



# Qualified Provider Presumptive Eligibility Manual

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## Revision History

Version	Date	Reason for Revisions	Completed By
1.0	June 2009	Original Publication	Provider Relations and Publications Units
1.1	July 2009	Correction of Library Reference Number from PRPR10008 to PRPR10011	Publications Unit
2.0	April 12, 2010	Semiannual update	Provider Relations and Publications
2.1	December 16, 2010	Semiannual update	Provider Relations and Publications
3.0	March 29, 2011	Semiannual update	Provider Relations and Publications
3.1	July 14, 2011	Updated <a href="#">diagnosis codes in Table 6.1</a> .	HP Claims Unit and Publications
3.2	Policies and procedures as of August 1, 2011 Published: November 17, 2011	Semiannual update	HP Claims Unit and Provider Relations and Publications
4.0	Policies and procedures as of March 1, 2012 Published: May 15, 2012	Semiannual update <ul style="list-style-type: none"> <li>• Updated <a href="#">Enrollment Broker (MAXIMUS)</a> section</li> <li>• Updated <a href="#">MCEs</a> section</li> <li>• Updated <a href="#">Income Standards for PE for Pregnant Women effective April 1, 2011 through March 31, 2012</a> table</li> <li>• Updated <a href="#">State-specific Requirements</a> section</li> <li>• Updated <a href="#">Verifying Eligibility</a> table</li> <li>• Updated <a href="#">Eligibility Verification System</a> section</li> <li>• Updated <a href="#">PE Considerations</a> section</li> <li>• Updated <a href="#">Diagnosis</a></li> </ul>	HP Claims Unit and Provider Relations and Publications

		<p><u>Codes for PE</u> table</p> <ul style="list-style-type: none"><li>- Added V2342 and V2387</li><li>• Deleted <i>Appendix B: Division of Family Resources Modernized Counties</i></li></ul>	
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## Table of Contents

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<b>Section 1: Introduction.....</b>	<b>1-1</b>
Overview .....	1-1
<b>Section 2: Presumptive Eligibility Team.....</b>	<b>2-1</b>
Overview .....	2-1
HP .....	2-1
DFR.....	2-1
Enrollment Broker (MAXIMUS).....	2-1
MCEs .....	2-1
<b>Section 3: Presumptive Eligibility Requirements.....</b>	<b>3-1</b>
Overview .....	3-1
Family Size Examples.....	3-3
Gross Family Income Examples .....	3-3
<b>Section 4: Qualified Provider.....</b>	<b>4-1</b>
Requirements for a Qualified Provider.....	4-1
Federal Medicaid Regulations .....	4-1
State-specific Requirements.....	4-1
Eligible Provider Types .....	4-1
<b>Section 5: Qualified Provider Application Process .....</b>	<b>5-1</b>
Completing the Qualified Provider Application .....	5-1
Presumptive Eligibility Process.....	5-4
Eligibility Verification System .....	5-10
PE Member Application Limitations .....	5-10
PE Considerations.....	5-10
<b>Section 6: Presumptive Eligibility Claims Billing .....</b>	<b>6-1</b>
Claims Billing.....	6-1
<b>Appendix A: Presumptive Eligibility Member Application Descriptions.....</b>	<b>A-1</b>
<b>Appendix B: Social Security Act Definitions .....</b>	<b>B-1</b>
<b>Appendix C: Sample Documents.....</b>	<b>C-1</b>
<b>Index .....</b>	<b>C-1</b>



## **Section 1: Introduction**

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### **Overview**

The Presumptive Eligibility (PE) for Pregnant Women program enables eligible women to receive prenatal care earlier in their pregnancies. PE gives low-income pregnant women the opportunity to be determined presumptively eligible for Hoosier Healthwise through a simplified application process. Women found presumptively eligible will have coverage for ambulatory prenatal services while the application and determination process for Hoosier Healthwise is completed.

A woman's presumptive eligibility period begins on the date a qualified provider (QP) determines the woman is presumptively eligible. PE is different from "pending" Medicaid, as providers are eligible for reimbursement at the time services are rendered versus waiting for retroactive Medicaid coverage. Pregnant women found to be presumptively eligible will have coverage for their first prenatal visit to a QP. The woman's Hoosier Healthwise eligibility determination will be subsequently completed by the Division of Family Resources (DFR). Failure of the patient to cooperate with the DFR and complete the Hoosier Healthwise application process will result in termination of PE benefits.

PE does not cover the following:

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

Other services, if determined to be pregnancy-related, may be covered retroactively if the woman is later determined eligible for Hoosier Healthwise benefits.

Enrolling as a QP is the most important step that providers can take to provide prenatal care and improve birth outcomes.



## Section 2: Presumptive Eligibility Team

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### Overview

Several entities work together to ensure that the qualified provider (QP) and member enrollment works properly. The responsibilities are described in the following sections.

#### **HP**

- Provide and maintain the Web interChange system
- Enroll new qualified providers (QPs) and maintain a listing of certified QPs
- Post enrolled QPs in the Provider Search feature of the Indiana Health Coverage Programs (IHCP) website
- Assign the PE member identification number (RID)
- Receive and update IndianaAIM with Traditional Medicaid and Hoosier Healthwise eligibility information received from the Division of Family Resources (DFR)
- Maintain a record of primary medical providers (PMP) and managed care entity (MCE) assignments

#### **DFR**

- Accept and process Hoosier Healthwise applications received from the QP
- Assign the Medicaid RID

#### **Enrollment Broker (MAXIMUS)**

- Assist patient with MCE and PMP selections
- Update IndianaAIM with MCE and PMP assignments for Hoosier Healthwise

#### **MCEs**

- Receive MCE and PMP assignments from HP
- Pay QPs for ambulatory prenatal services beginning on the date the woman is determined eligible for PE
  - PE services rendered on the day of the member's PE approval are reimbursable even when the QP is not contracted within the MCE's network.
  - Prenatal services rendered on subsequent dates of service must be in-network and follow established MCE procedures.



## Section 3: Presumptive Eligibility Requirements

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### Overview

Eligibility for Presumptive Eligibility (PE) is based on the following criteria:

*Note: Qualified providers (QPs) may not ask for verification documents when performing PE tasks. Proof of income, residency, citizenship, and so forth is not required at the time of application for PE; however, if an applicant provides verification to the QP, the QP should submit it to the Division of Family Resources (DFR) with her Hoosier Healthwise application.*

- Be pregnant as determined by a professionally administered pregnancy test by a licensed practitioner

*Note: Home-administered or over-the-counter pregnancy tests do not meet this requirement.*

- Not be a current Medicaid or Healthy Indiana Plan (HIP) member
  - If a HIP member, or a member who is eligible for HIP, becomes pregnant, she must contact the DFR to transition to Hoosier Healthwise, if eligible; HIP does not cover pregnancy services
- Be an Indiana resident
  - An Indiana address must be provided on the application
- 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 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
- Not be currently incarcerated
- Have gross family income at or below 200% of the federal poverty level (as shown in [Table 3.1.](#))
  - To calculate gross family income, the QP must determine the pregnant woman's **family size** and **gross family income** based on information provided by the applicant.
    - **Family Size:** Includes family members of the applicant who are related by blood, marriage, or adoption, **and** who are living with the applicant. In determining the applicant's family size, only count the following persons related to the applicant by blood, marriage, or adoption who live with the applicant.
      - The applicant
      - Her unborn children
      - Her spouse
      - The applicant's or spouse's children under 18

- The applicant's parents , if the applicant is under 18 and unmarried
- Children younger than 18 of the applicant's parents (if the applicant is younger than 18 and not married)
- **Gross Family Income:** Includes income before taxes and other deductions.
  - Include the following:
    - Wages
    - Salaries, tips
    - Self-employment
    - Dividends
    - Interest
    - Social Security benefits
    - Veteran's benefits
    - Unemployment compensation
    - Worker's compensation
    - Sick benefits
    - Retirement benefits
    - Pensions
    - Rental income
    - Cash contributions
    - Child support, if support is received for the applicant herself
  - Do not count income for children younger than 18 years old, other than the pregnant woman or her spouse.
  - Do not count child support if it is paid for the support of the pregnant woman's children.

Table 3.1 – Income Standards for PE for Pregnant Women  
effective April 1, 2012 through March 31, 2013

Family Size	Monthly Income	Annual Income
2	\$2,429	\$29,148
3	\$3,052	\$36,624
4	\$3,675	\$44,100
5	\$4,299	\$51,588
6	\$4,922	\$59,064
7	\$5,545	\$66,540
8	\$6,169	\$74,028
	Add \$624 per month for each additional person	Add \$7,476 per year for each additional person

*Note: If new guidelines become available, the PE application on Web interChange will be updated and a banner page article will be published with updated information.*

### **Family Size Examples**

Determine the family size for the following examples:

- A. An unmarried pregnant 19-year-old woman and her 2-year-old adopted child live with the woman's grandparents.  
*Answer:* Family size of three – the pregnant woman, her unborn child, and her adopted child. Do not count the grandparents.
- B. An unmarried pregnant 16-year-old woman lives with her mother and four siblings aged 13, 10, 8, and 5.  
*Answer:* Family size of seven – the pregnant woman, her unborn child, the pregnant woman's mother, and four siblings.
- C. A married 39-year-old pregnant woman lives with her spouse and five children ages 20, 19, 16, 15, and 10.  
*Answer:* Family size of six – the pregnant woman, her unborn child, her spouse, and her three children under age 18.
- D. An unmarried 18-year-old woman pregnant with twins lives with her father, her stepmother, her father's children ages 16 and 14, her stepmother's child age 13, and her father's adoptive child age 9.  
*Answer:* Family size of three – the pregnant woman and her unborn twins. Because the applicant is not under 18, do not count parents or parents' children.
- E. An unmarried pregnant woman lives on her own with her 2-year-old child and her boyfriend.  
*Answer:* Family size of three – the pregnant woman, her unborn child, and her 2-year-old child. Do not count her boyfriend.
- F. A married 17-year-old woman pregnant with twins lives with her spouse and her parents.  
*Answer:* Family size of four – the pregnant woman, her unborn twins, and her spouse. Do not count her parents.

