



P R O V I D E R B U L L E T I N

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To: Service Providers to Pregnant Women

Subject: Presumptive Eligibility for Pregnant Women (PE)

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Overview

This bulletin introduces the Presumptive Eligibility for Pregnant Women program. This initiative will allow pregnant women to receive earlier coverage of prenatal care while their Hoosier Healthwise applications are in process. A new aid category known as PE (presumptive eligibility) will be implemented effective July 1, 2009.

The goals of this new program include earlier prenatal care and improved birth outcomes for qualified pregnant women. The most important step providers can take to assist in working toward these goals is to enroll as Qualified Providers (QPs). Enrollment as a QP will allow your organization to improve access to early prenatal care, which can improve birth outcomes. In addition, PE is different from “pending” Medicaid, as providers will be eligible for reimbursement at the time services are rendered, versus waiting for retroactive coverage. Pregnant women found to be presumptively eligible will even have coverage for their first prenatal visits to Qualified Providers. *Appendix A* contains a flow chart summary of the Presumptive Eligibility process.

Presumptive Eligibility – Defined

With PE, low-income pregnant women can be determined to be presumptively eligible for Medicaid through a simplified application process. Women found to be presumptively eligible will have coverage for ambulatory prenatal services while the application and determination process for Medicaid is completed. A woman’s presumptive eligibility period begins on the date a Qualified Provider (QP) determines the woman to be presumptively eligible using the process outlined in this bulletin. The woman’s Medicaid eligibility determination will subsequently be completed by the Division of Family Resources (DFR). Failure on behalf of the patient to cooperate with the DFR to complete the Hoosier Healthwise application process will result in termination of PE benefits.

PE does not cover hospice, long-term care, inpatient care, labor and delivery services, abortion services, postpartum services, sterilization, and services unrelated to the pregnancy or birth outcome. These services, if determined to be pregnancy-related, may be covered if the woman is later determined to be eligible for Hoosier Healthwise benefits. Refer to *Appendix B* for a list of services not covered by PE.

Presumptive Eligibility Requirements

To be eligible for presumptive eligibility, a pregnant woman must meet the following eligibility requirements. *Appendix C* contains a detailed description of each member eligibility requirement.

- Be pregnant, as verified by a professionally administered pregnancy test
- Not be a current Medicaid member
- Be an Indiana resident
- Be a U.S. citizen or qualified noncitizen
- Not be currently incarcerated
- Have gross family income less than 200 percent of the federal poverty level (see Table 1)

Income standards for PE for pregnant women are as follows:

Table 1 – Gross Family Income Requirements for Presumptive Eligibility for Pregnant Women
 (Effective March 1, 2009)

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
For each additional person add:	\$624	\$7,476

Qualified Provider

Only a Qualified Provider (QP) or designee* can determine eligibility for PE. A QP is a provider who meets the following criteria:

- Enrolled as a provider in the Indiana Health Coverage Programs (IHCP)
- Capable of verifying pregnancy via a professionally administered pregnancy test (home-administered tests do not meet this requirement)
- Currently provide outpatient hospital, rural health clinic, or clinic services (refer to *Appendix D*)
- Participated in a Qualified Provider training session provided by the Family and Social Services Administration (FSSA) or designee
- Have in-office access to a printer, fax machine, and Web interChange. Providers must allow PE applicants to use an office phone to facilitate the PE and Hoosier Healthwise enrollment process.

* A Qualified Provider may designate PE duties to other staff at the provider’s location. For example, the physician may send a designee to the Qualified Provider training. A staff person who has been trained may complete the PE Member Application at the Qualified Provider location.

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

- A family or general practitioner
- A pediatrician
- An internist
- An obstetrician or gynecologist
- A certified nurse midwife
- An advanced practice nurse practitioner
- A Federally Qualified Health Center

- A medical clinic
- A rural health clinic
- An outpatient hospital
- A local health department
- A family planning 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 (for example, pregnancy tests) provided to women determined to be presumptively eligible. The claims for PE members should be sent to the managed care organization (MCO) 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.

Enrolling as a Qualified Provider

Those who meet the above criteria are eligible to enroll as QPs. To enroll as QPs, providers must have access to Web interChange. Instructions are below.

If you do not already have administrator access to Web interChange, you may enroll on the home page at <https://interchange.indianamedicaid.com/Administrative/logon.aspx>, click **How to Obtain an ID**, fill out the interChange Administrator Request Form, and mail it to the address on the form.

Following are instructions for enrolling as a QP:

- Step 1.** Log in to Web interChange at <https://interchange.indianamedicaid.com/Administrative/logon.aspx>.
- Step 2.** Click the **Provider Profile** menu option, and then click the **View/Edit a Profile** link.
– User must have Provider Maintenance access to use the *Edit* feature.
- Step 3.** Select the appropriate NPI and click **Inquire**.

