

IHCP Resources and Website Navigation

Indiana Health Coverage Programs
Gainwell Technologies
2024 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 one 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



IHCP Website Home Page

Google “Indiana Medicaid” to find the homepage for the IHCP website [Indiana Medicaid Homepage](#)

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.

- [Cost-Share Restart begins July 1, for HIP, CHIP and MEDWorks members. Learn more here.](#)
- [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.



IHCP Member Website

IHCP website: [Medicaid for Members](#)



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.

[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? [Check/Update your Case Status](#)

[See if I Qualify](#)

[Get Coverage](#)

[FAQs](#)

[Contact Us](#)



Additional Provider Portals

IHCP website: [Medicaid for Providers](#)



IMPORTANT NOTICE:

The Indiana Health Coverage Programs is currently undergoing a period of high provider enrollment revalidation activity. Providers are strongly encouraged to take immediate action upon request for revalidation to minimize risk of disruption to their enrollment. For more information, providers should [visit the "Provider Enrollment Revalidation" webpage](#).

IHCP 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 Portal Log-In



Additional Provider Portals



IHCP Provider Healthcare Portal

[IHCP Provider Healthcare Portal](#)

IHCP Provider Healthcare Portal

- Apply to become an IHCP provider or update information.
- Verify member eligibility.
- Submit FFS, nonpharmacy claims to Gainwell information.
- Submit Presumptive Eligibility (PE) applications
- Submit Notifications of Pregnancy (NOPs) for
- Perform Right Choices Program (RCP) primary



The screenshot shows the Indiana Medicaid for Providers website. At the top, there is a logo for Indiana Medicaid and the text "INDIANA MEDICAID for Providers". Below the logo, there are links for "Home", "Contact Us | FAQs | Login", and a date/time stamp "Thursday 09/26/2024 03:28 PM". The main content area is titled "WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?" and lists several actions: "Submit claims", "Check on the status of their claims", "Inquire on a patient's eligibility", and "View their Remittance Advices". Below this, there is a section for "Managed Care Entities" with links for "Enroll, disenroll, and update primary medical providers", "Review their encounter claims", and "Inquire on a managed care member's eligibility". At the bottom, there is a section for "Protect Your Privacy!" with a link for "Provider Enrollment".

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 [Provider Healthcare Portal](#) page for more information.

Acentra Health Atrezzo Provider Portal

[Acentra Health Atrezzo Provider Portal](#)

- Submit, view and update FFS nonpharmacy pr

See the [Prior Authorization](#) page and Acentra He
more information.

*(Note: Due to Kepro merging with CNSI, Kepro
Acentra Health.)*

Acentra Health Atrezzo Pr

Acentra
HEALTH

LOGIN OPTIONS

Acentra Health Employees

Use this login button if you have a
Acentra Health domain account.

LOGIN

Remember Me

Customer/Provider

Use this login button if you are a
customer or provider user.

LOGIN WITH PHONE

LOGIN WITH EMAIL

Remember Me

If you don't already have a Acentra Health account, you can [register here](#).

If this is your first login with multi-factor authentication, [click here](#) to complete
your registration.

Having trouble logging in? [Click here](#).

Atrezzo Help



Sandata Portal

[Sandata Portal](#)

Sandata Portal

- Perform electronic visit verification (EVV) functions for personal health services.

See the [Electronic Visit Verification](#) page and the [Sandata website](#) for more information. Providers can also use the [Sandata Zendesk](#) for e information.

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

Sandata
Get more right from the start

* Indicates required field

AGENCY

STX

USERNAME *

Enter Username

PASSWORD *

Enter Password

REMEMBER ME

LOGIN

FORGOT PASSWORD?



Verida Provider Portal

[Verida Provider Portal](#)

Verida Provider Portal

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

** Excludes NEMT services that are exempt from the NEMT cap, including – for dates of service on or after July 1, 2024 – and basic life support (BLS) nonemergency ambulance NEMT for nursing facility residents.*

See the [Nonemergency Medical Transportation](#) page and [Transportation Providers](#) 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: [Verida Facility Portal](#) and [Verida Member Portal](#).)



DASHBOARD LOGIN

User Name:

Password:

remember me next time

 LOG IN

 RETRIEVE MY PASSWORD

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Optum Rx Portal

[Optum RX Portal](#)

Optum Rx Portal

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

For information about registering for and logging into the portal Login quick link on the [Optum Rx Indiana Medicaid website](#).

See the [Pharmacy Benefits](#) page for more information.

Sign In

One Healthcare ID or Email Address

[Forgot One Healthcare ID?](#)

Continue

or

Create One Healthcare ID

Manage My One Healthcare ID

 [Chat with support](#)

 [Help Center](#)



News



IHCP 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 & Events

There are no calendar entries at this time.

[Click Here To View More News And Events](#)



Bulletins



Banner Pages



Provider Enrollment

IN.gov An official website of the Indiana State Government Accessibility Settings Language Translation Governor Eric J. Holcomb

INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION **INDIANA MEDICAID for Providers** Search Providers

Provider Enrollment Provider References Provider Education Business Transactions Clinical Services About IHCP Programs Contact Information

Become a Provider

IHCP Provider Enrollment Transactions

Complete an IHCP Provider Enrollment Application

Maintaining Your IHCP Provider Enrollment

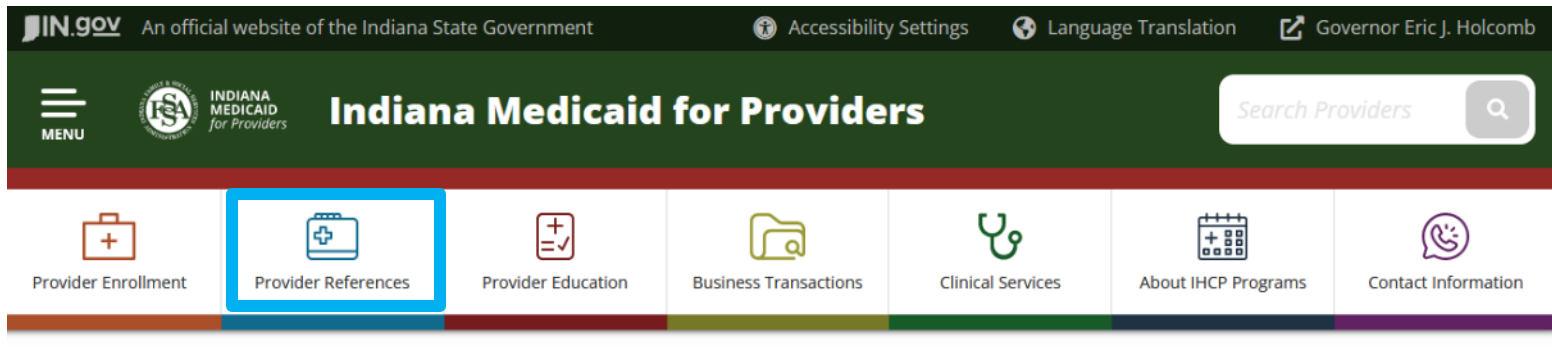
Family Member/Associate Transportation Providers

