

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2025129 SEPTEMBER 4, 2025

IHCP to mass adjust claims for certain providers to reflect previously announced new rate changes

As part of the Healthy Indiana Plan (HIP) Rate Equalization Project, and to be compliant with the Centers for Medicare & Medicaid Services (CMS), the Indiana Health Coverage Programs (IHCP) will be applying the rate updates announced in *IHCP Bulletin* [BT2024178](#) to applicable fee-for-service (FFS) claims with dates of service (DOS) on and after **Jan. 1, 2025**, for the following providers, as shown in Table 1:

- Acute care hospitals – Out-of-state only
- Psychiatric hospitals – Out-of-state only
- Rehabilitation hospitals (outpatient hospital)
- Ambulatory surgical centers (ASCs)
- Rehabilitation facilities
- Outpatient mental health clinics
- End-stage renal disease (ESRD) freestanding renal dialysis clinics



Additionally, the IHCP is announcing a further update to the inpatient diagnosis-related group (DRG) rate for in-state and out-of-state acute care hospitals, effective for DOS on or after **Aug. 1, 2025**, as indicated in Table 1. This new rate was also announced in *IHCP Bulletin* [BT202598](#).

The IHCP will mass adjust affected claims retroactive to DOS on or after Jan. 1, 2025. Providers should see adjusted FFS claims on remittance advices (RAs) beginning with the dates indicated in Table 1. Adjustments will be identified with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check-related).

For managed care claims, the rate changes in *IHCP Bulletin* [BT2024178](#) were effective on Jan. 1, 2025.

Table 1 – New rate factors for applicable providers, effective for DOS on or after Jan. 1, 2025 (unless otherwise indicated), and RA dates for adjusted claims

Provider type	Provider specialty	Provider specialty code	In-state (IN-ST)/out-of-state (OOS)	Service	Rate factor	RA date beginning
Hospital (01)	Acute Care	010	OOS	Inpatient hospital diagnosis-related group (DRG)	1.284 (Jan. 1, 2025 – July 31, 2025) 1.658 (beginning Aug. 1, 2025)	Nov. 5, 2025

Table 1 – New rate factors for applicable providers, effective for DOS on or after Jan. 1, 2025 (unless otherwise indicated), and RA dates for adjusted claims (Continued)

Provider type	Provider specialty	Provider specialty code	In-state (IN-ST)/ out-of-state (OOS)	Service	Rate factor	RA date beginning
Hospital (01)	Acute Care	010	OOS	Inpatient hospital burn LOC (Burn/2 rate)	0.958	Nov. 5, 2025
	Acute Care, Psychiatric	010, 011	OOS	Inpatient hospital psychiatric LOC	1.067	Nov. 5, 2025
	Acute Care, Psychiatric, Rehabilitation	010, 011, 012	OOS for all IN-ST for Rehabilitation (012)	Outpatient hospital	1.032	Oct. 15, 2025
	Acute Care – Children’s hospital*	010	OOS	Outpatient hospital	1.006	Oct. 15, 2025
Ambulatory Surgical Center (02)	Ambulatory Surgical Center (ASC)	020	IN-ST & OOS	ASC	1.123	Oct. 15, 2025
Rehabilitation Facility (04)	Rehabilitation Facility	040	IN-ST & OOS	Rehabilitation facility	1.075	Oct. 22, 2025
Behavioral Health Provider (11)	Outpatient Mental Health Clinic	110	IN-ST & OOS	Outpatient mental health clinic	1.088	Oct. 22, 2025
End-Stage Renal Disease (ESRD) Clinic (30)	Freestanding Renal Dialysis Clinic	300	IN-ST & OOS	ESRD	1.010	Oct. 22, 2025

*Children’s hospitals are eligible to receive enhanced reimbursement in accordance with IHCP policy in IHCP Bulletin [BT2025103](#).

For more information

If you have questions regarding new and adjusted rates, please send them via email to

FSSA.IHCPReimbursement@fssa.in.gov.

Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#).

Individual managed care entities (MCEs) establish and publish billing and reimbursement criteria within the managed care delivery system. Questions about managed care claims should be directed to the MCE with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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