



Purpose and funding

- ▶ The purpose of the FSSA burials program is to defray the costs of funeral/burial expenses for eligible deceased Indiana residents.
- ▶ This program is 100% state-funded and is NOT a federally mandated program.
- ▶ The [FSSA burial policy](#) can be found in the online [Medicaid Eligibility Policy Manual](#).

What Indiana Medicaid assistance categories are eligible?

- ▶ MA D (Disabled)
- ▶ MA B (Blind)
- ▶ MA A (Aged)
- ▶ MA DW (Disabled Working)
- ▶ MA SI (On SSI for Disability)
- ▶ MA R (Residential Care Assistance Program)

Please note: A recipient must be in an eligible category at the time of death or have applied for Medicaid prior to death and later determined categorically eligible.

How much can be claimed with the Burial Assistance Program?

- ▶ The maximum amount we offer to defray burial costs is:
 - \$1,200 for funeral services
 - \$800 for cemetery services

Is there a limit to the amount of contributions that can be collected?

- ▶ There is no limit on the dollar amount of contributions that can be collected.
- ▶ Contributions of more than \$2,600 for funerals and \$1,100 for cemetery will reduce the amount that Burial Assistance can provide.
- ▶ The claim must be filled out with the full amounts contributed.

What is the generally anticipated turnaround time for claims (assuming Burials Claims receives all necessary information at the time of submission)?

- ▶ Our suggestion is to wait to check on payment and processing for at least 90 days after submitting the claim.
- ▶ Please keep any confirmation email or fax after submitting the claim. This will aid in finding an accurate turnaround time, if requested.

What forms need to be sent in before filing a claim?

- ▶ A [W-9 form](#) and a [Direct Deposit form](#) (State Form 47551) must be sent to the Auditor of State. The forms are located at www.in.gov/comptroller/forms.
- ▶ Please send the forms to claimsinfo.FSSA@fssa.in.gov.
- ▶ If you want to add or change an e-mail address to receive electronic notifications of the EFT deposit, please contact vendors@auditor.in.gov.

What are the steps to submit a burial claim?

- ▶ **Step 1:** Call **800-403-0864** and press prompt 7 to verify Medicaid case number and Medicaid category information.
- ▶ **Step 2:** Submit claim by email to indianaburialclaims@fssa.in.gov or fax at **317-234-5075** (please send in one claim per email/fax).
- ▶ **Step 3:** Burial assistance claim is reviewed and processed, then sent to Accounts Payable.
- ▶ **Step 4:** FSSA Accounts Payable reviews and processes the invoice.
- ▶ **Step 5:** Invoices are paid within 28 to 30 days after invoicing.

Claim forms


- ▶ New claim forms can be obtained online at www.in.gov/fssa/forms.in.gov. Search for [State Form 35937](#).

▶ Section 1: RECIPIENT INFORMATION

- **Name of Recipient:** The deceased's last name, first name and middle initial.
- **Medicaid Case Number:** 10 digits.
- **Last Residence:** Last known complete address of the deceased, including county.
- **Date of Birth**
- **Date of Death:** Claims must be submitted within 90 days of the date of death.
- **Date Remains Received:** Date the remains are received at your facility.
- **Date of Burial:** If filing cemetery expenses, the date of burial is needed (not the date of cremation).

▶ Section 2: FUNERAL/CEMETERY EXPENSES

- Claim type funeral and claim type cemetery each have a column.
 - » **Claim Type - Funeral:** Enter total final expenses (do not subtract any monies from contributions, resources or discounts received or expect to receive from state).
 - » **Claim Type - Cemetery:** Enter total final expenses (do not subtract any monies from contributions, resources or discounts received or expect to receive from state).

 **CLAIM TO DEFRAY FUNERAL AND CEMETERY EXPENSES**
Small Form 35937 (06-1-2021)
Approved by State Board of Accounts, 2022

Claimant must complete, sign and date form. Submit to Family and Social Services Administration (FSSA), Division of Family Resources (DFR), within ninety (90) days of date of death. Instructions on how to complete and submit form are on page 2.