Ordering, Prescribing or Referring Providers

Enrolling as a Managed Care Program Provider



Provider References



Bulletins, Banner Pages and Reference Modules 

Current News

Code Sets

Email Notifications

Forms 

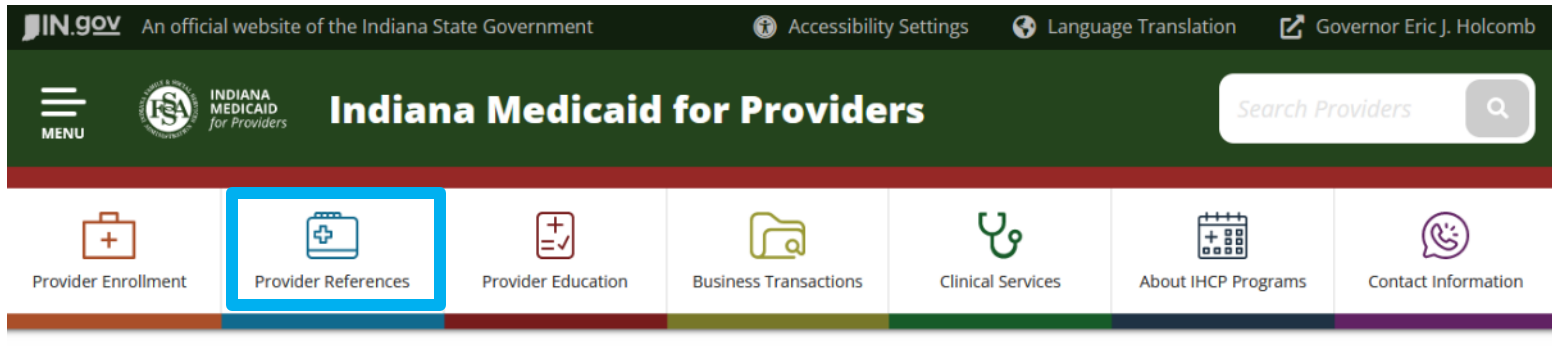
IHCP Provider Locator

OPR Provider Verification

Other Provider Resources



Reference Search



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.

A screenshot of the Provider Reference Search interface. It features a large red search input field with a white border. To the right of the input field is a dark green button with white text that reads 'Search Provider References'. Below the input field, there is a section labeled 'Include in search results:' followed by three checked checkboxes: 'Banner Pages', 'Bulletins', and '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 [IHCP Bulletin Archive](#), [IHCP Banner Page Archive](#) and [IHCP Newsletter Archive](#) pages.

Enter a keyword, subject or phrase.

- Check Banners, Bulletins, and Modules to search all resources.

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.

[View Reference Modules](#)

General Information Modules

[Introduction to the IHCP](#)

[Interactive Voice Response System](#)

[Prior Authorization](#)

[Provider and Member Utilization Review](#)

[Provider Enrollment](#)

[Provider Healthcare Portal](#)

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](#)

Eligibility and Benefits Modules

[Member Eligibility and Benefit Coverage](#)

[Presumptive Eligibility](#)

[Right Choices Program](#)



Provider Specific 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.

[View Reference Modules](#)

Service- and Provider-Specific Modules

[Anesthesia Services](#)

[Behavioral Health Services](#)

[Chiropractic Services](#)

[Clinical Trials](#)

[Dental Services](#)

[Diabetes Self-Management Training Services](#)

[Durable and Home Medical Equipment and Supplies](#)

[Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\)/HealthWatch Services](#)

[Emergency Services](#)

[Evaluation and Management Services](#)

[Family Planning Services](#)

[Federally Qualified Health Centers and Rural Health Clinics](#)

[Genetic Testing](#)

[Hearing Services](#)

[Hearing Services](#)

[Home- and Community-Based Services Billing Guidelines](#)

[Home Health Services](#)

[Hospice Services](#)

[Hospital Assessment Fee](#)

[Injections, Vaccines and Other Physician-Administered Drugs](#)

[Inpatient Hospital Services](#)

[Laboratory Services](#)

[Long-Term Care](#)

[Medical Practitioner Reimbursement](#)

[Obstetrical and Gynecological Services](#)

[Oncology Services](#)

[Out-of-State Providers](#)

[Outpatient Facility Services](#)

[Pharmacy Services](#)



Program Specific 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.

[View Reference Modules](#)

[Podiatry Services](#)

[Radiology Services](#)

[Renal Dialysis Services](#)

[School Corporation Services](#)

[Surgical Services](#)

[Telehealth and Virtual Services](#)

[Therapy Services](#)

[Transportation Services](#)

[Vision Services](#)

[590 Program](#)

[Family Planning Eligibility Program](#)

[Healthy Indiana Plan](#)

[Medicaid Rehabilitation Option Services](#)



Home and Community Based Services Modules

Program-Specific Modules – Home- and Community-Based Services

[Division of Mental Health and Addiction](#)
[Adult Mental Health Habilitation Services](#)

[Division of Mental Health and Addiction](#)
[Behavioral and Primary Healthcare Coordination Service](#)

[Division of Mental Health and Addiction](#)
[Child Mental Health Wraparound Services](#)

[Division of Disability and Rehabilitative Services](#)
[Home- and Community-Based Services Waivers](#)
(Community Integration and Habilitation, Family Supports, Health and Wellness, Traumatic Brain Injury)

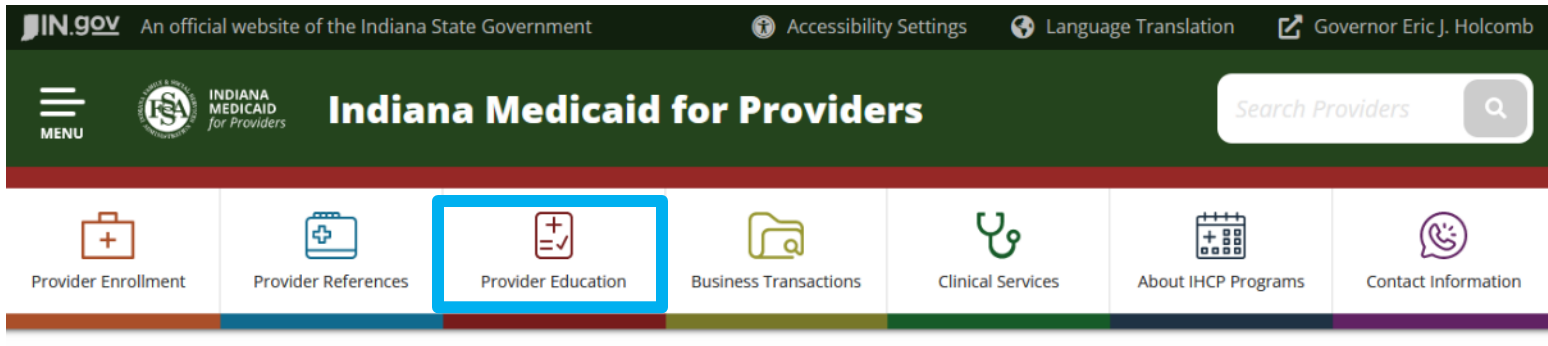
[Office of Medicaid Policy and Planning](#)
[Home- and Community-Based Services Waiver: Indiana PathWays for Aging](#)



Forms

- [340B Program](#)
- [590 Program](#)
- [Claim-Related Forms \(Nonpharmacy\)](#)
- [Claim Adjustment Forms \(Nonpharmacy\)](#)
- [Financial Forms](#)
- [Hospice Forms](#)
- [Hospital Forms](#)
- [Long-Term Care \(LTC\) Forms](#)
- Managed Care Program Forms
 - [Hoosier Care Connect Forms](#)
 - [Healthy Indiana Plan \(HIP\) Forms](#)
 - [Hoosier Healthwise Forms](#)
 - [Indiana PathWays for Aging Forms](#)
- [Medicaid Behavioral/Physical Health Coordination](#)
- [Medical Clearance Forms and Certifications of Medical Necessity](#)
- [Pharmacy Forms](#)
- [Prior Authorization \(Nonpharmacy\)](#)
- [Provider Correspondence Forms](#)
- [Provider Enrollment Forms](#)
- [Self-Disclosure of Provider Overpayments](#)
- [Third-Party Liability \(TPL\) Forms](#)

