

Secure Correspondence IHCP Provider Healthcare Portal

Indiana Health Coverage Programs
Gainwell Technologies
2024 IHCP Works Annual Seminar



Agenda

- Written Correspondence Versus Secure Correspondence
- Benefits of Secure Correspondence
- Access to Secure Correspondence
- Secure Correspondence Functions
- Helpful Tools
- Questions



Written Correspondence Versus Secure Correspondence



Secure Correspondence

Secure Correspondence

- You choose which team the message goes to.
- You don't have to wait extra days for the mail to deliver to Gainwell Technologies.
- No chance of it getting lost in the mail.
- You submit your secure message on the provider Portal.
- It is expedient, easy, and efficient.
- You get a tracking number for your records.
- You will receive an email that a secure correspondence message has been addressed.



Written Correspondence

Written Correspondence

- Paper is less efficient.
- Have wait time for postal service.
- Must be scanned after being received.
- Documents may be out of order or not labeled correctly.
- No tracking method is available.
- Postage costs are incurred.
- Inquiries require a response in writing via mail (More Waiting).
- Your hand won't hurt from writing.



Self-Guided Improvement

- Provider must exhaust routine measures to obtain payment before filing an Administrative Review request or an appeal.
- Review the claim denial reason codes.
- Review the claim and the Remittance Advice (RA) information.
- If the claim was paid incorrectly due to the provider's incorrect or inaccurate claim information, the provider should submit a claim adjustment or void/replacement.
- If the claim denial is due to a provider's incorrect or inaccurate claim information, the provider should make applicable corrections and resubmit the claim via routine claim-processing channels.



Request Assistance

Per [BT2023127](#), the Provider Relations Consultant should be the first contact for resolution, instead of submitting large volumes of the same inquiries through the Secure Correspondence.

- If the provider cannot determine why the claim denied, the provider may contact Customer Assistance at 800-457-4584.
- If the provider has made reasonable attempts to correct a claim and still remains dissatisfied with the claim denial, the provider may submit a request for an Administrative Review stating why the provider disagrees with the denial.



Claim Resolution Guidance

- If the provider cannot determine why the claim denied, the provider may submit a secure correspondence message (using the Claim Inquiry category) through the IHCP Provider Healthcare Portal (Portal), accessible from the home page at [Indiana Medicaid for Providers](#).
- For reconsideration of an adjudicated claim, providers must file a formal request for an administrative review of the claim. The request must be submitted within 60 calendar days of notification of claim payment or denial, as follows: 1. Create the request using one of the following methods: – Write a Secure Correspondence message on the IHCP Provider Healthcare Portal **Claim Administrative Review Request as the message category**.
- The appeal request should include all pertinent facts, proof of actions taken to resolve the payment or denial, and any associated documentation. In accordance with Indiana Code IC 4-21.5-3-7, the IHCP must receive the appeal request within 15 calendar days after the provider receives the adverse administrative review decision notice on which the appeal is premised. The appeal request must be submitted as a Portal secure correspondence message (using the Appeal category) or delivered by mail to the following address: MS07 Secretary Indiana Family and Social Services Administration Office of Medicaid Policy and Planning 402 W. Washington St., Room W374 Indianapolis, IN 46204-2739



Benefits of Secure Correspondence



Secure Correspondence Contacts

Secure correspondence is used for multiple business units at Gainwell Technologies:

- Fee-for-Service [FFS] nonpharmacy only
 - Banking/Financial/RA Inquiry – request an RA or submit a question about an RA
 - Claim Administrative Review Request – request a claim-related administrative review
 - Claim Appeal – send a claim-related appeal
 - Claim Inquiry – inquiries related to a claim
 - Coverage Inquiry – inquiries related to benefit limits
- Enrollment Inquiry – inquiries regarding provider enrollment status
- Portal Assistance – questions about the IHCP Provider Portal
- TPL Update – questions regarding third-party liability (TPL) or update a member's TPL profile.
- Other – all other types of secure correspondence

NOT for prior authorization (PA) inquiries, updates, or requests!



