



Provider Enrollment Guide

Purpose and Background

This resource guide is intended to provide clarification and updates to the provider enrollment requirements for Kansas Medicaid providers.

In order to comply with 42 CFR 438.602(b) and Section 5005(b)(2) of the 21st Century Cures Act, all providers furnishing services to Kansas Medicaid members, including providers participating in a managed care organization (MCO) provider network, are required to be screened and enrolled in the Kansas Medicaid program by December 31, 2018. The Kansas Medical Assistance Program (KMAP) Provider Enrollment Wizard is the State's web-based Medicaid enrollment system.

This requirement applies to all individuals and entities who provide services of any type to Kansas Medicaid members, including but not limited to: health care providers; pharmacies; ordering, referring, or prescribing providers; and providers who do not participate in Medicaid fee-for-service (FFS) but are network providers through a KanCare MCO.

Individual Enrollment Requirements

Individuals must enroll. Providers who work for a practice or group should ensure that the group/practice is enrolled. These individual providers must enroll as an individual within a group (IG) and associate to the appropriate group(s)/practice(s).

Individuals who own their own private practice and do billing under their Type 1 National Provider Identifier (NPI) will need to enroll as an Individual (I).

Individuals with a Type 2 NPI (business) and a Type 1 NPI (individual) will need to enroll their Type 2 NPI as a Group, enroll their Type 1 NPI as an Individual within a Group, and associate to their Type 2 NPI which will be the billing provider.

Group and Facility Enrollment Requirements

Providers enrolling as a group or facility must enroll each service location independently. A service location is defined as a permanent, staffed, physical address that provides services on a daily basis.



Upcoming Updates

The Provider Enrollment Wizard (which became available for use on March 12, 2018) has been modified to accommodate MCO contracting and credentialing needs. Beginning January 2019, providers will be able to submit one application through KMAP and have this application distributed to their selected MCOs. During the enrollment process, providers will designate their desired enrollment as FFS only, MCO only, or both. If a provider chooses either the MCO only or both option, they will be able to select the applicable MCO(s). Once the application is submitted, it will be processed in accordance with the new consolidated enrollment requirements ensuring all attachments are submitted and all enrollment data is complete. Once the application is approved by KMAP, a KMAP identification (ID) number will be assigned. The application and associated materials will be forwarded to a portal where the MCOs can retrieve the data and begin their credentialing and contracting processes.

In addition to supporting a common enrollment through the Provider Enrollment Wizard, new interfaces will allow the exchange of most maintenance updates between KMAP and the MCOs. Updates to the following data attributes will still only be updated through KMAP:

- Tax ID (This requires a new enrollment.)
- Provider type (This requires a new enrollment.)
- Group association for an individual participating as part of a group

Providers currently enrolled with KMAP who did not elect to enroll with any of the MCOs at the time of their initial enrollment will have the ability to initiate an MCO contracting request form from the public portal. This process will be similar to a revalidation. The form will ask for a KMAP ID number and other identifying information. Once the system identifies a match, as with the revalidation process, an email will be sent within 24 hours with instructions to return to the portal and resume an application using the Application Tracking Number (ATN) and a password. The application will be prepopulated with information available from the provider record. Some details (such as provider type) cannot be edited. During this process, providers can select which MCO(s) the application should go to and submit the application.



