

Get to Know Your Fee-for-Service Remittance Advice

Indiana Health Coverage Programs
Gainwell Technologies
2024 IHCP Works Annual Seminar



Agenda

- Financial Transactions and Remittance Advice Module
- How to Obtain the Remittance Advice (RA)
- Remittance Advice Format
- Claim Adjustments
- Accounts Receivable (AR)
- Compare Claims on the RA to the IHCP Provider Healthcare Portal
- Test Your Knowledge
- Helpful Tools
- Questions



Financial Transactions and Remittance Advice Module



Financial Transactions and Remittance Advice Module

[INDIANA MEDICAID](#) / [INDIANA MEDICAID FOR PROVIDERS](#) / [PROVIDER REFERENCES](#) / [BULLETINS, BANNER PAGES AND REFERENCE MODULES](#) / [IHCP PROVIDER REFERENCE MODULES](#)

[IHCP Reference Modules](#)

For information about IHCP policies and procedures, including billing guidance, refer to the [IHCP Provider Reference Module](#) appropriate to the topic of interest.

Claims and Billing Procedures Modules

Claim Submission and Processing	July 1, 2024
Claim Adjustments	Jan. 1, 2024
Claim Administrative Review and Appeals	Dec. 1, 2021
Electronic Data Interchange	March 1, 2023
Financial Transactions and Remittance Advice	Dec. 1, 2021

How to Obtain the Remittance Advice (RA)



Remittance Advice for Service Location

[IHCP Provider Portal](#)

Log in to the IHCP Provider Portal to obtain the RA for the *specific service location*.



The screenshot shows the homepage of the Indiana Medicaid for Providers portal. The header includes the FSA logo and the text "INDIANA MEDICAID for Providers". Navigation links for "Contact Us", "FAQs", and "Login" are in the top right. A "Home" breadcrumb is visible. The main content area features a "Login" box with a "User ID" field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". To the right, a section titled "WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?" lists capabilities for healthcare providers and Managed Care Entities. A "Protect Your Privacy!" notice is located at the bottom left of the main content area.

INDIANA MEDICAID for Providers

Contact Us | FAQs | Login

Home

Home

Login ?

*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

Protect Your Privacy!
Always log off and close all of your browser windows

Would you like to enroll as a Provider?

WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?

Through the Indiana Health Coverage Programs (IHCP) secure and easy-to-use internet portal, healthcare providers can:

- Submit claims
- Check on the status of their claims
- Inquire on a patient's eligibility
- View their Remittance Advices

Managed Care Entities can:

- Enroll, disenroll, and update primary medical providers
- Review their encounter claims
- Inquire on a managed care member's eligibility

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

Search Payment History

My Home | Eligibility | **Claims** | Care Management | Resources

My Home

User Details

- Welcome
- ▶ [My Profile](#)
- ▶ [Manage Accounts](#)

Provider

Name

Provider ID

Claims

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


Broadcast Messages

[Contact Us](#)

[Notify Me](#)

[Secure Correspondence](#)

WELCOME HEALTH CARE PROFESSIONAL!



How to Obtain Remittance Advice

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 **Payment ID**

Issue Date *From 03/29/2024 *To 06/27/2024

Search

Reset

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 02/28/2019 *To 05/01/2019






Search Results

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: 14

<u>Issue Date</u> ▼	<u>Payment Method</u>	<u>Payment ID</u>	<u>Total Paid Amount</u>	<u>RA Copy (PDF)</u>
08/14/2024	EFT		\$2,555.89	
08/07/2024	EFT		\$1,469.35	
07/31/2024	EFT		\$4,106.67	
07/26/2024	Check		\$0.00	
07/24/2024	EFT		\$1,115.96	