Access to Secure Correspondence



Secure Correspondence Link

Log in to IHCP Provider Portal – Access will be automatic for providers
[IHCP Provider Portal](#)

The screenshot displays the Indiana Medicaid for Providers portal. At the top left is the logo for the Indiana Department of Health (IDH) and the text "INDIANA MEDICAID for Providers". On the top right, there are links for "Contact Us", "FAQs", and "Logout". Below the header is a navigation bar with tabs for "My Home", "Eligibility", "Claims", "Care Management", and "Resources". The main content area is titled "My Home" and features a "WELCOME HEALTH CARE PROFESSIONAL!" message. On the left, there are two main sections: "User Details" and "Provider". The "User Details" section includes a "Welcome" message and links for "My Profile" and "Manage Accounts". The "Provider" section includes a "Name" field, a "Provider ID" field, and links for "Disenroll", "Provider Profile", and "Provider Maintenance". On the right side, there are three links: "Contact Us", "Notify Me", and "Secure Correspondence". The "Secure Correspondence" link is highlighted with a red rectangular box. Below the main content area, there is a paragraph stating: "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".

INDIANA MEDICAID for Providers

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources

My Home

User Details

Welcome

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

Provider

Name

Provider ID

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

WELCOME HEALTH CARE PROFESSIONAL!

[Contact Us](#)

[Notify Me](#)

[Secure Correspondence](#)

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

Delegate Access

Access must be granted for a delegate to see the Secure Correspondence link.



The screenshot displays the Indiana Medicaid for Providers website interface. At the top, there is a green header with the text "INDIANA MEDICAID for Providers" and navigation links for "Contact Us", "FAQs", and "Logout". Below this is a green navigation bar with tabs for "My Home", "Eligibility", "Claims", "Care Management", and "Resources". The main content area features a "My Home" breadcrumb and a "WELCOME HEALTH CARE PROFESSIONAL!" message. On the left, a sidebar menu includes "User Details" (with sub-links for "My Profile" and "Manage Accounts", the latter being highlighted with a red box), and "Provider" (with sub-links for "Disenroll", "Provider Profile", and "Provider Maintenance"). On the right, there are "Contact Us" and "Notify Me" buttons. A photograph of two healthcare professionals is also visible.

My Home

My Home

User Details

Welcome

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

Provider

Name

Provider ID

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

WELCOME HEALTH CARE PROFESSIONAL!

[Contact Us](#)

[Notify Me](#)

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

Secure Correspondence Access

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

- *Functions**
- Care Management - Submit Resubmit Authorization
 - Care Management - View Authorization
 - Claim - Inquiry
 - Claim - Submit and Resubmit
 - Disenroll
 - Manage Delegate Accounts
 - MAPIR
 - Member Focus Viewing
 - Notification of Pregnancy Inquiry
 - Payment History - Inquiry
 - Provider Maintenance
 - Provider Profile Inquiry
 - Revalidation
 - Secure Correspondence
 - Submit RCP Referral to Lock-In List
 - Verify Eligibility

Submit

Cancel



Secure Correspondence Functions



Secure Correspondence Features

- Secure correspondence is a safe way to transmit sensitive personally identifiable information (PII) and protected health information (PHI).
 - Only you (and Gainwell Technologies) can see your messages.
- Attachments can be uploaded with messages.
- This feature is used exclusively for communication between Portal users and Gainwell Technologies business units.
- The message will be reviewed and responded to by Gainwell Technologies business unit.
- You will receive an email informing you that a secure correspondence message has been addressed and a response to the message is ready to be reviewed.
- The email will include a link to the portal so you may view the response message.
- All messages are displayed and can be sorted by status, subject, message category, and date opened/closed.

- Messages are service-location specific.
- The messages must be viewed under the same location they are submitted.



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


Banking/Financial/RA Inquiry
Claim Administrative Review Request
Claim Appeal
Claim Inquiry
Coverage Inquiry
Enrollment Inquiry
Portal Assistance
TPL Update
Other

- Complete as much information as possible
- Add attachments if necessary
- All fields with an "*" are required

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



Provider Information

*Email Address

*Confirm Email Address

Member ID

Claim Number

Date of Service To

Medicaid Paid Amount

Paid Date

Provider/Facility

*Message

- Must use a valid email
- Updates can be made under *My Profile* on the Portal

Provide complete and accurate details with enough information to fully explain the reason for the inquiry



Message Box

Message box will list submitted correspondence, the status, date opened, and date closed.

