

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, 2025)

| 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 |
| 1 | \$ 152 | \$ 2,778 | \$ 2,126 | \$ 1,800 | N/A | \$ 1,904 | N/A |
| 2 | \$ 247 | \$ 3,754 | \$ 2,873 | \$ 2,433 | \$ 3,754 | \$ 2,574 | N/A |
| 3 | \$ 310 | \$ 4,731 | \$ 3,620 | \$ 3,065 | \$ 4,731 | \$ 3,243 | N/A |
| 4 | \$ 373 | \$ 5,707 | \$ 4,367 | \$ 3,698 | \$ 5,707 | \$ 3,912 | N/A |
| 5 | \$ 435 | \$ 6,683 | \$ 5,114 | \$ 4,330 | \$ 6,683 | \$ 4,581 | N/A |
| 6 | \$ 498 | \$ 7,660 | \$ 5,861 | \$ 4,963 | \$ 7,660 | \$ 5,251 | N/A |
| 7 | \$ 561 | \$ 8,636 | \$ 6,608 | \$ 5,596 | \$ 8,636 | \$ 5,920 | N/A |

General Presumptive Eligibility Applicant Requirements

PE Adult Requirements

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| To qualify for Presumptive Eligibility, an applicant must: <ul style="list-style-type: none"> • 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 | Individuals applying for PE Adult: <ul style="list-style-type: none"> • Must not be on Medicare • Must not be in “conditional” status on a HIP application |
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Presumptive Eligibility Period

Frequency Limitations

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| BEGINS – On the date a qualified provider (QP) determines an individual presumptively eligible for coverage through the IHCP | Individuals receive presumptive eligibility with the following limitations: <ul style="list-style-type: none"> • Only one PE determination per rolling 12-month period • Only one PE determination per pregnancy |
| ENDS – On the last day of the month following the month the individual was found presumptively eligible, unless the individual has filed an <i>Indiana Application for Health Coverage</i> with the Division of Family Resources (DFR) – in which case, PE coverage ends when the DFR has made an eligibility determination | |

Presumptive Eligibility Benefits (All PE Benefits Are Fee-for-Service)

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|------------------------|--|
| 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 <i>HIP Basic</i> For more information about HIP covered services, visit the HIP website at in.gov/fssa/hip . |

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](http://fssabenefits.in.gov/bp/#) 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](http://in.gov/fssa/dfr) webpage.)

For More Information on Presumptive Eligibility

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