### **Gross Family Income Examples**

Determine the family size for the following examples:

- A. An unmarried 17-year-old pregnant woman is paid \$475 per month from her job and receives additional \$150 per month cash assistance from her parents. She lives with her grandmother who receives \$775 per month social security benefits.  
*Answer:* Gross family income is \$625 a month (\$475+\$150).
- Note: Family size is two – the pregnant woman and her unborn child.*
- B. A married 25-year-old pregnant woman is paid \$615 per month from her job; her spouse is paid \$840 per month from his job. The woman also receives \$150 per month child support from her ex-spouse, for their 3-year-old son. She, her son, and her spouse live with her father-in-law; her father-in-law receives \$600 per month Department of Veterans Affairs (VA) benefits.

*Answer:* Gross family income is \$1,455 a month (\$615+\$840). Do not count child support because it is not for the support of the pregnant woman. Because she is not under 18, do not count the father-in-law's income.

*Note:* Family size is four – the pregnant woman, her spouse, her first child, and the unborn child.

- C. A 22-year-old unmarried pregnant woman lives with her boyfriend, the father of her unborn child, and his child from a previous relationship. The boyfriend makes \$1,895 per month from his job and receives \$300 per month from his ex-girlfriend for the support of their child. The pregnant woman makes \$600 per month from her part-time job.

*Answer:* Gross family income is \$600 a month. Do not count the income of a boyfriend or any income for a child who is not the applicant's child or her husband.

*Note:* Family size is two – the pregnant woman and unborn child.

- D. A 17-year-old married pregnant woman lives with her husband, her mother, and her younger sister. Her husband makes \$1,000 per month from his job and her mother makes \$1,100 per month from her job and receives \$150 per month for child support of the pregnant woman's younger sister. The pregnant woman doesn't have any income.

*Answer:* Gross family income is \$1,000 a month. Because the pregnant woman is married, do not count the parent's income or child support.

*Note:* Family size is three – the pregnant woman, her husband, and her unborn child.

- E. A pregnant woman is single with two children. Her gross monthly income is \$1,200. Her elderly aunt lives with her and receives \$550 a month from Social Security.

*Answer:* Gross family income is \$1,200 a month. The aunt's income would not be counted.

*Note:* Family size is four – the pregnant woman, her unborn child, and her two children.

- F. A pregnant woman is single with a 2-year-old son. The only income is her son's child support of \$1,000 per month.

*Answer:* Gross family income is \$0.00. Income of the applicant's child does not count. The child support is considered to be income to her son and is not counted.

*Note:* Family is three – the pregnant woman, her son, and her unborn child.

## Section 4: Qualified Provider

### Requirements for a Qualified Provider

Many of the requirements for qualified providers (QPs) are mandated by federal Medicaid regulations.

#### Federal Medicaid Regulations

Federal Medicaid regulations require that a QP must meet the following requirements:

1. Be enrolled as an Indiana Health Coverage Programs (IHCP) Medicaid provider.
2. Provide outpatient hospital, rural health clinic, or clinic services as defined in sections 1905 (a)(2)(A) or (B), 1905(a)(9), and 1905(l)(1) of the Social Security Act.
3. Be trained and certified by the State (or designee) to perform Presumptive Eligible (PE) functions.

#### State-specific Requirements

The State requires that a QP must meet the following requirements:

1. Be able to verify pregnancy via a professionally administered pregnancy test. Home-administered and over-the-counter tests do not meet this requirement.
2. Have Internet, telephone, printer, and fax access that is available to facilitate the PE and Medicaid application process.
3. Have access to HP Web interChange.
4. Must be trained Family and Social Services Administration (FSSA) or designee (such as fiscal agent)

#### Eligible Provider Types

Based on the previously listed definition, a QP may be one of the following provider types:

Table 4.1 - Eligible Provider Types

Advanced practice nurse practitioner	Certified nurse midwife
Family or general practitioner	Family planning clinic
Federally qualified healthcare center	Internist
Local health department	Medical clinic
Obstetrician or gynecologist	Outpatient hospital
Pediatrician	Rural health clinic

*Note: Qualified providers answer 16 questions using an easy, user-friendly tool to complete the PE Member Application. PE member enrollment services are performed on a voluntary basis. Although QP functions are not reimbursable, QPs are reimbursed for covered healthcare services, such as pregnancy test, provided to women determined to be presumptively eligible. Medical claims for PE members should be sent to the managed care entity (MCE) selected by the member on the date she was determined to be eligible for PE. Providers will not be reimbursed for services provided to women determined to be ineligible for PE and/or Medicaid.*



## Section 5: Qualified Provider Application Process

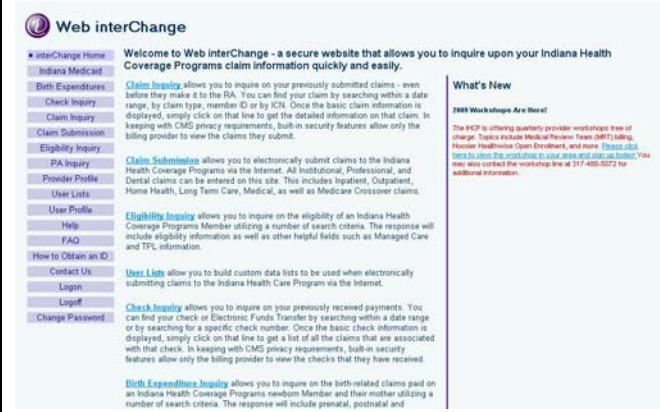
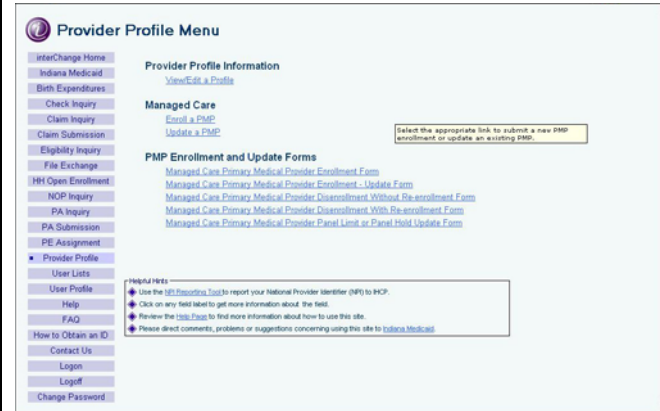
### Completing the Qualified Provider Application

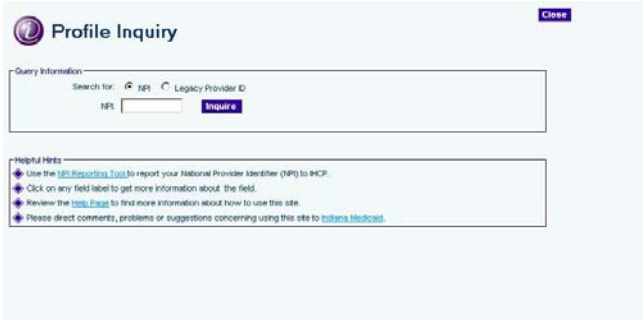
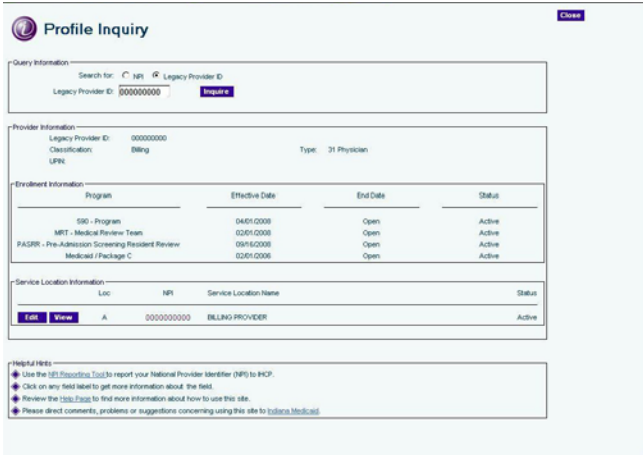
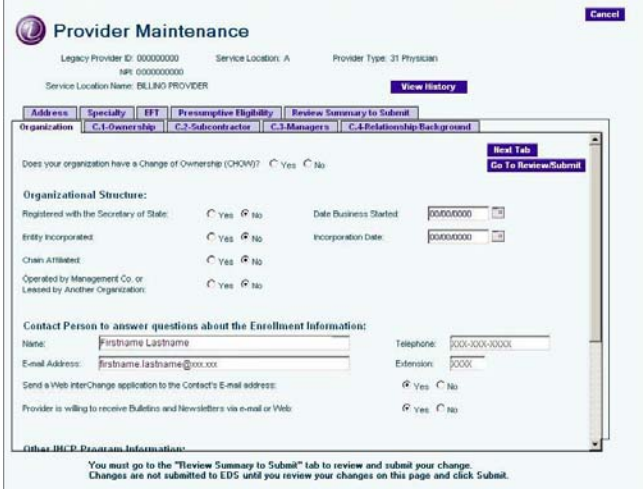
Providers meeting the requirements are eligible to enroll as a qualified provider (QP) by completing the *Provider Maintenance* window online via Web interChange.