▲
RA
Date

▲
Payment
Method

▲
Payment
ID

▲
Payment
Amount

▲
PDF
Icon

**ALWAYS download the PDF
to see the complete RA information.**

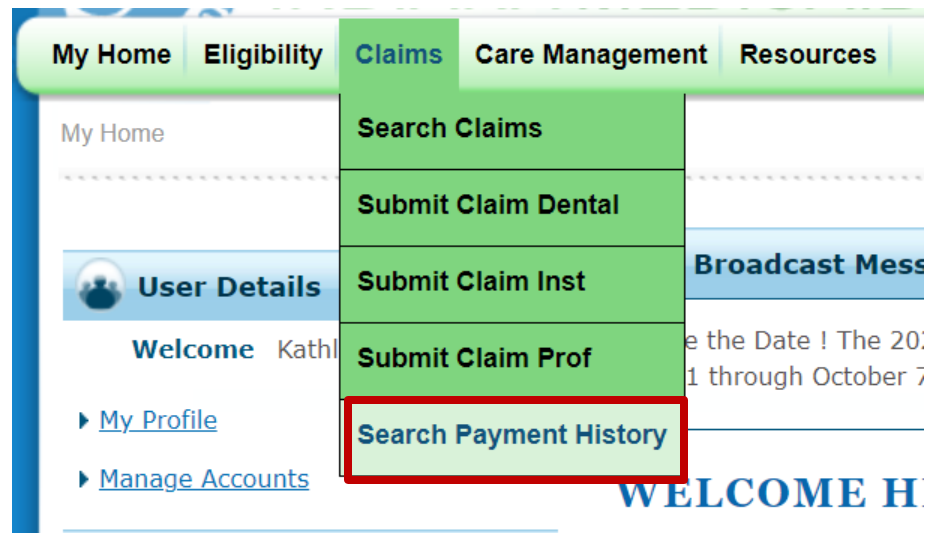


Find the Remittance Advice

Test Your Knowledge

Remittance advice (RA) can be found on the IHCP Provider Portal under:

- a. Claims
- b. Care Management
- c. Resources






Remittance Advice Frequency

Test Your Knowledge

New RAs are available:

- a. Daily
- b. Weekly**
- c. Semi-Monthly

<u>Issue Date</u> ▼
06/26/2024
06/19/2024
06/12/2024
06/05/2024
05/29/2024
05/22/2024

RA Copy (PDF)




Always
download the
PDF to view the
entire RA details.



Remittance Advice Format



Remittance Advice Subsections

The RA is divided into subsections.

1. Medicare Crossover Claims and Professional, Institutional, or Dental Claims
 - Listed under each claim type:
 - a. Claims Paid
 - b. Claims Denied
 - c. Claims in Process
 - d. Claim Adjustments
2. Financial Transactions
3. Accounts Receivable (AR)
4. Summary
5. Explanation of Benefits (EOB) Code Descriptions
6. Adjustment Reason Code (ARC) Descriptions
7. Remark Code Descriptions
8. Service Code Descriptions

Remittance Advice Claim Information

RAs will show the following for all claims:

1. Member Name
2. Member ID
3. Claim ICN (Internal Control Number)/Claim ID
4. Dates of Service
5. Medicare Amounts (when applicable)
6. Billed Amount
7. Copay/Deductible
8. Paid Amount
9. Procedure Codes
10. EOB Codes
11. ARC



Remittance Advice Information

--ICN--		PATIENT NO. MRN		SERVICE DATES FROM TO		MEDICARE AMTS COPAY AMT ALLOWED AMT PSYCH CO-INS PAID AMT DEDUCT CO-INS			BILLED OTH INS AMT	COPAY AMT SPENDDOWN	OUTPAT DED CO-INS CB	PAID AMT
MEMBER NAME:XXXXXXXXX		1		MEMBER NO.:XXXXXXXXXXXX		2						
XXXXXXXXXXXX		3		032621	032621	4	0.00	0.00	0.00	5	220.00	6
							71.60	0.00	0.00		0.00	7
											0.00	8
												11.27
REV CD	PROC CD	MODIFIERS COPAY AMT		SER DT FROM TO SPENDDOWN AMT	RENDERING PROV BILLED AMT	ALLW UNITS ALLOWED AMT	PA NUMBER PAID AMT					
0	99203	9		032621 032621 0.00	220.00	1.00 11.27	11.27					
EOBS	001	9806	9920	9945	10							
ARCS	001	45		137.13	132	71.60						
BILLED AMOUNT		- SUM OF ARCS		= PAID AMOUNT								
220.00		208.73		11.27								11

