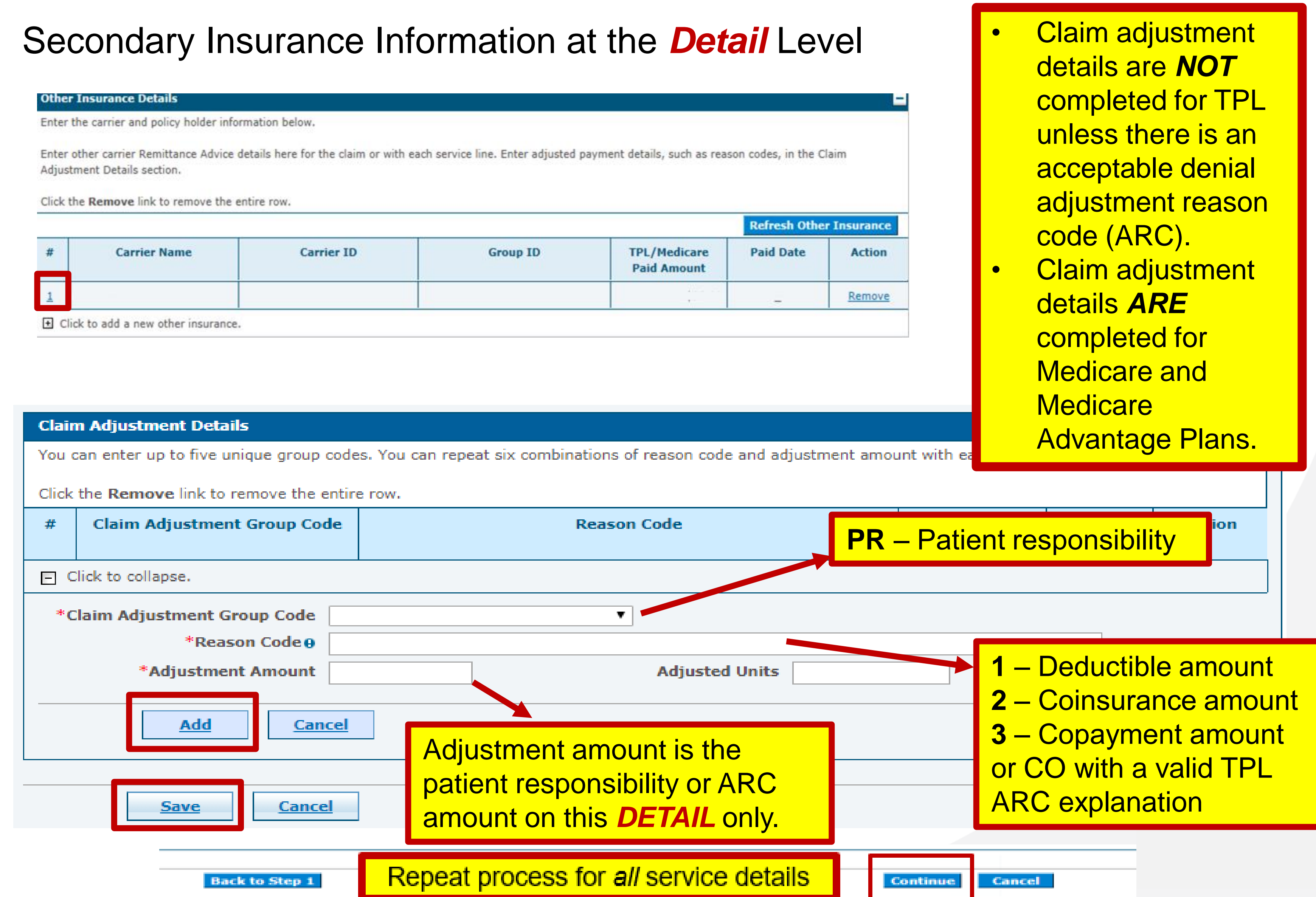
*Paid Date

Add | Cancel

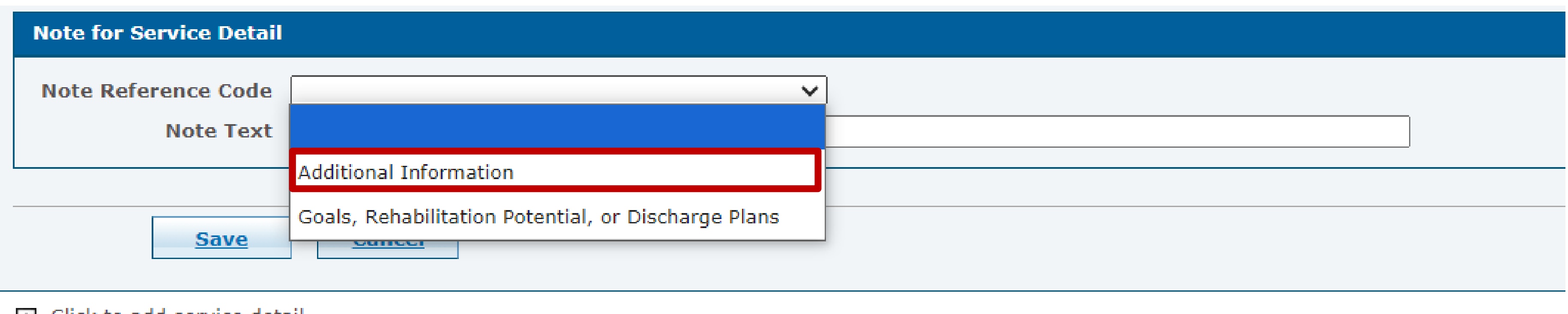
Paid amount for ***this detail only***

Adjustment Details

Secondary Insurance Information at the ***Detail*** Level