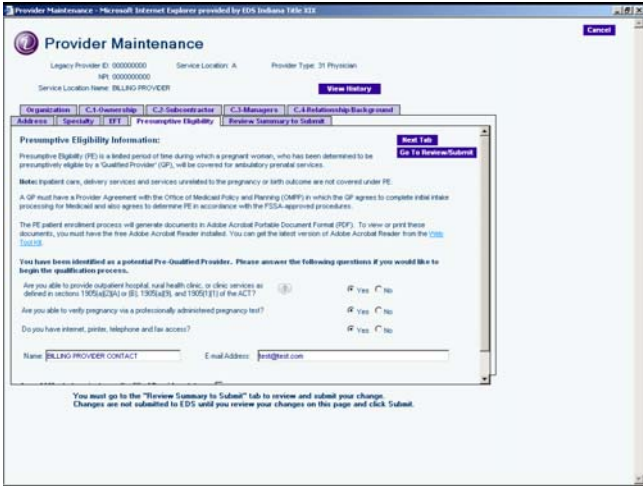
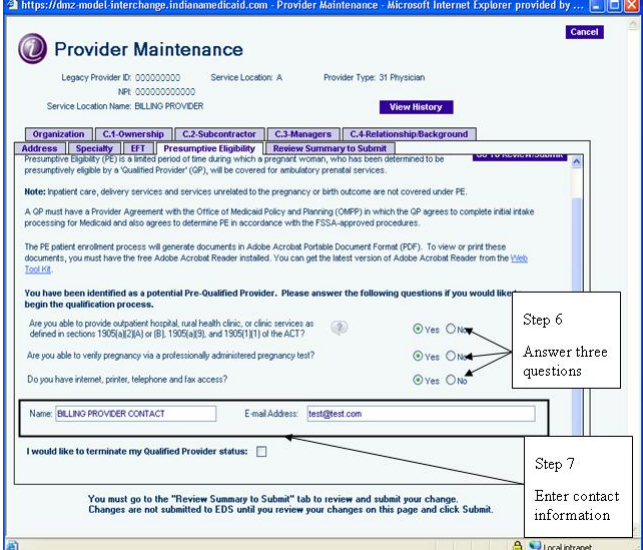
If a provider's office does not currently use Web interChange, an authorized person from the provider's office can access the request form on the [Web interChange](#) home page. Click **How to Obtain an ID**, select the link for the *interChange Administrator Request Form*, and complete the form.

With access to Web interChange, the provider can complete the QP enrollment application by following the instructions in Table 5.1.

Table 5.1 – Completing the QP Enrollment Application

Step	Action	Result
1	Log on to <a href="#">Web interChange</a> .	<p>The Web interChange Home page appears.</p> 
2	<p>Click <b>Provider Profile</b> and then click <b>View/Edit a Profile</b>.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>Note: User must have Provider Maintenance access to utilize the Edit feature.</i></p> </div>	<p>The <i>Provider Profile Menu</i> appears.</p> 

Step	Action	Result
3	Type the appropriate National Provider Identifier (NPI) and click <b>Inquire</b> .	<p>The <i>Profile Inquiry</i> window appears.</p> 
4	Identify the appropriate billing provider service location and click <b>Edit</b> for that location.	<p>The Provider Profile appears in the extended <i>Profile Inquiry</i> window.</p> 
5	<p>Answer the question, “Does your organization have a change of ownership (CHOW)?”</p> <ul style="list-style-type: none"> <li>• If the answer is “No,” select the correct radio button to answer the question and then click the <b>Presumptive Eligibility</b> tab.</li> <li>• If the answer is “Yes,” select the correct radio button to answer the question and then complete and submit the Change of Ownership to HP Provider Enrollment prior to completing the Presumptive Eligibility application.</li> </ul>	<p>The <i>Provider Maintenance</i> window appears.</p> 

Step	Action	Result
6	<p>Answer the following questions on the Presumptive Eligibility Information page:</p> <ul style="list-style-type: none"> <li>• Are you able to provide outpatient hospital, rural health clinic, or clinic services, as defined in <i>Sections 1905(a)(2)(A) or (B), 1905(a)(9), and 1905(l)(1)</i> of the Social Security Act? (Refer to <a href="#">Appendix B.</a>)</li> <li>• Are you able to verify pregnancy via a professionally administered pregnancy test?</li> <li>• Do you have access to the Internet, a telephone, a printer, and a fax?</li> </ul>	<p>The <i>Provider Maintenance/Presumptive Eligibility Information</i> window appears.</p> 
7	<p>In addition, the person responding to the questions must provide his or her name and email address in the appropriate fields.</p>	

Step	Action	Result
8	Click <b>Review Summary to Submit</b> tab to verify the responses entered, and then click <b>Submit</b> to complete the prequalification process.	<p>The Review Summary to Submit tab is on the <i>Provider Maintenance</i> window.</p> <p>The screenshot shows the 'Provider Maintenance' window with the 'Review Summary to Submit' tab active. It displays provider details and a section for 'Presumptive Eligibility' with three questions and radio button options. Callouts 'Step 6' and 'Step 7' point to the questions and the 'Name' field respectively.</p>

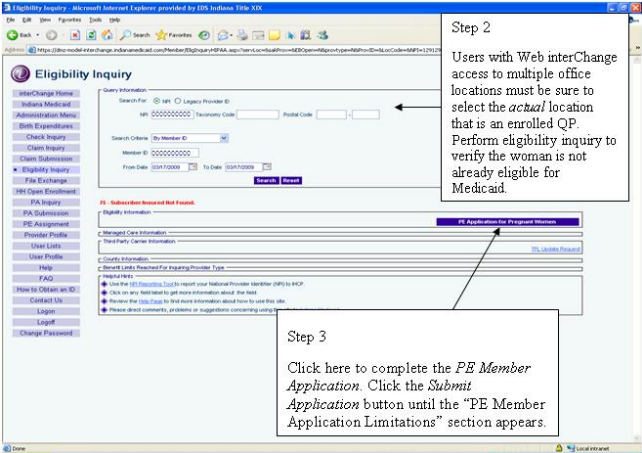
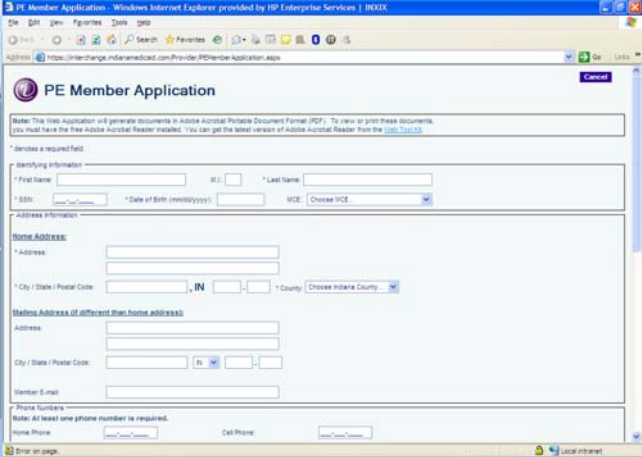
The provider immediately receives an automated email notification advising the new QP status. HP contacts the prequalified QPs within 10 days to schedule a Qualified Provider training session or to arrange in-office training, which is the final step in the QP enrollment process. After completing the training session, HP activates the certified QP in IndianaAIM. The QP may then provide QP services under the PE program.

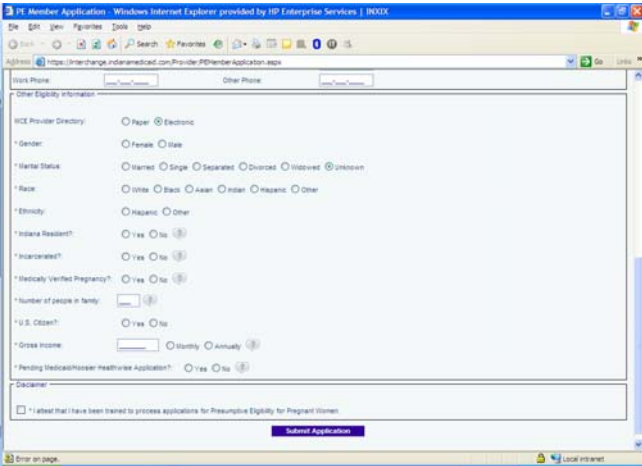
## Presumptive Eligibility Process

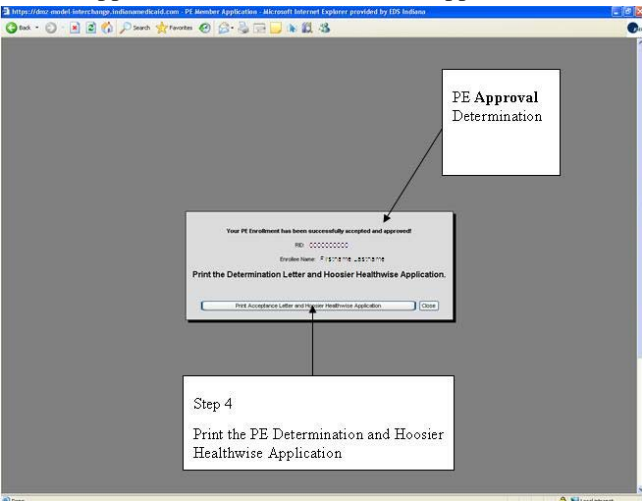
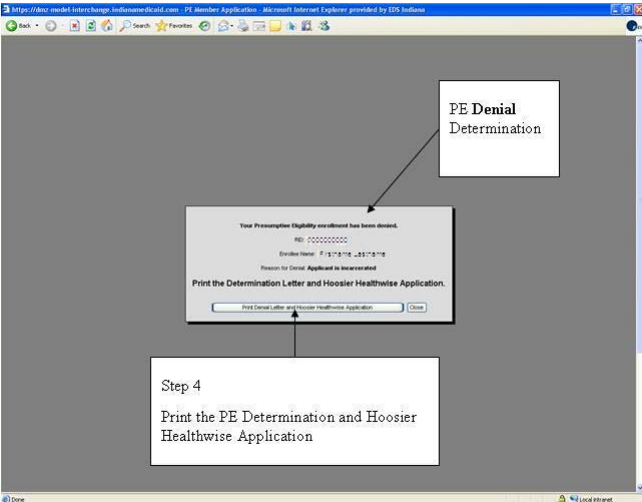
A step approach for the Presumptive Eligibility (PE) process is outlined in the following table. Some steps may occur in slightly different order based on workflow in the QP’s office; however, each of these steps must occur on the **same day and while the pregnant woman is in the QP’s office** to complete the PE process.

