



# Presumptive Eligibility

Summer 2023 Updates

# TOPICS

- e-Application Summary Updates
- PE Portal & KEES Mapping Updates
- Task Updates
- PE Forms & PDF Changes



# e-APPLICATION SUMMARY



# Presumptive Eligibility (PE) Updates

When workers are processing an application that was submitted through the Presumptive Eligibility (PE) Portal the reported communication types display on the **e-Application Summary** page.

**e-Application Summary**

Link e-App to CaseEditClose

<b>e-App Number:</b> 3509619	<b>e-App Status:</b> Received	<b>e-App Source:</b> Presumptive Eligibility	<b>Case Number:</b>
<b>Application Date:</b> 05/11/2023	<b>Submit Date:</b> 05/11/2023 14:03:09	<b>Priority :</b> None	<b>Alternative Interview Reason:</b>
<b>Office:</b> KanCare Clearinghouse 6700 SW Topeka Blvd Bldg 281 Topeka, KS 66619	<b>Recertification/Renewal:</b> No	<b>Alternative Interview:</b> No	<b>Priority Date:</b> 05/11/2023
	<b>Auto Renewal Consent:</b>	<b>Voter Registration</b> No Response	<b>Provided Case Number:</b> No Information Provided

**Primary Applicant Information**

<b>First Name:</b> Francisca	<b>Middle Name:</b>	<b>Last Name:</b> Morra	<b>Suffix:</b>	<b>Maiden Name:</b>
<b>SSN:</b> 741-56-8932	<b>Date of Birth:</b> 02/12/1980	<b>Gender:</b> Female		
<b>Language:</b> English	<b>Written Language:</b> Spanish	<b>Hispanic Indicator:</b> Yes	<b>Race/Ethnicity :</b> Mexican, Mexican American or Chicano/a White	<b>Other Comm Needs:</b> Large Print
<b>Marital Status:</b> Never Married	<b>Requested Medical Type:</b>	<b>Applying For PE ?:</b> Yes	<b>Applying For Medical:</b> Yes	

# Presumptive Eligibility (PE) Updates

When a consumer reports being *Homeless* in the Presumptive Eligibility (PE) Portal, the reported information displays on the **e-Application Summary** page in the **Additional Information** section.

**e-Application Summary**

Link e-App to CaseEditClose

<b>e-App Number:</b> 3510709	<b>e-App Status:</b> In Progress	<b>e-App Source:</b> Presumptive Eligibility	<b>Case Number:</b> <u>20541851</u>
<b>Application Date:</b> 05/25/2023	<b>Submit Date:</b> 05/25/2023 08:41:26	<b>Priority :</b> None	<b>Alternative Interview Reason:</b>
<b>Office:</b> KanCare Clearinghouse 6700 SW Topeka Blvd Bldg 281 Topeka, KS 66619	<b>Recertification/Renewal:</b> No	<b>Alternative Interview:</b> No	<b>Priority Date:</b> 05/25/2023
	<b>Auto Renewal Consent:</b>	<b>Voter Registration</b> No Response	<b>Provided Case Number:</b> No Information Provided

**Expedited Services**

**Additional Information**

<b>Disabled:</b>	<b>Blind:</b>	<b>Pregnant:</b>
<b>State Resident:</b> Yes	<b>Homeless:</b> Yes	
<b>Physical Address Line 1:</b>	<b>Physical Address State:</b>	<b>Physical Address Line 2:</b>
<b>Physical Address City:</b>		<b>Physical Address Zip Code:</b>
<b>Mailing Address Line 1:</b> 500 SW 10TH ST		<b>Mailing Address Line 2:</b>
<b>Mailing Address City:</b> TOPEKA	<b>Mailing Address State:</b> KS	<b>Mailing Address zip Code:</b> 66615-3857
<b>Phone Type:</b>	<b>Phone Number:</b>	<b>Phone Extension:</b>
	<b>Email:</b>	
<b>MCO Choice:</b> Sunflower State Health Plan	<b>Homeless:</b>	<b>Parent Outside of Home:</b>
<b>Retro Medical Months:</b> No		

# Presumptive Eligibility (PE) Updates

When a consumer reports having a **Parent Outside of Home** in the Presumptive Eligibility (PE) Portal, the reported information displays on the **e-Application Summary** page in the **Additional Information** section.

**e-Application Summary**

Link e-App to CaseEditClose

<b>e-App Number:</b> 3510711	<b>e-App Status:</b> Received	<b>e-App Source:</b> Presumptive Eligibility	<b>Case Number:</b>
<b>Application Date:</b> 05/25/2023	<b>Submit Date:</b> 05/25/2023 09:04:40	<b>Priority :</b> Expedited	<b>Alternative Interview Reason:</b>
<b>Office:</b> KanCare Clearinghouse 6700 SW Topeka Blvd Bldg 281 Topeka, KS 66619	<b>Recertification/Renewal:</b> No	<b>Alternative Interview:</b> No	<b>Priority Date:</b> 05/25/2023
	<b>Auto Renewal Consent:</b>	<b>Voter Registration</b> No Response	<b>Provided Case Number:</b> No Information Provided

