

FAQs for Members Covered by the Presumptive Eligibility Program

1. What is Presumptive Eligibility?

Presumptive eligibility (PE) is a program that offers temporary coverage of outpatient prenatal care services to low-income pregnant women while their Medicaid applications are pending. The goal of the PE program is to offer healthcare to women early in their pregnancies, so they stay healthy and have healthy babies.

2. Who can participate?

PE is for pregnant women who are not yet receiving Medicaid. You must be a U.S. citizen and live in Indiana to participate. Certain legal immigrants can participate too. In addition, your family income must be below a certain amount. You cannot be covered by PE if you already receive Medicaid. If you are pregnant and think you will need help from Medicaid, you should contact your doctor or clinic, and ask for help applying for PE and Medicaid.

3. Who is a qualified legal immigrant?

Qualified legal immigrants are eligible for PE and include only the following:

- permanent resident immigrants living lawfully in the United States for five years or longer
- refugees
- asylees
- persons whose deportation has been withheld by an order from an immigration judge
- Amerasian immigrants from Vietnam
- immigrants who are U.S. Armed Forces veterans with honorable discharges.

4. How much income can I have and still qualify?

This depends on how many people are in your family. If you are older than 18 years of age, count yourself, your unborn baby, your spouse, and children who live with you. If you are 18 or younger, count yourself, your unborn baby, and your parents and siblings, if they live with you.

Family Size	Maximum Monthly Income
2	\$2,429
3	\$3,052
4	\$3,675
5	\$4,299
For each additional person, add:	\$624

5. How can I apply for PE?

You must apply for PE at certain clinics or doctor's offices. You may apply only if you are pregnant, so the designated clinic or doctor's office will ask you to take a pregnancy test, unless you can show proof of pregnancy from another doctor or clinic.

If you are pregnant, the qualified provider asks you some questions and fills out the online PE application on your behalf. If you are eligible for the PE program, your coverage begins that day.

6. What should I bring with me to the designated clinic or doctor's office?

You will need the following information on your first visit:

- Name
- Address
- Phone number
- Social Security number
- Number of people in your family
- Dollar amount of monthly family income

7. How can I find a designated clinic or doctor in my area?

Please contact the enrollment broker at 1-800-889-9949. You may also visit our Web site at <http://www.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx> for a list of locations near you.

8. Can I visit the clinic or doctor even if I'm not certain that I'm pregnant?

Yes. Any woman who thinks she is pregnant and **whose income allows her to participate** should visit a designated clinic or doctor to find out if she is pregnant and to apply for PE. However, if the woman is not pregnant, she will not be eligible for PE, and she will have to pay for the cost of the pregnancy test.

9. If I qualify for PE, will I have to choose a health plan and a doctor?

Yes. You must choose your health plan and your doctor while you are at the designated clinic or doctor's office. You will make your choice by calling the enrollment broker. The clinic or doctor's office will have the enrollment broker's telephone number and will give you a telephone to use.

10. What services will I get with PE?

PE care includes doctor visits, tests, lab work, transportation to doctor appointments, and other care for your pregnancy. PE also includes dental care and prescription drugs.

11. What healthcare is not covered?

Care when you are admitted to a hospital is not included. Labor and delivery are not included. Services that are not for your pregnancy or the health of your baby are not covered. However, if you get Medicaid, these services will be included.

12. How do I apply for Medicaid?

When applying for the PE program, you should also apply for Medicaid. The designated clinic or doctor will take your information and send in your forms. The state of Indiana will call you for an interview. You should bring paychecks and other papers to the interview. Keep in mind that even though you qualify for PE, you may not qualify for Medicaid.

13. How long will PE coverage last?

You will qualify for PE until the state of Indiana decides whether you get Medicaid. However, if you do not complete your Medicaid application and interview, your PE could end very quickly. It is very important that you respond to all requests from the state of Indiana. If you do not respond, you will not have Medicaid, which means you will have to pay for prenatal and labor and delivery costs. These costs can be very expensive.

14. Will my first visit to the designated provider be paid for?

If you qualify for PE, all medical services received on that day from the designated clinic or provider will be paid by PE. If you do not qualify for PE, you will have to pay for the services.

15. Will I have to pay for some of the services in PE?

With PE coverage, a pregnant woman does not have to pay any portion of the cost of covered services. However, services such as hospital inpatient care, and labor and delivery services are not covered, and would have to be paid for by the pregnant woman if she is not eligible for Medicaid. It is very important to complete the follow-up interview for your Medicaid application.

16. Will my baby have healthcare coverage if I am covered by Medicaid for the baby's delivery?

The newborn babies of women who have Medicaid coverage for labor and delivery are covered by Medicaid beginning at birth. Women who do not have Medicaid coverage for labor and delivery, including those who had PE but not Medicaid coverage, will have to apply for Medicaid coverage for the newborn baby. The Medicaid application process can take some time. It is best to make sure that you respond to all requests for information and begin Medicaid coverage before the baby is born.

17. How will I identify myself as a PE member?

A woman with PE coverage receives a recipient identification (RID) number during her visit with the designated clinic or doctor. The office will provide the RID number to the woman at the time she is notified that she has PE coverage. If you have PE, keep this number with you, so that you have it each time you visit a doctor or other healthcare provider.

18. Whom should I contact if I have more questions about PE?

Please call the enrollment broker at 1-800-889-9949. You can also visit our Web site at www.indianamedicaid.com.

19. What should I do if I have a miscarriage during the PE period? What will happen to my benefits?

Since your pregnancy ended, your PE benefits will also be stopped. It is important that you still complete the DFR process for Medicaid coverage. Since Medicaid coverage can extend 60 days beyond the end of the pregnancy, you could receive helpful services after the miscarriage. Also, if any inpatient services were rendered during the PE period, you must complete the Medicaid application process to have those services covered.