★ Numbers correspond to information on previous slide



Remittance Advice Transactions

Financial Transactions

REPORT: CRA-TRAN-R
RA#:
PAYER: TXIX

INDIANA CORE MMIS
INDIANA TITLE XIX
PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

DATE:
PAGE: 74

PAYEE ID
NFI
PAYMENT NUMBER 000000000
PAYMENT DATE

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

TRANSACTION NUMBER	PAYOUT AMOUNT	REASON CODE	FIN ARC	SERVICE DATE FROM	SERVICE DATE THRU	RELATED PROVIDER ID
70007925	11,195.09	8300	CS	000000	000000	
TOTAL PAYOUTS:	11,195.09					

Example of non-claim-specific payout:

- Overpayments when a provider submits a check after claims are offset

Examples of non-claim-specific refund:

- AR repayments
- Non-claim refund – this is a refund check with insufficient documentation to apply to a given claim that was received from a provider. A check was applied against a provider's earnings but not to a particular claim.



Remittance Advice Summary

Summary

REPORT: CRA-SUMM-R
 RA#: TXIX
 PAYER: TXIX

INDIANA CORE MMIS
 INDIANA TITLE XIX
 PROVIDER REMITTANCE ADVICE
 SUMMARY

DATE:
 PAGE:

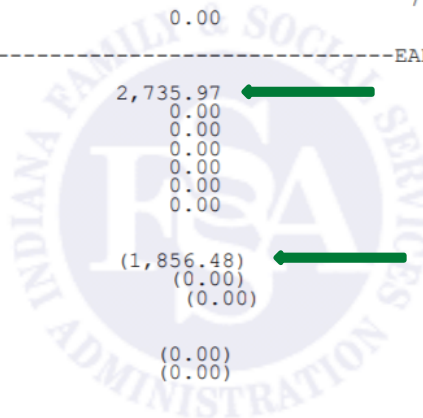
PAYEE ID MCD
 NPI
 PAYMENT NUMBER
 PAYMENT DATE

CLAIMS DATA

	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
★ CLAIMS PAID	13	385.16	30	1,360.94	214	8,064.01
CLAIM ADJUSTMENTS	60	2,350.81	60	2,350.81	63	2,350.81
CLAIM INTEREST		0.00		0.00		0.00
TOTAL CLAIMS PAYMENTS	73	2,735.97	90	3,711.75	277	10,414.82
CLAIMS DENIED	4		7		53	
CLAIMS IN PROCESS	0	0.00				

EARNINGS DATA

★ PAYMENTS:						
CLAIMS PAYMENTS		2,735.97		3,711.75		10,414.82
MANAGED CARE ADMINISTRATIVE PAYMENT*		0.00		0.00		0.00
HOOSIER HEALTHWISE 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
ACCOUNTS RECEIVABLE:						
CLAIM SPECIFIC:						
CURRENT CYCLE		(1,856.48)		(1,856.48)		(1,856.48)
OUTSTANDING FROM PREVIOUS CYCLES		(0.00)		(0.00)		(18.87)
NON-CLAIM SPECIFIC		(0.00)		(0.00)		(0.00)
★ REFUNDS:						
CLAIM SPECIFIC ADJUSTMENT REFUNDS		(0.00)		(0.00)		(0.00)
NON CLAIM SPECIFIC REFUNDS		(0.00)		(0.00)		(0.00)
★ OTHER FINANCIAL:						
MANUAL PAYOUTS		(0.00)		(0.00)		(0.00)
VOIDS		(0.00)		(0.00)		(0.00)
MEMBER CONTRIBUTION (POWER)		(0.00)		(0.00)		(0.00)
★ NET PAYMENT		879.49		1,855.27		8,539.47
★ NET EARNINGS		879.49		1,855.27		8,539.47



Claim Adjustments



Paid Claim Adjustments

ONLY A PAID CLAIM CAN BE ADJUSTED.

