



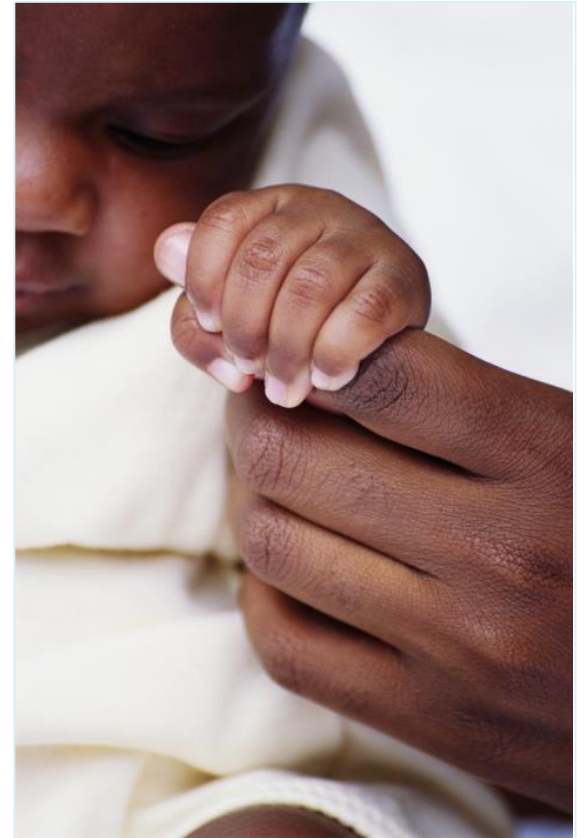
Presumptive Eligibility

Last Updated: March 1, 2024



Agenda

- Presumptive Eligibility Overview
- Covered Benefits
- Qualified Providers (QPs)
- How to Become a QP
- Completing the PE Application
- Other Resources
- IHCP Presumptive Eligibility Standards
- Questions



Presumptive Eligibility Process Overview

What Is Presumptive Eligibility and Why Is It Important?

Presumptive Eligibility (PE) allows uninsured or underinsured individuals and their families to obtain temporary coverage quickly. They can get care immediately.

PE allows providers to be reimbursed for services covered by the benefit package provided immediately after PE approval.

During the PE period, the individual is able to receive treatment from other Indiana Health Coverage Programs (IHCP) providers. Presumptively eligible individuals must still complete a full application to determine eligibility for continued coverage.



Presumptive Eligibility for Inmates

The PE process also includes a subcategory for **PE for Inmates** to allow temporary coverage limited to inpatient hospital services only.



What Services Are Covered?

The specific PE benefit plan to which an individual is assigned is determined during the application process. Based on the criteria for various aid categories, individuals are determined to be presumptively eligible and assigned to benefit plans accordingly.

During an individual's PE period, the IHCP provides reimbursement for all services covered within the designated benefit.



Presumptive Eligibility Benefit Plans

- Presumptive Eligibility – Package A Standard Plan
- Presumptive Eligibility – Adult
- Presumptive Eligibility Family Planning Services Only
- Presumptive Eligibility for Pregnant Women
- Medicaid Inpatient Hospital Services Only



Presumptive Eligibility Aid Categories

- Infants
- Children
- Parents/Caretakers
- Former Foster Children
- Pregnant Women
- Family Planning
- Adult



NOTE: For more information about presumptive eligibility benefit plans and aid categories, see the [Presumptive Eligibility](#) provider reference module at in.gov/medicaid/providers.

Who Is Eligible for Presumptive Eligibility?

To qualify for **presumptive eligibility**, applicants must:

- Be a U.S. citizen, qualified noncitizen or qualifying immigrant with one of the following immigration statuses:
 - Lawful permanent resident immigrant living lawfully in the United States for five years or longer
 - Refugee
 - Individual granted asylum by immigration office
 - Deportation withheld by order from an immigration judge
 - Amerasian from Vietnam
 - Veteran of U.S. Armed Forces with honorable discharge
 - Other qualified alien



Who Is Eligible for Presumptive Eligibility? *(continued)*

To qualify for **presumptive eligibility**, applicants must also:

- Be an Indiana resident (Indiana address must be provided on the application)
- Not be currently enrolled in any IHCP program, including Healthy Indiana Plan (HIP) enrollment or conditional HIP status*
 - Medical Review Team (MRT) and Preadmission Screening and Resident Review (PASRR) coverage are the only exceptions
 - Individuals who recently applied for Medicaid but have not yet received a determination may apply for PE to cover services while an IHCP decision is pending.
- Not be covered by a PE benefit plan, currently or within the past 12 months (or, if pregnant, not had PE coverage during the current pregnancy)*
- Not be currently incarcerated*
- Not be an adult (age 21–64) admitted to or residing in an institute for mental disease (IMD)
- Meet the income level requirements outlined in Table 1.0 (next slide), as well as any additional requirements specific to the applicable aid category (see the [Presumptive Eligibility](#) module)

* Requirements marked with an asterisk are not applicable for PE for Inmates.

Presumptive Eligibility Income Standards

Table 1.0 Presumptive Eligibility Income Standards

Aid Category Description	FPL Limit
Infants	213%
Children (Ages 1-18)	163%
Parents/Caretakers	Converted to AFDC limits
Former Foster Care Children	No FPL Requirement
Pregnant Women	213%
Family Planning	146%
Adult	138%



Weekly Income: should be multiplied by 4.3 to determine monthly income.



Biweekly Income: should be multiplied by 2.15 to determine monthly income.



Income Limits are before taxes. An unborn child counts toward family size for pregnant women.



NOTE: The percentages in this table include a 5% income disregard. When completing a full application, the 5% income disregard will only be applied if an individual is otherwise eligible for the IHCP.

Presumptive Eligibility Covered Benefits

Presumptive Eligibility Benefits and Coverage Limitations



Presumptive Eligibility – Package A Standard Plan

Full-coverage benefit package – All IHCP-covered services

- Infants
- Children
- Parent/Caretaker
- Former foster children

Fee-for-service delivery system

- Services can be furnished by any IHCP-enrolled provider

Presumptive Eligibility Benefits and Coverage Limitations

Presumptive Eligibility for Pregnant Women

Limited coverage for ambulatory pregnancy-related services

Examples of Covered Services

- Prenatal care, including pregnancy-related labs and prescription drugs
- Outpatient services
- Immunizations
- Transportation for pregnancy or emergency-related care
- Mental health
- Dental services

Examples of Services NOT Covered

- Inpatient care
- Labor and delivery
- Postpartum care
- Abortion services
- Sterilizations
- Hospice
- Long-term care
- Services unrelated to pregnancy or birth outcome

Fee-for-service delivery system

- Services can be furnished by any IHCP-enrolled provider

Presumptive Eligibility Benefits and Coverage Limitations

Presumptive Eligibility – Adult

Limited coverage mirrors the *HIPBasic* benefit plan

Examples of Covered Services

- Ambulatory services, such as physician services
- Outpatient surgery
- Dialysis
- Emergency services
- Hospitalization
- Mental health and substance abuse
- Prescription drugs
- Rehabilitative services
- Lab and x-rays
- Preventive care
- Hearing aids

Examples of Services NOT Covered

- Dental services*
- Vision services*
- Bariatric surgery
- Treatment for temporomandibular joint (TMJ) disorder

** For 19- and 20-year-old members, one routine vision exam and one routine dental exam is covered per year.*

Copayments apply to office and other outpatient services, inpatient services, prescription drugs, and nonemergency use of the emergency department. Preventive care, tobacco cessation drugs, family planning, and emergency services are exempt from copayments.