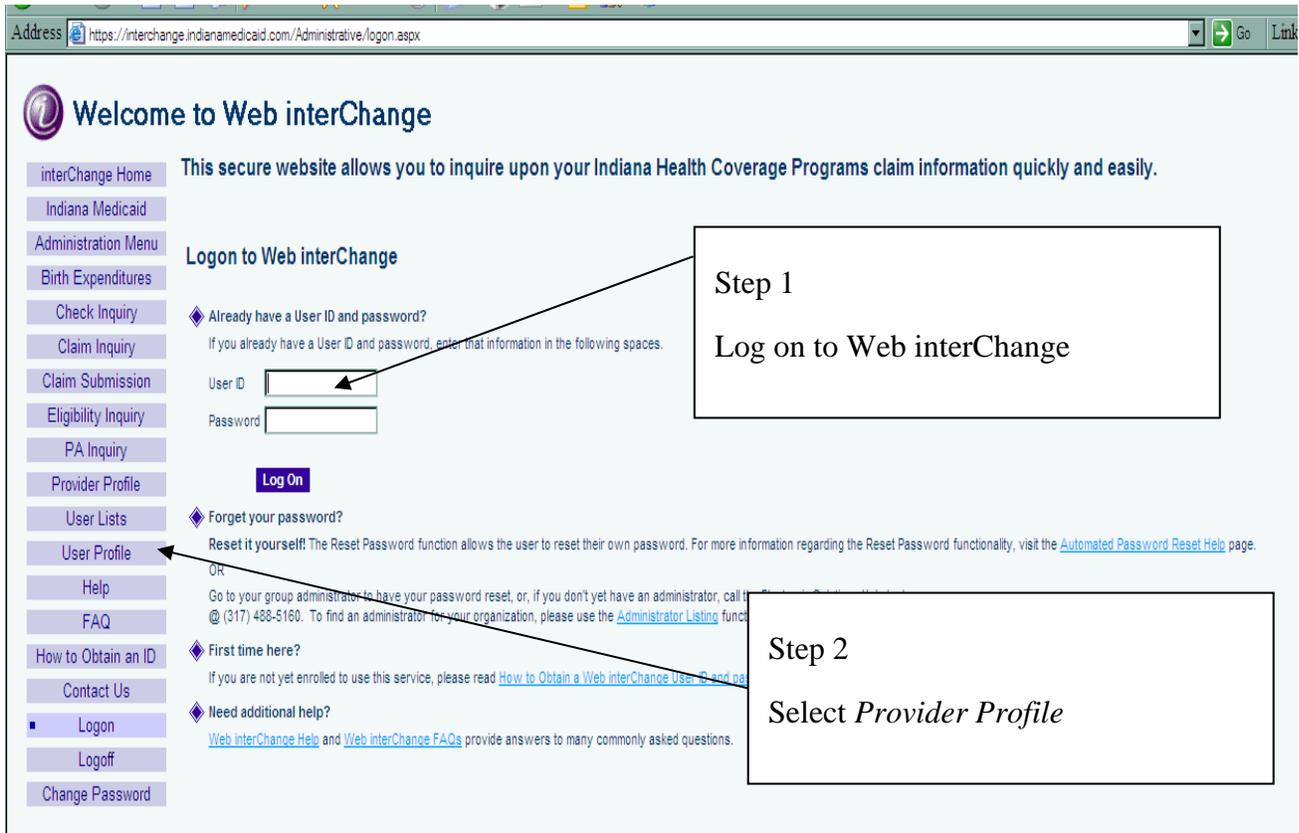


Figure 1 – Web interChange Window

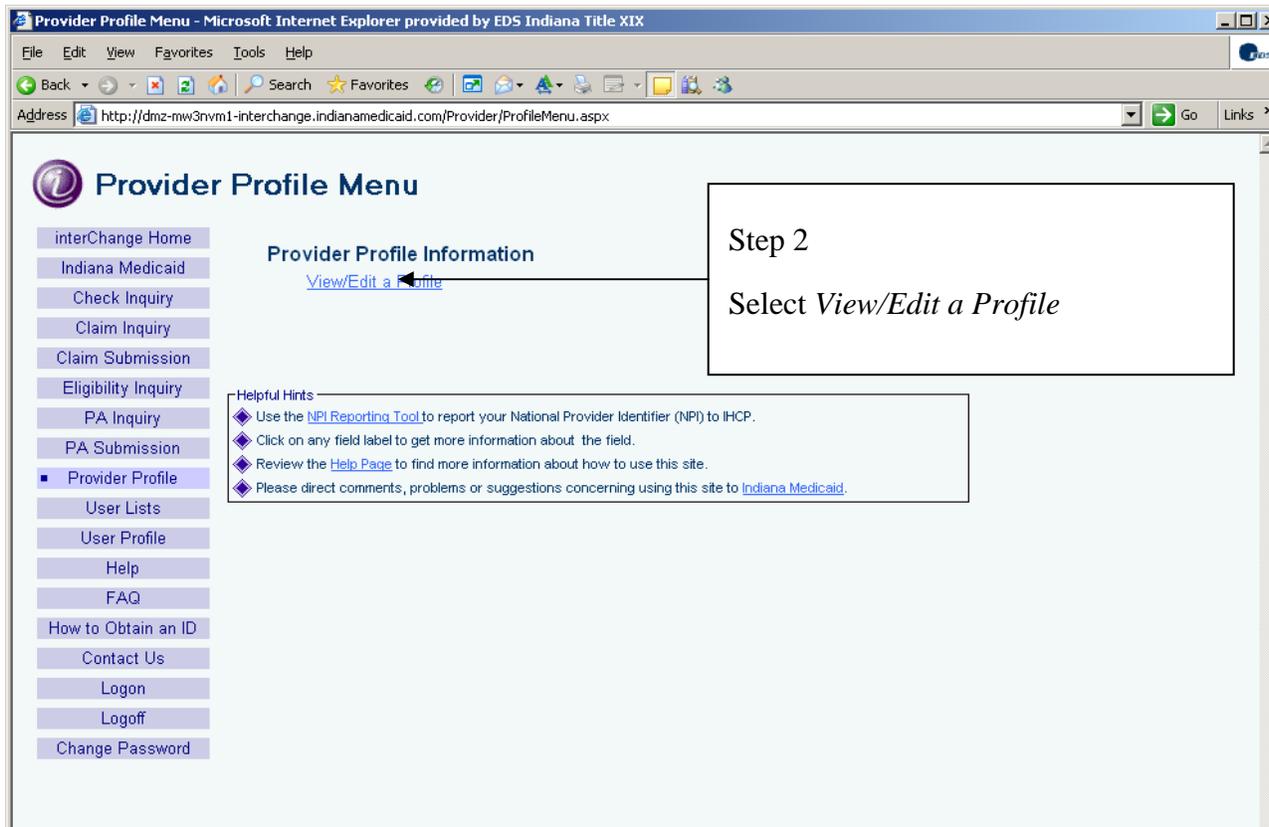


Figure 2 – Provider Profile Window

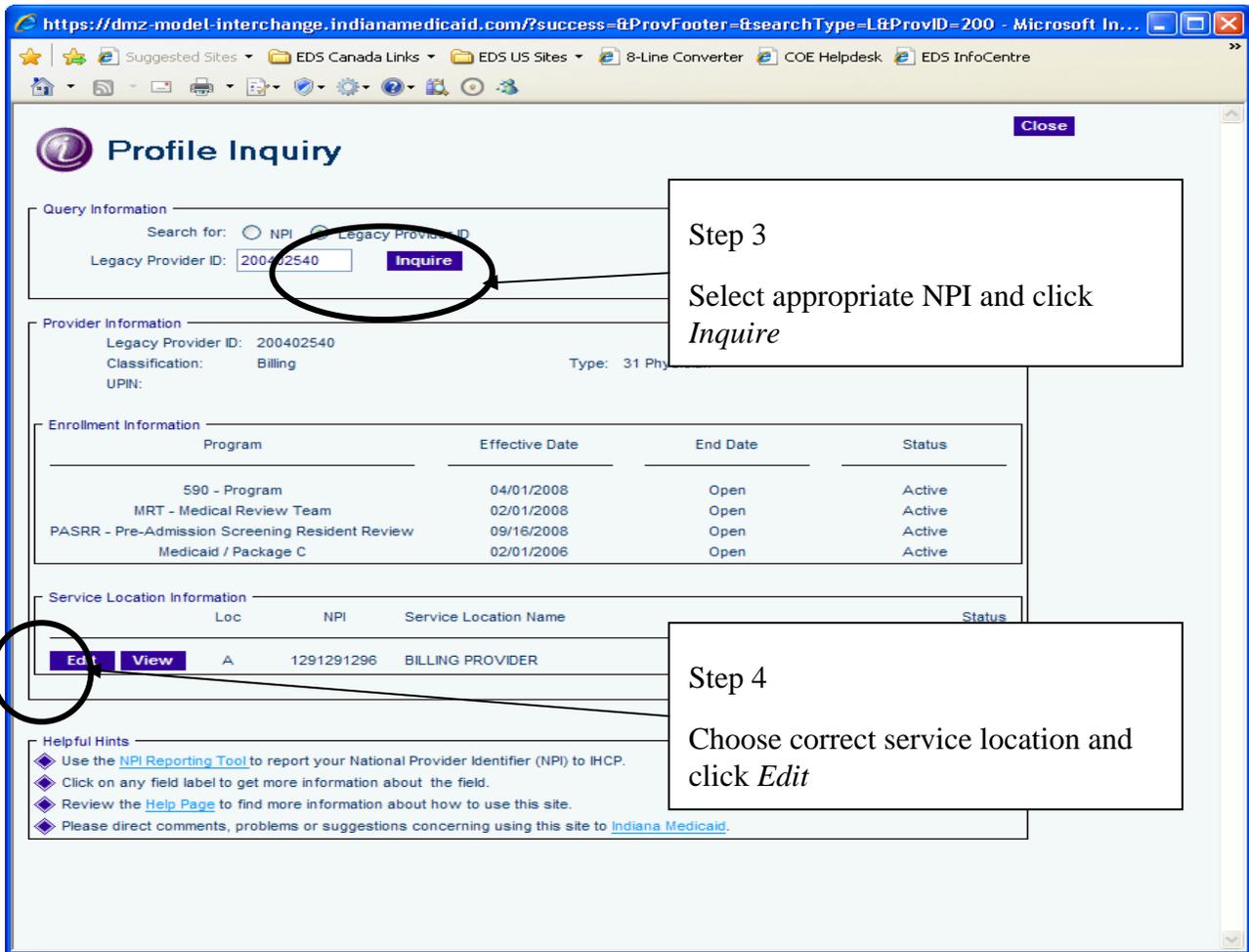


Figure 3 – Profile Inquiry Window

Step 4. Identify the appropriate billing provider service location and click the **Edit** button for that location.

Step 5. Answer the question, “Does your organization have a change of ownership (CHOW)?”

- If the answer is “No,” select the correct radio button to answer the question and then click the **Presumptive Eligibility** tab.

Provider Maintenance - Microsoft Internet Explorer provided by EDS Indiana Title XIX

Provider Maintenance

Legacy Provider ID: 100362130 Service Location: A Provider Type: 31 Physician
NPI: 1235177924
Service Location Name: WMSHARD OB/GYN (WMSHARD BLVD) View History

Address Specialty Rendering EFT Presumptive Eligibility Review Summary to Submit

Organization C.1-Ownership C.2-Subcontractor C.3-Managers C.4-Relationship Background Next Tab

Does your organization have a Change of Ownership (CHOW)? Yes No

Organizational Structure:

Registered with the Secretary of State: Yes No Date Business Started:

Entity Incorporated: Yes No Incorporation Date:

Chain Affiliated: Yes No

Operated by Management Co. or Leased by Another Organization: Yes No

Contact Person to answer questions about the Enrollment Information:

Name: Telephone:

E-mail Address: Extension:

Send a Web interChange application to the Contact's E-mail address: Yes No

Provider is willing to receive Bulletins and Newsletters via e-mail or Web: Yes No

Step 5
Choose correct radio button and click the *Presumptive Eligibility* tab

Figure 4 – Provider Maintenance Window

Step 6. Answer the following questions on the Presumptive Eligibility page:

- 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(l)(1)* of the Social Security Act? (Refer to *Appendix D.*)
- Are you able to verify pregnancy via a professionally administered pregnancy test?
- Do you have access to the Internet, a telephone, a printer, and a fax?

Step 7. In addition, the person responding to the questions must enter his or her name and e-mail address.

