INDIANA BURIAL ASSISTANCE PROGRAM WEBINAR
INDIANA BURIAL ASSISTANCE PROGRAM

TOPICS OF DISCUSSION

1. How to submit post-webinar questions
2. Brief comparison on burial assistance programs
3. FSSA burial assistance policy claims
4. Overview of the claims submission process
5. Compare old Form with new
6. How to obtain/complete form 35937
7. Claims packet contents
8. Receipts
9. Contributions
10. Rejected claims
11. Contact information
12. Important points
13. Quick quiz
14. Conclusion
HOW TO SUBMIT QUESTIONS RELATED TO THIS WEBINAR

A chat room will not be available during the course of this webinar. All questions, concerns and comments can be sent to:

- [Indianaburialclaims@fssa.in.gov](mailto:Indianaburialclaims@fssa.in.gov) (preferred method)
- Fax- 317-234-5075
- Postal mail  Medicaid Medical Review Team  
  402 W. Washington Street- MS07  
  Room W374  
  Indianapolis IN 46204-2739
- Phone 317-234-1412

Email is the preferred method *(State email responses are sent via certified email)*
- Allows the State to update the current State funeral homes and cemeteries list
- Allows the State to send out an FAQ at the same time

What to include in your correspondence
- Detailed question, concern or comment
- Contact information
- Company name, mailing address, contact phone, fax number, email
BRIEF COMPARISON ON BURIAL ASSISTANCE PROGRAMS

INDIANA
• Indiana adopted a burial assistance program in the late 1990s
• Trustee’s offices might assist those not eligible for Indiana’s Burial Assistance Program
• Indiana allows up to 90 days from the date of death to submit a completed claims packet
• As of July 1, 2013, the maximum allowed defrayed amounts are up to $1200.00 for funeral and up to $800.00 for cemetery
• There is no limit on total charges incurred by individuals that are making arrangements for the deceased

OTHER STATES
• Not all States have programs to aid the deceased at the State level- 23 States plus New York City have assistance programs (I’m Sorry to Hear.com, 2014)
• Some States rely on the county/trustee’s offices to render assistance
• Some States have more restrictive time limits for claims submission- Michigan has a 10 day time limit from date of burial (I’m Sorry to Hear.com, 2014)
• Less total allowed defrayed amounts
• Limits on allowable total that can be charged to those that are making arrangements for the deceased (I’m Sorry to Hear.com, 2014)
FSSA BURIAL ASSISTANCE POLICY

- The FSSA policy can be found online by entering the following URL address into any search engine
  - http://www.in.gov/fssa/files/Medicaid_PM_4800.pdf
  - takes you to chapter 4800 of the Indiana Family And Social Services Administration, Medicaid policy manual on the IN.gov website

- Purpose of the program and how it is funded
  - Defray the costs of funeral/burial expenses for eligible deceased residents
  - 100% State funded

- What Medicaid assistance categories are eligible
  - MA D (disabled) MA B (blind) MA A (aged) MADW (disabled working) MASI (on SSI for disabled) MA R (residential care assistance program)
  - 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

- Only funeral homes/cemeteries may file on the behalf of the deceased
FSSA BURIAL ASSISTANCE POLICY CONTINUED

• No limit on amount that can be charged for funeral/cemetery expenses
  • The contract with the buyer and seller is between them, however contributions /payments received for said services could impact allowance amounts
• Contributions and resources to assist in defraying funeral/burial costs
  • There are no limits to the amount of contributions that can be received to assist in defraying the cost for the funeral/burial
  • If the State determines that there are sufficient resources to cover the expenses the State will determine the deceased does not qualify for assistance
  • If $2950 or more in contributions including resources are available for funeral expenses the State will determine the deceased does not qualify for assistance
  • If $1200.00 or more in contributions including resources are available for cemetery expenses the State will determine the deceased does not qualify for assistance
• Approved burial claims
  • Paid by direct deposit to claimant. State form 53788 (W-9) must be on file with the Auditor of the State; If not then attach a completed 53788 to your
FSSA BURIAL ASSISTANCE POLICY CONTINUED

