Presumptive Eligibility

Last Updated: March 1, 2020

Agenda

- Presumptive Eligibility Overview
- Covered Benefits
- Qualified Providers (QPs)
- How to Become a QP
- Completing the PE Application
- Other Resources
- IHCP Presumptive Eligibility Standards
- Questions

Presumptive Eligibility Process Overview

What Is Presumptive Eligibility and Why Is It Important?

Presumptive eligibility allows uninsured or underinsured individuals and their families to obtain temporary coverage quickly. They can get care immediately.

Presumptive eligibility allows providers to be reimbursed for services covered by the benefit package provided immediately after presumptive eligibility approval.

During the presumptive eligibility period, the individual is able to receive treatment from other IHCP providers. Individuals must still complete a full application to determine eligibility for continued coverage.

Presumptive Eligibility for Inmates

The PE process also includes a subcategory for PE for Inmates to allow temporary coverage limited to inpatient hospital services only.

What Services Are Covered?

The presumptive eligibility benefit plan to which an individual is assigned is determined during the application process. Based on the criteria for various aid categories, individuals are determined to be presumptively eligible and assigned to benefit plans accordingly.

All services covered by the IHCP within the designated benefit plan are covered during the presumptive eligibility period.

Presumptive Eligibility Benefit Plans

- Presumptive Eligibility – Package A Standard Plan
- Presumptive Eligibility – Adult
- Presumptive Eligibility Family Planning Services Only
- Presumptive Eligibility for Pregnant Women
- Medicaid Inpatient Hospital Services Only

Presumptive Eligibility Aid Categories

- Infants
- Children
- Parents/Caretakers
- Former Foster Children
- Pregnant Women
- Family Planning
- Adult

NOTE: For more information about presumptive eligibility benefit plans and aid categories, see the *Presumptive Eligibility* provider reference module at in.gov/medicaid/providers.

Who Is Eligible for Presumptive Eligibility?

To qualify for **presumptive eligibility**, applicants must:

- Be a U.S. citizen or a qualified noncitizen
  - The applicant must be a citizen of the United States or a qualifying immigrant with one of the following immigration statuses:
    - Lawful permanent resident immigrant living lawfully in the U.S. for five years or longer
    - Refugee
    - Individual granted asylum by immigration office
    - Deportation withheld by order from an immigration judge
    - Amerasian from Vietnam
    - Veteran of U.S. Armed Forces with honorable discharge
    - Other qualified alien

Who Is Eligible for Presumptive Eligibility? *(continued)*

To qualify for **presumptive eligibility**, applicants must:

- Be an Indiana resident. (An Indiana address must be provided on the application.)
- Not be currently enrolled in any IHCP program, including Healthy Indiana Plan (HIP) or conditional HIP status.
- Not be currently covered by a presumptive eligibility benefit plan.
- Meet the income level requirements outlined in Table 1.0 (*next slide*).

For more information, see the *Presumptive Eligibility* module.

Presumptive Eligibility Income Standards

Table 1.0 Presumptive Eligibility Income Standards

Aid Category Description	FPL Limit
Infants	213%
Children (Ages 1-18)	163%
Parents/Caretakers	Converted to AFDC limits
Former Foster Care Children	No FPL Requirement
Pregnant Women	213%
Family Planning	146%
Adult	138%

NOTE: The percentages in this table include a 5% income disregard. When completing a full application, the 5% income disregard will only be applied if an individual is otherwise eligible for the IHCP.

Weekly Income: should be multiplied by 4.3 to determine monthly income.

Biweekly Income: should be multiplied by 2.15 to determine monthly income.

Income Limits are before taxes. An unborn child counts toward family size for pregnant women.

Presumptive Eligibility Covered Benefits

Presumptive Eligibility Benefits and Coverage Limitations

Presumptive Eligibility – Package A Standard Plan

Full-coverage benefit package – All IHCP-covered services

- Infants
- Children
- Parent/Caretaker
- Former foster children

Fee-for-service delivery system

- Services can be furnished by any IHCP-enrolled provider

Presumptive Eligibility Benefits and Coverage Limitations

Presumptive Eligibility for Pregnant Women

Limited coverage for ambulatory pregnancy-related services

Examples of Covered Services

- Prenatal care, including pregnancy-related labs and prescription drugs
- Outpatient services
- Immunizations
- Transportation for pregnancy or emergency-related care
- Mental health
- Dental services

Examples of Services NOT Covered

- Inpatient care
- Labor and delivery
- Postpartum care
- Abortion services
- Sterilizations
- Hospice
- Long-term care
- Services unrelated to pregnancy or birth outcome

Fee-for-service delivery system

- Services can be furnished by any IHCP-enrolled provider

Presumptive Eligibility Benefits and Coverage Limitations

Presumptive Eligibility – Adult

Limited coverage mirrors the *HIPBasic* benefit plan.

Examples of Covered Services

- Ambulatory services, such as physician services
- Outpatient surgery
- Dialysis
- Emergency services
- Hospitalization
- Mental health and substance abuse
- Prescription drugs
- Rehabilitative services
- Lab and x-rays
- Preventive care
- Hearing aids

Examples of Services NOT Covered

- Dental services
- Vision services
- Bariatric surgery
- Treatment for temporomandibular joint (TMJ) disorder

Copayments apply to office and other outpatient services, inpatient services, prescription drugs, and nonemergency use of the emergency department. Preventive care, family planning, and emergency services are exempt from copayments.

Fee-for-service delivery system

- Services can be furnished by any IHCP-enrolled provider

Presumptive Eligibility Benefits and Coverage Limitations

Presumptive Eligibility Family Planning Services Only

Limited coverage for services and supplies intended to prevent or delay pregnancy

Examples of Covered Services

- Sterilization services
- Annual family planning visit
- Oral contraceptives, including necessary related lab services
- Initial diagnosis of sexually transmitted diseases (STDs) or sexually transmitted infections (STIs)
- HIV screening
- Pap smear
- Limited history and physical exams

Fee-for-service delivery system

- Services can be furnished by any IHCP-enrolled provider.

Presumptive Eligibility Benefits and Coverage Limitations

Presumptive Eligibility for Inmates

Coverage is limited to inpatient hospital services only through the fee-for-service delivery system.

For more information, see the *PE for Inmates* page at in.gov/medicaid/providers.

Qualified Providers (QPs)

Provider Types That Can Be QPs for PE – Effective February 2, 2018

Acute Care Hospitals
- Provider Type: 01
- Provider Specialty: 010

Federally Qualified Health Centers (FQHCs)
- Provider Type: 08
- Provider Specialty: 080

Rural Health Clinics (RHCs)
- Provider Type: 08
- Provider Specialty: 081

Free-standing psychiatric hospitals
- Provider Type: 01
- Provider Specialty: 011

Community Mental Health Centers (CMHCs)
- Provider Type: 11
- Provider Specialty: 111

County Health Departments
- Provider Type: 13
- Provider Specialty: 130

Family or General Practitioner*
- Provider Type 31
- Provider Specialty 316 or 318

Advanced Practice Registered Nurse Practitioner*
- Provider Type 09
- Provider Specialty 093

Certified Nurse Midwife*
- Provider Type 09
- Provider Specialty 095

General Internist*
- Provider Type 31
- Provider Specialty 344

General Pediatrician*
- Provider Type 31
- Provider Specialty 345

Obstetrician or Gynecologist*
- Provider Type 31
- Provider Specialty 328

Family Planning Clinic*
- Provider Type 08
- Provider Specialty 083

Medical Clinic*
- Provider Type: 08
- Provider Specialty: 082

*QPs for PE for low-income pregnant women only. Other QPs can make PE determinations for all applicable eligibility groups.

QP Requirements for Presumptive Eligibility

Federal Medicaid Regulations

- Hospitals and other QPs must participate as providers under the Indiana Medicaid State Plan or a demonstration under Section 1115 of the Social Security Act.
- The QP must notify the IHCP of its intention to make presumptive eligibility determinations, and
- The QP must agree to make presumptive eligibility determinations consistent with State policies and procedures.

QP Requirements for Presumptive Eligibility

State Requirements

- QP must participate in presumptive eligibility Provider Healthcare Portal (Portal) training.
- QP must participate in presumptive eligibility training.
- QP must complete and submit presumptive eligibility QP attestations via the Portal.
- QP must encourage individuals to complete and submit a full Indiana Application for Health Coverage. Only navigators may assist with plan and provider selections, completing, and submitting the application.

QP Requirements for Presumptive Eligibility

Performance Measures

Specific performance measures for QPs are:

95% of applications completed

Percent of presumptively eligible members who complete the *Indiana Application for Health Coverage*

90% are completed correctly

Percent of presumptively eligible members whose *Indiana Application for Health Coverage* is completed correctly

95% determined eligible

Percent of presumptively eligible members who are subsequently determined eligible for full eligibility under an IHCP program, such as Traditional Medicaid or HIP

How to Become a QP for PE

How to Become a QP

Eligible providers must affirm the following:

- That the organization understands and will abide by any published guidance regarding the performance of PE activities.
- That the organization will not knowingly or intentionally misrepresent client information in order to inappropriately gain PE.
- That the organization understands that all PE QP enrollment activities undertaken by this organization must be performed by an organization's employee or designee.