Detail Level Claim Note

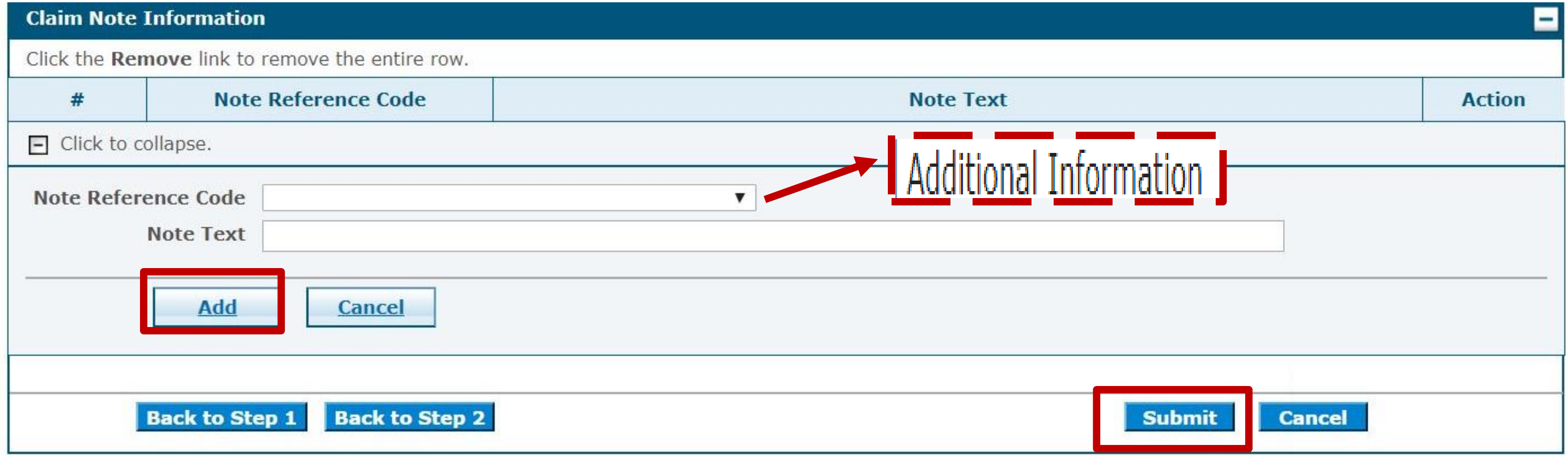


Waiver Providers: the LRI information is entered as a claim note at the detail level – BT 202411 and BT 202449

