



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Presumptive Eligibility for Pregnant Women

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2.0	Policies and procedures as of June 1, 2017 Published: October 3, 2017	Scheduled update: <ul style="list-style-type: none"> • Reorganized and edited text throughout, including incorporating the appendixes into the body of the module • Replaced references to Hewlett Packard Enterprise with DXC Technology • Added a note box to the Introduction section to distinguish PE from PEPW • Updated the PEPW Team section and its subsections, including adding the Qualified Providers subsection • Updated the Requirements for PEPW Qualified Providers section and its subsections, including adding a note that hospitals are no longer eligible to enroll as PEPW QPs • Updated the Requirements for PEPW Applicants section, including updating the PEPW income requirements for 2017 • Clarified in the Notification of Pregnancy Process section that the NOP can be submitted only after the member has enrolled with an MCE and her PEPW coverage is reflected in the Portal • Updated the Benefit Coverage and Reimbursement section 	FSSA and DXC

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Presumptive Eligibility for Pregnant Women

Introduction

The Presumptive Eligibility for Pregnant Women (PEPW) process enables eligible women to receive prenatal care earlier in their pregnancies. PEPW gives low-income pregnant women the opportunity to be determined presumptively eligible for Hoosier Healthwise through a simplified application process. Pregnant women found presumptively eligible have coverage for ambulatory prenatal services while the application and determination process for Indiana Health Coverage Programs (IHCP) eligibility is completed. For details about covered and noncovered services under the PEPW process, see the [Benefit Coverage and Reimbursement](#) section of this module.

A woman's presumptive eligibility period begins on the date a qualified provider (QP) determines that she is presumptively eligible. PEPW becomes activated only when the woman calls the enrollment broker to enroll with a managed care entity (MCE) before 6 p.m. Eastern Time on the same day the PEPW application is completed. PEPW is different from "pending" Medicaid; under PEPW, providers are eligible for reimbursement at the time services are rendered, versus waiting for retroactive Medicaid coverage. Pregnant women found to be presumptively eligible have coverage for their first prenatal visit to a QP. The woman's IHCP eligibility determination is subsequently completed by the Division of Family Resources (DFR). Failure of the patient to cooperate with the DFR and complete the *Indiana Application for Health Coverage* process results in termination of PEPW benefits.

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

Note: The IHCP offers two presumptive eligibility processes: Presumptive Eligibility (PE) and Presumptive Eligibility for Pregnant Women (PEPW). Pregnant women can be enrolled through either process. Pregnant women enrolled through the PE process are assigned to the Presumptive Eligibility for Pregnant Women benefit plan on a fee-for-service (FFS) basis; women enrolled through the PEPW process are assigned to the same benefit plan, but under a managed care delivery system. For information about the PEPW process, see the [Presumptive Eligibility](#) module.

PEPW Team

Several entities work together to ensure that the PEPW QP and member enrollment processes work properly. The responsibilities are described in the following sections.

Qualified Providers

PEPW QP responsibilities include the following:

- Verify whether individuals have current IHCP coverage by using the Eligibility Verification System (EVS) – via the Provider Healthcare Portal (Portal), Interactive Voice Response (IVR) system, or 270/271 electronic transactions.
- Enroll qualifying pregnant women with PEPW coverage.
- Guide PEPW applicants on the requirements to enroll in an MCE on the same day that the PEPW determination is made.
- Guide PEPW applicants on the requirements to complete and submit the *Indiana Application for Health Coverage* by the end of the month following the month that the PEPW determination is made.

For State and federal requirements for PEPW QPs, see the [Requirements for PEPW Qualified Providers](#) section.

Note: QPs use an easy, user-friendly online tool to complete the PEPW member application. PEPW member enrollment services are performed on a voluntary basis. Although QP functions are not reimbursable, QPs are reimbursed for covered healthcare services, such as prenatal exams, provided to individuals determined to be presumptively eligible.

DXC Technology

As the contracted fiscal agent for the IHCP, DXC is responsible for the following:

- Maintain and provide training for the Portal.
- Enroll new PEPW QPs and maintain a list of certified PEPW QPs.
- Post enrolled PEPW QPs in the [IHCP Provider Locator](#) feature of the IHCP website at indianamedicaid.com.
- Provide PEPW training materials to QPs.
- Answer any questions QPs may have regarding the PEPW process.
- Assign PEPW identification numbers (PEPW IDs).
- Update the Core Medicaid Management Information System (*CoreMMIS*) with IHCP eligibility information received from the Family and Social Services Administration (FSSA) Division of Family Resources (DFR).
- Maintain a record of primary medical provider (PMP) and managed care entity (MCE) assignments.

Enrollment Broker (MAXIMUS)

Enrollment broker responsibilities include the following:

- Assist PEPW applicants with MCE and PMP selections.
- Update *CoreMMIS* with MCE and PMP assignments for the IHCP.

Managed Care Entities

MCE responsibilities include the following:

- Receive the MCE assignments from DXC via the 834 transaction; send PMP assignments to DXC
- Follow up with the PEPW member after the first day of coverage if a PMP was not selected.
- Process all claims for PEPW-covered ambulatory prenatal services beginning on the date the woman is determined presumptively eligible and PEPW is activated:
 - PEPW-covered services rendered by the QP on the day of the member's PEPW approval are reimbursable even when the QP is not contracted within the MCE's network.
 - Services rendered on subsequent dates must be delivered by in-network providers and follow established MCE procedures.
- Provide prior authorization (PA) or precertification for PEPW services, as necessary.

For certain types of managed care services, claim and PA processing may be handled by MCE subcontractors. See the [IHCP Quick Reference Guide](#) for MCE and subcontractor contact information.

