Joe Lombardo
Governor

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DEPARTMENT OF HUMAN SERVICES

DIVISION OF SOCIAL SERVICES

Serving Nevada. Supporting Community. Building Futures.

Robert H. Thompson
Administrator

Application for Presumptive Eligibility for Medicaid

You can use this application to:

- apply for presumptive eligibility for Medicaid for you and your family.
- apply for presumptive eligibility through a qualified provider or hospital.
- receive prenatal care for a new pregnancy.
- receive health care services from a qualified hospital.
- receive immediate access to health care for a temporary period of up to 60 days for you and your family.

Who may qualify for Presumptive Eligibility (PE) for Medicaid?

You may qualify for presumptive eligibility for Medicaid if you meet all these rules:

- Your income is below the federal poverty level for a family of your size
- You are a U.S. citizen, U.S. national, or eligible immigrant
- You do not already have Medicaid
- You have not had presumptive eligibility for Medicaid in Nevada in the past 24 months or have not already received presumptive eligibility for your current pregnancy
- You are in one of the groups that qualifies for presumptive eligibility for Medicaid:
  - Children under age 19
  - Parents and caretaker relatives
  - Pregnant women
  - Other adults aged 19-64
  - People under age 26 who were in foster care at age 18
  - Individuals in treatment for breast and cervical cancer will be referred to the Women's Health Connection program

Need help with your application?

Ask your representative to call us at 1-800-992-0900 (voice), to assist you in applying for full Medicaid over the telephone. Need help in another language other than English, call 1-800-992-0900 and tell the customer service representative the language you need.

TTY users should call 1-800-326-6888.

You can get personalized assistance completing your application from community partners or local division staff.

Find a location nearest your home:
Visit dss.nv.gov and choose contact, or call 1-800-992-0900 (voice)
1-800-326-6888 (TTY)

1 Applicant 1

(This information is used so that we can register this application.)

First Name, MI, Last Name, (Suffix)	Gender
	☐ Male ☐ Female

Date of Birth	Social Security Number (Optional):	United States Citizen, National or eligible immigrant?
		☐ Yes ☐ No

Are you pregnant? ☐ Yes ☐ No

How many babies do you expect? _____

If yes, have you received PE previously for this pregnancy? ☐ Yes ☐ No

All PE applicants are eligible to receive PE in Nevada only once within a 24-month period for any non-pregnancy related reason.	Have you received PE within the last 24 months for a non-pregnancy related reason? ☐ Yes ☐ No If yes, when did you receive PE? _____/ _____/ _____

2 Contact Information

(This information is used so that we can contact you about this application if needed.)

Are you Homeless? ☐ Yes ☐ No *(If yes, you must still provide a mailing address to receive your mail)*

Do you intend to reside in Nevada? ☐ Yes ☐ No

Residence Address: *(Leave blank if you don't have one)*

Number	Direction	Street	Type	Apt#

City	State/Territory	Zip Code	Other

Is Your Mailing Address the Same as the Residence Address? ☐ Yes ☐ No

Mailing Address: *(Leave blank if your mailing address is the same as your residence address)*

Number	Direction	Street	Type	Apt#

City	State/Territory	Zip Code	Other

Daytime Phone # Ext. Cellular Phone # Message Phone #

Email address: _____

Optional Text Messaging Opt-In/Opt-Out

The information provided on this application, including your phone number(s), will be shared with any Department of Human Services (DHS) Division and Managed Care Organization (MCO) to which you are assigned. Consent authorizes calls and/or texts from DHS, MCO, or any contractors acting on their behalf, at any phone number(s) you provide on this application, now or in the future, including information regarding healthcare needs and treatment, wellness services, plan benefits, eligibility, renewal and/or redetermination, and for any other communication relating to your relationship with DHS or the MCO concerning health coverage. These calls/texts may be made using automated technology, such as with an automatic telephone dialing system or artificial or prerecorded voice message. Standard message and data rates may apply.

☐ **I Do** Consent to Receive Text Messaging	☐ **I Do Not** Consent to Receive Text Messaging

Household Information

Your income and family size help us decide what programs you qualify for. With this information, we can make sure everyone gets the most coverage possible.

