

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026100 JUNE 16, 2026

Evaluation time frames set for qualified providers determining presumptive eligibility

As explained in *Indiana Health Coverage Programs (IHCP) Bulletin [BT2025128](#)*, *Indiana Code IC 12-15-4-1.5* of *Senate Enrolled Act 2 (2025)* requires the office of the secretary to establish performance standards for qualified providers (QPs) in making presumptive eligibility (PE) determinations and an appeals process for QPs to dispute findings of violation of those standards.

Senate Enrolled Act 222 (2026) clarified the definition of “qualified provider” for PE determinations. *IC 12-15-4-1.5* previously used the term “qualified hospitals” only. The updated definition includes all QPs that make PE determinations.

Because the legislation, which clarified the definition, has an effective date of July 1, 2026, the first evaluation quarter for hospitals’ compliance will remain Q1 for calendar year 2026 (January 1 to March 31), as announced in *BT2025128*. However, the first evaluation period for nonhospital QPs will be Q3 for calendar year 2026 (July 1 to September 30).

For additional information on the performance standards for QPs determining PE, see *IHCP Bulletin BT2025128*. For any questions, email presumptiveeligibility@fssa.in.gov.



QUESTIONS

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [IHCP Bulletins](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.