NOTE: Enrolled QPs and their staffs may not perform presumptive eligibility determinations for other non-QP providers, such as physician groups or dentists.

How to Become a QP

To become a QP, providers must first complete a prequalification process by updating the *Provider Maintenance Presumptive Eligibility* page in the IHCP Provider Healthcare Portal.

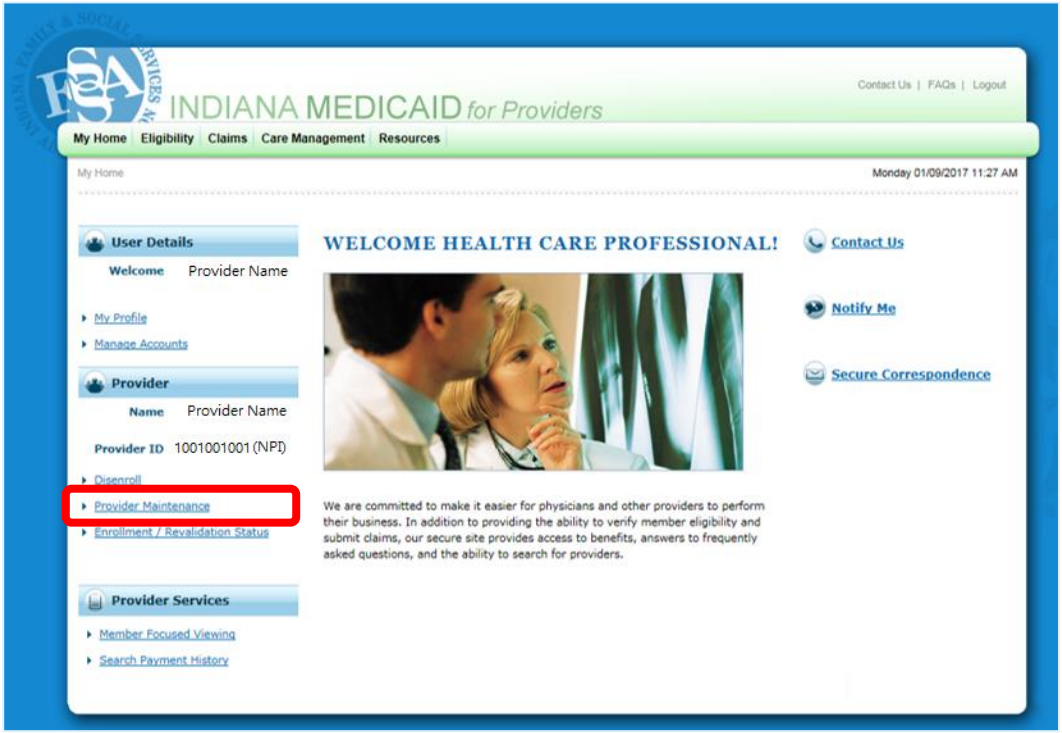
Using the Portal, a provider with an eligible provider type and specialty can update the *Provider Maintenance Presumptive Eligibility* page by following these instructions:

1. Log into the Portal.

How to Become a QP

Completing the prequalification process using the Portal:

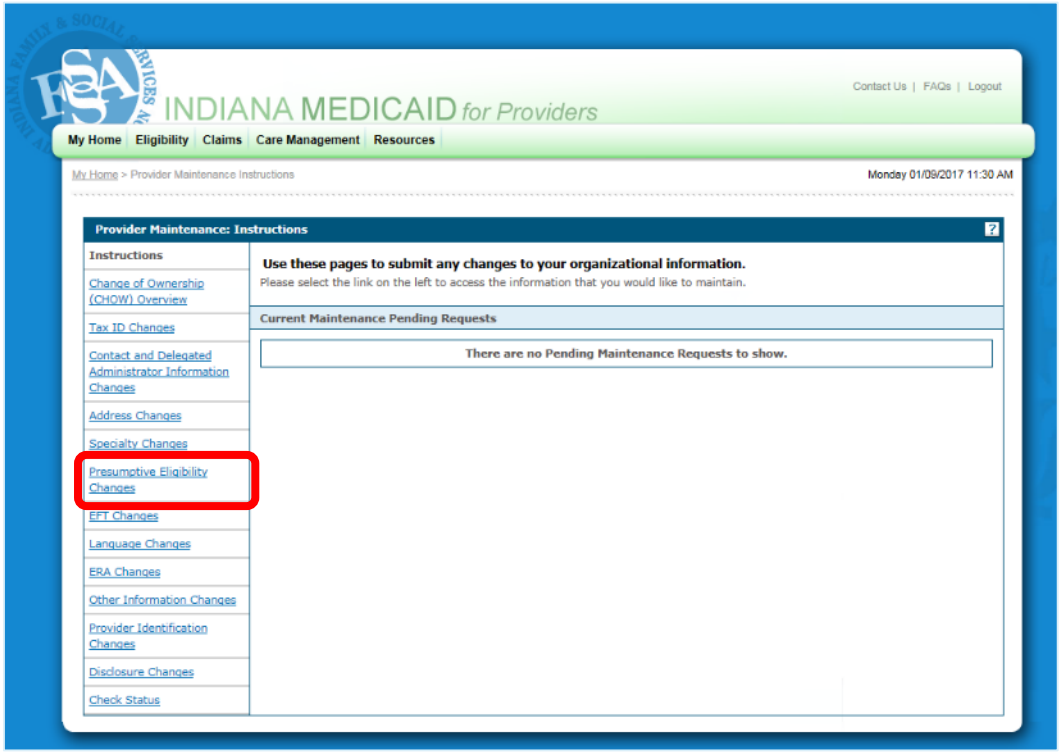
1. Log into the Portal.
2. On My Home page, click **Provider Maintenance**.



How to Become a QP

Completing the prequalification process using the Portal:

1. Log into the Portal.
2. On My Home page, click **Provider Maintenance**.
3. Click **Presumptive Eligibility Changes**.



How to Become a QP

Completing the prequalification process using the Portal:

1. Log into the Portal.
2. On My Home page, click **Provider Maintenance**.
3. Click **Presumptive Eligibility Changes**.
4. Read the information and answer the questions using the radio buttons.

NOTE: Depending on the provider's type and specialty, the provider will see either the Presumptive Eligibility panel or the Presumptive Eligibility for Pregnant Women panel.

Presumptive Eligibility

Presumptive Eligibility (PE) is a limited period of time during which an applicant, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for services applicable to their approved eligibility program.

A QP must have a Provider Agreement with the Office of Medicaid Policy and Planning (OMPP).

The PE patient enrollment process will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free Adobe Acrobat Reader installed. You can get the latest version of Adobe Acrobat Reader from the Web Tool Kit.

Training must be completed prior to your enrollment being activated.Click here to view PE training materials.Indianamedicaid.com.

You have been identified as a potential Pre-Qualified Provider. Please answer the following questions if you would like to begin the qualification process.

*I affirm that this organization understands and will abide by any published guidance regarding the performance of Presumptive Eligibility activities. ◉ Yes ○ No

*I affirm that this organization will not knowingly or intentionally misrepresent client information in order to inappropriately gain presumptive eligibility. ◉ Yes ○ No

*I affirm my/our understanding that all PE enrollment activities undertaken by this organization must be performed by an organization's employee or organization's designee. ◉ Yes ○ No

*Contact Name [ ] *Contact Email [ ]

I would like to terminate my PE Qualified Provider status: ☐

Submit Cancel

Presumptive Eligibility for Pregnant Women

Presumptive Eligibility for Pregnant Women (PEPW) is a limited period of time during which a pregnant woman, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for ambulatory prenatal services.

Note: Inpatient care, delivery services and services unrelated to the pregnancy or birth outcome are not covered under PEPW.

The PEPW patient enrollment process will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free Adobe Acrobat Reader installed. You can get the latest version of Adobe Acrobat Reader from the Web Tool Kit.

You have been identified as a potential Pre-Qualified Provider. Please answer the following questions if you would like to begin the qualification process.

*Are you able to provide outpatient hospital, rural health clinic, or clinic services as defined in sections 1905(a)(2)(A) or (B), 1905(a)(9), and 1905(l)(1) of the ACT? ◉ Yes ○ No

... Read More

*Are you able to verify pregnancy via a professionally administered pregnancy test? ◉ Yes ○ No

*Do you have internet, printer, telephone and fax access? ◉ Yes ○ No

*Contact Name [ ] *Contact Email [ ]

I would like to terminate my PEPW Qualified Provider status: ☐

Submit Cancel

How to Become a QP

Completing the prequalification process using the Portal:

1. Log into the Portal.
2. Click **Provider Maintenance**.
3. On My Home page, click **Presumptive Eligibility Changes**.
4. Read the information and answer the questions using the radio buttons.
5. Provide the name and email address of the individual responding to the questions.

Presumptive Eligibility

Presumptive Eligibility (PE) is a limited period of time during which an applicant, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for services applicable to their approved eligibility program.