FSSA Division of Family Resources

DFR responsibilities include the following:

- Accept and process *Indiana Applications for Health Coverage*
- Convey official IHCP eligibility determinations to DXC and to the PEPW member.
- Assign the IHCP Member ID (also known as RID) when eligibility is officially approved.

Requirements for PEPW Qualified Providers

Many of the requirements for PEPW QPs are mandated by federal Medicaid regulations.

Federal Medicaid Regulations

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

- Be enrolled as an IHCP Medicaid provider
- 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* (See Table 1.)
- Be trained and certified by the State (or designee) to perform PEPW functions

Table 1 – *Social Security Act* (SSA) Definitions

§1905(a)(2)(A) of the Act	§1905(a)(2)(B) and 1905 (l)(1)	§1905(a)(9)
“Outpatient hospital service”	<p>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>	“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;”

State-Specific Requirements

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

- Complete and submit the PE QP eligibility attestations through the PE QP enrollment process on the Portal as follows:
 - Affirm that the provider is 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 Securities Act.
 - Affirm that the provider is able to verify pregnancy via a professionally administered pregnancy test.
 - Affirm that the provider has internet, printer, telephone, and fax access.
- Have access to the Provider Healthcare Portal
- Be trained in the PEPW process by the FSSA or designee

Eligible Provider Types

IHCP provider types eligible to be PEPW QPs include the following:

- Advanced practice nurse practitioner – Provider type 09, specialty 093
- Certified nurse midwife – Provider type 09, specialty 095
- Family or general practitioner – Provider type 31, specialty 316 or 318
- Obstetrician or gynecologist – Provider type 31, specialty 328
- General internist – Provider type 31, specialty 344
- General pediatrician – Provider type 31, specialty 345
- Federally qualified health center (FQHC) – Provider type 08, specialty 080
- Rural health clinic (RHC) – Provider type e 08, specialty 081
- Medical clinic – Provider type 08, specialty 082
- Family planning clinic – Provider type 08, specialty 083
- County health department – Provider type 13, specialty 130
- Acute care hospital – Provider type 01, 010*

**Note: Hospitals are no longer eligible to enroll in the PEPW process. Hospitals that are not currently enrolled as PEPW QPs are eligible to enroll as QPs only under the PE process as described in the [Presumptive Eligibility](#) module. Hospitals currently enrolled as PEPW QPs retain their ability to determine presumptive eligibility for pregnant women under the PEPW process.*

PMP Requirements

Eligible PEPW QPs are encouraged to enroll with an MCE as a PMP so that they can continue providing services for the pregnant woman after her PEPW QP determination. The following requirements apply:

- Only a provider with an obstetrician (OB) indicator equal to “Yes” on his or her provider profile can provide ongoing prenatal care services for a woman qualified for PEPW.
- Obstetrician/gynecologist (type 31, specialty 328) must be listed as a primary specialty or a subspecialty for the provider to qualify as a PMP for a PEPW member who is granted IHCP eligibility.

Providers should verify that their provider profiles correctly reflect the appropriate specialty and subspecialty to provide PMP services to a pregnant woman. See the *Provider Maintenance* section of the [Provider Healthcare Portal](#) module for information about updating provider profile information.

Enrolling as a PEPW Qualified Provider

Before an IHCP-enrolled provider can enroll pregnant women via the PEPW process, the provider must become a PEPW *qualified provider* (QP).

Providers meeting the requirements described in this module are encouraged to enroll as PEPW QPs as described in the following steps:

1. Log on to the [Provider Healthcare Portal](#) at indianamedicaid.com.

Providers must first register for the Portal, as described in the [Provider Healthcare Portal](#) module.

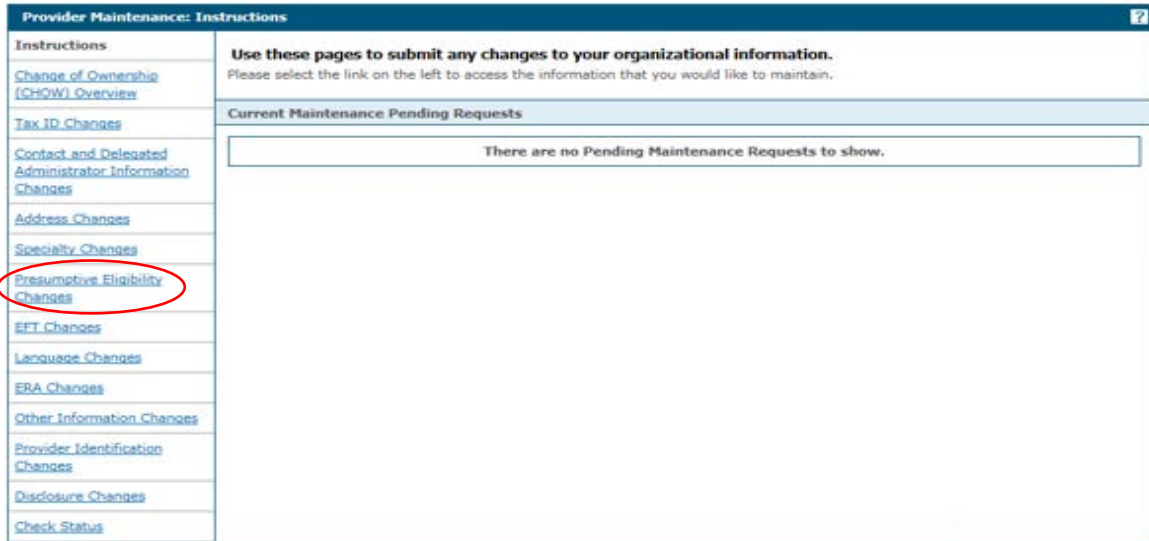
2. From *My Home* page, click the **Provider Maintenance** link on left side of the screen.