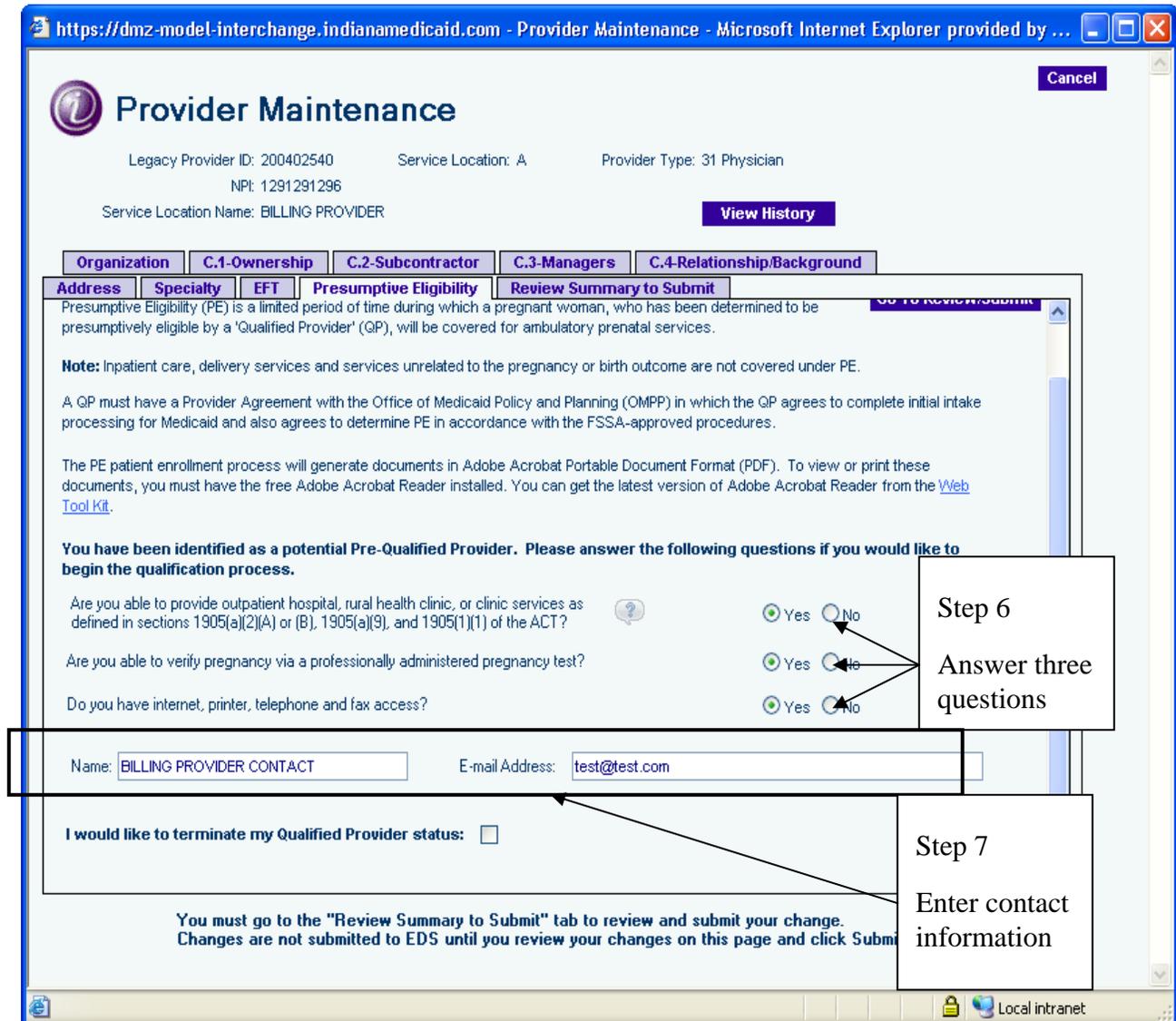


Figure 5 – Presumptive Eligibility Page

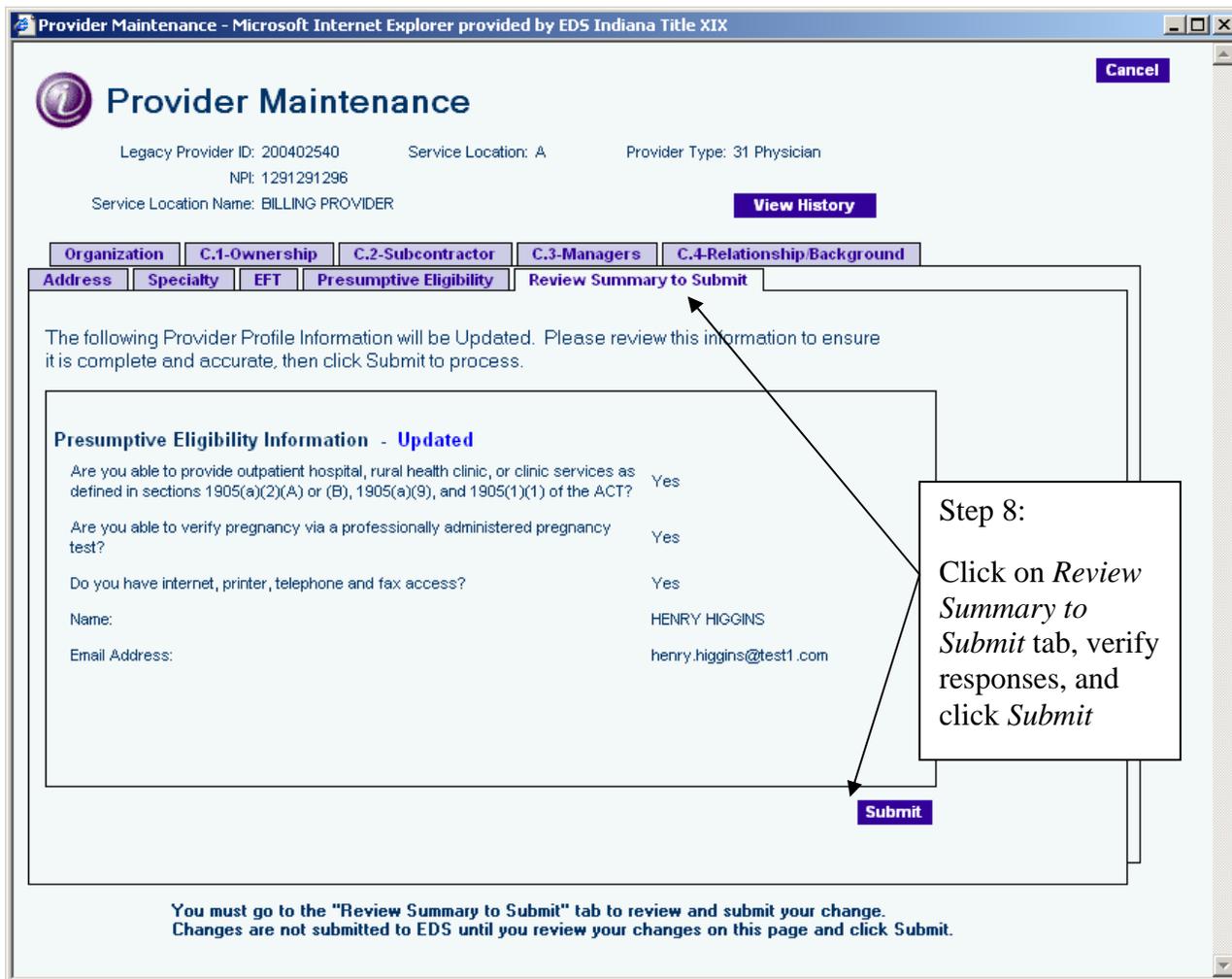


Figure 6 – Review Summary to Submit Page

Step 8. Click on the **Review Summary to Submit** tab to verify your responses, and then click **Submit** to complete the prequalification process.

After completing steps 1-8 above, the contact person will immediately receive an automated e-mail notification advising of the new QP status.

Registering for Qualified Provider Training

EDS will contact the prequalified QP to schedule a Qualified Provider training session, which is the final step in the QP enrollment process. QP training sessions are scheduled for May and June 2009. A list of scheduled QP training sessions is included in *Appendix E*. After completing the training session, EDS activates the certified QP in the processing system, IndianaAIM. The QP may then provide QP services under the presumptive eligibility program.

Providers that wish to attend these trainings must complete the QP Enrollment process outlined on pages 4-10. **Only providers that have completed the QP enrollment process and meet the requirements to perform QP functions will be admitted to these training sessions.** You must enroll as a QP and register for training two days prior to the scheduled training. If you have questions about

QP enrollment and training, please contact the EDS Presumptive Eligibility workshop information line at (317) 488-5101.

The Presumptive Eligibility Process

A stepwise approach for the presumptive eligibility process is outlined below. Some of the steps may occur in a 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 for the PE process to be complete.

Step 1. QP determines pregnancy after administering a pregnancy test (home-administered pregnancy tests do not meet this requirement).

Note: 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 listed below.

Step 2. The QP uses the Eligibility Inquiry feature of Web interChange to verify that the woman is not already eligible for Medicaid. Users must be sure to select the provider service location that is enrolled as a QP.

Step 2
Users with Web interChange access to multiple office locations must be sure to select the *actual* location that is an enrolled QP. Perform eligibility inquiry to verify the woman is not already eligible for Medicaid.

Step 3
Click here to complete the *PE Member Application*. Click the *Submit Application* button until the “PE Member Application Limitations” section appears.

Figure 7 – Eligibility Inquiry Window

Completing the PE Member Application

Step 3. Appendix F includes a description of the requirements for completing each field of the PE for Pregnant Women Application. If there is no Medicaid eligibility, the QP completes the PE for Pregnant Women Application via Web interChange, using information provided by the pregnant woman. The QP clicks on **PE Application for Pregnant Women** to complete the PE application. The woman has to provide only the following information, and the QP enters this information into the PE application:

- Name
- Social Security Number
- Date of Birth
- Home Address
- Mailing Address (if different)
- Phone Number (at least one is required)
- Gender
- Marital Status
- Race and Ethnicity
- Number of Persons in Family
- Family Gross Income

The woman will also have to answer “yes” or “no” to the following questions:

- Are you an Indiana resident?
- Are you incarcerated?
- Are you a U.S. citizen?
- Do you have a pending Medicaid/Hoosier Healthwise application?

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 DFR with the Hoosier Healthwise application (see step 7).