A QP must have a Provider Agreement with the Office of Medicaid Policy and Planning (OMPP).

The PE patient enrollment process will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free Adobe Acrobat Reader installed. You can get the latest version of Adobe Acrobat Reader from the Web Tool Kit.

Training must be completed prior to your enrollment being activated.Click here to view PE training materials.Indianamedicaid.com.

You have been identified as a potential Pre-Qualified Provider. Please answer the following questions if you would like to begin the qualification process.

*I affirm that this organization understands and will abide by any published guidance regarding the performance of Presumptive Eligibility activities. ◉ Yes ○ No

*I affirm that this organization will not knowingly or intentionally misrepresent client information in order to inappropriately gain presumptive eligibility. ◉ Yes ○ No

*I affirm my/our understanding that all PE enrollment activities undertaken by this ◉ Yes ○ No

*Contact Name *Contact Email

I would like to terminate my PE Qualified Provider status: ☐

Submit Cancel

Presumptive Eligibility for Pregnant Women

Presumptive Eligibility for Pregnant Women (PEPW) is a limited period of time during which a pregnant woman, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for ambulatory prenatal services.

Note: Inpatient care, delivery services and services unrelated to the pregnancy or birth outcome are not covered under PEPW.

The PEPW patient enrollment process will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free Adobe Acrobat Reader installed. You can get the latest version of Adobe Acrobat Reader from the Web Tool Kit.

You have been identified as a potential Pre-Qualified Provider. Please answer the following questions if you would like to begin the qualification process.

*Are you able to provide outpatient hospital, rural health clinic, or clinic services as defined in sections 1905(a)(2)(A) or (B), 1905(a)(9), and 1905(l)(1) of the ACT? ◉ Yes ○ No

Read More

*Are you able to verify pregnancy via a professionally administered pregnancy test? ◉ Yes ○ No

*Do you have internet, printer, telephone and fax access?

*Contact Name *Contact Email

I would like to terminate my PEPW Qualified Provider status: ☐

Submit Cancel

How to Become a QP

Completing the prequalification process using the Portal:

1. Log into the Portal.
2. Click **Provider Maintenance**.
3. On My Home page, click **Presumptive Eligibility Changes**.
4. Read the information and answer the questions using the radio buttons.
5. Provide the name and email address of the individual responding to the questions.
6. Review the information for accuracy and click **Submit**.

Presumptive Eligibility

Presumptive Eligibility (PE) is a limited period of time during which an applicant, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for services applicable to their approved eligibility program.

A QP must have a Provider Agreement with the Office of Medicaid Policy and Planning (OMPP).

The PE patient enrollment process will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free Adobe Acrobat Reader installed. You can get the latest version of Adobe Acrobat Reader from the Web Tool Kit.

Training must be completed prior to your enrollment being activated.Click here to view PE training materials.Indianamedicaid.com.

You have been identified as a potential Pre-Qualified Provider. Please answer the following questions if you would like to begin the qualification process.

*I affirm that this organization understands and will abide by any published guidance regarding the performance of Presumptive Eligibility activities. ◉ Yes ○ No

*I affirm that this organization will not knowingly or intentionally misrepresent client information in order to inappropriately gain presumptive eligibility. ◉ Yes ○ No

*I affirm my/our understanding that all PE enrollment activities undertaken by this organization must be performed by an organization's employee or organization's designee. ◉ Yes ○ No

*Contact Name [ ] *Contact Email [ ]

I would like to terminate my PE Qualified Provider status: ☐

Submit Cancel

Presumptive Eligibility for Pregnant Women

Presumptive Eligibility for Pregnant Women (PEPW) is a limited period of time during which a pregnant woman, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for ambulatory prenatal services.

Note: Inpatient care, delivery services and services unrelated to the pregnancy or birth outcome are not covered under PEPW.

The PEPW patient enrollment process will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free Adobe Acrobat Reader installed. You can get the latest version of Adobe Acrobat Reader from the Web Tool Kit.

You have been identified as a potential Pre-Qualified Provider. Please answer the following questions if you would like to begin the qualification process.

*Are you able to provide outpatient hospital, rural health clinic, or clinic services as defined in sections 1905(a)(2)(A) or (B), 1905(a)(9), and 1905(1)(1) of the ACT? ◉ Yes ○ No

... Read More

*Are you able to verify pregnancy via a professionally administered pregnancy test? ◉ Yes ○ No

*Do you have internet, printer, telephone and fax access? ◉ Yes ○ No

*Contact Name [ ] *Contact Email [ ]

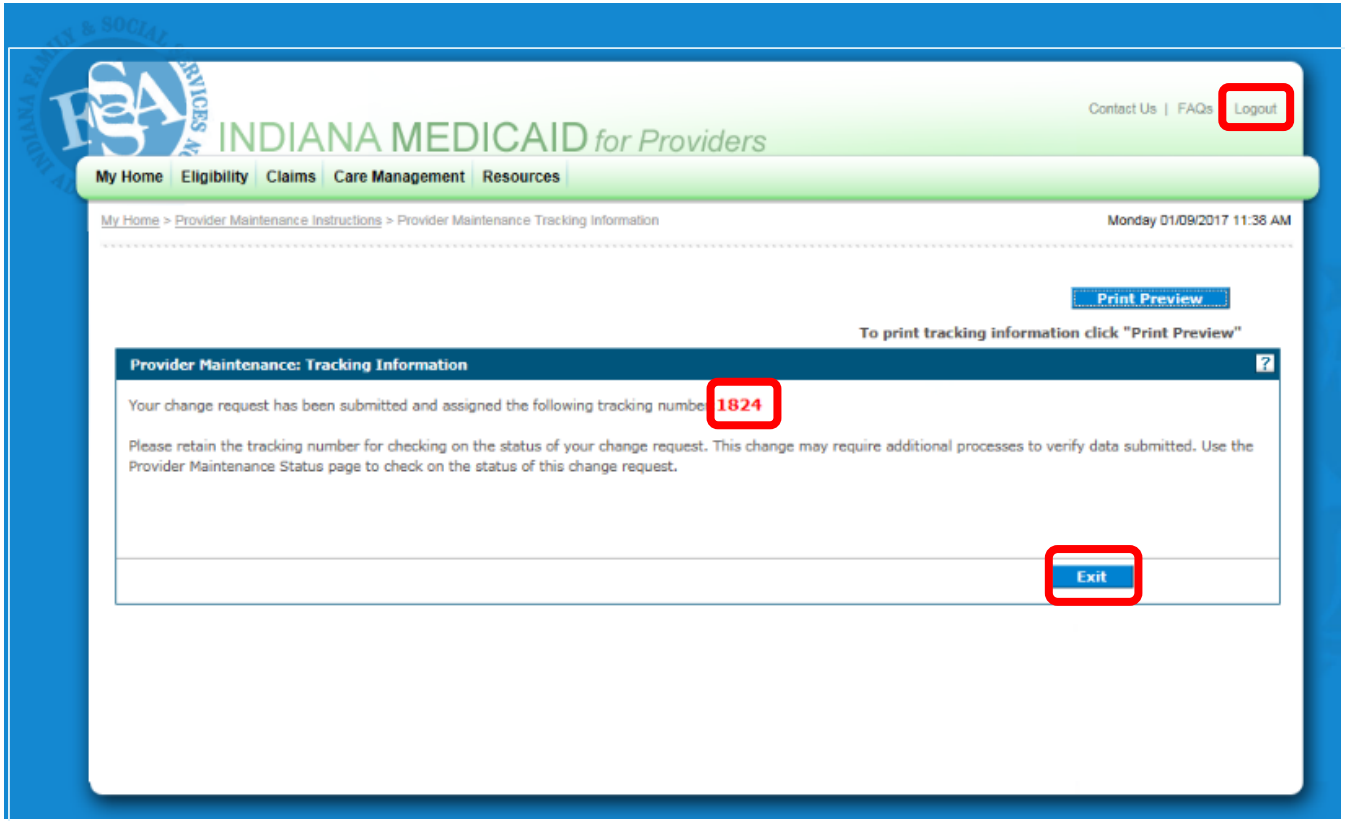
I would like to terminate my PEPW Qualified Provider status: ☐

Submit Cancel

How to Become a QP

Clicking **Submit** completes the prequalification process and provides a tracking number.

Click **Exit** to return to the Provider Maintenance page or log out of the Portal.



How to Become a QP

When the prequalification process is complete, the provider immediately receives an automated email notification with his or her PE QP status. A Provider Relations field consultant will contact the prequalified QP within 10 business days to schedule Portal training.

The Provider Relations field consultant will also provide the QP with a printed copy of this training for future reference.

After the Portal training is complete, the Provider Relations field consultant activates the provider's PE certification status with effective and end dates in *Core*MMIS. The QP may then provide presumptive eligibility determinations to qualified individuals.

