



You can use this form to apply if you are a patient of the hospital, a patient's family member, or a community member.

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 benefits.

To find out if you qualify for regular Medicaid benefits, you must complete an Application for Services (GEN 50C) and submit it to the Division of Public Assistance. While you wait to learn if you qualify for regular Medicaid, you can get your health services through presumptive eligibility for Medicaid.

You may print out an Application for Services at <http://dpaweb.hss.state.ak.us/e-forms/pdf/GEN-50C.pdf> or visit any Public Assistance office.

Who can qualify for presumptive eligibility for Medicaid?

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

- You have countable monthly income under the limit for your Medicaid category
- 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 the last 12 months. Or, if you are pregnant, you have not had presumptive eligibility for Medicaid during this 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
 - Low income adults age 19-64 who are not eligible for another type of Medicaid or Medicare
 - People under age 26 who were in Alaska foster care and receiving Medicaid at age 18
 - Women in treatment for breast and/or cervical cancer

What Medical Services are Covered?

If you have questions about coverage, please call the Medicaid Recipient Hotline at 1-800-780-9972 or see the handbook available at <https://health.alaska.gov/dhcs/Documents/PDF/Recipient-Handbook.pdf>.

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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)*

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 the following: your spouse, parent(s) of your children, your children under 19, and other caretaker relatives. Do not list other relatives or friends even if they live with you.

Name (first, middle, last)	Date of birth (mm/dd/ yyyy)	Sex (M / F)	Social Security Number (optional)	Relationship to you	Applying for presumptive eligibility for Medicaid? (Yes or No)	Already has Medicaid? (Yes or No)	U.S. Citizen, U.S. National, or eligible immigrant? (Yes or No)	Resident of Alaska? (Yes or No)
(Same as above)				(Self)				

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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 pregnant, even if she is **not applying for presumptive eligibility for Medicaid**?

☐ Yes ☐ No

If yes, who? How many babies does she expect?

Is anyone who is **applying for presumptive eligibility for Medicaid** receiving Medicare?

☐ Yes ☐ No

If yes, who?

Is anyone who is **applying for presumptive eligibility for Medicaid** a parent or caretaker relative?

☐ Yes ☐ No

For example, a grandparent who is the main person taking care of a child.

If yes, who?

Was anyone who is **applying for presumptive eligibility for Medicaid** in foster care in Alaska and receiving Medicaid when they turned age 18?

☐ Yes ☐ No

If yes, who?

Does anyone who is **applying for presumptive eligibility for Medicaid** have other medical insurance?

☐ Yes ☐ No

If yes, who?

Does anyone who is **applying for presumptive eligibility for Medicaid** have Indian Health Services (IHS) eligibility?

☐ Yes ☐ No

If yes, who?

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Tell us about your family's income

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

Note: Permanent Fund Dividends (PFDs) must be annualized and counted as monthly income (divide the PFD amount by 12 months).

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

Amount\$.....

Amount\$.....

Amount\$.....

▼ Other income *For example, PFDs, 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\$.....

Amount\$.....

Amount\$.....

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Sign this form here

By signing, you are swearing that everything you wrote on this form is true as far as you know.
We will keep your information secure and private.

Your signature:

Date:

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

- **Your presumptive eligibility for Medicaid coverage can be used** for Medicaid covered services such as doctor visits, hospital care, and some prescription drugs. You can go to any health care provider who accepts Medicaid.
 - The hospital will give you a notice saying you are approved. You will get Medicaid coupons in the mail soon after. You will need to show these Medicaid coupons to your medical providers.
 - If the notice 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 the notice says you qualify for presumptive eligibility for Medicaid, you are only covered for services otherwise covered by the Medicaid program.
- If you do not fill out and send the Application for Services (GEN 50C) to see if you qualify for regular Medicaid, 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**, complete an Application for Services (GEN 50C). The hospital will assist you with completing an application and forwarding it to the Division of Public Assistance.

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

You will get a notice from the hospital saying you were not approved. You cannot appeal the hospital's decision. **BUT**, you can still apply for regular Medicaid using the Application for Services (GEN 50C) found online at <http://dpaweb.hss.state.ak.us/e-forms/pdf/GEN-50C.pdf> or visit any Public Assistance office.