The screenshot shows a web browser window titled "PE Member Application" with a URL of "https://dmz-model-interchange.indianamedicaid.com". The browser's address bar and navigation buttons are visible at the top. The application form is divided into several sections:

- Identifying Information:** Fields for First Name, MI, Last Name, SSN, and Date of Birth (mm/dd/yyyy).
- Address Information:** Sections for Home Address and Mailing Address (if different than home address), each with fields for Address, City/State/Postal Code, and County (with a dropdown for Indiana counties).
- Phone Numbers:** Fields for Home Phone, Cell Phone, and Work Phone, with a note: "Note: At least one phone number is required."
- Other Eligibility Information:** Radio button options for Gender (Female/Male), Marital Status (Married/Single/Separated/Divorced/Widowed/Unknown), Race (White/Black/Asian/Indian/Hispanic/Other), Ethnicity (Hispanic/Other), Indiana Resident?, Incarcerated?, Medically Verified Pregnancy?, Number of people in family, U.S. Citizen?, and Gross Income (Monthly/Annually).

Two callout boxes are present:

- A box on the right side of the form titled "Step 3" with the text "Enter responses on the PE Member Application".
- A box on the bottom right titled "Step 3" with the text "Move your pointer over each field for convenient HELP text, or click on the question mark where available". Two arrows point from this box to the "Marital Status" and "Medically Verified Pregnancy?" fields.

The browser's status bar at the bottom shows "Done" and "Local intranet".

Figure 8 – PE Member Application Window (Top Half)

Address Information

Home Address:

Address:

City / State / Postal Code: , IN - County: Choose Indiana County...

Mailing Address (if different than home address):

Address:

City / State / Postal Code: IN -

Phone Numbers

Note: At least one phone number is required.

Home Phone: Cell Phone:
Work Phone: Other Phone:

Other Eligibility Information

Gender: Female Male

Marital Status: Married Single Separated Divorced Widowed Unknown

Race: White Black Asian Indian Hispanic Other

Ethnicity: Hispanic Other

Indiana Resident?: Yes No ?

Incarcerated?: Yes No ?

Medically Verified Pregnancy?: Yes No ?

Number of people in family: ?

U.S. Citizen?: Yes No

Gross Income: Monthly Annually ?

Pending Medicaid/Hoosier Healthwise Application?: Yes No ?

Disclaimer

I attest that I have been trained to process applications for Presumptive Eligibility for Pregnant Women.

Submit Application

Step 3
Click Submit Application

Figure 9 – PE Member Application Window (Bottom Half)

PE Member Application Limitations

- QPs access the PE application from the Eligibility Inquiry screen 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.
- The user, however, must click the “**Submit Application**” button before 7 p.m. Eastern Time Monday through Friday, and before 1 p.m. Eastern Time Saturday, in order for the application to send successfully.

Printing the PE Determination and HHW Application

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.

Note: The PE identification number begins with "550."

Step 4. The QP clicks on the **Print Acceptance/Denial Letter and Hoosier Healthwise Application** button to print the PE determination notice and the Hoosier Healthwise application. The printed Hoosier Healthwise application will be 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.

- 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.

Step 5. The QP must give the printed PE determination notice to the applicant for her to keep.

Note: QPs must ensure that the PE Determination Notice and Hoosier Healthwise Application print successfully before clicking the "Close" button.