- Time limit to submit a burial assistance claim form 35937
  - Submission of a complete Burial Claims packet must be received within **90 days of death**
- Grace Period
  - Grace period- Ends March 6, 2017
  - Complete Claims packets past the 90 day cut off with a date of death no earlier than June 1, 2016 will be accepted until March 6, 2017
  - If a late packet is not in proper form and/or has missing documents or information the claim will be denied
  - Must provide verification of accounts received
  - When you sign the claim form you are attesting that the amount due has not been paid
  - The State still retains the right to deny a claim if resources/contributions are sufficient to cover burial costs
OVERVIEW OF THE CLAIM SUBMISSION PROCESS

Start
- Claimant inquiries if the deceased is eligible for burial assistance
- Indiana Burial Claims office responds and confirms eligibility

Claims Submission
- Claimant completes State form 35937 Medicaid Recipients Claim To Defray Burial Costs
- Claimant submits claim form and required documents to the Indiana Burial Claims office within 90 days from date of death

Processing and Payment
- State Burial Claims office processes claim; approves if applicable the appropriate amount and submits claim to Accounts Payable
- Accounts Payable via direct deposit sends approved amount to claimant’s bank account
OUT WITH THE OLD IN WITH THE NEW

OLD FORM

NEW FORM
WHY CHANGE THE CLAIM FORM

- Name was too long making it hard to search online
- Instructions are outdated
- Not all eligibility categories are listed
- Does not have a place to list discounted amounts
- Does not have a place to list the trustee as a contributor
- The space in the contributions section “Total to Funeral Director and/or Cemetery Authority” is not applicable there and is confusing
NEW CLAIM FORM ADDITIONS

- Shortened the name of the form
  - Medicaid Recipients Claim to Defray Burial Costs
- Updated the instructions
- Categories MA R, MASI, MADW
  - were already eligible categories just not on the form
- Date remains received
  - The date funeral/cemetery received the deceased
- Date of disposition
  - When the funeral or burial took place
- Discounted Amount on both funeral and cemetery side
  - If applicable and a discount has been given
- Trust/Trustee
  - Funeral trust amounts or monies given by the local trustee
WHERE TO FIND STATE FORM 35937

- Find State form 35937 on line at IN.gov forms http://www.in.gov/fssa/forms.htm
- Type in the form number 35937
- Select Search
- Click on Download form (highlighted in blue)
- Form is electronically fillable
- It does not have the ability for electronic signature
- Once complete it can be saved and attached in an email
- Or printed and mailed or faxed
NEW INSTRUCTIONS LISTED ON STATE FORM 35937

MEDICAID RECIPIENTS CLAIM TO DEFRAY BURIAL COSTS
State Form 35937(R / /16) /FM 0033
Approved by the State Board of Accounts

INSTRUCTIONS: Claimant shall sign completed State form 35937 and submit to appropriate authorizing designee within 90 days of date of death. All funeral claims packets must include a signed 35937, a signed “Statement of Funeral Goods and Services”. Funeral homes claiming cemetery expenses must also include signed receipts verifying cemetery expenses have been paid as well as a signed Burial Transit Permit. All cemetery claims packets must include a signed 35937, a signed Burial Transit Permit or a signed cemetery contract. All contributors’ names and contact information must be included. If available a copy of the Death Certificate should be included in all claims packets. Funeral directors and cemeteries cannot submit cemetery expenses on the same burial. Only the State completes page 2.
NEW INSTRUCTIONS LISTED ON STATE FORM 35937

• Summary Claim Instruction Content
  • Specifies main contents of packet depending on claim type
  • Funeral only
    • Cemetery only
  • Funeral also claiming cemetery expenses
  • Only send a death certificate if available
  • State completes page 2
INSTRUCTIONS TO COMPLETE THE MEDICAID RECIPIENTS CLAIM TO DEFRAY BURIAL COSTS

