



## PRESUMPTIVE ELIGIBILITY NOTICE OF DECISION

Provider/Hospital Name: \_\_\_\_\_

Provider/Hospital Case Manager: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

On \_\_\_\_\_, Medicaid benefits for the Presumptive Eligibility application dated \_\_\_\_\_ were:  
Month/Day/Year Month/Day/Year

☐ **Approved** effective \_\_\_\_\_ ending effective \_\_\_\_\_ for the following program:  
Month/Day/Year Month/Day/Year

Select Only One:

☐ **PRENATAL PRESUMPTIVE ELIGIBILITY PROGRAM**

☐ **HOSPITAL PRESUMPTIVE ELIGIBILITY PROGRAM**

Medicaid Billing No: \_\_\_\_\_

☐ **Denied**

Reason for Denial

- ☐ The applicant does not meet citizenship requirements.
- ☐ The applicant has no eligible immigration status.
- ☐ The applicant is not a Nevada resident.
- ☐ The applicant's income is above the Federal Poverty Level (FPL).
- ☐ The applicant is receiving Medicaid and/or Medicare.
- ☐ The applicant has received Presumptive Eligibility within the last 2 years.
- ☐ The applicant has received Prenatal Presumptive Eligibility for the current pregnancy.

Provider/Hospital Worker's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Individuals determined eligible for Presumptive Eligibility are entitled to benefits from the date the provider or hospital determined them to be presumptively eligible until whichever occurs first:

- The last day of the month following the month the determination of presumptive eligibility was made; or
- The day an eligibility determination is made on an Application for Health Insurance received by DWSS for the same individual.

This notice may be used as proof of Medicaid eligibility for services such as prenatal doctor visits or other health care services including hospital care and prescription drugs. You can get prenatal care at outpatient clinics or other providers in the community. Prenatal presumptive eligibility provides limited services and will not cover the cost if you are admitted to the hospital.

**The determination of presumptive eligibility does not provide the right to an appeal or hearing.**

**If you disagree with the decision made you may complete and submit an Application for Health Insurance to DWSS to be evaluated for regular Medicaid or other health insurance.**

Applying for regular Medicaid is not required to receive presumptive eligibility. To continue receiving Medicaid after the presumptive eligibility period ends, you must complete and submit an Application for Health Insurance to DWSS for an evaluation of your eligibility for regular Medicaid or other health coverage.

- ✓ You can apply for health insurance online at [accessnevada.dwss.nv.gov](https://accessnevada.dwss.nv.gov)
- ✓ You can complete a full Medicaid application over the phone by contacting DWSS at:
  - Statewide** (800) 992-0900 ext 47200
  - Southern Nevada** (702) 486-1646
  - Northern Nevada** (775) 684-7200
  - Language Interpreter:** (800) 992-0900 ext 47200 **TTY:** (800) 326-6888

(For more information, or if you need additional assistance, visit [dwss.nv.gov](https://dwss.nv.gov) or call us.)

- ✓ You may also download a paper application for health insurance from [dwss.nv.gov](https://dwss.nv.gov).
- ✓ Paper applications can be emailed to [welfare@dwss.nv.gov](mailto:welfare@dwss.nv.gov), dropped off at a local DWSS office, or mailed back to:  
**Division of Welfare and Supportive Services**

**PO Box 15400**

**Las Vegas, NV 89114**

- ✓ The qualified provider or hospital can also provide you with a paper application.
- ✓ You may also send your application via facsimile (Fax) to (702) 486-8499.
- ✓ For more information on health coverage options, please visit [nevadahealthlink.com](https://nevadahealthlink.com) or call (800) 547-2927.