KDHE-Division of Health Care Finance
900 SW Jackson, Suite 900
Topeka, KS 66612
Fax (785)296-4813

Presumptive Eligibility Statement of Interest

Please indicate your agency's interest in becoming a Qualified Entity for the KanCare Presumptive Eligibility Program by completing this form and submitting the required information as indicated below.

Indicating your interest does not obligate you to, preclude you from, or guarantee participation in the Presumptive Eligibility Program.

Facility Name	
Contact Name	
Street Address 1	
Street Address 2	
City, State, Zip	
Telephone Number	
Fax Number	
Email Address	

Indicate below the names, phone numbers and email addresses of staff that will participate in the Implementation of Presumptive Eligibility. These individuals shall include executive-level staff permitted to make decisions on behalf of the facility. It is suggested that legal staff also participate to ease the process of approving and signing the Memorandum of Understanding.

Name	Job Title	Phone Number	Email Address

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Medicaid ID#			
Contracts with: **Aetna**	☐ Yes ☐ No	Provider #	
Sunflower Health Plan	☐ Yes ☐ No	Provider #	
United Healthcare	☐ Yes ☐ No	Provider #	
Estimate the number of patients your facility sees each month that are not covered by health insurance or Medicaid at the time of their visit			
How many staff positions do you anticipate will be assigned to determine presumptive eligibility?			
Are you able to send staff to Topeka for one day of Instructor-Led Training?			

Anticipated Implementation Plan: As part of the process, we will ask you to submit an implementation plan. We will discuss all aspects of this plan during our information calls. For your reference the plan shall document how the entity anticipates implementing Presumptive Eligibility. This should include details such as:

- Organizational Structure of the Presumptive Eligibility Staff
- Use of third-party contractors in the organizational structure
- Types and number of staff positions assigned to presumptive eligibility
- Methods used to identify potential eligible individuals
- Process of obtaining the presumptive eligibility application
- Assistance in completion of the complete Medicaid application
- Follow-up assistance for application completion

We will mutually agree on a timeline for implementation at the facility which will include a date which we can expect the implementation plan. The plan is not required to be submitted at the time of the Statement of Interest.

Signature:_____

Date:_____

Please return a copy of this form to:

Debbie Whitaker
Presumptive Eligibility Program Manager
KDHE, Division of Health Care Finance
900 SW Jackson, Suite 804
Topeka, KS 66612
Fax: (785)296-4813
Email: Debbie.Whitaker@ks.gov