Section 1
INSTRUCTIONS TO COMPLETE THE MEDICAID RECIPIENTS CLAIM TO DEFRAY BURIAL COSTS

Section 1 Recipient Information- What to enter

- Recipient Name (the deceased) Last, First, MI
- last 4 of the Social Security Number
- 10 digit case number
- Last residence of the deceased
- County name and County Number
- Medicaid category of assistance-Check one
- Date of death
- Date remains are received at your facility
- Date of disposition
- Region- Burial claims office will complete
- Missing data will be completed by the Burial Claims office without contacting claimant when possible
INSTRUCTIONS TO COMPLETE THE MEDICAID RECIPIENTS CLAIM TO DEFRA Y BURIAL COSTS

<table>
<thead>
<tr>
<th>FUNERAL CHARGES</th>
<th>CEMETERY CHARGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation of Body (includes cremation.)</td>
<td>Burial Plot</td>
</tr>
<tr>
<td>Casket</td>
<td>Opening and Closing</td>
</tr>
<tr>
<td>Funeral Services</td>
<td>Vault</td>
</tr>
<tr>
<td>Transportation</td>
<td>Lowering Device, Tent / Artificial Grass</td>
</tr>
<tr>
<td>Professional Services</td>
<td>Wood Box / Concrete Slab / Outer liner</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>Other (Specify)</td>
</tr>
<tr>
<td>Total Charges</td>
<td>Total Charges</td>
</tr>
<tr>
<td>Discount Amount (if applicable)</td>
<td>Discount Amount (if applicable)</td>
</tr>
<tr>
<td>Total Charges Minus Discount Amount</td>
<td>Total Charges Minus Discount Amount</td>
</tr>
</tbody>
</table>

Section 2
Section 2 Itemized Burial Costs

- Funeral and cemetery still have their own side
- Reminders are separating the 2 sides
- Listed amounts need to match the contract amounts
- Funeral homes need to submit signed receipts for cemetery claims
- New column to include a discount amount
- Found in between the total and final total
**INSTRUCTIONS TO COMPLETE BURIAL CLAIM FORM 35937**

**Itemized Burial Costs - Funeral Side**
- Preparation of the body
- Includes cremation, dressing, hair, cosmetics, embalming, refrigeration, casketing, etc.
- Casket, rental casket, urn or cremation container
- DOES NOT include an outer liner, vault or urn vault - these are cemetery requirements only
- Funeral Services - all services that are conducted to carry out the actual funeral
- Transportation - any charges or expenses incurred to use any of the facilities vehicles
- Professional Services - all administration type services
- Other-cash advance items not already listed, taxes, Death certificate, obituary, flowers, etc.
- Must list what the item is
- Total Charges - add up the amounts entered
- Discounted Amt. - enter any discount given
- Total Charges Minus Discount
- Subtract the discount amount from the first total and enter the new total

<table>
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</tr>
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<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Professional Services</td>
<td></td>
</tr>
<tr>
<td>Other-Specify</td>
<td></td>
</tr>
<tr>
<td>Total Charges</td>
<td></td>
</tr>
<tr>
<td>Discounted Amount (If applicable)</td>
<td></td>
</tr>
<tr>
<td>Total Charges Minus Discounted Amt.</td>
<td></td>
</tr>
</tbody>
</table>
## INSTRUCTIONS TO COMPLETE BURIAL CLAIM FORM 35937

### Itemized Burial Costs - Cemetery Side

- Burial plot - location for disposition
- Opening/Closing - cost to open/close grave
- Vault - includes Urn vault
- Can only be included on the cemetery side
- Lowering/tent/artificial grass
- Charges to lower remains into the grave
- Charges for needed items to conclude services at the cemetery
- Wood Box/Concrete Slab/Outer Liner
- Other - any charges not listed elsewhere
- Total Charges - add up the column
- Discounted amount - enter any discounts given
- Total charges minus discount - subtract discount amount from first total and enter the new total