How to Locate a QP

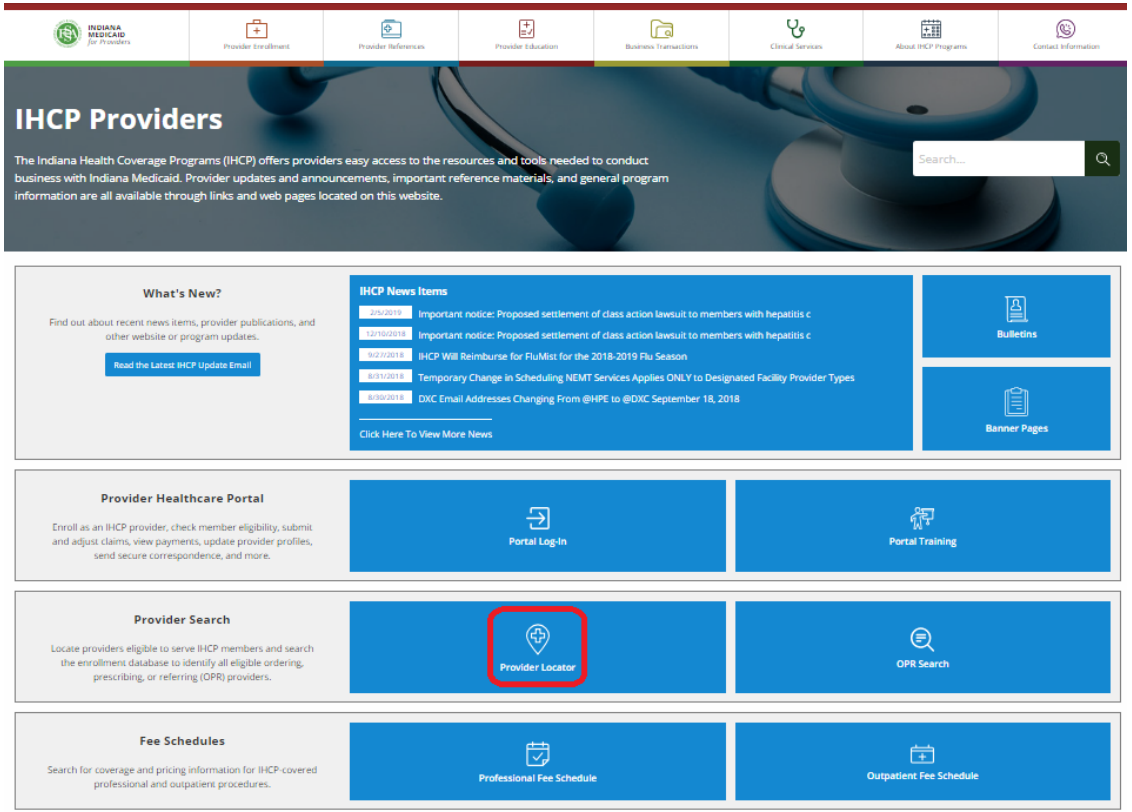
Once certified, a provider's QP status is evident for members searching for an IHCP provider.

Provider Relations/ Customer Assistance

1-800-457-4584

IHCP website

1. Go to www.in.gov/medicaid/providers.
2. In the Provider Search section of the home page, click **Provider Locator**. This link takes users to the provider search page.



Members can access the same Provider Locator by clicking **Find a Medicaid Provider** on the home page of the member website at www.in.gov/medicaid/members.

Completing the Presumptive Eligibility Application

How the Presumptive Eligibility Process Works

CAUTION: The presumptive eligibility member application system is a live production environment. Providers should not create test cases and use the live application for training purposes. Per the provider's attestation during QP enrollment:

- The organization will not knowingly or intentionally misrepresent client information in order to inappropriately gain presumptive eligibility.
- Providers must not click SUBMIT multiple times on one application.

How the Presumptive Eligibility Process Works

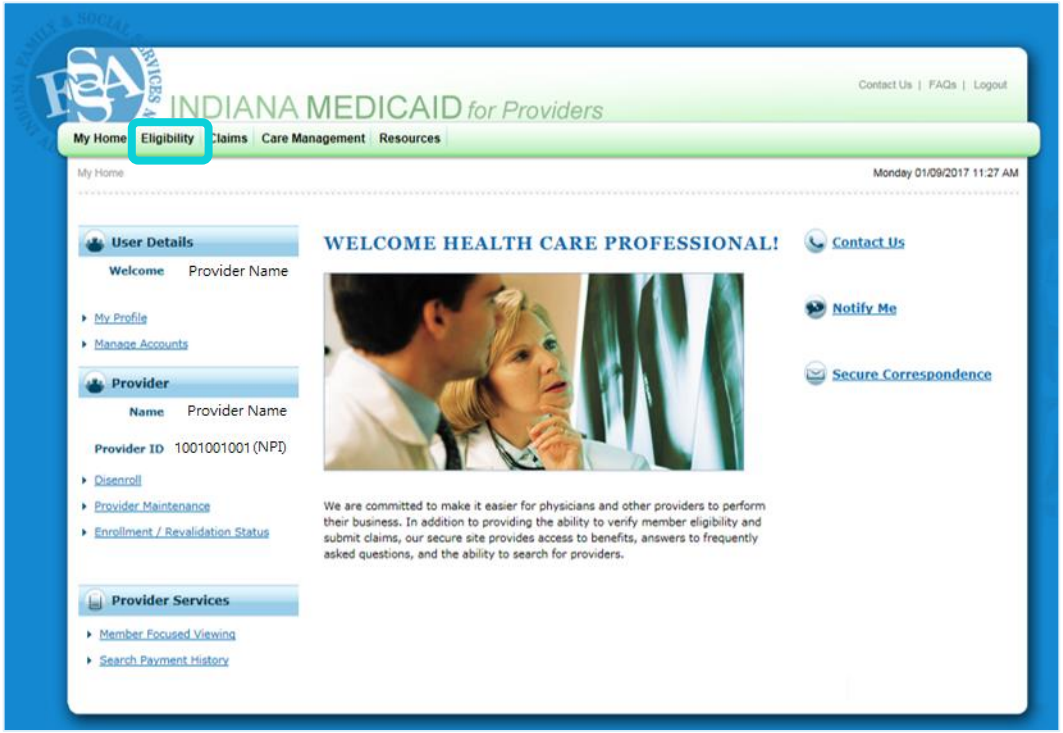
Using the Portal, a QP can guide an applicant through the PE process by following these steps:

1. The QP uses the Eligibility Verification Request feature in the Portal to verify that the individual is not already an IHCP member.
   a. Log into the Portal.

How the Presumptive Eligibility Process Works

Using the Portal, a QP can guide an applicant through the PE process by following these steps:

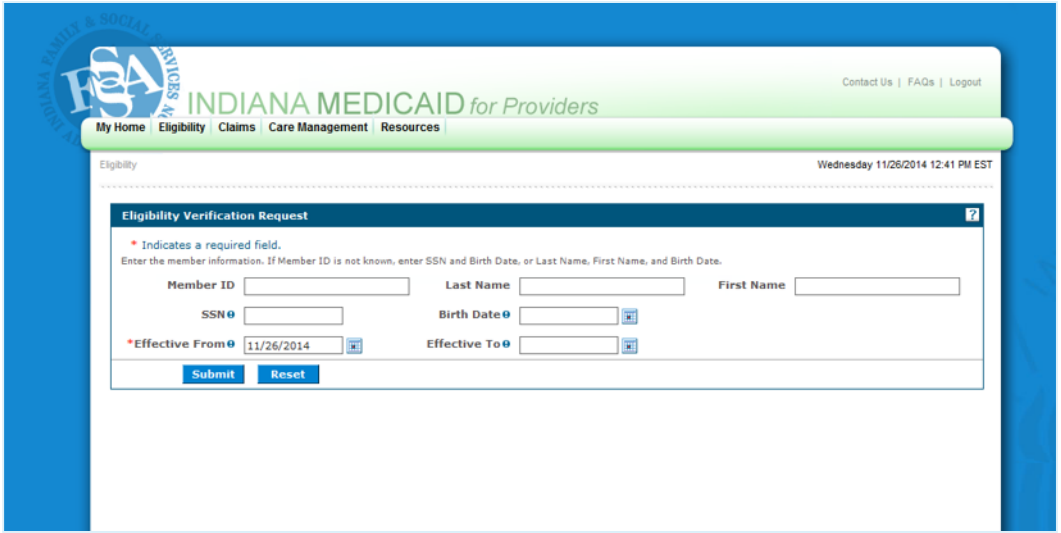
1. The QP uses the Eligibility Verification Request feature in the Portal to verify that the individual is not already an IHCP member.
   a. Log into the Portal.
   b. Click **Eligibility** in the menu bar.



How the Presumptive Eligibility Process Works

Using the Portal, a QP can guide an applicant through the PE process by following these steps:

1. The QP uses the Eligibility Verification Request feature in the Portal to verify that the individual is not already an IHCP member.
   a. Log into the Portal.
   b. Click **Eligibility** in the menu bar.
   c. Search for the member and the effective date or dates when the service will be provided.