Provider Education



Provider Education Opportunities

2024 IHCP Works

IHCP Live



IHCP Quick Hits

Program Integrity Provider Education Training

IHCP Provider Healthcare Portal Training

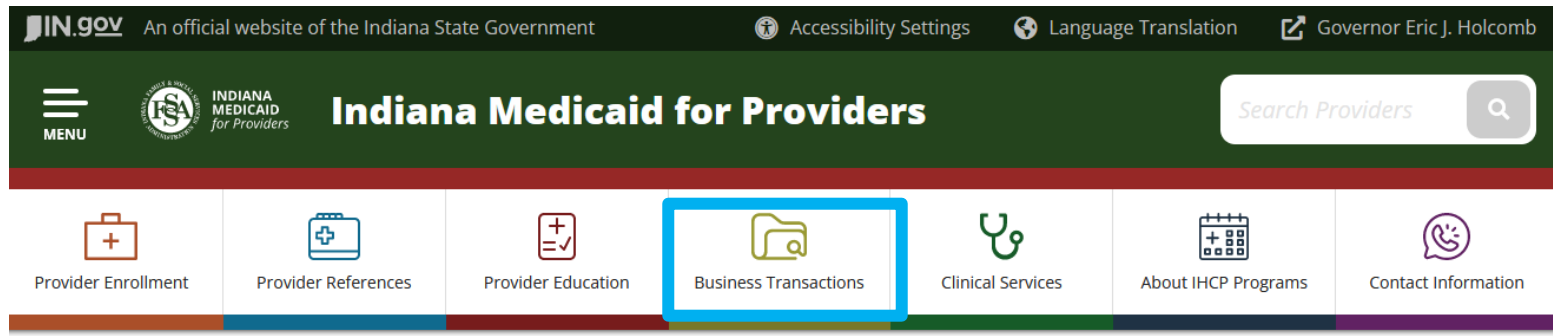
PE Qualified Provider Training

Electronic Visit Verification Training

Archived Workshop Presentations



Billing and Remittance



Portal Links for Providers

[IHCP Provider Healthcare Portal](#)

[Eligibility Verification](#)

[Presumptive Eligibility \(PE\)](#)

[Electronic Visit Verification](#)

[Electronic Data Interchange \(EDI\) Solutions](#)

[Billing and Remittance](#) ←

[Program Integrity](#)

[Health Insurance Portability and Accountability Act \(HIPAA\)](#)

- [Code Sets](#)
- [IHCP Fee Schedules](#)
- [Long-Term Care Durable Medical Equipment \(DME\) Per Diem Table](#)
- [Diagnosis-Related Group \(DRG\) Inpatient Reimbursement](#)
- [Explanation of Benefits \(EOB\)](#)
- [Best Practices for Claim Submission](#)
- [Claim Administrative Review and Appeal](#)



Clinical Services

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MENU INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION **Indiana Medicaid for Providers** Search Providers

Provider Enrollment Provider References Provider Education Business Transactions **Clinical Services** About IHCP Programs Contact Information

- Medical Review Team (MRT)
- Prior Authorization
- Preadmission Screening and Resident Review (PASRR)
- Long-Term Care
- Hospice
- Medicaid Rehabilitation Option (MRO)
- Substance Use Disorder (SUD)/Serious Mental Illness (SMI) Treatment
- Nonemergency Medical Transportation
- Notification of Pregnancy (NOP)
- Pharmacy Benefits ←
- Preferred Diabetes Supply List (PDSL)
- Right Choices Program (RCP)



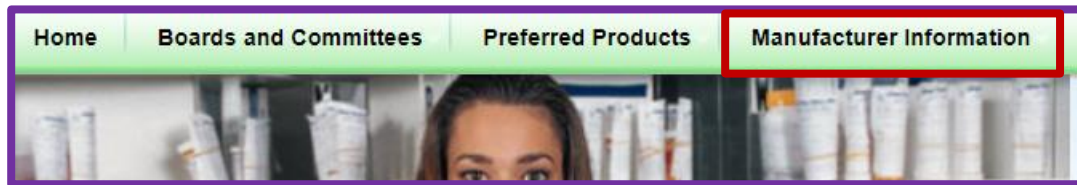
Fee for Service Pharmacy Benefits

[Pharmacy Services](#)



Fee-for-Service Programs:

- [OptumRx](#)



Search our records

Enter a search term in the field below, select a search type and click on the "Search" button
The search will match any of the database fields with your search term.

NDC Code



Search

Clear

Search by Labeler Code (5 digit), NDC Code (11 digit) or Labeler Name (alpha)

Search our records

Enter a search term in the field below, select a search type and click on the "Search" button
The search will match any of the database fields with your search term.

Labeler Records



Search

Clear

Search by Labeler Code (5 digit), NDC Code (11 digit) or Labeler Name (alpha)

IHCP Programs

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INDIANA MEDICAID for Providers Search Providers

Provider Enrollment Provider References Provider Education Business Transactions Clinical Services **About IHCP Programs** Contact Information

IHCP Programs and Services

Traditional Medicaid

Healthy Indiana Plan

Hoosier Care Connect

Hoosier Healthwise

Indiana PathWays for Aging

Program for All-Inclusive Care to the Elderly (PACE)

Medicaid Rehabilitation Option (MRO)

Home- and Community-Based Services (HCBS)

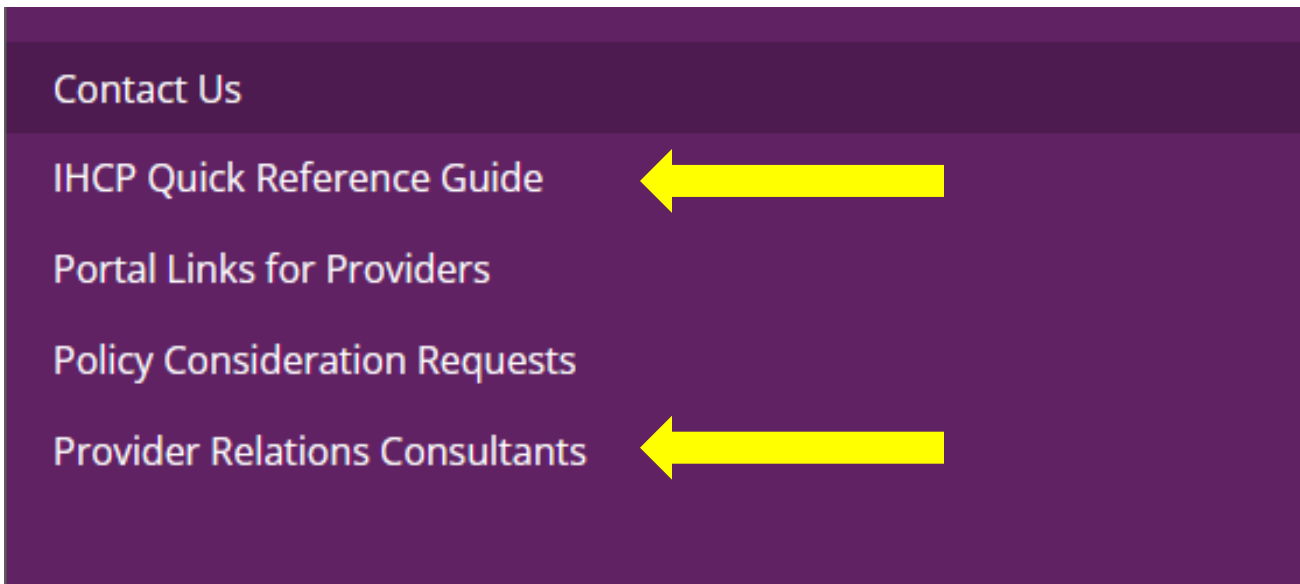
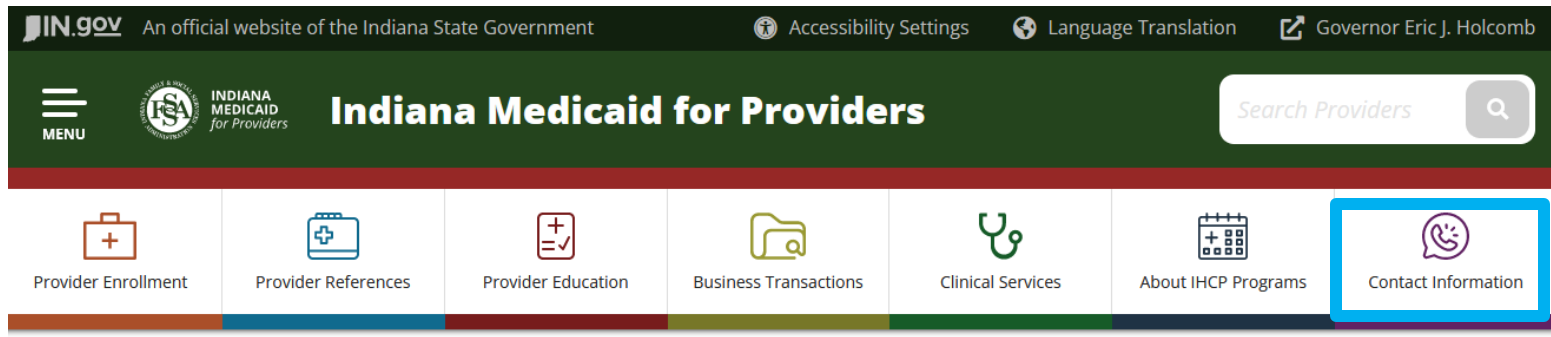
Family Planning Eligibility Program