### CEMETERY CHARGES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burial Plot</td>
<td></td>
</tr>
<tr>
<td>Opening &amp; Closing</td>
<td></td>
</tr>
<tr>
<td>Vault</td>
<td></td>
</tr>
<tr>
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<td></td>
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<td>Wood Box/Concrete Slab/Outer liner</td>
<td></td>
</tr>
<tr>
<td>Other-Specify</td>
<td></td>
</tr>
<tr>
<td>Total Charges</td>
<td></td>
</tr>
<tr>
<td>Discounted Amount (If applicable)</td>
<td></td>
</tr>
<tr>
<td>Total Charges Minus Discounted Amt.</td>
<td></td>
</tr>
</tbody>
</table>
INSTRUCTIONS TO COMPLETE THE MEDICAID RECIPIENTS CLAIM TO DEFRAY BURIAL COSTS

### CONTRIBUTIONS AND RESOURCES

*Do not include discounted amounts as contributions.*

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FUNERAL</th>
<th>CEMETERY</th>
<th>TYPE</th>
<th>FUNERAL</th>
<th>CEMETERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance</td>
<td></td>
<td></td>
<td>Social Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends and Family</td>
<td></td>
<td></td>
<td>Death Benefit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran Benefits</td>
<td></td>
<td></td>
<td>Trust / trustee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank Balance</td>
<td></td>
<td></td>
<td>Other (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Contributions / Resources for Funeral and Cemetery**

$   $   

**Name of contributor(s) (Attach additional pages if needed.)**

**Address of contributor(s) (number and street, city, state, ZIP code)**

Section 3
INSTRUCTIONS TO COMPLETE THE MEDICAID RECIPIENTS CLAIM TO DEFRAY BURIAL COSTS

Section 3 Contributions and Resources

• Funeral and cemetery each have a column
• Allows for contributions to be shared
• Enter actual and/or anticipated contributions/resources in the appropriately labeled type
• Other- contribution type does not fit elsewhere
• Total- add up each column separately.
• Do not include discounted amounts
• Do not include what is expected from the State
• Contributors contact
• Must include names and contact information for each contributor
• Attach a separate sheet if needed
INSTRUCTIONS TO COMPLETE THE MEDICAID RECIPIENTS CLAIM TO DEFRAY BURIAL COSTS

### CLAIMANT DEMOGRAPHICS AND AMOUNTS CLAIMED FORM THE STATE

<table>
<thead>
<tr>
<th>Name of Funeral Home or Cemetery</th>
<th>Amount of Claim Funeral</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Number &amp; Street)</td>
<td>Amount of Claim Cemetery</td>
<td>$</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

### CLAIMANT AFFIRMATION

Pursuant to the provisions of IC 5-11-10-1(e), I certify that the foregoing account is true and correct, that the amount claimed (___________) is legally due, after allowing all just credits, and that no part of the amount has been paid.

<table>
<thead>
<tr>
<th>Signature of Funeral Director or Cemetery Authority</th>
<th>Federal ID Number</th>
</tr>
</thead>
</table>

Section 4 and 5
INSTRUCTIONS TO COMPLETE THE MEDICAID RECIPIENTS CLAIM TO DEFRAY BURIAL COSTS

Section 4 Claimant Demographics and amount Claimed From The State
• Enter company’s name and address
• Amount claim funeral- amount of assistance expected from the State
• Amount claim cemetery- amount of assistance expected from the State
• Grand total- add both amounts of assistance expected from the State

Section 5 Claimant Affirmation
• Enter total amount expected from the State
• Funeral or cemetery authority needs to sign the form
• Enter your Federal ID number
### Page Two

- Only the State completes page 2
- Changes
  - Added the recipient name and case number
  - State’s comment section shortened due to only one office processing
- Burial Directors Affirmation statement
- Amount of approved assistance is entered
- Burial director signs and dates form

### ONLY THE STATE COMPLETES PAGE TWO (2)

#### Recipient Information

<table>
<thead>
<tr>
<th>Name of recipient (last, first, middle)</th>
<th>Case number</th>
</tr>
</thead>
</table>

