Presumptive Eligibility

Presumptive Eligibility Process Overview

Overview

The Indiana Health Coverage Programs (IHCP) Presumptive Eligibility includes:

- **Presumptive Eligibility (PE)**
  - FQHCs, RHCs, CMHCs, Local Health Depts.
- **Hospital Presumptive Eligibility (HPE)**
  - Acute Care and Psychiatric Hospitals
- **Presumptive Eligibility for Pregnant Women (PEPW)**
- **Presumptive Eligibility for Inmates (inmate PE)**

Overview

PE Basics

- Individuals can apply for PE for all members in their family, regardless of the person's need for services at the time of application.
- One PE application must be completed for each person seeking coverage.
- PE approved members are able to seek services from any enrolled IHCP provider. They are not limited to the provider who did the PE application.
- Providers should complete the PE application and then provide the member with a print out of his or her approval/denial letter.

Overview

PE Basics

- Applications must be submitted before midnight (ET)
- Only one PE determination per rolling 12 month period
- Only one PE determination per pregnancy
- PE will term when:
  - A member has not filed an *Indiana Application for Health Coverage* by the last day of the month following the month in which their PE period began; or
  - A determination has been made on the individual's *Indiana Application for Health Coverage*.
- Members who qualify for the PE Adult category will be able to retain presumptive eligibility after they have been determined conditionally eligible for HIP coverage until they make a timely POWER Account contribution. This allows them to avoid a gap in coverage, as long as they meet required application and payment timelines.

What Is Presumptive Eligibility and Why Is It Important?

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

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

During the presumptive eligibility period, the individual will be able to receive treatment from other IHCP providers. Individuals must still complete a full application to determine eligibility for continued coverage.

What Services Are Covered?

The presumptive eligibility 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.

All services covered by the IHCP within the designated benefit plan are covered during the presumptive eligibility period.

Presumptive Eligibility Aid Categories and Benefit Packages

Aid Category	Description	Service Package	Delivery System
HI	Infants	Package A	Fee-For-Service
HP	Parents/Caretakers	Package A	Fee-For-Service
HK	Children (Ages 1-18)	Package A	Fee-For-Service
HA	Adults (19-64)	HIP Basic	Fee-For-Service
H1	Former Foster Care Children	Package A	Fee-For-Service
HF	Family Planning	Family Planning Only	Fee-For-Service
PN	Pregnant Women (PEPW)	PEPW Package	Fee-For-Service

Presumptive Eligibility Aid Categories and Benefit Packages

Package A – Standard Plan: This encompasses the full array of IHCP benefits. Members on this plan are able to receive any services covered by the Medicaid program.

PEPW Package Pregnancy-related only: This coverage is limited to ambulatory prenatal care services. This includes prenatal doctor visits, prescription drugs related to pregnancy, prenatal lab work, transportation to prenatal visits, and other services related to a healthy pregnancy. It **does NOT** cover services related to labor and delivery.

HIP Basic - This covers a wide range of ambulatory patient services, hospitalization, ER, mental health and substance abuse, prescription drugs, labs, preventive care, and rehabilitative care. HIP Basic **does NOT** cover dental, vision, or Medicaid Rehabilitation Option (MRO) services. Members in this category will have co-pays for most services. Members in this category will select a managed care entity or be assigned to one.

Family Planning - This is limited coverage for family planning services only. The following are covered: family planning visits, laboratory tests (if medically indicated as part of the decision-making process regarding contraceptive methods), limited health history and physical exams, pap smears, initial diagnosis of sexually transmitted diseases (STDs) and sexually transmitted infections (STIs), follow-up care for complications associated with contraceptive methods, FDA-approved oral contraceptives, devices, and supplies, screening, testing, counseling, and referral of members at risk for human immunodeficiency virus (HIV), tubal ligations, hysteroscopy sterilization, and vasectomies.

Who Is Eligible for Presumptive Eligibility ?

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

- Be a U.S. citizen or a qualified noncitizen.
  - The applicant must be a citizen of the United States or a qualifying immigrant with one of the following immigration statuses:
    - Lawful permanent resident immigrant living lawfully in the U.S. 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?

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

- Be an Indiana resident. (An Indiana address must be provided on the application.)
- Not be currently enrolled in any IHCP program, including Healthy Indiana Plan (HIP) or conditional HIP status.
- Not be currently covered by a presumptive eligibility benefit plan.
- Not currently incarcerated (unless applying for inmate PE.)
- Meet the income level requirements outlined in Table 1.0 (*next slide*).

