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, 2023)

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	$ 2,528	$ 1,920	$ 1,616	N/A	$ 1,714	N/A
2	$ 247	$ 3,419	$ 2,597	$ 2,186	$ 3,419	$ 2,318	N/A
3	$ 310	$ 4,310	$ 3,274	$ 2,756	$ 4,310	$ 2,922	N/A
4	$ 373	$ 5,200	$ 3,950	$ 3,325	$ 5,200	$ 3,525	N/A
5	$ 435	$ 6,091	$ 4,627	$ 3,895	$ 6,091	$ 4,129	N/A
6	$ 498	$ 6,982	$ 5,304	$ 4,465	$ 6,982	$ 4,733	N/A
7	$ 561	$ 7,873	$ 5,981	$ 5,035	$ 7,873	$ 5,337	N/A

General Presumptive Eligibility Applicant Requirements

To qualify for Presumptive Eligibility, an applicant must:

- Be a U.S. citizen, qualified noncitizen or qualifying immigrant
- Be an Indiana resident
- Not be a current 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 time-frame 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 the 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) – in which case, PE 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 (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 the HIP website at in.gov/fssa/hip.

PE Adult Copay Amounts

Outpatient Visits	$ 4
Inpatient Visits	$ 75
Preferred Drugs	$ 4
Nonpreferred Drugs	$ 8
Nonemergency Emergency Department Visit	$ 8

The following services are excluded from copayments:

- Preventative care services
- Tobacco cessation drugs
- Family planning services
- Emergency services (billing must reflect that the service qualifies as emergency; exclusion does not apply to pharmacy claims)

Completing the Indiana Application for Health Coverage

All PE individuals must complete an *Indiana Application for Health Coverage*, which can be done as follows:

- At the provider where they were found presumptively eligible
- Online at the Family and Social Services Administration Benefits Portal at fssabenefits.in.gov/bp/#
- Over the phone by calling 800-403-0864
- At a Division of Family Resources (DFR) local office (See the *Find My Local DFR Office* webpage.)

For More Information on Presumptive Eligibility

For more information, see the *Presumptive Eligibility* provider reference module available at in.gov/medicaid/providers.