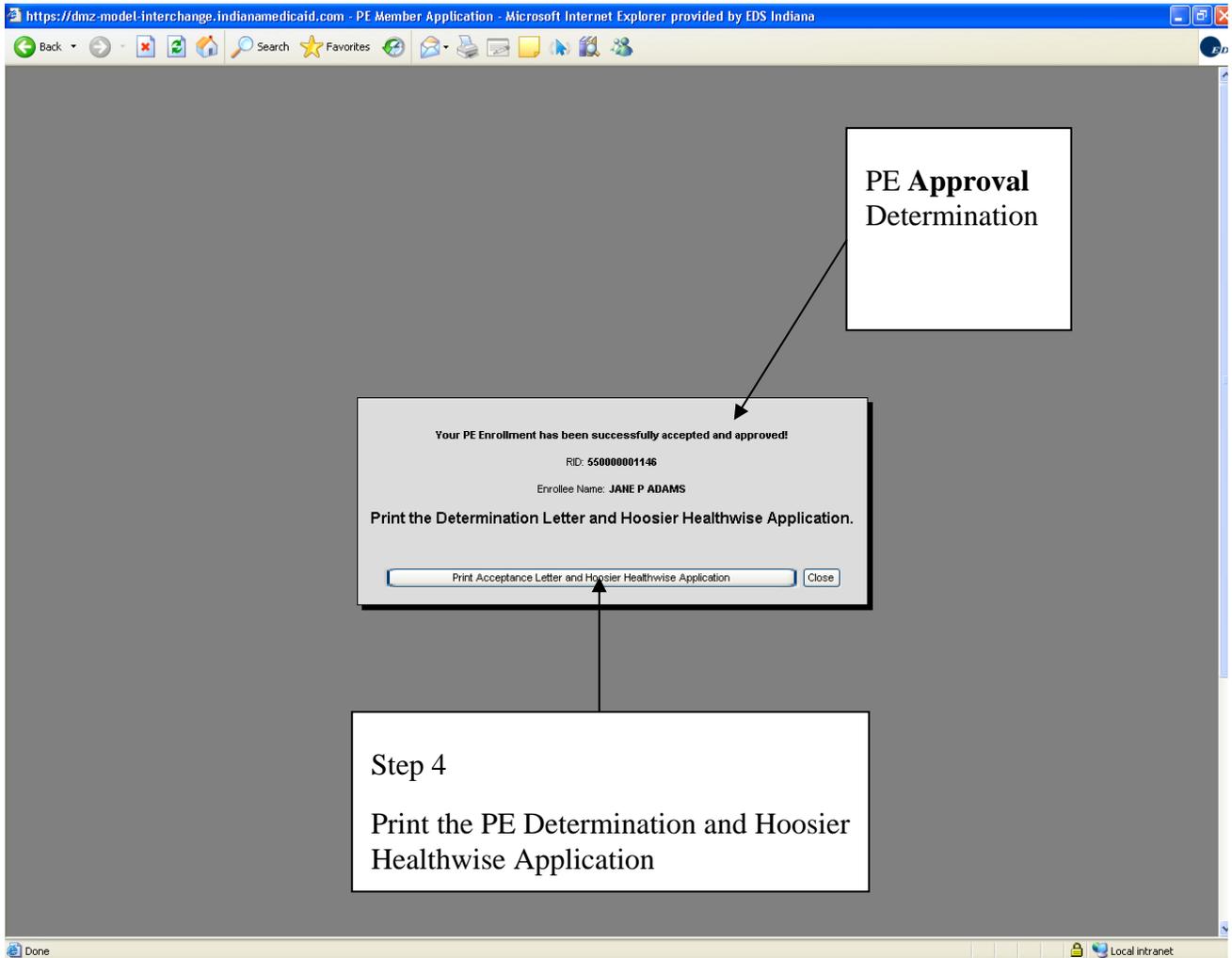


Figure 10 – PE Approval Determination Window

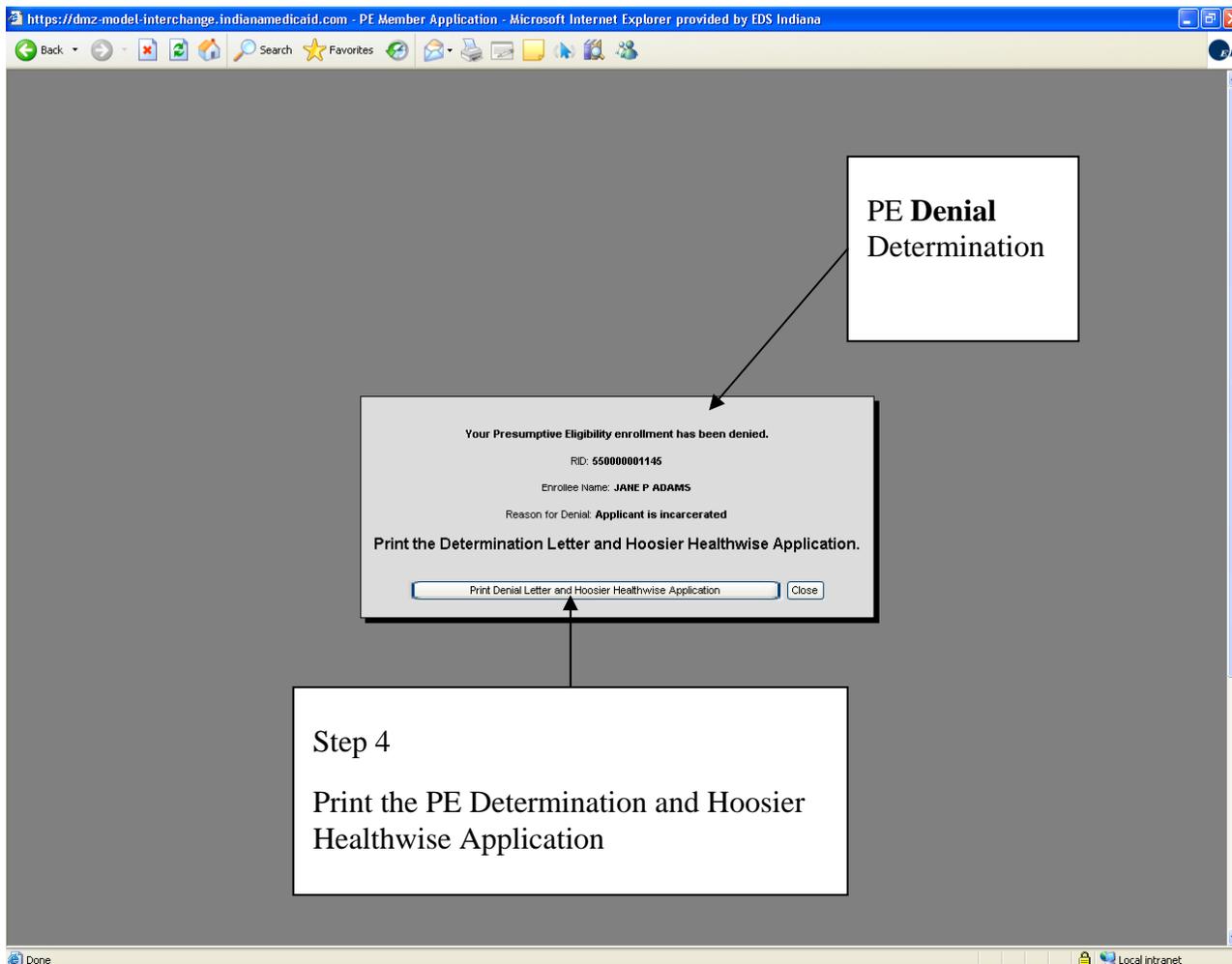


Figure 11 – PE Denial Determination Window

Contacting the Enrollment Broker

Step 6. If the woman is approved for presumptive eligibility, she must contact the enrollment broker, MAXIMUS, at **1-800-889-9949** to select her primary medical provider (PMP) and managed care organization (MCO). The selection of a PMP and an MCO activate 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 a PMP and MCO.

- If the woman fails to make her PMP and MCO assignments that same day, it will cancel her PE eligibility.
- The applicant may write her PMP and MCO choices directly onto the printed PE determination notice.

After the woman chooses her PMP and MCO, the enrollment broker activates the member's PE identification number. This step enables providers to bill for services provided on the date the woman was determined to be approved for PE.

The PE determination and the pregnant woman's subsequent choice of a PMP and MCO must occur on the same day for PE coverage to begin.

Faxing the HHW Application to the Division of Family Resources

Step 7. The prepopulated Hoosier Healthwise application prints, as indicated in Step 4 above.

- The applicant must review and sign the Hoosier Healthwise application.
- The QP must fax the signed and completed Hoosier Healthwise application to the appropriate Division of Family Resources (DFR) office.
- 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.
 - **Modernized counties:** In counties included in the DFR modernization, based on the woman's county of residence, fax the completed Hoosier Healthwise application to the DFR Document Center at 1-800-403-0864. See *Appendix G* for a list of counties included in the DFR modernization as of April 1, 2009.
 - Questions regarding the Hoosier Healthwise application should be directed to the DFR Document Center at 1-800-403-0864.
 - **Nonmodernized counties:** In counties not yet included in the DFR modernization, fax the completed Hoosier Healthwise application to the county DFR office, based on the woman's county of residence. Questions may also be directed to the county office.

Visit <http://www.in.gov/fssa/dfc/2999.htm> to locate the phone and fax information in counties not included in the DFR modernization. Click "**Where Do I Apply?**" and scroll to the applicant's county of residence to find the contact information.

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 a PMP and an MCO with the enrollment broker on the day PE is determined.
- 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 no 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.

Example 1: 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 re-apply for presumptive eligibility during the same pregnancy.

Example 2: For PE-approved women who submit a Hoosier Healthwise application and take all necessary steps to provide information to the DFR, the presumptive eligibility period will end the day after EDS is notified of the DFR decision regarding Hoosier Healthwise.

Eligibility Verification Systems

As part of the PE process, QPs will use eligibility verification systems (EVS) to determine that the pregnant woman is not already covered by Hoosier Healthwise. Pregnant women who are already eligible for Hoosier Healthwise cannot apply for PE. As with all Hoosier Healthwise members, providers serving women who have previously been determined to be presumptively eligible must verify the woman's eligibility. The three eligibility verification systems – Automated Voice Response, Omni, and Web interChange – will accept the PE identification number. A new benefit package, Package P, will identify women who are covered by presumptive eligibility.

