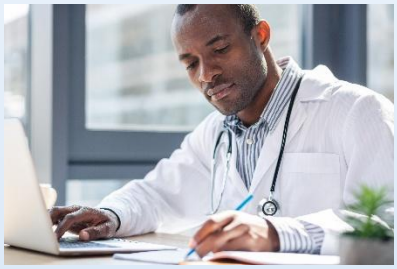
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026130 AUGUST 4, 2026

Performance standards for PE qualified providers are transitioning to *Indiana Code* standards

The Indiana Health Coverage Programs (IHCP) announces that, effective Sept. 3, 2026, the Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) will evaluate all qualified providers (QPs) that make presumptive eligibility (PE) determinations under the performance standards set forth in *Indiana Code IC 12-15-4-1.5*. These statutory standards supersede the percentage performance standards previously applied under *Indiana Administrative Code 405 IAC 2-3.3-3* (qualified hospitals) and *405 IAC 2-3.4-3* (other qualified providers). The FSSA will pursue rulemaking to conform those administrative rules to the statute.



Statutory authority

IC 12-15-4-1.5, enacted by *Senate Enrolled Act 2* (2025) and amended by *Senate Enrolled Act 222* (2026), requires the office of the secretary to establish performance standards for QPs in making PE determinations and an appeals process for QPs to dispute findings of violation of those standards. As explained in *IHCP Bulletins* BT2025128 and BT2026100, *Senate Enrolled Act 222* (2026) expanded the statute—which previously applied only to "qualified hospitals"—to include all QPs that make PE determinations, effective July 1, 2026.

Performance standards

Effective Sept. 3, 2026, the OMPP will use the following performance standards under *IC 12-15-4-1.5* to evaluate each PE determination made by a QP:

1. The QP notifies the OMPP of the PE determination no later than five business days after the date of the determination.
2. The FSSA receives the individual's full Medicaid application before the individual's presumptive eligibility period expires.
3. The individual determined presumptively eligible by the QP is determined eligible for Medicaid after the full application is received.

Each single violation of any of these standards counts as one violation of the QP's performance standards, and each subsequent violation of a performance standard is an additional violation.

These statutory standards supersede the percentage performance standards previously applied on a calendar-quarter basis under *405 IAC 2-3.3-3* and *405 IAC 2-3.4-3*.

Evaluation time frames

The evaluation time frames used will be as follows:

- **Qualified hospitals:** The first evaluation quarter was Q1 of calendar year 2026 (Jan. 1–March 31, 2026). Evaluations will continue on an ongoing basis moving forward and QPs will be notified of any failures to meet performance standards as they are discovered.
- **Non-hospital QPs:** Evaluations will occur on an ongoing basis beginning with PE determinations made on or after July 1, 2026. QPs will be notified of any failures to meet performance standards as they are discovered.

Findings of violation and notices

The OMPP will issue findings of violation as follows:

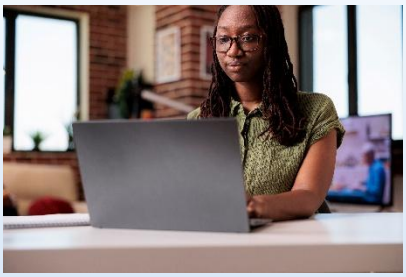
- **First violation** (the first violation a QP receives in a calendar year): The OMPP will notify the QP in writing no later than five days after the determination of a violation is made. The notice will:
  - ⇨ Describe the standard that was not met and why.
  - ⇨ State that a second finding of noncompliance will require the QP's applicable staff to participate in mandatory training on PE rules and standards conducted by the OMPP.
  - ⇨ Describe the available appeal procedures.

- **Second violation** (within a 12-month period of the first violation): The OMPP will notify the QP in writing no later than five days after the determination. The notice will:
  - ⇨ Describe the standard that was not met.
  - ⇨ Require the QP's applicable staff to participate in mandatory training (including the date, time, and location).
  - ⇨ Describe the available appeal procedures.
  - ⇨ State that a third violation within a 12-month period of the second violation will result in the QP no longer being qualified to make PE determinations.
- **Third violation** (within a 12-month period of the second violation): The OMPP will notify the QP in writing no later than five days after the determination. The notice will:
  - ⇨ Describe the standard that was not met.
  - ⇨ Describe the available appeal procedures
  - ⇨ State that, effective immediately upon receipt of the notice, the QP is no longer qualified to make PE determinations for the Medicaid program.

Transition of prior notices

A QP that has received a first notice that lists a violation of both the *405 IAC* and *IC 12-15-4-1.5* performance standards will have that first notice counted as its first notice, that is, its first violation under *IC 12-15-4-1.5*. The FSSA treats the conduct described in that notice as a single violation.

Appeals



A QP that appeals a finding of a violation of the PE performance standards must provide clear and convincing evidence during the appeals process that the standard was met. For any first notice already issued that lists a violation of both the *405 IAC* and *IC 12-15-4-1.5* performance standards, the FSSA will apply the *405 IAC 2-3.3-3* performance standards for purposes of that appeal, as stated in the notice.

Additional rulemaking

The FSSA intends to initiate rulemaking to conform *405 IAC 2-3.3* and *405 IAC 2-3.4* to *IC 12-15-4-1.5*. Until that rulemaking is effective, the statutory standards in *IC 12-15-4-1.5* control to the extent the administrative rules are inconsistent with the statute.

For more information

If you have questions about this bulletin, email presumptiveeligibility@fssa.in.gov or contact Gainwell Technologies Customer Assistance at 800-457-4584.

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