This information must be included in one of the following formats:

- NAME:
  REL:
- NAME-
  REL-
- NAME.
  REL.
- NAME>
  REL>

Claim Note

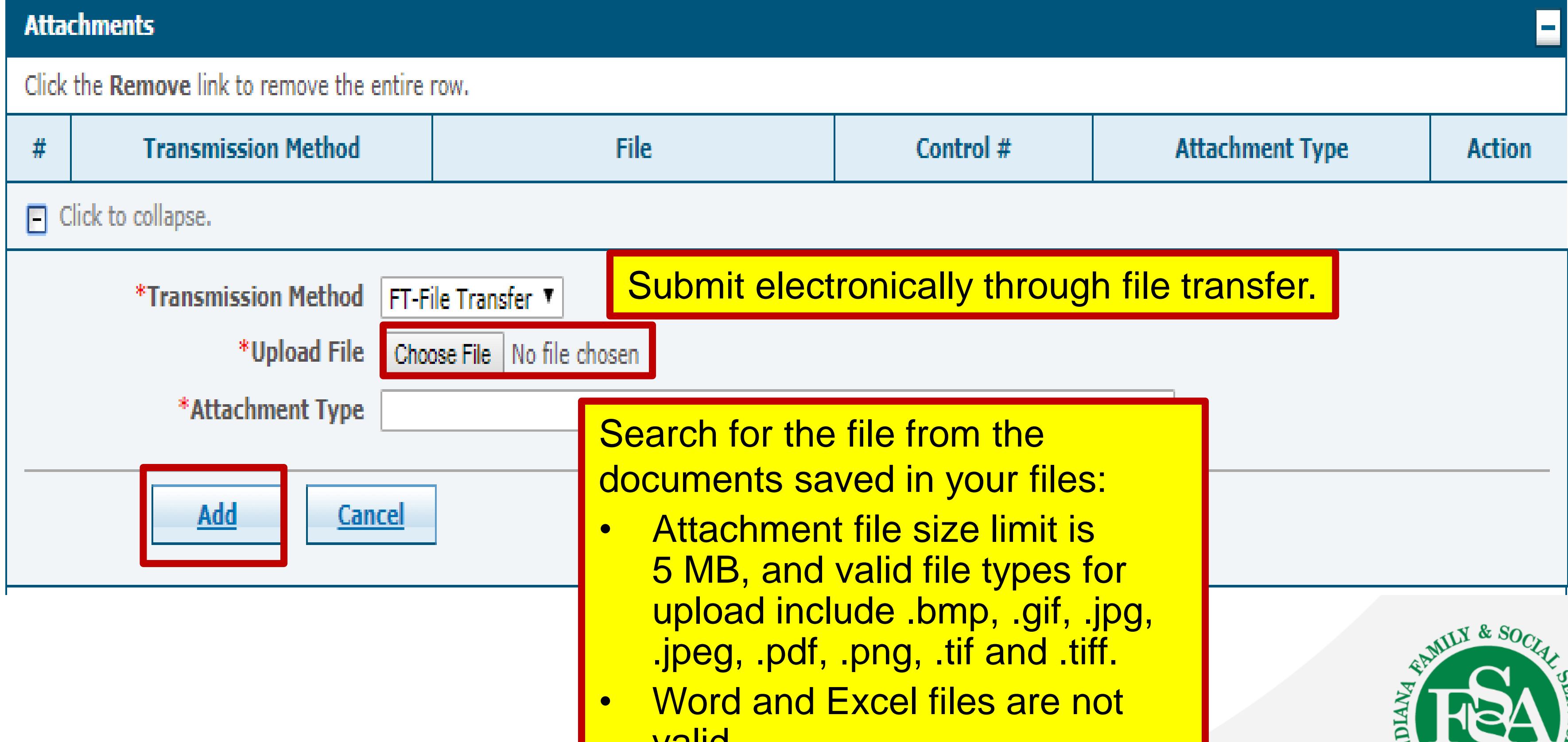


Only notes that impact the processing of the claim should be used – refer to the *Claim Submission and Processing* module for acceptable claim notes.