If the DFR approves the pregnant woman for Hoosier Healthwise eligibility, her benefit package will change from Package P to a Hoosier Healthwise benefit package (for example, Package B), and she will receive a Hoosier Healthwise Card with the Medicaid RID. **Services originally denied while she was eligible for PE may later be resubmitted using the Hoosier Healthwise RID if she is approved for Hoosier Healthwise.** PE coverage will end the day after EDS receives notification of Hoosier Healthwise eligibility from the DFR, whether eligibility is approved or denied.

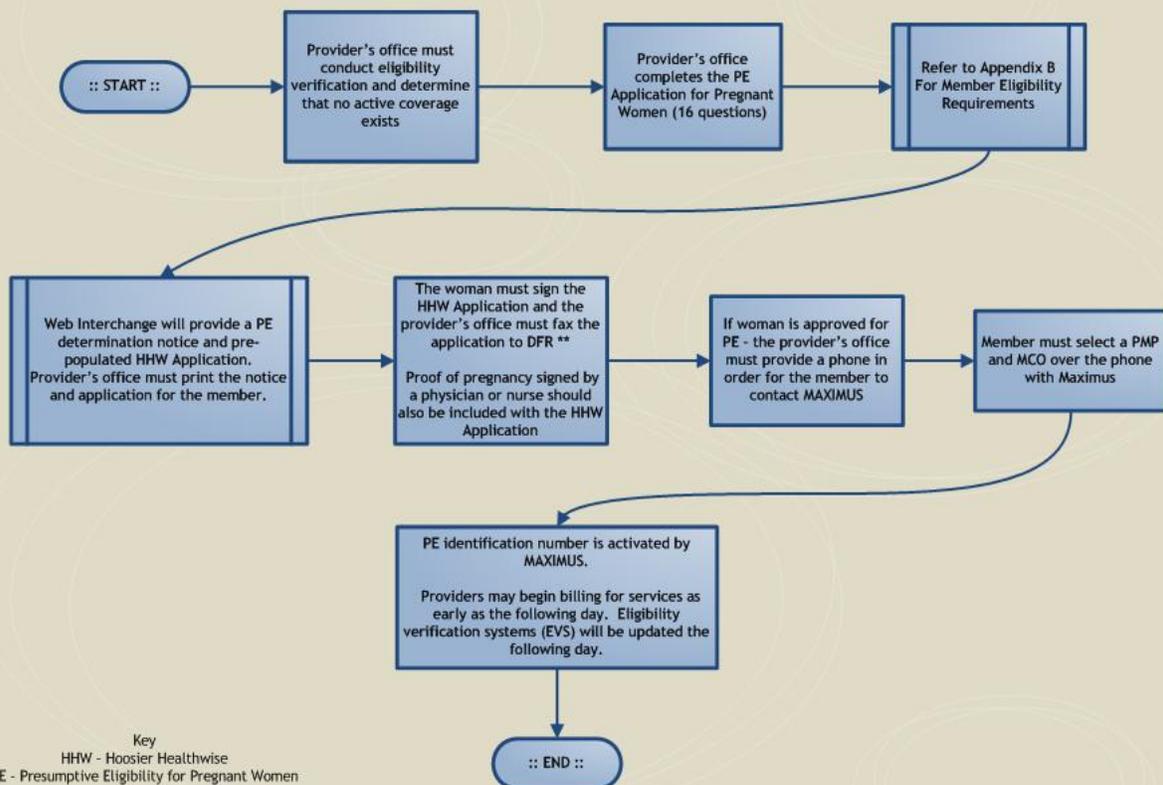
It is imperative to bill using the Hoosier Healthwise RID number when the member becomes fully eligible for Hoosier Healthwise. Failure to bill with the correct ID number could result in denied claims. EVS will assist providers with determining when a member is no longer eligible for PE.

Contact Information

If you have questions about this bulletin, please e-mail PEHelp@fssa.in.gov or contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

Appendix A: Provider Process for Presumptive Eligibility for Pregnant Women

Appendix A - Provider Process for Presumptive Eligibility for Pregnant Women High Level Overview



** For women residing in modernized counties (see Appendix C) the HHW application should be faxed to 1-800-403-0864. HHW Applications for women residing in non-modernized counties, the fax numbers for DFR county offices can be found at <http://www.in.gov/fssa/dfcr/2999.htm>

Figure 1.A – Provider Process for Presumptive Eligibility for Pregnant Women

Appendix B: PE Noncovered Services

Noncovered Services for Pregnant Women under Presumptive Eligibility
Inpatient Hospital Services
Labor and Delivery Services
Post-partum Care Services
Contraception
Sterilization
Ectopic Pregnancy
Abortion
Abnormal Products of Conception
Hospice
Long Term Care

Appendix C: Member Eligibility Requirements for PE for Pregnant Women

To be eligible for the Presumptive Eligibility for Pregnant Women program, the following criteria must be met. The QP should not request verification documents.

- Medically verified pregnancy, with test performed by a licensed practitioner or QP
- U.S. citizenship or qualifying immigrant, including:
 - Lawful permanent resident immigrant living lawfully in U.S. for five years or longer
 - Refugee
 - Individuals 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

Indiana residency (must have an Indiana address)

- Not currently incarcerated
- Family size. A “family member” of the applicant is one who is related by blood, marriage, or adoption in a relationship listed below, and who is **living with the applicant**. Family size consists of:
 - Applicant and her unborn children
 - Applicant’s spouse
 - Applicant’s children under age 18
 - Parents of the applicant, if she is under age 18 and unmarried
 - Children younger than age 18 of the applicant’s parents (if the applicant is younger than age 18 and not married)
- Gross family income (before taxes and other deductions) of less than 200 percent of the federal poverty guidelines for the size of her family. “Family income” is the income of the applicant, regardless of her age and the income of her spouse or parents who live with her. Include only parents’ income when the pregnant woman is younger than age 18 and is not married.
 - “Income” includes: wages/salaries, tips, self-employment, dividends, interest, child support, alimony, Social Security, veteran’s benefits, unemployment compensation, worker’s compensation, sick benefits, retirement benefits, pensions, rental income, cash contributions.
 - Do not count income for children other than the pregnant woman or her spouse.
 - Count child support for the pregnant woman only if she receives it for her own support
 - Do not count child support if it is paid for the support of her children.

A few examples:

1. If the pregnant woman is younger than age 18 and is unmarried and living with her parents:

For family size – count the pregnant woman, her unborn children, her parents, her children younger than age 18, and her parents’ children under age 18.

For gross income – count the income of the pregnant woman and her parents.

2. If the pregnant woman is younger than age 18 and is unmarried and living on her own:

For family size – count the pregnant woman, her children under 18, and her unborn baby or babies.

For gross income – count only her income.

3. If the applicant is younger than age 18 and married and living with her spouse:

For family size – count the pregnant woman, her spouse, children younger than 18, and her unborn baby or babies.

For gross income – count her income and that of her spouse.

4. If the applicant is younger than age 18, married, and living with her spouse and her parents:

For family size – count the pregnant woman, her spouse, children younger than 18, and her unborn baby or babies.

For gross income – count her income and that of her spouse.