590 Program

Medicare Savings Programs



Contact Information



Let's first 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.gov/medicaid	Provider Enrollment IHCP Provider Enrollment PO Box 50443 Indianapolis, IN 46250-0418 800-457-4584 <i>IHCP Provider Healthcare Portal</i> portal.indianamedicaid.com	Third-Party Liability (TPL) IHCP Third-Party Liability PO Box 50441 Indianapolis, IN 46250-0418 800-457-4584 Fax: 866-667-6579 INXIXTPLRequests@gainwelltechnologies.com <i>TPL Casualty</i> INXIXTPLCasualty@gainwelltechnologies.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 <i>IHCP Provider and Member Concerns Line</i> 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
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Fee-for-Service (FFS), Including Traditional Medicaid, Waiver, 590 Program and Other FFS Coverage

FFS Information <i>(Other than for Pharmacy and Nonemergency Medical Transportation [NEMT])</i>	FFS Prior Authorization and Utilization Management (PA-UM) Contractor <i>PA Submission by Mail, Phone, Fax and Portal</i> For Medical, Dental and Substance Use Disorder (SUD): Acentra Health – Prior Authorization 6802 Paragon Place, Suite 440 Richmond, VA 23230 866-725-9991 Fax: 800-261-2774 Atrezzo Provider Portal: atrezzo.acentra.com <i>Disenrollment From Hoosier Healthwise for FFS Hospice</i> 866-725-9991 Fax: 800-922-9805	FFS Electronic Transactions <i>Electronic Data Interchange</i> INXIXTradingPartner@gainwelltechnologies.com 800-457-4584 <i>Paper Attachments for Electronic Claims</i> Gainwell – Claim Attachments PO Box 50440 Indianapolis, IN 46250-0440 <i>IHCP Provider Healthcare Portal</i> portal.indianamedicaid.com <i>IHCP Portal Help Desk – Technical Assistance</i> INXIXElectronicSolution@gainwelltechnologies.com 800-457-4584 <i>Atrezzo Provider Portal (for PA-UM)</i> atrezzo.acentra.com	FFS Paper Claim Submission <i>Professional (Excluding Crossover)</i> Gainwell – CMS-1500 Claims PO Box 50447 Indianapolis, IN 46250-0418 <i>Professional Crossover</i> Gainwell – CMS-1500 Crossover Claims PO Box 50445 Indianapolis, IN 46250-0418 <i>Institutional (Inpatient Hospital, Home Health, Hospice, Long-Term Care, Outpatient Facility – Including Crossover)</i> Gainwell – UB-04 Claims PO Box 50448 Indianapolis, IN 46250-0418 <i>Dental</i> Gainwell – Dental Claims PO Box 50446 Indianapolis, IN 46250-0418	FFS Adjustment Forms (No Refund Checks) Gainwell – Adjustments PO Box 50444 Indianapolis, IN 46250-0420 FFS Refunds Gainwell – Refunds PO Box 2303, Dept. 130 Indianapolis, IN 46206-2303 Uncashed FFS Check Returns Gainwell – Finance PO Box 50458 Indianapolis, IN 46250-0418	Form Requests Gainwell – Written Correspondence PO Box 50442 Indianapolis, IN 46250-0418 FFS Nonpharmacy and non-PA Provider Inquiries and Claim Administrative Review Requests Gainwell – Written Correspondence IHCP Provider Healthcare Portal <i>(In the IHCP Portal, click the Secure Correspondence link to submit a request)</i>
FFS NEMT Information	Verida Trip Reservation Line 855-325-7586 <i>Member Portal:</i> member.verida.com <i>Member Webpage:</i> myverida.com/member-resources	Verida Provider Assistance Line 855-325-7611 <i>Provider Portal:</i> provider.verida.com <i>Provider Webpage:</i> myverida.com/transportation-providers	Verida Facility Dispatch Line 888-822-6104 <i>Facility Portal:</i> facility.verida.com <i>Facility Webpage:</i> myverida.com/facilities	Verida Facility Assistance Line (standing orders) 855-325-7588 Verida Website verida.com	Request Administrative Review INClaims@verida.com Claim Processing Verida 4751 Best Rd., Suite 300 Atlanta, GA 30337 Claim Appeals Verida Claims 843 Dallas Highway Villa Rica, GA 30180

Healthy Indiana Plan

IHCP Quick Reference Guide – Contact Information



FFS Pharmacy Information	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 PO Box 44085 Indianapolis, IN 46244-0085	FFS Pharmacy Paper Claim Filing Optum Rx Manual Claims Manual Claim Processing PO Box 29044 Hot Springs, AR 71903	FFS Pharmacy Claim Voids/ Reversals Optum Rx – Void/Reversals Manual Claim Processing PO Box 29044 Hot Springs, AR 71903 FFS Pharmacy Benefit Management Inquiries PDL@FSSA.in.gov	FFS Pharmacy Administrative Review of Claim Requests Optum Rx Manual Claim Processing PO Box 29044 Hot Springs, AR 71903 Optum Rx Indiana Drug Rebate Operations 5775 Peachtree-Dunwoody Rd., Suite C-600 Atlanta, GA 30342 indiana.rebates@optum.com	FFS Pharmacy Refunds <i>Courier Mail</i> JP Morgan Chase Optum Rx Claims LBX 26594 131 South Dearborn – 6th Floor Chicago, IL 60603 <i>First-Class Mail</i> Optum Rx Claims 26594 Network Place Chicago, IL 60673-1265
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Managed Care

