

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2025103 JULY 8, 2025

Changes to Medicaid reimbursement for eligible out-of-state children's hospitals extended

House Bill 1024 extends the expiration date of Medicaid reimbursement for certain out-of-state children's hospitals from July 1, 2025, to July 1, 2027.

The Indiana Health Coverage Programs (IHCP) will continue to reimburse eligible out-of-state children's hospitals for the following:

- Inpatient hospital services at 130% of the Medicaid reimbursement rate and the calculated Medicaid inpatient hospital outlier payments. The increase does not apply to the capital per diem or medical education per diem (if applicable), which continue to pay at the standard IHCP rate.
- Outpatient hospital services at 130% of the Medicaid reimbursement rate provided by eligible out-of-state children's hospitals. The increase does not apply to clinical laboratory codes, prosthetic/orthotic device details billed with revenue code 274 or drug details billed with revenue code 636, which continue to pay at the standard IHCP rate for these services.



This reimbursement is effective for dates of service from July 1, 2025, through June 30, 2027, pending approval from the Centers for Medicare & Medicaid Services (CMS).

This increase in reimbursement applies to both fee-for-service (FFS) and managed care claims and applies to claims for members younger than 19 years of age.

Eligible out-of-state children's hospitals are children's hospitals located in a state bordering Indiana.

In addition, the out-of-state children's hospital must be a freestanding general acute care hospital, or a facility located within a freestanding general acute care hospital that meets one of the following criteria:

- Is designated by the Medicare program as a children's hospital
- Furnishes inpatient and outpatient healthcare services to patients who are predominantly individuals younger than 19 years of age.

The IHCP identified the children's hospitals listed in [Table 1](#) that are eligible to receive increased reimbursement.

Table1 – Hospitals eligible to receive increased reimbursement

IHCP Provider ID	National Provider Identifier (NPI)	Hospital name
300086186	1508315516	Advocate Children's Hospital
300012683	1235234535	Ann & Robert Lurie Children's Hospital
300093030	1538471800	Children's Hospital of Michigan
100069650A	1548212988	Cincinnati Children's Hospital Medical Center
300020322	1457379448	Dayton Children's Hospital
300111634	1457379448	Dayton Children's Hospital
100275950A	1427146430	La Rabida Children's Hospital
100069780A	1134152986	Nationwide Children's Hospital
100069740A	1982609442	Norton Children's Hospital
100034170A	1831195908	Norton Women's & Children's Hospital
201076690A	1376656538	Shriners Hospitals for Children (Chicago, IL)
201065990B	1659590644	Shriners Hospitals for Children (Dayton, OH)
300061997	1093894990	University of Chicago – Comer's Children's Hospital

For more information

If a hospital meets the requirements of *House Bill 1024* and has not been notified that they were approved for the increased rate, please contact Myers and Stauffer at INHospital@mslc.com. If a hospital does not meet the requirements of *House Bill 1024*, the hospital is not eligible for this payment program.

After CMS approval, a subsequent bulletin will be published, and managed care and FFS claims will be mass adjusted.

For more information, see the [Out-of-State Providers](#) provider reference module at in.gov/medicaid/providers.

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