Presumptive Eligibility Income Standards

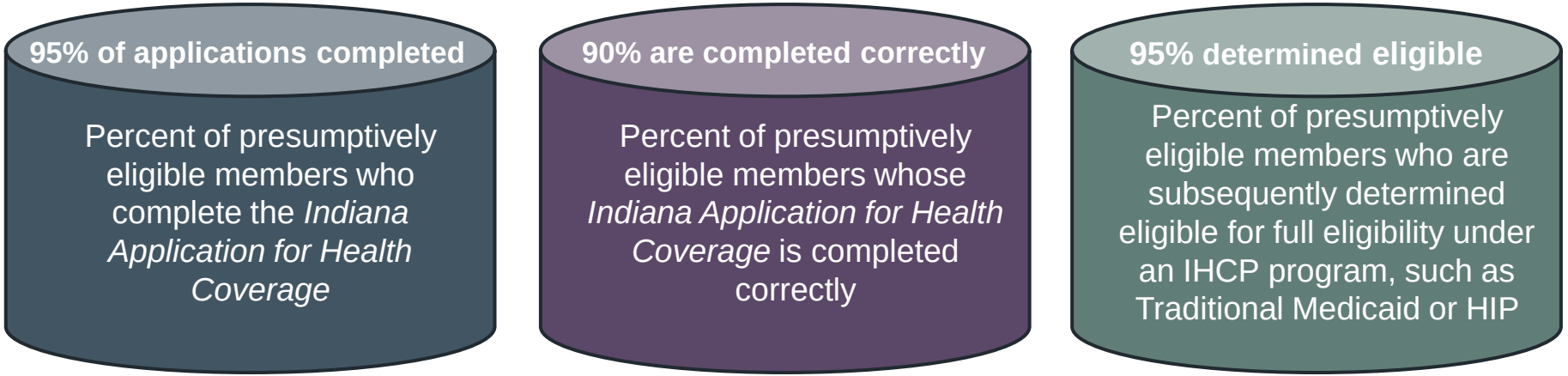
Table 1.0 Presumptive Eligibility Income Standards

Monthly Income Maximum Amounts (Effective March 1, 2019)							
Family Size	Parents/ Caretakers	213% FPL Infants (Under 1)	163% FPL Children (Under 19)	138% FPL Adults (19-64)	213% FPL Pregnant Women	146% FPL Family Planning	Former Foster Care Children (18-25)
	HP	HI	HK	HA	PN	HF	H1
1	$ 152	$ 2,274	$ 1,728	$ 1,455	N/A	$ 1,542	N/A
2	$ 247	$ 3,079	$ 2,339	$ 1,969	$ 3,079	$ 2,087	N/A
3	$ 310	$ 3,883	$ 2,950	$ 2,484	$ 3,883	$ 2,633	N/A
4	$ 373	$ 4,688	$ 3,561	$ 2,997	$ 4,688	$ 3,178	N/A
5	$ 435	$ 5,492	$ 4,172	$ 3,512	$ 5,492	$ 3,723	N/A
6	$ 498	$ 6,296	$ 4,783	$ 4,026	$ 6,296	$ 4,269	N/A

QP Requirements for Presumptive Eligibility

Performance Measures

Specific performance measures for QPs are:



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.

NOTE: The screen prints on the following pages represent the current state; this presentation will be updated with new screen prints when all system updates have been completed.