#### Summary of Available Resources

- Insurance
- Cash on hand
- Burial Plot w/o Cost
- Organization (Include name)
- Reimbursement from Social Security Death Benefits
- Other (Specify)

#### State Comments

<table>
<thead>
<tr>
<th>Effective of Medicaid (month, day, year)</th>
<th>Computation Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Confirmed by</td>
<td>Completed by</td>
</tr>
<tr>
<td>Date of first review (month, day, year)</td>
<td>Date of second review (month, day, year)</td>
</tr>
</tbody>
</table>

#### Affirmation of Burial Director

I hereby certify that the within claim covering burial expenses as indicated is in proper form, that the deceased recipient in whose behalf payment is to be made has been found to be 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 based upon information submitted to this Office by the Funeral Director and/or Cemetery Authority.

| Signature of authorized designee | Date of final review (month, day, year) |
Page Two Continued

- There are 3 levels of review
- 1. Confirming claims packet has all needed documents and signatures
- 2. Computation of listed costs and contributions to determine the appropriate amount to defray
- 3. Final is Burial Director’s review and signature if claims packet is in proper form
- The amount enter by burial director is the defrayed amount that will be paid
BURIAL CLAIM PACKET CONTENTS

Funeral

• Signed and completed State form 35937
• Funeral contract signed by both buyer and seller
• Signed receipts for any items purchased such as and not limited to:
  • Caskets, urns, crematory, death certificates, obituaries, flowers
• Copy of receipts given to contributors
• A list of contributors and contact information. If more than one attach a separate list
• Death certificate- Only if available
• A completed W-9 if not already on file with the Auditor of the State
BURIAL CLAIM PACKET CONTENTS

Cemetery

- Signed and completed State form 35937
- Signed Burial Transit Permit. If not signed must include a signed cemetery contract
- Cemetery contract signed by both buyer and seller. If the burial transit permit is not signed
- Copy of receipts given to contributors
- A list of contributors and contact information. If more than one attach a separate list
- A completed W-9 if not already on file with the Auditor of the State
BURIAL CLAIM PACKET CONTENTS

Funeral Homes With Cemetery Expenses

- Signed and completed State form 35937
- Funeral contract signed by both buyer and seller
- Signed Burial Transit Permit
- Signed Receipts to verify cemetery expenses have been paid
- Signed receipts for any items purchased such as and not limited to: Caskets, urns, crematory, death certificates, obituaries, flowers
- Copy of receipts given to contributors
- A list of contributors and contact information. If more than one attach a separate list
- Death certificate- Only if available
- A completed W-9 if not already on file with the Auditor of the State
Cemetery Receipts
- Must be signed by a cemetery representative
- For any of the items on the cemetery side of the burial claim paid by the funeral home

Receipts for Misc. items
- Items purchased that are needed for the funeral on behalf of the buyer
- Such as and not limit to- Caskets, urns, crematory, Death certificates, obits, flowers

Contributors receipts
- To verify amount of contributions received
- Copy of actual receipts given to contributor or a copy of the check you received
CONTRIBUTIONS

Is a contribution
• Any monies received by the funeral home or cemetery for payment of services
• Paid cash advances are contributions
• Amounts on claim that are noted as anticipated
• Any monies received after submission are contributions and the State’s Estate Recovery office may recover appropriate funds as a preferred claim as outlined IC 12-14-17-2(c)(2) and IC 12-14-17-3 (b)(2) The Estate Recovery office should be contacted at estaterecovery@fssa.in.gov

Is not a contribution
• Discounts given by the claimant
• Anticipated amounts from the State

Why are receipts needed for contributions
• To verify amounts received
• Contributors contact information needed to contact them during an audit
CONTACTING THE BURIAL CLAIMS OFFICE