Fee-for-service delivery system

- Services can be furnished by any IHCP-enrolled provider

Presumptive Eligibility Benefits and Coverage Limitations

Presumptive Eligibility Family Planning Services Only

Limited coverage for services and supplies intended to prevent or delay pregnancy

Examples of Covered Services

- Sterilization services
- Annual family planning visit
- Oral contraceptives, including necessary related lab services
- Initial diagnosis of sexually transmitted diseases (STDs) or sexually transmitted infections (STIs)
- HIV screening
- Pap smear
- Limited history and physical exams

Fee-for-service delivery system

- Services can be furnished by any IHCP-enrolled provider

Presumptive Eligibility Benefits and Coverage Limitations

Presumptive Eligibility for Inmates

Coverage is limited to inpatient hospital services only through the fee-for-service delivery system.

For more information, see the [PE for Inmates](https://www.in.gov/medicaid/providers) page at [in.gov/medicaid/providers](https://www.in.gov/medicaid/providers).



Qualified Providers (QPs)

Provider Types That Can Be QPs for PE – Effective February 2, 2018

Acute Care Hospitals

- Provider Type: 01
- Provider Specialty: 010

Federally Qualified Health Centers (FQHCs)

- Provider Type: 08
- Provider Specialty: 080

Rural Health Clinics (RHCs)

- Provider Type: 08
- Provider Specialty: 081

Psychiatric hospitals

- Provider Type: 01
- Provider Specialty: 011

Community Mental Health Centers (CMHCs)

- Provider Type: 11
- Provider Specialty: 111

County Health Departments

- Provider Type: 13
- Provider Specialty: 130

Family or General Practitioner*

- Provider Type 31
- Provider Specialty 316 or 318

Advanced Practice Registered Nurse Practitioner*

- Provider Type 09
- Provider Specialty 093

Certified Nurse Midwife*

- Provider Type 09
- Provider Specialty 095

General Internist*

- Provider Type 31
- Provider Specialty 344

General Pediatrician*

- Provider Type 31
- Provider Specialty 345

Obstetrician or Gynecologist*

- Provider Type 31
- Provider Specialty 328

Family Planning Clinic*

- Provider Type 08
- Provider Specialty 083

Medical Clinic*

- Provider Type: 08
- Provider Specialty: 082



* Asterisks indicate providers that can be QPs for PEPW (for low-income pregnant women) only. Other QPs can make PE determinations for all applicable eligibility groups.

QP Requirements for Presumptive Eligibility

Federal Medicaid Regulations

- Hospitals and other QPs must participate as providers under the Indiana Medicaid State Plan or a demonstration under Section 1115 of the Social Security Act.
- The QP must notify the IHCP of its intention to make presumptive eligibility determinations, and
- The QP must agree to make presumptive eligibility determinations consistent with state policies and procedures.



QP Requirements for Presumptive Eligibility

State Requirements

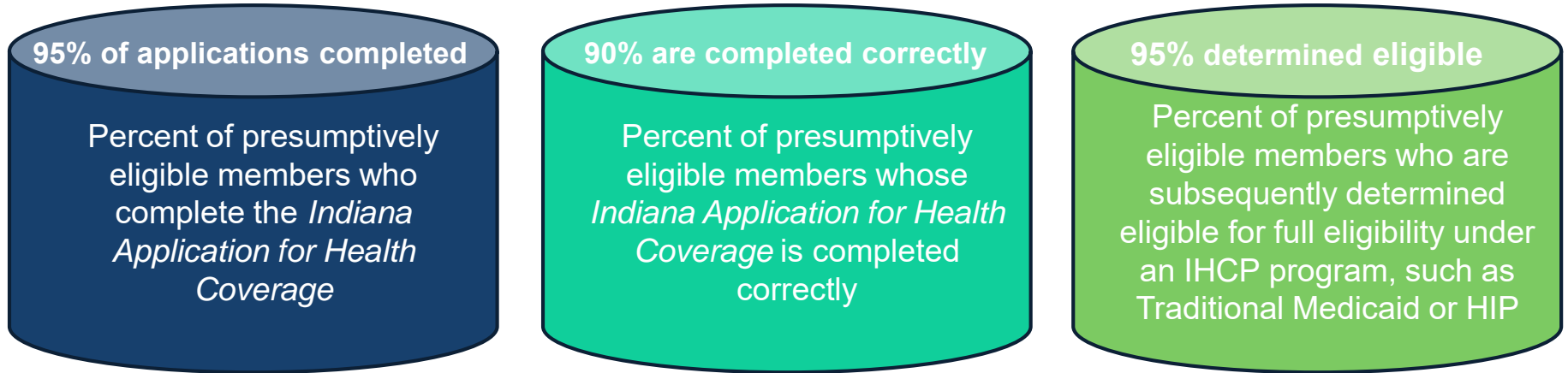
- QP must participate in presumptive eligibility IHCP Provider Healthcare Portal (IHCP Portal) training.
- QP must participate in presumptive eligibility training.
- QP must complete and submit presumptive eligibility QP attestations via the IHCP Portal.
- QP must encourage individuals to complete and submit a full Indiana Application for Health Coverage. Only navigators may assist with plan and provider selections, completing, and submitting the application.



QP Requirements for Presumptive Eligibility

Performance Measures

Specific performance measures for QPs are:



How to Become a QP for PE

How to Become a QP

Eligible providers must affirm the following:

- That the organization understands and will abide by any published guidance regarding the performance of PE activities.
- That the organization will not knowingly or intentionally misrepresent client information in order to inappropriately gain PE.
- That the organization understands that all PE QP enrollment activities undertaken by this organization must be performed by an organization's employee or designee.



NOTE: Enrolled QPs and their staffs may not perform presumptive eligibility determinations for other non-QP providers, such as physician groups or dentists.

How to Become a QP

To become a QP, providers must first complete a prequalification process by updating the *Provider Maintenance Presumptive Eligibility* page in the IHCP Provider Healthcare Portal.

Using the IHCP Portal, a provider with an eligible provider type and specialty can update the *Provider Maintenance Presumptive Eligibility* page by following these instructions:

1. [Log into the portal.](#)