Who should be counted as part of your household on this application:

- your spouse, if married
- your children who live with you under age 19
- your partner who lives with you (but only if you have children together who need health insurance)
- anyone you include on your federal tax return, **whether they live with you or not**
- **If you don't file a tax return, remember to still add family members who live with you.**

If any members of your household are applying for PE, complete the "Additional Members in the Household" section for each person. If you have more than 3 people in your family applying for PE, you will need to make a copy of the "Additional Members in the Household" pages and complete for each additional member.

How many people are in your household? _____

Are Additional Members in the Household Applying for PE?

☐ Yes *(If yes, complete section 3)*

☐ No *(If no, skip to section 4)*

How many additional members are applying for PE with you? _____

3 Additional Members in the Household

(Complete one section for each additional member in the household, use additional sheets of paper if you need to add more than 3 additional members)

+1

First Name, MI, Last Name, (Suffix)	Relationship to Applicant 1	Gender	Date of Birth
		☐ Male ☐ Female	

Social Security Number (Optional):

United States Citizen, National or eligible immigrant? ☐ Yes ☐ No

Are you pregnant? ☐ Yes ☐ No

How many babies do you expect? _____

If yes, have you received PE previously for this pregnancy? ☐ Yes ☐ No

All PE applicants are eligible to receive PE in Nevada only once within a 24-month period for any non-pregnancy related reason.

Have you received PE within the last 24 months for a non-pregnancy related reason? ☐ Yes ☐ No If yes, when did you receive PE? _____/ _____/ _____

+2	**First Name, MI, Last Name, (Suffix)**	**Relationship to Applicant 1**	**Gender** ☐ Male ☐ Female	**Date of Birth**
	Social Security Number (Optional):		**United States Citizen, National or eligible immigrant?** ☐ Yes ☐ No	
	Are you pregnant? ☐ Yes ☐ No **How many babies do you expect?** _____		**If yes, have you received PE previously for this pregnancy?** ☐ Yes ☐ No	
	All PE applicants are eligible to receive PE in Nevada only once within a 24-month period for any non-pregnancy related reason.		**Have you received PE within the last 24 months for a non-pregnancy related reason?** ☐ Yes ☐ No If yes, when did you receive PE? _____/_____/_____	
+3	**First Name, MI, Last Name, (Suffix)**	**Relationship to Applicant 1**	**Gender** ☐ Male ☐ Female	**Date of Birth**
	Social Security Number (Optional):		**United States Citizen, National or eligible immigrant?** ☐ Yes ☐ No	
	Are you pregnant? ☐ Yes ☐ No **How many babies do you expect?** _____		**If yes, have you received PE previously for this pregnancy?** ☐ Yes ☐ No	
	All PE applicants are eligible to receive PE in Nevada only once within a 24-month period for any non-pregnancy related reason.		**Have you received PE within the last 24 months for a non-pregnancy related reason?** ☐ Yes ☐ No If yes, when did you receive PE? _____/_____/_____	

4 Former Foster Youth

(Answer this question for anyone applying for PE.)

Has anyone applying for presumptive eligibility for Medicaid, if under the age of 26, ever been in foster care?
☐ Yes ☐ No

If yes, who? _____ Age when they left the program: _____

5 Medicare

(Answer this question for anyone applying for Hospital Presumptive Eligibility.)

Does anyone applying for hospital presumptive eligibility qualify for or entitled to Medicare? ☐ Yes ☐ No

If yes, who? _____

6 Tell Us About Your Family's Income

(Include the total income before taxes, received by you and all household members.)

⇩ Job income *For example, wages, salaries, and self-employment income.*

Amount $ _____ How often? (*check one*) ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Yearly

Amount $ _____ How often? (*check one*) ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Yearly

⇩ Other income: *For example, unemployment checks, alimony, or disability payments from the Social Security Administration (SSDI). Do not include Supplemental Security Income (SSI payments) or any child support you receive.*

Amount $ _____ How often? (*check one*) ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Yearly

Amount $ _____ How often? (*check one*) ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Yearly

Alimony received as a result of a divorce decree finalized on or after 1-1-2019 is not countable income for PE.

7 Sign your application

I'm signing this application and providing true answers to all of the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.

I swear I have honestly reported the citizenship status of myself and anyone I am applying for.

Your signature: **Date:**

8 Health Plan Selection / Managed Care Organization Preference

(Nevada households are covered by a managed care organization (MCO). You are being asked to choose one of the following health plans. If you do not select a preference, you will be assigned a plan randomly. Your choice does not guarantee enrollment into the Nevada Medicaid or Nevada Check Up programs. If you or any family members are already enrolled in one of the current managed care organizations (MCO), you might not be able to switch at this time. Enrolled families will receive a member handbook explaining their benefits.)