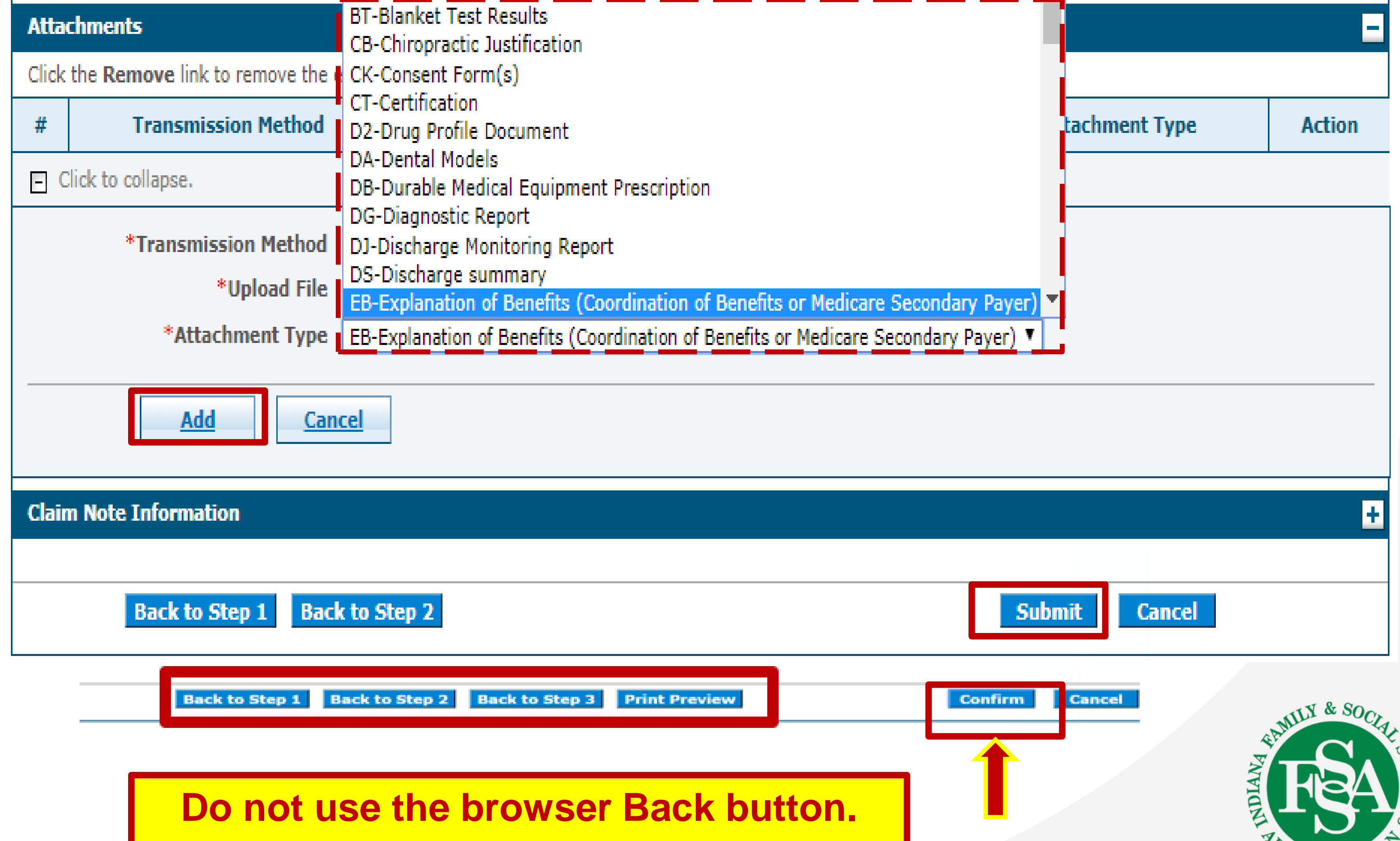
Claim notes may delay the processing of the claim.