Frequently Asked Questions

- Q: When enrolling, is there a way to designate multiple MCOs on the same application or does an application have to be submitted for each MCO selected?**
There are three enrollment options - FFS only, MCO only, and both FFS and MCO. When the MCO or both option is selected, an additional question will appear asking which MCO(s).
- Q: The ZIP code will be a 10-digit field. What if I only know the 5-digit ZIP code?**
You only need to enter the first 5 digits of the ZIP code. The KMAP Provider Enrollment Wizard will populate the remaining 4 digits.
- Q: Will the provider's CAQH number be on both the paper and online application?**
There will be a place on both the paper and online application for reporting a CAQH number.
- Q: Will there be a separate application for each service location?**
For providers enrolling as an individual within a group, the provider will need to submit one application only. At the time the initial application is submitted, at least one group affiliation must be identified. The group must be enrolled prior to the individual. For group enrollments, a separate enrollment must be submitted for each service location. A service location is defined as the physical address where services are being provided.
- Q: How do I determine what a service location is and when a new enrollment is required?**
Any staffed, brick and mortar office where patients are seen daily is considered a separate service location. A new enrollment is required for each service location, for each specialty, and for each tax ID number.
- Q: If I rent space inside of another business and see patients within that structure, am I required to enroll it as a separate service location?**
If the location has regular office hours and the space is rented in lieu of a free standing office, for all intents and purposes, the location is operating as its own practice location and a separate enrollment is required.
- Q: Will each service location have its own KMAP ID number?**
No. If the tax ID number is shared among the service locations, the KMAP ID number will be the same. However, a different service location ID will be assigned (alpha character at the end of the KMAP ID number).
- Q: Will there be a separate application for each provider type?**
Yes. One application is needed for each provider type. Example – The provider offers Home Health (HH) and Home and Community Based Services (HCBS). One application is completed for HH and another application for HCBS.



Frequently Asked Questions

Q: If the radiologist reading for our group has an individual KMAP ID number and will be billing for their own professional services, is the provider expected to have a separate KMAP ID number which is tied to our facility?

If the radiologist is billing for their own professional services, the provider will not need to have an additional enrollment. The radiologist enrollment as an individual provider with KMAP will suffice.

Q: If a provider works in the same building under two different facility NPIs, does this require two separate applications and two different KMAP ID numbers?

No. The provider only needs to complete one enrollment as an individual within a group. This is assuming the professional services are being billed by the facilities.

Q: Will the KMAP ID number be assigned to the provider in the same manner as it is today?

Yes. KMAP ID numbers will continue to be assigned at the time of enrollment and in the same format they exist today.

Q: When can providers stop submitting the paper applications to the MCOs?

Currently, the fillable portable document format (PDF) version of the [Kansas Organizational Provider Credentialing/Recredentialing Application](#) must be used for contracting with the MCOs. In January 2019, the Provider Enrollment Wizard will be able to communicate with the MCOs.

Q: Will providers have to separately apply for the KanCare programs in January 2019?

No. The updated Provider Enrollment Wizard will allow providers to apply with KMAP and select the applicable MCO(s). Once the enrollment and screening processes are completed, the enrollment data and attachments will be forwarded to the selected MCO(s) so that they can begin their credentialing and contracting processes.

Q: How long will it take for KMAP to enroll a provider?

KMAP processes a clean and accurate application within five business days. KMAP does not expect the timeframe to change. The enrollment process is delayed if the application is returned to the provider for corrections or missing information.

Q: How long after KMAP approval will the MCO(s) receive notification and enrollment materials?

As soon as the application is approved, the MCO(s) will be able to access the enrollment application and all associated attachments in their portals.

Note: This only applies to the MCOs selected by the provider during the enrollment process.

Q: How long after the MCOs receive the approved information do they have to process an application?

The MCOs have 90 days to credential after receipt of information and 30 days to contract once credentialing is approved.



Frequently Asked Questions

Q: How long will the system be unavailable for the upgrade in December 2018?

The system will be unavailable for new applications beginning December 3, 2018. KMAP will complete any previously submitted applications by December 30, 2018. Maintenance requests can continue to be submitted during this time.

Q: If we use a locum tenens provider and they have a KMAP ID number, are they required to submit two enrollments if seeing patients both as a member of our group and through the hospital?

If the hospital is billing on behalf of the provider, only one enrollment as an individual within a group would be required.

Q: Can more than one person have access to the KMAP Provider Enrollment Wizard to enroll our organization?

