



# Presumptive Eligibility for Inmates

Indiana Health Coverage Programs  
Gainwell Technologies  
February 2026

# Agenda

- Qualified Providers
- Member Eligibility Requirements
- Presumptive Eligibility (PE) Application Process
- Covered Services
- Helpful Tools
- Q&A



# Qualified Providers (QPs)



# Qualified Providers

The PE for Inmates process allows hospitals that are qualified providers (QPs) for Presumptive Eligibility (PE) to enroll eligible inmates in the Indiana Health Coverage Programs (IHCP) for temporary coverage of authorized inpatient hospitalization services.

Only acute-care hospitals are eligible to complete the PE application for inmates

- Provider Type 01/ Provider Specialty 010

State requirements:

- QP must participate in PE IHCP Provider Healthcare Portal (IHCP Portal) training
- QP must participate in PE training
- QP must complete and submit PE QP eligibility attestations using the PE QP enrollment process via the IHCP Portal
- QP must encourage individuals to complete and submit a full *Indiana Application for Health Coverage*; anyone may assist the individual with completing and submitting the IHCP application



# How to Become a QP – Step 1

## 1. Log in to the IHCP Portal



**Login** ?

\*User ID

**Log In**

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

### Protect Your Privacy!

Always log off and close all of your browser windows

### Would you like to enroll as a Provider?

[Provider Enrollment](#)

### Drug Resources

[Fee-for-Service Pharmacy Resources](#)

### Fee Schedule

[Search Fee Schedule](#)

## WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?

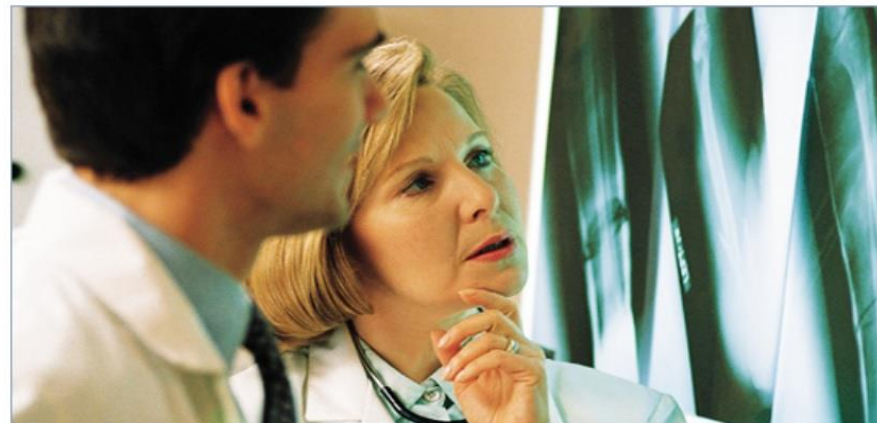
Through the Indiana Health Coverage Programs (IHCP) secure and easy-to-use internet portal, healthcare providers can:

- Submit claims
- Check on the status of their claims
- Inquire on a patient's eligibility
- View their Remittance Advices
- Request prior authorization

Managed Care Entities can:

- Enroll, disenroll, and update primary medical providers
- Review their encounter claims
- Inquire on a managed care member's eligibility

In addition, the Portal provides access to a wide variety of IHCP information and resources.



[Website Requirements](#)

[Notify Me](#)

# How to Become a QP – Step 2

## 2. Access Provider Maintenance



INDIANA MEDICAID *for Providers*

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources

My Home

**User Details**

Welcome

- My Profile
- Manage Accounts

**Provider**

Name

Provider ID

- Disenroll
- Provider Maintenance**
- Enrollment / Revalidation Status

**Provider Services**

- Member Focused Viewing
- Search Payment History

**WELCOME HEALTH CARE PROFESSIONAL!**

[Contact Us](#)

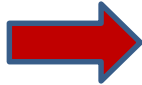
[Notify Me](#)

[Secure Correspondence](#)

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

# How to Become a QP – Step 3

3. Choose Presumptive Eligibility Changes



**Provider Maintenance: Instructions**

**Instructions**

**Change of Ownership (COW) Overview**

**Tax ID Changes**

**Contact and Delegated Administrator Information Changes**

**Address Changes**

**Specialty Changes**

**Presumptive Eligibility Changes**

**EFT Changes**

**Language Changes**

**ERA Changes**

**Other Information Changes**

**Provider Identification Changes**

**Disclosure Changes**

**Check Status**

**Use these pages to submit any changes to your organizational information.**  
Please select the link on the left to access the information that you would like to maintain.

