

MAY 2021

KMAP GENERAL BULLETIN 21049

Top Provider Enrollment Wizard and MCO Contracting Request Form Errors

Providers have been utilizing the Kansas Medical Assistance Program (KMAP) [Provider Enrollment Wizard](#) as the single entry to Medicaid enrollment since 2018. Since that time, providers only need to submit one application to KMAP to be approved for Fee-For-Service (FFS) eligibility and passed to the Managed Care Organizations (MCOs) selected by the provider. The online Provider Enrollment Wizard is designed to collect all required documentation for both FFS and Managed Care. Once KMAP approves the application, the application is forwarded to the MCOs for credentialing and contracting.

KMAP reviews the application for FFS enrollment and the presence of the required MCO documents; however, the accuracy or completeness of the MCO documents is not determined by KMAP. The MCOs are responsible for their own credentialing and contracting process, which are completed by different divisions within the MCOs. Therefore, the provider may be contacted by more than one MCO/area for additional information specific to the MCO contracting/credentialing process. These stages are outside and separate from KMAP enrollment.

It is important to remind providers that although the application and required documentation are mandatory at the front end, there may be instances when the MCOs need to contact providers for additional clarification or corrections to complete the MCO credentialing/contracting process. Providers must be responsive or risk delay in being credentialed/contracted and able to submit claims and be paid as an MCO network provider.

When an MCO Contract Request Form is submitted, KMAP is bypassed and the request goes directly to the selected MCOs for processing.

MCOs top reasons to reach out to providers or reject contract status:

- Service locations are not updated to reflect each provider that is practicing at each service location
- Insurance certificates are outdated
- Licenses are outdated
- Signed Attestation is missing
- Drug Enforcement Administration (DEA) license is missing
- A gap of six months or more in work history without explanation

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Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday



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- Hospital privileges are missing
- W9 is outdated, blank, or missing
- Clinical Laboratory Improvement Amendments (CLIA) certificates are not attached
- Provider education is incomplete or contains gaps
- There are missing group affiliations

KMAP top reasons for returning the application to the provider:

- Incorrect or invalid attachments
- Incorrect organization type selected
- Outdated, blank, or missing W9
- Incorrect or outdated insurance coverage
- Required license is not attached for provider specialty
- Incorrect National Provider Identifier (NPI) for enrollment type (Type 1 or Type 2)
- Disclosure of ownership information is incorrect or incomplete
- Incorrect pay to name and service location name
- Duplicate enrollment
- Provider information is inaccurate

Top 10 ways to ensure applications are not returned and can be processed timely:

1. **Coverage of insurance.** Ensure all insurances are current and have necessary coverage. Insurance must be valid for the effective date requested and must cover the enrolling provider.
2. **Outdated, blank, or an incorrectly completed W-9** cannot be accepted.
 - a. Revision date must be no earlier than November 2017
 - b. Form must be signed and dated within a year, and the name must correspond with the enrolling entity or group pay to name.
3. **Ensure Individuals within a Group (IG)** providers are affiliated to the correct group(s).
4. **Duplicate applications** are considered a duplicate when the provider is already enrolled under the same Tax Identification Number (TIN)/Social Security Number (SSN), NPI, service location, provider name, and provider type and specialties.
5. **Correct organization type must be selected:** Enrolling entities must select the correct organization type for the corresponding tax classification. For example, an individual within a group cannot be a corporation.

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6. **Pay to and service locations must be correct.**
 - a. Entities enrolling under an SSN, service location name and pay to name should reflect the legal name.
 - b. Entities under a TIN, service location name will reflect the legal name, and the pay to name will be the business name.
7. **License requirements must be met.**
 - a. License must be in effect for the requested enrollment date. Pending licenses will not be considered.
 - b. License must be valid for the requested specialties.
8. **Disclosure and ownership**
 - a. For owners:

List the required information for each individual or organization that has a direct or indirect ownership of 5% or more or has a controlling interest. If the owner is a corporation, the primary business address must be listed, as well as every business location.
 - b. For managing employees and board members:

List information for all managing employees such as general manager, business manager, president, vice-president, Chief Executive Officer (CEO), Chief Financial Officer (CFO), administrator, director, board directors, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations of an institution, organization, or agency.
9. **NPI type:** Providers should always enroll using the correct NPI type; Individual NPI Type 1 or Organizational NPI Type 2. Please refer to KMAP [General Bulletin 20098](#) for additional situations.
10. **Attachments:** If a document has an expiration date, the date must be in the future. If the document has an effective date, the date must be in the past.

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