Yes. More than one person can have access to the KMAP Provider Enrollment Wizard to enroll an organization, but only one person can access the application once the process has begun. Each application is assigned a personal ID number (PIN) and requires the individual who is entering and taking responsibility for its entire processing to register.

Q: Will there be retroactive dates for enrollment/contracting?

KMAP will continue to allow retroactive dates for KMAP enrollment. The MCOs will not allow retroactive dates and will base the effective date of the network status on the contract effective date.

Q: Will providers have the same provider number for all the entities?

If the tax ID number is shared among the service locations, the KMAP ID number will be the same. A different service location ID will be assigned (alpha character at the end of the KMAP ID number).

Q: How will KMAP handle the Amerigroup Kansas, Inc. enrollment since Amerigroup has agreements with both the Amerigroup network and MultiPlan network?

All providers are required to complete a KMAP registration. MultiPlan providers will need to select Amerigroup during the KMAP enrollment process to ensure the enrollment routes correctly.

Q: Will KMAP have the resources to process all the applications?

Yes, KMAP will have the resources to process all the applications.

Q: Will providers have access to their enrollment information to make updates such as location, additions, deletions, and other routine changes?

Yes, providers will continue to have access to make updates as they do currently.



Frequently Asked Questions

Q: Will providers need to submit applications separately to each MCO to apply for the KanCare programs?

Yes, at this time. Beginning in January 2019, providers will be able to use the Provider Enrollment Wizard to apply with KMAP and select the appropriate MCO(s). Once the KMAP enrollment and screening processes are complete, the enrollment data and attachments will be forwarded to the selected MCO(s) so they can begin their credentialing and contracting processes.

Q: Can we contract with an MCO for different provider types and specialties separate from KMAP?

No. An MCO can only contract/credential a provider based on their KMAP enrollment. An MCO can contract for fewer provider types and specialties than KMAP, but an MCO may not contract/credential a provider for more or different provider types and specialties.

Q: What provider information must be the same between the KMAP and MCO systems if we are already in an MCO network and need to enroll in KMAP?

A provider should ensure the following details of their provider record are the same for KMAP and the MCO:

- NPI
- Provider name
- Provider types/specialties
- Tax ID number
- Service address

Q: Is there a requirement for taxonomies to match between a KMAP ID number and MCO provider record?

No. There is not a requirement for taxonomies to match between KMAP and the MCOs. The requirement is only for the provider type and specialties to match. However, it is recommended that providers synchronize this data element between KMAP and the MCOs since the taxonomy is used in identifying a unique provider which will be used in the processing of claims.

Q: If my information has changed and is not current with KMAP, am I expected to update this information prior to implementation on January 1, 2019?

No. It is not required. However, it is highly recommended to ensure accurate claims processing.

Q: Do the MCOs have access to provider information so they can validate if a provider or service location has an active KMAP enrollment?

Yes. The MCOs receive weekly reports which identifies which providers are active or inactive.



Frequently Asked Questions

Q: If I am currently contracting with an MCO but do not complete a KMAP enrollment prior to December 31, 2018, will I still be eligible for reimbursement from an MCO?

No. According to the Managed Care Rule, MCO network providers must be enrolled and screened with KMAP. The provider may be eligible for reimbursement at a nonparticipating rate with the MCO.

Q: Can we use the same CAQH form to make everything similar to most other carriers?

No. You cannot use the CAQH form in place of a KMAP enrollment. There is a place on the application for the provider to enter their CAQH number so the MCOs can use as needed.

Q: If an individual other than the provider is filling out the application on behalf of the provider, does that individual have the authority to sign the application?

Yes. If an individual is completing the application on behalf of the provider, then they will have the authority to sign the application. However, the individual must sign their own name in the signature fields. Directions and specific details are available in KMAP [General Bulletin 17029](#).

Q: Can the same email address be used for completing multiple applications for multiple providers?

Yes. The same email address can be used for the purpose of completing multiple applications.

Q: Is a system available for testing by a provider?

A system will be made available for testing.