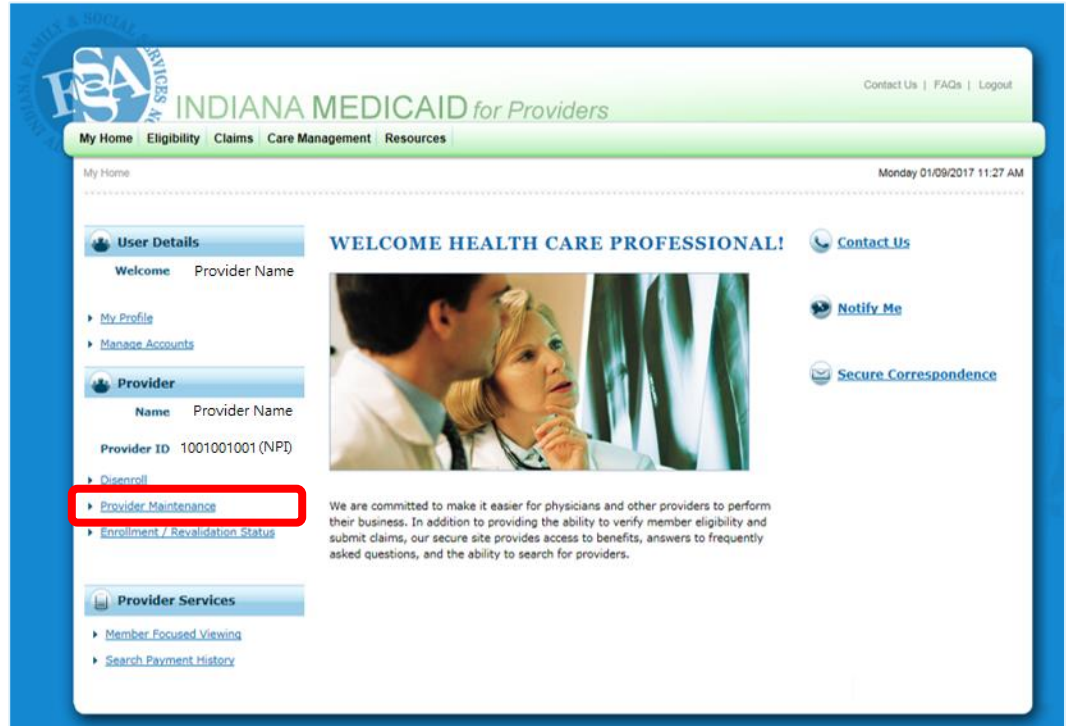


The screenshot shows the homepage of the Indiana Medicaid for Providers portal. At the top, there is a blue header with the IHCP logo and the text "INDIANA MEDICAID for Providers". To the right of the header are links for "Contact Us", "FAQs", and "Login". Below the header is a green navigation bar with a "Home" button. The main content area is white and features a "Login" section on the left with a "User ID" input field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". To the right of the login section is a section titled "WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?" which lists various services such as submitting claims, checking claim status, inquiring on patient eligibility, viewing remittance advices, and requesting prior authorization. Below this list are sections for "Managed Care Entities can:" and "Protect Your Privacy!". At the bottom of the page, there is a photo of a doctor and a patient looking at a screen, and a section titled "Would you like to enroll as a Provider?" with a link for "Provider Enrollment".

How to Become a QP

Completing the prequalification process using the IHCP Portal:

1. Log into the portal.
2. On My Home page, click **Provider Maintenance**.

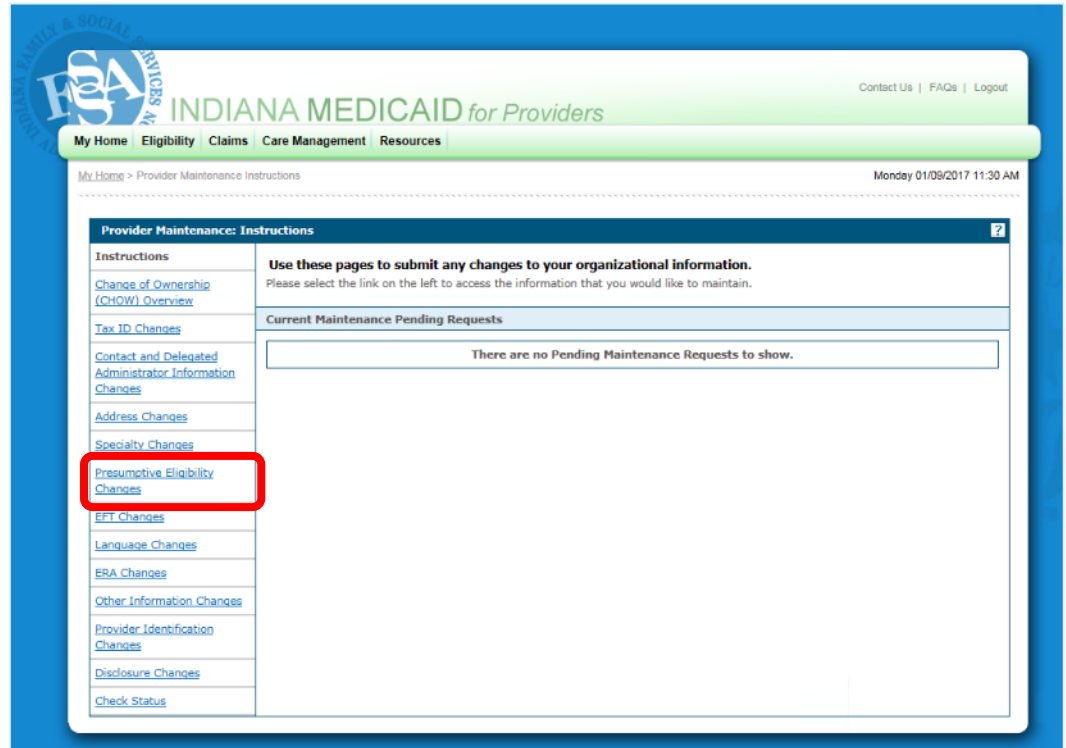


The screenshot displays the 'INDIANA MEDICAID for Providers' portal. At the top, there is a navigation bar with links for 'My Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. Below this, the 'My Home' section is visible, dated 'Monday 01/09/2017 11:27 AM'. The main content area is divided into several sections. On the left, there are two main sections: 'User Details' and 'Provider'. The 'Provider' section contains a list of links: 'Disenroll', 'Provider Maintenance' (highlighted with a red box), and 'Enrollment / Revalidation Status'. Below these is the 'Provider Services' section with links for 'Member Focused Viewing' and 'Search Payment History'. On the right side of the page, there is a 'WELCOME HEALTH CARE PROFESSIONAL!' message, a photo of a doctor and a patient, and three icons with links: 'Contact Us', 'Notify Me', and 'Secure Correspondence'. A paragraph of text at the bottom right states: '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

Completing the prequalification process using the IHCP Portal:

1. Log into the portal.
2. On My Home page, click **Provider Maintenance**.
3. Click **Presumptive Eligibility Changes**.



How to Become a QP

Completing the prequalification process using the IHCP Portal:

1. Log into the portal.
2. On My Home page, click **Provider Maintenance**.
3. Click **Presumptive Eligibility Changes**.
4. **Read the information and answer the questions using the radio buttons.**



NOTE: Depending on the provider's type and specialty, the provider will see either the Presumptive Eligibility panel or the Presumptive Eligibility for Pregnant Women panel.

Presumptive Eligibility

Presumptive Eligibility (PE) is a limited period of time during which an applicant, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for services applicable to their approved eligibility program.

A QP must have a Provider Agreement with the Office of Medicaid Policy and Planning (OMPP).

The PE patient enrollment process 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. You can get the latest version of Adobe Acrobat Reader from the [Web Tool Kit](#).

Training must be completed prior to your enrollment being activated. [Click here to view PE training materials Indianamedicaid.com](#).

You have been identified as a potential Pre-Qualified Provider. Please answer the following questions if you would like to begin the qualification process.

- *I affirm that this organization understands and will abide by any published guidance regarding the performance of Presumptive Eligibility activities. Yes No
- *I affirm that this organization will not knowingly or intentionally misrepresent client information in order to inappropriately gain presumptive eligibility. Yes No
- *I affirm my/our understanding that all PE enrollment activities undertaken by this organization must be performed by an organization's employee or organization's designee. Yes No

*Contact Name *Contact Email

I would like to terminate my PE Qualified Provider status:

[Submit](#) [Cancel](#)

Presumptive Eligibility for Pregnant Women

Presumptive Eligibility for Pregnant Women (PEPW) is a limited period of time during which a pregnant woman, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for ambulatory prenatal services.

