

Joe Lombardo
Governor



Laura Rich
Director

**DEPARTMENT OF
HUMAN SERVICES**
DIVISION OF SOCIAL SERVICES
Helping people. It's who we are and what we do.



Robert H.
Thompson
Administrator

PRESUMPTIVE ELIGIBILITY NOTICE OF DECISION

Provider/Hospital Name: _____
Applicant's Name: _____

Provider/Hospital Case Manager: _____
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: **PREGNATAL 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 DSS 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 DSS 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 DSS for an evaluation of your eligibility for regular Medicaid or other health coverage.

- ✓ You can apply for health insurance online at accessnevada.nv.gov
- ✓ You can complete a full Medicaid application over the phone by contacting DSS 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 dss.nv.gov or call us.)

- ✓ You may also download a paper application for health insurance from dss.nv.gov.
- ✓ Paper applications can be emailed to welfare@dss.nv.gov, dropped off at a local DSS office, or mailed back to:

Division of Social 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 or call (800) 547-2927.