IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2025187 DECEMBER 23, 2025

IHCP to update FQHC/RHC crossover fee-for-service reimbursement logic

Effective Jan. 28, 2026, the Office of Medicaid Policy and Planning (OMPP) is implementing changes to the fee-for-service (FFS) reimbursement logic for Medicare crossover claims submitted by federally qualified health clinics (FQHCs) and rural health clinics (RHCs).

Medicare crossover claims for FQHC/RHC providers will bypass the prospective payment system (PPS) rate logic and the Medicare reimbursement logic and pay the deductible, coinsurance and copayment regardless of the lesser of methodology.

Additional key changes include the following:

- The “lesser of” pricing logic will **not** apply to Qualified Medicare Beneficiary (QMB)-only claims.
- This logic matches the approach for fully dual-eligible members.

These updates are designed to ensure compliance with Centers for Medicare & Medicaid Services (CMS)-approved requirements and streamline claim processing for QMB-only members.

The Indiana Health Coverage Programs (IHCP) will be publishing an additional bulletin to address any adjustments that may be required due to this change.

QUESTIONS?

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

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