Note: Inpatient care, delivery services and services unrelated to the pregnancy or birth outcome are not covered under PEPW.

The PEPW patient enrollment process 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. You can get the latest version of Adobe Acrobat Reader from the [Web Tool Kit](#).

You have been identified as a potential Pre-Qualified Provider. Please answer the following questions if you would like to begin the qualification process.

- *Are you able to provide outpatient hospital, rural health clinic, or clinic services as defined in sections 1905(a)(2)(A) or (B), 1905(a)(9), and 1905(1)(1) of the ACT? Yes No
[.... Read More](#)
- *Are you able to verify pregnancy via a professionally administered pregnancy test? Yes No
- *Do you have internet, printer, telephone and fax access? Yes No

*Contact Name *Contact Email

I would like to terminate my PEPW Qualified Provider status:

[Submit](#) [Cancel](#)

How to Become a QP

Completing the prequalification process using the IHCP Portal:

1. Log into the portal.
2. Click **Provider Maintenance**.
3. On My Home page, click **Presumptive Eligibility Changes**.
4. Read the information and answer the questions using the radio buttons.
5. Provide the name and email address of the individual responding to the questions.

Presumptive Eligibility

Presumptive Eligibility (PE) is a limited period of time during which an applicant, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for services applicable to their approved eligibility program.

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.... [Read More](#)

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*Do you have internet, printer, telephone and fax access? Yes No

*Contact Name *Contact Email

I would like to terminate my PEPW Qualified Provider status:

[Submit](#) [Cancel](#)

How to Become a QP

Completing the prequalification process using the IHCP Portal:

1. Log into the portal.
2. Click **Provider Maintenance**.
3. On *My Home* page, click **Presumptive Eligibility Changes**.
4. Read the information and answer the questions using the radio buttons.
5. Provide the name and email address of the individual responding to the questions.
6. Review the information for accuracy and click **Submit**.

Presumptive Eligibility

Presumptive Eligibility (PE) is a limited period of time during which an applicant, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for services applicable to their approved eligibility program.

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*Contact Name *Contact Email

I would like to terminate my PE Qualified Provider status:

Submit **Cancel**

Presumptive Eligibility for Pregnant Women

Presumptive Eligibility for Pregnant Women (PEPW) is a limited period of time during which a pregnant woman, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for ambulatory prenatal services.

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[Read More](#)

*Are you able to verify pregnancy via a professionally administered pregnancy test? Yes No

*Do you have internet, printer, telephone and fax access? Yes No

*Contact Name *Contact Email

I would like to terminate my PEPW Qualified Provider status:

Submit **Cancel**

How to Become a QP

Clicking **Submit** completes the prequalification process and provides a tracking number.

Click **Exit** to return to the *Provider Maintenance* page or log out of the IHCP Portal.

The screenshot displays the Indiana Medicaid for Providers portal. At the top, there is a navigation bar with the IFA logo and the text "INDIANA MEDICAID for Providers". A "Logout" button is highlighted with a red box. Below the navigation bar, there is a breadcrumb trail: "My Home > Provider Maintenance Instructions > Provider Maintenance Tracking Information". The date and time "Monday 01/09/2017 11:35 AM" are displayed in the top right corner. A "Print Preview" button is located in the upper right area of the main content. Below this, a message states: "To print tracking information click 'Print Preview'". The main content area is titled "Provider Maintenance: Tracking Information" and contains the following text: "Your change request has been submitted and assigned the following tracking number: 1824". The number "1824" is highlighted with a red box. Below this text, there is a paragraph: "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." At the bottom right of the main content area, there is an "Exit" button, which is also highlighted with a red box.

How to Become a QP

When the prequalification process is complete, the providers immediately receive an automated email notification with their PE QP status. A Provider Relations consultant will contact the prequalified QP within 10 business days to schedule IHCP Portal training.

The Provider Relations consultant will also provide the QP with a link to the PE process training presentation.

After the IHCP Portal training is complete, the Provider Relations consultant activates the provider's PE certification status with effective and end dates in CoreMMIS. The QP may then submit presumptive eligibility applications via the IHCP Portal and provide presumptive eligibility determinations to qualified individuals.



How to Locate a QP

Once certified, a provider's QP status is evident for members searching for an IHCP provider.

Provider Relations/Customer Assistance

800-457-4584

IHCP website

1. Go to www.in.gov/medicaid/providers.
2. In the Provider Search section of the homepage, click **Provider Locator**. This link takes users to the provider search page.

Members can access the same Provider Locator by clicking **Find a Medicaid Provider** on the homepage of the member website at www.in.gov/medicaid/members.

The screenshot shows the IHCP Providers website homepage. At the top, there is a navigation bar with icons for various services: Provider Enrollment, Provider References, Provider Education, Business Transactions, Clinical Services, About IHCP Programs, and Contact Information. Below this is a large banner area with the title "IHCP Providers" and a search bar. The banner text states: "The Indiana Health Coverage Programs (IHCP) offers providers easy access to the resources and tools needed to conduct business with Indiana Medicaid. Provider updates and announcements, important reference materials, and general program information are all available through links and web pages located on this website." Below the banner, there are several content blocks. On the left, there is a "What's New?" section with a "Read the Latest IHCP Update Email" button. To the right of this is the "IHCP News Items" section, which lists several news items with dates and titles. Further right are "Bulletins" and "Banner Pages" sections. Below these are three rows of service buttons. The first row contains "Provider Healthcare Portal" (with a description) and "Portal Log-In" and "Portal Training". The second row contains "Provider Search" (with a description) and "Provider Locator" (highlighted with a red box) and "OPR Search". The third row contains "Fee Schedules" (with a description) and "Professional Fee Schedule" and "Outpatient Fee Schedule".

Completing the Presumptive Eligibility Application

How the Presumptive Eligibility Process Works



CAUTION: The presumptive eligibility 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 in order to inappropriately gain presumptive eligibility.
- Providers must not click SUBMIT multiple times on one application.



How the Presumptive Eligibility Process Works

Using the IHCP Portal, a QP can guide an applicant through the PE process by following these steps:

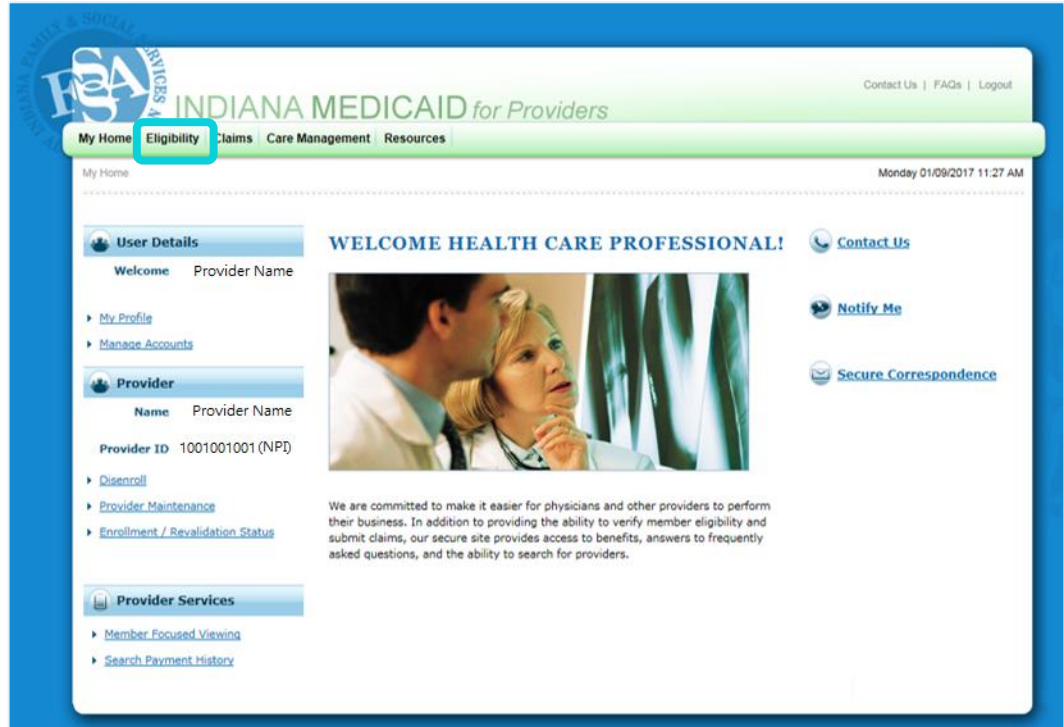
1. The QP uses the Eligibility Verification Request feature in the IHCP Portal to verify that the individual is not already an IHCP member.
 - a. Log into the portal.

The screenshot displays the Indiana Medicaid for Providers portal. At the top, the ICSA logo and 'INDIANA MEDICAID for Providers' are visible. A green navigation bar contains 'Home' and 'Monday 01/09/2017 11:28 AM EST'. The main content area includes a 'Login' form with a 'User ID' field and a 'Log In' button. To the right, a section titled 'WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?' lists various services like submitting claims and checking eligibility. Below this, there are links for 'Provider Enrollment', 'Drug Resources', and 'Fee Schedule'. A photograph of a doctor and a patient is visible in the bottom right corner.

How the Presumptive Eligibility Process Works

Using the IHCP Portal, a QP can guide an applicant through the PE process by following these steps:

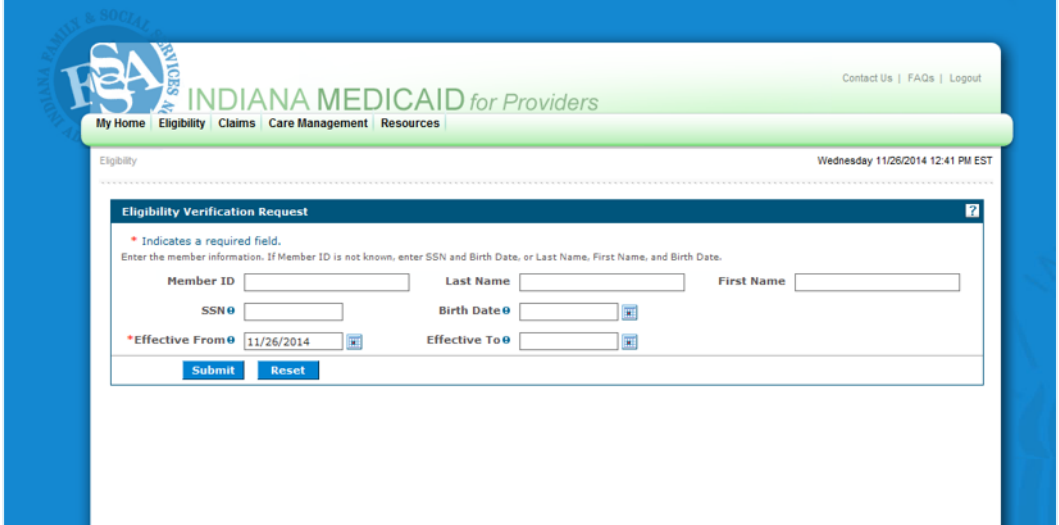
1. The QP uses the Eligibility Verification Request feature in the IHCP Portal to verify that the individual is not already an IHCP member.
 - a. Log into the portal.
 - b. Click **Eligibility** in the menu bar.



How the Presumptive Eligibility Process Works

Using the IHCP Portal, a QP can guide an applicant through the PE process by following these steps:

1. The QP uses the Eligibility Verification Request feature in the IHCP Portal to verify that the individual is not already an IHCP member.
 - a. Log into the portal.
 - b. Click **Eligibility** in the menu bar.
 - c. [Search for the member and the effective date or dates when the service will be provided.](#)



The screenshot shows the 'Eligibility Verification Request' form in the Indiana Medicaid for Providers portal. The form includes a header with the Indiana State seal and the text 'INDIANA MEDICAID for Providers'. Below the header is a navigation bar with links for 'My Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. The main form area has a title 'Eligibility Verification Request' and a note: '* 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.' The form contains several input fields: 'Member ID', 'Last Name', 'First Name', 'SSN', 'Birth Date', 'Effective From', and 'Effective To'. There are 'Submit' and 'Reset' buttons at the bottom of the form. The page also shows the date and time 'Wednesday 11/26/2014 12:41 PM EST'.



NOTE: Eligibility can be verified via the Interactive Voice Response (IVR) System, IHCP Portal, or 270/271 electronic transactions. However, the presumptive eligibility application may be completed *only* using the IHCP Portal.

How the Presumptive Eligibility Process Works

Using the IHCP Portal, a QP can guide an applicant through the PE process by following these steps:

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



NOTE: Depending on the member's and provider's information, the **PE Application**, **PE Application for Pregnant Women**, and/or **PE Application for Inmate** button will be available.

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

How the PE Process Works

Completing the PE application

Provide as much information as possible on the application. Required fields are marked with an asterisk(*).

Required fields:

- First Name
- Last Name
- Date of Birth
- Address
- City
- Postal Code
- County
- Gender
- Indiana Resident?
- Incarcerated?
- Pregnancy?
- Number of people in family
- U.S. Citizen?
- Family Income
- 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?

The screenshot shows the 'PE Member Application' form with various sections and fields. The form includes a note about Adobe Acrobat Reader, identifying information fields (First Name, M.I., Last Name, Date of Birth, Confirm Date of Birth, Suffix), address information (Home Address, Mailing Address), phone numbers, and other information (SSN, Race, Ethnicity, Gender, Marital Status, Indiana Resident?, Incarcerated?, Pregnant?, Number of people in family, U.S. Citizen?, Family Income, Pending Indiana application for health coverage?, Health Insurance Coverage, 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?). A disclaimer and a 'Submit Application' button are also visible.

How the PE Process Works

Completing the PEPW application

If the QP is determining presumptive eligibility for a pregnant woman, the application will vary slightly. Provide as much information as possible on the application. Required fields are marked with an asterisk(*) on the portal. Required fields:

- Indiana Resident?
- First Name
- Last Name
- Date of Birth
- Address
- City
- Postal Code
- County
- Incarcerated?
- Pregnancy?
- Number of people in family
- U.S. Citizen?
- Family Income

The screenshot shows a web application form titled "PE Member Application". It includes a legend for required fields, a note about PDF generation, and several sections for data entry: "Identifying Information" (First Name, M.I., Last Name, Date of Birth, Confirm Date of Birth), "Address Information" (Home Address, City, State, Postal Code, County; Mailing Address), "Phone Numbers" (Home, Cell, Work, Other), and "Other Information" (SSN, MCE Provider Directory, Gender, Marital Status, Race, Ethnicity, and various checkboxes for Indiana Resident, Incarcerated, Pregnancy, U.S. Citizen, and Family Income). A "Pending Indiana application" checkbox and a "Disclaimer" are at the bottom, followed by a "Submit Application" button.