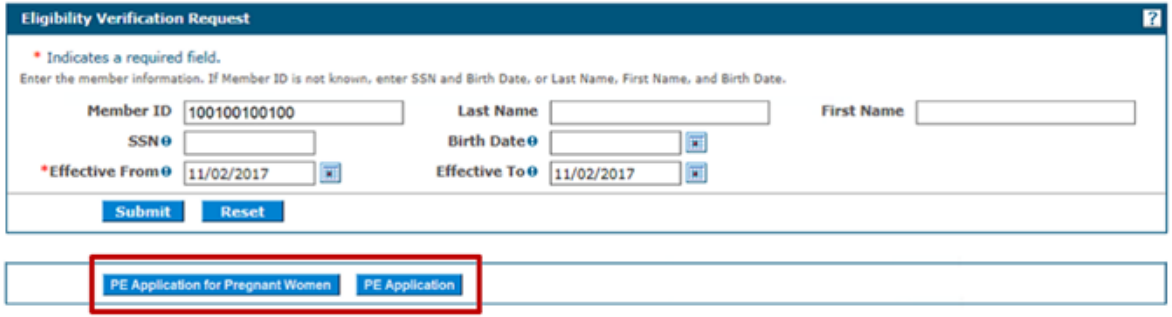
NOTE: Eligibility can be verified via the Interactive Voice Response (IVR) System, the Portal, or 270/271 electronic transactions. However, the presumptive eligibility application may be completed only using the Portal.

How the Presumptive Eligibility Process Works

Using the Portal, a QP can guide an applicant through the PE process by following these steps:

2. If no active coverage is found for the individual, click the appropriate **PE Application** button.

NOTE: Depending on the member's and provider's information, the **PE Application**, **PE Application for Pregnant Women**, and/or **PE Application for Inmate** button will be available.



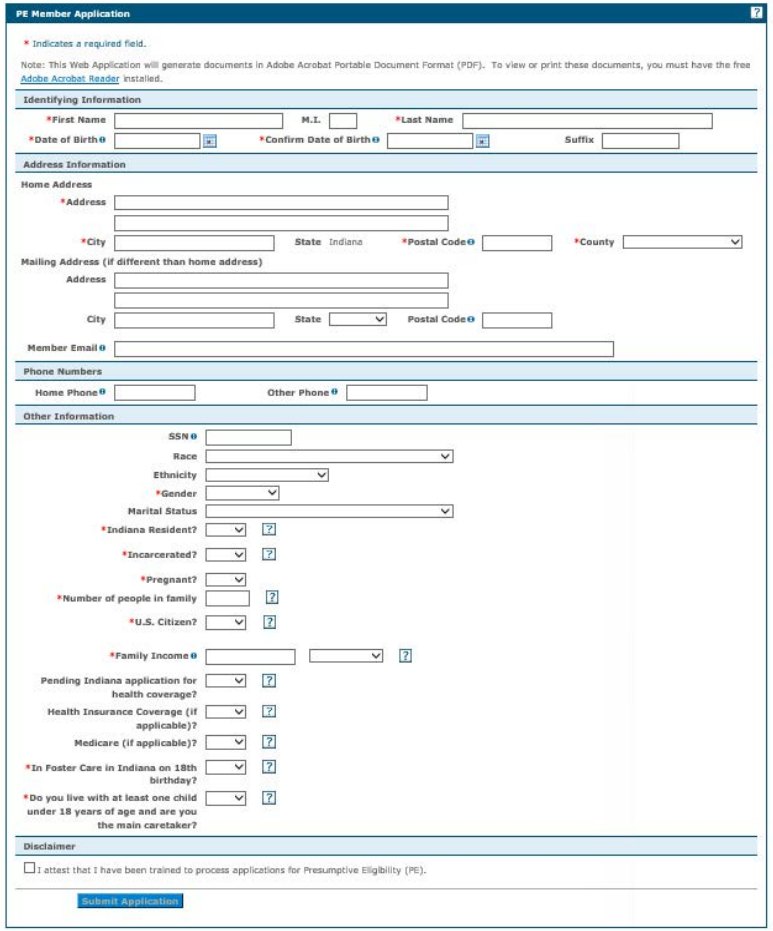
How the PE Process Works

Completing the PE application

Provide as much information as possible on the application. Required fields are marked with an asterisk(*).

Required fields:

- First Name
- Last Name
- Date of Birth
- Address
- City
- Postal Code
- County
- Gender
- Indiana Resident?
- Incarcerated?
- Pregnancy?
- Number of people in family
- U.S. Citizen?
- Family Income
- In foster care in Indiana on 18th birthday?
- Do you live with at least one child under 18 years of age and are you the main caretaker?


PE Member Application

* Indicates a required field.

Note: This Web Application will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free Adobe Acrobat Reader installed.

Identifying Information

*First Name | M.I. | *Last Name

*Date of Birth | *Confirm Date of Birth | Suffix

Address Information

Home Address

*Address

*City | State Indiana | *Postal Code | *County

Mailing Address (if different than home address)

Address

City | State | Postal Code

Member Email

Phone Numbers

Home Phone | Other Phone

Other Information

SSN

Race

Ethnicity

*Gender

Marital Status

*Indiana Resident?

*Incarcerated?

*Pregnant?

*Number of people in family

*U.S. Citizen?

*Family Income

Pending Indiana application for health coverage?

Health Insurance Coverage (if applicable)?

Medicare (if applicable)?

*In Foster Care in Indiana on 18th birthday?

*Do you live with at least one child under 18 years of age and are you the main caretaker?

Disclaimer

I attest that I have been trained to process applications for Presumptive Eligibility (PE).

Submit Application

How the PE Process Works

Completing the PEPW application

If the QP is determining presumptive eligibility for a pregnant woman, the application will vary slightly. Provide as much information as possible on the application. Required fields are marked with an asterisk(*). Required fields:

- Indiana Resident?
- First Name
- Last Name
- Date of Birth
- Address
- City
- Postal Code
- County
- Incarcerated?
- Pregnancy?
- Number of people in family
- U.S. Citizen?
- Family Income

PE Member Application

* Indicates a required field.

Note: This Web Application will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free Adobe Acrobat Reader installed.

Identifying Information

*First Name | M.I. | *Last Name

*Date of Birth | *Confirm Date of Birth

Address Information

Home Address

*Address

*City | State Indiana | *Postal Code | *County

Mailing Address (if different than home address)

Address

City | State | Postal Code

Member Email

Phone Numbers

Home Phone | Cell Phone

Work Phone | Other Phone

Other Information

SSN

MCE Provider Directory: Electronic

Gender

Marital Status

Race

Ethnicity

*Indiana Resident?

*Incarcerated?

*Pregnancy?

*Number of people in family

*U.S. Citizen?

*Family Income

Pending Indiana application for health coverage?

Disclaimer

☐ I attest that I have been trained to process applications for Presumptive Eligibility for Pregnant Women.

Submit Application

Presumptive Eligibility – Application Process Considerations

Presumptive Eligibility Considerations

Applicants should understand they must comply with the IHCP regular application process (for example, documentation submission) for determining full eligibility. The member's failure to cooperate with the DFR to complete the application process will result in termination of the individual's presumptive eligibility status.

Before clicking **Submit Application**, providers should carefully review all information with the patient to ensure that it has been entered correctly (check the spelling of the patient's name, correct date of birth, and so on). After the application is submitted, the provider cannot make corrections.

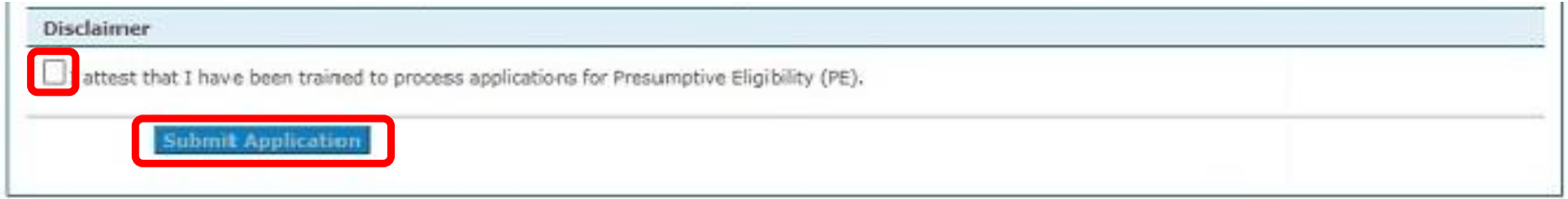
NOTE: If the member's name, address, or date of birth is accidentally and inadvertently entered incorrectly during the member application process, the provider must contact his or her Provider Relations field representative to have the information corrected.

How the Presumptive Eligibility Process Works

Completing a presumptive eligibility application

Review the information in the application for accuracy.

Click the attestation statement box in the Disclaimer section at the bottom of the application to enable the Submit Application button. When you are ready to submit the information, click **Submit Application**.