Figure 1 – The Provider Maintenance Link on the Portal's *My Home* Page



3. Click the **Presumptive Eligibility Changes** link on the left side of the *Provider Maintenance Instructions* page.

Figure 2 – The Presumptive Eligibility Changes Link on the *Provider Maintenance Instructions* Page



4. Answer the questions and complete the fields indicated in the Presumptive Eligibility for Pregnant Women section of the *Provider Maintenance: Presumptive Eligibility* page.

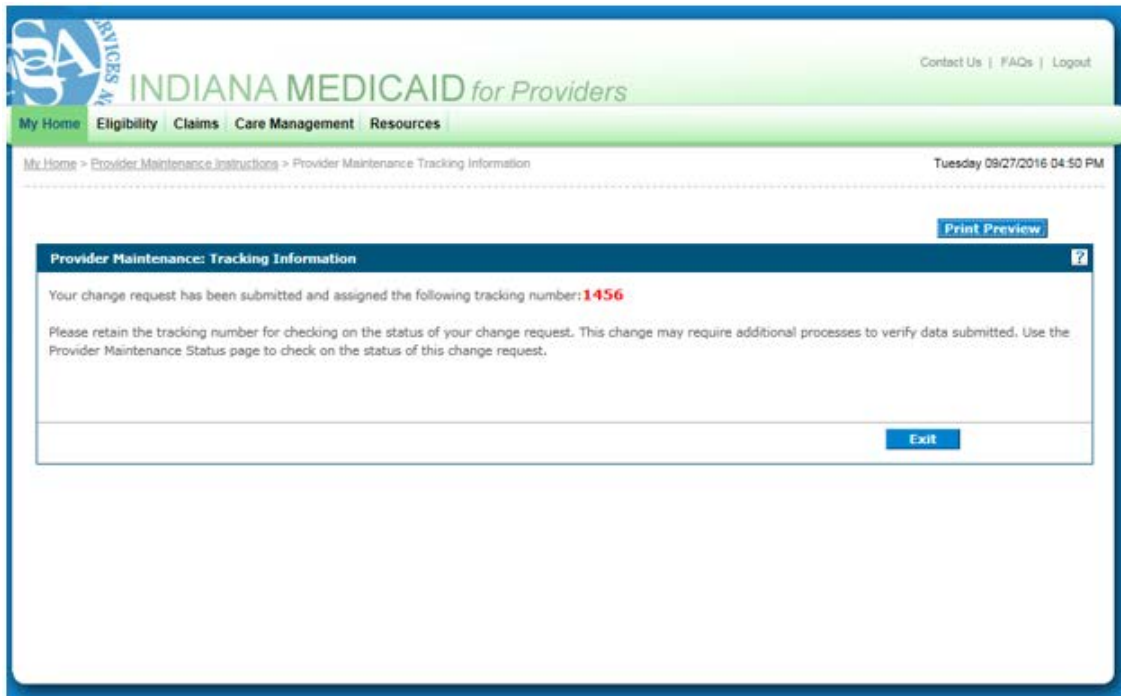
Note: For applicable provider types, providers may also complete the Presumptive Eligibility section if they want to enroll as a QP for the PE process also at this time.

Figure 3 – The *Provider Maintenance Presumptive Eligibility* Page

Provider Maintenance: Presumptive Eligibility ?	
You are initiating a change request. Complete the desired changes for fields in each section and click the "Submit" button to submit this change request.	
* Indicates a required field.	
Presumptive Eligibility for Pregnant Women	
<p>Presumptive Eligibility for Pregnant Women (PEPW) is a limited period of time during which a pregnant woman, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for ambulatory prenatal services.</p> <p>Note: Inpatient care, delivery services and services unrelated to the pregnancy or birth outcome are not covered under PEPW.</p> <p>The PEPW patient enrollment process will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free Adobe Acrobat Reader installed. You can get the latest version of Adobe Acrobat Reader from the Web Tool Kit.</p> <p>You have been identified as a potential Pre-Qualified Provider. Please answer the following questions if you would like to begin the qualification process.</p> <p>*Are you able to provide outpatient hospital, rural health clinic, or clinic services as defined in sections 1905(a)(2)(A) or (B), 1905(a)(9), and 1905(1)(1) of the ACT? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>... Read More</p> <p>*Are you able to verify pregnancy via a professionally administered pregnancy test? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>*Do you have internet, printer, telephone and fax access? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>*Contact Name <input type="text"/> *Contact Email <input type="text"/></p> <p>I would like to terminate my PEPW Qualified Provider status: <input type="checkbox"/></p>	
Presumptive Eligibility	
<p>Presumptive Eligibility (PE) is a limited period of time during which an applicant, who has been determined to be presumptively eligible by a 'Qualified Provider' (QP), will be covered for services applicable to their approved eligibility program.</p> <p>A QP must have a Provider Agreement with the Office of Medicaid Policy and Planning (OMPP).</p> <p>The PE patient enrollment process will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free Adobe Acrobat Reader installed. You can get the latest version of Adobe Acrobat Reader from the Web Tool Kit.</p> <p>Training must be completed prior to your enrollment being activated. Click here to view PE training materials Indianamedicaid.com.</p> <p>You have been identified as a potential Pre-Qualified Provider. Please answer the following questions if you would like to begin the qualification process.</p> <p>*I affirm that this organization understands and will abide by any published guidance regarding the performance of Presumptive Eligibility activities. <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>*I affirm that this organization will not knowingly or intentionally misrepresent client information in order to inappropriately gain presumptive eligibility. <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>*I affirm my/our understanding that all PE enrollment activities undertaken by this organization must be performed by an organization's employee or organization's designee. <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>*Contact Name <input type="text"/> *Contact Email <input type="text"/></p> <p>I would like to terminate my PE Qualified Provider status: <input type="checkbox"/></p>	
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

- Click **Submit**.
- On the *Provider Maintenance Tracking Information* page, click **Print Preview** to print a copy of the confirmation and then click **Exit**.