Attachments

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



Attachment Type



Claim Confirmation and Status

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

Claims > Claim Receipt

Delegate for **Role IDs** Provider - In Network -

Submit Institutional Claim: Confirmation

Institutional Claim Receipt

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

The Claim ID is

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

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

Click **Edit** to resubmit the claim.

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

Print Preview | Copy | Edit | New

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

When status is "Denied," copy the claim, make corrections and resubmit immediately. The claim does not need to appear on a remittance advice (RA) before it can be corrected.

Claim Submission Tips and Reminders

Primary Explanation of Benefits (EOB)

When is the Primary EOB required for *Other Insurance/Non-Medicare (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.

EOB must be from the actual primary insurance – not a vendor remittance.
The date of service, procedure codes, and billed amount must match.

Primary Explanation of Benefits (EOB) TPL

When is the primary EOB ***NOT*** required for *Other Insurance/Non-Medicare (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.
- EOB must be from the actual primary insurance – not a vendor remittance. The date of service, procedure codes, and billed amount must match.

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.

Claim Follow-up and Check Claim Status

Search Claims

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

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INDIANA MEDICAID *for Providers*

My Home | Eligibility | Claims | Care Management | Resources

Claims > Search Claim

Tuesday 10/03/2023 11:52 AM

- Search Claims
- Submit Claim Dental
- Submit Claim Inst
- Submit Claim Prof
- Search Payment History
- Request FQHC/RHC Wrap Report
- Retrieve FQHC/RHC Wrap Report

Search Claims (menu)

Search Claims

Medical/Dental/I

Either the Paid D ...ired fields when the Claim ID is not entered.

Claim Informa

Member Infor

Member ID | Birth Date
Last Name | First Name

Service Information

Claim Type
Service From | To | Claim Status
Paid Date

Search | Reset

INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION

Search for Multiple Claims

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

Service Information

Claim Type
Service From
To
Claim Status
Paid Date

- 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						$0.00
+		Professional	Finalized Payment						$0.00

Claim Follow-up and Status

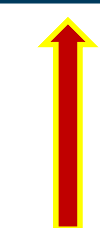
Edit, Copy, Void

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 of 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.
A paid claim cannot be copied and resubmitted – it will deny as a duplicate.



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

What Went Wrong and Why Did the Claim Deny

Denied Claim

Provider called stating claim denied for:

Claim EOB Information

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

Search for the 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

Claim ID

Referral Number | Authorization Number

Add | Cancel

Corrected Claim

Information at the ***Detail*** Level on claim was not entered-causing denial:

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

Information at the ***Detail*** Level corrected – claim now paid!

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 $50.00 *Paid Date Paid Date

Claim Denial

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

Claim denial:

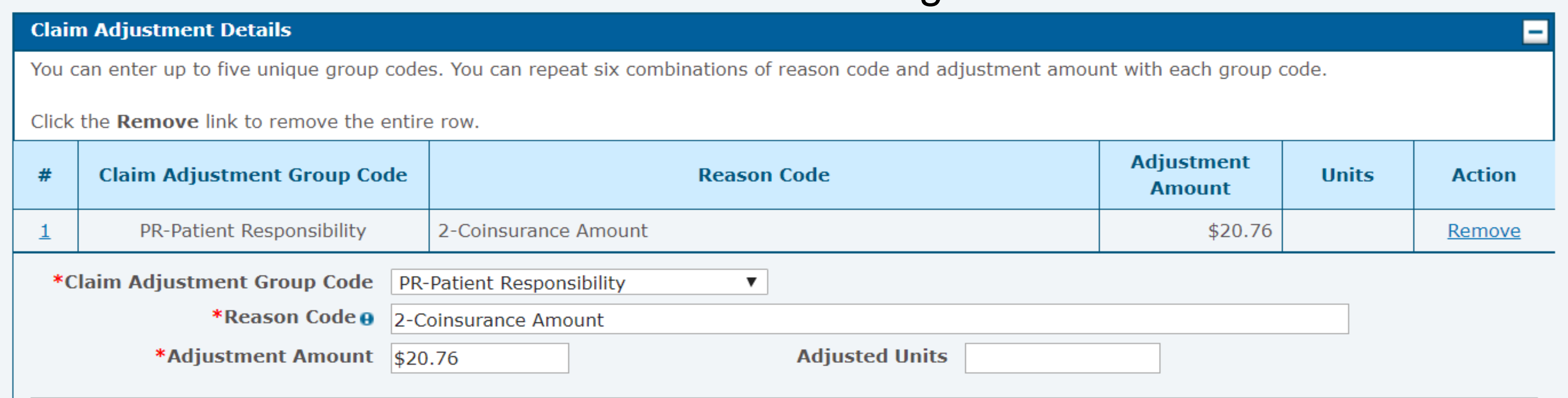
Claim EOB Information

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

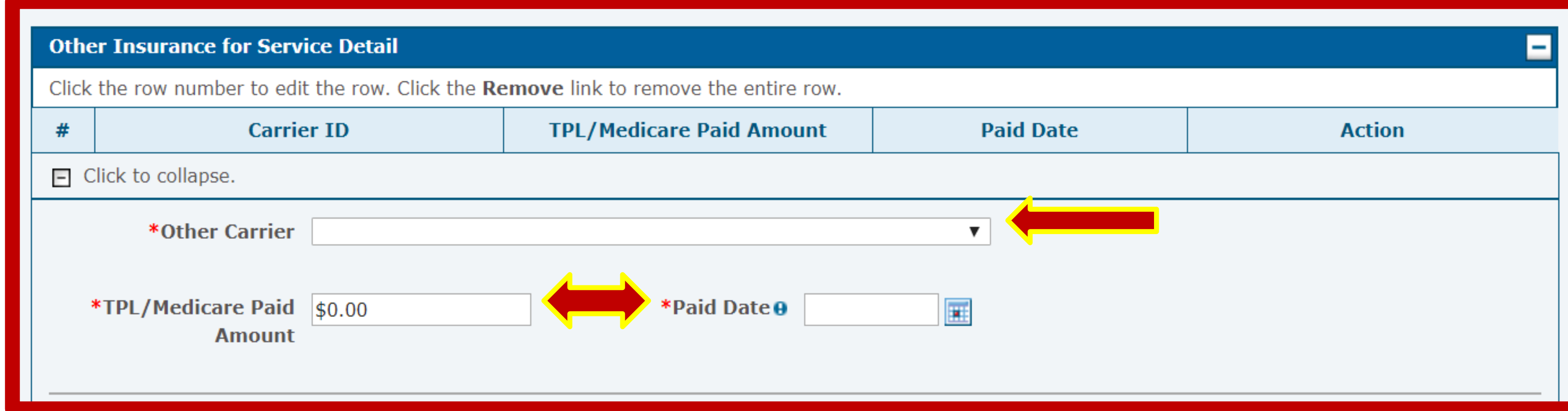
Search for claim using the Member ID and date of service.

Claim Correction

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



Other Carrier and Claim Adjustment information was **not** entered at the ***Detail*** Level for Medicare Advantage Plan for claim above causing claim to deny:



Claim Adjustment Detail

Other Insurance information and Claim Adjustment Details added at the ***Detail*** 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

Click to collapse.

*Claim Adjustment Group Code: PR-Patient Responsibility

*Reason Code: 2-Coinsurance Amount

*Adjustment Amount: 20.76

Adjusted Units:

CLAIM NOW PAID!!

Update Primary Insurance on the IHCP Provider Healthcare Portal

Secure Correspondence Link

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

My Home

Delegate for **Role IDs** Provider - In Network -

User Details

Welcome

- My Profile
- Switch Provider

Provider

Name

Provider ID

- Provider Maintenance

WELCOME HEALTH CARE PROFESSIONAL!