Expedited Services

Additional Information

<b>Disabled:</b>	<b>Blind:</b>	<b>Pregnant:</b> Yes
<b>State Resident:</b> Yes	<b>Homeless:</b> No	
<b>Physical Address Line 1:</b> 2025 SW MISSION AVE		<b>Physical Address Line 2:</b>
<b>Physical Address City:</b> TOPEKA	<b>Physical Address State:</b> KS	<b>Physical Address Zip Code:</b> 66604-3347
<b>Mailing Address Line 1:</b> 2025 SW MISSION AVE		<b>Mailing Address Line 2:</b>
<b>Mailing Address City:</b> TOPEKA	<b>Mailing Address State:</b> KS	<b>Mailing Address zip Code:</b> 66604-3347
<b>Phone Type:</b>	<b>Phone Number:</b>	<b>Phone Extension:</b>
<b>MCO Choice:</b> UnitedHealthCare	<b>Email:</b>	
<b>Retro Medical Months:</b> No	<b>Homeless:</b>	<b>Parent Outside of Home:</b> Yes

# Presumptive Eligibility (PE) Updates

When a consumer reports being treated for **Breast or Cervical Cancer** in the Presumptive Eligibility (PE) Portal, the reported information displays on the **E-Application Summary** page.

**e-Application Summary**Link e-App to CaseEditClose

<b>e-App Number:</b> 3510710	<b>e-App Status:</b> In Progress	<b>e-App Source:</b> Presumptive Eligibility	<b>Case Number:</b> <a href="#">20541852</a>
<b>Application Date:</b> 05/25/2023	<b>Submit Date:</b> 05/25/2023 08:46:36	<b>Priority :</b> None	<b>Alternative Interview Reason:</b>
	<b>Recertification/Renewal:</b> No	<b>Alternative Interview:</b> No	<b>Priority Date:</b> 05/25/2023
<b>Office:</b> KanCare Clearinghouse 6700 SW Topeka Blvd Bldg 281 Topeka, KS 66619	<b>Auto Renewal Consent:</b>	<b>Voter Registration</b> Yes	<b>Provided Case Number:</b> No Information Provided

Lisa

**▼ Presumptive Eligibility Determination**

**QE Worker Information**

<b>QE Worker Name:</b> Jennifer tyree	<b>Qualified Entity:</b> KDHE Qualified Entities
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**PE Results Information**

**▼ Lisa Kemp, 06/10/1991**

<b>Result</b>	Active
<b>Reason</b>	
<b>Type</b>	PE Adult
<b>Have you received Presumptive Eligibility in the last 12 months?</b>	No
<b>Are you currently receiving Medicaid Coverage?</b>	No
<b>Do you want help paying for medical bills from the last 3 months?</b>	Yes
<b>Are you currently being treated for breast or cervical cancer?</b>	Yes

# Other Program Assistance

If an applicant reports having been in Custody on their PE application, that information is mapped to the **e-Application Summary** page and have a Detail record created in KEES.

## Other Program Assistance (Foster Care)

Other Program Assistance				
Name	Type of Assistance	Begin Date	End Date	Transfer Status
Smith, Jameson	Foster Care	06/15/2003	06/15/2021	Pending

### Other Program Assistance Detail

\* - Indicates required fields.

Name: \*  
Jameson Smith

Type of Assistance: \*  
Foster Care

State: County: Review Due Date:

Aid Code:

Begin Date: \*  
06/15/2003

End Date:  
06/15/2021

Medical Verified: \*  
Pending

Non-Medical Verified:

#### Foster Care Information

Agency: Placement Type:

Court Hearing List

Court Number	Judicial District	Court Hearing Date
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# Presumptive Eligibility (PE) Updates

Updates have been made to display the consumers Job Title on the **e-Application Summary** page and **Employment Detail** page in KEES when reported in the Presumptive Eligibility (PE) Portal.

**e-Application Summary** [Link e-App to Case](#) [Edit](#) [Close](#)

**e-App Number:**  
3509669

**e-App Status:**  
Received

**e-App Source:**  
Presumptive Eligibility

**Case Number:**

**Application Date:**  
05/12/2023

**Submit Date:**  
05/12/2023 08:46:52

**Priority :**  
None

**Alternative Interview Reason:**

**Recertification/Renewal:**  
No

**Alternative Interview:**  
No

**Priority Date:** 05/12/2023

**Office:**  
KanCare Clearinghouse  
6700 SW Topeka Blvd Bldg  
281

**Auto Renewal Consent:**

**Voter Registration:**  
No Response

**Provided Case Number:**  
No Information Provided

**Current Employment**

Name	Employer	Start Date	End Date	Job Title	Self Employed?	Hours/Week	Work/Training	Transfer Status
Dominguez, Emily	T-Mobile	05/01/2010		Sales Rep	No	25	Work	Pending

[Income](#)

**Employment Detail** [Edit](#) [Close](#)

\* - Indicates required fields

**Name:** \*  
Emily Dominguez

**Category:** \*  
Employment

**Employer Information**

**Employer:** \*  
T-Mobile

**Address:**

**Contact:**

**Job Information**

**Job Title:**  
Sales Rep

**Date Hired:**  
05/01/2010

**Termination Date:**

- Social Security
- SSI
- Railroad
- Retirement/Pension
- KPERS

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# Presumptive Eligibility (PE) Updates

Updates have been made to display the income *Category*, *Type*, *Frequency*, and *Amount* on the **Income Detail** page. This information displays when a consumers reports the following income via PE Portal:

SSI

Income Detail

EditClose

\* - Indicates required fields.