Presumptive Eligibility – Application Process Considerations

Presumptive Eligibility Considerations

Applicants should understand they must comply with the IHCP regular application process (for example, documentation submission) for determining full eligibility. The member's failure to cooperate with the DFR to complete the application process will result in termination of the individual's presumptive eligibility status.

Before clicking **Submit Application**, providers should carefully review all information with the patient to ensure that it has been entered correctly (check the spelling of the patient's name, correct date of birth, and so on). After the application is submitted, the provider cannot make corrections.



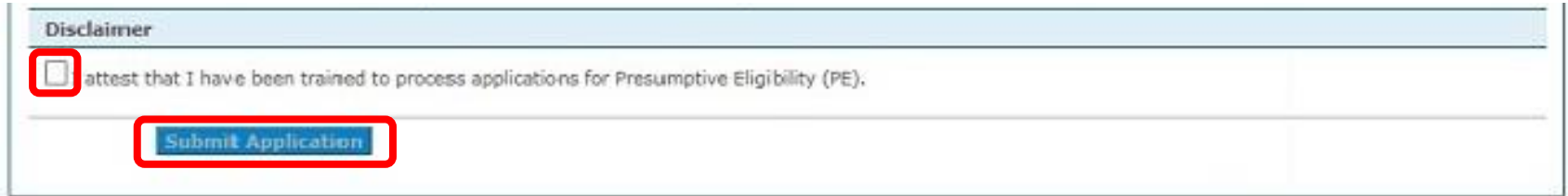
NOTE: If the member's name, address or date of birth is accidentally and inadvertently entered incorrectly during the member application process, the provider must contact their Provider Relations consultant to have the information corrected.

How the Presumptive Eligibility Process Works

Completing a presumptive eligibility application

Review the information in the application for accuracy.

Click the attestation statement box in the Disclaimer section at the bottom of the application to enable the Submit Application button. When you are ready to submit the information, click **Submit Application**.



Disclaimer

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

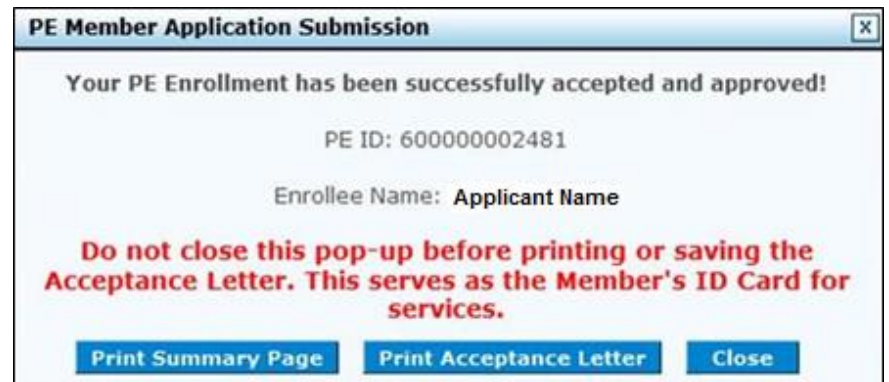
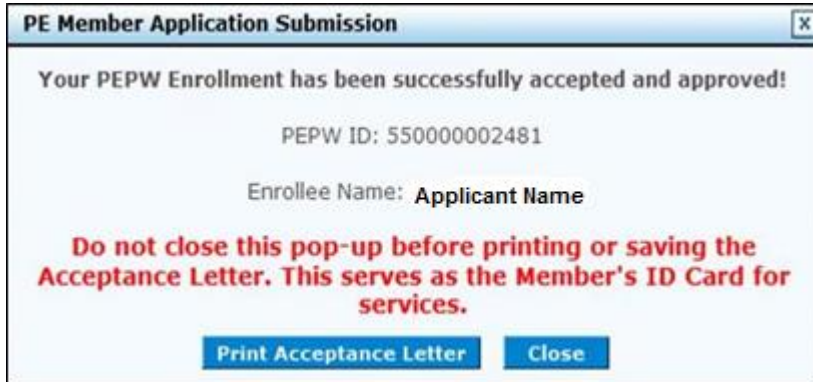
[Submit Application](#)

Presumptive Eligibility Determination

After you submit the application, an immediate determination is given in a pop-up window.


Follow the directions in the pop-up window:

- Print the summary page of information (if applicable).
- Print the acceptance or denial letter.
- Close the pop-up.



Presumptive Eligibility Determination

PEPW Approval Letter Example

 Eric Holcomb, Governor
State of Indiana
Indiana Health Coverage Programs
Gainwell Technologies
950 North Meridian Street, Suite 1150
Indianapolis, IN 46204
800-457-4584
www.in.gov/medicaid

«Letter Date»

«Member Name»
«Member Address»

«Member Name»

Your PE ID: «Member ID»
Effective «Start Date» to
«End Date».

Important Notice: you have been approved for short term health coverage. You must complete an Indiana Application for Health Coverage to keep your health benefits. **Take this form with you if you seek medical care.**

You have been approved for Presumptive Eligibility (PE) Pregnant Women Medicaid. **This is short term coverage that begins today and will end on «End Date», or until the date of eligibility determination based on your Indiana Application for Health Coverage.** You can only qualify for presumptive eligibility once per year or per pregnancy, and this coverage is temporary. In order to keep coverage, you must submit an Indiana Application for Health Coverage.

Your coverage includes Pregnancy-related services such as:

- Visits to a doctor
- Lab work
- Prescriptions
- Transportation


This coverage does not include labor or delivery services. You must complete a full application and be approved for Medicaid in order to have those services covered.

Next Step
You must submit a full Indiana Application for Health Coverage in order to keep coverage. You should do this right away. You can submit an application:

- At the provider where you were found presumptively eligible;
- On-line at www.df.benefits.in.gov;
- Over the phone 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office

Because you are pregnant, there are many additional resources for you. The State Department of Health may call you to talk about these resources, or you can call MOMS Helpline at 1-844-MCH-MOMS (1-844-624-6667) to find resources available near you.

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care
Connect Hoosier Healthwise • M.E.D. Works • Traditional Medicaid

Form ELG-HREP-O  Page 1 of 4

PEPW Denial Letter Example

 Eric Holcomb, Governor
State of Indiana
Indiana Health Coverage Programs
Gainwell Technologies
950 North Meridian Street, Suite 1150
Indianapolis, IN 46204
800-457-4584
www.in.gov/medicaid

«Letter Date»

«Member Name»
«Member Address»

«Member Name»

Your PE ID is: «Member ID»
If you have any questions regarding this determination, you will need your ID number for reference

It has been determined that you are not eligible for Presumptive Eligibility for Pregnant Women. The reason for your denial is («denialreason/reason»). You may still complete an **Indiana Application for Health Coverage** if you believe you should be eligible, or you may apply for health coverage at the federal health insurance marketplace by visiting www.healthcare.gov.

