IC 12-15

ARTICLE 15. MEDICAID

IC 12-15-1

Chapter 1. Administration

IC 12-15-1-1

Administration of Medicaid program

Sec. 1. The office of the secretary shall administer the Medicaid program under 42 U.S.C. 1396 et seq.

As added by P.L.2-1992, SEC.9. Amended by P.L.109-2014, SEC.18.

IC 12-15-1-2

Agents of the division of family resources

Sec. 2. A county office shall serve as an agent of the division of family resources.

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.106; P.L.5-1993, SEC.119; P.L.145-2006, SEC.82.

IC 12-15-1-3

Supervision of county offices

Sec. 3. The division of family resources shall supervise the county offices regarding services provided under this chapter.

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.107; P.L.5-1993, SEC.120; P.L.145-2006, SEC.83.

IC 12-15-1-4

Written protocols; contracts implementing state program

Sec. 4. (a) The office and the division of family resources shall formulate written protocols that specify the following:

(1) That the county offices are responsible for all eligibility determinations made under the state Medicaid program.

(2) That the office is responsible for payment of a claim made under the state Medicaid plan.

(b) The office may enter into any contract to implement the state program.

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.108; P.L.5-1993, SEC.121; P.L.145-2006, SEC.84.

IC 12-15-1-5

Agreement with Commissioner of the United States Social Security Administration; eligibility determinations for aged, blind, and disabled; authorization to request transition change for determinations

Sec. 5. (a) The office may enter into an agreement with the Commissioner of the United States Social Security Administration under which the Commissioner shall accept applications and make determinations of eligibility for Medicaid for individuals who are aged, individuals who are blind, and individuals with a disability in accordance with the standards and criteria established by the state

plan for Medicaid.

(b) The office may request the United States Department of Health and Human Services to approve Indiana's transition, beginning January 1, 2014, as a state that determines eligibility for individuals who are aged, blind, or disabled under Medicaid based on Section 1634 of the federal Social Security Act.

As added by P.L.2-1992, SEC.9. Amended by P.L.99-2007, SEC.93; P.L.160-2011, SEC.5.

IC 12-15-1-6

Agreement with Secretary of United States Department of Health and Human Services; division of administrative costs

Sec. 6. The office may pay to the Secretary of the United States Department of Health and Human Services one-half (1/2) of the administrative cost of carrying out the agreement. However, with respect to an individual eligible for benefits under the federal Supplemental Security Income program the costs must only include those costs which are additional to the cost in carrying out the Supplemental Security Income program.

As added by P.L.2-1992, SEC.9.

IC 12-15-1-7

Agreement with Secretary of United States Department of Health and Human Services; eligibility determinations after January 1, 1974

Sec. 7. The agreement under section 5 of this chapter must cover eligibility determinations after January 1, 1974.

As added by P.L.2-1992, SEC.9.

IC 12-15-1-8

Receipt of assistance in adult category before January 1, 1974; automatic coverage

Sec. 8. An individual who receives assistance in one (1) of the adult categories before January 1, 1974, is not required to make a new application and is automatically covered by the plan while the individual remains eligible.

As added by P.L.2-1992, SEC.9.

IC 12-15-1-9

Application to county offices

Sec. 9. (a) If the state does not enter into a contract with the Secretary of the United States Department of Health and Human Services to administer the Medicaid program, a recipient must make an application for Medicaid to the county office of the county or district in which the recipient resides.

(b) The application must be in the manner required by the office.

(c) However, an applicant who:

(1) was receiving assistance before January 1, 1974; and

(2) has been certified as eligible for Medicaid;

is not required to make an application while the recipient continues

to remain eligible under state laws.
As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.109; P.L.5-1993, SEC.122.

IC 12-15-1-10
Administrative actions and directions; adoption of procedures and rules

Sec. 10. The secretary and office may:

(1) take actions;

(2) give directions; and

(3) adopt procedures and rules under IC 4-22-2;

necessary to carry out the Medicaid program and the federal Social Security Act to provide Medicaid and ensure uniform equitable treatment of applicants for and recipients of Medicaid.
As added by P.L.2-1992, SEC.9.

IC 12-15-1-11
Money received from recipient or collected from estate; payment into Medicaid account; apportionment

Sec. 11. (a) Money received from a Medicaid recipient or collected from the recipient's estate shall be:

(1) forwarded to the office; and

(2) paid into the Medicaid account of the state general fund.

(b) Money under subsection (a) must be distributed in proportion to the amounts in which the assistance payments represented money contributed by the federal government and the state.
As added by P.L.2-1992, SEC.9.

IC 12-15-1-12
Attorney general; appearance and representation of state in proceedings affecting property or resources upon which state may have claim

Sec. 12. The attorney general may enter the appearance of the state in a proceeding affecting property or resources upon which the state may have a claim for Medicaid to do the following:

(1) Prosecute and defend in the proceeding.

(2) Institute probate proceedings as a creditor to deceased persons.

(3) Enter into a stipulation, a compromise, a settlement, an agreement, or an arrangement with respect to appropriate claims, either in the course of or in the absence of and apart from any action or proceeding.