Name:

\*

Zane Flowers

Category:

Social Security

Type:

\*

SSI

Frequency:

\*

Once a Month

Social Security Claim Number:

a7894566

Description:

Income Amounts

Display

Program:

\*

All

From:

To:

View

	Program	Amount	Begin Date	End Date
<input type="checkbox"/>	Family Medical	200.00	05/01/2023	

# Presumptive Eligibility (PE) Updates



Social Security

Income Detail

Next

Edit

Close

\*

 - Indicates required fields.

Name:

Bethany Flowers

Category:

Social Security

Type:

Social Security

Frequency:

Once a Month

Social Security Claim Number:

a11154789

Description:

Income Amounts

Display Program:

All

From:

To:

View

	Program	Amount	Begin Date	End Date
<input type="checkbox"/>	Family Medical	500.00	05/01/2023	

KPERS

Income Detail

Next

Edit

Close

\*

 - Indicates required fields.

Name:

Bethany Flowers

Category:

Retirement, Pensions

Type:

KPERS

Frequency:

Once a Month

Description:

Income Amounts

Display Program:

All

From:

To:

View

	Program	Amount	Begin Date	End Date
<input type="checkbox"/>	Family Medical	275.00	05/01/2023	

# Presumptive Eligibility (PE) Updates

## Railroad Benefits

**Income Detail**Next Edit Close

\* - Indicates required fields.

**Name:\***  
Jacob Flowers

**Category:**  
Railroad

**Type:\***  
Railroad Benefits

**Frequency:\***  
Once a Month

**Railroad Claim Number:**  
R14785236

**Description:**

**Income Amounts**

**Display**  
**Program:\***  
All

**From:**

**To:**

View

<input type="checkbox"/>	Program	Amount	Begin Date	End Date
<input type="checkbox"/>	Family Medical	700.00	05/01/2023	

## Retirement, Pensions

**Income Detail**Next Edit Close

\* - Indicates required fields.

**Name:\***  
Jacob Flowers

**Category:**  
Retirement, Pensions

**Type:\***  
Pensions/Other Retirement

**Frequency:\***  
Once a Month

**Description:**

**Income Amounts**

**Display**  
**Program:\***  
All

**From:**

**To:**

View

<input type="checkbox"/>	Program	Amount	Begin Date	End Date
<input type="checkbox"/>	Family Medical	350.00	05/01/2023	



QUESTIONS?

# PE PORTAL & KEEES MAPPING UPDATES



# PE Portal & KEES Mapping Updates

The PE Portal has updates which align more with the Medical SSP. Presumptive Eligibility staff now see these changes. Previously very little information mapped into KEES from the PE Portal.

With this release, PE workers now see a record for each of the following pages based on information collected in the Portal. Although the following records are created, staff still need to follow all processes when completing data acceptance.

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Presumptive Eligibility workers now see KEES detail records for the following pages :

- Voter Registration Detail
- Relationship Detail
- Income Amount Detail
- Tax Detail
- Medical Person Detail
- Address Detail
- Non-Citizenship Detail
- Noncustodial Parent Detail

# Voter Registration Detail

Eligibility staff now see a **Voter Registration** record in KEES when Medical coverage is requested through the PE Portal. The **e-Application Summary** page displays this information. The record should always be checked against the PE Portal PDF for accuracy during data acceptance.

<input type="checkbox"/>	Name▼	Register Date▼	Register▼	Source▼	Method▼	Action
<input type="checkbox"/>	<a href="#">Jill Scott</a>	05/10/2023	Yes	New Application	Electronic	<a href="#">Edit</a>

<b>e-App Number:</b> 3509693	<b>e-App Status:</b> In Progress	<b>e-App Source:</b> Presumptive Eligibility	<b>Case Number:</b> <a href="#">20541573</a>
<b>Application Date:</b> 05/12/2023	<b>Submit Date:</b> 05/12/2023 11:46:31	<b>Priority :</b> None	<b>Alternative Interview Reason:</b>
	<b>Recertification/Renewal:</b> No	<b>Alternative Interview:</b> No	<b>Priority Date:</b> 05/12/2023
<b>Office:</b> KanCare Clearinghouse 6700 SW Topeka Blvd Bldg 281 Topeka, KS 66619	<b>Auto Renewal Consent:</b>	<b>Voter Registration</b> Yes	<b>Provided Case Number:</b> No Information Provided

# Relationship Detail Record

**Relationship Details** are mapped over to KEES from the PE Portal. The **Begin Date** reflects the first day of the month of application or Prior Medical (if requested). Staff still need to follow the appropriate policies when verifying these records.

**Relationship List**

Number of relationships remaining to be created: [0](#)

**Search Results Summary** Results 1 - 3 of 3

Display by Relationship: Parent

From:  To:

[View](#) [Add](#)

Person 1	Relationship	Person 2	Parental Control	Begin Date	End Date	Action
Scott, Jill	Parent	Scott, Oneson	No	02/01/2023		<a href="#">Edit</a>
	Parent	Scott, Maya	No	02/01/2023		<a href="#">Edit</a>
Scott, Oneson	Sibling (full or half)	Scott, Maya	No	02/01/2023		<a href="#">Edit</a>

**Relationship Detail**

\* - Indicates required fields.