Why contact the Burial Claims office

- To confirm eligibility * if inquiry prior to death and they are no longer categorically eligible at time of death the claim will be denied
- Questions, concerns, comments on a claim or the process of submitting a claim
- To submit a burial claims packet – **Only the Burial Claims office accepts claims**
- How to contact the Burial Claims Office
  - Indianaburialclaims@fssa.in.gov Preferred method (NEW EMAIL ADDRESS)
  - Fax- 317-234-5075- attach a fax cover sheet identifying the number of accompanying pages
  - Postal mail Medicaid Medical Review Team
  - 402 W. Washington Street- MS07
  - Room W374
  - Indianapolis IN 46204-2739
  - Phone 317-234-1412
- All payment inquiries will be forwarded to accounts payable at claimsInfo@fssa.in.gov they will be the entity that responds not the burial claims office
IMPORTANT POINTS

Making An Eligibility Inquiry

- Choose one method of contact
- Email, plus calls, plus fax only delays the response time
- Phone calls during business hours may be quicker
- When lines are busy all phone messages go to the burial claims email box. It will be answered so there is no need to call back
- Emails are best as they allow tangible confirmation of the eligibility status
- Search data needed
- Name of the deceased, SSN, date of birth, date of death
- Possible status
  - Eligible
  - Not eligible- State can send denial letter from the Burials claim office on request
  - Pending- the local office has not authorized a final decision on the person’s Medicaid application
- Suggest to have the family (NOT the funeral home or cemetery) contact the local office and see what needs done to complete the Medicaid application OUR OFFICE CANNOT AUTHORIZE THEIR MEDICAID
IMPORTANT POINTS

Completing State form 35937

• Complete form in its entirety
• If an item listed on claim does not pertain leave it blank. If the item on the contract does not have a column list under other
• The amounts on the claim must match the contract
• Include any discounts given when totaling the amounts in the Itemized Cost of Burial Section
• List all contributions- if the amount is anticipated it must be noted as such, however the State will still consider the amount a contribution
• All contributors must be listed with contact information- attach a separate list if more than one
• The claimant (funeral home/cemetery) must include their name, address
• Enter total expected amount of burial assistance allowance
• Must sign and include your Federal ID number- claims will be rejected without this information
IMPORTANT POINTS

- A complete claims packet must have all required documents and must be received within 90 days from date of death
- Must have signature on State form 35937
- Must have signature of buyer and seller on contract
- Funeral homes will need to include signed cemetery receipts if claiming cemetery expenses
- Signed burial Transit Permits are needed to verify disposition of the deceased and confirms the name of the cemetery where the disposition took place
- Vaults, urn vaults, outer liners, concrete slabs, wood box and other containers used to hold the casket for burials are cemetery expenses and must be included ONLY on the cemetery side of claim
- Funeral homes and cemeteries cannot file cemetery expenses on the same burial
- Funeral homes and cemeteries will need to work it out themselves who is filing for the cemetery expenses
- First to file a complete claims packet is the one allowed to file
- Death certificate is not required, only include a copy if available
SPECIAL CIRCUMSTANCES

Unclaimed/unreleased remains

- A corner’s statement or a statement form the entity that released the remains is needed when the remains were not released to you within 90 days
- The date you received the remains is now on the form
- No buyer to sign the contract
- An affirmation statement form you needs to be included in the packet detailing why you could not obtain a signature- The State still retains the right not to accept the reason for not having necessary signatures

Denials

- A denial letter from the Burial Claims office will be sent to the address provided
- It is acceptable to contact the Burial Claims office and inquiry as to why the claim was denied
- Likely will not change the outcome
- There is no appeals process in place
CONTACT INFORMATION

• Burial Claims Office- Eligibility inquiries & claims submissions - only marked received if sent here
  • Indianaburialclaims@fssa.in.gov
  • Phone 317-234-1412 Fax- 317-234-5075
  • Postal mail Medicaid Medical Review Team
    402 W. Washington Street- MS07 Room W374
    Indianapolis IN 46204-2739
• Accounts Payable- Payment and vendor account questions - DO NOT submit burial claims here
  • claimsInfo@fssa.in.gov
• Must have a W-9 on file with the Auditor of the State.
• Estate Recovery Office- Estate inquiries & notification of additional funds received
  • estaterecovery@fssa.in.gov
KEEP CALM
IT'S QUIZ TIME
QUIZ TIME

Which of the following are eligible categories?