Search claims by the Member ID and date of service

- The most recent **PAID** claim must be used
 - ❖ A paid claim can only be adjusted once – if the adjusted claim denies, a new claim will need to be submitted

Claim adjustment must be within **180** calendar days of the ***date of service***

- Exception examples:
 - ❖ Retro eligibility
 - ❖ Retro Prior Authorization or Notice of Action/Service Authorization
 - ❖ Retro provider enrollment
 - ❖ Change in policy/coverage
 - ❖ Primary payment (adjustment must be within 180 days of the date on the primary EOB)
 - ❖ Overpayment
 - ❖ TPL updates

Claim Adjustment Additional Payment

Original Claim ICN

Original Paid Amount

--ICN--	PATIENT NO.	MRN	SERVICE DATES FROM TO	BILLED AMT ALLOWED AMT	OTH INS AMT SPENDDOWN AMT	COPAY AMT CO-INS CB	PAID AMT OUTPAT DED
MEMBER NAME: 20:XXXXXXXXXX			011121 011121	(318.00) (89.76)	(0.00) (0.00)	(0.00) (0.00)	(89.76) (0.00)
MEMBER NO.:							
EOBS	001 9806 9920						
	002 4005 9806 9920						
ARCS	001 45 143.29						
	002 45 84.95						

52 XXXXXXXXXXXX			011121 011121	318.00 95.92	0.00 0.00	0.00 0.00	95.92 0.00
PROC CD	MODIFIERS	SERVICE DATES FROM TO	ALLW UNITS COPAY AMT	RENDERING PROVIDER BILLED AMT	ALLOWED AMT	PA NUMBER PAID AMT	
99203	25	011121 011121	1.00 0.00	220.00	82.87	82.87	
51798		011121 011121	1.00 0.00	98.00	13.05	13.05	
							ADDITIONAL PAYMENT
							6.16

Adjusted Claim ICN

Adjusted Paid Amount

Net Difference
Additional payment



Claim Adjustment Over-Payment

Original Claim ICN

Original Paid Amount

--ICN--	PATIENT NO.	MRN	SERVICE DATES FROM TO	BILLED AMT ALLOWED AMT	OTH INS AMT SPENDDOWN AMT	COPAY AMT CO-INS CB	PAID AMT OUTPAT DED
MEMBER NAME: 52 XXXXX	818668		121020 121020	(109.00) (36.50)	(0.00) (0.00)	(0.00) (0.00)	(36.50) (0.00)
MEMBER NO.:							
EOBS 001	9806	9918					
002	9806	9920					
ARCS 001	45		45.11				
002	45		27.39				
56XXXXX	818668		121020 121020	109.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00
PROC CD	MODIFIERS	SERVICE DATES FROM TO	ALLW UNITS	RENDERING PROVIDER BILLED AMT	ALLOWED AMT	PA NUMBER PAID AMT	
90714	GY	121020 121020	1.00	64.00	0.00	0.00	
90471	GY	121020 121020	1.00	45.00	0.00	0.00	
OVERPAYMENT TO BE WITHHELD							36.50

Adjusted Claim ICN

Adjusted Paid Amount

Net Difference

Overpayment to be Withheld



Accounts Receivable (AR)



Adjusted Claim

Every adjusted claim will appear in the AR section.

Even when there is no actual take back:

- The net difference is -0-
- The net difference is a payment

Actual recoupments may establish an outstanding AR balance to be recouped on future remits:

- If there are not enough paid claims to offset the outstanding balance.
- Offsets are not applied to any specific claim on future remit.

Accounts Receivable Information

AR Information:

1. AR number
 - Number auto-assigned to each individual claim
2. AR set-up date
 - Date AR was established
3. Original amount
 - Amount to be recouped
4. Recoupment amount to date
 - Amount that has been withheld
5. **Balance**
 - Amount that will appear on future RA if there is a remaining balance
6. Adjustment ICN
 - New ICN assigned when claim is adjusted
7. Previous ICN
 - Original ICN of claim that is being adjusted
 - Search for claim on the IHCP Portal to identify the member
8. Amount recouped in current cycle
 - Amount withheld on current remit



