

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT2026168

OCTOBER 13, 2026

IHCP updates billing requirements for retroactive Healthy Indiana Plan eligibility

Beginning with applications filed on or after Jan. 1, 2027, the Indiana Health Coverage Programs (IHCP) will change how retroactive eligibility is administered for members enrolled in the Healthy Indiana Plan (HIP). As of Jan. 1, 2027, HIP members who qualify may be eligible for one month of retroactive coverage. For example, January applicants will have coverage retroactive to December 2026.



Under the new policy, eligible HIP members who receive retroactive coverage will be assigned **fee-for-service (FFS) coverage for retroactive months** rather than managed care coverage. Managed care assignment will begin the first day of the month of authorization of approval by the Indiana Family and Social Services Administration (FSSA) Division of Family Resources (DFR). This change affects how providers bill claims for services rendered during retroactive coverage periods.

Coverage assignment for retroactive HIP eligibility

When a member is approved for retroactive HIP coverage, retroactive months will be assigned to a new FFS aid category, **RH (HIP Retro Fee-for-Service)**. Providers should verify member eligibility through the IHCP Eligibility Verification System (EVS) and review coverage information for the dates of service (DOS) before submitting claims.

The requirements for retroactively covered months assigned to aid category RH include the following:

- Coverage will be administered through the IHCP FFS delivery system.
- Providers must submit claims directly to the IHCP fiscal agent (Gainwell Technologies).
- Claims for retroactive DOS should not be submitted to the member's managed care organization (MCO).

Members will continue to receive their regular HIP managed care coverage for current and prospective months. Claims for those DOS should continue to be billed to the member's assigned MCO, as appropriate.

Exception for members with recent HIP coverage

Retroactive FFS coverage will not be added when a member previously had HIP eligibility that ended within the preceding 90 days.

In this situation, the following will continue:

- The member's managed care enrollment will remain continuous.
- Retroactive months will remain associated with the member's HIP managed care coverage.
- Providers should continue billing the member's assigned MCO for covered DOS.

Eligibility categories not affected

This change does not apply to members with:

- A Department of Corrections (DOC) indicator
- Emergency Services Only (ESO) coverage

Coverage for these members will continue to follow existing eligibility and billing processes.



Provider action required

Providers are encouraged to do the following:

- Verify member eligibility and aid category prior to submitting a claim.
- Review coverage records for retroactive DOS.
- Submit claims for DOS associated with aid category **RH** to Gainwell.
- Continue billing the member's assigned MCO for DOS covered under active HIP managed care enrollment.

Failure to bill the appropriate payer may result in claim denials or processing delays.

For more information

Questions about FFS billing and claim-processing should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#).

Within the managed care delivery system, individual MCOs establish and publish their own billing and reimbursement information. Questions about managed care billing and reimbursement should be directed to the MCO with which the member is enrolled.

QUESTIONS

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

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [IHCP Bulletins](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.