As added by P.L.2-1992, SEC.9.

IC 12-15-1-13
Annual effectiveness evaluation

Sec. 13. The office shall conduct an annual evaluation of the effectiveness of providing Medicaid under IC 12-15-2-12 and IC 12-15-2-14.
As added by P.L.2-1992, SEC.9.

IC 12-15-1-14

Effectiveness evaluation; annual report to legislative council

Sec. 14. The office shall annually submit a report to the legislative council that covers all aspects of the office's evaluation, including the following:

(1) The number and demographic characteristics of the individuals receiving Medicaid during the preceding fiscal year.

(2) The number of births during the preceding fiscal year.

(3) The number of infant deaths during the preceding fiscal year.

(4) The improvement in the number of low birth weight babies for the preceding fiscal year.

(5) The total cost of providing Medicaid during the preceding fiscal year.

(6) The total cost savings during the preceding fiscal year that are realized in other state funded programs because of providing Medicaid.

The report must be in an electronic format under IC 5-14-6.

As added by P.L.2-1992, SEC.9. Amended by P.L.28-2004, SEC.103.

IC 12-15-1-15

Assignment, enforcement, and collection of rights of payment; contracts for administration of program; rules

Sec. 15. (a) The office shall administer the program of assignment, enforcement, and collection of rights of payments for medical care that is provided for under 42 U.S.C. 1396k.

(b) The office may enter into contracts to administer the program described in subsection (a).

(c) The administrator of the office shall adopt rules under IC 4-22-2 to implement this section.

As added by P.L.2-1992, SEC.9.

IC 12-15-1-16

School corporation or school corporation's provider; enrollment in Medicaid program; sharing reimbursable costs

Sec. 16. (a) Each:

(1) school corporation; or

(2) school corporation's employed, licensed, or qualified provider;

must enroll in a program to use federal funds under the Medicaid program (IC 12-15-1 et seq.) with the intent to share the costs of services that are reimbursable under the Medicaid program and that are provided to eligible children by the school corporation. However, a school corporation or a school corporation's employed, licensed, or qualified provider is not required to file any claims or participate in the program developed under this section.

(b) The office of Medicaid policy and planning and the department of education may develop policies and adopt rules to administer the program developed under this section.

(c) Three percent (3%) of the federal reimbursement for paid

claims that are submitted by the school corporation under the program required under this section must be:

(1) distributed to the state general fund for administration of the program; and

(2) used for consulting to encourage participation in the program.

The remainder of the federal reimbursement for services provided under this section must be distributed to the school corporation. The state shall retain the nonfederal share of the reimbursement for Medicaid services provided under this section.

(d) The office of Medicaid policy and planning, with the approval of the budget agency and after consultation with the department of education, shall establish procedures for the timely distribution of federal reimbursement due to the school corporations. The distribution procedures may provide for offsetting reductions to distributions of state tuition support or other state funds to school corporations in the amount of the nonfederal reimbursements required to be retained by the state under subsection (c).

As added by P.L.80-1994, SEC.1. Amended by P.L.224-2003, SEC.64.

IC 12-15-1-17

Reimbursement from parent for health services provided to child

Sec. 17. (a) The office shall, under procedures established by the department of state revenue, file an application for the offset of state tax refunds due to a parent who:

(1) is required by a court or an administrative order to provide coverage of the costs of health services to a child who is eligible for medical assistance;

(2) has received payment from a third party for the costs of the services to the child; and

(3) has not used the payments to reimburse, as appropriate, either the:

(A) other parent or guardian of the child; or

(B) provider of the health services;

to the extent necessary to reimburse the office, or, where the other parent has paid the provider or the office, the other parent, for the costs of the services provided to the child under the Medicaid program.

(b) The office may institute garnishment proceedings against the wages, salary, or other employment income of the parent described in subsection (a) to the extent necessary to reimburse the office for the costs of health services provided to a child who has received the services under the Medicaid program.

(c) Claims for current or past due child support take priority over any claims authorized by this section.

As added by P.L.46-1995, SEC.30.

IC 12-15-1-18

Use of funds to encourage application and enrollment of minors

Sec. 18. The office shall use all funds that are appropriated to the office under 42 U.S.C. 1397ee to conduct activities allowed under 42 U.S.C. 1397bb(c)(1) in order to encourage children who are:

(1) less than nineteen (19) years of age;

(2) eligible for Medicaid; and

(3) not enrolled in the Medicaid program;

to apply for and enroll in the Medicaid program.

As added by P.L.58-1998, SEC.5.

IC 12-15-1-19

Contracts with community entities

Sec. 19. The office may, in administering managed care programs, contract with community entities, including private entities, for the following:

(1) Outreach for and enrollment in the managed care programs.

(2) Provision of services.

(3) Consumer education and public health education.

As added by P.L.273-1999, SEC.170.

IC 12-15-1-20

Implementation of policy of funds following an individual transferring to community based care

Sec. 20. (a) The office shall implement a policy that allows the amount of Medicaid funds necessary to provide services to follow an individual who is transferring from institutional care to Medicaid home and community based care.