Q: If the enrollment coordinator is e-signing on behalf of the provider, is the signature from the actual provider needed at all?

No. The individual completing the application should have the authority to sign on behalf of the provider. However, the individual must sign their own name in the signature fields. Directions and specific details are available in KMAP [General Bulletin 17029](#).

Q: Where is the paper version of the common application for MCOs located?

The [Kansas Organizational Provider Credentialing/Recredentialing Application](#) is available on the [KanCare](#) page of the KMAP website.

Q: To enroll in KMAP, does a physician need to have privileges at hospitals?

This depends on the specialty selected. All required fields are indicated and will not allow you to progress through the application until the required data has been entered.



Frequently Asked Questions

Q: How will the fiscal agent verify the authorized person is entering the data for providers or requesting a sign on?

If completing an application on behalf of a provider, an individual will have to provide all the required components including the NPI, tax ID number, service location, and proof of education to minimize risks. For providers, there should be safeguards in place to limit access to the information needed to complete the application. For additional details, reference KMAP [General Bulletin 17029](#).

Q: How will the fiscal agent prevent someone who has left an organization from having future access to the provider's application?

When an individual leaves the facility or the position responsible for completing enrollments, the provider should have the newly assigned staff member contact KMAP and request a password change.

Q: If someone leaves a facility, how will the provider's ID number and password be reassigned?

If desired, the provider's office needs to have an internal process for new assignments that would include this element as part of the exchange.

Q: What should a provider do when applying for KMAP when he is already enrolled in Medicare but the Provider Transaction Access Number (PTAN) has not been issued? Is this going to stop the KMAP application from processing until the PTAN is available?

The Medicare number is not a required field and will not stop the processing of an application.

Q: In the instance that a group is loaded into the system in advance of an individual applying as a member of that group by selecting the group association, will the group information such as pay to and mailing address be available as a drop-down for the individual?

When an individual is applying as part of a group, they will not be prompted to enter a pay to or mail to address since the group will be billing on their behalf. All other information will need to be entered. A drop-down option will not be available. At the time of enrollment, the individual provider (IG) will be required to supply the new 14-digit KMAP ID number of the group so the enrollments can be appropriately associated in the system.

Q: At some point will a paper application no longer be accepted for new applications or revalidations?

At this time, paper applications are accepted.



Frequently Asked Questions

Q: Can an address template be created so facilities don't have to enter data every time for each provider? This would save time when entering multiple providers with the same address.

There is not an auto-populate feature for the address. The address will need to be provided for each application.

Q: Do all providers have to complete the application and go through the full enrollment process or is KMAP going to allow for a roster enrollment process?

KMAP does not allow for roster enrollment. All individuals who are part of a roster must be enrolled as IGs and affiliated with the group.

Q: Will KMAP do a comparison of providers in the MCO networks to the KMAP network to see what kind of inquiries they may have? Will KMAP reach out to any of those providers? Will the MCOs let all their providers know that this change is coming?

Yes. KMAP and the MCOs are assessing the networks prior to implementation and providing appropriate educational resources to providers.

Q: When we submit this application, is there a place to checkmark which MCO(s) we want to enroll with? Will this application be automatically forwarded to the MCO(s)?

Yes. An option to contract with select MCOs will be built into the application. The application and associated documentation will be forwarded to the MCO(s). Providers will no longer be required to apply with each MCO separately.

Q: If a provider is associated with any group or facility, do they need to provide that information in the application?

Yes. They need to provide the KMAP Group ID number they wish to associate with.

Q: If, as a facility, we already have an active KMAP ID number, the only change will be to the new enrollment processes and no additional action is required?

Correct. If you are enrolled as a facility and all locations are enrolled and active with KMAP, no action is required on behalf of your facility.

Q: Will there be two signatures required: one on the provider agreement and one on the Disclosure of Ownership?

In the Provider Enrollment Wizard, only one electronic signature is required for the application. It applies to both the Disclosure of Ownership (DOO) and provider agreement. However, for paper applications, a wet signature is required on both documents. If a wet signature is not on both the provider agreement and DOO, the paper application will be returned.