Table 5.2 – Verifying Eligibility

Step	Action	Result
1	The QP determines pregnancy by administering a pregnancy test. Home-administered and over-the-counter pregnancy tests do not meet this requirement.	Once the clinician verifies the pregnancy, he or she may designate a staff member who has undergone PE training to perform the remaining QP functions in the following steps.

Step	Action	Result
2	<p>The QP uses the <b>Eligibility Inquiry</b> feature of Web interChange to verify that the woman is not already on Medicaid.</p> <ul style="list-style-type: none"> <li>Users must select the provider service location that is enrolled as a QP.</li> </ul>	<p>The <i>Eligibility Inquiry</i> window appears.</p> 
3	<p><a href="#">Appendix A</a> includes a description of the requirements for completing each field of the PE for Pregnant Women Application. If the woman is not currently on Medicaid, the QP completes the PE for Pregnant Women Application via Web interChange, using information provided by the pregnant woman. The QP clicks <b>PE Application for Pregnant Women</b> to complete the PE application. The woman has to provide only the following information, which the QP enters into the PE application:</p> <ul style="list-style-type: none"> <li>Name</li> <li>Social Security number</li> <li>Date of birth</li> </ul>	<p>The <i>PE Member Application</i> appears.</p>  <p>(Top half of <i>PE Member Application</i> window)</p>

Step	Action	Result
	<ul style="list-style-type: none"> <li>• MCE selection</li> <li>• Home address</li> <li>• Mailing address (if different than home)</li> <li>• Member email (only required if the member chooses to receive the MCE Provider Directory electronically)</li> <li>• Telephone number (at least one is required)</li> <li>• MCE Provider Directory (indicates format the members wants to receive)</li> <li>• Gender</li> <li>• Marital status</li> <li>• Race and ethnicity</li> <li>• Are you an Indiana resident? (Yes/No)</li> <li>• Are you incarcerated? (Yes/No)</li> <li>• Medically verified pregnancy? (Yes/No)</li> <li>• Number of persons in the family</li> <li>• Are you a U.S. citizen? (Yes/No)</li> <li>• Family gross income (No pay stubs or other types of verification documents are required. However, if the applicant presents verification documents, the documents should be faxed to the Division of Family Resources (DFR) with the Hoosier Healthwise application. See step 7.)</li> <li>• Do you have a pending Medicaid/Hoosier Healthwise application? (Yes/No)</li> </ul>	 <p>(Bottom half of PE Member Application window)</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>Note: Help text is available when your pointer is placed over each field or you click the question mark, when available.</i></p> </div> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>Note: The PE identification number begins with "550."</i></p> </div>

Step	Action	Result
		<p><i>Note: After completion of the PE application, a determination notice is immediately generated on-screen. When the woman is determined to be presumptively eligible, the determination serves as the member's identification card during the presumptive eligibility period.</i></p>
<p>4a</p>	<p>The QP clicks <b>Print Acceptance/Denial Letter and Hoosier Healthwise Application</b> to print the PE Determination Notice and the Hoosier Healthwise application. The printed Hoosier Healthwise application is prepopulated with information that was already entered on the PE application. The applicant must review and sign the Hoosier Healthwise application before it is faxed to the DFR.</p> <ul style="list-style-type: none"> <li>In addition to printing the determination notice and Hoosier Healthwise application, QPs may choose to save the PE determination notice and Hoosier Healthwise application using the "Save As" feature in Adobe Reader.</li> </ul> <p>See <a href="#">Appendix C</a> for example approval and denial letters.</p> <p>See <a href="#">Appendix C</a> for an example of the Hoosier Healthwise paper application.</p>	<p>The PE approval determination window appears.</p>  <p>The screenshot shows a web browser window with the URL 'https://abc-model.interchange.infonamerica.com/PE/Member/Applications'. The main content area displays a message: 'Your PE Enrollment has been successfully accepted and approved!' followed by 'Print the Determination Letter and Hoosier Healthwise Application.' and a 'Print Acceptance Letter and Hoosier Healthwise Application' button. A callout box labeled 'PE Approval Determination' points to the message. Below the screenshot, a text box indicates 'Step 4: Print the PE Determination and Hoosier Healthwise Application'.</p> <p style="text-align: center;"><b>OR</b></p> <p>The PE denial determination window appears.</p>  <p>The screenshot shows a web browser window with the URL 'https://abc-model.interchange.infonamerica.com/PE/Member/Applications'. The main content area displays a message: 'Your Presumptive Eligibility enrollment has been denied.' followed by 'Print the Determination Letter and Hoosier Healthwise Application.' and a 'Print Denial Letter and Hoosier Healthwise Application' button. A callout box labeled 'PE Denial Determination' points to the message. Below the screenshot, a text box indicates 'Step 4: Print the PE Determination and Hoosier Healthwise Application'.</p>
<p>5</p>	<p>The QP must give the printed PE Determination Notice to the applicant for her to keep.</p>	<p><i>Note: QPs must ensure the PE Determination Notice and Hoosier Healthwise application print successfully before clicking Close.</i></p>

Step	Action	Result
6	<p>If the woman is approved for presumptive eligibility, the QP must give the applicant a copy of the approval letter and the MCE side-by-side comparison and have her contact the enrollment broker, MAXIMUS, at <b>1-800-889-9949</b> to select her MCE and PMP. The selection of an MCE and PMP activates the PE eligibility. MAXIMUS is open Monday through Friday, 8 a.m. to 7 p.m., and Saturday, 8 a.m. to 1 p.m. Eastern Time. The provider must provide a telephone so the woman can call the enrollment broker and select an MCE and PMP.</p> <ul style="list-style-type: none"> <li>• If the woman fails to make her MCE and PMP assignment that same day, it will cancel her PE eligibility. She would then need to complete a new application.</li> <li>• On the printed PE Determination Notice, the applicant must write her MCE/PMP information and check the box next to her MCE choice.</li> </ul> <p>After the woman chooses her MCE and PMP, the enrollment broker activates the member's PE identification number. This step enables providers to bill for PE services provided on the date the woman was approved for PE.</p>	<div style="border: 1px solid black; padding: 10px; margin: 20px auto; width: fit-content;"> <p><i>Note: The PE determination and the pregnant woman's subsequent choice of MCE must occur on the same day for PE coverage to begin.</i></p> </div>

Step	Action	Result
7	<p>The prepopulated Hoosier Healthwise application prints, as indicated in step 4.</p> <ul style="list-style-type: none"> <li>• The applicant must review and sign the Hoosier Healthwise application.</li> <li>• The QP must fax the signed and completed Hoosier Healthwise application to the appropriate DFR office.</li> <li>• The QP should also fax, along with the Hoosier Healthwise application, a statement signed by the physician or nurse indicating the applicant is pregnant and the date the pregnancy began.</li> </ul> <p>Visit the <a href="#">FSSA website</a> to locate the telephone and fax information in counties not included in the DFR Modernization. Click <b>Where do I Apply?</b>, then scroll to the applicant's county of residence to find the contact information.</p>	<ul style="list-style-type: none"> <li>• Fax the completed Hoosier Healthwise application to the DFR Document Center at 1-800-403-0864.</li> <li>• <b>Direct questions about the</b> Hoosier Healthwise application to the DFR Document Center at 1-800-403-0864 or to the local DFR office in the county where the applicant lives.</li> </ul>

*Notes: Presumptive eligibility is terminated if there is no pending Hoosier Healthwise application on file at DFR on the last day of the month that follows the month of the approved PE determination. For example, if a pregnant woman was determined presumptively eligible on July 14 and she does not submit a Hoosier Healthwise application, her PE coverage will end August 31. She will receive notification of termination 10 to 13 days prior to termination.*

*For PE-approved women who submit a Hoosier Healthwise application, the presumptive eligibility period will end when the DFR has completed its eligibility determination and determines the woman approved or denied for Hoosier Healthwise.*

*If the woman's pregnancy ends at any time while she is on PE, her PE coverage will end.*

## **Eligibility Verification System**

As part of the PE process, QPs use the Eligibility Verification System (EVS) to determine if the pregnant woman is already covered by Medicaid. Women who are already on Medicaid cannot apply for PE. As with all Medicaid members, providers serving women who have previously been determined to be presumptively eligible must verify the woman's eligibility on each date of service. The three EVS options – Automated Voice Response, Omni, and Web interChange – accept the PE identification number. Presumptive eligibility is identified as **Package P**.