Figure 4 – The *Provider Maintenance Tracking Information* Page



The provider immediately receives an automated email notification of his or her new QP status. The IHCP Provider Relations field consultant contacts the prequalified PEPW QP within 10 days to schedule an online QP training session or to arrange in-office training, which is the final step in the QP enrollment process. After the provider completes the training session, the certified PEPW QP is activated in CoreMMIS. The PEPW QP may then provide QP services under the PEPW process.

Note: If the provider has not heard from a Provider Relations field consultant within 10 days of submitting the application, the provider should contact his or her Provider Relations field consultant.

Requirements for PEPW Applicants

Note: QPs may not ask for verification documents when performing PEPW tasks. Proof of pregnancy, income, residency, citizenship, and so forth is not required when applying for PEPW.

Although verification is not allowed, providers must not enter information they know to be false into the Portal.

To be eligible for PEPW, a woman must meet the following criteria:

- Be pregnant, as self-attested
- Be a U.S. citizen, qualified noncitizen, or a qualifying immigrant with one of the following immigration statuses:
 - Lawful permanent resident immigrant living lawfully in the United States for five years or longer
 - Refugee
 - Individual granted asylum by immigration office

- Deportation withheld by order from an immigration judge
- Amerasian from Vietnam
- Veteran of U.S. Armed Forces with honorable discharge
- Other qualified alien
- Be an Indiana resident
 - An Indiana address must be provided on the application.
- Not be a current IHCP member
- Not be enrolled through the presumptive eligibility process – PEPW or PE – currently or at any time during the current pregnancy
- Not be currently incarcerated
- Have a family income at or below 213% of the federal poverty level (FPL), as shown in [Table 2](#)

The family income requirement of 213% of the FPL includes a 5% income disregard automatically applied. Eligibility for full IHCP pregnancy coverage is set at 208% of the FPL; a 5% income disregard is applied only if the person is not otherwise eligible for IHCP coverage.

To calculate family income, the QP must determine the pregnant woman’s family size and family income based on information provided by the applicant.

- **Family size:** Family size is based on the tax household. If the pregnant woman does not file taxes, the household includes the unborn child, the child’s parents (biological, adopted, and step), and the child’s siblings (biological, adopted, and step). The number of unborn children is included in the family size. If the applicant files taxes or is listed as a dependent on a tax return, the **applicant’s family includes herself and:**
 - Her unborn children
 - Her spouse and her spouse’s children under 19 (if filing jointly)
 - The applicant’s children under 19
 - The applicant’s parents, if the applicant is under 19; and unmarried children younger than 19 of the applicant’s parents, if the applicant is younger than 19 and unmarried
- **Family income:** Includes income before taxes and other deductions
 - Include the following:
 - Wages
 - Salaries and tips
 - Self-employment
 - Dividends
 - Interest
 - Social Security benefits
 - Unemployment compensation
 - Sick benefits
 - Retirement benefits
 - Pensions
 - Rental income
 - Do not count:
 - Supplemental Security Income (SSI), child support, and alimony;
 - Veteran’s benefits; cash contributions;
 - American Indian or Alaska Native Tribal income
 - Deduct from income the following:
 - Alimony paid,
 - Student loan interest
 - Other allowable Internal Revenue Service (IRS) deductions.

Table 2 – Income Standards for Presumptive Eligibility for Pregnant Women
Effective March 1, 2017

Family Size	Income Limit (Per Month)
2	\$2,956
3	\$3,717
4	\$4,478
5	\$5,999

Note: Count the unborn child as one in family size.

If new guidelines become available, the PEPW member application on the Portal will be updated accordingly.

Family Size Examples

The following examples show how family size is determined:

- A. An unmarried, pregnant 19-year-old woman and her 2-year-old adopted child live with the woman’s grandparents. The pregnant woman is not tax-dependent on her grandparents.
Family size: 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. The pregnant woman is tax-dependent on her mother.
Family size: 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 tax-dependent children ages 20, 19, 16, 15, and 10. The couple files taxes jointly.
Family size: Eight – The pregnant woman, her unborn child, her spouse, and her five dependent children.

- D. An unmarried 19-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. The pregnant woman is not tax-dependent on her parents.
Family size: Three – The pregnant woman and her unborn twins. Because the applicant is not under 19 and is not tax-dependent, do not count her parents or her parents’ children.

- E. An unmarried pregnant woman lives on her own with her 2-year-old child and her boyfriend. The pregnant woman does not file taxes with her boyfriend.
Family size: 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. The pregnant woman files jointly with her husband.
Family size: Four – The pregnant woman, her unborn twins, and her spouse. Do not count her parents.

Family Income Examples

To determine the family income for the following examples:

- A. An unmarried 17-year-old pregnant woman is paid \$475 per month from her job and receives an additional \$150 per month cash assistance from her parents. She lives with her grandmother, who receives \$775 per month in Social Security benefits. The pregnant woman is tax-dependent on her grandmother.

Family income: \$475 a month.

Note: Family size is two – the pregnant woman and her unborn child. The grandmother is not included in the household size, and the grandmother’s income is not counted because the 17-year-old is being claimed by someone other than the parent.

