

**KMAP IHS BULLETIN 20042**

**UPDATED - Indian Health Services (IHS)  
Enrollment**

This is to provide clarification on enrollment requirements for Indian Health Services (IHS) providers. IHS providers who want to contract as an in-network provider with a Managed Care Organization (MCO) must be screened and have executed an agreement with the State of Kansas Medicaid program per 42 CFR 438.602(b) in order to receive payment from the Kansas Medical Assistance Program (KMAP) or any of the Kansas MCOs.

IHS providers must adhere to all screening and enrollment requirements for participation in KMAP and KanCare except for the following:

1. The Indian Health Service (IHS) providers are covered under Federal **Tort** Claims Act (FTCA) and shall not be required to obtain or maintain insurance (including professional liability insurance).
2. Pursuant to 25 USC 1621t and 1647a, any entity operated by the IHS, an Indian tribe, tribal organization or urban Indian organization be licensed or recognized under the State or local law where the entity is located to furnish health care services, if the entity attests that it meets all the applicable standards for such licensure or recognition. In addition, the State shall not require the licensure of a health professional employed by such an entity under the State or local law where the entity is located if the professional is licensed in another State.

These requirements have been extended to managed care through CMS-2390-F (Medicaid Managed Care Final Rule). Refer to the following Informational Bulletin for more information:

(<https://www.medicaid.gov/federal-policy-guidance/downloads/cib121416.pdf>)

**KMAP**

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