Important Changes for Prescribing Providers and Pharmacies

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). This federal requirement applies to all provider types and specialties and is inclusive of the billing, rendering, ordering, prescribing, referring, sponsoring, and attending providers. Reference KMAP General Bulletin 18180.

Effective 45 days post-implementation of the KMAP Provider Enrollment date of July 1, 2019, if the prescribing provider on a pharmacy claim does not have an active/valid state Medicaid identification (ID), the pharmacy claim(s) will deny. The denial will include a rejection message.

Possible Reject 71 messages:
- Prescriber Medicaid ID Required for Participation
- Prescriber Not Enrolled in KS Medicaid
- Prescriber Does Not Have a KMAP ID

Reject 899 message:
- Prescriber Not Enrolled in State Medicaid Program

If a member has questions regarding prescriptions written by a prescriber without an active KMAP ID, they can contact the MCO Member Services toll free number on the back of their Member Identification Card. The member needs a new prescription written by an MCO Network Prescriber with an active/valid KMAP ID.

Pharmacies should be aware this impacts all prescriptions filled 45 days after the July 1, 2019, implementation for MCO members, including refills of a prior claim or fill date prior to the effective date of the regulation.

To enroll with KMAP, providers can access the Provider Enrollment Wizard. Providers can contact KMAP at 1-800-933-6593 with any additional questions including details regarding their current status with KMAP.