How the Presumptive Eligibility Process Works

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

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

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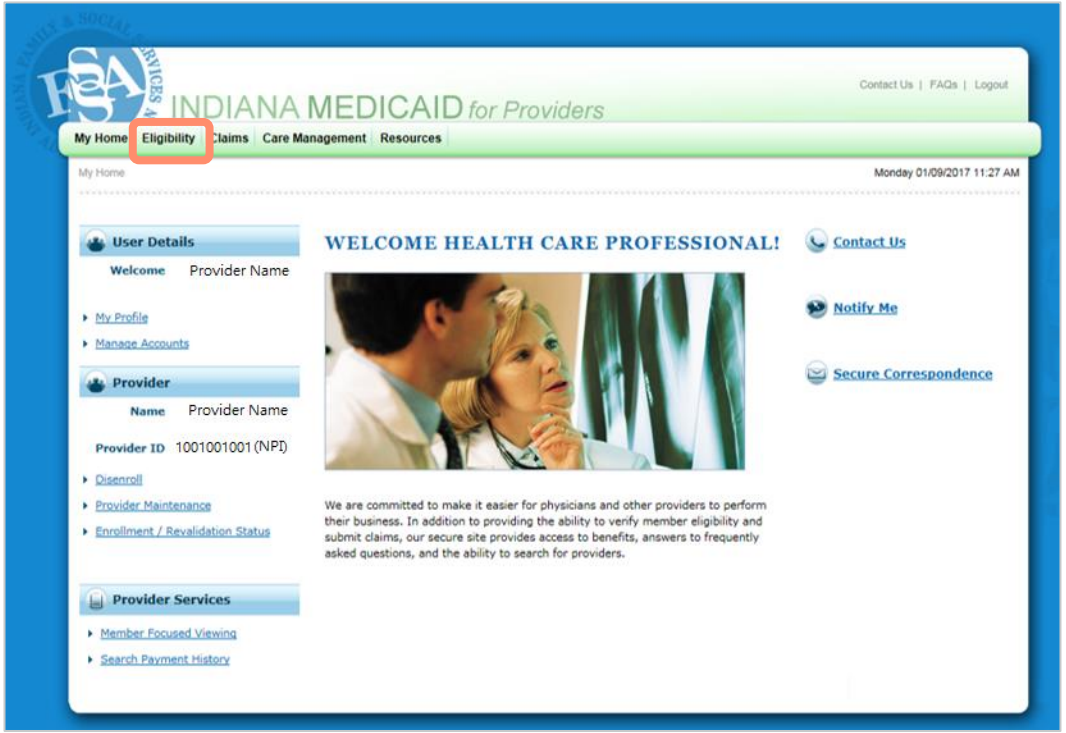
   a. Log into the Portal.
   b. Click **Eligibility** in the menu bar.



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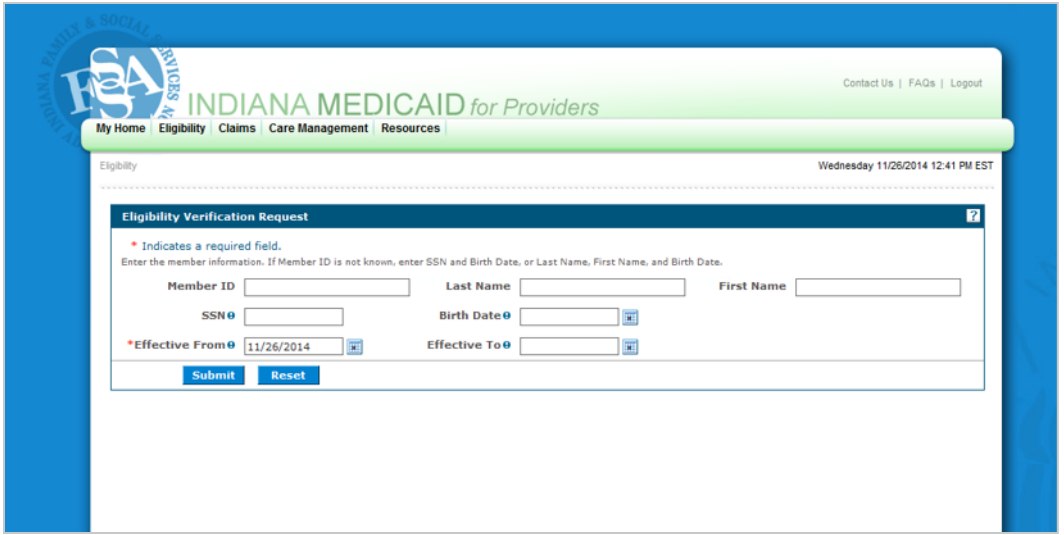
1. The QP uses the Eligibility Verification Request feature in the Portal to verify that the individual is not already an IHCP member.
   a. Log into the Portal.
   b. Click **Eligibility** in the menu bar.
   c. Search for the member and the effective date or dates when the service will be provided.