- 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 in Department of Veterans Affairs (VA) benefits. The pregnant woman files taxes jointly with her husband.

Family income: \$1,455 a month (\$615 + \$840). Do not count child support. Do not count the income of the father-in-law.

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. The couple files taxes separately, and the woman does not claim her boyfriend’s child.

Family income: \$600 a month. Do not count the income of the boyfriend or any income from child support.

Note: Family size is two – the pregnant woman and the 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; her mother makes \$1,100 per month from her job and receives \$150 per month in child support for the pregnant woman’s younger sister. The pregnant woman doesn’t have any income. The pregnant woman files taxes with her husband.

Family income: \$1,000 a month. Because the pregnant woman is married and files taxes with her husband, do not count the parent’s income.

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

- E. A pregnant woman is single with two children. Her monthly income is \$1,200. Her elderly aunt lives with her and receives \$550 a month from Social Security. The pregnant woman is not tax-dependent on her aunt.

Family income: \$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.

Family income: \$0.00. Income from child support does not count.

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

Completing a PEPW Member Application

After becoming a qualified provider, the QP is able to enroll pregnant women via the PEPW process. As part of the PEPW process, QPs use the Provider Healthcare Portal to verify that the woman is not already receiving IHCP coverage. Women who are already members of the IHCP are not eligible for PEPW; however, a woman who has recently *applied for* the IHCP, and has not been approved for presumptive eligibility during the current pregnancy, may apply for PEPW to cover ambulatory prenatal services while an IHCP decision is pending.

QPs use the following process to verify that a pregnant woman does not already have IHCP coverage and then submit her PEPW application:

1. Log on to the [Provider Healthcare Portal](#) at indianamedicaid.com.
2. Select the **Eligibility** tab in the menu bar.
3. In the Eligibility Verification Request panel, enter the applicant's Social Security number (SSN) and birth date or the applicant's last name, first name, and birth date. (If the applicant has a Member ID related to previous coverage, it may be used in place of the preceding fields.)

Note: The Effective From field defaults to the current date.

Figure 5 – Eligibility Verification Request Panel

The screenshot shows the 'Eligibility Verification Request' form. It includes a header with a help icon, a note about required fields, and instructions to enter member information. The form contains several input fields: Member ID, Last Name, First Name, SSN, Birth Date (with a calendar icon), Effective From (pre-filled with 09/28/2016), and Effective To. There are 'Submit' and 'Reset' buttons at the bottom.

4. Click **Submit**.
5. After the system confirms that no coverage exists for the criteria searched, click **PE Application for Pregnant Women**.

Figure 6 – PE Application for Pregnant Women Button

This screenshot shows the same form as Figure 5, but with a message at the bottom: 'There are no coverage details to show based on the search criteria selected.' Below this message, there are two buttons: 'PE Application for Pregnant Women' (highlighted with a red box) and 'PE Application'.

6. Complete the *PE Member Application* by entering information in the fields. An asterisk (*) indicates that a field is required. See Table 3.

Table 3 – Member Application Fields for the PEPW Process

Field	Description
*First Name	Enter the applicant's first name. Up to 13 characters, alphanumeric. Allows space, dash, and period.
M.I.	Enter the applicant's middle initial. Allows one character, alphanumeric.
*Last Name	Enter the applicant's last name. Up to 15 digits, alphanumeric. Allows space, dash, and period.
*Date of Birth	Enter the applicant's date of birth.
MCE	Select managed care entity (MCE) from the drop-down list.
*Home Address	Enter the applicant's home street address. Up to 30 characters, alphanumeric. Allows space, dash, and period.
*(Home) City	Enter home-address city. Up to 15 characters, alphanumeric. Allows space, dash, and period.
*(Home) Postal Code	Enter home-address ZIP Code. Requires five digits.
*(Home) County	Select home-address county from the drop-down list.
Mailing Address	If the applicant's mailing address is different from his or her street address, enter mailing street address. Up to 30 digits, alphanumeric. Allows space, dash, and period.
(Mailing) City	Enter mailing-address city. Up to 15 digits, alphanumeric. Allows space, dash, and period.
(Mailing) State	Select mailing-address state from the drop-down list.
(Mailing) Postal Code	Enter mailing-address ZIP Code. Requires five digits
Member Email	Enter the applicant's email address. Required only if the applicant chooses to have the <i>MCE Provider Directory</i> sent electronically.
Home Phone	Enter the applicant's home telephone number. 10 digits, numeric.
Work Phone	Enter the applicant's work telephone number. 10 digits, numeric.
Cell Phone	Enter the applicant's cell phone number. 10 digits, numeric.
Other Phone	Enter any other telephone number for the applicant. 10 digits, numeric.
SSN	Enter the applicant's nine-digit Social Security number (SSN).
MCE Provider Directory	Select MCE provider directory format from drop-down list.
Gender	Select the applicant's gender from the drop-down list: Male, Female.
Marital Status	Select the applicant's marital status from the drop-down list: Married, Single.
Race	Select the applicant's race from the drop-down list: African American, Asian, Caucasian, Hispanic, Other.
Ethnicity	Select the applicant's ethnicity from the drop-down list: Hispanic, Non-Hispanic, Other.
*Indiana Resident?	Select Yes or No to indicate whether the applicant lives in Indiana.
*Incarcerated?	Select Yes or No to indicate whether the applicant is incarcerated. Incarceration includes a county jail or any type of prison or correctional facility. Excludes home detention and persons on parole.
*Pregnancy?	Select Yes or No to indicate whether the applicant is pregnant.

