

## QUALIFIED PROVIDER APPLICATION FOR PRESUMPTIVE ELIGIBILITY PARTICIPATION

Presumptive Eligibility Support Unit  
MS 4607  
P.O. Box 997417  
Sacramento, CA 95899-7417  
1-800-824-0088  
1-800-409-1498 (FAX)

This is an application to become a Qualified Provider for Presumptive Eligibility participation for the purposes of offering Presumptive Eligibility (temporary Medi-Cal) to your pregnant patients. **You must provide prenatal services to qualify for Presumptive Eligibility participation.** Please complete, sign, and return this application to the Presumptive Eligibility Support Unit.

If you have questions about this application or the Presumptive Eligibility (PE) for pregnant women program, contact the PE Support Unit at: 1-800-824-0088. For general information about Presumptive Eligibility (PE) for pregnant women, visit the web site at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).

<b>FOR OFFICIAL USE ONLY</b>	
Date Received:	_____
PE Number:	_____
Authorization Code:	_____

### PART I

**Check only one:**

- PRIMARY CARE CLINIC THAT IS NOT YET A MEDI-CAL PROVIDER:** AB 2307 (Chapter 1, Statutes of 2004 [effective July 1, 2005]) allows Primary Care Clinics to apply for Presumptive Eligibility participation while waiting to be determined as a Medi-Cal provider. No Medi-Cal provider number is needed at the time of this application, or
- MEDI-CAL PROVIDER:** When applying you must include your provider number here:

**NOTE:** This number must match the site applying for PE participation. The provider at this site must be a provider in good standing. If you do not have a provider number, contact the California Department of Health Care Services Provider Enrollment Unit at 1-916-323-1945.

### PART II

1. Name of provider			
Other name (if any used for provider services)		2. County	
Telephone number (     )	FAX number (     )		
3. Mailing address (no P.O. Box) for Site	City	ZIP Code	
4. Contact person			
Telephone number (     )	FAX number (     )		
5. Please estimate the number of pregnant patients your practice sees each month that are not covered by health insurance or Medi-Cal at the time of their initial pregnancy visit.	Of this number, how many do you expect will need Spanish language forms?		

### PART III

1. Do you participate in the Comprehensive Perinatal Services Program (CPSP)?  Yes  No
- NOTE:** If you are not currently a CPSP provider, you may get information on how to enroll by contacting the California Department of Health Care Services, Maternal and Child Health Branch at (916) 650-0401.
2. Do you participate in the Family PACT (Planning, Access, Care, and Treatment) Program?  Yes  No
- NOTE:** If you are not currently a Family P.A.C.T. provider, you may get information on how to enroll by contacting the California Department of Health Care Services at (800) 541-5555.

### PART IV CERTIFICATION

I hereby certify that all the above information is true and accurate to the best of my knowledge.

Signature	Title of Authorized Agent	Date

If you have questions about becoming a qualified provider for the PE pregnant women program, please contact the (PE) Support Unit at 1-800-824-0088.

## **PRESUMPTIVE ELIGIBILITY QUALIFIED PROVIDER RESPONSIBILITIES AND AGREEMENT**

I understand that my responsibilities as a Qualified Provider include:

- Offering the Presumptive Eligibility (PE) program to my pregnant patients without health coverage or Medi-Cal;
- Screening interested patients for income eligibility via the prescribed PE forms and guidelines;
- Issuing eligible applicants a PE card and the one-page Medi-Cal application form, issuing replacement cards to recipients upon request;
- Renewing the PE card when the woman presents a copy of her timely application for Medi-Cal or California Work Opportunity and Responsibility to Kids (CalWORKs);
- Informing the pregnant patient at the time of the PE determination that she must file her Medi-Cal (or CalWORKs) application at her local county welfare office within a specified period of time in order for her PE to continue;
- Assisting the pregnant patient in completing her one-page Medi-Cal application if needed;
- Providing a written statement to the applicant if she is ineligible for PE, and informing her that she may still file for Medi-Cal (or CalWORKs) at the county welfare department;
- Notifying the California Department of Health Care Services within five working days with the required information on those patients eligible for Presumptive Eligibility and those not eligible due to a negative pregnancy test;
- Maintaining organized records of PE applications for three years from the last date of billing, making these records available to the California Department of Health Care Services upon request, and permitting periodic Department review of the records with adequate notice from the Department;
- Attending PE training and keeping current with changes affecting PE through provider bulletins, notices and/or further training.

I, (print name) \_\_\_\_\_, agree to cooperate with the California Department of Health Care Services in complying with the above Qualified Provider responsibilities. I am aware that if I do not comply with these responsibilities and the PE guidelines as outlined in the Medi-Cal Provider Manual, I may lose my status as a Qualified Provider. I agree to notify the California Department of Health Care Services in writing of any changes in my application information at least 10 days prior to the effective date of the change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title of Authorized Agent

\_\_\_\_\_  
Date