Accounts Receivable Claims

1 A/R NUMBER	2 SETUP DATE	3 ORIGINAL AMOUNT	4 RECOUPMENT AMOUNT TO DATE	5 BALANCE	REASON FIN CODE	ARC	MEMBER NAME	MEMBER NO.	6 ADJUSTMENT --ICN--	7 PREVIOUS --ICN--	8 AMOUNT RECOUPED IN CURRENT CYCLE
041621		88.48	88.48	0.00	8400	CS			52	20	88.48
041621		89.76	89.76	0.00	8400	CS			52 XXXXX	20: XXXXX	89.76
041621		51.99	51.99	0.00	8400	CS			52	20	51.99
041621		61.26	61.26	0.00	8400	CS			52	20	61.26
041621		86.15	86.15	0.00	8400	CS			52	20	86.15
041621		78.96	78.96	0.00	8400	CS			52	20	78.96
041621		0.45	0.45	0.00	8400	CS			52	20	0.45
041621		14.17	14.17	0.00	8400	CS			52	20	14.17
041621		61.26	61.26	0.00	8400	CS			52	20	61.26
041621		61.26	61.26	0.00	8400	CS			52	20	61.26
041621		2.32	2.32	0.00	8400	CS			52	20	2.32
041621		76.88	76.88	0.00	8400	CS			52	20	76.88
TOTAL RECOUPMENT			1,856.48						1,856.48		

★ Same claim from previous adjustment example

--ICN--	PATIENT NO.	MRN	SERVICE DATES FROM TO	BILLED AMT ALLOWED AMT	OTH INS AMT SPENDDOWN AMT	COPAY AMT CO-INS CB	PAID AMT OUTPAT DED
MEMBER NAME: 20:XXXXXXXXXX			011121 011121	(318.00) (89.76)	(0.00) (0.00)	(0.00) (0.00)	(89.76) (0.00)

★ Looks like it recouped \$89.76 – it actually paid an additional \$6.16

Numbers refer to the information on the previous slide.



Compare Claims on the RA to the IHCP Provider Portal



Compare the Information

The claim on the RA

```

--ICN--      PATIENT NO.      MRN      SERVICE DATES      BILLED      OTH INS      SPENDDOWN
            FROM      TO      FROM      TO      AMOUNT      AMOUNT      AMOUNT
MEMBER NAME:      MEMBER NO.:
            050624 051224      542.25      0.00      0.00

PROC CD  MODIFIERS  ALLW UNITS  SERVICE DATES  PA NUMBER
S5151  U7 U5      0.00      FROM      TO      RENDERING PROVIDER  BILLED AMT
            050624 051224  MCD
            542.25

EOBS    001    0951    4021  4801  9806
ARCS    001    204    542.25
REMARKS 001    N473  N30    N130
    
```

The EOB code on the IHCP Provider Portal indicates the denial.

Claim EOB Information			
Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Deny	0951	MATCHING EVV DATA NOT FOUND.
Svc # 1	Pay	0958	Suspend 7 days-matching EVV data not found

Be sure to review the EOB codes.



Claim Information

The claim on the RA

MEMBER NAME:	MEMBER NO.:	BILLED AMOUNT	OTH INS AMOUNT	SPENDDOWN AMOUNT
1	050624 051424	6,872.00	0.00	0.00

PROC CD	MODIFIERS	ALLW UNITS	SERVICE DATES FROM TO	RENDERING PROVIDER	PA NUMBER BILLED AMT
S5125	U7 UA	0.00	050624 051424	MCD	6,872.00
EOBS	001 4021 4033	4405	4801 9806		
REMARKS	001 N30 N519 N130				

The EOB code on the IHCP Provider Portal indicates the denial

Claim EOB Information			
Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Deny	4021	PROCEDURE CODE IS NOT COVERED FOR THE DATES OF SERVICE FOR THE PROGRAM BILLED. PLEASE VERIFY AND RESUBMIT.
Svc # 1	Deny	4033	THE MODIFIER USED IS NOT COMPATIBLE WITH THE PROCEDURE CODE BILLED. PLEASE VERIFY AND RESUBMIT.
Svc # 1	Deny	4405	Missing Family/Attendant Caregiver name and relationship to member
Svc # 1	Deny	4801	Procedure code not covered for benefit plan.
Svc # 1	Pay	9806	PRICING ADJUSTMENT - PAYMENT REDUCED DUE TO BENEFIT PLAN LIMITATIONS.