To apply for Indiana Medicaid, you may complete and submit an application in the following ways:

- **ONLINE:** <http://www.in.gov/fssa/df/2999.htm>, "Apply for Benefits Online;" then click: "Apply for Health Coverage, SNAP, and/or Cash Assistance"; then check: "Health Coverage Application"; then click: "Apply online".
- **IN PERSON:** You can get help in completing an application in your area

You may also visit <http://www.in.gov/fssa/df/2999.htm> to find your local DFR office, or <http://www.in.gov/idoi/> to find a navigator in your county.

- **PHONE:** Call 1-800-403-0864, and complete an application over the phone.

If you have any questions about the application, please call the Indiana Family and Social Services Administration toll free at **1-800-403-0864** between 8 a.m. and 4:30 p.m. ET Monday through Friday except State holidays.


Sincerely,
The Indiana Family and Social Services Administration

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care
Connect Hoosier Healthwise • M.E.D. Works • Traditional Medicaid



Presumptive Eligibility Determination

PE Adult Approval Letter Example


ERIC HOLCUMB, GOVERNOR
STATE OF INDIANA
Indiana Health Coverage Programs
Gainwell Technologies
950 North Meridian Street, Suite 1150
Indianapolis, IN 46204
800-457-4584
www.in.gov/medicaid

«Letter Date»

«Member Name»
«Member Address»

Your PE ID: «Member ID»
Effective «Start Date» to «End Date».

Important Notice: you have been approved for short term health coverage. You must complete an Indiana Application for Health Coverage to keep your health benefits. **Take this form with you if you seek medical care.**


«Member Name»

Has been approved for Presumptive Eligibility (PE) Adult. **This is short term coverage that begins today and will end on «End Date», or earlier if you are denied coverage based on your full Indiana Application for Health Coverage.** You can only qualify for presumptive eligibility once per year, and this coverage is temporary. This coverage includes all benefits which mirror HIR Basic, such as visits to a doctor, lab work, emergency services and prescription drugs. Please be aware that a copy may be required for most services.

If you have questions about your prescription drug benefits, you may contact OptumRx 1-855-577-6317.

Next Step
You must submit a full Indiana Application for Health Coverage in order to keep coverage. You should do this right away. You can submit an application:

- At the provider where you were found presumptively eligible;
- On-line at www.dfrbenefits.in.gov;
- Over the phone 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care
Connect Hoosier Healthwise • M.E.D. Works • Traditional Medicaid
Form ELG-RPE-O  Page 1 of 5

PE Adult Denial Letter Example


ERIC HOLCUMB, GOVERNOR
STATE OF INDIANA
Indiana Health Coverage Programs
Gainwell Technologies
950 North Meridian Street, Suite 1150
Indianapolis, IN 46204
800-457-4584
www.in.gov/medicaid

«Date Date»

«Applicant Name»
«Applicant Address»

Dear «Applicant Name»

It has been determined that you are not eligible for Presumptive Eligibility (PE). The reason for your denial is:

«Denial Reason»

Your Presumptive Eligibility (PE) ID number is: «PE ID»
If you have any questions regarding this determination, you will need your ID number for reference.

You may apply for Indiana Medicaid if you still believe you are eligible, or you may apply for health coverage at the federal health insurance marketplace by visiting www.healthcare.gov.

To apply for Indiana Medicaid, you may complete and submit an Indiana Application for Health Coverage:

- Online at www.dfrbenefits.in.gov;
- Over the phone at 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office.


Sincerely,

The Presumptive Eligibility (PE) Program

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care
Connect Hoosier Healthwise • M.E.D. Works • Traditional Medicaid
Form ELG-RPE-O  Page 1 of 1

Presumptive Eligibility Determination

PE Child Approval Letter Example


ERIC HOLCUMB, Governor
State of Indiana
Indiana Health Coverage Programs
Gaimwell Technologies
950 North Meridian Street, Suite 1150
Indianapolis, IN 46204
800-457-4584
www.in.gov/medicaid

«Letter Date»

«Member Name»
«Member Address»

Your PE ID: «Member ID»
Effective «Start Date» to «End Date».

Important Notice: you have been approved for short term health coverage. You must complete an Indiana Application for Health Coverage to keep your health benefits. **Take this form with you if you seek medical care.**


«Member Name»

Has been approved for Presumptive Eligibility (PE) Children Medicaid. **This is short term coverage that begins today and will end on «End Date», or until the date of eligibility determination on your Indiana Application for Health Coverage.** You can only qualify for presumptive eligibility once per year, and this coverage is temporary. In order to keep coverage, you must submit an Indiana Application for Health Coverage.


This coverage includes all benefits covered under Traditional Medicaid, such as visits to a doctor, lab work, emergency services and prescription drugs. You can learn about all of the benefits at www.in.gov/medicaid.

Next Step
You must submit a full Indiana Application for Health Coverage in order to keep coverage. You should do this right away. You can submit an application:

- At the provider where you were found presumptively eligible;
- On-line at www.dfrbenefits.in.gov;
- Over the phone 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care
Connect Hoosier Healthcare • M.E.D. Works • Traditional Medicaid

Form ELG-HPEC-0 Page 1 of 4

PE Family Planning Approval Letter Example


ERIC HOLCUMB, Governor
State of Indiana
Indiana Health Coverage Programs
Gaimwell Technologies
950 North Meridian Street, Suite 1150
Indianapolis, IN 46204
800-457-4584
www.in.gov/medicaid

«Letter Date»

«Member Name»
«Member Address»

Your PE ID: «Member ID»
Effective «Cover/effectivedate» to «Cover/enddate».

Important Notice: you have been approved for short term health coverage. You must complete an Indiana Application for Health Coverage to keep your health benefits. **Take this form with you if you seek medical care.**

«Member Name»


You have been approved for Presumptive Eligibility (PE) Family Planning Services Medicaid. **This is short term coverage that begins today and will end on «Cover/enddate», or until the date of eligibility determination on your Indiana Application for Health Coverage.** You can only qualify for presumptive eligibility once per year. This coverage is temporary. In order to keep coverage, you must submit an Indiana Application for Health Coverage.

Your coverage is limited to family planning services intended to prevent or delay pregnancy. Your limited coverage includes:

- An annual family planning visit
- Birth control pills and devices
- Emergency contraceptives
- Condoms
- Initial diagnosis and treatment of sexually transmitted diseases
- Tubal ligation
- Vasectomies
- COVID-19 Testing
- COVID-19 Testing Related Services

Next Step
You must submit a full Indiana Application for Health Coverage in order to keep coverage. You should do this right away. You can submit an application:

- At the provider where you were found presumptively eligible;
- On-line at www.dfrbenefits.in.gov;
- Over the phone 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office

Children's Health Insurance Program • Healthy Indiana Plan • Hoosier Care
Connect Hoosier Healthcare • M.E.D. Works • Traditional Medicaid


Completing the Presumptive Eligibility Application Process

The QP should inform the PE member of their coverage, including:

- Limitations, such as covered/noncovered services, of the presumptive eligibility benefit package (especially Presumptive Eligibility Family Planning Services Only, Presumptive Eligibility for Pregnant Women, and Presumptive Eligibility – Adult)
- The coverage period
- Guidance for how the provider will help the member complete the full *Indiana Application for Health Coverage*



