Managed Care Rule
Provider Enrollment

Due to the Centers for Medicare and 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).

Reminder: As of July 1, 2019, the KanCare MCOs will begin denying payments for providers who are not actively enrolled with KMAP.

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

Provider Enrollment and Billing Requirements Q&As

Who should enroll using the online application?
All providers wishing to enroll with an MCO must now access the consolidated application through the Provider Enrollment Wizard. This is the same tool used to apply directly with Kansas Medicaid.

How does my application get to the MCOs?
During the enrollment process, you will select which MCO(s) you wish your application and supporting documentation to be sent to for use in the MCO credentialing and contracting process. Once your enrollment with KMAP is approved, the application and all supporting documentation will be sent to a portal for retrieval/download by the MCOs.

How do I know which application to use?
- **New Enrollment** - This should be used to add an additional service location or a brand new location. New enrollments are also required if a new provider type is required or a new tax identification (ID) has been issued.
- **MCO Contract Request Form** - This should be used when the service location is not known to the KanCare MCO but is already enrolled with KMAP.
- **Revalidation** - This option should only be used after a revalidation notification is received from KMAP.
If already enrolled, when should I provide my existing KMAP identification number?

If enrolling with the same tax ID, the previously assigned KMAP identification number must be supplied during the application process.

In what instances is a maintenance request required instead of a new enrollment (or MCO Contract Request Form)?

- Demographic update (such as address or phone number)
- Addition of a provider specialty
- Group association
- National Provider Identifier (NPI) update
- Name update
- License update

How do I complete a maintenance request?
A written request should be submitted to KMAP by fax at 785-266-6112, email to Kansas-Provider-Enrollment@dxc.com, or mail to PO Box 3571 Topeka, KS 66601 or 6511 SE Forbes Ave. Topeka, KS 66619.

Who should the maintenance request be submitted to?
Reference KMAP General Bulletin 19064. Until further notice, all providers should direct any changes to their provider record to KMAP. KMAP is the main point of contact for these updates. Once the updates are received, KMAP will forward the requested updates to the MCOs. The MCOs will then update their records accordingly.

What provider data elements are critical for claims processing?
Synchronization and use of the following data elements when billing across the MCOs and KMAP is critical for accurate claims processing. The following data elements, when submitted on a claim, must match exactly as they were submitted at the time of enrollment (or according to the latest maintenance request received and processed by KMAP):

- NPI
- Provider name
- Provider type/specialty
- Taxonomy
- Tax ID number

Note: The effective date of the policy is July 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.