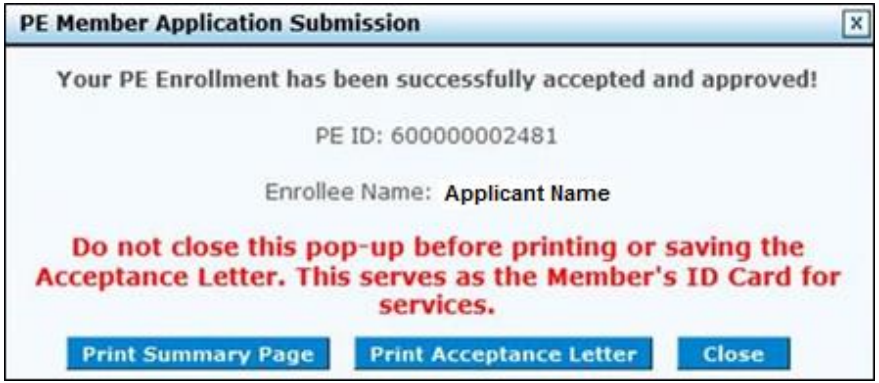


Presumptive Eligibility Determination

After you submit the application, an immediate determination is given in a pop-up window.

Follow the directions in the pop-up window:

- Print the summary page of information (if applicable).
- Print the acceptance or denial letter.
- Close the pop-up.



Presumptive Eligibility Determination

Eric Holcomb, Governor
State of Indiana

Indiana Health Coverage Programs

DXC TECHNOLOGY
950 NORTH MERIDIAN STREET, SUITE 1150
INDIANAPOLIS, IN 46204

800-457-4584
www.in.gov/medicaid

«letterdate/letterdate»

«mailtoaddress/name»
«mailtoaddress/streetaddress1»
«mailtoaddress/streetaddress2»
«mailtoaddress/citystatezip»

Your PEPW ID is: «mailtoaddress/pepwid»

Effective «letterdate/letterdate» to «termdate/terminationdate» only.

Important Notice: You have been approved for **limited short term** health coverage for pregnancy services.

Take this form to all doctor visits.

Dear «mailtoaddress/name»

You have been approved for Presumptive Eligibility (PE) Pregnant Women Medicaid. **This is short term coverage that begins today and will end on «termdate/terminationdate», or until the date of eligibility determination based on your Indiana Application for Health Coverage.** You can only qualify for presumptive eligibility once per year or per pregnancy, and this coverage is temporary. In order to keep coverage you must submit an Indiana Application for Health Coverage.

Your coverage includes Pregnancy related services such as:

- Visits to a doctor
- Lab work
- Prescriptions
- Transportation

This coverage does not include labor or delivery services. You must complete a full application and be approved for Medicaid in order to have those services covered.

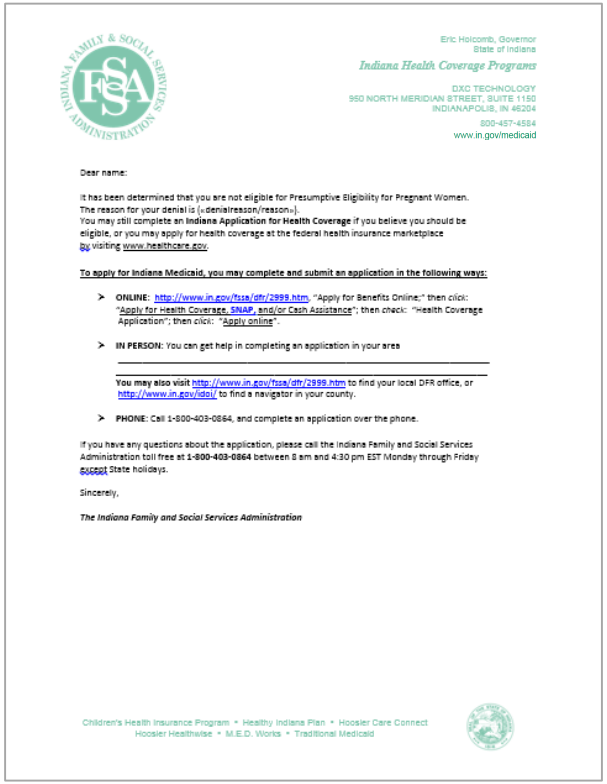
Next Step

You must submit a full Indiana Application for Health Coverage in order to keep coverage. You should do this right away. You can submit an application:

- At the provider where you were found presumptively eligible;
- On-line at www.dfrbenefits.in.gov;
- Over the phone 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care Connect Hoosier Healthwise • M.E.D. Works • Traditional Medicaid

PEPW Denial Letter Example



Eric Holcomb, Governor
State of Indiana

Indiana Health Coverage Programs

DXC TECHNOLOGY
950 NORTH MERIDIAN STREET, SUITE 1150
INDIANAPOLIS, IN 46204

800-457-4584
www.in.gov/medicaid

Dear name:

It has been determined that you are not eligible for Presumptive Eligibility for Pregnant Women.
The reason for your denial is {«denialreason/reason»}.
You may still complete an **Indiana Application for Health Coverage** if you believe you should be eligible, or you may apply for health coverage at the federal health insurance marketplace by visiting www.healthcare.gov.

To apply for Indiana Medicaid, you may complete and submit an application in the following ways:

- **ONLINE:** http://www.in.gov/fssa/dfr/2999.htm, "Apply for Benefits Online;" then click: "Apply for Health Coverage, SNAP, and/or Cash Assistance"; then check: "Health Coverage Application"; then click: "Apply online".
- **IN PERSON:** You can get help in completing an application in your area

  You may also visit http://www.in.gov/fssa/dfr/2999.htm to find your local DFR office, or http://www.in.gov/idoi/ to find a navigator in your county.
- **PHONE:** Call 1-800-403-0864, and complete an application over the phone.

If you have any questions about the application, please call the Indiana Family and Social Services Administration toll free at **1-800-403-0864** between 8 am and 4:30 pm EST Monday through Friday except State holidays.

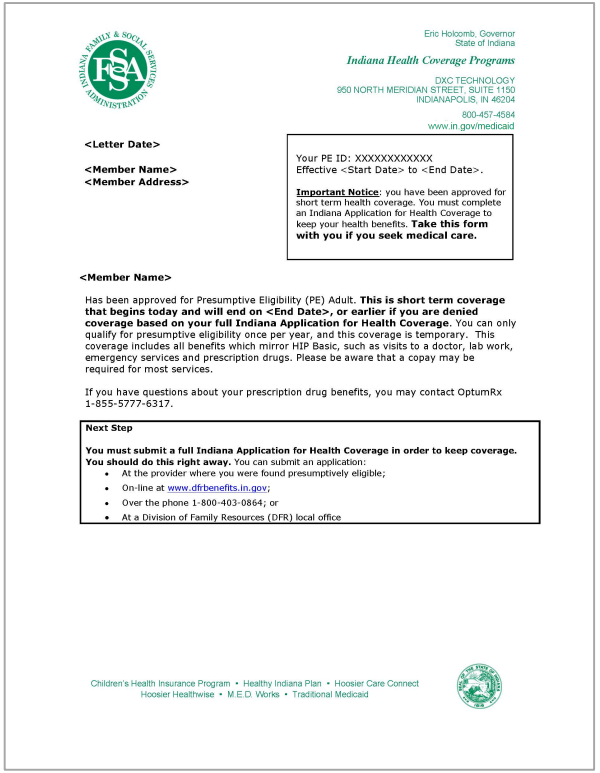
Sincerely,

The Indiana Family and Social Services Administration

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care Connect Hoosier Healthwise • M.E.D. Works • Traditional Medicaid

Presumptive Eligibility Determination

PE Adult Approval Letter Example



Eric Holcomb, Governor
State of Indiana

Indiana Health Coverage Programs

DXC TECHNOLOGY
950 NORTH MERIDIAN STREET, SUITE 1150
INDIANAPOLIS, IN 46204

800-457-4584
www.in.gov/medicaid

<Letter Date>

<Member Name>
<Member Address>

Your PE ID: XXXXXXXXXXXX
Effective <Start Date> to <End Date>.

Important Notice: you have been approved for short term health coverage. You must complete an Indiana Application for Health Coverage to keep your health benefits. **Take this form with you if you seek medical care.**

<Member Name>

Has been approved for Presumptive Eligibility (PE) Adult. **This is short term coverage that begins today and will end on <End Date>, or earlier if you are denied coverage based on your full Indiana Application for Health Coverage**. You can only qualify for presumptive eligibility once per year, and this coverage is temporary. This coverage includes all benefits which mirror HIP Basic, such as visits to a doctor, lab work, emergency services and prescription drugs. Please be aware that a copay may be required for most services.

If you have questions about your prescription drug benefits, you may contact OptumRx 1-855-5777-6317.