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: 2

Status	Subject	Message Category	Date Opened ▼	Date Closed
Closed	Termed TPL Coverage	TPL Update		
Closed	Prior Authorization			

Message can be viewed by selecting the link under the subject.

Status	Subject
Closed	Termed TPL Coverage

Response: Dear Provider. Thank you for your secure correspondence inquiry to the Indiana Health Coverage Programs (IHCP) via the Provider Portal.



Coverage inquiry .

Providers may submit secure correspondence through the IHCP Portal to inquire the date on which a particular member exceeded service limitations. Providers should allow up to four business days for a response. To assist analysts in researching the issue and providing a resolution, providers should clearly state the reason for the inquiry. The Written Correspondence Unit may contact the provider for additional information if needed. providers should not send inquiries to resubmit claims previously rejected. To submit an inquiry through the IHCP Portal, providers can create a secure correspondence message using the coverage Inquiry category.

NCCI Edits

If the administrative review request is specific to the National Correct Coding Initiative, write NCCI at the beginning of the secure correspondence message or on the face of the letter. Or, if using the IHCP Administrative Review Request form, select the box marked “Request review of NCCI denial” as the reason for the administrative review request. The request should document any unusual circumstances in which the provider believes the claim was coded correctly and would like a reconsideration of the NCCI editing

Provider enrollment

The portal Secure Correspondence feature should not be used to submit enrollment documents for recertification. See the Provider Enrollment module for information about how to recertify and enrollment.

Submit inquiries regarding provider enrollment status.

TPL Updates

If a provider receives information from an insurance carrier that is different from the information the EVS lists for a member (for example, when a policy is terminated, a member was never covered, or the insurance carrier has a different billing address than on the TPL resource file), the provider can forward the information to the TPL Unit. Providers should forward copies of any documentation from another carrier that substantiates the need for changes to a member’s TPL file, including the following: • EOP • EOB • RA • Member’s third-party insurance card • Letter from the carrier • Any other correspondence to maintain the member’s TPL file.



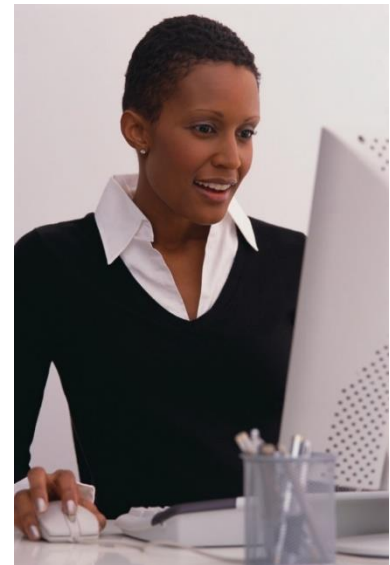
Using Secure Correspondence



Appropriate Use of Secure Correspondence

Examples of what **IS** appropriate to submit through secure correspondence:

- Inquiries on paid claims that do not appear to be paid according to guidelines.
- Fee schedule shows a different allowed amount than the payment.
- National Correct Coding Initiative (NCCI) edit.
- Benefit inquiry on specific codes that have limits.
- TPL update.



Administrative Review through Secure Correspondence

Administrative Review vs Inquiry - what is the difference?

It is determined by what is chosen in the drop down.

- Inquiry should be first – information will be reviewed, and provider will receive a response with a course of action.
- If provider disagrees, an Administrative Review can be submitted
- If still disagree follow guidelines in the [Claims Administrative Review and Appeals module](#).

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	<input type="text"/>
*Message Category	<input type="text"/>
*Email Address	<input type="text"/>
*Confirm Email Address	<input type="text"/>
Member ID	<input type="text"/>
Claim Number	<input type="text"/>
Date of Service	<input type="text"/>
Medicaid Paid Amount	<input type="text"/>
Paid Date	<input type="text"/>
Provider/Facility	<input type="text"/>
*Message	<input type="text"/>

Banking/Financial/RA Inquiry

Claim Administrative Review Request ←

Claim Appeal

Claim Inquiry ←

Coverage Inquiry

Enrollment Inquiry

Portal Assistance

TPL Update

Other



When Not to Use Secure Correspondence

Examples of what is **NOT** appropriate to submit through secure correspondence:

- Reprocess request for denied claims (non-NCCI edit).
 - Providers should submit their claims via the Portal and upload with the claim all medically necessary and filing limit documentation.
- Check claim status.
 - Providers should use the options available to obtain the status of their claims:
 - ❖ Portal
 - ❖ Interactive Voice Response (IVR) system at 800-457-4584
- Prior authorization updates or modifications.
 - Providers should contact Acentra, the fee-for-service (FFS) PA contractor.