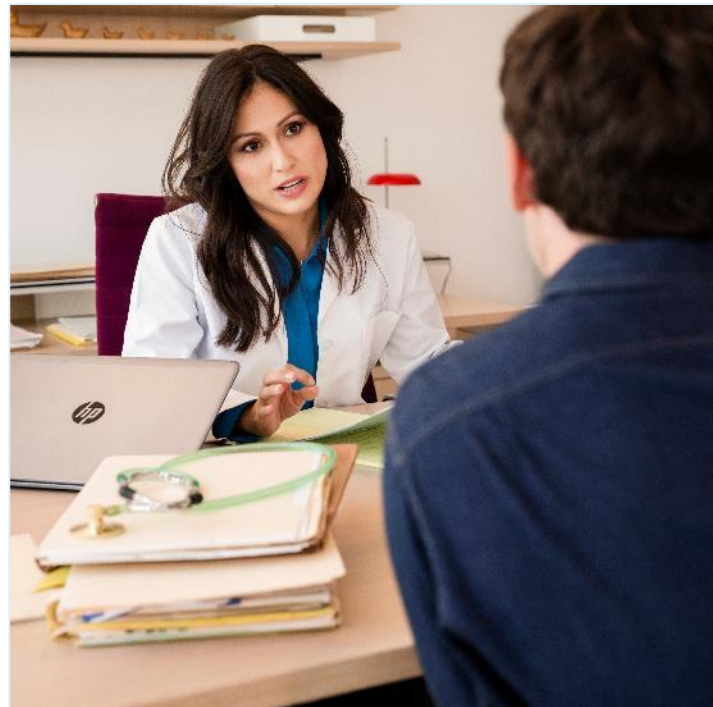
Completing the Presumptive Eligibility Application Process

The QP should inform the member of the coverage period and conditions.

- If the individual does file an *Indiana Application for Health Coverage*, the presumptive eligibility period lasts until a final eligibility determination from the Indiana Family and Social Services Administration (FSSA) has been made.
- If the individual does not file the full application, coverage ends the last day of the month following the month in which the presumptive eligibility status was granted.



EXCEPTION: PE Adult – If conditionally approved for HIP, this group will retain PE coverage until they make the required POWER Account contribution. If they meet application and payment timelines, there will be no gap in coverage.



Completing the Presumptive Eligibility Application Process

Presumptive Eligibility Considerations

During the presumptive eligibility period, the eligible individual will be able to receive treatment from IHCP providers other than the QP. Members should present the PE Approval Letter as proof of eligibility.

Presumptive eligibility coverage begins the same day a QP determines an individual to be presumptively eligible.

Presumptive eligibility is terminated the last day of the month following the month in which the presumptive eligibility status was granted if no *Indiana Application for Health Coverage* is pending with the DFR.

Example

If an individual is determined presumptively eligible on July 14 and does not submit an *Indiana Application for Health Coverage*, the presumptive eligibility coverage will end August 31.



Completing the Presumptive Eligibility Application Process

It is imperative that the QP inform the individual of the need to complete the full application before the temporary eligibility period ends and provide information about how the applicant can do so.

As explained in the acceptance letter, the individual may complete the *Indiana Application for Health Coverage*:

- At the provider where they were found presumptively eligible
- Online at the [Family and Social Services Administration Benefits Portal](https://fssabenefits.in.gov/bp/#) at fssabenefits.in.gov/bp/#
- Over the telephone at 800-403-0864
- At a Division of Family Resources (DFR) local office (See the [Find My Local DFR Office](#) webpage.)



Completing the *Indiana Application for Health Coverage*

Qualified PE organizations may apply to be authorized representatives or Application Organizations (AOs).

QP staff members or the QP's designee helping consumers complete the *Indiana Application for Health Coverage* also need to be certified as Indiana Navigators or designated as authorized representatives.

Only in those roles may the organization staff assist presumptive eligibility participants with their *Indiana Application for Health Coverage*.



Completing the *Indiana Application for Health Coverage*

The DFR makes all final eligibility determinations.

- If the *Indiana Application for Health Coverage* is received by the DFR before the last day of the month following the month in which presumptive eligibility was approved, the individual's presumptive eligibility coverage will not end until the DFR's determination is completed.
- This ensures that there is no gap in coverage.

If the *Indiana Application for Health Coverage* is approved, presumptive eligibility is terminated on the day after IHCP benefits begin.

If determined conditionally eligible for HIP, the PE Adult group will retain PE coverage until they make the required POWER Account contribution. If they meet application and payment timelines, there will be no gap in coverage.

CoreMMIS receives eligibility determinations and updates from the DFR on a daily basis.

Eligibility Verification System (EVS)

The EVS communicates information about presumptively eligibility members the day following the determination by the QP.

Information about the determination is available by using one of the three eligibility sources:

- [IHCP Provider Healthcare Portal](#)
(accessible from the homepage at in.gov/medicaid/providers)
- Interactive Voice Response (IVR) System: 800-457-4584
- 270/271 electronic transaction



Eligibility Verification in the IHCP Portal

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 for Inmate](#)

Coverage Details for from 01/04/2019 to 01/04/2019

Member ID : Birth Date : [Expand All](#) | [Collapse All](#)

Verification Response ID

Benefit Details			
Coverage	Description	Effective Date	End Date
Presumptive Eligibility Adult	Mirrors HIP Regular Basic-No MRO services	02/05/2020	02/05/2020
Coverage	Description and Copayment Message		Copay Amount
Presumptive Eligibility Adult	Pharmacy - Copay amount is \$4 for preferred drugs and \$8 for non-preferred drugs. Please contact OptumRx for further information.		\$0.00
Presumptive Eligibility Adult	Emergency Services - No co pay for preventive services. Co-pay of \$4 on outpatient services and \$8 per non emergency ER visit. Outpatient copays are assessed as one co-payment per provider/per type of service/per day. Inpatient copay of \$75 per hospital stay.		\$0.00
Presumptive Eligibility Adult	Hospital - No co pay for preventive services. Co-pay of \$4 on outpatient services and \$8 per non emergency ER visit. Outpatient copays are assessed as one co-payment per provider/per type of service/per day. Inpatient copay of \$75 per hospital stay.		\$0.00

Type the member's information into the *Eligibility Verification Request* screen

The benefit plan name appears in the Coverage column.

Other Resources

Other Resources

This training course provides an overview of the presumptive eligibility programs, the functions of the IHCP Portal related to becoming a QP, and presumptive eligibility enrollment for eligible applicants.

QPs are encouraged to review the [Presumptive Eligibility](#) provider reference module for additional details about the program, such as:

- Information about navigators
- Determining family income
- Determining family size
- Eligibility examples

IHCP Presumptive Eligibility Standards

IHCP Presumptive Eligibility 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

IHCP Presumptive Eligibility (PE) Standards

Presumptive Eligibility Period		Frequency Limitations
<p>BEGINS – On the date a qualified provider (QP) determines an individual presumptively eligible for coverage through the IHCP</p> <p>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</p>		<p>Individuals receive presumptive eligibility with the following limitations:</p> <ul style="list-style-type: none"> • 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	<p>All covered services available under <i>HIP Basic</i></p> <p>For more information about HIP covered services, visit the HIP website at in.gov/fssa/hip.</p>	

IHCP Presumptive Eligibility (PE) Standards

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](https://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.

Questions

Do you have any questions about the topics covered today?

- Presumptive Eligibility Overview
- Covered Benefits
- Qualified Providers (QPs)
- How to Become a QP for PE
- Completing the PE Application
- Other Resources
- IHCP Presumptive Eligibility Standards

Thank You