If the DFR approves the pregnant woman for Hoosier Healthwise eligibility, her benefit package changes from Package P to a Hoosier Healthwise benefit package (for example, Package B) and she receives a Hoosier Health Card with her Medicaid recipient identification number (RID). PE coverage ends on the day after HP receives notification of Hoosier Healthwise eligibility from the DFR, whether approved or denied.

It is imperative to bill using the Hoosier Healthwise RID when the member becomes fully eligible for Hoosier Healthwise. Failure to bill with the correct ID number could result in denied claims. The EVS provides the most up-to-date eligibility information for PE members.

After the QP uses the Eligibility Inquiry feature of Web interChange to verify that the woman is not already eligible for Hoosier Healthwise, he or she can immediately access the PE Application for Pregnant Women from the *Eligibility Inquiry* window on Web interChange.

## **PE Member Application Limitations**

QPs access the PE application from the *Eligibility Inquiry* window in Web interChange.

The PE application is accessible Monday through Friday, 8 a.m. to 6 p.m., and Saturday, 8 a.m. to noon, Eastern Time.

- QPs that access the PE application near closing times will be able to complete and submit the application once the closing times have passed.
- QPs must click **Submit Application** before 7 p.m. Eastern Time Monday through Friday, and before 1 p.m. Eastern Time Saturday, for the application to send successfully.
- If a typing error occurs during the application process, the QP should continue with the administration of the application, including contacting the enrollment broker. Once the application process is complete, the QP should contact the HP Provider Relations field consultant, in their assigned area, to have the error corrected.

*Note:* To determine your Provider Relations field consultant, go to [indianamedicaid.com](http://indianamedicaid.com) click **Contact Us**, and click **Provider Relations Field Consultants**.

## **PE Considerations**

Women are eligible for PE only one time per pregnancy. There is no PE coverage if the woman, who has been determined to be presumptively eligible, does not select an MCE and PMP by contacting the enrollment broker on the day PE is determined. If an MCE and PMP are not selected the same day that the PE application is approved, the application will fail, a new PE application must be completed, and the services that were performed on the date of the original application will not be reimbursed.

*Note: A good practice is to write down the PE number when it is generated so that you have it available should any system errors occur.*

*If the application process is complete and the computer system goes down, the provider must document the PE number and have the member call MAXIMUS to make her MCE/PMP selection. Otherwise the application will fail the following day, and the member must complete a new PE application.*

A member approved for PE must complete the application process for Hoosier Healthwise in a timely manner. A woman's presumptive eligibility is terminated if there is not a pending Hoosier Healthwise application on file at the DFR on the last day of the month that follows the month of the approved PE determination.

For example: If a pregnant woman was determined to be presumptively eligible on July 14, and she does not submit a Hoosier Healthwise application, her PE coverage will end August 31. She cannot reapply for presumptive eligibility during the same pregnancy.

PE-approved women who submit a Hoosier Healthwise application and take all necessary steps to provide information to the DFR, will have presumptive eligibility until the day after HP is notified of the DFR Hoosier Healthwise decision, or when her pregnancy ends. If the DFR makes an eligibility determination for Hoosier Healthwise prior to the last day of the month following the PE application, the PE eligibility will be terminated the day after HP is notified of the DFR Hoosier Healthwise decision.



## Section 6: Presumptive Eligibility Claims Billing

### Claims Billing

It is imperative that qualified providers (QPs) always verify eligibility for presumptively eligible women prior to administering services in order to receive payment. Providers can use any of the three Eligibility Verification System (EVS) options to verify eligibility: Web interChange, Omni, or the Automated Voice Response system.

During the PE period, providers will send claims for a presumptively eligible woman to the appropriate managed care entity (MCE) using the member's 550 identification number. It is important to use the appropriate pregnancy-related diagnosis for claims and the pregnancy indicator for pharmacy claims. Transportation is provided for a PE member as long as it is pregnancy- or emergency-related. Inpatient, Hospice, Long Term Care, abortions, sterilizations, and hysterectomy services are not covered under PE. These services may be covered if the patient becomes fully eligible for Medicaid.

While the member is on presumptive eligibility, the provider should bill using the PE recipient identification number (RID) that begins with the digits 550. Once the Hoosier Healthwise application process has been completed, if the woman is approved, the provider will then submit claims using the woman's Hoosier Healthwise RID, which begins with 10 and ends with 99. If the member is approved for Hoosier Healthwise and the provider submits a claim using the PE RID (starting with 550), the claim will deny and the provider must resubmit the claim using the correct RID. If a member receives retroactive eligibility for Medicaid, the provider must bill using the Hoosier Healthwise RID and not the PE RID.

The following table shows the pregnancy-related diagnosis codes that are covered for women in the Presumptive Eligibility program.

Table 6.1 – Diagnosis Codes for PE

Diagnosis Code	Description
63300	Abdominal pregnancy without intrauterine pregnancy
63301	Abdominal pregnancy with intrauterine pregnancy
63310	Tubal pregnancy without intrauterine pregnancy
63311	Tubal pregnancy with intrauterine pregnancy
63320	Ovarian pregnancy without intrauterine pregnancy
63321	Ovarian pregnancy with intrauterine pregnancy
63380	Other ectopic pregnancy without intrauterine pregnancy
63381	Other ectopic pregnancy with intrauterine pregnancy
63390	Unspecified ectopic pregnancy without intrauterine pregnancy
63391	Unspecified ectopic pregnancy with intrauterine pregnancy
640	Hemorrhage in early pregnancy
6400	Threatened abortion
64003	Threatened abortion-antepartum
6408	Other specified hemorrhage in early pregnancy
64083	Other specified hemorrhage in early pregnancy antepartum condition or complication

<b>Diagnosis Code</b>	<b>Description</b>
6409	Unspecified hemorrhage in early pregnancy
64093	Unspecified hemorrhage in early pregnancy, antepartum condition or complication
641	Antepartum hemorrhage and placenta previa
6410	Placenta previa without hemorrhage
64103	Placenta previa without hemorrhage, antepartum condition, or complication
64113	Placenta previa hemorrhage, antepartum
64120	Premature separation of placenta, unspecified
64123	Premature separation of placenta, antepartum
6413	Antepartum hemorrhage associated with coagulation defects
64133	Antepartum hemorrhage associated with coagulation defects, antepartum
6418	Other antepartum hemorrhage
64183	Other antepartum hemorrhage, antepartum
6419	Unspecified antepartum hemorrhage
64193	Unspecified antepartum hemorrhage
64200	Unspecified benign essential hypertension complicating pregnancy, childbirth, and the puerperium
64203	Essential hypertension, antepartum
64210	Renal hypertension, unspecified
64213	Renal hypertension, antepartum
64220	Other pre-existing hypertension complicating pregnancy, unspecified
64223	Other pre-existing hypertension complicating pregnancy, childbirth, and the puerperium, antepartum
64230	Transient hypertension of pregnancy, unspecified
64233	Transient hypertension, antepartum
64240	Mild or unspecified pre-eclampsia
64243	Mild or unspecified pre-eclampsia, antepartum
64250	Severe pre-eclampsia, unspecified
64253	Severe pre-eclampsia, antepartum
64260	Eclampsia, unspecified
64263	Eclampsia, antepartum
64270	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension, unspecified
64273	Pre-eclampsia or eclampsia on pre-existing hypertension, antepartum
64290	Unspecified hypertension complicating pregnancy, unspecified as to episode of care or not applicable

Diagnosis Code	Description
64293	Unspecified hypertension complicating pregnancy, childbirth, or the puerperium, antepartum
643	Excessive vomiting in pregnancy
6430	Mild hyperemesis gravidarum
64303	Mild hyperemesis gravidarum, antepartum
6431	Hyperemesis gravidarum with metabolic disturbance
64313	Hyperemesis gravidarum with metabolic disturbance, antepartum
6432	Late vomiting pregnancy
64323	Late vomiting pregnancy, antepartum
6438	Other vomiting complicating pregnancy
64383	Other vomiting complicating pregnancy, antepartum
6439	Unspecified vomiting of pregnancy
64393	Unspecified vomiting of pregnancy, antepartum
644	Early or threatened labor
6440	Threatened premature labor
64403	Threatened premature labor, antepartum
6441	Other threatened labor
64413	Other threatened labor, antepartum
645	Late pregnancy
6451	Prolonged pregnancy, delivered
64513	Post-term pregnancy, antepartum
64520	Prolonged pregnancy, unspecified
64523	Prolonged pregnancy, antepartum
646	Other complication of pregnancy
6460	Papyraceous fetus
64603	Papyraceous fetus, antepartum
6461	Edema or excessive weight gain in pregnancy, without mention of hypertension
64613	Edema or excessive weight gain in pregnancy without mention of hypertension, antepartum
64620	Unspecified renal disease in pregnancy, without mention of hypertension – unspecified as to episode of care or not applicable
64623	Unspecified renal disease in pregnancy, without mention of hypertension, antepartum
6463	Recurrent pregnancy loss
64633	Recurrent pregnancy loss, antepartum
6464	Peripheral neuritis in pregnancy

