

IC 12-15-22

Chapter 22. Provider Sanctions

IC 12-15-22-1

Denial of payment; rejection of participation application; provider agreement termination; civil penalty; interest charges

Sec. 1. If after investigation the office determines that a provider has violated a Medicaid statute or rule adopted under a Medicaid statute, the office may impose at least one (1) of the following sanctions:

- (1) Denial of payment to the provider for Medicaid services provided during a specified time.
- (2) Rejection of a prospective provider's application for participation in the Medicaid program.
- (3) Termination of a provider agreement permitting a provider's participation in the Medicaid program.
- (4) Assessment of a civil penalty against the provider in an amount not to exceed three (3) times the amount paid to the provider in excess of the amount that was legally due.
- (5) Assessment of an interest charge, at a rate not to exceed the rate established by IC 24-4.6-1-101(2) for judgments on money, on the amount paid to the provider in excess of the amount that was legally due. The interest charge accrues from the date of the overpayment to the provider.

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

IC 12-15-22-1.5

Ineligibility after conviction

Sec. 1.5. In addition to any sanction imposed on a provider under section 1 of this chapter, a provider convicted of an offense under IC 35-43-5-7.1 is ineligible to participate in the Medicaid program for ten (10) years after the conviction.

As added by P.L.46-1995, SEC.40.

IC 12-15-22-2

Administrative appeals; rules

Sec. 2. A provider may appeal a sanction under section 1 of this chapter under rules concerning appeal that are adopted by the secretary under IC 4-22-2.

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

IC 12-15-22-3

Judicial review

Sec. 3. After exhausting all administrative remedies, a provider may obtain judicial review of a sanction under IC 4-21.5-5.

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

IC 12-15-22-4

**Denial of payment or termination of provider agreement;
obligation of provider to inform individual services recipients**

Sec. 4. A final directive made by the office that:

- (1) denies payment to a provider for medical services provided during a specified period of time; or
- (2) terminates a provider agreement permitting a provider's participation in the Medicaid program;

must direct the provider to inform each eligible individual recipient of services, before services are provided, that the office or the office's contractor under IC 12-15-30 will not pay for those services if provided.

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

IC 12-15-22-5

Denial of payment, rejection of participation application or provider agreement termination; time to correct deficiencies

Sec. 5. Subject to section 6 of this chapter, a final directive:

- (1) denying payment to a provider;
- (2) rejecting a prospective provider's application for participation in the Medicaid program; or
- (3) terminating a provider agreement permitting a provider's participation in the Medicaid program;

must be for a sufficient time, in the opinion of the administrator, to allow for the correction of all deficiencies or to prevent further abuses.

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

IC 12-15-22-6

Eligibility; repayment of excess payments; payment of penalties

Sec. 6. A provider may not be declared to be eligible until the office has received the following:

- (1) Full repayment of the amount paid to the provider in excess of the proper and legal amount due, including any interest charge assessed by the office.
- (2) Full payment of a civil penalty assessed under section 1(4) of this chapter.

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

IC 12-15-22-7

Provider subjected to sanction; agreement as provided in IC 12-15-11

Sec. 7. Except as provided in section 8 of this chapter, a provider who has been subjected to a sanction under section 1 of this chapter may file an agreement as provided in IC 12-15-11.

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

IC 12-15-22-8

Eligibility to submit Medicaid claims; criminal convictions; repeated imposition of sanctions

Sec. 8. A provider who:

(1) has been convicted of a crime relating to the provision of services under this chapter; or

(2) has been subjected to a sanction under section 1 of this chapter on three (3) separate occasions by directive of the administrator;

is ineligible to submit claims for Medicaid.

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