Wyoming Department of Health

Commit to your health.

Medicaid Qualified Provider Application/Agreement

This is an application for an agency to become a Qualified Provider in order to determine Presumptive Eligibility for the Medicaid Pregnant Woman Program. Individual providers in an agency do not need to enroll but will have an individual user name. Please complete, sign, and fax this application to the Medicaid Eligibility Unit at: 307-777-6964. Questions about this application or to the Presumptive Eligibility program should be directed to the Medicaid Eligibility Unit at: 307-777-3423. General information about Presumptive Eligibility (PE) is available on the Medicaid Eligibility website at: http://www.health.wyo.gov/healthcarefin/equalitycare/index.html.

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PART I– Type of Organization

Check one:

___ Public Health Nursing Office
___ Federally Qualified Health Center
___ Medicaid Provider
___ Indian Health Service

PART II– Demographics

Applicant Name _____
Address _____
Mailing Address _____
City/ State/ Zip _____
Telephone Number _____
FAX Number _____

Applicant Contact Person _____
Title _____
Telephone Number _____
Email Address _____

Please list addresses for additional QP locations if you will be submitting the application for them from your office.

Name **Address**

_____
_____
_____

Please list names and email addresses for anyone in your office that will need a user ID for the Simplified Online PE Application.

Name **Email Address**

_____
_____
_____
_____
_____

Approximately how many PE applications will you submit each month? _____

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PART III– Responsibilities and Agreement

We understand that our responsibilities as a Qualified Provider include:

- Screening interested pregnant women for income eligibility using the prescribed PE forms and guidelines.
- Issuing applicants appropriate approval or denial notices.
- Informing the pregnant woman that she must complete a Healthcare Coverage Application for full Medicaid services.
- Assisting the pregnant woman in completing the Healthcare Coverage Application if needed.
- Assuring transmittal of Healthcare Coverage Applications to local DFS Field Office within 5 working days of the PE determination.
- Providing a notice to the applicant if she is denied PE indicating that she should still apply for Medicaid.
- Maintaining organized records for PE applicants for three years, making these records available to the Wyoming Department of Health on request, and permitting periodic WDH 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.

Organization Name: _____

Signature: _____ Title: _____ Date: _____