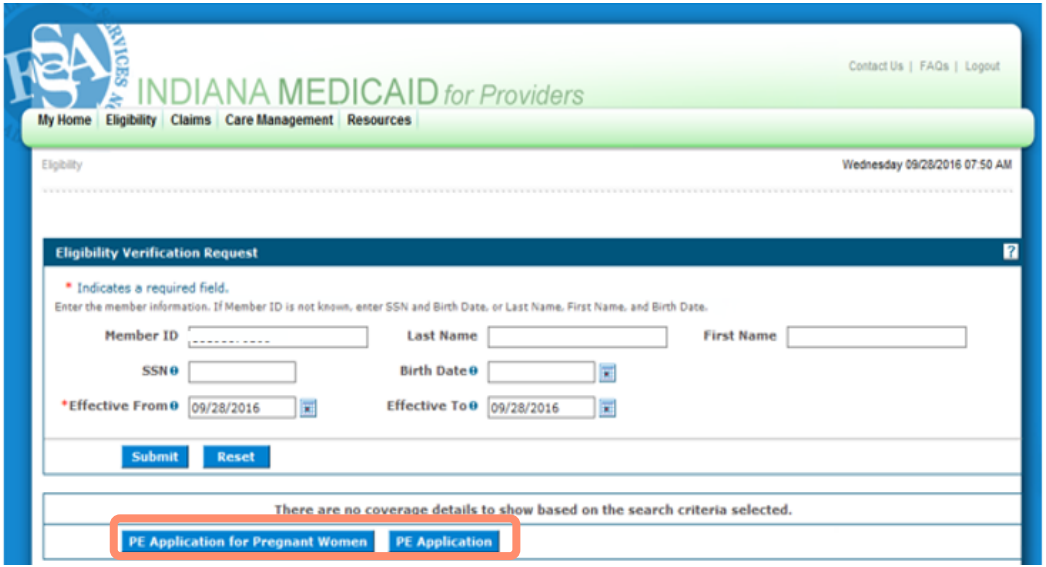


NOTE: Eligibility can be verified via the IVR, the Portal, or 270/271 electronic transactions. However, the presumptive eligibility application may only be completed using the Portal.

How the Presumptive Eligibility Process Works

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

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



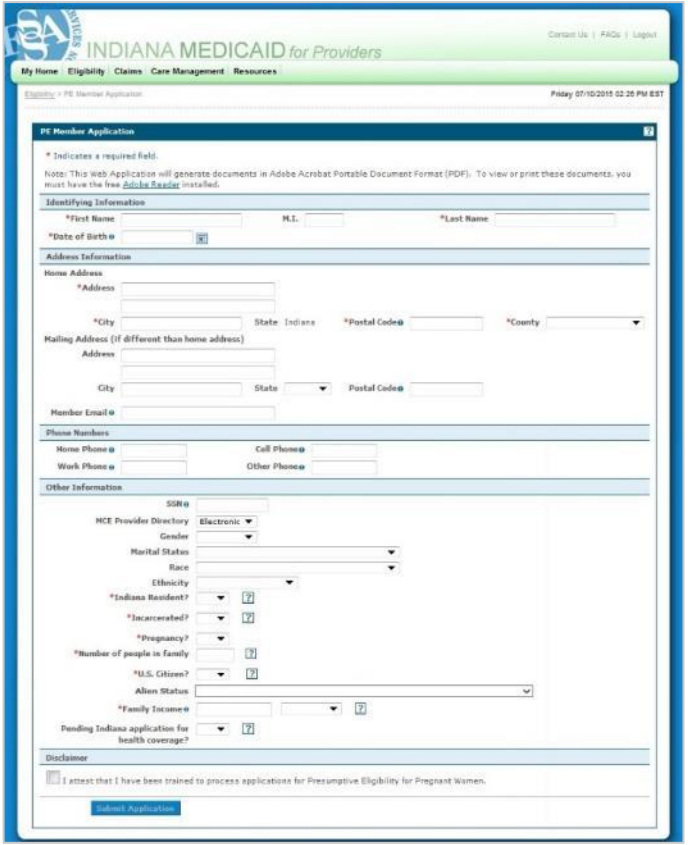
How the Presumptive Eligibility Process Works

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?



