



Application for Presumptive Eligibility for Medicaid

Use this form to find out quickly if you qualify for presumptive eligibility for Medicaid. Presumptive eligibility offers you and your family immediate access to health care while you apply for regular Medicaid or other health coverage.

To find out if you qualify for regular Medicaid or other health coverage, you must complete and submit an Application for Health Insurance to the Division of Welfare and Supportive Services. While you wait to learn if you qualify for regular Medicaid or other health coverage, you can get your health services through the presumptive eligibility program.

You can apply for medical assistance online at www.dwss.nv.gov

You can complete a paper application and submit by mailing the application to:

Division of Welfare and Supportive Services
PO Box 15400
Las Vegas, NV 89114

Who can qualify for presumptive eligibility for Medicaid?

You can qualify for presumptive eligibility for Medicaid if you meet all of 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
- 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 age 19-64
 - Aged Out of Foster Care

Need help with your application?

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

Find a location nearest your home:

Visit www.dwss.nv.gov and choose contact us, or call 1-800-992-0900 (voice) or 1-800-326-6888(TTY)

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Tell us about yourself

We ask for this information so that we can contact you about this application.

Name (first, middle last)

Home address (leave blank if you don't have one)

City State ZIP Code

Mailing address (if different from home address) *You must have a mailing address*

Phone number (if you have one) Email address (if you have one)

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Tell us about your family

List yourself and the members of your immediate family who live with you. Include your spouse and your children, under age 19, if they live with you.

Name (first, middle, last)	Relationship to you	Gender	Date of Birth (XX/XX/XXXX)	Applying for presumptive eligibility for Medicaid? (Yes or No)	Already had Medicaid? (Yes or No)	U.S. Citizen, U.S. National, or eligible immigrant? (Yes or No)	Social Security Number	Resident of Nevada? (Yes or No)
(Same as above)	Self							

Answer for family members who are applying. If a person is not applying, these questions are optional, but providing the information can speed up the application process.

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Other questions

Answer these questions for yourself and your family members listed in Section 2. Your answers will make it easier to find out if you and any family members qualify.

- Is anyone applying for presumptive eligibility pregnant? Yes No
- If yes, who? _____ Expected due date? _____ How many babies does she expect? _____
- Has this individual already received presumptive eligibility for this pregnancy? Yes No
- Is anyone who is applying for presumptive eligibility for Medicaid receiving Medicare? Yes No
- If yes, who? _____
- Has anyone applying for presumptive eligibility for Medicaid, if under the age of 26, ever been in foster care in the state of Nevada? Yes No
- If yes, who? _____ Age when they left the program: _____

4**Tell us about your family's income**

Write the total income before taxes are taken out for all family members listed in Section 2.

↓ 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

5**Health Plan Selection**

Families who live in urban Washoe County or urban Clark County are covered by a managed care organization (MCO). You are being asked to choose one of the following health plans. If you do not indicate a health plan preference on your application, we will choose a plan for you. Your choice of health plan does not guarantee acceptance into the Nevada Medicaid or Nevada Check Up program. We might not honor your choice of plans if you or any family members have been enrolled in one of our current managed care organizations. Once enrolled, families will receive a member handbook explaining the health plan benefits and can contact the numbers below for information regarding the health plans.

Please Choose a Health Plan	Contact Phone	
<input type="checkbox"/> SilverSummit Healthplan	1-844-366-2880	silversummithealthplan.com
<input type="checkbox"/> Anthem Blue Cross and Blue Shield Healthcare Solutions	1-844-396-2329	mss.anthem.com/nevada-medicaid/home.html
<input type="checkbox"/> Health Plan of Nevada	1-800-962-8074	myHPNmedicaid.com

NOTE: If you do not choose a health plan preference, we will choose a plan for you.

For families living in the fee-for-service benefit area, services may be obtained from any Nevada Medicaid provider. If you need assistance in locating a provider, please call your local Medicaid district office:

Carson City
(775) 684-3651

Reno
(775) 687-1900

Las Vegas
(702) 668-4200

Elko
(775) 753-1191

6**Sign this form here**

I'm signing this application under penalty of perjury, which means I've provided 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:****Witness:** (Use if applicant cannot read or write or is blind.)**Signature of witness:****Date:**

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

- You will get a letter from the hospital saying you were approved.
- **You can start using your presumptive eligibility for Medicaid coverage right away** for services such as doctor visits, 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 hospital will give you a letter saying you are approved. Use the letter to get services until you get a card in the mail. The card should arrive within 7 - 10 days. If you lose the letter, you can call customer service at 1-800-992-0900.
 - If the letter says you qualify for presumptive eligibility for Medicaid because you are pregnant, you can get care at outpatient clinics or other places in the community. Presumptive eligibility for Medicaid will not cover the cost if you are admitted to a hospital.
- If you do not fill out and send the Application for Health Insurance 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 will end on the last day of February.

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

You can apply for medical assistance online at www.dwss.nv.gov

You can complete a paper application and submit by mailing the application to:

Division of Welfare and Supportive Services
PO Box 15400
Las Vegas, NV 89114

The hospital will give you an application.

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

You will get a letter from the hospital saying you were not approved. You cannot appeal the hospital's decision. BUT, you can still apply for regular Medicaid or other health coverage by completing the Application for Health Insurance online at dwss.nv.gov or by telephone or on paper.