

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2023156 NOVEMBER 9, 2023

IHCP to mass adjust claim copayments

The Indiana Health Coverage Programs (IHCP) has identified an issue with member copayments that may have been applied to fee-for-service (FFS) claims from April 1, 2023, through Oct. 17, 2023.

IHCP members impacted by this issue were enrolled in the following benefit plans:

- Package A – Standard Plan
- Presumptive Eligibility – Adult
- 590 Program
- Full Medicaid
- Package C – Children’s Health Plan
- Presumptive Eligibility – Package A Standard Plan



Cost-sharing was suspended effective April 1, 2020, due to the coronavirus disease 2019 (COVID-19) public health emergency (PHE), as announced in *IHCP Bulletin* [BT202033](#).

Providers should also refer to *IHCP Bulletin* [BT2023101](#) for additional information regarding member cost-sharing.

Claims that applied a copayment will have explanation of benefits (EOB) code 9001 – *Pricing adjustment - reimbursement reduced by the member’s copayment amount* applied to the claim.

The claim-processing system has been updated, and claims will be mass adjusted. Providers should see adjusted claims on remittance advices (RAs) beginning Dec. 6, 2023, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related).

QUESTIONS?

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