

PRESUMPTIVE ELIGIBILITY (PE) FOR PREGNANT WOMEN

What You Need to Know

1. Presumptive eligibility (PE) allows a pregnant woman to receive ambulatory prenatal services while her Hoosier Healthwise application is being processed.
 - *Think of PE as “Package B” with a few exceptions.*
2. A Qualified Provider (QP) must complete the PE Application for Pregnant Women for a woman to be determined eligible for the program.
3. No documentation is required from the pregnant woman for the QP to make the determination that a woman is presumptively eligible.
 - The QP must clinically verify the pregnancy
 - Women must know their gross family income, social security number, citizenship status, and other information to complete the PE Application.¹
4. PE coverage starts on the date of determination by the QP.
 - Women must select a Primary Medical Provider (PMP) and Managed Care Organization (MCO) to activate PE coverage
5. On the day of PE determination, the QP must assist the woman by:
 - a) Providing access to telephone for the woman to contact MAXIMUS at **1-800-889-9949** to select a PMP and MCO
 - b) Faxing the woman’s Hoosier Healthwise Medicaid Application to the Division of Family Resources (DFR) on the same day as PE determination².
6. If the woman does not submit an application for Medicaid, she will lose PE benefits on the last day of the month following the month in which her PE determination was made. PE can only be granted once per pregnancy.
7. The woman may remain on PE until her Medicaid application is approved or denied, or her pregnancy ends. If denied Medicaid, she has the right to appeal the decision.
8. PE does not cover inpatient services, delivery and postpartum care³. If the woman is found eligible for Medicaid, reimbursement for these services during the PE period may be covered.⁴
9. Providers that bill for services while a woman is on PE will not have reimbursement taken back if the woman is later found ineligible for Medicaid.

If you want more information about PE go to BT200910 at http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp

If you have further questions, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278. Questions can also be emailed to: PEHelp@fssa.in.gov

¹ Refer to BT200910 for a listing of the PE Application questions.

² Documentation (e.g., pay stubs, citizenship documentation, expenses, etc) is **not required** to be submitted with the Hoosier Healthwise Application. The DFR will contact the woman to notify her of the documentation that must be submitted. The QP is encouraged to assist the member with submitting additional documentation to the DFR.

³ Refer to BT200910, *Appendix B* for a complete list of non-covered services during PE.

⁴ Medicaid eligibility will be retroactive to cover the PE coverage time period.