

IC 12-15-6

Chapter 6. Individual Contributions

IC 12-15-6-1

Enrollment fees, premiums, or other charges as condition of eligibility

Sec. 1. Except as provided in section 2 of this chapter, and beginning July 1, 2002, except as provided in IC 12-15-41, an enrollment fee, a premium, or a similar charge may not be imposed as a condition of an individual's eligibility for Medicaid.

As added by P.L.2-1992, SEC.9. Amended by P.L.287-2001, SEC.8.

IC 12-15-6-2

Copayment; application for certain services

Sec. 2. The office shall apply a copayment for certain types of Medicaid.

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

IC 12-15-6-3

Copayment; time for making

Sec. 3. (a) A copayment shall be made by the recipient of Medicaid upon receipt of assistance. If a recipient of Medicaid does not make the copayment, the office may not require the provider to collect the copayment. However, a provider may not voluntarily waive the copayment by the recipient under this section.

(b) The office may adopt rules under IC 4-22-2 to prescribe that the copayment amount is not deducted from the reimbursement to the provider for services provided by the provider if a recipient of Medicaid does not make the copayment.

As added by P.L.2-1992, SEC.9. Amended by P.L.114-1996, SEC.1.

IC 12-15-6-4

Services to which copayment applies; exceptions

Sec. 4. A copayment applies to all services except the following:

- (1) Services furnished to individuals less than eighteen (18) years of age.
- (2) Services furnished to pregnant women if the services relate to the pregnancy or to any other medical condition that might complicate the pregnancy.
- (3) Services furnished to individuals who are inpatients in hospitals, nursing facilities, including intermediate care facilities for the mentally retarded, and other medical institutions.
- (4) Emergency services as defined by regulations adopted by the Secretary of the United States Department of Health and Human Services.
- (5) Services furnished to individuals by health maintenance organizations in which the individuals are enrolled.
- (6) Family planning services and supplies described in 42 U.S.C. 1396d(a)(4)(C).
- (7) Physical examinations to determine the need for medical

services.

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

IC 12-15-6-5

Provider to charge maximum copayment allowable

Sec. 5. A provider shall charge the maximum copayment allowable under federal statute or regulation.

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

IC 12-15-6-6

Repealed

(Repealed by P.L.278-1993(ss), SEC.29.)

IC 12-15-6-7

Repealed

(Repealed by P.L.278-1993(ss), SEC.29.)