Field	Description
*Number of People in Family	Enter the applicant’s family size. Up to two digits, numeric. Family size is based on the tax household. If the applicant does not file taxes, the household includes the child, the child’s parents (biological, adopted, and step), and the child’s siblings (biological, adopted, and step). The number of unborn children is included in the family size.
*U.S. Citizen? Alien Status	<p>Select Yes or No to indicate whether the applicant indicates that she is a U.S. citizen.</p> <p>If No is selected, choose one of the following from the Alien Status 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 (includes persons in the country illegally, persons with visas of any kind, and so forth)
*Family Income	<p>Enter the amount of income, up to six digits, as stated by the applicant. Select Monthly or Annually from the drop-down list to indicate if the amount entered is a monthly or annual income amount.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <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 19, 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 19, unless the children are expected to be required to file a federal tax return.</p> <p>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 • Alimony • Social Security • Unemployment compensation • Sick benefits, retirement benefits or pensions • Rental income
Pending Indiana Application for Health Coverage?	Select Yes or No to indicate whether the applicant has said that she has an Indiana Application for Health Coverage pending.

Figure 7 – PE Member Application for the PEPW Process

PE Member Application ?

* Indicates a required field.

Note: This Web Application will generate documents in Adobe Acrobat Portable Document Format (PDF). To view or print these documents, you must have the free [Adobe Reader](#) installed.

Identifying Information

*First Name M.I. *Last Name
 *Date of Birth MCE

Address Information

Home Address

*Address

 *City State Indiana *Postal Code *County

Mailing Address (if different than home address)

Address

 City State Postal Code

Member Email

Phone Numbers

Home Phone Cell Phone
 Work Phone Other Phone

Other Information

SSN

MCE Provider Directory Electronic

Gender

Marital Status

Race

Ethnicity

*Indiana Resident? ?

*Incarcerated? ?

*Pregnancy?

*Number of people in family ?

*U.S. Citizen? ?

Alien Status

*Family Income ?

Pending Indiana application for health coverage? ?

Disclaimer

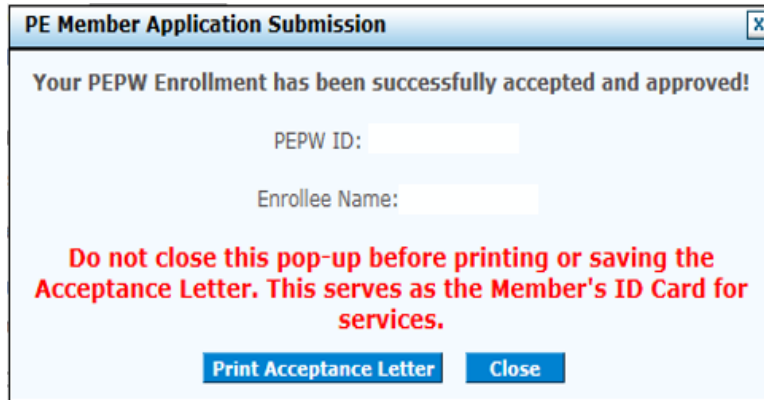
I attest that I have been trained to process applications for Presumptive Eligibility for Pregnant Women.

Submit Application

7. Select the “I attest that I have been trained to process applications for Presumptive Eligibility for Pregnant Women” check box to attest that you have been trained on this process.
8. Review the information entered with the applicant to confirm that it is accurate.
9. Click **Submit Application**.

10. The PE Member Application Submission window appears, indicating whether the PEPW enrollment was successfully accepted and approved and, if so, showing the assigned PEPW ID.

Figure 8 – PE Member Application Submission Window



Note: The PEPW ID begins with the digits 550, except in cases where the applicant is found to have had previous IHCP coverage, in which case, her originally assigned IHCP Member ID becomes her PEPW ID.

11. Click **Print Acceptance Letter** to print the PEPW eligibility determination notice. *QPs must ensure that the presumptive eligibility determination notice (acceptance letter or denial letter) prints successfully before clicking Close.*
12. Click **Close**.

If the woman is approved for presumptive eligibility, the QP must provide her with a copy of the acceptance letter. When a woman is determined to be presumptively eligible, the acceptance letter serves as her member identification card during the presumptive eligibility period.

If the applicant did not select an MCE during the application process, the QP must have her contact the enrollment broker, *that same day*, at 1-800-889-9949 to select her MCE. The selection of an MCE is **required** and activates the PEPW enrollment. It is strongly encouraged that the woman also select her PMP at this time.

The enrollment broker is open Monday through Friday, 8 a.m. to 6 p.m. Eastern Time. The QP must provide a telephone so the woman can call the enrollment broker and select an MCE and PMP.

Note: The presumptive eligibility determination and the pregnant woman's subsequent choice of MCE must occur on the same day for PEPW coverage to begin.

If the woman fails to make her MCE selection that same day, her presumptive eligibility will not activate. She would then need to complete a new application to receive coverage. On the printed presumptive eligibility determination notice, the applicant must note her MCE selection and add her PMP information, once available.

After the woman chooses her MCE, the enrollment broker activates her assigned PEPW ID. This step enables providers to bill for PEPW services provided on the date the woman was approved for presumptive eligibility.

The QP is responsible for instructing the woman about the process of completing the *Indiana Application for Health Coverage* by providing additional resources for the woman:

- The woman may apply online by visiting the [DFR Benefits Information](#) web page at in.gov/fssa.
- The woman may apply in person through a local enrollment center. The QP should verbally inform her and document the local enrollment center information on her determination letter.
- The woman may complete the application over the telephone by calling 1-800-403-0864.

Space is allocated on the approval letter for the QP to provide information about local resources available to the woman, such as a navigator or community resource that assists with IHCP applications.