It is the responsibility of providers that use a billing company/vendor to make sure they adhere to the guidelines.



Reminders

- Provider Relations Consultants cannot assist with overturning an Administrative Review or Appeal.
- If you submit a claim for Administrative Review or Appeal, please do not resubmit your claim until we have reprocessed your request.
- If we are unable to assist with technical support if you get an error message, reach out to the Portal Helpdesk INXIXTradingPartner@gainwelltechnologies.com
- Claim Questions – please include the claim number, member RID, and dates of service (DOS) in the correct fields or in the notes section.
- Please note the subject line is not viewable by anyone but the requestor.
- Please make sure that all information required is included, so your request can be reviewed and processed efficiently.

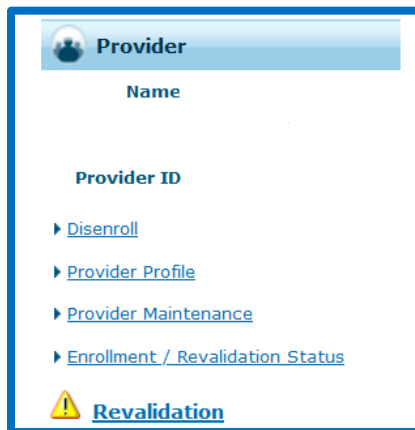


Helpful Tools



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**

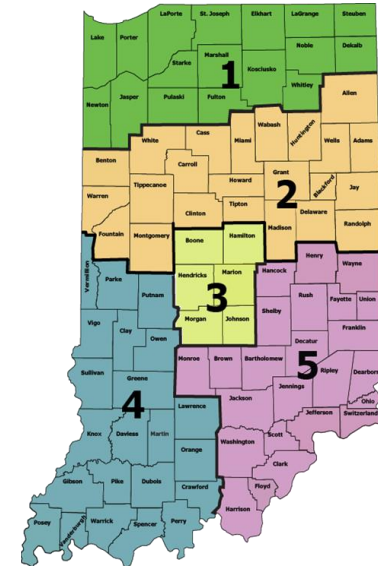


- **Revalidation must be finalized before the revalidation end date.**
- ***Providers that fail to revalidate will be required to re-enroll as new providers.***



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

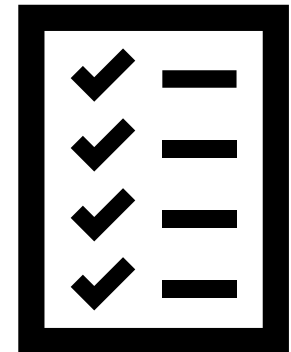
Your Provider Relations Consultant can:

- 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 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:

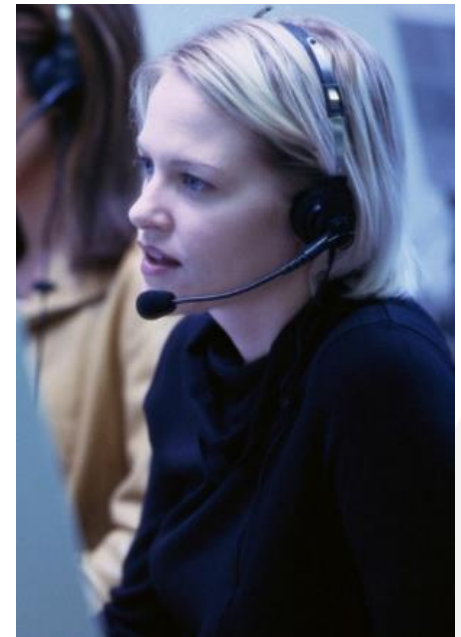
- Provider References > [IHCP Provider Reference Modules](#)
- Contact Information > Provider Relations Consultants

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:**

Please Evaluate

Make sure to answer all questions marked required to avoid errors

Please visit the Gainwell table for assistance



Questions

