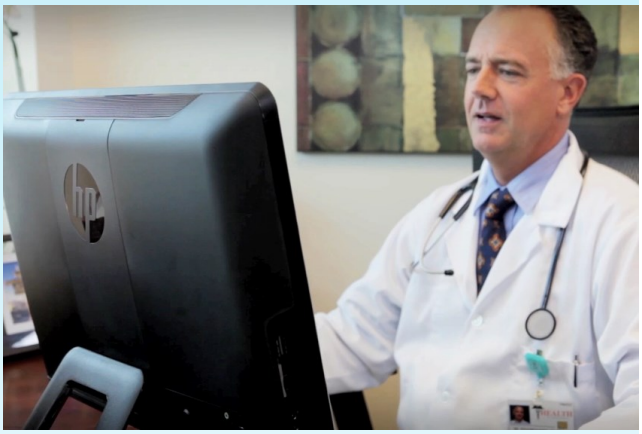
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201514 MARCH 2, 2015

IHCP expands provider types able to make presumptive eligibility determinations

The Indiana Health Coverage Programs (IHCP) will expand the Presumptive Eligibility (PE) process effective April 1, 2015, to allow the following provider types to enroll as qualified providers (QPs) to make PE determinations for individuals in certain aid categories:



- Federally Qualified Health Centers (FQHCs)
- Rural health clinics (RHCs)
- Community mental health centers (CMHCs)
- Local county health departments

PE allows qualifying individuals to receive temporary health coverage at point-of-service until eligibility for an IHCP program is officially determined by the Indiana Family and Social Services Administration (FSSA).

The PE coverage period begins on the date the QP determines an individual is presumptively eligible for coverage under an IHCP program. The PE coverage period ends when one of the following circumstances occurs:

- The member does not complete and file an *Indiana Application for Health Coverage* by the end of the month following the month in which PE coverage begins. A completed *Indiana Application for Health Coverage* must be pending with the FSSA within that time frame to continue PE coverage. *Exception: Members found presumptively eligible for the Healthy Indiana Plan (HIP) program have up to 60 days to file a completed Indiana Application for Health Coverage. A completed Indiana Application for Health Coverage must be pending with the FSSA within 60 days to continue PE coverage.*
- The member is officially determined eligible for coverage under an IHCP program by the FSSA. Eligibility for PE will end on the day after the eligibility information is received from the FSSA.
- The member is officially determined ineligible for coverage under an IHCP program by the FSSA. Eligibility for PE will end on the day after the denial of eligibility information is received from the FSSA.
- For women found presumptively eligible because of pregnancy, the member's PE eligibility will end if the pregnancy ends while the member's eligibility is still in presumptive status. Eligibility for PE will end on the day after the pregnancy ends, whether it ends in miscarriage, abortion, or delivery.

Enrolling as a qualified provider

FQHCs, RHCs, CMHCs, and local county health departments will be able to enroll as PE QPs on or after April 1, 2015.

Enrollment as a PE QP does not apply to federally designated FQHC "look-alike" organizations.

To participate as a QP, the provider must:

- Participate as a provider under the Indiana State Plan or under a demonstration program under Section 1115 of the *Social Security Act*.
- Notify the FSSA of the provider's intention to make PE determinations.
- Agree to make PE determinations consistent with state policies and procedures.
- Guide individuals in the process of completing and submitting the *Indiana Application for Health Coverage* paperwork to the FSSA.
- Complete and submit PE QP eligibility attestations through the PE enrollment process on Web interChange.
- Complete Web interChange training.
- Participate in PE training.

A provider meeting these requirements is encouraged to register as a PE QP through Web interChange. If a provider does not currently use Web interChange, an authorized person can sign up for access from the Web interChange home page at indianamedicaid.com:

- Click **How to Obtain an ID**.
- Select the link for the *Web interChange Administrator Request Form*.
- Complete and submit the form online.

With access to Web interChange, the provider can complete the PE QP enrollment application and the required attestations located under the *Provider Maintenance* window. On completion, the provider immediately receives an automated email notification of its PE QP status. Within 10 business days, the PE QP is contacted to schedule an enrollment training session to finalize the PE QP enrollment. The PE QP is required to complete a training session about the PE process before being activated in Indiana*AIM* and making PE determinations.

