

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202574 MAY 29, 2025

IHCP announces updates to the PE application process regarding Medicare coverage

Effective July 30, 2025, the Indiana Health Coverage Programs (IHCP) is implementing an additional verification step when determining Presumptive Eligibility (PE). When a qualified provider (QP) submits a PE application through the IHCP Provider Healthcare Portal (IHCP Portal), the portal will check the Core Medicaid Management Information System (CoreMMIS) to determine if the member has active Medicare Part A or B on the date of the application.

These changes will apply to all PE applications, including PE applications for pregnant women and inmates. The question asking whether the member has Medicare will now be a mandatory question. Depending on the response, the following will happen:

- If the QP submits an application and selects **Yes** regarding if the member has Medicare, the application will deny with the reason: *Medicare recipients do not qualify for Presumptive Eligibility*.
- If the QP submits an application and selects **No** regarding if the member has Medicare, the IHCP Portal will check to see if CoreMMIS has active Medicare Part A or B for the member:
 - ⇒ If active Medicare Part A or B **is not** found, the application will continue through the process to determine whether the member is eligible for PE coverage.
 - ⇒ If active Medicare Part A or B **is** found, the application will deny with the new reason *Member Selected No Medicare, Active Medicare Found*. The denial letter will provide the active Medicare ID found in CoreMMIS.

When verifying the member's IHCP coverage in the IHCP Portal, the Other Insurance Details section will populate when the member has active third-party liability in CoreMMIS. QPs need to review that section for active Medicare coverage prior to completing the PE application to avoid receiving a denial (see Figure 1).

Figure 1 – PE application screen showing Other Insurance Details section expanded

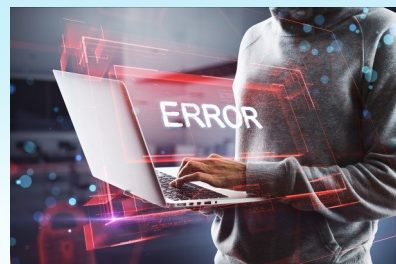


The screenshot displays the 'PE Application' screen. At the top, it shows 'Coverage Details for' from 05/22/2025 to 05/22/2025. Below this, there are fields for 'Member ID', 'Birth Date', and 'Verification Response ID', with 'Expand All' and 'Collapse All' links. The 'Benefit Details' section is expanded, showing a table with columns: Coverage, Description, Effective Date, and End Date. The table contains one row with 'Not Eligible' in red text. Below this, the 'Other Insurance Details' section is expanded, showing a table with columns: Carrier Name (Carrier ID), Address, Phone Number, Policy ID, Group ID, Policy Holder, and Coverage Type. The table contains two rows, both for 'Medicare', with 'MEDICARE A' and 'MEDICARE B' listed under 'Coverage Type'. At the bottom, the 'Demographic Details' section is partially visible.

Coverage	Description	Effective Date	End Date
Not Eligible		05/22/2025	05/22/2025

Carrier Name (Carrier ID)	Address	Phone Number	Policy ID	Group ID	Policy Holder	Coverage Type
Medicare						MEDICARE A
Medicare						MEDICARE B

If the member receives a denial and believes the denial was made in error because they do not have active Medicare Part A or B, the QP can email PresumptiveEligibility@fssa.in.gov for PE or IndianaInmateMedicaid@fssa.in.gov for inmate PE.



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