**Current Maintenance Pending Requests**

There are no Pending Maintenance Requests to show.

# How to Become a QP – Steps 4-8

4. Read the information on the IHCP Portal screen
5. Answer the three questions using the radio buttons
6. Provide the name and email of the individual responding to the questions
7. Review the information to be sure it is correct
8. Choose **Submit**



ANDIAN

# Process Completion

This completes the process and

Print Preview

To print tracking information click "Print Preview"

**Provider Maintenance: Tracking Information** ?

Your change request has been submitted and assigned the following tracking number: [redacted]

Please retain the tracking number for checking on the status of your change request. This change may require additional processes to verify data submitted. Use the Provider Maintenance Status page to check on the status of this change request.

Exit

# Final Steps

- The provider receives an automated email notification with the PE QP status
- A Provider Relations field consultant will contact the provider within 10 business days to schedule IHCP Portal training
- After the IHCP Portal training is complete, the Provider Relations field consultant activates the PE certification
- The PE QP may then provide Presumptive Eligibility determinations to qualified individuals



# Member Eligibility Requirements



# Member Eligibility Requirements

Individuals must meet the following requirements

- Be an inmate from a correctional facility operating under the memorandum of understanding or contract with the Indiana Family and Social Services Administration (FSSA)
- Be admitted for inpatient hospitalization
- Be under the age of 65
- NOT be on house arrest
- NOT be pregnant and admitted for labor and delivery
- Meet all other standard PE requirements



# PE Application Process



# PE Application Process



**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. Per the provider's attestation during QP enrollment:

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



*The PE for Inmates coverage begins on the date that the hospital submits the PE application. The IHCP allows seven days for backdating the application from the admission date.*



# Verify Member Eligibility

If member has active coverage, the **PE Application for Inmate** button is displayed.

**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	<input type="text"/>	Last Name	<input type="text"/>	First Name	<input type="text"/>
SSN *	<input type="text"/>	Birth Date *	<input type="text"/>		
*Effective From	<input type="text" value="11/18/2025"/>	Effective To	<input type="text" value="11/18/2025"/>		



# If No Coverage Found

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

The screenshot shows a web form titled "Eligibility Verification Request" with a search error. A red dashed box highlights an error message at the top: "Error: Member not found, confirm and/or revise search criteria." Below this is the form header and a section for entering member information. The form includes fields for Member ID, Last Name, First Name, SSN, Birth Date, Effective From, and Effective To. There are "Submit" and "Reset" buttons. At the bottom, two buttons are highlighted with a red dashed box: "PE Application for Pregnant Women" and "PE Application".

**Error**  
Member not found, confirm and/or revise search criteria.

**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  Effective To

[Submit](#) [Reset](#)

[PE Application for Pregnant Women](#) [PE Application](#)



# PE Member Application

Complete the REQUIRED information indicated by the RED asterisk\*

**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  \*Postal Code  \*County

**Mailing Address (if different than home address)**

Address

City  State  Postal Code

Member Email

**Phone Numbers**

Home Phone  Cell Phone

**Other Information**

SSN

Race

Ethnicity

\*Gender

Marital Status

\*Indiana Resident?

\*Incarcerated?

\*Pregnant?

\*Number of people in family

\*U.S. Citizen?

\*Family Income

DOC Facility

Pending Indiana application for health coverage?

Health Insurance Coverage (if applicable)?

\*Medicare?

\*In Foster Care 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](#)

# Incarcerated and DOC Facility

**\*Indiana Resident?**

**\*Incarcerated**  **\*DOC Facility**

**\*Pregnant?**  **Date of Incarceration**

**\*Number of people in family**

**\*U.S. Citizen?**

**\*Family Income**

**Pending Indiana application for health coverage?**

**Health Insurance Coverage (if applicable)?**

**\* Medicare?**

**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?**

**County Selection:**

- COUNTY - Allen County Jail
- COUNTY - Bartholomew County Jail
- COUNTY - Benton County Jail
- COUNTY - Blackford County Jail
- COUNTY - Boone County Jail
- COUNTY - Brown County Jail
- COUNTY - Carroll County Jail
- COUNTY - Cass County Jail
- COUNTY - Clay County Jail
- COUNTY - Daviess County Jail
- COUNTY - Dearborn County Jail
- COUNTY - DeKalb County Jail
- COUNTY - Dubois County Jail
- COUNTY - Elkhart County Jail
- COUNTY - Fayette County Jail
- COUNTY - Floyd County Jail
- COUNTY - Fountain County Jail
- COUNTY - Franklin County Jail
- COUNTY - Fulton County Jail
- COUNTY - Gibson County Jail
- COUNTY - Grant County Jail
- COUNTY - Greene County Jail
- COUNTY - Hamilton County Jail
- COUNTY - Hancock County Jail
- COUNTY - Hendricks County Jail
- COUNTY - Henry County Jail
- COUNTY - Howard County Jail
- COUNTY - Huntington County Jail
- COUNTY - Jackson County Jail