Direct questions about the *Indiana Application for Health Coverage* to the DFR Document Center at 1-800-403-0864 or to the local DFR office in the county where the applicant lives.

Note: Presumptive eligibility is terminated if there is no pending Indiana Application for Health Coverage on file at DFR on the last day of the month that follows the month of the approved presumptive eligibility determination. For example, if a pregnant woman was determined presumptively eligible on July 14 and she does not submit an Indiana Application for Health Coverage, her presumptive eligibility coverage will end August 31. She will receive notification of termination 10 to 13 days before termination.

For PEPW-approved women who submit an Indiana Application for Health Coverage, the presumptive eligibility period ends when the DFR has completed its eligibility determination and determines that the woman is approved or denied for IHCP coverage.

If the woman's pregnancy ends at any time while she is on PEPW, her presumptive eligibility coverage continues until it would normally end.

PEPW Member Application Limitations

The PEPW application is accessible in the Provider Healthcare Portal 24 hours a day, seven days a week.

If a typing error occurs during the application process, the QP should continue with the administration of the application, including contacting the enrollment broker. After the application process is complete, the QP should contact the IHCP Provider Relations field consultant for his or her assigned area to have the error corrected. See the [Provider Relations Field Consultants](#) page at indianamedicaid.com for contact information.

Note: Write down the PEPW ID when it is generated so you have it available if any system errors occur.

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

PEPW Activation Considerations

Before PEPW coverage can be approved, the following are considered:

- Women are eligible for presumptive eligibility only one time per pregnancy.
- There is no presumptive eligibility coverage if the woman who has been determined to be presumptively eligible does not select an MCE by contacting the enrollment broker by 6 p.m. Eastern Time on the day presumptive eligibility is determined. If a call is not made to the enrollment broker to choose an MCE the same day the PEPW application is approved, presumptive eligibility status is not activated.
- If the presumptive eligibility activation fails to occur, a new PEPW application must be completed, and ONLY the services that were performed on the date of the original application will be reimbursed. The QP cannot be reimbursed for the same initial services on the date of the second application filing, as the services were billed and reimbursed on the date of the original application.
- If a PEPW member miscarries and becomes pregnant again during the nine months of the original pregnancy, the QP should contact his or her IHCP Provider Relations representative to request a new PEPW period. To identify your Provider Relations field consultant, see the [Provider Relations Field Consultants](#) page at indianamedicaid.com.

A member approved for presumptive eligibility must complete the *Indiana Application for Health Coverage* in a timely manner. A woman's presumptive eligibility coverage is terminated if there is not a pending *Indiana Application for Health Coverage* on file at the DFR on the last day of the month that follows the month of the approved presumptive eligibility determination.

For example: If a pregnant woman was determined to be presumptively eligible on July 14, and she does not submit an *Indiana Application for Health Coverage*, her presumptive eligibility coverage will end August 31. She cannot reapply for presumptive eligibility during the same pregnancy.

PEPW-approved women who submit an *Indiana Application for Health Coverage* and take all necessary steps to provide information to the DFR will have presumptive eligibility until the day after DXC is notified of the DFR's eligibility decision. If the DFR makes an eligibility determination for the IHCP before the last day of the month following the PEPW application, the presumptive eligibility will be terminated the day after DXC is notified of the DFR's eligibility decision.

Notification of Pregnancy Process

The IHCP developed the Notification of Pregnancy (NOP) form to pinpoint risk factors in the earliest stages of pregnancy for women enrolled in Healthy Indiana Plan, Hoosier Healthwise, and Hoosier Care Connect, and for women participating in the PEPW process. A recognized provider (that is, an IHCP-enrolled provider that is able to perform pregnancy tests on members) is eligible for a \$60 reimbursement for one NOP per pregnancy completed and successfully submitted via the Provider Healthcare Portal. The submitted information is used by the woman's MCE to determine the risk level associated with the pregnancy and establish areas of follow-up care. See the [Obstetrical and Gynecological Services](#) module for more information.

After the PEPW member has enrolled with an MCE and her coverage is reflected in the Portal eligibility verification system, providers can follow these steps to submit an NOP:

1. Log on to the [Provider Healthcare Portal](#) at indianamedicaid.com.
2. Click **Eligibility** in the menu bar.

- In the Eligibility Verification Request panel, enter a valid Member ID or PEPW ID in the Member ID field, or, if the identification number is not known, enter the SSN and birth date, or the last name, first name, and birth date.

Figure 9 – Eligibility Verification Request Panel

The screenshot shows a web form titled "Eligibility Verification Request". It includes a header with a help icon. Below the header, there is a note: "* Indicates a required field. Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date." The form contains several input fields: "Member ID", "Last Name", "First Name", "SSN", "Birth Date" (with a calendar icon), "Effective From" (with a date picker showing 09/28/2016), and "Effective To" (with a date picker). At the bottom, there are "Submit" and "Reset" buttons.

- Click **Submit**.
- When the Eligibility Verification Information panel appears, click the link for the benefit plan listed in the Coverage column.

Figure 10 – Eligibility Verification Information

Eligibility Verification Information for from 11/08/2016 to 11/08/2016			
To see details about the member's coverage, click any Coverage.			
To see details about Other Insurance that the member may have, click Other Insurance Detail Information .			
Please be sure to click the Coverage link to determine if the member has Managed Care (HIP 2.0, Hoosier Healthwise, Hoosier Care Connect) coverage in effect.			
Member ID	Birth Date	Effective Date	End Date
Presumptive Eligibility for Pregnant Women		11/08/2016	11/08/2016
Other Insurance Detail Information			

- On the *Coverage Details* page, click [+] to expand the Managed Care Assignment Details panel, and then click **Enter NOP**.