A. MA D
B. MA B
C. MA A
D. MASI
E. MADW
F. MA R
G. All the above
G. All the above
A Medicaid recipient in any of these categories is eligible for burial assistance.
QUIZ TIME

What is the time limit to submit a burial claim?

A. 10 days from burial
B. 30 days from date of death
C. 90 days from date of death
D. 90 days from date of burial
C. 90 days from date of death

If a complete burial claims packet is not received by the Burial Claims office by the time line the claim may be denied.
QUIZ TIME

Which is the correct address to submit a burial claim?

A. Indianaburialclaims@fssa.IN.gov
B. estaterecover@fssa.IN.gov
C. Claimsinfo.fssa@fssa.IN.gov
A. Indianaburialclaims@fssa.IN.gov
Only the Burial Claims office will accept a submitted burial claims packet.
QUIZ TIME

What is the limit amount of contributions that can be collected on a funeral?

A. $1750.00
B. $400.00
C. There is no limit
C. There is no limit.

There is no limit on the amount of contributions/resources that can be collected. You are required to confirm that the buyer, family and/or executor of estate has or does not have resources or contributions to assist with defrayment costs.
QUIZ TIME

What is the limit that can be charged for a cemetery burial?

A. No limit of what can be charged to the buyer
B. $1200.00
C. $800.00
D. $400.00
A. No limit of what can be charged to the buyer.
The contract with the buyer and seller is between them.
QUIZ TIME

True or False

A claim is submitted timely however must be rejected due to missing documents; if the missing items are not received within the required time line the claim will be denied.
QUIZ TIME ANSWER

True. The claim may be denied, because a claim is not considered truly received until all needed documents or attachments have been included.
QUIZ TIME

True or False

Funeral homes and cemeteries can both file for cemetery expenses on the same burial.
False. Funeral homes and cemeteries cannot both file cemetery expenses on the same burial.
QUIZ TIME

Who must be notified when additional monies are received such as from insurance companies after a burial claim has already been paid by the State?

A. The accounts payable office
B. The office of the auditor of the State
C. Estate Recovery office
D. Burial Claims office
C. Estate Recovery

Per IC 12-14-17-2 (c)(2) and IC 12-14-17-3 (b)(2) The State’s Estate recovery office must be notified so that any appropriate funds due back to the State can be recovered.
QUIZ TIME

Who signs the burial claim form?

A. Funeral home director on funeral and funeral plus cemetery expenses
B. Cemetery representative on cemetery expenses
C. State Burial director
D. All the above are true
D. All the above are true

The type of claim determines if the funeral director or the cemetery representative signs the claim. The State burial director must sign all approved claims.
QUIZ TIME

Which side of State form 35937 does the vault charge go on?
QUIZ TIME ANSWER

The cemetery side.
CONCLUSION

This concludes the FSSA Burial Assistance Program Webinar

• The webinar will be made available on the following locations:
  • FSSA home page under FSSA Webinar http://www.in.gov/fssa/dfr/5277.htm
  • Indiana Funeral Director Association website
  • Marion Co. Funeral Director Association website
  • The Indiana cemetery Association website
  • A FAQ will be sent out by February 17, 2017
• On behalf of the FSSA’s Indiana Burial Claims office we thank you for your patients during the State’s transition of improving the Burial Assistance Program, your attentiveness to our webinar and appreciate your ongoing support to our most vulnerable residents. As always we are grateful for your continued assistance with keeping the State accountable and fiscally responsible.
REFERENCES

• Toy, Owen,(2014), Funeral Assistance for Those Who Need It; I’m Sorry to Hear.com, Retrieved from; https://www.imsorrytohear.com/blog/funeral-assistance-for-those-who-need-it#burialassistance

• Phan, Cindy,(2014), What Are Cash Advance Items in Funerals?; I’m Sorry to Hear.com, Retrieved from; https://www.imsorrytohear.com/blog/cash-advance/