

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201730 MAY 9, 2017

IHCP extends revised Hospital Assessment Fee adjustment factors to managed care claims

Effective June 9, 2017, the revised Hospital Assessment Fee (HAF) payment adjustment factors for outpatient rates and inpatient diagnosis-related group (DRG) base rates, described in the *Indiana Health Coverage Programs (IHCP) Bulletins* [BT201722](#) and [BT201725](#), respectively, are required to be applied to claim reimbursements to eligible hospitals made through the managed care delivery system, under the Hoosier Healthwise, Hoosier Care Connect, and Healthy Indiana Plan (HIP) programs. Some managed care entities (MCEs) may have already implemented the revised adjustment factors, which are as follows:

- The revised adjustment factor for outpatient rates, excluding laboratory services, is 2.0 (previously 2.7).
- The revised adjustment factor for the inpatient DRG base rate is 2.5 (previously 2.1).

The revised adjustment factors will be applied retroactively to claims with dates of service (DOS) on or after **April 1, 2017**. Reimbursement for outpatient laboratory services, defined as the procedure codes listed on the Medicare Clinical Laboratory Fee Schedule, are not subject to the HAF increase.

Previously paid claims with DOS on or after April 1, 2017, will be mass adjusted to apply the revised HAF adjustment factors. Please contact the MCEs directly for additional information regarding the claim adjustment process.



QUESTIONS?

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