<b>Diagnosis Code</b>	<b>Description</b>
64643	Peripheral Neuritis in pregnancy, antepartum
6465	Asymptomatic bacteriuria in pregnancy
64653	Asymptomatic bacteriuria in pregnancy, antepartum
64660	Infections of genitourinary tract in pregnancy, unspecified
64663	Infections of genitourinary tract, antepartum
6467	Liver disorder in pregnancy
64673	Liver disorder, antepartum
6468	Other specified complication of pregnancy
64683	Other specified complication of pregnancy, antepartum
6469	Unspecified complication of pregnancy
64693	Unspecified complication of pregnancy, antepartum
64700	Syphilis in pregnancy, unspecified
64703	Syphilis, antepartum
64710	Gonorrhea in pregnancy, unspecified
64713	Gonorrhea, antepartum
64720	Other venereal disease in pregnancy, unspecified
64723	Other venereal disease, antepartum
64730	Tuberculosis in pregnancy, unspecified
64733	Tuberculosis, antepartum
64740	Malaria in pregnancy, unspecified
64743	Malaria, antepartum
64750	Rubella in pregnancy, unspecified
64753	Rubella, antepartum
64760	Other viral diseases in pregnancy, unspecified
64763	Other viral diseases, antepartum
64780	Other specified infections and parasitic disease in pregnancy, unspecified
64783	Other specified infectious and parasitic diseases, antepartum
64790	Unspecified infection or infestation in pregnancy
64793	Unspecified infection of infestation, antepartum
64800	Diabetes mellitus in pregnancy, unspecified
64803	Diabetes, antepartum
64810	Thyroid dysfunction in pregnancy, unspecified
64813	Thyroid dysfunction, antepartum
64820	Anemia in pregnancy, unspecified
64823	Anemia, antepartum
64830	Drug dependence in pregnancy, unspecified

Diagnosis Code	Description
64833	Drug dependence, antepartum
64840	Mental disorder in pregnancy, unspecified
64843	Mental disorder, antepartum
64850	Congenital cardiovascular disorders in pregnancy, unspecified
64853	Congenital cardiovascular disorders, antepartum
64860	Other congenital cardiovascular disorders in pregnancy, unspecified
64863	Other cardiovascular diseases, antepartum
64870	Bone and joint disorders of back, pelvis, and lower limbs in pregnancy, unspecified
64873	Bone disorder, antepartum
6488	Abnormal glucose tolerance in pregnancy
64880	Abnormal glucose tolerance in pregnancy, unspecified
64883	Abnormal glucose, antepartum
64890	Other current conditions in pregnancy, unspecified
64893	Other current conditions, antepartum
64900	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable
64903	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication
64910	Obesity complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable
64913	Obesity complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication
64920	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable
64923	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication
64930	Coagulation defects complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable
64933	Coagulation defects complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication
64940	Epilepsy complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable
64943	Epilepsy complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication

<b>Diagnosis Code</b>	<b>Description</b>
64950	Spotting complicating pregnancy, unspecified as to episode of care or not applicable
64953	Spotting complicating pregnancy, antepartum condition or complication
64960	Uterine size date discrepancy, unspecified as to episode of care or not applicable
64963	Uterine size date discrepancy, antepartum condition or complication
64970	Cervical shortening, unspecified as to episode of care or not applicable
64973	Cervical shortening, antepartum condition or complication
65103	Twin pregnancy, antepartum
65113	Triplet pregnancy, antepartum
65123	Quadruplet pregnancy, antepartum
65133	Twin pregnancy with fetal loss and retention of one fetus, antepartum
65143	Triplet pregnancy with fetal loss and retention of one or more fetus(es), antepartum
65153	Quadruplet pregnancy with fetal loss and retention of one or more fetus(es), antepartum
65163	Other multiple pregnancy with fetal loss and retention of one or more fetus(es), antepartum
65173	Multiple gestation following (elective) fetal reduction antepartum
65183	Other specified multiple gestation, antepartum
65193	Unspecified multiple gestation, antepartum
65203	Unstable lie, antepartum
65213	Breech or other malpresentation successfully converted to cephalic presentation, antepartum
65223	Breech presentation without mention of version, antepartum
65233	Transverse or oblique presentation, antepartum
65243	Face or brow presentation, antepartum
65253	High head or term, antepartum
65263	Multiple gestation with malpresentation of one fetus or more, antepartum
65273	Prolapsed arm, antepartum
65283	Other specified malposition or malpresentation, antepartum
65293	Unspecified malposition or malpresentation, antepartum
65303	Major abnormality of bony pelvis, not further specified, antepartum
65313	Generally contracted pelvis, antepartum

<b>Diagnosis Code</b>	<b>Description</b>
65323	Inlet contraction of pelvis, antepartum
65333	Outlet contraction of pelvis, antepartum
65343	Fetopelvic disproportion, antepartum
65353	Unusually large fetus causing disproportion, antepartum
65363	Hydrocephalic fetus causing disproportion, antepartum
65373	Other fetal abnormality causing disproportion, antepartum
65383	Disproportion of other origin, antepartum
65393	Unspecified disproportion, antepartum
65403	Congenital abnormalities of uterus, antepartum
65413	Tumors of body of uterus, antepartum
65423	Previous cesarean delivery, antepartum
65433	Retroverted and incarcerated gravid uterus, antepartum
65443	Other abnormalities in shape or position of gravid uterus and of neighboring structures, antepartum
65453	Cervical incompetence, antepartum
65463	Other congenital or acquired abnormality of cervix, antepartum
65473	Congenital or acquired abnormality of vagina, antepartum
65483	Congenital or acquired abnormality of vulva, antepartum
65493	Other and unspecified, antepartum
655	Known or suspected fetal abnormality affecting management of mother
65503	Central nervous system malformation in fetus, antepartum
65513	Chromosomal abnormality in fetus, antepartum
65523	Hereditary disease in family possibly affecting fetus, antepartum
65533	Suspected damage to fetus from viral disease in the mother, antepartum
65543	Suspected damage to fetus from other disease in the mother, antepartum
65553	Suspected damage to fetus from drug, antepartum
65563	Suspected damage to fetus from radiation, antepartum
65573	Decreased fetal movements, antepartum
65583	Other known or suspected fetal abnormality, not elsewhere classified, antepartum
65593	Unspecified, antepartum
65603	Fetal-maternal hemorrhage, antepartum
65613	Rhesus isoimmunization, antepartum

<b>Diagnosis Code</b>	<b>Description</b>
65623	Isoimmunization from other and unspecified blood group incompatibility, antepartum
65633	Fetal distress, antepartum
65653	Poor fetal growth, antepartum
65663	Excess fetal growth, antepartum
65673	Other placenta condition, antepartum
65683	Other specified fetal and placenta problems, antepartum
65693	Unspecified fetal and placenta problem, antepartum
65703	Polyhydramnios, antepartum
65803	Oligohydramnios, antepartum
65843	Infection of amniotic cavity, antepartum
65883	Other, antepartum
65893	Unspecified, antepartum
65943	Grand multiparity, antepartum
65953	Elderly primigravida, antepartum
65963	Elderly multigravida maternal, antepartum
65973	Abnormality in fetal heart rate or rhythm, antepartum
66303	Prolapse of cord, antepartum
66313	Cord around neck, with compression, antepartum
66323	Other and unspecified cord entanglement, with compression, antepartum
66333	Other and unspecified cord-entanglement, without mention of compression, antepartum
66343	Short cord, antepartum
66353	Vasa previa, antepartum
66363	Vascular lesions of core, antepartum
66383	Other umbilical cord complications, antepartum
66393	Unspecified umbilical cord complication, antepartum
66503	Rupture of uterus before onset of labor, antepartum
66583	Other specified obstetrical trauma, antepartum
66593	Unspecified obstetrical trauma, antepartum
67103	Varicose veins of legs, antepartum
67113	Varicose veins of vulva and perineum, antepartum
67123	Superficial thrombophlebitis, antepartum
67133	Deep phlebothrombosis, antepartum, antepartum
67153	Other phlebitis and thrombosis, antepartum
67183	Other venous complications, antepartum
67193	Unspecified venous complications, antepartum

<b>Diagnosis Code</b>	<b>Description</b>
67303	Obstetrical air embolism, antepartum
67313	Amniotic fluid embolism, antepartum
67323	Obstetrical blood-clot embolism, antepartum
67333	Obstetrical pyemic and septic embolism, antepartum
67383	Other pulmonary embolism, antepartum
67403	Cerebrovascular disorders in the puerperium, antepartum
67503	Infections of nipple, antepartum
67513	Abscess of breast, antepartum
67523	Nonpurulent mastitis, antepartum
67583	Other specified infections of the breast and nipple, antepartum
67593	Unspecified infection of the breast and nipple, antepartum
67603	Retracted nipple, antepartum
67613	Cracked nipple, antepartum
67623	Engorgement of breasts, antepartum
67633	Other and unspecified disorder of breast, antepartum
67643	Failure of lactation, antepartum
67653	Suppressed lactation, antepartum
67663	Galactorrhea, antepartum
67683	Other disorders of lactation, antepartum
67693	Unspecified disorder of lactation, antepartum
7600	Maternal hypertensive disorders unspecified as to episode of care or not applicable
7601	Maternal renal and urinary tract diseases
7602	Maternal infections
7603	Other chronic maternal circulatory and respiratory diseases
7604	Maternal nutritional disorders
7605	Maternal injury
V189	Genetic disease carrier
V22	Normal pregnancy
V220	Supervision of normal first pregnancy
V221	Supervision of other normal pregnancy
V222	Pregnancy state, incidental
V23	Supervision of high-risk pregnancy
V230	Pregnancy with history of infertility
V231	Pregnancy with history of trophoblastic disease
V232	Pregnancy with history of abortion
V233	Grand multiparity