SECTION 1 - RECIPIENT INFORMATION		
Name of Recipient (last, first, middle)	Medicaid Case Number	Date of Birth (mm / dd / yyyy)
Last Residence (number and street, city, state, and ZIP code)		County
Date of Death (mm / dd / yyyy)	Date Remains Received (mm / dd / yyyy)	Date of Burial (mm / dd / yyyy)
SECTION 2 - FUNERAL / CEMETERY EXPENSES		
Claim Type - Funeral	Claim Type - Cemetery	
Total Expenses \$	Total Expenses \$	
SECTION 3 - CONTRIBUTIONS AND RESOURCES		
Claim Type - Funeral	Claim Type - Cemetery	
Total Contributions \$	Total Contributions \$	
Contributor Name(s)	Telephone Number ()	
SECTION 4 - CLAIMANT AFFIRMATION STATEMENT		
Name of Funeral Home and/or Cemetery	Fax Number ()	Telephone Number ()
Amount Claimed Funeral \$	Amount Claimed Cemetery \$	Total Requested State Assistance
Pursuant to the provisions of IC 5-11-10-1(e), I certify that the foregoing account is true and correct, that the amount requested (\$) is legally due, after allowing all just credits, and that no part of the same has been paid.		
Signature of Funeral Home / Cemetery Representative		Date Signed (mm / dd / yyyy)
Printed Name		Federal Tax Identification Number (EIN)
SECTION 5 - TO BE COMPLETED BY THE STATE		
Medicaid Effective Date (mm / dd / yyyy)	State Region Number	
Medicaid Category		
<input type="checkbox"/> MA A	<input type="checkbox"/> MA D	<input type="checkbox"/> MA B
<input type="checkbox"/> MASI	<input type="checkbox"/> MA CW	<input type="checkbox"/> MA R
I hereby certify that this claim covering funeral and cemetery expenses is in proper form, that the deceased recipient on whose behalf payment is to be made has been found eligible for such services under the provisions of IC 12-14-17, and that this claim in the amount of \$ is being recommended for payment.		
Signature of DFR Representative	Date Signed (mm / dd / yyyy)	

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- ▶ **Section 3: CONTRIBUTIONS AND RESOURCES**
 - Claim type funeral and claim type cemetery each have a column.
 - » **Total Contributions:** Enter the total amount of monies received (do not include given discounts or amount expected from the state).
 - » Each contributor's name and telephone number need to be reported. Attach additional pages if space is needed.
- ▶ **Section 4: CLAIMANT AFFIRMATION STATEMENT**
 - Claimant demographics and the amount claimed from the state.
 - Enter the company's name, fax number and telephone number.
 - **Amount Claimed Funeral:** Enter amount of assistance expected from the state (cannot exceed **\$1,200**).
 - **Amount Claimed Cemetery:** Enter amount of assistance expected from the state (cannot exceed **\$800**).
 - **Total Requested State Assistance:** Add both amounts of assistance expected from the state and enter that total (cannot exceed **\$2,000**).
 - The funeral and/or cemetery authority needs to sign and date the form.
 - **Federal Tax Identification Number (EIN):** Enter the Federal ID number.
- ▶ **Section 5: TO BE COMPLETED BY THE STATE**
 - This section will be completed by the Burials Claims Office.

Claims process

- ▶ The claims must be received by the Burial Claims Office with 90 days of death. The claim form is all we require within 90 days of death to process.
- ▶ The state will determine allowance based on total expenses compared to total received contributions, which will be retrieved from completed form.
- ▶ All claims may be subject to an audit at the state's discretion.

Contact information

- ▶ Call **800-403-0864**, prompt 7. Give the member's case number and category type.
- ▶ Fax **317-234-5075**.
- ▶ For inquiries about submitted claim or general program inquiries, email indianaburialclaims@fssa.in.gov or call **317-234-1412**.
- ▶ Contact Accounts Payable regarding payment inquiries, submitting or updating the W-9 form, and reporting the receipt of additional monies or to submit over-payments. Email claimsinfo.fssa@fssa.in.gov.
- ▶ Contact FSSA estate recovery with questions on funeral trusts or prepaid funerals at estaterecovery@fssa.in.gov.
- ▶ If you have issues that you are unable to resolve through the Burial Claims Office, please contact cc@fssa.in.gov.

Helpful tips and tricks

- ▶ Please keep/archive all correspondence and emails between yourself and indianaburialclaims@fssa.in.gov.
- ▶ Please wait for a fax confirmation sheet to ensure that the transmission was completed with the date and time. This benefits you, the provider, when it comes to timely reimbursement determination. If there are multiple claims, please fax one at a time.
- ▶ Do not fax or email the same form more than once. If a confirmation of fax or email receipt is received on your end, we have the form.

FSSA Burial Claims Division

The Indiana Division of Family Resources continues to value your partnership and appreciates your commitment servicing our Medicaid recipients.