

# Presumptive Eligibility for Inmates

Indiana Health Coverage Programs  
Gainwell Technologies  
August 2024



# Session Objectives

- 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:

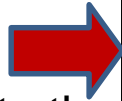
- QP must participate in PE IHCP Provider Healthcare Portal (IHCP Portal) training
- QP must participate in PE training
- QP must complete and submit PE QP eligibility attestations using the PE QP enrollment process via the IHCP Portal
- QP must encourage individuals to complete and submit a full *Indiana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



# Qualified Providers

## How to become a QP

### 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?

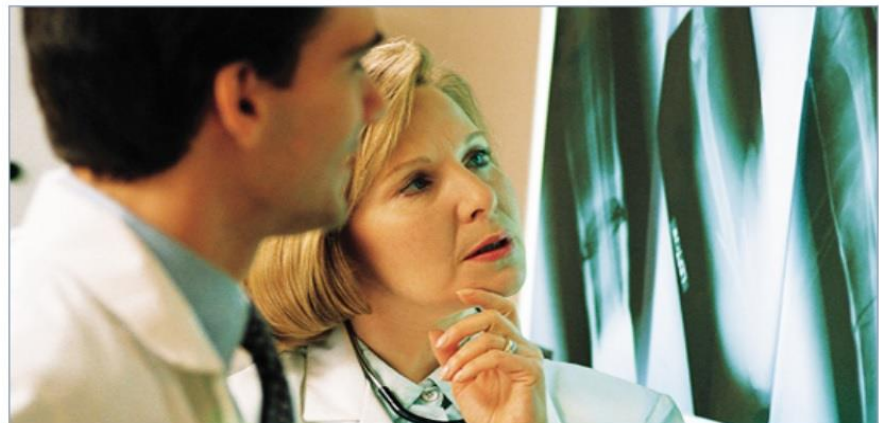
Through the Indiana Health Coverage Programs (IHCP) secure and easy-to-use internet portal, healthcare providers can:

- 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](#)

# Qualified Providers

## How to become a QP

### 2. Access Provider Maintenance



The screenshot shows the 'INDIANA MEDICAID for Providers' website. At the top, there is a navigation bar with links for 'My Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. Below this, the 'My Home' section is active, displaying a 'Welcome' message and a list of links: 'My Profile', 'Manage Accounts', 'Provider ID', 'Disenroll', 'Provider Maintenance', and 'Enrollment / Revalidation Status'. A red arrow points to the 'Provider Maintenance' link. To the right of the 'Provider Maintenance' link, there is a 'Provider Services' section with links for 'Member Focused Viewing' and 'Search Payment History'. On the far right, there is a 'WELCOME HEALTH CARE PROFESSIONAL!' message, a 'Contact Us' link, a 'Notify Me' link, and a 'Secure Correspondence' link. The bottom of the page features a large image of a doctor and a patient, and a paragraph of text stating: '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.'

# Qualified Providers

## How to become a QP

3. Choose Presumptive Eligibility Changes



Provider Maintenance: Instructions	
Instructions	<b>Use these pages to submit any changes to your organizational information.</b> Please select the link on the left to access the information that you would like to maintain.
<a href="#">Change of Ownership (CHOW) Overview</a>	
<a href="#">Tax ID Changes</a>	<b>Current Maintenance Pending Requests</b>
<a href="#">Contact and Delegated Administrator Information Changes</a>	There are no Pending Maintenance Requests to show.
<a href="#">Address Changes</a>	
<a href="#">Specialty Changes</a>	
<a href="#">Presumptive Eligibility Changes</a>	
<a href="#">EFT Changes</a>	
<a href="#">Language Changes</a>	
<a href="#">ERA Changes</a>	
<a href="#">Other Information Changes</a>	
<a href="#">Provider Identification Changes</a>	
<a href="#">Disclosure Changes</a>	
<a href="#">Check Status</a>	

# Qualified Providers

## How to become a QP

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**





# Qualified Providers

## How to become a QP

This completes the process and provides a **tracking number**

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: [Tracking Number]

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

# Qualified Providers



## How to become a QP

- 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 or use the live application for training purposes. Per the provider's attestation during QP enrollment:

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

*The PE for Inmates coverage begins on the date of the PE application. This application must be completed and submitted on the date of admission. If it is not completed by the date of admission, stay may not be covered by Indiana Medicaid.*



# PE Application Process

Verify member eligibility

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

The screenshot displays a web form titled "Eligibility Verification Request" with a blue header bar. Above the form, a red-bordered box contains an error message: "Error Member not found, confirm and/or revise search criteria." The form itself includes a legend stating "\* Indicates a required field." and instructions to "Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date." The form fields are arranged in two rows: the first row contains "Member ID", "Last Name", and "First Name"; the second row contains "SSN", "Birth Date", and "Effective From". Below these fields are "Effective To" and two buttons, "Submit" and "Reset". At the bottom of the form, a red-bordered box highlights two buttons: "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

# PE Application Process

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). You must have [Adobe Acrobat Reader](#) installed.

**Identifying Information**

*First Name	<input type="text"/>	M.I.	<input type="text"/>
*Date of Birth	<input type="text"/>	Suffix	<input type="text"/>

**Address Information**

Home Address

*Address	<input type="text"/>
*City	<input type="text"/>
State	Indiana

Mailing Address (if different than home address)

Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>

Member Email

**Phone Numbers**

Home Phone	<input type="text"/>	Other Phone	<input type="text"/>
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# PE Application Process

[illegible]

# PE Application Process

- 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 be entered.
- Select **Yes** in the "Currently Incarcerated" field.
  - The DOC Facility drop-down menu lists the correctional facilities. To be on the list, the applicant must have a signed memorandum of understanding from the Indiana FSSA. Select the inmate ID number from the drop-down menu.
- Complete the rest of the application, and submit it.

If the incarcerated individual meets all the requirements, they will be enrolled in the *Medicaid Inpatient* program.



# PE Application Process

- This coverage will be effective for up to one year or until the offender is released, whichever is sooner.
  - If an individual remains incarcerated reapply for coverage through the F
- These individuals must also complete a *Coverage* to retain inpatient benefits.
  - Individuals who complete application covered for 12 months from the PE *Medicaid Inpatient Hospital Service*
- If the inmate does not complete an *Inc Coverage*, his or her presumptive eligibility of the month following the month in which presumptively eligible.



# Covered Services



# 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; it does not cover:
  - ✓ Emergency room (ER) services, unless the services provided result in an inpatient admission
  - ✓ Transportation that occurs before or after an inpatient admission
  - ✓ Medications or durable medical equipment provided during inpatient admission or after discharge



# Covered Services

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



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





# Questions