Review the EOB Codes

The claim on the RA

MEMBER NAME:	MEMBER NO.:	MEMBER NO.:	MEMBER NO.:	MEMBER NO.:	MEMBER NO.:	MEMBER NO.:	MEMBER NO.:	MEMBER NO.:	MEMBER NO.:	
070724 070724	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
68.01	0.00	0.00	17.35	328.76	0.00	0.00	0.00	0.00	0.00	
REV CD	PROC CD	MODIFIERS	SERVICE DATES FROM TO	ALLW UNITS	RENDERING PROV BILLED AMT	PA NUMBER SPENDDOWN	RENDERING PROV BILLED AMT	PA NUMBER SPENDDOWN	RENDERING PROV BILLED AMT	PA NUMBER SPENDDOWN
0	E0431	RR	070724 070724	0.00	MCD 109.59	0.00	MCD 109.59	0.00	MCD 109.59	0.00
0	E1390	RR	070724 070724	0.00	MCD 219.17	0.00	MCD 219.17	0.00	MCD 219.17	0.00
EOBS	001	2017								
	002	2017								
ARCS	001	24	109.59							
	002	24	219.17							

The EOB code on the IHCP Provider Portal indicates the denial

Service Details							
#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Copay Amount	Units
1	07/07/2024	07/07/2024	12-Home	E0431-PORTABLE GASEOUS 02	\$109.59		1.00 Unit
2	07/07/2024	07/07/2024	12-Home	E1390-OXYGEN CONCENTRATOR	\$219.17		1.00 Unit

Claim EOB Information			
Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Deny	2017	THE MEMBER IS ENROLLED IN RISK BASED MANAGED CARE. PLEASE SUBMIT TO APPROPRIATE RISK BASED MANAGED CARE PROCESSOR..
Svc # 2	Deny	2017	THE MEMBER IS ENROLLED IN RISK BASED MANAGED CARE. PLEASE SUBMIT TO APPROPRIATE RISK BASED MANAGED CARE PROCESSOR..

Paid Claim

The claim on the RA

REPORT:		INDIANA CORE MMIS						DATE: 07/22/2022	
RA#:		INDIANA TITLE XIX						PAGE: 3	
PAYER:		PROVIDER REMITTANCE ADVICE							
MEDICARE CROSSOVER PROFESSIONAL SERVICE CLAIMS PAID									
PAYEE ID									
NPI									
PAYMENT NUMBER									
PAYMENT DATE									
--ICN--	PATIENT NO. MRN	SERVICE DATES FROM TO	M E D I C A R E A M T S- COPAY AMT PAID AMT	ALLOWED AMT DEDUCT	PSYCH CO-INS CO-INS	BILLED OTH INS AMT	COPAY AMT SPENDDOWN	OUTPAT DED CO-INS CB	PAID AMT
MEMBER NAME:			MEMBER NO.:						
		041222 041222	0.00	0.00	0.00	151.00	0.00	0.00	0.00
			54.62	0.00	0.00	0.00	0.00	0.00	
REV CD	PROC CD	MODIFIERS COPAY AMT	SER DT FROM TO SPENDDOWN AMT	RENDERING PROV BILLED AMT	ALLW UNITS ALLOWED AMT	PA NUMBER PAID AMT			
0	99238	0.00	041222 041222 0.00	151.00	1.00 0.00	0.00			
EOBS	001	9013	9806 9920						
ARCS	001	23	52.39 45	98.61					
BILLED AMOUNT - SUM OF ARCS			= PAID AMOUNT						
151.00			151.00			0.00			

The EOB code on the IHCP Provider Portal.

Claim EOB Information			
Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Pay	9013	MEDICAID PAYMENT IS ZERO DUE TO THE MEDICARE PAYMENT AMOUNT EXCEEDING OR EQUALING THE MEDICAID ALLOWABLE AMOUNT
Svc # 1	Pay	9806	PRICING ADJUSTMENT - PAYMENT REDUCED DUE TO BENEFIT PLAN LIMITATIONS.
Svc # 1	Pay	9920	PRICING ADJUSTMENT - RESOURCE BASED RELATIVE VALUE SCALE (RBRVS) PRICING APPLIED.

