

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201409    FEBRUARY 27, 2014



## Changes made to the IHCP Presumptive Eligibility for Pregnant Women (PEPW) process

The Indiana Health Coverage Programs (IHCP) announces changes to the Presumptive Eligibility for Pregnant Women (PEPW) process effective April 1, 2014. Changes involve both eligibility determinations and the application process used by qualified PEPW providers.

### Eligibility determinations

- Qualified providers (QPs) are no longer required to medically verify pregnancy by administering a pregnancy test when determining eligibility. Instead, the applicant can self-attest that she is pregnant when completing the PEPW application.
- The income limit for PEPW eligibility increased to 213% of the federal poverty level (FPL) (including an allowable 5% income disregard). Income limits are calculated based on family size using the Modified Adjusted Gross Income (MAGI) rules. [Table 1](#) lists the new income limits by family size. The PEPW web application will be updated to provide an accurate calculation with help icons to assist the QP in determining countable income.

### Application process

- The following fields on the PEPW application are now optional rather than required:
  - Social Security Number (SSN)
  - Race
  - Ethnicity
  - Gender
  - Marital Status
  - Pending *Indiana Application for Health Coverage?*

Although the above fields will no longer be required to complete the PEPW application, QPs are strongly encouraged to obtain the information if it is available.

- After the PEPW application is completed, the Hoosier Healthwise application will no longer print – rather a PEPW approval or denial letter will print. If the PEPW application is approved, the QP should direct the woman to take further action to complete the *Indiana Application for Health Coverage*. The PEPW approval letter provides direction on how a woman can complete the application through the Indiana Family and Social Services Administration (FSSA), Division of Family Resources (DFR). There is also space for QPs to fill in local resources for application assistance.
- As a reminder, upon PEPW application approval, QPs are still expected to inform eligible women of their coverage period and conditions. Women eligible under PEPW continue to receive Package P coverage, which includes ambulatory pregnancy-related services such as visits to a doctor for prenatal care, pregnancy-related lab work and prescriptions, and transportation for prenatal care. See [Chapter 2](#) of the *IHCP Provider Manual* for additional coverage information.
- PEPW-eligible women continue to be required to call the enrollment broker, MAXIMUS, by 6 p.m. on the day their PEPW application is completed and **must** select a health plan to activate their PEPW coverage. Women are no longer required to select a primary medical provider (PMP) on that same day, but are encouraged to do so. Once members are enrolled in a health plan, MAXIMUS will assist them in identifying a PMP so prenatal care is provided as soon as possible. As with other eligibility categories enrolled in managed care, the member’s health plan will allow reimbursement for covered services provided by in-network providers until a PMP is selected by the member.

*Table 1 – PEPW income limits by family size at 213% FPL*

Family Size*	Monthly Income Limit	Annual Income Limit
2	\$2,793	\$33,505
3	\$3,513	\$42,153
4	\$4,234	\$50,801
5	\$4,955	\$59,448
6	\$5,675	\$68,096
7	\$6,396	\$76,744
8	\$7,116	\$85,392

For each additional family member, add \$721.  
 \*The unborn child counts as one in the family size.

**QUESTIONS?**

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