Figure 11 – Managed Care Assignment Details

Managed Care Assignment Details			
Managed Care Program		Primary Medical Provider	Provider Phone
Hoosier Healthwise		XXXXXXXXXX	XXXXXXXXXX
Effective Date	End Date	MCO / CMO Name	MCO / CMO Phone
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Enter NOP		Print Blank NOP	

- When the *Notification of Pregnancy* page appears, enter information in the fields. An asterisk (*) indicates that a field is required.

Note: If any member contact information has changed, the member must contact the Division of Family Resources (DFR) at 1-800-403-0864 to ensure that the DFR is able to maintain its records.

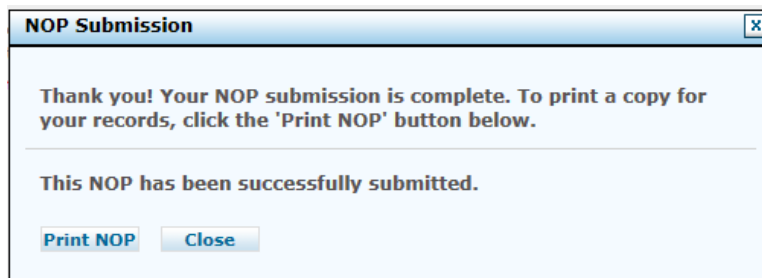
Figure 12 – Notification of Pregnancy Page

8. Click **Submit**.

Note: If the NOP is submitted more than five calendar days after the date of service (DOS), you will receive a message indicating that the submission is more than five days from the DOS.

9. When NOP Submission window appears, click **Print NOP** to print a copy of the NOP for your records.

Figure 13 – NOP Submission Window



10. Click **Close** to close the confirmation window.

PEPW Coverage and Reimbursement

To receive payment from the IHCP, it is imperative that QPs and the PMP always verify eligibility before administering services. Providers can verify eligibility via the Provider Healthcare Portal or IVR system.

During the presumptive eligibility period, QPs and PMPs send claims for women enrolled through the PEPW process to the appropriate MCE. See the [IHCP Quick Reference Guide](#) at indianamedicaid.com for MCE contact information.

Eligibility Verification and Member Identification

When a woman is determined to be presumptively eligible, the QP provides her with a copy of the determination notice (acceptance letter), which serves as her member identification card during the presumptive eligibility period. However, as with all IHCP members, providers serving women who have been determined to be presumptively eligible must verify the woman's eligibility on each date of service.

Note: Women enrolled through the PEPW process receive a PEPW ID that begins with the digits 550, unless they were found to be previously enrolled in the IHCP, in which case, their PEPW ID will be the same number as the IHCP Member ID originally assigned to them. The IVR system and the Provider Healthcare Portal EVS options accept the PEPW ID as the Member ID for eligibility verification.

The EVS identifies PEPW coverage as “Presumptive Eligibility for Pregnant Women.” PEPW coverage ends on the day after DXC receives notification from the Division of Family Resources (DFR) that full IHCP eligibility has been either approved or denied.

If, after the *Indiana Application for Health Coverage* process has been completed, the DFR approves the pregnant woman for full IHCP eligibility, the woman's coverage changes from the Presumptive Eligibility for Pregnant Women benefit plan to full IHCP pregnancy coverage under a benefit plan such as Package A – Standard Plan and she receives a member identification card with her IHCP Member ID.

While the woman is presumptively eligible, the QP and PMP should bill using the PEPW ID, which begins with the digits **550** (except in cases where an IHCP Member ID already exists for that individual due to previous coverage, and is assigned as the PEPW ID). If the FSSA later officially approves the woman for IHCP coverage, the QP and PMP must submit claims using her IHCP Member ID (which begins with **10** or **12** and ends with **99**). If the QP submits a claim using a PEPW ID that starts with 550 after the member is approved for full IHCP eligibility, the claim denies and the provider must resubmit the claim using the correct Member ID. If a member receives retroactive IHCP eligibility, the QP and PMP must bill using the IHCP Member ID and not the PEPW ID.

It is imperative to bill using the IHCP Member ID when the member becomes fully eligible for the IHCP. Failure to bill with the correct identification number could result in denied claims. Checking eligibility on each date of service allows providers to see the most up-to-date eligibility information and identification number for a member.

Benefit Coverage and Reimbursement

Members determined to be presumptively eligible for coverage through the PEPW process are assigned to the **Presumptive Eligibility for Pregnant Women** benefit plan. This plan includes coverage of pregnancy-related ambulatory services including the following:

- Doctor visits for prenatal care
- Lab work related to pregnancy
- Prescriptions related to pregnancy
- Transportation for pregnancy- or emergency-related care

PEPW does not cover the following:

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

These services may be covered retroactively if the woman is later determined to be fully eligible for IHCP benefits.

When billing for services provided to PEPW members, it is important to use the appropriate pregnancy-related diagnosis and pregnancy indicator on the claim. For a list of pregnancy-related diagnosis codes that are covered under the PEPW benefit plan, see *Presumptive Eligibility for Pregnant Women Codes* on the [Code Sets](#) page at indianamedicaid.com.

For information about reimbursement for the Notification of Pregnancy (NOP), see the [Obstetrical and Gynecological Services](#) module.

Note: Although the PEPW benefit plan can be assigned on either a managed care or fee-for-service (FFS) basis, when it is accessed through the PEPW application process, it is delivered on a managed care basis. Managed care assignment details are available through the EVS during the eligibility verification process. For further billing and reimbursement information, contact the appropriate MCE.