**First Individual:\*** Jill Scott **Relationship:\*** Parent **Second Individual:\*** Jill Scott  
Maya Scott  
Oneson Scott

☐ Care and Control  
☐ Use Person DOB as Begin Date

**Begin Date:\*** 02/01/2023 **End Date:**

**Medical Verified** Pending **Non-Medical Verified:**

[Save and Add Another](#) [Save and Return](#) [Cancel](#)

# Presumptive Eligibility (PE) Updates

When an applicant answers Yes to the following question in the Presumptive Eligibility Portal ***Do you need help paying medical bills in the last 3 months?*** workers see the **Begin Date** as the first day of the first prior medical month on the following pages:

## Medical Person Detail page

Medical Person Detail	
<b>Recipient Information</b>	
Name:* Sammy Ramos	
Application Date:* 04/19/2023	Beginning Date Of Aid:* 04/01/2023
<b>Requested Medical Type*</b>	
Type MAGI	Begin Month 01/2023

## Address Detail page

Address Detail	
* - Indicates required fields	
<b>Address Information</b>	
Address Applies To:* Sammy Ramos	
Begin Date:* 01/01/2023	End Date:
Address Type:* Mailing	
Address Line 1:* 6005 SW TOPEKA BLVD	
Address Line 2:	
City:* State:* TOPEKA KS	County: Shawnee ZIP Code:* 66619 1403
<input type="checkbox"/> This person is living out of state	

# Presumptive Eligibility (PE) Updates

## Income Amount Detail page

### Income Amount Detail

Program: Elderly & Disabled

\* - Indicates required fields

Program: Elderly & Disabled Category: Earnings Type: Wages

▼ Average Calculator

Date Received	Amount	Hours	Hourly Wage	Count in Average
<input type="text"/>	<input type="text"/> 480.00 <input type="checkbox"/>	<input type="text"/> 30 <input type="checkbox"/>	<input type="text"/> 16.0 <input type="checkbox"/>	Yes <input type="button" value="v"/>

Average Amount: 0 Weekly Hours: 0 Monthly Hours: 0

► Pre-Tax Withholdings

Reported Amount: \*

Begin Date: \*  
 ☐

Verified: \*  
Pending

End Date:

Source: \*  
   
Consumer Statement ☐

## Non-Citizenship Status Detail page



# Presumptive Eligibility (PE) Updates

## Relationship Detail page

**Relationship Detail**

\* - Indicates required fields.

<b>First Individual:*</b> Rosa Ramos	<b>Relationship:*</b> Parent	<b>Second Individual:*</b> Rosa Ramos Sammy Ramos
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☐ Care and Control  
☐ Use Person DOB as Begin Date

**Begin Date:\***  
01/01/2023

**End Date:**

**Medical Verified**  
Pending

**Non-Medical Verified:**

## Tax Detail page

**Tax Detail**

\* - Indicates required fields.

**General Tax Information**

<b>Name:</b> Sammy Ramos	<b>Verified:*</b> Pending
<b>Filing Status:*</b> Head of Household	
<b>Begin Date:*</b> 01/01/2023	<b>End Date:</b>

# Noncustodial Parent Detail

KEES creates a **Noncustodial Parent Detail** record when information is reported in the PE Portal.

**Noncustodial Parent Detail**

\* - Indicates required fields

**APPLICANT**

Applicant Name :  
Robert Jebediah

**CHILDREN (IN YOUR HOME) OF NONCUSTODIAL PARENT**

Child Name	Gender	SSN	DOB	Paternity Status	Referral
Freeman, Huey	Male	519364780	06/30/2013	Unknown	Referral
Freeman, Riley	Male	518550827	10/01/2010	Unknown	

**NONCUSTODIAL PARENT**

Parent Name: \*  
Other

Living in the Home Status  
(Does this parent live with you?):  
Permanently Out of the Home

**▼ A. Potential Noncustodial Parent Personal Information**

First Name:  
Uncle

Middle Name/Initial:

Last Name: \*  
Rukus

Suffix:

Gender:

Social Security Number:

Date of Birth:

Birth Place:

Phone Number:

When did you last hear from or get mail from this parent:

Email:

Reason noncustodial parent not in home:

**Physical Address**

Address Line 1:

Address Line 2:

City:

State:

ZIP Code:

ZIP Code Suffix:

Country:

When was this address current:

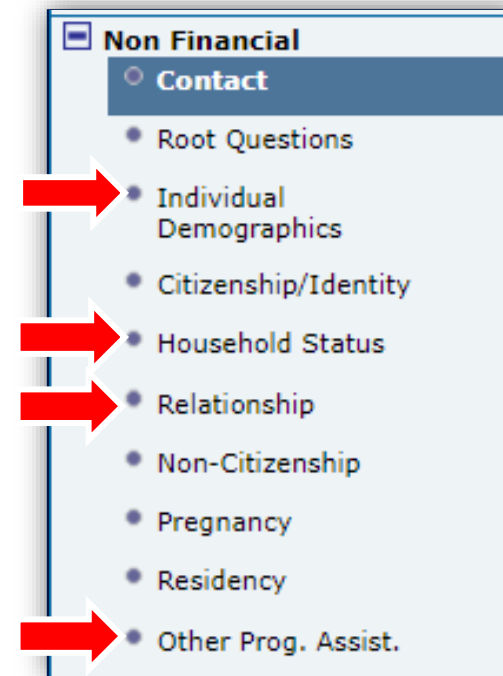
# KEES Mapping Updates

PE workers now see several **Detail** record pages based on information collected on the People & Start Application tabs in the Portal.