Individual eligibility requirements

Individuals are allowed only one PE coverage period per rolling 12 months or per pregnancy. To be determined presumptively eligible, an individual must meet the following eligibility requirements:

- Be a U.S. citizen or a qualified noncitizen.
- Be an Indiana resident.
- Not be currently incarcerated.
- Not be currently covered under PE or enrolled in an IHCP program.
- Meet the income level requirements specific to certain aid categories.
- Meet any additional requirements specific to certain aid categories.

Income level requirements are based on Modified Adjusted Gross Income (MAGI) rules associated with the federal poverty level (FPL). See Table 1 for the FPL and age requirements for each aid category.

Table 1: - FPL and age requirements per aid category

Aid Category	Eligibility Age (in years)	Income Eligibility (in % FPL)
Parent or Caretaker	None	Converted MAGI equivalent limit
Adult	19-64	Up to 138% FPL*
Infant	Under 1	Up to 213% FPL*
Children	1-18	Up to 163% FPL*
Former Foster Care Children	18-25	None
Pregnant Women	None	Up to 213% FPL*
Family Planning	None	Up to 146% FPL*

**These percentages include a 5% income disregard. When completing a full application, the 5% income disregard will be applied only if an individual is otherwise income-ineligible for an IHCP program.*

Additional requirements must be met for certain aid categories. Those requirements are as follows:

- Parent or Caretaker – Individual must live with a person under the age of 18 and must be the individual taking care of the minor person.
- Adult – Individual cannot have a HIP conditional status. This status occurs when an individual has applied for and been found eligible for the HIP program. The conditional status is the time period after the eligibility determination and before the first Personal and Wellness Responsibility (POWER) Account payment being made.
- Former Foster Care Children – Individual must be at least 18 years old but less than 26 years old and must have been in foster care under the responsibility of the state of Indiana and been enrolled in an IHCP program at age 18.
- Pregnant Women – Individual must be pregnant (medical verification not required).
- Family Planning – Individual must not be eligible for any other PE category.

PE QPs must check eligibility before rendering services or before completing a PE application to determine if the individual is already enrolled in an IHCP program. Eligibility can be verified by using Web interChange or through one of the following Eligibility Verification System (EVS) options:

- Automated Voice Response System
- Electronic Data Interchange (EDI) 270/271 – Eligibility Benefit Transaction

Presumptive eligibility benefit packages

Individuals qualifying for PE coverage receive the same benefit package they would receive if found eligible through a complete FSSA eligibility determination, except for those in the PE Pregnant Women aid category and the PE Adult aid category. See Table 2 for the PE benefit package associated with each aid category.

Table 2 – PE benefit package for each aid category

Aid Category	PE Benefit Package
Parent or Caretaker	Package A – Standard Plan
Adult	*HIP Basic*
Infant	Package A – Standard Plan
Children	Package A – Standard Plan
Former Foster Care Children	Package A – Standard Plan
Pregnant Women	Package P
Family Planning	Family Planning Eligibility Program Benefit Package (family planning services only)

The benefit package for PE Pregnant Women is limited to Package P services only. The following items and services are covered under the PE Pregnant Women benefit package:

- Doctor visits for prenatal care
- Prescription drugs related to pregnancy
- Prenatal lab work
- Transportation to prenatal visits

All benefit packages are outlined in *Chapter 2* of the *IHCP Provider Manual* at indianamedicaid.com.

Services rendered to individuals under PE are reimbursed under the fee-for-service delivery system except for the PE Adult aid category. The PE Adult aid category differs from the other PE aid categories in the following ways:

- PE Adult members will have *HIP Basic* plan coverage.
- PE Adult members will have cost-sharing obligations.
- PE Adult members will be served under the managed care delivery system and must be enrolled with an IHCP-contracted managed care entity (MCE). The PE application will generate a pop-up box asking for the MCE selection at the time PE eligibility is established.

Details about completing PE applications with potentially eligible individuals will be provided in the training required of all providers that register on Web interChange to be PE QPs.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from indianamedicaid.com.

TO PRINT

A printer-friendly version of this publication, in black and white and without graphics, is available for your convenience.