Healthy Indiana Plan (HIP) Enrollment Broker (MAXIMUS) Helpline: 877-438-4479 Fax: 317-238-3120	Anthem <i>Provider Services</i> Anthem.com 844-533-1995 Fax: 866-408-7087 <i>Member Services</i> 866-408-6131 <i>Claims</i> Anthem Reimbursement <i>Prior Authorization – Medical and Substance Use Disorder (SUD)</i> Anthem PA 844-533-1995 Fax (Physical Health Inpatient and Outpatient): 866-406-2803 Fax (Behavioral Health Inpatient): 877-434-7578 Fax (Behavioral Health Outpatient): 866-877-5229 <i>Pharmacy Services</i> PBM: IngenioRx Anthem Pharmacy Information Claims: 833-205-6007 PA: 844-533-1995 PA Fax (Retail Pharmacy): 844-864-7860 PA Fax (Medical Injectable): 888-209-7838 Help for Pharmacists: 833-236-6191 <i>Dental Services</i> DBM: DentaQuest DentaQuest Provider Portal 855-453-5286 Fax: 262-834-3589 <i>Vision Services</i> VBM: Superior Vision superiorvision.com/eye-care-professionals 877-235-5317 Fax: 518-556-7707	Managed Health Services (MHS) <i>Provider Services</i> MHSIndiana.com 877-647-4848 Fax: 866-753-7240 <i>Member Services</i> 877-647-4848 <i>Claims</i> MHS Payment Policies <i>Prior Authorization – Medical and SUD</i> 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): 866-694-3649 <i>Pharmacy Services</i> MHS Pharmacy Information PBM Claims: CVS Health PBM PA: US Script Claims: 800-311-0557 PA: 866-399-0928 PA Fax: 866-399-0929 (standard) PA Fax: 855-678-6976 (specialty) <i>Dental Services</i> DBM: Envolve Dental Envolve Dental Provider Portal 855-609-5157 <i>Vision Services</i> VBM: Envolve Vision visionbenefits.envolvehealth.com 866-599-1774 (Hoosier Healthwise and Hoosier Care Connect) 844-820-6523 (HIP)	MDwise <i>Provider Services</i> MDwise.org 800-356-1204 Fax: 877-822-7190 <i>Member Services</i> 800-356-1204 <i>Claims</i> HIP Claims <i>Prior Authorization – Medical and SUD</i> 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 <i>Pharmacy Services</i> MDwise Pharmacy Information PBM: MedImpact Claims: 844-336-2677 PA: 800-788-2949 PA Fax: 858-790-7100 <i>Dental Services</i> DBM: DentaQuest DentaQuest Provider Portal 855-453-5286 Fax: 262-834-3589	CareSource <i>Provider Services</i> CareSource.com 844-607-2831 <i>Member Services</i> 844-607-2829 <i>Claims</i> CareSource Claims 844-607-2831 <i>Prior Authorization – Medical and SUD</i> CareSource PA 844-607-2831 Fax: 844-432-8924 <i>Pharmacy Services</i> 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 <i>Dental Services</i> CareSource Dental 844-607-2831 <i>Vision Services</i> VBM: Superior Vision Provider Customer Service: 888-575-0203 Utilization Management (PA): Fax: 866-819-9417 Email: ecss@superiorvision.com
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Hoosier Care Connect

IHCP Quick Reference Guide – Contact Information



<p>Hoosier Care Connect</p> <p>Enrollment Broker (MAXIMUS) Helpline: 866-963-7383 Fax: 317-238-3120</p>	<p>Anthem</p> <p><i>Provider Services</i> Anthem.com 844-284-1798 Fax: 888-859-3046</p> <p><i>Member Services</i> 844-284-1797</p> <p><i>Claims</i> Anthem Reimbursement 866-408-6132</p> <p><i>Prior Authorization – Medical and Substance Use Disorder (SUD)</i> Anthem PA 844-284-1798 Fax (Physical Health Inpatient and Outpatient): 866-406-2803 Fax (Behavioral Health Inpatient): 877-434-7578 Fax (Behavioral Health Outpatient): 866-877-5229</p> <p><i>Pharmacy Services</i> PBM: IngenioRx Anthem Pharmacy Information Claims: 833-235-2024 PA: 844-284-1798 PA Fax (Retail Pharmacy): 844-864-7860 PA Fax (Medical Injectable): 888-209-7838 Help for Pharmacists: 833-236-6191</p> <p><i>Dental Services</i> DBM: DentaQuest DentaQuest Provider Portal 855-453-5286 Fax: 262-834-3589</p> <p><i>Vision Services</i> VBM: Superior Vision superiorvision.com/eye-care-professionals 877-235-5317 Fax: 518-556-7707</p>	<p>Managed Health Services (MHS)</p> <p><i>Provider Services</i> MHSIndiana.com 877-647-4848 Fax: 866-753-7240</p> <p><i>Member Services</i> 877-647-4848</p> <p><i>Claims</i> MHS Payment Policies</p> <p><i>Prior Authorization – Medical and SUD</i> 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): 866-694-3649</p> <p><i>Pharmacy Services</i> PBM Claims: CVS Health PBM PA: US Script MHS Pharmacy Information Claims: 800-378-0779 PA: 866-399-0928 PA Fax: 866-399-0929 (standard) PA Fax: 855-678-6976 (specialty)</p> <p><i>Dental Services</i> DBM: Envolve Dental Envolve Dental Provider Portal 855-609-5157</p> <p><i>Vision Services</i> VBM: Envolve Vision visionbenefits.envolvehealth.com 866-599-1774 (Hoosier Healthwise and Hoosier Care Connect) 844-820-6523 (HIP)</p>	<p>UnitedHealthcare</p> <p><i>Provider Services</i> UHCprovider.com/INcommunityplan 877-610-9785</p> <p><i>Member Services</i> UHCCommunityPlan.com/in 800-832-4643</p> <p><i>Claims</i> UHCprovider.com/claims 877-610-9785</p> <p><i>Prior Authorization – Medical and SUD</i> UHCprovider.com/oaan 877-610-9785 Fax: 844-897-6514</p> <p><i>Pharmacy Services</i> PBM: Optum Rx UnitedHealthcare Pharmacy Information Claims: 866-215-5046 PA: 877-610-9785 PA Fax: 844-897-6514</p> <p><i>Dental Services</i> SKYGEN Dental Hub Portal 844-402-9118</p> <p><i>Vision Services</i> marchvisioncare.com 844-486-2724</p>
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Hoosier Healthwise