Information from these pages includes consumer PII, physical and mailing addresses, living situation, race, ethnicity, gender, marital status, MCO choice, and questions regarding custody amongst others.

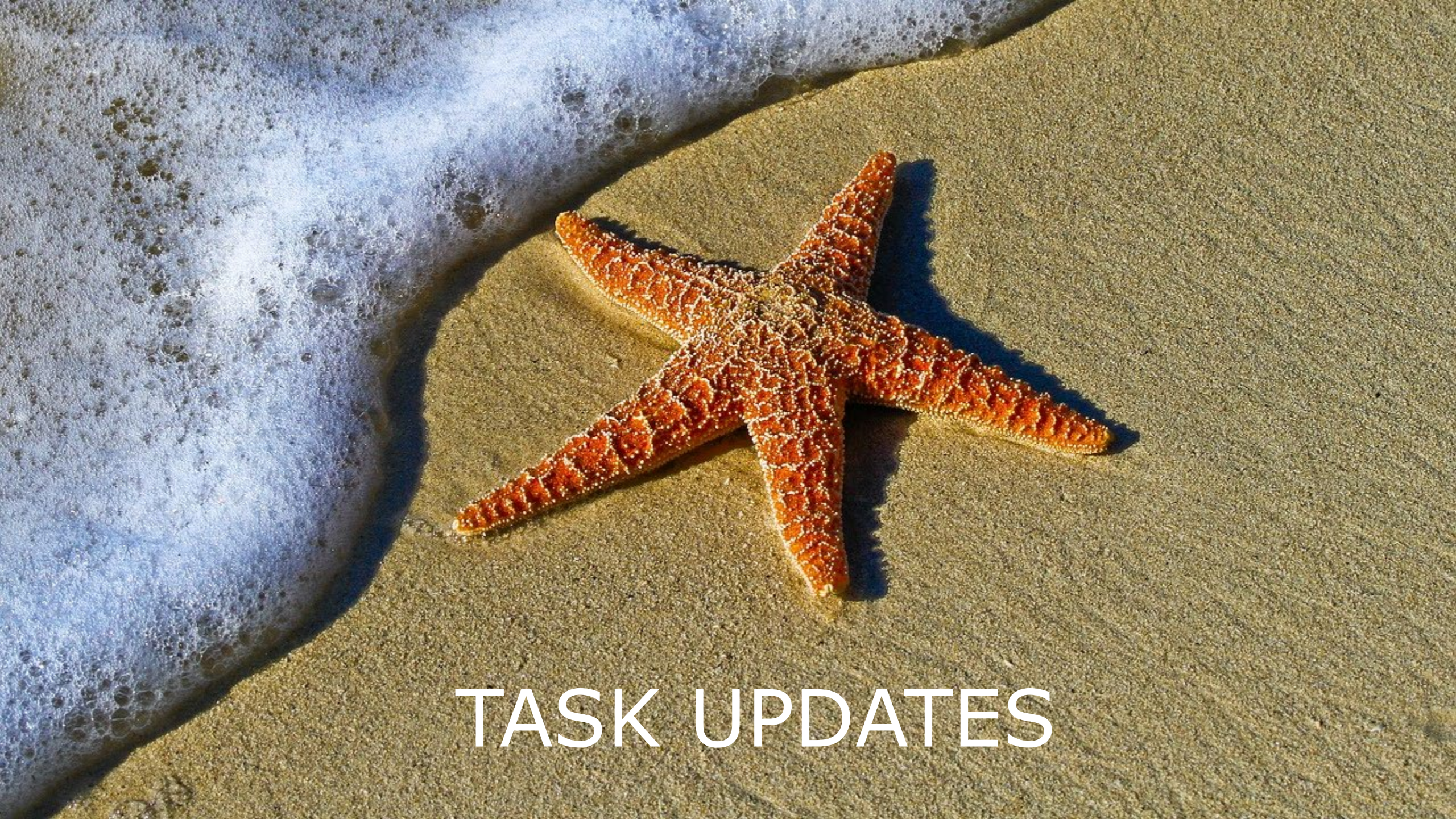
KEES creates an **Individual Demographics, Relationship, Household Status, or Other Program Assistance Detail** record based on consumer responses.

Staff still need to follow current procedures when verifying these records.



QUESTIONS?





TASK UPDATES

# Task Updates

With this release, staff now see the *Region* and *Location* on the **Intake-PE** task.

Task	Queue	Received Date	Status	Actions
<a href="#">Intake-PE</a>	Registration	05/25/2023	New	<a href="#">Claim</a>

**Name:**  
 Lisa Kemp

[Images](#)
[Claim](#)
[Complete](#)
[Save and Continue](#)
[Cancel](#)

**Status:**  
 New

**Status Reason:\***  
 - Select -

**Priority:**  
 None

**Priority Date:** 05/25/2023

**Created Date:**  
 05/25/2023

**Created Time:**  
 8:46 AM

**Due Date:\***  
 05/27/2023

**Review Due:**

**Received Date:**  
 05/25/2023

**Region:**  
 KDHE Clearinghouse

**Location:**  
 KanCare Clearinghouse

**Worker Assigned:**

**Completion Date:**

<b>Task #:</b> 5375424	<b>Queue:</b> Registration	<b>Task:</b> Intake-PE	<b>CaseBank:</b>	<b>Created By:</b> adminWS
<b>Contact Type:</b>	<b>Work Time:</b> 00:00	<b>Wait Time:</b> 00:34	<b>eApp Source:</b> Presumptive Eligibility	

**Task Details:**  
**Hyperlink**  
[e-Application](#)

**Comments:**

# Task Updates

When PE and Medical coverage is requested through the PE Portal, and Registration staff have completed the **Intake-PE** task, KEES now creates two tasks:

1. **Process PE Summary** – This is not new, KEES continues to create this task and staff should process as usual.