Test Your Knowledge



Retrieving the RA

The RAs for multiple service locations can be obtained by logging in to one location on the IHCP Provider Portal.

True

False

The RA must be retrieved from each service location.

Zero Pay RA

An RA that is a -0- pay does not need to be reviewed.

True

False

All RAs should be reviewed.

A -0- pay remit may have paid claims.

Vendor RA

My remits are sent by a vendor – do I still need to review the RA on the IHCP Provider Portal?

Yes No

Verify adjustments; they may not appear on the RA from the vendor.

AR on the RA

An AR will always only appear on one RA.

True

False

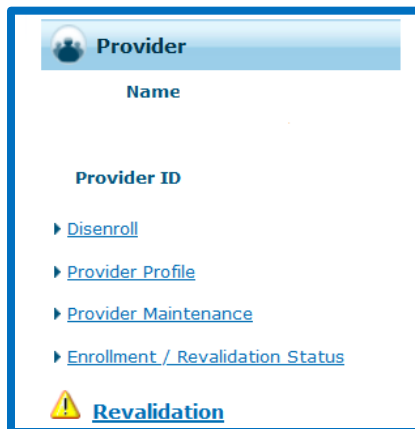
If there is a remaining balance, the open AR will appear on future RAs.

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**

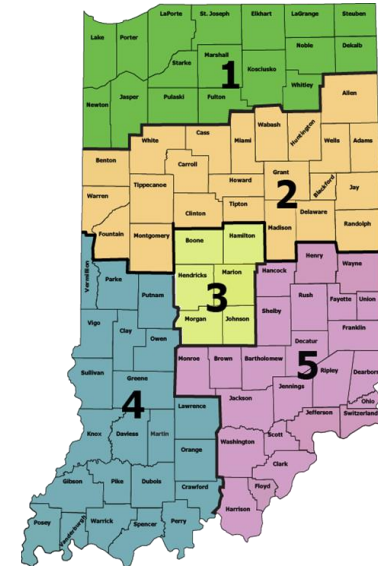


- **Revalidation must be finalized before the revalidation end date.**
- ***Providers that fail to revalidate will be required to re-enroll as new providers.***



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

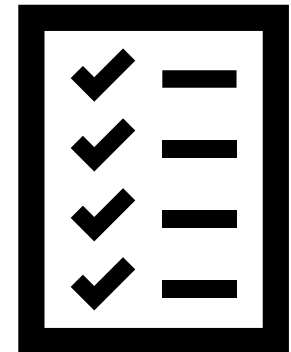
Your Provider Relations Consultant can:

- Assist you with complex claim denial issues
- Provide free IHCP Provider Portal training
- Assist you with the enrollment or revalidation process
- Assist you in understanding member eligibility
- Conduct 1:1 virtual or in-person on-site training and provider workshops
- Help you in navigating the IHCP provider website/modules

Contact Checklist

Emails and calls should always include:

- Provider NPI and Provider ID.
- Contact name, phone number and e-mail.
- 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:

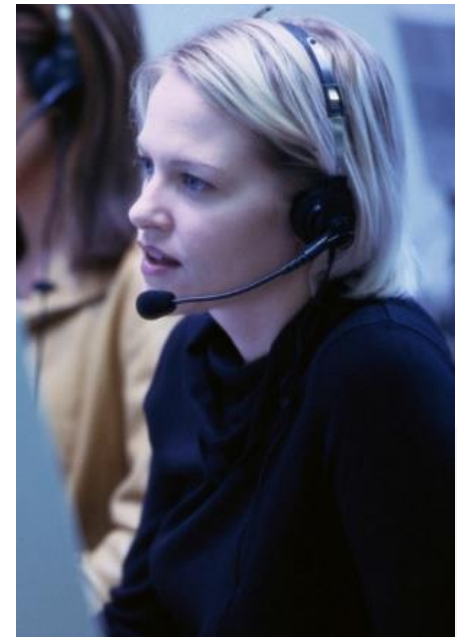
- Provider References > [IHCP Provider Reference Modules](#)
- Contact Information > Provider Relations Consultants

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

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Please visit the Gainwell table for assistance



Questions