Frequently Asked Questions

Q: If I am an individual completing an application on behalf of the provider, do I sign the MCO consent or do I enter the provider's information?

The individual completing the application should have the authority to sign on behalf of the provider and should sign their name.

Q: Will each enrollment require a new MCO consent form?

Yes. Each enrollment where an MCO is selected will require a corresponding consent form. Example: If three plans are requested, the submitter will be presented the consent for each MCO and will be required to agree prior to application submission.

Q: If providers are currently enrolled with KMAP and practicing independently, what is the process for associating them to a group?

Providers who work for a practice or group should ensure that the group/practice is enrolled. These individual providers must enroll as an Individual within a Group (IG) and associate to the appropriate group(s)/practice(s). Individuals who own their own private practice and do billing under their Type 1 NPI (individual) will need to enroll as an Individual (I). Individuals with a Type 2 NPI (business) and a Type 1 NPI (individual) will need to enroll their Type 2 NPI as a Group, enroll their Type 1 NPI as an Individual within a Group and associate to their Type 2 NPI which will be the billing provider. If the provider is already enrolled as an Individual within a Group, a maintenance request should be submitted for each provider to associate them to the respective group(s).

Q: If I have multiple service locations, how do I obtain details regarding which providers are currently enrolled as an Individual within a Group and associated to each service location?

Send an email to the KMAP Provider Enrollment team at Kansas-Provider-Enrollment@dxc.com.

Q: Once an application is complete, can I request a status update electronically through the Provider Enrollment Wizard?

Yes. The application tracking number (ATN) can be used to find the status of the application through the Provider Enrollment Wizard.

Q: Will the MCOs use the same effective date as KMAP or will the MCOs have their own credentialing date?

The MCO assignment of effective date will continue to be independent of the KMAP enrollment process and is dependent on the MCO credentialing and contracting processes.



Frequently Asked Questions

Q: Currently, the taxonomy codes submitted on the application do not match those on the KMAP welcome letter, why are they different?

With the implementation of the new Provider Enrollment Wizard on March 12, 2018, the system was aligned with the MCO use of provider self-identified taxonomies. However, KMAP continues to use the system-assigned taxonomy, driven by the provider type and specialty combination entered by the provider. As a result, providers are advised on their welcome letter to use the system-assigned taxonomy in order to ensure their claims continue to process as expected.

Note: The selection of taxonomies, while self-identified, are limited based on a provider's type and specialty. A common list of allowable taxonomies by provider types and specialties has been developed between KMAP and the MCOs in order to ensure a unique provider match is identified for the purpose of claims processing.

Q: If total Medicaid capacity is requested and I have no limitation on the number of Medicaid patients who can be seen by my office, how should capacity be reported?

If your organization has no limitations on the number of Medicaid patients accepted into your panel a default value of 9999 should be entered.

Q: What is the importance of the November 1, 2018 date and will the interfaces with the MCOs occur at that time?

All providers who do not currently contract with Medicaid or who need to enroll additional service locations should complete their application by November 1, 2018. This allows KMAP to process all pending applications in preparation for the December upgrade. Depending on the volume of pending applications, KMAP cannot guarantee applications submitted after November 1 and prior to December 3 will be processed and approved. Pending applications will be denied and a new application will need to be submitted when the system is available again on January 1, 2019.

Q: If a provider is already contracted with KMAP and an MCO are they required to recredential?

There is no change to the MCO recredentialing. You will recredential with the MCOs as you do today. However, the change is coming as of January 1, 2019. Currently, KMAP revalidation occurs every 5 years. The MCOs recredential once every 3 years. With the implementation of the integrated application process, all providers will revalidate and recredential on the 3-year cycle. Providers will continue on their current cycle with KMAP and the MCOs. When the next KMAP revalidation is due, the provider will revalidate and recredential with all the organizations at once. Example: A provider enrolls on November 1, 2018 with KMAP. This provider would be expected to revalidate with KMAP in 2023. The recredentialing cycle with any contracted MCOs is due according to their current contract date with each MCO. Beginning on November 1, 2023, all parties will move to the same November 1 date and will revalidate/recredential in 2026.

