

## Indiana Health Coverage Programs (IHCP) Presumptive Eligibility (PE) Standards

**Caution: The PE member application system is a live production environment. Providers should not create test cases and use the live application for training purposes.**

### Monthly Income Maximum Amounts (Effective March 1, 2019)

Family Size	Parents/ Caretakers	213% FPL Infants (Under 1)	163% FPL Children (Under 19)	138% FPL Adults (19-64)	213% FPL Pregnant Women	146% FPL Family Planning	Former Foster Care Children (18-25)
	HP	HI	HK	HA	PN	HF	H1
1	\$ 152	\$ 2,274	\$ 1,728	\$ 1,455	N/A	\$ 1,542	N/A
2	\$ 247	\$ 3,079	\$ 2,339	\$ 1,969	\$ 3,079	\$ 2,087	N/A
3	\$ 310	\$ 3,883	\$ 2,950	\$ 2,484	\$ 3,883	\$ 2,633	N/A
4	\$ 373	\$ 4,688	\$ 3,561	\$ 2,997	\$ 4,688	\$ 3,178	N/A
5	\$ 435	\$ 5,492	\$ 4,172	\$ 3,512	\$ 5,492	\$ 3,723	N/A
6	\$ 498	\$ 6,296	\$ 4,783	\$ 4,026	\$ 6,296	\$ 4,269	N/A

### General Presumptive Eligibility Applicant Requirements

To qualify for Presumptive Eligibility, an applicant must:

- Be a U.S. citizen, qualified noncitizen, or a qualifying immigrant
- Be an Indiana resident
- Not be a current Indiana Health Coverage Programs (IHCP) member, including Healthy Indiana Plan (HIP)
- Not be enrolled through the presumptive eligibility process (Presumptive Eligibility or Presumptive Eligibility for Pregnant Women) currently or within timeframe restrictions
- Not be currently incarcerated
- Must meet the income level requirements specific to certain aid categories

### PE Adult Requirements

Individuals applying for PE Adult:

- Must not be on Medicare
- Must not be in "conditional" status on a HIP application

### Presumptive Eligibility Period

**BEGINS** - On the date a qualified provider (QP) determines an individual presumptively eligible for coverage through IHCP

**ENDS** - On the last day of the month following the month the individual was found presumptively eligible, unless the individual has filed an *Indiana Application for Health Coverage* with the Division of Family Resources (DFR) (coverage ends when the DFR has made an eligibility determination)

### Frequency Limitations

Individuals receive presumptive eligibility with the following limitations:

- Only one PE determination per rolling 12-month period
- Only one PE determination per pregnancy

### Presumptive Eligibility Benefits

Infants/Children	Fee-for-Service	All covered services available under Package A - Standard Plan
Parents/Caretakers	Fee-for-Service	All covered services available under Package A - Standard Plan
Former Foster Children	Fee-for-Service	All covered services available under Package A - Standard Plan
Pregnant Women	Fee-for-Service	Ambulatory prenatal services, including the following items/services: doctor visits for prenatal care, prescription drugs related to the pregnancy, prenatal lab work, and transportation to prenatal visits
Family Planning	Fee-for-Service	Family planning services only, such as: family planning visits, laboratory tests, limited health history and physical exams, pap smears, condoms, and birth control
Adults 19 - 64	Fee-for-Service*	All covered services available under HIP Basic All copays apply and are due at point of service. Copay table is provided below. For more information about HIP covered services and required copays, visit <a href="http://www.HIP.IN.gov">www.HIP.IN.gov</a> .

### PE Adult Information

#### PE Adult Copay Amounts

Outpatient Visits	\$ 4
Inpatient Visits	\$ 75
Preferred Drugs	\$ 4
Non-Preferred Drugs	\$ 8
Non-Emergency ER Visit	\$ 8

\* For PE Adult members approved **before January 1, 2019**, coverage is managed care. To change managed care entities (MCEs), these members should call 1-877-GET-HIP (1-877-438-4479). Providers can find contact information for MCEs in the [IHCP Quick Reference Guide](#).

### Completing the Indiana Application for Health Coverage

A PE individual must complete an *Indiana Application for Health Coverage*:

- At the provider where he/she was found presumptively eligible
- Online at [www.dfrbenefits.in.gov](http://www.dfrbenefits.in.gov)
- Over the phone by calling 1-800-403-0864
- At a Division of Family Resources (DFR) local office

### For More Information on Presumptive Eligibility

For more information, see the [Presumptive Eligibility](#) provider reference module available at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).