

Frequently Asked Questions Regarding Medicaid and Inmates

This document addresses common questions about assisting inmates in applying for Medicaid coverage through the Indiana Health Coverage Programs (IHCP) prior to their release, as well as questions about inpatient Medicaid coverage available to inmates during their incarceration. Questions not addressed in this document may be submitted via email to IndianainmateMedicaid@fssa.in.gov.

Assisting Inmates With the Indiana Application for Health Coverage Prior to Release

1. Does the Indiana Family and Social Services Administration (FSSA) have a Medicaid enrollment application that is specific to offenders?

The FSSA does **not** have a separate application designed for offenders. Inmates are expected to complete the same **Indiana Application for Health Coverage** as any Indiana resident. The application can be completed online through the [FSSA Benefits Portal](https://fssabenefits.in.gov) at fssabenefits.in.gov.

2. Under what circumstances are county jails required to assist offenders with their Medicaid applications?

If the offender is incarcerated for less than 30 days, assistance is optional. If the offender is incarcerated for 30 days or more, assistance is mandatory.

The application can take up to 45 days from the date of submission to be completely processed. The application should be started early enough that an offender's Medicaid eligibility can be determined prior to the offender's release date.

3. What role does the county sheriff's office play in the Medicaid application process for soon-to-be-released inmates?

The law allows the county sheriff to act as an offender's authorized representative when the offender is applying for Medicaid.

4. What does it mean to be an authorized representative?

An authorized representative assists an applicant with the completion of the *Indiana Application for Health Coverage* and is responsible for the information provided on the application. An authorized representative may sign the application on behalf of the applicant.

For inmates who are expected to be released during or shortly after the application process, the jail can indicate that they are the authorized representative "at application."

5. How will the county jail know if an offender has Medicaid coverage when the offender is admitted into the jail?

During the intake process, the offender should be asked if he or she has Medicaid coverage. If the individual has an IHCP Member ID (also known as a "RID"), and if the offender will be in the facility for more than 30 days, the facility should notify the Division of Family Resources (DFR) of the member's incarceration. Members' Medicaid coverage will be suspended while they are in custody.

6. How are county jails expected to fulfill their responsibilities as authorized representatives when completing Medicaid applications for offenders who are soon to be released?

Authorized representatives for offenders have several support options at their disposal to facilitate offender application prior to release. These options include:

- Use a local navigator or navigator organization to visit with offenders staging for reentry.
- Consider consulting with a local community mental health center (CMHC) or certified community behavioral health clinic (CCBHC).
- Assist the inmate in using the online [FSSA Benefits Portal](https://fssabenefits.in.gov) at fssabenefits.in.gov.
- Create intergovernmental agreements with other counties to use their system or to co-hire a navigator.
- Consider assisting (or have a navigator assist) the released inmate in applying for presumptive eligibility through a qualified hospital, CMHC, CCBHC, local department of health, federally qualified health center (FQHC) or rural health clinic (RHC). This option should be used only for inmates who are released suddenly and have immediate medical or prescription needs.

7. Will the FSSA require any documents to accompany the offender’s full IHCP application request?

The FSSA will require documentation verifying citizenship or immigration status. Acceptable forms of identification are listed in [Chapter 2400 of the Indiana Health Coverage Program Policy Manual](#) (Medicaid Eligibility Policy Manual), available at in.gov/fssa/ompp.

There may be additional information required by the state during application processing, in which case such requests will be delivered to the address supplied on the application. In cases of claimed disability, the Medical Review Team (MRT) may require substantiation of the disability, often satisfied using the following:

- The correctional facility’s initial assessment
- Any assessment that is completed and determines that the inmate needs to go to an outside facility for treatment
- The outside facility’s medical records that were generated during inpatient or outpatient services
- The prison’s return assessment when the inmate returns
- Medical records from any provider listed on the 251B (Determination of Medicaid Social Summary)
- If alleging a psychiatric disorder, a psychiatric evaluation within last 12 months

Exception: *If the inmate is under the age of 65 and not receiving Medicare, he or she may qualify for Healthy Indiana Plan (HIP) coverage. Medical records for an MRT determination will be needed unless the inmate has already been determined disabled by MRT/Social Security Administration (SSA).*

While the inmate is incarcerated, it is highly advised that the facility’s address be used as the address of the **inmate’s authorized representative** to ensure that the inmate receives any follow-up communications from the DFR.

A facility should make efforts to collect and submit required documentation. However, you can submit an application without all the required documentation, and the DFR will work with the facility and/or the released inmate to complete the application.

8. Are there administrative fees associated with a Medicaid enrollment determination?

There are no fees for application or claim processing for this program.

Inpatient Medicaid Coverage During Incarceration

9. What are the requirements for an inmate to be eligible for IHCP coverage through the Presumptive Eligibility (PE) for Inmates process?

The PE for Inmates process is available to inmates who meet the following requirements:

- The individual must be an inmate from a correctional facility operating under contract with the FSSA.
- The individual must not be under house arrest.
- The individual must not be pregnant or admitted for labor and delivery.
- The individual must be admitted for inpatient hospitalization.
- The individual must be under the age of 65.
- The individual must meet all standard PE requirements, including appropriate income standards.

10. Can I take an offender to any hospital to enroll through the PE for Inmates process?

Only hospitals that have enrolled as PE qualified providers (QPs) are eligible to enroll offenders through the PE for Inmates process. You can search for these hospitals by going to the [Provider Search](#) feature, accessible from the homepage at in.gov/medicaid/providers, and clicking **Yes** next to “Show only Presumptive Eligibility Qualified Providers?” If the hospital that you primarily use is not a PE QP, you can direct the hospital’s representative to the [Presumptive Eligibility](#) webpage at in.gov/medicaid/providers.

11. What date does coverage begin for inmates receiving inpatient hospitalization through the PE for Inmates process?

The PE for Inmates coverage begins on the date that the hospital submits the PE application. This application must be completed before 11:59 p.m. on the date of admission. If it is not completed by that time, the inpatient stay may not be covered by the IHCP.

12. Is there a limit to the number of times the IHCP will reimburse for inmate inpatient hospitalization stays?

There are no restrictions on the number of times an offender’s inpatient services can be reimbursed by the IHCP. Following the PE application, if there is no approved *Indiana Application for Health Coverage* on file by the end of the next month, the offender’s PE for Inmates status will be closed. This means the county will pay a higher percentage of the inpatient costs.

If a full IHCP application is submitted and the individual is found eligible, the county will pay a lower percentage of the inpatient cost. Submitting a full application and being found eligible will also keep the PE open for that offender, and if the offender returns to the hospital as an inpatient, he or she will not have to go through the process again.

13. If the offender needs to be transferred to a different hospital, is the transportation reimbursable by the IHCP?

The PE for Inmates process reimburses only inpatient hospitalization services.

14. How will the services for this inpatient stay be paid?

The hospital will submit the inpatient stay as a fee-for-service (FFS) claim to the state’s fiscal agent, Gainwell Technologies. The hospital already knows how to submit these claims. The FSSA will pay the claims and then will use procedures outlined in the contract to collect funds from the county.