

NOTICE OF PRESUMPTIVE ELIGIBILITY (PE)

Head of Household's Full Name

Health Care Provider/Pharmacist

DHHS guarantees payment for covered services until the PE period ends, which is:

- On the date the eligibility determination for full Medicaid is made, if an application for full Medicaid is filed by the last day of the month following the month in which the PE determination is made; or
- On the last day of the month following the month in which the PE determination is made, if the individual does not file an application for full Medicaid by that date.

The following individuals have been determined presumptively eligible effective: _____ Date

Name of PE Recipient	Date of Birth	SSN	MID# (if known)	
				<input type="checkbox"/> FPMA Only
				<input type="checkbox"/> FPMA Only
				<input type="checkbox"/> FPMA Only
				<input type="checkbox"/> FPMA Only
				<input type="checkbox"/> FPMA Only

- The individual identified above is presumptively eligible for Medicaid; a Medicaid ID card for this individual will be activated within 5-10 days.
- The individual identified above is presumptively eligible for FPMA; DFA Form 809, *Proof of Family Planning Medical Assistance (FPMA)*, will be sent to this individual within 5-10 days.

How To Verify Eligibility

To verify eligibility, health care providers and pharmacists must call the Xerox provider line at 1-866-291-1674 the next business day from the effective date of coverage. You will need to have your Medicaid provider number ready, as well as the individual's name, date of birth, and social security number.

Please print clearly or type:

_____ Name of Agency	_____ Name of Person Completing this Form
_____ Mailing Address	_____ Signature of Person Completing this Form
_____ Telephone Number	_____ City, State, and Zip Code
_____ Fax Number	_____ Date of Signature

Statement of understanding for PE recipient

I understand that:

- It is my responsibility to provide the Medicaid Identification (MID) Number to the providers of medical services once I receive the Medicaid identification card or DFA Form 809.
- Medicaid eligibility through PE is temporary. If I do not file an application for full Medicaid or FPMA by the end of the month after the month of this PE determination, my and/or my children's PE period and coverage will end on that day.

Signature of Individual, Parent, or Guardian

Date

Printed Name of Individual, Parent, or Guardian

NH Department of Health and Human Services (DHHS)
Division of Family Assistance (DFA)
Instructions for Completion of DFA Form 822

Purpose:

DFA Form 822, *Notice of Presumptive Eligibility (PE)*, is used to advise health care providers and pharmacists that a determination of presumptive eligibility for medical assistance has been made for the individuals named on this form. Additionally, the form indicates the effective date of PE eligibility and how to verify eligibility.

Instructions:

Person determining presumptive eligibility:

- Enter the name of the person who completed DFA Form 821, *Application for Medicaid Presumptive Eligibility (PE)*. This person is considered the head of household.
- Enter the effective date of the presumptive eligibility determination. This is the date the PE decision was made.
- For each individual requesting assistance, enter the name, date of birth, social security number and Medicaid Identification (MID) Number if the PE recipient previously had a Medicaid card.
- Print clearly or type the name of your agency, telephone number, fax number, mailing address of the agency, and the name of the person completing the form.
- Sign and date the form.
- Explain the statements of understanding to the PE recipient(s), and have the head of household sign and date the form.
- Explain the application process for full Medicaid or FPMA to the PE recipients, and provide all necessary forms to complete the application process.
- Within 5 business days of the date of the PE determination, fax DFA Form 822, DFA Form 821, *Application for Medicaid Presumptive Eligibility (PE)*, and DFA Form 11, *Authorization to Release Information*, to the Main District Office: (603) 271-8604, or mail to Main District Office, 129 Pleasant St, Concord, NH 03301.
- After making a copy for your records, provide the original DFA 822 to the head of household. Explain to the head of household that the original DFA Form 822 must be presented to health care providers and pharmacists for receipt of medical services until their Medicaid ID card or DFA Form 809, *Proof of Family Planning Medical Assistance (FPMA)*, is received in 5-10 days or until a previously issued Medicaid ID card is activated.
- Within 10 days, mail the original DFA Form 821, a copy of DFA Form 822, and DFA Form 11 to:

Main District Office
129 Pleasant St.
Concord, NH 03301