Which Managed Care Plan Would You Like?	Available Regions	Contact Phone	Website (Visit for more Information)
☐ Anthem Blue Cross and Blue Shield Healthcare Solutions	Urban Clark Urban Washoe	1-844-396-2329	mss.anthem.com/nevada-medicaid/home.html
☐ CareSource	Rurals Urban Clark Urban Washoe	1-833-230-2058	caresource.com/nv/plans/medicaid/
☐ Health Plan of Nevada	Urban Clark	1-844-962-8074	myHPNmedicaid.com/Member
☐ Molina Healthcare	Urban Clark Urban Washoe	1-33-685-2102	meetmolina.com/nv-medicaid
☐ SilverSummit Healthplan	Rurals Urban Clark Urban Washoe	1-844-366-2880	silversummithealthplan.com

☐ No Preference *(Note: If you do not choose a Managed Care option, you will be assigned to one by Medicaid)*

For more information on the different MCO plans, visit https://dhcfp.nv.gov/Members/BLU/MCOMain/.

If you need to find a provider, visit https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx, and search for a provider or you can call one of the local Medicaid district offices below:

Statewide	TTY	Carson City	Reno	Las Vegas	Elko
(800) 992-0900	(800) 326-6888	(775) 684-3651	(775) 687-1900	(702) 668-4200	(775) 753-1191

9 If you qualify for presumptive eligibility, what happens next?

- You will get a letter from the qualified provider or hospital saying you were approved.
- **You can start using your presumptive eligibility for Medicaid coverage right away** for services such as prenatal doctor visits or other health care services including hospital care, and prescription drugs. You can go to any health care provider who accepts Medicaid, starting the day you are approved.
  - To start using your presumptive eligibility for Medicaid, the qualified provider or hospital will give you a letter saying that you are approved for one of the presumptive eligibility programs. The letter will also contain your new Medicaid billing number. You may use the letter as proof of eligibility for Medicaid to receive services from a Medicaid provider within the presumptive eligibility program you have been approved for. If you lose your letter, you must return to the provider or hospital that approved you for a replacement if you are still eligible. Presumptive eligibility is temporary and may end prior to the 60th day.
  - If the letter says you qualify for presumptive eligibility for prenatal care because you are pregnant, you can get prenatal care at outpatient clinics or other places in the community. Presumptive eligibility for prenatal care provides limited services and will not cover the cost if you are admitted to a hospital.

- If you do not submit a completed Application for Health Insurance to DSS to see if you qualify for regular Medicaid or other health coverage, your presumptive eligibility for Medicaid coverage will end on the last day of the month after the month you are approved.
    - For example, if you qualified for presumptive eligibility for Medicaid in January, it would end on the last day of February.

- **To see if you qualify for regular Medicaid or other health coverage:**

To find out, you must complete and submit an "Application for Health Insurance" to the Division of Social Services (DSS). While you wait to learn if you qualify for regular Medicaid or other health coverage, you may be able to get your prenatal care or other health services temporarily through the presumptive eligibility program.

You can apply for health insurance online at accessnevada.nv.gov

You may also download a paper application for health insurance from dss.nv.gov.

You may submit your completed application to DSS by mail to:

Division of Social Services
PO Box 15400
Las Vegas, NV 89114

You may email a completed application to welfare@dss.nv.gov

You can complete a full Medicaid application over the phone by contacting DSS at:

○ **Statewide**	○ (800) 992-0900
○ **Southern Nevada**	○ (702) 486-1646
○ **Northern Nevada**	○ (775) 684-7200
○ **Language Number**	○ (800) 992-0900

You may send your application via facsimile (fax) to 702-486-1837.

You can get personalized assistance completing your application from community partners or local division staff.

Find a location nearest your home:
Visit dss.nv.gov and choose contact, or call 1-800-992-0900 (voice)
1-800-326-6888 (TTY)
For more information, go to dss.nv.gov.

10 If you do not qualify for presumptive eligibility, what happens next?

You will get a letter from the qualified provider or hospital saying you were not approved. You cannot appeal the decision. You may still apply for regular Medicaid or other health coverage by completing the Application for Health Insurance online at accessnevada.nv.gov or by telephone or by submitting a paper application.