**Disclaimer**

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

**Submit Application**

# PE Application Completion

- Use the correctional facility's address and telephone number as the applicant's home address and telephone number.
- The number of people in the family should always be "1."
- Select **Yes** in the "Currently Incarcerated?" field
  - The DOC Facility drop-down menu appears, listing all eligible correctional facilities. To be on the list, the correctional facility must have a signed memorandum of understanding (MOU) or contract with the Indiana FSSA. Select the inmate's correctional facility from the drop-down menu.
- Complete the rest of the application, according to normal procedures.

If the incarcerated individual meets all the eligibility requirements, he or she will be enrolled in the *Medicaid Inpatient Hospital Services Only* benefit plan.



# Summary

- This coverage will be effective for up to one year or until the offender is released, whichever is sooner.
  - If an individual remains incarcerated beyond 12 months, he or she may reapply for coverage through the PE for Inmates process
- These individuals must also complete an *Indiana Application for Health Coverage* to retain inpatient benefits.
  - Individuals who complete applications and are found eligible will be covered for 12 months from the PE determination date under the *Medicaid Inpatient Hospital Services Only* benefit plan.
- If the inmate does not complete an *Indiana Application for Health Coverage*, his or her presumptive eligibility coverage will end on the last day of the month following the month in which the individual was found presumptively eligible.



# Covered Services



# PE Covered Services

Inmates enrolled through the PE process **will not** receive a standard benefits package; rather, inmates are eligible for ***Medicaid inpatient hospital services only***.

- PE for Inmates applies only to Medicaid-covered inpatient hospital care; it does not cover:
  - ✓ Emergency room (ER) services, ER observation, or outpatient care, unless the services provided result in an inpatient admission
  - ✓ Transportation that occurs before admission or after discharge
  - ✓ Medications or durable medical equipment that are provided before inpatient admission or after discharge



# Claim Information

Services rendered to individuals covered under *Medicaid Inpatient Hospital Services Only* (through the PE for Inmates process) will be reimbursed through the fee-for-service (FFS) delivery system at FFS rates.

- Claims for PE services are submitted with the member's PE ID, which starts with a "6" (except when an IHCP Member ID already existed for that individual due to previous coverage, in which case, the existing Member ID is used).

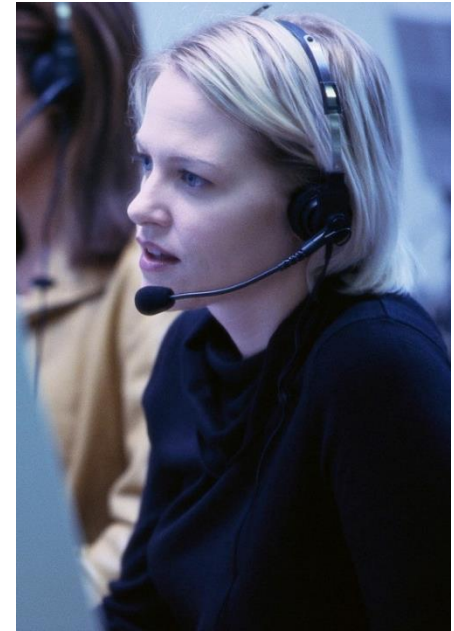


# Helpful Tools



# Helpful Tools to Use

- IHCP website at [in.gov/medicaid/providers](http://in.gov/medicaid/providers)
  - [Provider References](#)
- Customer Assistance available 8 a.m. – 5 p.m. Eastern Time Monday – Friday
  - 800-457-4584
- IHCP Provider Relations Field Consultants
  - See the [Provider Relations Field Consultants](#) webpage at [in.gov/medicaid/providers](http://in.gov/medicaid/providers)
- Secure correspondence via the IHCP Portal
- Written Correspondence
  - Gainwell – Written Correspondence  
PO Box 50442  
Indianapolis, In 46250-0418



# Questions