Contact Us

Notify Me

Secure Correspondence

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.

INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION FSSA

Eligibility

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

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

Message Content

Secure Correspondence - Create Message | Back to Message Box

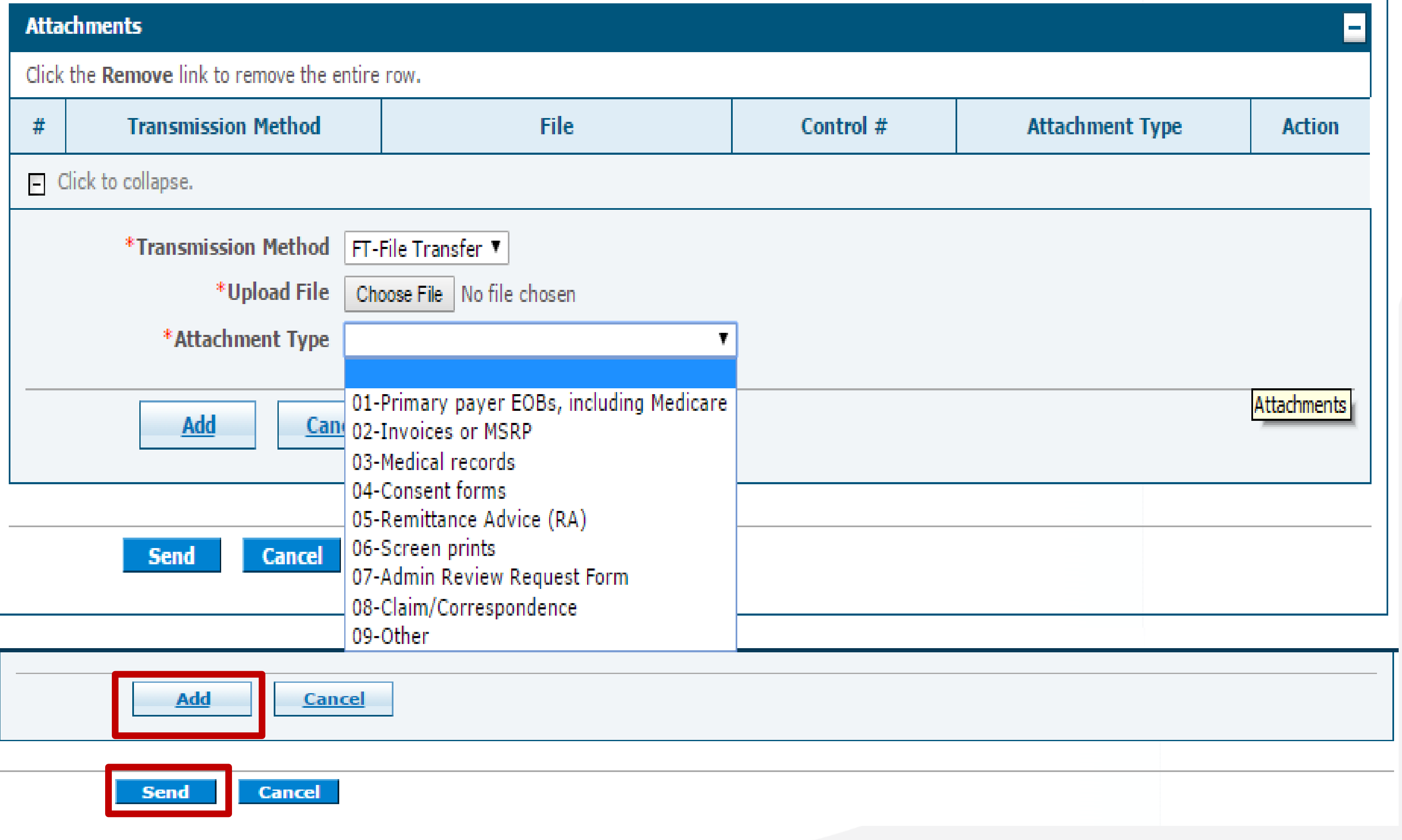
Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence Message - Box

* Indicates a required field.

