Ordering, Referring, Attending, Prescribing, and Sponsoring Provider Requirements

Effective January 1, 2019, all physicians and other eligible practitioners who are ordering, referring, attending, prescribing, or sponsoring (ORAPS) items or services to Kansas Medicaid beneficiaries (or other professionals who provide services under the state plan) are required to enroll with the Kansas Medical Assistance Program (KMAP).

If a provider’s National Provider Identifier (NPI) is required on a claim, even if they are not the billing provider on the claim, the provider must be enrolled with KMAP. Providers do have an option of enrolling as an ORAPS-only provider with KMAP if they do not bill or render/perform services. Individuals enrolled ONLY as an ORAPS provider are not allowed to be a rendering provider, which means they cannot furnish and bill for services.

All claims for items or services that require an ORAPS must contain the NPI of the physician or other professional who ordered, referred, attended, prescribed, or sponsored the service. This physician or other professional must be enrolled as a KMAP provider, including all attending and Emergency Room (ER) physicians and hospitalists/contracted physicians who order, refer, attend, prescribe, or sponsor.

For KanCare, if the ORAPS provider is in network with a KanCare MCO, the provider must be enrolled with KMAP.

Note: The effective date of the policy is January 1, 2019. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The KanCare Open Claims Resolution Log on the KMAP Bulletins page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

For the changes resulting from this provider bulletin, view the updated Durable Medical Equipment Fee-for-Service Provider Manual, Section 7010, page 7-2, and Section 8200, page 8-2; General Benefits Fee-for-Service Provider Manual, Section 2000, page 2-5, and Section 2710, page 2-26; Home Health Agency Fee-for-Service Provider Manual, Appendix III, page AIII-11; Hospice Fee-for-Service Provider Manual, Section 7010, page 7-2; Hospital Fee-for-Service Provider Manual, Section 7020, pages 7-3 and 7-9, and Section 8400, page 8-31; Local Education Agency Fee-for-Service Provider Manual, Section 8400, page 8-3, and Appendix, page A-1; Nursing/Intermediate Care Facility Fee-for-Service Provider Manual, Section 7010, pages 7-2 and 7-3; Pharmacy Fee-for-Service Provider Manual, Section 7010, page 7-7; and Professional Fee-for-Service Provider Manual, Section 8400, pages 8-59 and 8-61. The 1500 Claim Form and UB-04 instructions have also been updated.