

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, 2024)

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	\$ 2,674	\$ 2,046	\$ 1,733	N/A	\$ 1,833	N/A
2	\$ 247	\$ 3,628	\$ 2,776	\$ 2,351	\$ 3,628	\$ 2,487	N/A
3	\$ 310	\$ 4,584	\$ 3,507	\$ 2,970	\$ 4,584	\$ 3,142	N/A
4	\$ 373	\$ 5,538	\$ 4,238	\$ 3,588	\$ 5,538	\$ 3,796	N/A
5	\$ 435	\$ 6,493	\$ 4,969	\$ 4,207	\$ 6,493	\$ 4,451	N/A
6	\$ 498	\$ 7,449	\$ 5,700	\$ 4,826	\$ 7,449	\$ 5,106	N/A
7	\$ 561	\$ 8,403	\$ 6,430	\$ 5,444	\$ 8,403	\$ 5,760	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 <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](#) webpage.)

For More Information on Presumptive Eligibility

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