Task	Queue	Received Date	Status	Actions
<a href="#">Process PE Summary</a>	MAGI Eligibility	05/17/2023	New	<button>Void</button>

2. **Process Application** – A Process Application task created by KEES eliminates the need for staff to create it manually.

<a href="#">Process Application</a>	MAGI Eligibility	05/17/2023	New	<button>Void</button>
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# QUESTIONS?



# PE FORMS & PDF UPDATES



# Presumptive Eligibility (PE) Updates

The following Presumptive Eligibility (PE) forms have been updated in both the English and Spanish versions:

- Presumptive Eligibility Approval
- Presumptive Eligibility Denial
- Presumptive Eligibility Approval/Denial


Updates have been made to aid codes in the PE Programs and Denial Reason columns. This change was made to give a better understanding of the PE determination.

**Note:** Workers need to delete any PE-Only Denial notices generated in **Distributed Documents**. Consumers are given these notices by the Qualified Entity staff once a PE determination has been made in the Portal. A snippet has been added to the Standard Copy and Paste to be applied to the Medical NOA.

Workers can find Presumptive Eligibility (PE) forms scanned into Perceptive Content associated to each case.

# Presumptive Eligibility (PE) Updates

The Presumptive Eligibility (PE) Approval form displays consumer-friendly aid codes.

Sammy Ramos	
200 SW GAGE BLVD	
TOPEKA KS 66606-2022	

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**Presumptive Eligibility Results: Approval**

Dear Sammy Ramos,

Congratulations! We've approved KanCare for the following individual(s). KanCare coverage is approved on a temporary basis under the Presumptive Eligibility program. The individual(s) can only receive Presumptive Eligibility once a year or once per pregnancy. To determine if you are eligible for ongoing Medicaid coverage, the KanCare application process will need to be completed. Remember – this coverage is temporary.


Individual(s) in KanCare must have a health plan. You will receive a welcome packet telling you what KanCare health plan you have been assigned and a member ID card. Until then, use this letter as proof of health coverage.

You can start using your Presumptive Eligibility for Medicaid coverage right away 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, starting the day you are approved.

Show this letter to every doctor or other medical service provider seen.

If you have questions about medical services and providers, please contact the Customer Service Center at 1-800-766-9012.

Individual's Name (First Name, Middle Initial, Last Name)	Date of Birth	PE Program	Date Coverage Begins
Sammy Ramos	06/18/2000	PE Pregnant Women	06/01/2023

Sammy Ramos	
200 SW GAGE BLVD	
TOPEKA KS 66606-2022	

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**Resultados de la Elegibilidad Presunta: Aprobada**

Estimado Sammy Ramos,

¡Felicitaciones! Hemos aprobado KanCare para la(s) siguiente(s) persona(s). La cobertura de KanCare se aprueba de forma temporal bajo el programa de Elegibilidad Presunta. La persona(s) solo puede recibir la Elegibilidad Presunta una vez al año o una vez por embarazo. Para determinar si tiene derecho a la cobertura continua de Medicaid, deberá completar el proceso de solicitud de KanCare. Recuerde: esta cobertura es temporal.

La(s) persona(s) que cuentan con KanCare deben tener un plan de salud. Recibirá un paquete de bienvenida en el que se le indicará el plan de salud KanCare que se le ha asignado y una tarjeta de identificación como miembro. Mientras tanto, use esta carta como comprobante de la cobertura médica.

Puede utilizar su Presunta Elegibilidad de inmediato para la cobertura de los servicios cubiertos por Medicaid, como visitas al médico, atención hospitalaria y algunos medicamentos con receta. Puede acudir a cualquier proveedor de atención sanitaria que acepte Medicaid, a partir del día en que reciba la aprobación.

Muestre esta carta a todos los médicos u otros proveedores de servicios médicos que vea.


Si tiene preguntas sobre los servicios y los proveedores de atención médica, por favor contacte con el Centro de Atención al Cliente (CSC, por sus siglas en inglés: Customer Service Center) al 1-800-766-9012.

Nombre de la persona (Nombre, Segundo Inicial, Apellido)	Fecha de nacimiento	Programa de PE	Fecha de inicio de la cobertura
Sammy Ramos	06/18/2000	PE Pregnant Women	06/01/2023

# Presumptive Eligibility (PE) Updates

The PE Approval/Denial form displays consumer-friendly PE Program Aid Codes and Denial Reasons.

Rose Johnson  
2025 SW MISSION AVE  
TOPEKA KS 66604-3347



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**Presumptive Eligibility Results: Approval / Denial**

Dear Rose Johnson,

Congratulations! We've approved KanCare for the following individual(s). KanCare coverage is approved on a temporary basis under the Presumptive Eligibility program. The individual(s) can only receive Presumptive Eligibility once a year or once per pregnancy. To determine if you are eligible for ongoing Medicaid coverage, the KanCare application process will need to be completed. Remember – this coverage is temporary.