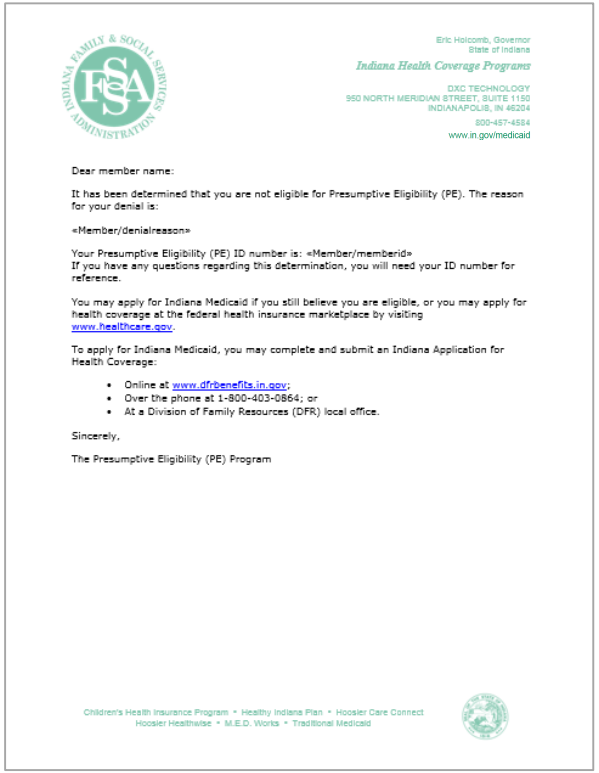
Next Step

You must submit a full Indiana Application for Health Coverage in order to keep coverage. You should do this right away. You can submit an application:

- At the provider where you were found presumptively eligible;
- On-line at www.dfrbenefits.in.gov;
- Over the phone 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care Connect
Hoosier Healthwise • M.E.D. Works • Traditional Medicaid

PE Adult Denial Letter Example



Eric Holcomb, Governor
State of Indiana

Indiana Health Coverage Programs

DXC TECHNOLOGY
950 NORTH MERIDIAN STREET, SUITE 1150
INDIANAPOLIS, IN 46204

800-457-4584
www.in.gov/medicaid

Dear member name:

It has been determined that you are not eligible for Presumptive Eligibility (PE). The reason for your denial is:

«Member/denialreason»

Your Presumptive Eligibility (PE) ID number is: «Member/memberid»
If you have any questions regarding this determination, you will need your ID number for reference.

You may apply for Indiana Medicaid if you still believe you are eligible, or you may apply for health coverage at the federal health insurance marketplace by visiting www.healthcare.gov.

To apply for Indiana Medicaid, you may complete and submit an Indiana Application for Health Coverage:

- Online at www.dfrbenefits.in.gov;
- Over the phone at 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office.

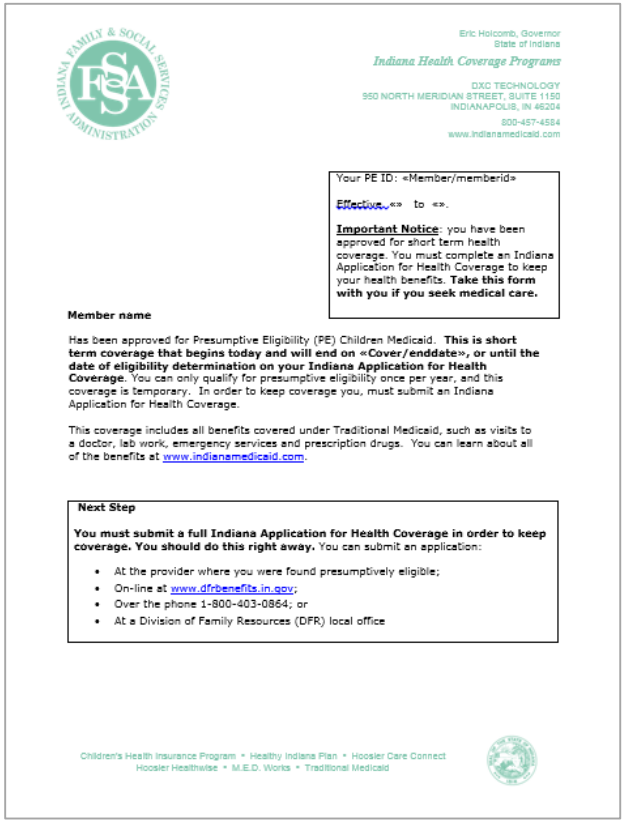
Sincerely,

The Presumptive Eligibility (PE) Program

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care Connect
Hoosier Healthwise • M.E.D. Works • Traditional Medicaid

Presumptive Eligibility Determination

PE Child Approval Letter Example



Eric Holcomb, Governor
State of Indiana

Indiana Health Coverage Programs

DXC TECHNOLOGY
950 NORTH MERIDIAN STREET, SUITE 1150
INDIANAPOLIS, IN 46204

800-457-4584
www.indianamedicaid.com

Your PE ID: «Member/memberid»

Effective «» to «».

Important Notice: you have been approved for short term health coverage. You must complete an Indiana Application for Health Coverage to keep your health benefits. **Take this form with you if you seek medical care.**

Member name

Has been approved for Presumptive Eligibility (PE) Children Medicaid. **This is short term coverage that begins today and will end on «Cover/enddate», or until the date of eligibility determination on your Indiana Application for Health Coverage**. You can only qualify for presumptive eligibility once per year, and this coverage is temporary. In order to keep coverage you, must submit an Indiana Application for Health Coverage.

This coverage includes all benefits covered under Traditional Medicaid, such as visits to a doctor, lab work, emergency services and prescription drugs. You can learn about all of the benefits at www.indianamedicaid.com.

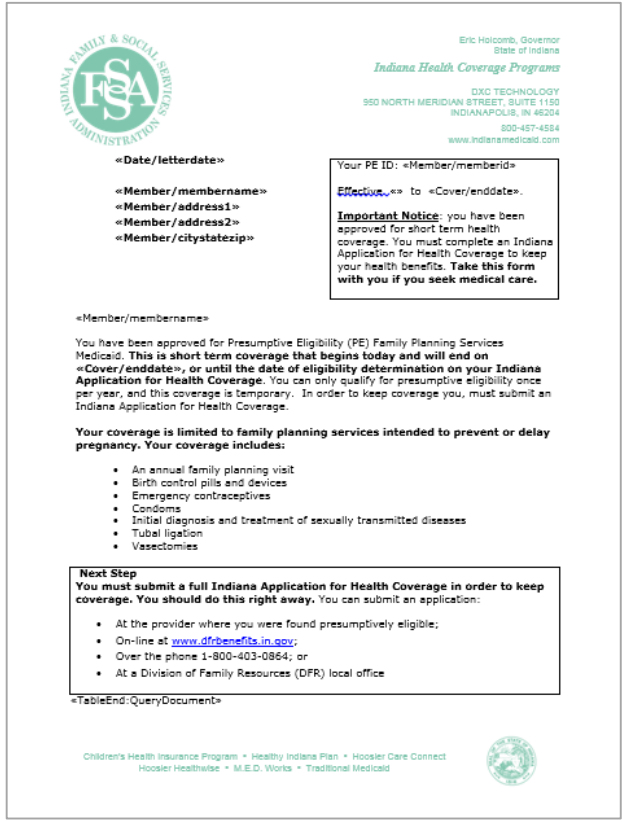
Next Step

You must submit a full Indiana Application for Health Coverage in order to keep coverage. You should do this right away. You can submit an application:

- At the provider where you were found presumptively eligible;
- On-line at www.dfrbenefits.in.gov;
- Over the phone 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care Connect
Hoosier Healthwise • M.E.D. Works • Traditional Medicaid

PE Family Planning Approval Letter Example



Eric Holcomb, Governor
State of Indiana

Indiana Health Coverage Programs

DXC TECHNOLOGY
950 NORTH MERIDIAN STREET, SUITE 1150
INDIANAPOLIS, IN 46204

800-457-4584
www.indianamedicaid.com

«Date/letterdate»

«Member/membername»
«Member/address1»
«Member/address2»
«Member/citystatezip»

Your PE ID: «Member/memberid»

Effective «» to «Cover/enddate».

Important Notice: you have been approved for short term health coverage. You must complete an Indiana Application for Health Coverage to keep your health benefits. **Take this form with you if you seek medical care.**

«Member/membername»

You have been approved for Presumptive Eligibility (PE) Family Planning Services Medicaid. **This is short term coverage that begins today and will end on «Cover/enddate», or until the date of eligibility determination on your Indiana Application for Health Coverage**. You can only qualify for presumptive eligibility once per year, and this coverage is temporary. In order to keep coverage you, must submit an Indiana Application for Health Coverage.

Your coverage is limited to family planning services intended to prevent or delay pregnancy. Your coverage includes:

- An annual family planning visit
- Birth control pills and devices
- Emergency contraceptives
- Condoms
- Initial diagnosis and treatment of sexually transmitted diseases
- Tubal ligation
- Vasectomies

Next Step
You must submit a full Indiana Application for Health Coverage in order to keep coverage. You should do this right away. You can submit an application:

- At the provider where you were found presumptively eligible;
- On-line at www.dfrbenefits.in.gov;
- Over the phone 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office

«TableEnd:QueryDocument»

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care Connect
Hoosier Healthwise • M.E.D. Works • Traditional Medicaid

Completing the Presumptive Eligibility Application Process

The QP should inform the member of his or her coverage, including:

- Limitations of the presumptive eligibility benefit package (especially Presumptive Eligibility Family Planning Services Only, Presumptive Eligibility for Pregnant Women, and Presumptive Eligibility – Adult), including:
  - Covered/noncovered services
  - Copayments for *HIP Basic* (see the *HIP Basic Copayment Amounts* page at www.HIP.IN.gov
- The coverage period
- Guidance for how the provider will help the member complete the full *Indiana Application for Health Coverage*.