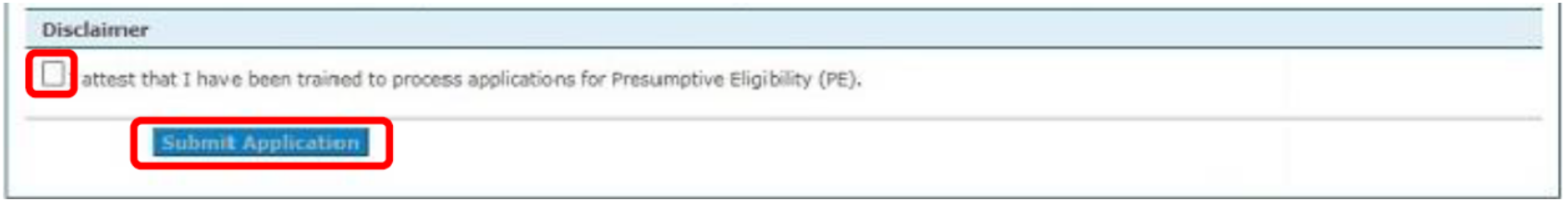
NOTE: If the individual qualifies for PE Adult, a question will appear, asking for MCE selection. If the applicant does not select an MCE, one will be auto-assigned.

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**.

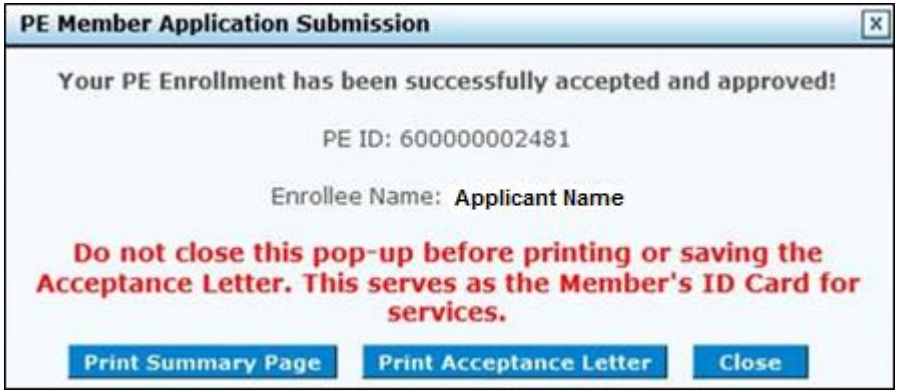


Presumptive Eligibility Determination

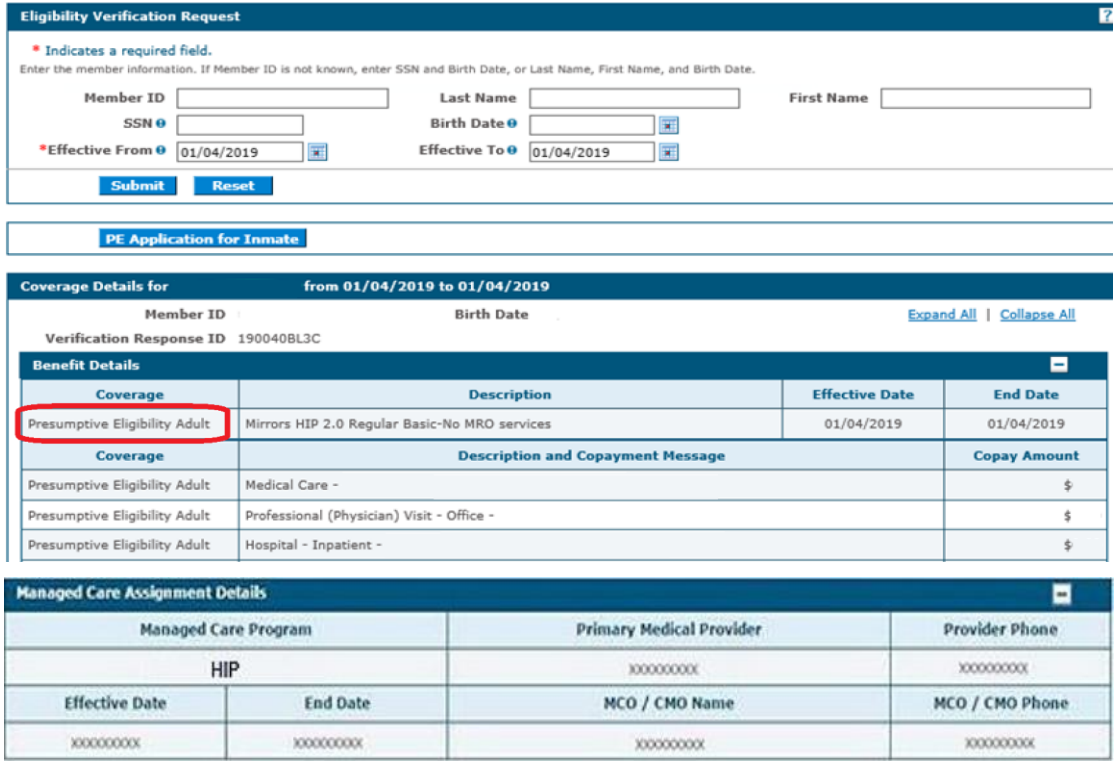
After you submit the application, an immediate determination is given in a pop-up window.