IHCP Quick Reference Guide – Contact Information



Hoosier Healthwise	Anthem	Managed Health Services (MHS)	MDwise	CareSource
<p>Enrollment Broker (MAXIMUS) Helpline: 800-889-9949 Fax: 317-238-3120</p>	<p><i>Provider Services</i> Anthem.com 866-408-6132 Fax: 866-408-7087</p> <p><i>Member Services</i> 866-408-6131</p> <p><i>Claims</i> Anthem Reimbursement</p> <p><i>Prior Authorization (PA) – Medical and Substance Use Disorder (SUD)</i> Anthem PA 866-408-6132 Fax (Physical Health Inpatient and Outpatient): 866-406-2803 Fax (Behavioral Health Inpatient): 877-434-7578 Fax (Behavioral Health Outpatient): 866-877-5229</p> <p><i>Pharmacy Services</i> PBM: IngenioRx Anthem Pharmacy Information Claims: 833-235-2023 PA: 866-408-6132 PA Fax (Retail Pharmacy): 844-864-7860 PA Fax (Medical Injectable): 888-209-7838 Help for Pharmacists: 833-236-6191</p> <p><i>Dental Services</i> DBM: DentaQuest DentaQuest Provider Portal 855-453-5286 Fax: 262-834-3589</p> <p><i>Vision Services</i> VBM: Superior Vision superiorvision.com/eye-care-professionals 877-235-5317 Fax: 518-556-7707</p>	<p><i>Provider Services</i> MHSIndiana.com 877-647-4848 Fax: 866-753-7240</p> <p><i>Member Services</i> 877-647-4848</p> <p><i>Claims</i> MHS Payment Policies</p> <p><i>Prior Authorization – Medical and SUD</i> 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): 866-694-3649</p> <p><i>Pharmacy Services</i> PBM Claims: CVS Health PBM PA: US Script MHS Pharmacy Information Claims: 800-378-0815 PA: 866-399-0928 PA Fax (Standard): 866-399-0929 PA Fax (Specialty): 855-678-6976</p> <p><i>Dental Services</i> DBM: Envolve Dental Envolve Dental Provider Portal 855-609-5157</p> <p><i>Vision Services</i> VBM: Envolve Vision visionbenefits.envolvehealth.com 866-599-1774 (Hoosier Healthwise and Hoosier Care Connect) 844-820-6523 (HIP)</p>	<p><i>Provider Services</i> MDwise.org 800-356-1204 Fax: 877-822-7190 or 317-829-5530</p> <p><i>Member Services</i> 800-356-1204</p> <p><i>Claims</i> MDwise Hoosier Healthwise Claims 800-356-1204</p> <p><i>Prior Authorization – Medical and SUD</i> MDwise PA 888-961-3100 Fax: 888-465-5581</p> <p><i>Pharmacy Services</i> PBM: MedImpact MDwise Pharmacy Information Claims: 844-336-2677 PA: 800-788-2949 PA Fax: 858-790-7100</p> <p><i>Dental Services</i> DBM: DentaQuest DentaQuest Provider Portal 855-453-5286 Fax: 262-834-3589</p>	<p><i>Provider Services</i> CareSource.com 844-607-2831</p> <p><i>Member Services</i> 844-607-2829</p> <p><i>Claims</i> CareSource Claims 844-607-2831</p> <p><i>Prior Authorization – Medical and SUD</i> CareSource PA 844-607-2831 Fax: 844-432-8924</p> <p><i>Pharmacy Services</i> 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</p> <p><i>Dental Services</i> CareSource Dental 844-607-2831</p> <p><i>Vision Services</i> VBM: Superior Vision Provider Customer Service: 888-575-0203 Utilization Management (PA): Fax: 886-819-9417 Email: ecs@superiorvision.com</p>

Indiana Pathways for Aging

IHCP Quick Reference Guide – Contact Information



PathWays	Anthem	Humana	UnitedHealthcare
<p>Enrollment Broker (MAXIMUS) Helpline: 877-284-9294 Fax: 317-238-3120</p>	<p>Provider Network – Credentialing and Contracting Anthem Provider Relations at INMLTSSProviderRelations@anthem.com</p> <p>Provider Services providers.anthem.com/indiana-provider/patient-care/pathways-aging 833-569-4739</p> <p>Member Services 833-412-4405 anthem.com/register mss.anthem.com/in/indiana-home.html</p> <p>Claims availlity.com</p> <p>Paper claims (initial only): Mailstop: IN999 Anthem Blue Cross and Blue Shield Claims PO Box 61010 Virginia Beach, VA 23466</p> <p>Prior Authorization 844-284-1798 Fax: 866-406-2803</p> <p>Pharmacy Services PBM: CarelonRx PA Fax (Retail Pharmacy): 844-864-7860 PA Fax (Medical Injectables): 888-209-7838 Help for Pharmacists: 844-691-2487</p> <p>Dental Services DBM: DentaQuest DentaQuest 866-291-3762 (TTY 800-466-7566)</p> <p>Vision Services VBM: Superior Vision 866-866-5641 (TTY 800-428-4833)</p>	<p>Provider Network – Credentialing and Contracting Humana Provider Relations at INMedicaidProviderRelations@humana.com</p> <p>Provider Services humana.com/provider/medical-resources/indiana-medicaid 866-274-5888</p> <p>Member Services 866-274-5888 INHealthHorizons@humana.com humana.com/medicaid/indiana</p> <p>Claims availlity.com</p> <p>Paper claims must be mailed to: Humana Claims PO Box 14169 Lexington, KY 40512-4169</p> <p>Prior Authorization All UM: 866-274-5888 (TTY: 711) Fax: 502-324-6376</p> <p>Pharmacy Services PBM: Humana Pharmacy Solutions 800-555-CLIN (2546) Fax: 877-486-2621</p> <p>Dental Services DBM: DentaQuest Submit claims via the DentaQuest web portal 855-398-8411</p> <p>Vision Services VBM: EyeMed For Medicaid Members: 844-961-2057 Medicare/Duals: 888-289-0595</p>	<p>Provider Network – Credentialing and Contracting UnitedHealthcare Provider Relations at IN_ProviderServices@uhc.com</p> <p>Provider Services uhcprovider.com/en/health-plans-by-state/indiana-health-plans/in-comm-planhome.html 877-610-9785</p> <p>Member Services 800-832-4643 IN_HPOps@uhc.com uhc.com/communityplan/Indiana</p> <p>Claims Claims_billing_and_payments UHCprovider.com 1-877-610-9785</p> <p>Mailing address: UnitedHealthcare Community Plan PO Box 5270 Kingston, NY 12402-5270</p> <p>For FedEx (use for large packages/more than 500 pages): UnitedHealthcare Community Plan 1355 S 4700 West, Suite 100 Salt Lake City, UT 84104</p> <p>Prior Authorization Prior Authorization and Notification UHCprovider.com 877-610-9785</p> <p>Pharmacy Services PBM: Optum Rx Health_Care_Professionals_Portal (optumrx.com) 1-877-305-8952</p> <p>Dental Services DBM: UHC Dental SKYGEN Dental Hub Portal 844-402-9118</p> <p>Vision Services VBM: MARCH Vision Care MARCH Vision Care 844-486-2724</p>
<p>Program of All-Inclusive Care for the Elderly (PACE)</p>	<p>For contact information, see the Program of All-Inclusive Care for the Elderly page at in.gov/fssa/da.</p>		

Right Choices Program

IHCP Quick Reference Guide – Contact Information



Care Management – Right Choices Program (RCP)

RCP Administrator	Acentra Health – FFS Traditional Medicaid 866-725-9991 Fax: 800-261-2774	Anthem – HIP, Hoosier Care Connect, PathWays and Hoosier Healthwise 866-902-1690, option 1 Fax: 866-387-2959	MHS – HIP, Hoosier Care Connect and Hoosier Healthwise 877-647-4848 Fax: 866-753-7240	MDwise – HIP and Hoosier Healthwise 800-356-1204 Fax: 317-822-7500	Care Source – HIP and Hoosier Healthwise 844-607-2829 (TTY: 800-743-3333 or 711) Email: lockinprogram@caresource.com	Humana – PathWays 855-330-8054 Fax: 502-996-8184	UnitedHealthcare – Hoosier Care Connect and PathWays 800-832-4643, (TTY and TDD: 711) Fax: 888-843-6007
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IHCP Provider Healthcare Portal (IHCP Portal)



Functions

What can you do in the IHCP 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 Portal provides access to a wide variety of IHCP information and resources.

Registration

portal.indianamedicaid.com



Home

Home

Login ?

*User ID

Log In


[Forgot User ID?](#)

[Register Now](#)

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


Registration

Select one of the following options that best describes your role.




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.




Delegate

A Delegate is an individual designated by the Provider, Managed Care Entity, or Non-Provider Organization to perform administrative functions on behalf of an IHCP entity.



Managed Care

A Managed Care Entity (MCE) is a lawful entity contracted with the state to operate a prepaid health care delivery plan on a capitated basis.



Non-Provider Org

A Non-Provider Organization is an entity approved by the state to gain limited access to the Portal.



Provider Registration

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 your Social Security Number as Federal Tax ID. If you are a business entity registering as a rendering provider, please enter your Federal Tax ID.

