KMAP Provider Enrollment Required for Pharmacy Claims

In compliance with the Centers for Medicare & Medicaid Services (CMS) Medicaid Managed Care Final Rule 2390F and 42 CFR 438.602(b)(1), all KanCare managed care organization (MCO) network providers who receive payment for KanCare members are required to be screened and enrolled in the Kansas Medical Assistance Program (KMAP). Reference KMAP General Bulletin 18180.

Effective with dates of service on and after January 1, 2019, the following process will be used for patients presenting prescriptions to the pharmacy when the MCO participating prescriber on the prescription does not have a KMAP identification (ID) number.

- When the pharmacy receives a denied claim, they need to call the phone number listed on the adjudication screen to request a prior authorization (PA) override to allow the claim to pay. This PA allows one override per drug per beneficiary over a 45-day period for an MCO network prescriber temporarily not enrolled in KMAP.

- After the initial claims payment is made, the prescriber has 45 days to complete a KMAP enrollment. If the prescriber fails to enroll within the allotted 45-day window, any additional claims submitted will be denied and considered ineligible for PA override. The prescriber will then be flagged as a nonparticipating prescriber, which will allow future claims to process without an OPR-related override needed.

Kansas Medicaid must be in compliance with the managed care regulations and providers must be enrolled in the Kansas Medicaid program. Failure to enroll as an active KanCare network service location with KMAP will prohibit your ability to participate in the KanCare program and will result in denial of claims.

The Provider Enrollment Wizard is available on the KMAP website for providers to enroll with KMAP.