

SEPTEMBER 2018

KMAP GENERAL BULLETIN 18179

Provider Enrollment Managed Care Regulation Implementation Update

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. All network providers must be KMAP enrolled and screened prior to receiving payment from an MCO. The full timeline and transition information are detailed in [MCO General Bulletin 18131](#).

As of November 1, 2018, all providers are required to have a KMAP identification (ID) number in order to participate with the MCOs. Providers are encouraged to submit enrollments prior to this date to ensure there will not be any impact to claims payments once the integrated common online application and associated claims editing is implemented on January 1, 2019.

To ensure a seamless transition, providers should note the following:

- For group enrollments, an application is required for each service location.
Note: While each location is required to enroll, if only one National Provider Identifier (NPI) is registered for the group with the National Plan and Provider Enumeration System (NPPES), each location may carry the same NPI.
- For individuals practicing as part of a group, only one application is required. However, the individual is responsible for reporting all group associations so that the individual and group(s) are appropriately linked in the Kansas Modular Management System (KMMS).

KMAP

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- If participating as a member of a group, the group must enroll before the individual can complete an enrollment. After the group has been assigned a KMAP ID number, the individuals may enroll and associate to the enrolled group.
- Once a location has been enrolled with KMAP, the information submitted at the time of enrollment should be used for submitting both fee-for-service (FFS) and MCO claims.

Note: Synchronization and use of the following data elements across the MCOs and KMAP is critical to accurate claims processing:

- NPI
 - Provider name
 - Provider types and specialties
 - Taxonomy
 - Tax ID number
- Once an enrollment is complete, updates to the following attributes must begin with KMAP. All other changes may originate with either KMAP or an MCO and will be communicated to the impacted MCOs.
 - Tax ID*
 - Provider type*
 - Group association for an individual participating as part of a group

*This requires a new enrollment.

Note: For updates which originate with an MCO, the changes requested are not automatically completed. The changes will be pending until a KMAP resource can validate. This validation requires contact with the provider for verification of the changes. Once verified by KMAP, the updates will be made to the provider's record and all impacted MCOs will be notified of the updates.

Failure to enroll an active KanCare network service location with KMAP will prohibit the provider from participating in the KanCare program and will result in denial of claims.

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.

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