*Federal Tax ID

*Provider ID

[Continue](#)

[Cancel](#)

Remember:

This information is for the owner/group, 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.

The screenshot shows the 'Registration Step 2 of 2 - Security Information' page. It includes a header with the FSA logo and 'INDIANA MEDICAID for Providers'. The page contains instructions for creating a User ID and Password, and a section for contact information. The 'Site Key' section offers five options: Apple, Balloon, Balloons, Baseball, and Billiards. The 'Passphrase' field is empty. At the bottom, there are three challenge questions, each with a dropdown menu for the question and a text input for the answer. A 'User Agreement' checkbox is at the very bottom.

Registration Step 2 of 2 - Security Information

* 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 * \ / " : | < > + = ; , ? @ [] () . The User ID cannot end in a period (.) as the last character. All letters 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 ID.

*User ID [Check Availability](#)

*Password

*Confirm Password

Please provide your contact information below.

*Display Name

Phone Number

*Email Address

*Confirm Email Address

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 Balloon Balloons Baseball Billiards

*Passphrase

Please select a unique challenge question and provide an answer for each of the question groups below.

*Challenge Question #1

*Answer to #1

*Challenge Question #2

*Answer to #2

*Challenge Question #3

*Answer to #3

User Agreement



User ID



Login ?

*User ID

[Log In](#)

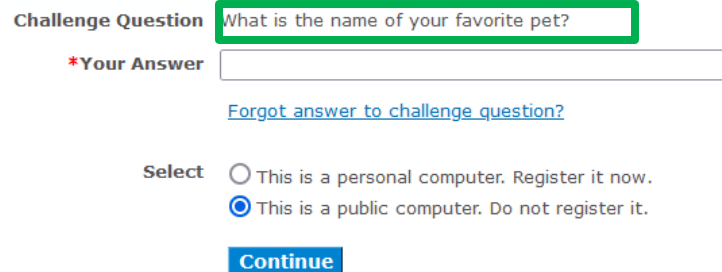
[Forgot User ID?](#)

[Register Now](#)

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

If the **User ID** is not entered correctly, the **challenge question** may not be one that was set up by the user.

Answer the challenge question to verify your identity.



Challenge Question

*Your Answer

[Forgot answer to challenge question?](#)

Select 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 passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.
If this is not your site key token or passphrase, do not type your password.
Call [Electronic Solutions Support](#) to report the incident.



Site Key: 

Passphrase

*Password

[Sign In](#)

[Forgot Password?](#)

Forgotten passwords can be reset by the user!!!



Registration Information



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

User Details

Welcome

My Profile

[Manage Accounts](#)

Provider

Name

Provider ID

[Disenroll](#)

[Provider Profile](#)

[Provider Maintenance](#)

[Enrollment / Revalidation Status](#)

Provider Services

[Member Focused Viewing](#)

[Search Payment History](#)

My Profile

Contact Information

Display Name
Phone Number
Current Email

[Edit](#)

Challenge Questions


Challenge Question #1 What is your favorite sports team?
Answer to #1

Challenge Question #2 In what city were you born?
Answer to #2

Challenge Question #3 What is your mother's maiden name?
Answer to #3

[Edit](#)

Site Key Token

Site Key: 

Passphrase

[Edit](#)

Password

[Change Password](#)

Information is for the provider or delegate logged in.



Assigned Privileges

[Contact Us](#) | [FAQs](#) | [Logout](#)

INDIANA MEDICAID *for Providers*

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [Resources](#)

User Details

Welcome

[My Profile](#)

[Manage Accounts](#)

Provider

Name

Provider ID

[Disenroll](#)

[Provider Profile](#)

[Provider Maintenance](#)

[Enrollment / Revalidation Status](#)

Provider Services

[Member Focused Viewing](#)

[Search Payment History](#)

Delegate Assignment

[Back to My Home](#) ?

[Add New Delegate](#) | [Add Registered Delegate](#)

* Indicates a required field.

Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register.

*First Name

*Last Name

*Birth Date

*Last 4 of Driver's License Number

Select the functions that the delegate is authorized to access.
(At least one function must be selected)

- *Functions
- Care Management - View Authorization
 - Claim - Inquiry
 - Claim - Submit and Resubmit
 - Disenroll
 - Expedited Waiver Eligibility Application
 - Manage Delegate Accounts
 - Member Focus Viewing
 - Notification of Pregnancy Inquiry
 - Payment History - Inquiry
 - Provider Maintenance
 - Provider Profile Inquiry
 - Request FQHC/RHC Wrap Report
 - Retrieve FQHC/RHC Wrap Report
 - Revalidation
 - Secure Correspondence
 - Submit RCP Referral to Lock-In List
 - Verify Eligibility

Submit

Cancel

Add delegates and assign the privileges needed.



Disenroll



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

User Details

Welcome

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

Provider

Name

Provider ID

- Disenroll**
- [Provider Profile](#)
- [Provider Maintenance](#)
- [Enrollment / Revalidation Status](#)

Provider Services

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

Disenroll Provider

[Back to My Home](#) ?

* Indicates a required field.

This utility allows for Providers to voluntarily disenroll from the IHCP.

Requesting Provider Information

Provider ID	ID Type	NPI	Name
-------------	---------	-----	------

*Requested Disenroll Date

*Disenroll Reason

*Contact Name

*Contact Telephone

*Contact Email

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.

*Please sign by typing your full name here

Warning –
once this is submitted it is final!



Profile



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

User Details

Welcome

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

Provider

Name

Provider ID

- ▶ [Disenroll](#)
- ▶ [Provider Profile](#)
- ▶ [Provider Maintenance](#)
- ▶ [Enrollment / Revalidation Status](#)

Provider Services

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

Provider Profile Details

Provider ID

Provider Type

NPI

Provider Name

- General**
- Name / Address
- Specialties
- Medicare
- Rendering

Organization Information

Organization

Disregarded Entity

Revalidation Date 12/05/2024

Telehealth-ONLY?

Recertification Date



Maintenance



User Details

Welcome

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

Provider

Name

Provider ID

- ▶ [Disenroll](#)
- ▶ [Provider Profile](#)
- ▶ [Provider Maintenance](#)
- ▶ [Enrollment / Revalidation Status](#)

Provider Services

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

Provider Maintenance: Instructions

Instructions

[Change of Ownership \(CHOW\) Overview](#)

[Tax ID Changes](#)

[Contact and Delegated Administrator Information Changes](#)

[Address Changes](#)

[Specialty Changes](#)

[EFT Changes](#)

[Language Changes](#)

[ERA Changes](#)

[Other Information Changes](#)

[Rendering Provider Changes](#)

[Provider Identification Changes](#)

[Disclosure Changes](#)

[Check Status](#)

Use these pages to submit any changes to your organizational information.

Please select the link on the left to access the information that you would like to maintain.

Current Maintenance Pending Requests

There are no Pending Maintenance Requests to show.



Revalidation Status



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

User Details

Welcome

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

Provider

Name

Provider ID

- [Disenroll](#)
- [Provider Profile](#)
- [Provider Maintenance](#)

[Enrollment / Revalidation Status](#)

Provider Services

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

Provider Enrollment / Revalidation - Status

[Back to My Home](#) ?

Enter your assigned Tracking number and Federal Tax Identification Number (TIN or EIN) associated with your enrollment or revalidation application to verify its current status. For any further queries, please contact Provider Enrollment at 1-800-457-4584.

* Indicates a required field.

*Tracking Number

Tracking Number is a required field.

*Provider Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN)

[Search](#)

[Cancel](#)



Revalidation Icon



The Revalidation link will appear when the service location is in the time frame for completion.

- The date for **COMPLETION** can also be verified on the Provider Profile.