Individual(s) in KanCare must have a health plan. You will receive a welcome packet telling you what KanCare health plan you have been assigned and a member ID card. Until then, use this letter as proof of health coverage.

You can start using your Presumptive Eligibility for Medicaid coverage right away 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, starting the day you are approved.

Show this letter to every doctor or other medical service provider seen.

If you have questions about medical services and providers, please contact the Customer Service Center at 1-800-766-9012.

**APPROVED:**

Individual's Name (First Name, Middle Initial, Last Name)	Date of Birth	PE Program	Date Coverage Begins
Rose Johnson	02/12/1980	PE Adult Breast or Cervical Cancer	06/01/2023

When an application for full Medicaid is filed, the Presumptive Eligibility period will end on the date the application is approved or denied. If a full Medicaid application is not submitted, on or before the last day of the month following the Presumptive Eligibility determination, then the Presumptive Eligibility coverage will

**DENIED:**

The following person(s) is/are not eligible for KanCare under the Presumptive Eligibility program for the reason(s) listed below.

Individual's Name (First Name, Middle Initial, Last Name)	Date of Birth	Denial Reason
Victor Johnson	09/04/1975	Doesn't meet program requirements

To qualify for Presumptive Eligibility coverage, you must be one of the following:

- A child under age 19
- Pregnant
- A parent or caretaker of a child
- An Adult between the ages of 18-26 and were in Foster Care at the time of their 18th Birthday
- An Adult female between the ages of 21-64 and currently being treated for breast or cervical cancer


Important! A Presumptive Eligibility determination is a simplified decision based on information gathered today. This determination is not subject to appeal rights.

**Individual(s) can apply for full Medicaid coverage:**

# Presumptive Eligibility (PE) Updates

The Spanish PE Approval/Denial form has also been simplified.

Rose Johnson  
2025 SW MISSION AVE  
TOPEKA KS 66604-3347



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**Resultados de la Elegibilidad Presunta: Aprobada / Rechazada**

Estimado Rose Johnson,

¡Felicitaciones! Hemos aprobado KanCare para la(s) siguiente(s) persona(s). La cobertura de KanCare se aprueba de forma temporal bajo el programa de Elegibilidad Presunta. La persona(s) solo puede recibir la Elegibilidad Presunta una vez al año o una vez por embarazo. Para determinar si tiene derecho a la cobertura continua de Medicaid, deberá completar el proceso de solicitud de KanCare. Recuerde: esta cobertura es temporal.

La(s) persona(s) que cuentan con KanCare deben tener un plan de salud. Recibirá un paquete de bienvenida en el que se le indicará el plan de salud KanCare que se le ha asignado y una tarjeta de identificación como miembro. Mientras tanto, use esta carta como comprobante de la cobertura médica.

Puede utilizar su Presunta Elegibilidad de inmediato para la cobertura de los servicios cubiertos por Medicaid, como visitas al médico, atención hospitalaria y algunos medicamentos con receta. Puede acudir a cualquier proveedor de atención sanitaria que acepte Medicaid, a partir del día en que reciba la aprobación.

Muestre esta carta a todos los médicos u otros proveedores de servicios médicos que vea.

Si tiene preguntas sobre los servicios y los proveedores de atención médica, por favor contacte con el Centro de Atención al Cliente (CSC, por sus siglas en inglés: Customer Service Center) al 1-800-766-9012.

**APROBADA:**

Nombre de la persona (Nombre, Segundo Inicial, Apellido)	Fecha de nacimiento	Programa de PE	Fecha de inicio de la cobertura
Rose Johnson	02/12/1980	PE Adult Breast or Cervical Cancer	06/01/2023

Si se solicita la cobertura completa de Medicaid, el periodo de presunta elegibilidad finaliza en la fecha en que se aprueba o deniega dicha solicitud. Si no se presenta una solicitud completa de Medicaid a más tardar el último día del mes siguiente a la determinación de la PE, la cobertura de la Presunta Elegibilidad finalizará el

**DENEGADA:**

La(s) siguiente(s) persona(s) no cumple(n) los requisitos para KanCare bajo el programa de Elegibilidad Presunta por la(s) razón(es) que se indica(n) a continuación.

Nombre de la persona (Nombre, Segundo Inicial, Apellido)	Fecha de nacimiento	Rechazada Razón(es)
Victor Johnson	09/04/1975	Doesn't meet program requirements

Para tener derecho a la cobertura de Presunta Elegibilidad, debe ser una de las siguientes personas:

- Un menor de 19 años
- Una embarazada
- Un padre, madre o cuidador de un menor
- Un Adulto entre 18 y 26 años que se encontraba en un centro de acogida al momento de cumplir los 18 años
- Una mujer Adulta de entre 21 y 64 años que recibe tratamiento en la actualidad por cáncer de mama o cuello uterino

# Presumptive Eligibility (PE) Updates

The Presumptive Eligibility Denial forms have been updated to display a consumer-friendly denial reason for a better understanding of the denial reason.