Q: If I do not currently receive the KMAP bulletins, how can I access them?

Bulletins can be accessed on the [Bulletins](#) page of the public KMAP website.

Q: Will enrollment with KMAP require me to see FFS beneficiaries?

No. Enrollment with KMAP does not require you to see FFS beneficiaries.



Resources

KMAP [Bulletins](#)

- **17029** - Electronic Signature Enhancement to Online Provider Enrollment
- **17006** - Provider Enrollment Disclosure of Ownership
- **16189** - Provider Application Fee
- **17014** - KMAP Provider Revalidation
- **17085** - Updated Kansas Organizational Provider Credentialing/Recredentialing Application
- **16139** – Fingerprint-based Criminal Background Checks
- **17246** – Provider Enrollment Managed Care Changes
- **17252** – Provider Enrollment Changes
- **17295** - Provider Enrollment Managed Care Changes

Useful Links

- **Contact us:** kdhe.KMMS_PEPProject@ks.gov
- **KanCare (State):** <http://www.kancare.ks.gov/>
- **KanCare (KMAP):** <https://www.kmap-state-ks.us/Public/KanCare/Kancare.asp>
- **Amerigroup:** <https://providers.amerigroup.com/pages/ks.aspx>
- **Sunflower Health Plan:** <https://www.sunflowerhealthplan.com/>
- **UnitedHealthcare:** <http://www.uhccommunityplan.com/ks/medicaid/community-plan.html>
- **Final Rule 2390F:** <https://www.medicaid.gov/medicaid/managed-care/downloads/final-rule-overview.pdf>
- **(CFR) 438.602(b)(1):** <https://www.medicaid.gov/medicaid/managed-care/downloads/final-rule-overview.pdf>



Definitions

- **Contracting:** When a provider has completed the MCO credentialing process and is approved, the provider will be offered a contract to become a participating provider in the MCO provider network and begin providing services to assigned members.
- **Council for Affordable Quality Healthcare (CAQH):** This is essentially an online database that stores provider information. CAQH-participating providers grant access to their information to insurance companies.
- **Credentialing:** The MCO process of assessing and validating the applicable criteria and qualifications of providers to become or continue as participating network providers in an MCO.
- **Disclosure of Ownership:** The Code of Federal Regulations (42 CFR 455 Subpart C) mandates the collection of personal information to include, but not be limited to, the name, Social Security number, date of birth, and address of individuals with 5% or more ownership interest, or considered a managing employee.
- **Electronic signature:** This is a digital signature that allows an individual to provide a signature or its equivalent to an electronic document when consenting to an online agreement or contract. This digital signature is in lieu of a wet signature.
- **Provider Enrollment Wizard:** This is the new online application system for providers to submit an enrollment application/revalidation to KMAP.
- **Provider Agreement:** An agreement between the provider and the State of Kansas wherein the provider agrees to comply with the rules and regulations of the Medicaid program.
- **Provider Enrollment:** The process by which an individual, entity, or location not currently enrolled as a Kansas Medicaid provider submits a provider application, undergoes any applicable screening, pays an application fee (as appropriate for the provider type) and is approved for participation in the Medicaid program.
- **Recredentialing:** The process by which a credentialed provider revalidates their credentialing.
- **Revalidation:** The process by which an individual or entity currently enrolled as a Kansas Medicaid provider resubmits a provider application and undergoes a state-defined screening process. Currently, this revalidation occurs every 5 years for all Medicaid providers.
- **Validation:** The process of verifying the qualifications of a practitioner to provide care or services. This is part of the Kansas Medicaid enrollment process.
- **Wet signature:** When an individual physically signs a document and submits it with the original signature.