REMINDER: 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 managed care organization (MCO), the provider must be enrolled with KMAP.

A 90-day grace period will extend from January 1, 2019, through March 31, 2019. During this 90-day grace period, all physicians and other eligible practitioners who are ORAPS items or services will continue to receive claims payments from the MCOs regardless of their KMAP enrollment status. Providers continuing to receive MCO payments who are not currently enrolled are expected to complete a KMAP enrollment. At the end of the 90 days, claims will deny if the ORAPS provider is not enrolled with KMAP with a valid NPI. Reference General Bulletin 18183 for additional information.

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.