Completing the Presumptive Eligibility Application Process

The QP should inform the member of the coverage period and conditions.

- If the individual does file an *Indiana Application for Health Coverage*, his or her presumptive eligibility period lasts until a final eligibility determination from the Indiana Family and Social Services Administration (FSSA) has been made.
- If the individual does not file the full application, coverage ends the last day of the month following the month in which the presumptive eligibility status was granted.

EXCEPTION: PE Adult – If conditionally approved for HIP, this group will retain PE coverage until they make the required POWER Account contribution. If they meet application and payment timelines, there will be no gap in coverage.

Completing the Presumptive Eligibility Application Process

Presumptive Eligibility Considerations

During the presumptive eligibility period, the eligible individual will be able to receive treatment from IHCP providers other than the QP. Members should present the PE Approval Letter as proof of eligibility.

Presumptive eligibility coverage begins the same day a QP determines an individual to be presumptively eligible.

Presumptive eligibility is terminated the last day of the month following the month in which the presumptive eligibility status was granted if no *Indiana Application for Health Coverage* is pending with the DFR.

Example

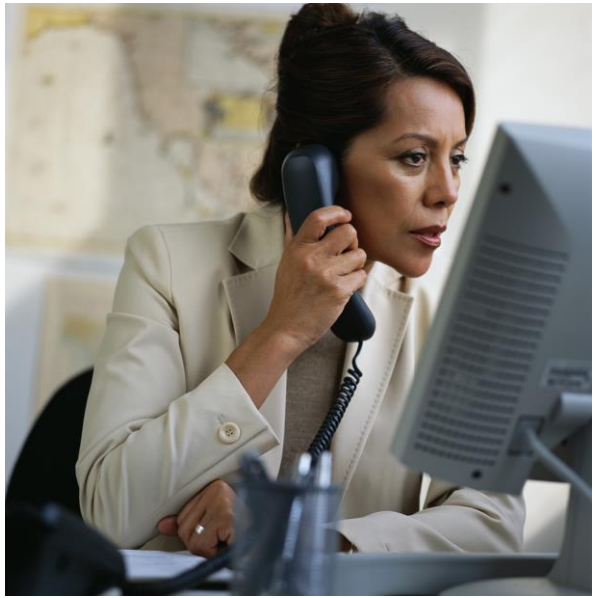
If an individual is determined presumptively eligible on July 14 and does not submit an *Indiana Application for Health Coverage*, the presumptive eligibility coverage will end August 31.

Completing the Presumptive Eligibility Application Process

It is imperative that the QP inform the individual of his or her need to complete the full application before the temporary eligibility period ends and provide information about how the applicant can do so.

As explained in the acceptance letter, the individual may complete the *Indiana Application for Health Coverage*:

- At the location where the individual was determined presumptively eligible (if authorized)
- Online from the DFR Benefits page at in.gov/fssa/dfr
- Over the telephone at 1-800-403-0864
- At an FSSA/Division of Family Resources (DFR) local office



Completing the *Indiana Application for Health Coverage*

Qualified PE organizations may apply to be authorized representatives or Application Organizations (AOs).

QP staff members or the QP's designee helping consumers complete the *Indiana Application for Health Coverage* also need to be certified as Indiana Navigators or designated as authorized representatives.

Only in those roles may the organization staff assist the presumptive eligibility participant with his or her *Indiana Application for Health Coverage.*

Completing the *Indiana Application for Health Coverage*

The DFR makes all final eligibility determinations.

- If the *Indiana Application for Health Coverage* is received by the DFR before the last day of the month following the month in which presumptive eligibility was approved, the individual's presumptive eligibility coverage will not end until the DFR's determination is completed.
- This ensures that there is no gap in coverage.

If the *Indiana Application for Health Coverage* is approved, presumptive eligibility is terminated on the day after IHCP benefits begin.

If determined conditionally eligible for HIP, the PE Adult group will retain PE coverage until they make the required POWER Account contribution. If they meet application and payment timelines, there will be no gap in coverage.

*Core*MMIS receives eligibility determinations and updates from the DFR on a daily basis.

Eligibility Verification System (EVS)

The EVS communicates information about presumptively eligibility members the day following the determination by the QP.

Information about the determination is available by using one of the three eligibility sources:

- Provider Healthcare Portal (accessible from the home page at in.gov/medicaid/providers)
- Interactive Voice Response (IVR) System: 1-800-457-4584
- 270/271 transaction

Eligibility Verification in the Portal

Eligibility Verification Request

* Indicates a required field.

Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date.

Member ID | Last Name | First Name

SSN | Birth Date

*Effective From 02/05/2020 | Effective To 02/05/2020

Submit | Reset

PE Application for Inmate

Coverage Details for **from 01/04/2019 to 01/04/2019**

Member ID | Birth Date | Expand All | Collapse All

Verification Response ID

Benefit Details

Coverage	Description	Effective Date	End Date
Presumptive Eligibility Adult	Mirrors HIP Regular Basic-No MRO services	02/05/2020	02/05/2020

Coverage	Description and Copayment Message	Copay Amount
Presumptive Eligibility Adult	Pharmacy - Copay amount is $4 for preferred drugs and $8 for non-preferred drugs. Please contact OptumRx for further information.	$0.00
Presumptive Eligibility Adult	Emergency Services - No co pay for preventive services. Co-pay of $4 on outpatient services and $8 per non emergency ER vist. Outpatient copays are assessed as one co-payment per provider/per type of service/per day. Inpatient copay of $75 per hospital stay.	$0.00
Presumptive Eligibility Adult	Hospital - No co pay for preventive services. Co-pay of $4 on outpatient services and $8 per non emergency ER vist. Outpatient copays are assessed as one co-payment per provider/per type of service/per day. Inpatient copay of $75 per hospital stay.	$0.00

Type the member's information into the *Eligibility Verification Request* screen

The benefit plan name appears in the Coverage column.

Other Resources

Other Resources

This training course provides an overview of the presumptive eligibility programs, the functions of the Portal related to becoming a QP, and presumptive eligibility enrollment for eligible applicants.

For additional details about the program, such as:

- Information about navigators
- Determining family income
- Determining family size
- Eligibility examples

…QPs are encouraged to review the ***Presumptive Eligibility*** provider reference module.

IHCP Presumptive Eligibility Standards

IHCP Presumptive Eligibility 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, 2020)

Family Size	Parents/ Caretakers	213% FPL Infants (Under age 1)	163% FPL Children (Under Age 19)	138% FPL Adults (Ages 19-64)	213% FPL Pregnant Women	146% FPL Family Planning	Former Foster Care Children (Ages 18-25)
	HP	HI	HK	HA	PN	HF	H1
1	$ 152	$ 2,323	$ 1,765	$ 1,486	N/A	$ 1,575	N/A
2	$ 247	$ 3,138	$ 2,384	$ 2,007	$ 3,138	$ 2,127	N/A
3	$ 310	$ 3,953	$ 3,003	$ 2,528	$ 3,953	$ 2,681	N/A
4	$ 373	$ 4,769	$ 3,623	$ 3,049	$ 4,769	$ 3,233	N/A
5	$ 435	$ 5,584	$ 4,242	$ 3,571	$ 5,584	$ 3,785	N/A
6	$ 498	$ 6,400	$ 4,862	$ 4,092	$ 6,400	$ 4,339	N/A
7	$ 561	$ 7,215	$ 5,481	$ 4,614	$ 7,215	$ 4,891	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

IHCP Presumptive Eligibility (PE) Standards

Presumptive Eligibility Period	Frequency Limitations
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)	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 (All PE Benefits are Fee-for-Service)	
Infants/Children	All covered services available under Package A - Standard Plan
Parents/Caretakers	All covered services available under Package A - Standard Plan
Former Foster Children	All covered services available under Package A - Standard Plan
Pregnant Women	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	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	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 www.HIP.IN.gov.

IHCP Presumptive Eligibility (PE) Standards

PE Adult Copay Amounts		
Outpatient Visits	$ 4	The following services are excluded from copayments: • Preventative care services • Family planning services • Emergency services (billing must reflect that the service qualifies as emergency; exclusion does not apply to pharmacy claims) • Services provided to members who are American Indian/Alaska Native
Inpatient Visits	$ 75	
Preferred Drugs	$ 4	
Non-Preferred Drugs	$ 8	
Non-Emergency ER Visit	$ 8	

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
- 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.

Questions

Do you have any questions about the topics covered today?

- Presumptive Eligibility Overview
- Covered Benefits
- Qualified Providers (QPs)
- How to Become a QP for PE
- Completing the PE Application
- Other Resources
- IHCP Presumptive Eligibility Standards

Thank You