

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201725 APRIL 6, 2017

IHCP revises Hospital Assessment Fee adjustment factor for inpatient DRG base rate

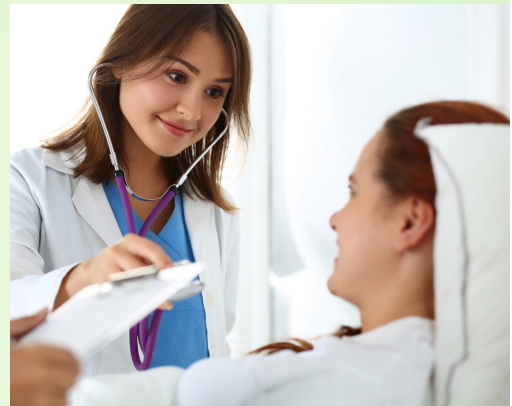
Effective **May 6, 2017**, the Indiana Health Coverage Programs (IHCP) is revising the Hospital Assessment Fee (HAF) adjustment factor used in fee-for-service inpatient diagnosis-related group (DRG) reimbursement to eligible hospitals. The change in inpatient reimbursement will ensure that aggregate payments to eligible providers reasonably approximate the Medicare upper-payment limits without exceeding those limits:

- The current adjustment factor for the inpatient DRG base rate is 2.1.
- The revised adjustment factor for the inpatient DRG base rate is 2.5.

The revised adjustment factor will be applied retroactively to claims with dates of service (DOS) on or after **April 1, 2017**.

Previously paid claims with DOS of April 1, 2017, through May 6, 2017, will be mass adjusted to apply the revised HAF adjustment factor noted in this bulletin. Mass-adjusted claims will appear on Remittance Advices (RAs) beginning on or after May 9, 2017, and will be identified with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacement non-check related). For claims that were underpaid, the net difference will be paid and reflected on the RA.

The current HAF adjustment factor for outpatient claims can be found in *IHCP Bulletin* [BT201722](#). For all other claim types, the HAF adjustment factors published in *IHCP Bulletin* [BT201622](#) remain in effect. Adjustment factors may be revised in the future to remain within the hospital upper-payment limit. Providers will be notified of any changes to the adjustment factors through an IHCP bulletin.



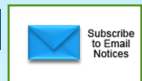
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