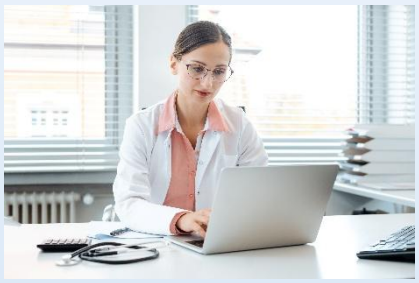
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026129 JULY 30, 2026

OMPP changing lookback period for claims with retroactive QMB coverage

In response to the circumstances outlined in this bulletin, the Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) is extending the Qualified Medicare Beneficiary (QMB) claim reprocessing lookback period from 24 months to 36 months. This change affects claims for members with retroactive Medicare coverage and full Medicaid benefits. Effective Sept. 1, 2026, the new lookback period will apply to claims with dates of service (DOS) on or after **Sept. 1, 2023**.



Providers are expected to resubmit any affected claims in accordance with this update. This affects claims submitted through both the fee-for-service (FFS) and managed care delivery systems.

Section 1634 of the Social Security Act

Under Section 1634 of the *Social Security Act* (*United States Code 42 USC § 1383c*), the Social Security Administration (SSA) may enter into agreements with states to determine Medicaid eligibility based on Supplemental Security Income (SSI) findings for aged, blind or disabled individuals. Through this agreement, the SSA automatically processes SSI-related Medicaid eligibility, which triggers automatic enrollment in Medicare Part B. This process, known as Medicare Buy-In, notifies the state to begin paying Part B premiums, thereby initiating QMB coverage for Medicare Part A. Indiana entered into a Section 1634 agreement with the SSA in 2016. For additional information, visit the *Medicare Advocacy Medicare Buy-In* webpage or *Centers for Medicare & Medicaid Services (CMS) Overview Medicare Buy-In*.

Medicare Buy-In for IHCP members

The SSA recently identified an enrollment error affecting Indiana Health Coverage Programs (IHCP) members who should have been automatically enrolled in Medicare at age 65 (see *IHCP Bulletin BT202686*). The SSA has corrected this issue, and going forward, eligible members will be enrolled automatically in Medicare Part B. In the interim, the SSA and the OMPP are actively updating records for affected members, which may result in retroactive enrollment into Medicare Part B and subsequently Medicare Part A. The OMPP is also identifying members who should have been automatically enrolled based on 24 months of Social Security Disability Insurance (SSDI) eligibility. As a result, some members may receive retroactive Medicare coverage.

Medicaid is the payer of last resort

Under *Code of Federal Regulations 42 CFR 433.139*, Medicaid is designated as the payer of last resort, including for individuals with both Medicare and Medicaid coverage. For dually eligible Indiana members, Medicare must always be billed as the primary payer. If Medicaid is improperly billed as the primary payer and full payment is received, the provider must return the payment to the IHCP and rebill Medicare. All providers are required to maintain internal processes to identify and correct improper billing.

For more information

Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your Provider Relations consultant.

Individual managed care organizations (MCOs) establish and publish billing and reimbursement criteria within the managed care delivery system. Questions about managed care claims should be directed to the member's MCO.

QUESTIONS

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

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