

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201904 JANUARY 29, 2019

IHCP clarifies changes to reporting requirements and rate calculations for home health services

Pursuant to changes to the *Indiana Administrative Code* [405 IAC 1-4.2](#), Medicaid home health agency cost report filing requirements and the related approach for calculating home health reimbursement rates are repealed, effective January 20, 2019.

The Medicaid cost report filing requirement for home health agencies has been eliminated. Accordingly, effective January 20, 2019, the Indiana Health Coverage Programs (IHCP) will no longer require home health agencies providing services to Medicaid members to file an annual Medicaid financial report. By extension, penalties for untimely submission of cost reports and related information requests have also been eliminated.



Further, the approach for calculating standard statewide Medicaid reimbursement rates for home health services, historically based on Medicaid cost reports filed by all home health providers billing the IHCP for services, will be revised. The state fiscal year 2019 rates, currently in effect for dates of service (DOS) from July 1, 2018, through June 30, 2019, were announced in *IHCP Bulletin* [BT201828](#) published at in.gov/medicaid/providers. These rates will remain in effect until further revisions to the reimbursement rules are promulgated.

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