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

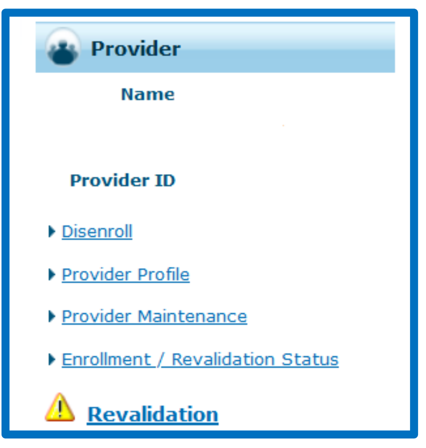
Add any available attachments to support the request.



Helpful Tools

Revalidation Reminders

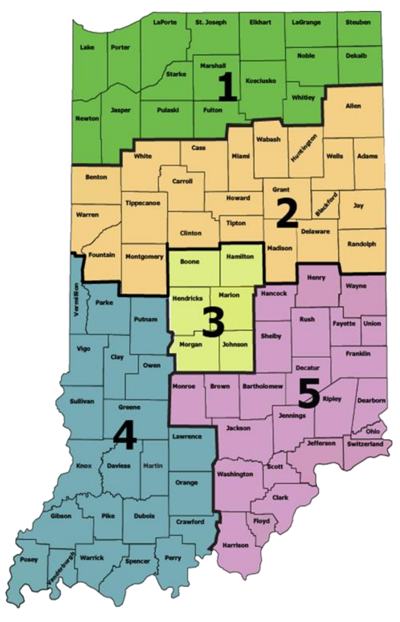
- Notifications with instructions for revalidating are sent to the ***MAIL TO ADDRESS in each service location Provider Profile*** 90 and 60 days in advance of the revalidation due date - that's 30 days ahead of the final deadline date. That extra time is there to make sure providers submit on time because otherwise, the enrollment will be closed.
- The Provider Enrollment Revalidation webpage provides a list of providers with upcoming revalidation due dates.
- Providers will also see a reminder on the home page of their Provider Profile, on the IHCP Provider Healthcare Portal.
  - ***The revalidation reminder is service location specific***



- **Revalidation must be finalized before the revalidation end date.**
- ***Providers that fail to revalidate will be required to re-enroll as new providers.***

Provider Relations Team

Region	Consultant	Email	Telephone	Counties Served
1	Jean Downs	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	Jill Harris	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	Jeannette Curtis	INXIXRegion3@gainwelltechnologies.com	317-488-5324	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Emily Redman	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	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



Provider Assistance

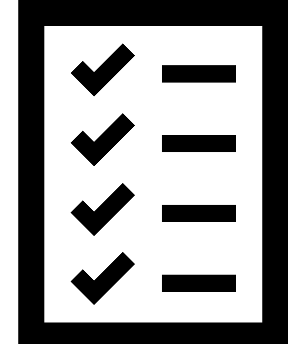
Your Provider Relations Consultant can:

- 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 reference modules

Contact Checklist

Emails and calls should always include:

- Provider NPI and Provider ID.
- Contact name, phone number, and email.
- Exact reason for the email or call:
  - Claim example and exact claim information
  - Member information including the Member Medicaid number
  - Nature of issues
- Include application tracking number (ATN) if related to provider enrollment.
- Any other information to help Provider Relations research prior to returning the email or call.



Email is the preferred method of contact.
If sending protected health information (PHI), send via secure email

Helpful Tools and Resources

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 Portal, click **Secure Correspondence** to submit a request.

Evaluation Survey

WE WANT TO HEAR FROM YOU!!

Log into the [2024 IHCP Works Annual Seminar app website]

Event Evaluation

Incomplete
Tap To Evaluate Now

To complete the Event evaluation, tap the green box

Choose any session's evaluation from the list below the green box (in alphabetical order)

Session evaluations are also available from your agenda:

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Make sure to answer all questions marked required to avoid errors

Please visit the Gainwell table for assistance

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Questions