John Smith  
500 SW TOPEKA BLVD  
TOPEKA KS 66603-3114



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**Presumptive Eligibility Results: Denial**

Dear John Smith,

The following individual(s) is/are not eligible for KanCare under the Presumptive Eligibility program for the reason(s) listed below.

Individual's Name (First Name, Middle Initial, Last Name)	Date of Birth	Denial Reason
John Smith	01/30/1959	Ineligible Non-Citizen

Important! A Presumptive Eligibility determination is a simplified decision based on information gathered today. This determination is not subject to appeal rights.

**Individual(s) can apply for full Medicaid coverage:**

- Online:  
You can apply online at <https://kancare.ks.gov/consumers/apply-for-kancare>
- In person:  
KanCare Clearinghouse  
3231 SE 6th Ave

John Smith  
500 SW TOPEKA BLVD  
TOPEKA KS 66603-3114



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**Resultados de la Elegibilidad Presunta: Rechazada**

Estimado John Smith,

La(s) siguiente(s) persona(s) no cumple(n) los requisitos para KanCare bajo el programa de Elegibilidad Presunta por la(s) razón(es) que se indica(n) a continuación.

Nombre de la persona (Nombre, Segundo Inicial, Apellido)	Fecha de nacimiento	Rechazada Razón(es)
John Smith	01/30/1959	Ineligible Non-Citizen

¡Importante! La determinación de Elegibilidad Presunta es una decisión simplificada basada en la información recopilada el día de hoy. Esta determinación no tiene derecho de apelación.

**Las personas pueden solicitar la cobertura completa de Medicaid:**

# Presumptive Eligibility (PE) Updates

The Approval, Approval/Denial, and Denial on both the English and Spanish PE forms have been updated to display the following:

- KanCare URL
- KanCare Clearinghouse In person office
- KanCare Clearinghouse address
- KanCare Clearinghouse phone and fax number

When an application for full Medicaid is filed, the Presumptive Eligibility period will end on the date the application is approved or denied. If a full Medicaid application is not submitted, the Presumptive Eligibility coverage will end the last day of the month following the month of the Presumptive Eligibility approval.

**Individual(s) can apply for full Medicaid coverage:**

- Online:  
You can apply online at <https://kancare.ks.gov/consumers/apply-for-kancare>
- In person:  
KanCare Clearinghouse  
3231 SE 6th Ave  
Topeka, KS 66607
- By mail:  
KanCare Clearinghouse  
P.O. Box 3599  
Topeka, KS 66601
- By phone:  
1-800-792-4884
- By fax:  
1-800-498-1255

A full Medicaid eligibility determination made by the KanCare Clearinghouse may have different results.

If you choose to apply for full Medicaid, all submitted Medicaid applications will be sent to the KanCare Clearinghouse. The KanCare Clearinghouse will contact you when a decision is made about your eligibility for health coverage. They will also contact you if they need more information.

If you have questions about the application or eligibility, please contact the KanCare Clearinghouse at 1-800-792-4884.

Si se solicita la cobertura completa de Medicaid, el periodo de presunta elegibilidad finaliza en la fecha en que se aprueba o deniega dicha solicitud. Si no se solicita la cobertura completa de Medicaid, la presunta elegibilidad finalizará el último día del mes siguiente al mes en que se aprobó.

**Las personas pueden solicitar la cobertura completa de Medicaid:**

- En línea:  
Puede hacer su solicitud en línea en <https://kancare.ks.gov/consumers/apply-for-kancare>
- En persona:  
KanCare Clearinghouse  
3231 SE 6th Ave  
Topeka, KS 66607
- Por correo postal:  
KanCare Clearinghouse  
P.O. Box 3599  
Topeka, KS 66601
- Por teléfono:  
1-800-792-4884
- Por fax:  
1-800-498-1255

La determinación de KanCare Clearinghouse sobre la elegibilidad para la cobertura completa de Medicaid depende de ciertos criterios.

Todas las solicitudes se deben enviar a KanCare Clearinghouse si se pide la cobertura completa de Medicaid. KanCare Clearinghouse se comunicará con usted cuando se tome una decisión sobre su elegibilidad para la cobertura médica o si se necesita información adicional.

Si tiene preguntas acerca de la solicitud o la elegibilidad, por favor comuníquese con KanCare Clearinghouse al 1-800-792-4884.

# PE Application PDF Updates

The completed application consumers download generates questions and answers in the same order that they are presented in the PE Portal.

Questions answered in the Portal will display on the PDF.

These changes help staff and consumers read the application more easily.

## Application Programs

PM - Presumptive Eligibility & Medical Assistance

Jameson Smith

Is this person applying for Presumptive Eligibility?: Yes

Would you like to Apply for Medical Assistance?: Yes

Has this person received Presumptive Eligibility in the last 12 months?: No

Is this person currently receiving Medicaid Coverage?: No

Does this person want help paying for medical bills from the last 3 months?: Yes

## Application Details

### Start Application

#### Tell Us More

Jameson Smith

Are you male or female? Male

Date of Birth (mm/dd/yyyy) 06/15/2003

Do you have a Social Security Number? Yes

Social Security Number (i.e. 123-45-6789) 513-84-7820

Are you a U.S. Citizen or National? Yes

Were you born in the U.S.? Yes

Marital Status Single

Are you known by another name? No



## Questions?

If you have questions related to this training, please email the KEES Training Team at [Training@KEES.ks.gov](mailto:Training@KEES.ks.gov)