<b>Diagnosis Code</b>	<b>Description</b>
V234	Pregnancy with other poor obstetric history
V2341	Pregnancy with history of pre-term labor
V2342	Pregnancy with history of ectopic pregnancy
V2349	Pregnancy with other poor obstetric history
V235	Pregnancy with other poor reproductive history
V237	Insufficient prenatal care
V238	Other high-risk pregnancy
V2381	Elderly primigravida
V2382	Elderly multigravida
V2384	Young multigravida
V2385	Pregnancy resulting from assisted reproductive technology
V2386	Pregnancy with history of in utero procedure during previous pregnancy
V2387	Pregnancy with inconclusive fetal viability
V2389	Other high-risk pregnancy
V239	Unspecified high-risk pregnancy
V2631	Testing of female genetic disease carrier status
V2632	Other genetic testing of female
V2633	Genetic counseling
V28	Encounter for antenatal screening of mother
V280	Screening for chromosomal anomalies by amniocentesis
V281	Screening for raised alpha-fetoprotein levels in amniotic fluid
V282	Other screening based on amniocentesis
V283	Encounter for routine screening for malformation using ultrasonics
V284	Screening for fetal growth retardation using ultrasonics
V285	Screen for isoimmunization
V286	Screening for Streptococcus B
V2889	Other specified antenatal screening
V289	Unspecified antenatal screening
V7242	Pregnancy examination or test, positive result
V9100	Twin gestation, unspecified number of placenta, unspecified number of amniotic sacs
V9101	Twin gestation, monochorionic/monoamniotic (one placenta, one amniotic sac)
V9102	Twin gestation, monochorionic/diamniotic (one placenta, two amniotic sacs)
V9103	Twin gestation, dichorionic/diamniotic (two placentae, two amniotic sacs)

Diagnosis Code	Description
V9109	Twin gestation, unable to determine number of placenta and number of amniotic sacs
V9110	Triplet gestation, unspecified number of placenta and unspecified number of amniotic sacs
V9111	Triplet gestation, with two or more monochorionic fetuses
V9112	Triplet gestation, with two or more monoamniotic fetuses
V9119	Triplet gestation, unable to determine number of placenta and number of amniotic sacs
V9120	Quadruplet gestation, unspecified number of placenta and unspecified number of amniotic sacs
V9121	Quadruplet gestation, with two or more monochorionic fetuses
V9122	Quadruplet gestation, with two or more monoamniotic fetuses
V9129	Quadruplet gestation, unable to determine number of placenta and number of amniotic sacs
V9190	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs
V9191	Other specified multiple gestation, with two or more monochorionic fetuses
V9192	Other specified multiple gestation, with two or more monoamniotic fetuses
V9199	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs

Please contact the appropriate MCE for further billing information:

- Anthem: [anthem.com](http://anthem.com) telephone 1-866-408-6132
- MDwise: [MDwise.org](http://MDwise.org) telephone 1-800-356-1204
- MHS: [mhsindiana.com](http://mhsindiana.com) telephone 1-877-647-4848



## Appendix A: Presumptive Eligibility Member Application Descriptions

Required fields are marked with an asterisk (\*)

Table A.1 – Presumptive Eligibility Member Application Descriptions

Field	Description
First Name*	Up to 13 digits, alphanumeric. Allow space, dash, and period.
MI	Allow one digit, alphanumeric.
Last Name*	Up to 15 digits, alphanumeric. Allow space, dash, and period.
SSN*	Nine digits. Format requires ###-##-####.
Date of Birth*	Allow mm/dd/yy or mm/dd/yyyy formats.
MCE	Select from the drop-down list.
Home Address*	Up to 30 digits, alphanumeric. Allow space, dash, and period.
City*	Up to 15 digits, alphanumeric. Allow space, dash, and period.
State*	Select from the drop-down list.
Postal Code*	Requires five digits
ZIP + 4	Four digits, numeric
Mailing Address	Up to 30 digits, alphanumeric. Allow space, dash, and period.
(Mailing) City	Up to 15 digits, alphanumeric. Allow space, dash, and period.
(Mailing) State	Select from the drop-down list.
(Mailing) Postal Code	Requires five digits
(Mailing) ZIP + 4	Four digits, numeric
Member Email	Only required if the member selects to have the MCE Provider Directory sent electronically
Home Telephone	10-digit numeric
Work Telephone	10-digit numeric
Cell Telephone	10-digit numeric
Other Telephone	10-digit numeric
Gender*	Male/female radio buttons
Marital Status	Married/single radio buttons
Race*	African American/Asian/Caucasian/Hispanic/Other radio buttons
Ethnicity*	Hispanic/Non-Hispanic/Other radio buttons
Indiana Resident*	Use the Yes/No radio buttons to indicate whether or not the pregnant applicant lives in Indiana.
Incarcerated*	Use the Yes/No radio buttons to indicate whether or not the pregnant applicant is incarcerated. Incarceration includes a county jail or any type of prison or correctional facility. Excludes home detention and persons on parole.

*Note: At least **one** telephone number is required.*

Field	Description
Verified Pregnancy*	<p>Use the Yes/No radio buttons to indicate whether the qualified provider verified, by means of a professionally administered pregnancy test, that the applicant is pregnant (Yes) or found the applicant to be not pregnant (No).</p> <p>Over-the-counter tests are not acceptable for verifying pregnancy for PE purposes. PE requires professionally administered pregnancy tests for verifying the applicant's pregnancy.</p>
Number of People in Family – Family Size*	<p>Up to two digits, numeric. The number of persons living together who are related by blood, marriage, or adoption. Includes the applicant, the applicant's spouse, and children of the applicant or the applicant's spouse. Includes the unborn children. Include children only if they are under age 18 and live with the applicant. In the case of an applicant who is younger than age 18, unmarried, and living with her parents, include the applicant, her parents, her children, and her parents' children who are under age 18. Do not include the boyfriend of the applicant.</p>
U.S. Citizen*	<p>Use the Yes/No radio buttons to indicate whether the applicant indicates that she is a U.S. citizen. If the "No" radio button is selected, choose one of the following from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Lawful permanent resident immigrant living lawfully in U.S. for five years or longer</li> <li>• Lawful permanent resident immigrant living lawfully in U.S. for less than five years</li> <li>• Refugee</li> <li>• Individuals granted asylum by immigration office</li> <li>• Deportation withheld by order from an immigration judge</li> <li>• Amerasian from Vietnam</li> <li>• Veteran of U.S. Armed Forces with honorable discharge</li> <li>• No immigration papers (includes persons in the country illegally, persons with visas of any kind, and so forth)</li> </ul>

Field	Description
Gross Income*	<p>Enter the amount of income, up to six digits, as stated by the applicant. Use the Monthly/Annually radio buttons to indicate if the amount is a monthly or annual income amount.</p> <div data-bbox="609 401 1385 541" style="border: 1px solid black; padding: 5px;"> <p><i>Note: To convert weekly income to monthly income, multiply the weekly amount by 4.3. For example, \$350 per week converts to (\$350 x 4.3) \$1,505 per month. To convert biweekly income, multiply the weekly amount by 2.15</i></p> </div> <p>In the amount entered in the box, include all income before taxes are deducted (gross income) from the applicant and her spouse. When the applicant is under age 18, unmarried and living with one or more parents, include the income of the applicant and that of her parents. Other than the pregnant woman or spouse, do not count income of children under age 18. Include all the following types of income in the amount entered in the box:</p> <ul style="list-style-type: none"> <li>• Wages/Salaries</li> <li>• Tips</li> <li>• Self-employment</li> <li>• Dividends</li> <li>• Interest</li> <li>• Child support only if paid for support of the pregnant woman</li> </ul> <div data-bbox="682 1031 1312 1108" style="border: 1px solid black; padding: 5px;"> <p><i>Note: Do not count child support that the pregnant woman receives to support her children.</i></p> </div> <ul style="list-style-type: none"> <li>• Alimony</li> <li>• Social Security</li> <li>• Veteran's benefits</li> <li>• Unemployment compensation</li> <li>• Worker's compensation or sick benefits</li> <li>• Retirement benefits or pensions</li> <li>• Rental income</li> <li>• Cash contributions</li> </ul>
Pending Medicaid/Hoosier Healthwise Application*	Use the Yes/No radio buttons to indicate whether or not the pregnant woman has said that she has an application for Hoosier Healthwise pending.

Required fields are marked with an asterisk (\*)




## **Appendix B: Social Security Act Definitions**

Table B.1 – Social Security Act (SSA) Definitions

<b>Further Description of SSA Sections</b>		
<p><b>§1905(a)(2)(A) of the Act</b>  <i>“Outpatient hospital service”</i></p>	<p><b>§1905(a)(2)(B) and 1905 (l)(1)</b>                      The following rural health services, consistent with state law:                      (A) physicians’ services and such services and supplies furnished as an incident to a physician’s professional service, of kinds which are commonly furnished in physicians’ offices, and the following vaccines and their administration: hepatitis B when furnished to an individual who is at high or intermediate risk of contracting hepatitis B; pneumococcal; and influenza.                      (B) Such services furnished by a physician assistant or a nurse practitioner and such services and supplies furnished as an incident to these services as would be covered if furnished by a physician or as an incident to a physician’s service,                      (C) In the case of a rural health clinic located in an area in which there exists a shortage of home health agencies, part-time or intermittent nursing care and related medical supplies furnished by a registered professional nurse or licensed practical nurse to a homebound individual under a written plan of treatment, and                      (D) Any other ambulatory services which are offered by a rural health clinic and otherwise included as a Medicaid state plan service.</p>	<p><b>§1905(a)(9)</b>                      “clinic services furnished by or under the direction of a physician, without regard to whether the clinic itself is administered by a physician, including such services furnished outside the clinic by clinic personnel to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address;”</p>



## Appendix C: Sample Documents

 <p><i>"People helping people help themselves"</i></p>	Mitchell E. Daniels, Jr., Governor State of Indiana
	<i>Indiana Family and Social Services Administration</i> 402 W. WASHINGTON STREET, P.O. BOX 7083 INDIANAPOLIS, IN 46207-7083 Anne Waltermann Murphy, Secretary

Date \_\_\_\_\_

PE Member First and Last Name  
Address 1  
Address 2 (or blank if not needed)  
City, State, ZIP Code

Dear <Member First Name> <Member Last Name>:

You have been determined eligible for Presumptive Eligibility for Pregnant Women. You are now able to receive services related to your pregnancy, such as: visits to your doctor, lab work, prescriptions, and other pregnancy related care. Remember to take this letter with you to your doctor visits.

