



PRESUMPTIVE ELIGIBILITY STATEMENT OF INTEREST

WHAT IS PRESUMPTIVE ELIGIBILITY?

PE allows qualified entities to determine if an individual can receive short-term medical coverage. It provides individuals with immediate and temporary Medicaid coverage while KanCare processes their medical application.

WHO QUALIFIES FOR PE?

Presumptive Eligibility determinations can be made for pregnant women, children, former foster care children, breast or cervical cancer, parents and other caretakers.

INTERESTED IN BECOMING A QUALIFIED ENTITY OR WANT TO LEARN MORE?

Complete and submit this Statement of Interest. Indicating interest does not obligate, preclude, or guarantee participation in the Presumptive Eligibility Program.

FACILITY NAME	
THIS FACILITY IS A...	<input type="checkbox"/> HOSPITAL <input type="checkbox"/> CLINIC <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER (DESCRIBE)
NUMBER OF LOCATIONS	
CONTACT NAME & TITLE	
STREET ADDRESS 1	
STREET ADDRESS 2	
CITY, STATE, ZIP	
TELEPHONE NUMBER/EXT.	
FAX NUMBER	
EMAIL ADDRESS	
WHAT POPULATION IS SERVED MOST BY THE FACILITY?	<input type="checkbox"/> PREGNANT WOMEN <input type="checkbox"/> CHILDREN <input type="checkbox"/> PARENTS/CARETAKERS <input type="checkbox"/> ADULTS <input type="checkbox"/> ELDERLY & DISABLED
HOW DID YOU HEAR ABOUT US?	

Throughout the pre- and post-implementation stages of Presumptive Eligibility, we will conduct meetings and trainings for participating staff.

We want to make sure we schedule meetings and trainings when it works best for the facility. Please select the facility's first and second choice of days. Please indicate one hour time blocks for both days selected.

PLEASE MAIL, EMAIL, OR FAX THE COMPLETED FORM TO:

Debbie Whitaker
 Senior Manager of Presumptive Eligibility
 KDHE, Division of Health Care Finance
 900 SW Jackson, Room 900N
 Topeka, KS 66612
 Phone: (785)296-4361
 Fax: (785)296-4813
 Email: Debbie.whitaker@ks.gov

MONDAY	<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND	
TUESDAY	<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND	
WEDNESDAY	<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND	
THURSDAY	<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND	
FRIDAY	<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND	

SIGNATURE _____

DATE _____