Examples – Family Size and Gross Income

Example 1

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.

Family size: The pregnant woman and her two children would be counted as a four-person household (applicant, unborn child, other two children).

Gross income: The applicant’s gross monthly income is \$1,200, which is within the monthly income guideline criteria for PE.

Example 2

A pregnant woman lives with her boyfriend (father of the unborn) and her son from a previous marriage. Her boyfriend has an income of \$1,500 a month, and she receives \$250 a month in child support for the son.

Family size: The applicant, her unborn child, and her son are a three-person household. Her boyfriend is not counted, because the applicant and her boyfriend are not married.

Gross income: The applicant's gross monthly income is \$0. On the basis of income, she is eligible for PE. The \$250/month child support is not counted as income to the applicant; it is considered income to the child. The income of her boyfriend is not counted, because she and her boyfriend are not married.

Example 3

The applicant is 17 years old and lives with her grandmother, who is her legal guardian. Her father sends \$2,000 a month in child support, and her grandmother is employed.

Family size: The family size is two – the applicant and her unborn child.

Gross income: The applicant's gross monthly income is \$2,000. On the basis of income, she is eligible for PE. The child support from her father is counted. The monthly contribution from the baby's father is not counted.

Appendix D: Further Explanation of Qualified Provider Requirements

Further Description of Social Security Administration Sections		
<p>§1905(a)(2)(A) of the Social Security Act <i>“Outpatient hospital service”</i></p>	<p>§1905(a)(2)(B) and 1905 (l)(1) The following rural health services, consistent with state law:</p> <p>(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.</p> <p>(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,</p> <p>(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</p> <p>(D) any other ambulatory services which are offered by a rural health clinic and otherwise included as a Medicaid state plan service.</p>	<p>§1905(a)(9) <i>“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;”</i></p>

Appendix E: Qualified Provider Training Dates

Providers that wish to attend these trainings must complete the QP Enrollment process outlined on pages 4-10. Only providers that have completed the QP enrollment process and meet the requirements to perform QP functions will be admitted to these training sessions. You must enroll as a QP and register for training two days prior to the scheduled training. If you have questions about QP enrollment and training, please contact the EDS Presumptive Eligibility workshop information line at (317) 488-5101.

Date	City	Place	Address	Room	Time
5/14/09	Lafayette	Unity Hospital	1345 Unity Place, Lafayette, IN 47905	Unity Medical Pavilion	1-4 p.m.
5/22/09	Muncie	Ball Memorial Hospital	Ball Memorial Hospital, Outpatient Medical Pavilion, Lower Level, 2401 W. University Blvd, Muncie, IN 47303	Outpatient Medical Pavilion, Lower level	1-4 p.m.
5/27/09 2 sessions	Indianapolis	Indiana University School of Dentistry	1121 W. Michigan Street, Indianapolis, IN 46202	DS 114	8-11:30 a.m. and 1-4:30 p.m.
5/28/09	Bloomington	Bloomington Hospital	601 W. Second Street, Bloomington, IN 47402	Wegmiller Auditorium	1-5 p.m.
6/01/09	Richmond	Reid Hospital	1100 Reid Parkway, Richmond, IN 47374	Lingle Auditorium	1-4 p.m.
6/10/09	South Bend	St. Joseph Regional Medical Center	801 E. LaSalle Ave., South Bend, IN 46617	Education Center	8 a.m.-Noon
6/11/09	East Chicago	St. Catherine Medical Center	4321 Fir Street, East Chicago, IN 46312	Professional Office Building	8 a.m.-Noon
6/15/09	Columbus	Ivy Tech	4555 Central Avenue Columbus, IN 47203	The Columbus Learning Center	8:30-Noon
6/17/09	Terre Haute	Union Hospital	1433 North 6 ½ Street, Terre Haute, IN 47804	Landsbaum Center Auditorium	8 a.m.-Noon
6/23/09	Lawrenceburg	Dearborn County Hospital	603 Wilson Creek Road, Lawrenceburg, IN 47025	Dearborn/Ohio Room	9:00 a.m.
6/23/09	Fort Wayne	Parkview Hospital Corporate Office	Corporate Drive, Fort Wayne, IN 46845	Conference Room 10501	9 a.m.-Noon
6/24/09	Evansville	Deaconess Hospital	600 Mary Street, Evansville, IN 47747	Bernard Schnacke Auditorium	8 a.m.-Noon
6/25/09	New Albany	Floyd Memorial Hospital	1850 State Street, New Albany, IN 47150	Paris Educational Center, Classrooms 1-2	2-4 p.m.
6/29/09	Carmel	Clarian North	11725, N. Illinois, Carmel, IN 46032	Learning Center	12:30-3:30 p.m.

Appendix F: PE for Pregnant Women 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 either mm/dd/yy or mm/dd/yyyy formats.
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
Home Phone	10-digit numeric
Work Phone	10-digit numeric
Cell Phone	10-digit numeric
Other Phone	10-digit numeric
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> At least one phone number is required. </div>	
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.
Verified Pregnancy*	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). Over-the-counter tests are not acceptable for verifying pregnancy for PE purposes. PE requires professionally administered pregnancy tests for

Field	Description
	verifying the applicant's pregnancy.
Number of People in Family – Family Size*	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.
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"> • Lawful permanent resident immigrant living lawfully in U.S. for five years or longer • Lawful permanent resident immigrant living lawfully in U.S. for less than five years • Refugee • Individuals 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 • No immigration papers (this includes persons in the country illegally, persons with visas of any kind, etc.)
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> <p>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) \$1505 per month. To convert biweekly income, multiply the weekly amount by 2.15</p> <p>In the amount entered in the box, include all income from the applicant and her spouse before taxes are deducted (gross income). 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"> • Wages/Salaries • Tips • Self-employment • Dividends • Interest • Child support only if paid for support of the pregnant woman • Do not count child support that the pregnant woman receives to support her children. • Alimony

Field	Description
	<ul style="list-style-type: none"> • Social Security • Veteran’s benefits • Unemployment compensation • Worker’s compensation or sick benefits • Retirement benefits or pensions • Rental income • Cash contributions
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 field

Appendix G: DFR Modernized Counties

For members residing in the following counties, the Hoosier Healthwise application should be faxed to the DFR Document Center at 1-800-403-0864.

Modernized Counties as of April 1, 2009					
Adams	Allen	Blackford	Carroll	Cass	Clark
Clay	Crawford	Daviess	Dearborn	Dekalb	Delaware
Dubois	Floyd	Fountain	Gibson	Grant	Greene
Harrison	Howard	Huntington	Jackson	Jay	Jefferson
Jennings	Knox	Kosciusko	Lawrence	Madison	Martin
Miami	Monroe	Noble	Ohio	Orange	Owen
Parke	Perry	Pike	Posey	Putnam	Randolph
Ripley	Scott	Spencer	Steuben	Sullivan	Switzerland
Tipton	Vanderburgh	Vermillion	Vigo	Wabash	Warren
Warrick	Washington	Wells	White	Whitley	