UPDATED - MCO Non-Network Provider Participation Requirements Update in Response to COVID-19 Emergency

During the COVID-19 Emergency Declaration period, services provided by temporary non-network providers will be allowed and will be reimbursed at the same rate as a participating provider. All existing Medicaid coverage and licensing requirements apply unless otherwise noted in a related COVID-19 publication. All current Managed Care Organization (MCO) prior authorization (PA) out-of-network requirements will remain in effect. The MCOs will, at a minimum, collect the TIN (SSN or EIN) and applicable state licensure and any other information needed for claim processing, and ensure the practitioner is not OIG excluded prior to paying the claim. MCO non-network providers are not required to enroll in the Kansas Medical Assistance Program (KMAP) to provide services to MCO members.

Out-of-state physicians may provide telemedicine when treating patients in Kansas without a Kansas license, provided the physician hold an unrestricted license in the state in which the physician practices. This does not extend to any other licensed provider.

Per Executive Order No. 20-08: This policy will remain in force until rescinded, until May 1, 2020, or until the statewide State of Disaster Emergency proclaimed on March 12, 2020, relating to COVID-19 expires, whichever is earlier.

Exceptions granted with this policy shall be in place until rescinded.

Note: The effective date of the policy is March 12, 2020. 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.