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.



Eligibility Verification in the 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 01/04/2019 | Effective To 01/04/2019

Submit | Reset

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 190040BL3C

Benefit Details

Coverage	Description	Effective Date	End Date
Presumptive Eligibility Adult	Mirrors HIP 2.0 Regular Basic-No MRO services	01/04/2019	01/04/2019

Coverage	Description and Copayment Message	Copay Amount
Presumptive Eligibility Adult	Medical Care -	$
Presumptive Eligibility Adult	Professional (Physician) Visit - Office -	$
Presumptive Eligibility Adult	Hospital - Inpatient -	$

Managed Care Assignment Details

Managed Care Program		Primary Medical Provider	Provider Phone
HIP		xxxxxxxx	xxxxxxxx
Effective Date	**End Date**	**MCO / CMO Name**	**MCO / CMO Phone**
xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx

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

The benefit plan name appears in the Coverage column.

For PE Adult members who were determined presumptively eligible before January 1, 2019, the *Managed Care Assignment Details* panel indicates HIP as the managed care program and lists the member's managed care entity (MCE).

Completing the Presumptive Eligibility Application Process

The QP should inform the member of his or her coverage, including:

- Limitations of the presumptive eligibility benefit package, especially Presumptive Eligibility Family Planning Services Only, Presumptive Eligibility for Pregnant Women and Presumptive Eligibility – Adult, including:
  - Covered/noncovered services
  - Copayments for HIP Basic (see the HIP Basic Copayment Amounts page at www.HIP.IN.gov
- 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.

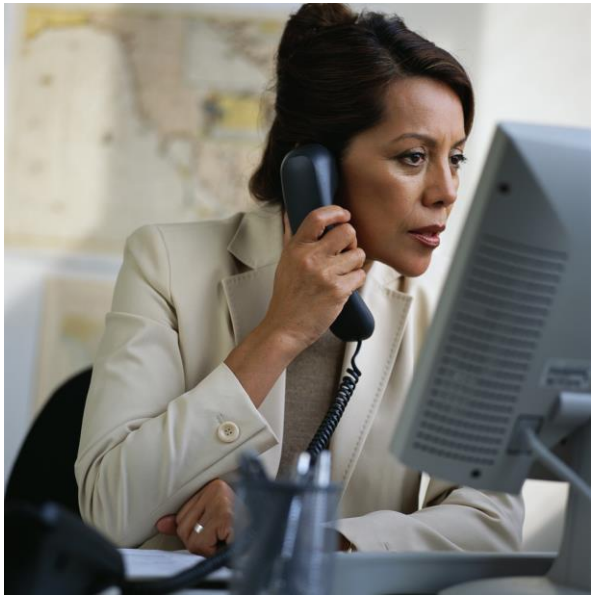
- If the individual does file an *Indiana Application for Health Coverage*, his or her presumptive eligibility period lasts until a final eligibility determination from the Indiana Family and Social Services Administration (FSSA) has been made.
- If the individual does not file the full application,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

Completing the Presumptive Eligibility Application Process

It is imperative that the QP inform the individual of his or her 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 location where the individual was determined presumptively eligible
- Online from the DFR Benefits page at in.gov
- Over the telephone at 1-800-403-0864
- At an FSSA/Division of Family Resources (DFR) local office



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 before IHCP benefits begin.

The PE Adult group will retain PE coverage until they make the required POWER Account contribution or a Fast Track payment. If they meet application and payment timelines, there will be no gap in coverage.

*Core*MMIS receives eligibility determinations and updates from the DFR on a daily basis.