(b) The amount may not exceed the amount that would have been spent on the individual if the individual had stayed in institutional care.

As added by P.L.47-2009, SEC.2.

IC 12-15-1-20.2

Computer system for disproportionate share hospital payment program; HCI; UPL

Sec. 20.2. The office shall develop, maintain, and use a computer system to store documents concerning the disproportionate share hospital payment program, the hospital care for the indigent program, and the hospital care for the indigent upper payment level program. The system must include the following documents related to the programs:

(1) Federal and state laws.

(2) Federal and state rules and regulations.

(3) Policies and guidance statements.

(4) Medicaid waivers.

(5) Medicaid state plan amendments.

(6) Funding allotments to health care facilities.

(7) Funding formulas and any other explanatory information detailing how an individual allotment is calculated.

As added by P.L.140-2009, SEC.1.

IC 12-15-1-20.4

Suspension of Medicaid for a delinquent child; participation in Medicaid upon release

Sec. 20.4. (a) If a Medicaid recipient is:

(1) less than eighteen (18) years of age;

(2) adjudicated to be a delinquent child and placed in:

(A) a community based correctional facility for children;

(B) a juvenile detention facility; or

(C) a secure facility, not including a facility licensed as a child caring institution under IC 31-27; and

(3) ineligible to participate in the Medicaid program during the placement described in subdivision (2) because of federal Medicaid law;

the division of family resources, upon notice that a child has been adjudicated to be a delinquent child and placed in a facility described in subdivision (2) shall suspend the child's participation in the Medicaid program for up to six (6) months before terminating the child's eligibility.

(b) If the division of family resources receives:

(1) a dispositional decree under IC 31-37-19-28; or

(2) a modified disposition order under IC 31-37-22-9;

and the department of correction gives the division at least forty (40) days notice that a child will be released from a facility described in subsection (a)(2)(C), the division of family resources shall take action necessary to ensure that a child described in subsection (a) is eligible to participate in the Medicaid program upon the child's release, if the child is eligible to participate.

As added by P.L.114-2009, SEC.1. Amended by P.L.1-2010, SEC.57.

IC 12-15-1-21

Single electronic Medicaid eligibility verification system

Sec. 21. Beginning January 1, 2012, the office and a contractor of the office shall operate a single electronic eligibility verification system that would allow the determination of whether an individual is participating in the state Medicaid program.

As added by P.L.27-2011, SEC.1.

IC 12-15-1-21.2

Plan to qualify services for exceptional learners; recovery of state share of cost of services

Sec. 21.2. (a) The budget agency shall develop a plan and seek federal approval to qualify services that are provided to assist exceptional learners in accessing or coordinating services, or both, under the state Medicaid plan.

(b) The budget agency and the office of the secretary shall establish a method to collect the state share of the costs of services that are:

(1) reimbursable under the Medicaid program; and

(2) provided to Medicaid eligible children receiving services in private psychiatric residential treatment facilities;

from the county of residence of the child receiving services.
As added by P.L.220-2011, SEC.263.

IC 12-15-1-21.7
Life insurance policy treatment

Sec. 21.7. (a) To the extent allowed by federal law, the office may use federal or state funds under the Medicaid program to pay premiums and other expenses related to a life insurance policy that is in force and owned by an applicant or a recipient who:

(1) is:
(A) at least fifty-five (55) years of age; or
(B) permanently institutionalized; and

(2) has:
(A) made an irrevocable election to name the state as a beneficiary of the life insurance policy for an amount equal to:
(i) Medicaid benefits provided to the recipient under IC 12-15-5 or IC 12-14-17; plus
(ii) premiums or expenses paid by the office to the insurer that issued the life insurance policy; or
(B) collaterally assigned the life insurance policy to the state under a written agreement submitted to and recorded by the insurer that issued the life insurance policy.

(b) Any life insurance policy that is in force and under which the state is named as an irrevocable beneficiary or that has been collaterally assigned to the state may not be sold, assigned, or the ownership transferred to any person or entity. This restriction exists as long as the life insurance policy names the state as an irrevocable beneficiary or as long as the life insurance policy is collaterally assigned to the state.

(c) Life insurance policy proceeds that exceed the amount of Medicaid benefits provided to a recipient shall be paid to a beneficiary named by the applicant or recipient.
As added by P.L.196-2011, SEC.1.

IC 12-15-1-22
Visit to Medicaid provider offices, entities, or facilities; rules

Sec. 22. (a) The office shall visit a Medicaid provider's office, entity, or facility if:

(1) the provider is categorized as high risk to the Medicaid program under 42 U.S.C. 1395cc(j)(2)(B) and 42 CFR 455.450; and

(2) the provider's Medicaid claims have increased by at least fifty percent (50%) over a six (6) month period.

(b) The office shall adopt rules under IC 4-22-2 or issue a Medicaid provider bulletin setting forth procedures and standards for the visit required under this section.
As added by P.L.197-2013, SEC.9.