

# Nebraska Presumptive Eligibility Determination Form

## Are you eligible for Presumptive Medicaid Coverage?

Use this form to find out if you qualify for temporary medical coverage under Nebraska Medicaid's Presumptive Eligibility Program. The Presumptive Eligibility Program offers you free health care coverage while you apply for Medicaid and await your eligibility determination.

If you are found eligible for the Presumptive Eligibility Program, **you must complete and submit a Medicaid application (see below) to find out if you qualify for continuing Medicaid coverage.** While waiting for your Medicaid application to be processed, you may obtain services through the Presumptive Eligibility Program.

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## Who can qualify for Presumptive Medicaid Coverage?

You may qualify for Presumptive Medicaid Coverage if you meet the following requirements:

- Your income is below the standard for your group.
- You are a U.S. citizen, U.S. national, or an eligible immigrant.
- You are not currently enrolled in Medicaid or the Children's Health Insurance Program (CHIP).
- You have not had Presumptive Medicaid Coverage in the past two years or during your current pregnancy.
- You are in one of the following groups that qualify for Presumptive Medicaid Coverage:
  - Children under age 19
  - Pregnant women
  - Parents and caretaker relatives
  - Adults age 19-64
  - People who were enrolled in Medicaid and in foster care in Nebraska and aged out at 19 years of age
  - Women in treatment for breast and cervical cancer

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## How do I apply for Medicaid?

Any individual can apply for Nebraska Medicaid in the following ways:

- Online via [healthcare.gov](https://healthcare.gov) or at [ACCESSNebraska.gov](https://ACCESSNebraska.gov).
- Via paper using the single streamlined application (MILTC-53).
- In person by completing an application at a local DHHS office or with a Social Services Worker.
- Over the phone by contacting your ACCESS Nebraska phone number.
  - Omaha: 402-595-1178
  - Lincoln: 402-473-7000
  - Other areas: 1-855-632-7633

## Questions?

Contact Nebraska DHHS using the numbers listed above if you have questions or to complete your Medicaid application.

**SECTION 1: This entire form should be completed by a qualified hospital staff member.**

Please list all members of the family living in the home together. Parents in the home include biological, step, or adoptive. If more space is needed, attach an additional sheet of paper.

Address:				Phone:	
Name	Date of Birth (MM/DD/YYYY)	Gender M/F	Pregnant? Y/N	Fetal Number	Expected Due Date (MM/DD/YYYY)

**SECTION 4:**

**DO NOT COMPLETE THIS SECTION BEFORE COMPLETING SECTIONS 2 AND 3 ON PAGE 2.**

I (The qualified Presumptive Eligibility provider) certify that the following individuals have been determined to be presumptively eligible. (Do not complete Section 4 if the client is determined ineligible.)

Name	Category of Eligibility	Date of Birth (MM/DD/YYYY)	PE Approved? Y/N	<b>*Note: A presumptively eligible pregnant woman is eligible for ambulatory prenatal care only</b>
				<b>*Pregnancy providers may only authorize presumptive eligibility for pregnant women</b>

**Provider Information:**

**Please note: Only persons certified as approved providers may authorize presumptive eligibility**

Name:		Medicaid Provider Number:
Address:		Phone:
Signature: (Provider may sign only after client has been approved and signed page 2)		Date of PE Determination:

**NOTICE TO PROVIDERS:** Please accept this form as proof of temporary Medical coverage. To check Medical presumptive eligibility please call the Medicaid Eligibility Line (NMES) at 1-800-642-6092

**Please note:** There may be a delay in Presumptively Eligible cases appearing as eligible  
**Be advised that pregnant women are eligible for ambulatory prenatal care only.**

**NOTICE TO APPLICANT:** Show this form to providers of services as proof of medical coverage. You will NOT be issued a Medicaid card. This coverage is temporary. If you are interested in receiving full Medicaid coverage, you MUST complete a Medicaid application.

