## **MC+ PRESUMPTIVE ELIGIBILITY AUTHORIZATION**

PURPOSE: The PC-2 serves as a MC+ presumptively eligibility authorization notice for children determined presumptively eligible by a Qualified Entity. The applicant should present the PC-2 to Medicaid fee-for-service providers for payment of covered medical services for the children listed. This form will guarantee 5 days of coverage, beginning date of coverage is day one.

DISTRIBUTION: The State Office of the Division of Family Services (DFS) supplies the form to Qualified Entities. To order more PC-2 forms, write to:

Division of Family Services Income Maintenance Section P.O. Box 88 Jefferson City, MO 65103

You may also call (573) 751-3216. Be sure to order additional forms in a timely manner so you do not run out.

NUMBER OF COPIES AND DISPOSITION: Complete the form in ink. Upon completion of the form, fax a copy to MC+ Phone Center, keep a copy for Qualified Entity records and give original to applicant.

INSTRUCTIONS FOR COMPLETION: PC-2s with erasures or corrections are not acceptable. Medicaid Providers are instructed not to accept a PC-2 that has been altered.

Applicant's Name and Address: Take from Section A of the IM-1UA.

<u>Qualified Entity</u>: Qualified Entity should enter name of facility contracted with DFS.

Date: Enter the date the determination is made.

## Below the double lines:

NAME: Enter the name of each presumptively eligible child.

MEDICAID NUMBER: Enter the DCN provided by the MC+ Phone Center for the each presumptively eligible child.

BEGINNING DATE OF COVERAGE: The beginning date of eligibility should always be the date the presumptive eligibility determination is completed.

(02/03)