



Medicaid Application for Pregnant Women: *Ten Tips to Streamline the Process*

In collaboration with ECHO Community Healthcare and Open Door/BMH Health Center, the Indiana Perinatal Network has compiled the following strategies for healthcare and social service providers to assist pregnant women in the Medicaid application process. Information provided in this document is subject to change and may differ according to your location. Questions, corrections, or requests for additional information should be addressed to IPN.

Know the process. While staying up-to-date on the system and its recent changes can be challenging, knowing the process, the resources in your area, and who to ask for help will enable you to be a much more effective advocate for your patients and clients. Depending on where you live and whether your county has become part of the new automated eligibility system, your patient may apply online (<http://www.in.gov/fssa>), at a local DFR office, or through the new Family and Social Services Administration (FSSA) Call Center (800-403-0864). You can find a list of which counties have the automated process at <http://www.in.gov/fssa/dfr/3674.htm>. The Hoosier Healthwise Helpline (800-889-9949) can also provide information.

Find out where your patient/client is in the application process. Make sure you know what forms your patient has already submitted, when, and to whom. Be certain that all paperwork has been fully and accurately completed and signed by the patient. The determination process does not begin until the applicant's signature has been received—so even if the system shows all documents have been submitted, an unsigned form will delay determination. FSSA has 45 days from the date they receive the application form to provide a response. Prior to 45 days, you can contact the call center to confirm that they have received everything, but you should wait until after 45 days have passed to ask about the final eligibility determination.

Have your patient designate you as her Authorized Representative (AR). Being a patient's "AR" will allow you to make phone calls, ask questions, and get information on her behalf. Even if your patient is already on Medicaid, she can list you as her AR in case her status changes or an unexpected problem arises. Medicaid applicants are only allowed to designate three AR's. Keep in mind that even if you are an Authorized Representative, you may not automatically be copied on everything that your patient receives—so let your patient know to contact you immediately with questions or problems so you can follow up. The AR form is available online in the patient's account. [You can also download a copy from the Indiana Perinatal Network.](#)

Document, document, document. Keep copies of everything you and your patient submit as part of the application process, including pregnancy verification, proof of income, fax confirmations, and AR forms. Any time you and your patient contact the Call Center, be sure to note the date and time of your call, the name of each person you spoke with, and the outcome.

Understand the Call Center's operations. To bypass the same menu each time you call, write down the telephone prompts you typically enter when you call, such as "1 for English, then 2 for Benefit Programs, 8 for More Options, 5 for Third Party Inquiries". Take note of specific terminology that may appear confusing (such as the use of "Benefit Programs" instead of "Medicaid"). At the end of the menu, you will usually hear a recording that the call center is experiencing long wait times. If you stay on the line, you may be given an approximate hold time—so don't give up before you hear it.

Know who can help you at the Call Center. The first person you speak with will generally just have access to basic information about the application process and case status. If you are calling with a case-specific question, ask to speak with a member of the *Problem Resolution Team (PRT)*. These are higher-tier staff members who can often provide more in-depth information. Your wait may be longer to talk to a member of the PRT, but it is usually worth it. Unfortunately, there is not an estimated wait time announced when you are holding for the PRT.

Make sure you have your patient's Case ID Number. Both you and your patient should know her 10-digit Case ID Number (different than the RID number). If you are using the Call Center, you can use the last four digits of the patient's Social Security number and date of birth to get information, but you must have the Case ID Number to use the online system. If the patient does not have a Social Security number, you can use "0000". To make sure documents are filed with the correct case, write the 10-digit Case ID number and/or the patient's social security number on every document submitted to FSSA.

Use the FSSA cover sheet for all faxes sent to the Call Center. Faxes sent with the official cover sheet seem to be processed more quickly. Cover sheets are available online at <http://www.in.gov/fssa>. These cover sheets are patient-specific, so you will need to have your patient's Case ID Number to retrieve one online.

Attend a Medicaid "Open House" in your community. In communities where there have been ongoing Medicaid application delays and problems, FSSA holds "open houses" where their staff meets one-on-one with applicants in an effort to resolve problems. Alert your patients to the time, date, and location, and instruct them to bring copies of all documents, correspondence, and paperwork related to their application.

Collaborate with your patients, and encourage them to take control of the process. Applicants may not always be notified by FSSA if their paperwork is incomplete or missing. Explain to clients that it is up to them to monitor and document the process. You can facilitate this by assisting them with faxing and photocopying their paperwork, reminding them of what they need to do next, documenting the process in their charts, and serving as their advocate.

For Your Information

- Effective January 2008, *Medicaid coverage for pregnant women has increased to 200% of the Federal Poverty Level.* A pregnant single woman is considered a "household size of two", and can have a monthly income up to \$2,334.
- WIC income eligibility is set at 185% of the Federal Poverty Level. *This means that all pregnant Medicaid recipients are likely eligible for WIC benefits.*

To view the Family Monthly Income/Asset Guidelines for Hoosier Healthwise Eligibility, visit <http://www.in.gov/fssa/ompp/2997.htm>



The door is always open

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