There are a few things that you must do so that you may keep your coverage:

- Complete and submit a Hoosier Healthwise (HHW) application before you leave today. Have your doctor fax your application to HHW.
- If you can not complete the application today or you need help, please call HHW at 1-800-889-9949.
- Call HHW at 1-800-889-9949 within the next month (30 days) if you have not heard anything about your application. This is to make sure you have a pending HHW application.

IMPORTANT: If you have not submitted a HHW application by MM/DD/YYYY, your PE coverage will end.

The doctor you selected at today's visit is:  
PMP Name: \_\_\_\_\_  
PMP Address: \_\_\_\_\_  
PMP Phone: \_\_\_\_\_  
Your PE ID number is: 000000000000  
Your doctor is in a health plan called:

<input type="checkbox"/>	Anthem	1-866-408-6131
<input type="checkbox"/>	MDWise	1-800-356-1204
<input type="checkbox"/>	MHS	1-877-647-4848

Sincerely,  
The Presumptive Eligibility for Pregnant Women Program

Si usted tiene alguna pregunta por favor llame a línea de ayuda del Programa de Hoosier Healthwise al 1-800-889-9949.

[www.IN.gov/fssa](http://www.IN.gov/fssa)  
Equal Opportunity/Affirmative Action




Figure C.1 - Determination Letter – Approved

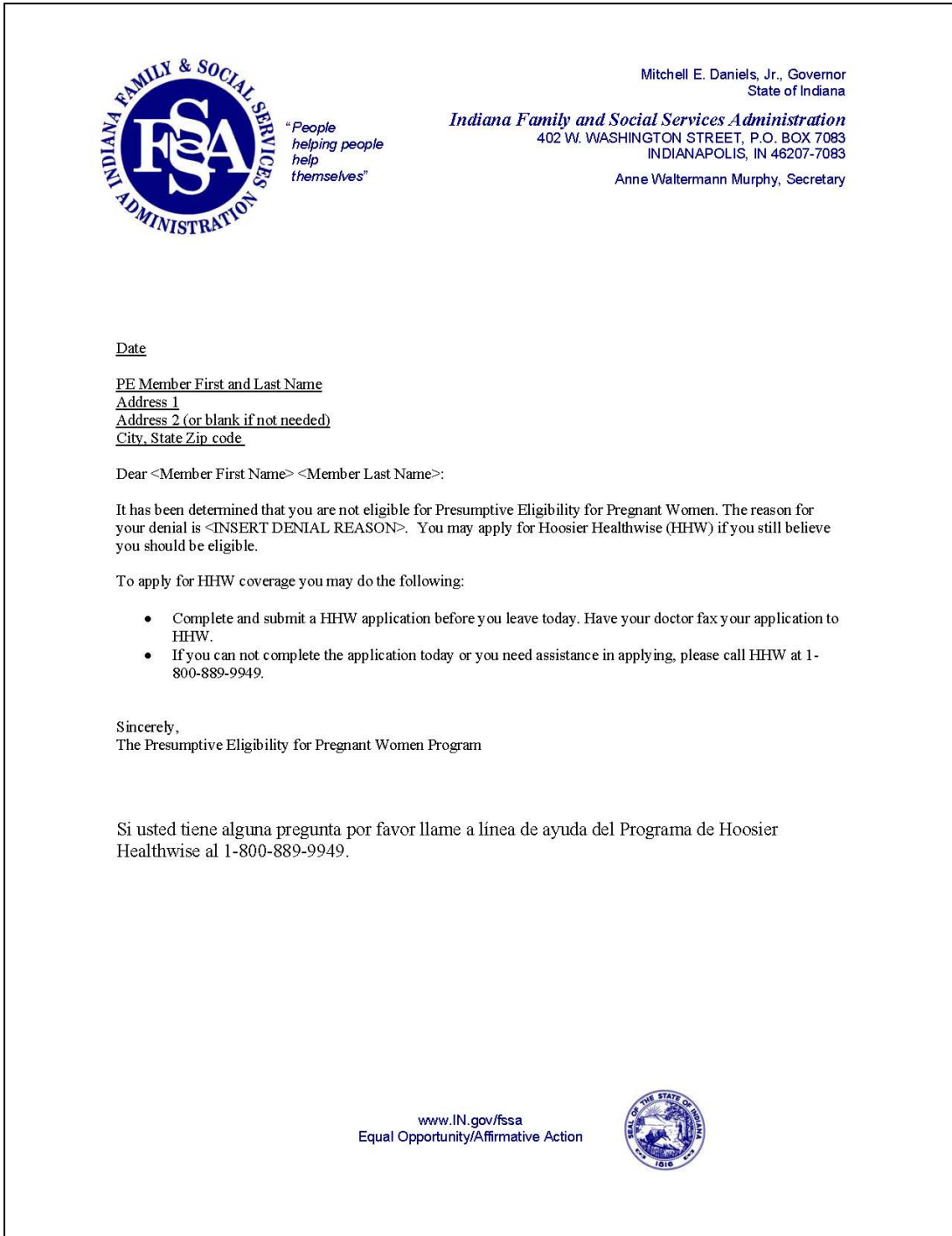




Figure C.2 - Determination Letter – Denied



Application for Hoosier Healthwise  
for Children and Pregnant Women  
State Form 43202 (R5 / 6-05)  
FI 2030

## HOOSIER HEALTHWISE

for Children & Pregnant Women



**1. Tell us about the members of your family living in your household. Put your name first, and list only children, spouses, and parents. Place a ✓ in the last column if that person is applying for health coverage.**

Name (First, MI, Last)	Date of Birth <small>(month, day, year)</small>	Social Security Number <small>(See #6 on 2nd page)</small>	Marital Status	Race	Sex	Relationship to You	Citizen of U.S. Yes/No <small>(See #8 on 2nd page)</small>	✓ if applying

**2. Tell us your address and telephone number.**

Home address	City	State	ZIP code	County	Telephone number
Mailing address, <small>(if different)</small>	City	State	ZIP code	County	Other contact number

**3. Do the applicants live in Indiana?**     Yes     No

**4. Does any applicant have a court-appointed legal guardian?**  Yes  No    **If so, who?** \_\_\_\_\_

**5. Are any of the applicants pregnant?**     Yes     No

Name of expecting mother	Date pregnancy began <small>(month, day, year)</small>	Due date <small>(month, day, year)</small>	Number of unborn babies

**6. Are any of the applicants blind or disabled?**  Yes  No    *(Enter a ✓ for blind or disabled)*

Name of applicant	Blind	Disabled	Name and address of the doctor

**7. Are any of the applicants covered by health insurance now?**     Yes  No  
**If yes, who?** \_\_\_\_\_

**8. Did any applicants who do not have health insurance lose their coverage in the past 3 months?**     Yes  No  
**If yes, who?** \_\_\_\_\_ **When did coverage end?** \_\_\_\_\_

**Please tell us why coverage was lost by putting a ✓ beside the reason(s).**

Loss of employment   
  Coverage limit reached   
  Non-custodial parent dropped insurance   
  Divorce  
 Could not afford   
  Company ended coverage   
  Other Specify: \_\_\_\_\_

Completed by Enrollment Center: Date of application: <small>(month, day, year)</small> _____	Center's Code: _____	Interviewer: _____
Completed by DFR: _____	Date received: <small>(month, day, year)</small> _____	Case number: _____

Figure C.3 - Hoosier Healthwise Paper Application

*Note: The printed Hoosier Healthwise application is prepopulated with information that was already entered on the PE application.*



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<b>C</b>		<b>I</b>	
completing the PE application.....	5-4	income standards for PE for pregnant women	3-2
completing the qualified provider application		.....	3-2
.....	5-1	introduction.....	1-1
<b>D</b>		<b>M</b>	
DFR responsibilities.....	2-1	MAXIMUS responsibilities.....	2-1
diagnosis codes for PE.....	6-1	MCE responsibilities.....	2-1
Division of Family Resources responsibilities		<b>P</b>	
.....	2-1	PE.....	1-1
<b>E</b>		PE considerations.....	5-10
eligible provider types.....	4-1	PE process.....	5-4
enrollment broker responsibilities.....	2-1	Presumptive Eligibility.....	1-1
<b>F</b>		Presumptive Eligibility process.....	5-4
family size.....	3-1	Presumptive Eligibility requirements.....	3-1
family size examples.....	3-3	<b>Q</b>	
<b>G</b>		QP.....	1-1
gross family income.....	3-2	qualified provider.....	1-1
gross family income examples.....	3-3	<b>R</b>	
<b>H</b>		requirements for qualified providers.....	4-1
HP responsibilities.....	2-1	<b>V</b>	
		verifying eligibility.....	5-10