Warning!!!

The revalidation must be **submitted** and **approved** before the revalidation end date.

- If the revalidation is not finalized prior to the date, the service location will be termed and a new enrollment application will need to be submitted, which will result in a new Provider ID.
- A new ID may impact approved Prior Authorizations or Managed Care Enrollment.



Eligibility



Eligibility Verification Request ?

* Indicates a required field.

Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date.

Member ID	<input type="text"/>	Last Name	<input type="text"/>	First Name	<input type="text"/>
SSN	<input type="text"/>	Birth Date	<input type="text"/>		
*Effective From	<input type="text"/>	Effective To	<input type="text"/>		

1. Enter the individual's **Member ID** (also known as RID) 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 you use their legal name, not a nickname, and it 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 Information

Coverage Details for [Member ID] [Birth Date] [Expand All](#) | [Collapse All](#)

Verification Response ID [Verification Response ID]

Benefit Details -

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

Managed Care Assignment Details -

Managed Care Program		Primary Medical Provider	Provider Phone
Hoosier Healthwise Managed Care			
Effective Date	End Date	MCO / CMO Name	MCO / CMO Phone
		MDWISE/EXCEL NETWORK	1---



This member's services are coordinated through MDWise and claims are submitted to MDWise



Other Insurance Details



Other Insurance Details



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 ()						HOSPITALIZATION, MEDICAL AND MAJOR MEDICAL

Secure Correspondence

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

INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION

INDIANA MEDICAID for Providers

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources

My Home Monday 06/24/2024 09:31 AM EST

User Details

Welcome STV Plainfield

- My Profile
- Manage Accounts

Provider

Name NEIGHBORHOOD EMERGENCY PHYSICIANS

Provider ID 1871141879 (NPI)

- Disenroll
- Provider Profile
- Provider Maintenance
- Enrollment / Revalidation Status

Provider Services

- Member Focused Viewing

Broadcast Messages

Notice: The IHCP will be performing system maintenance on Sunday, June 23rd, 2024 from 7 pm – 10 pm ET. The system may be unavailable during this maintenance period.

The Provider Enrollment and Provider Maintenance functionality on the IHCP Portal <https://portal.indianamedicaid.com>, will not be available on Saturday, 6/29 from 8:00 am EST thru 5:00 pm EST to perform maintenance.

[Contact Us](#)

[Notify Me](#)

Secure Correspondence

WELCOME HEALTH CARE PROFESSIONAL!

Secure Correspondence is a delegate function assigned when the delegate is added to a service location.

TPL Update

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](#)

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.

*Subject

*Message Category

*Email Address

*Confirm Email Address

Member ID

Claim Number

Date of Service To

Medicaid Paid Amount

Paid Date

Provider/Facility

*Message



Enter as much information as possible:

- Subject
- Message Category
- Contact Email
- Message explaining the reason for the update
- Add any attachments to support request

The following types of files are allowed to be uploaded: pdf, bmp, gif, jpg, jpeg, tiff, tif, png
Size limit for attachments is 5MB.

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
	Click to add attachment.				

Send

Cancel



Search Payment History

The screenshot displays the Indiana Medicaid for Providers website interface. At the top, the logo for the Indiana Family & Social Services Administration (FSA) is visible on the left, and navigation links for 'Contact Us', 'FAQs', and 'Logout' are on the right. The main navigation bar includes 'My Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. The 'Claims' menu is expanded, showing options: 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', 'Search Payment History', 'Request FQHC/RHC Wrap Report', and 'Retrieve FQHC/RHC Wrap Report'. A red box highlights the 'Claims' menu item, and a green box highlights the 'Search Payment History' option. A larger red box encompasses the 'Claims' sub-menu area, with a green box around the 'Search Payment History' link. The left sidebar contains sections for 'User Details' (Welcome, My Profile, Manage Accounts) and 'Provider' (Name, Provider ID, Disenroll, Provider Profile, Provider Maintenance, Enrollment / Revalidation Status). The 'Provider Services' section includes Member Focused Viewing and Search Payment History. The main content area shows a 'Claims' header and a list of links: Search Claims, Submit Claim Dental, Submit Claim Institutional, Submit Claim Professional, and Search Payment History. A 'WELCOME' message is partially visible at the bottom.

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



Search Payment Options

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 Payment 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.

Issue Date ▼	Payment Method	Payment ID	Total Paid Amount	RA Copy (PDF)
06/26/2024	EFT		\$1,613.10	
06/19/2024	EFT		\$2,277.52	
06/12/2024	EFT		\$1,670.63	
06/05/2024	EFT		\$2,774.87	
05/29/2024	EFT		\$4,415.01	
05/22/2024	EFT		\$427.01	


RA
Date


Payment
Method


Payment
ID


Payment
Amount


PDF
ICON

ALWAYS download the PDF
to see the complete RA information.



Resources



INDIANA MEDICAID *for Providers*

[Contact Us](#) | [FAQs](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | **[Resources](#)**

Resources

Monday 06/24/2024 08:46 AM EST

Resources

- ▶ [Claims/Billing](#)
- ▶ [Electronic Data Interchange](#)
- ▶ [Fee Schedule](#)
- ▶ [Forms](#)
- ▶ [Provider Reference Materials](#)
- ▶ [Pharmacy Services](#)
- ▶ [Provider Search](#)
- ▶ [Provider Education](#)
- ▶ [Email Notifications](#)

Links to a wealth of information!!

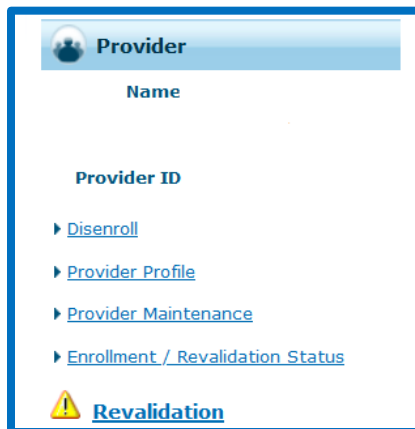


Helpful Tools



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

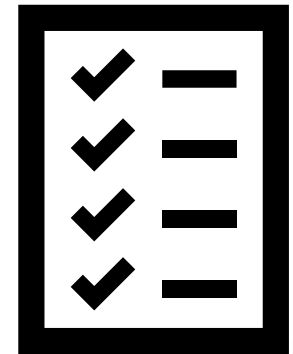
Your Provider Relations Consultant can:

- Assist you with complex claim denial issues
- Provide free IHCP 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:

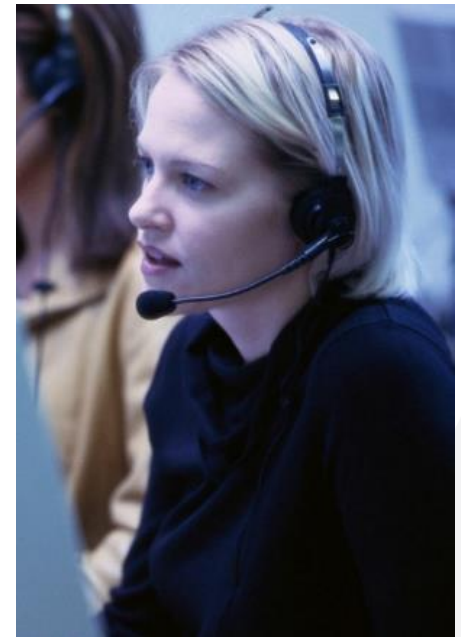
- Provider References > [IHCP Provider Reference Modules](#)
- Contact Information > Provider Relations Consultants

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

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:**

Please Evaluate

Make sure to answer all questions marked required to avoid errors

Please visit the Gainwell table for assistance



We are here to help!



Questions

