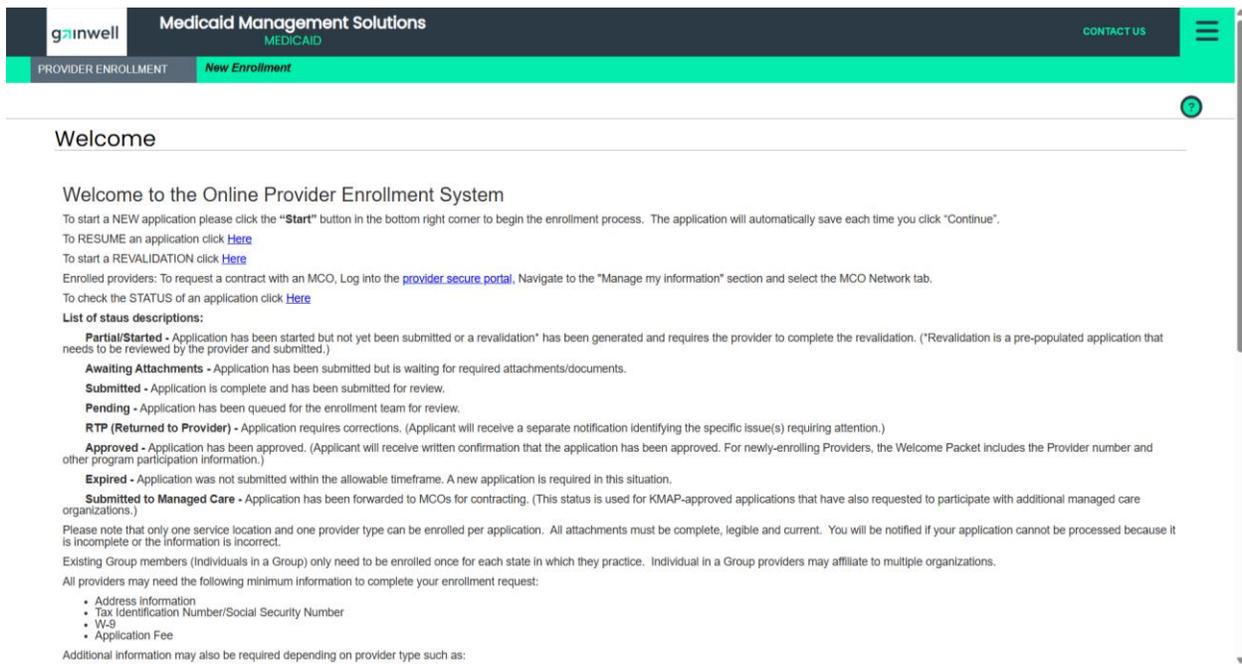


Medicaid (KanCare) Provider Enrollment and Credentialing

Get started with the Medicaid (KanCare) provider enrollment and credentialing process using this step-by-step guide.

Step One: Visit the Kansas Medical Assistance Program (KMAP) website <https://portal.kmap-state-ks.us/ProviderEnrollment/EnrollmentCreate#>

The Welcome Page looks like this:



The screenshot shows the 'Medicaid Management Solutions' website. The header includes the Gainwell logo, 'Medicaid Management Solutions MEDICAID', and a 'CONTACT US' link. The main navigation bar has 'PROVIDER ENROLLMENT' and 'New Enrollment' tabs. The page content is titled 'Welcome' and includes the following text:

Welcome to the Online Provider Enrollment System

To start a NEW application please click the "Start" button in the bottom right corner to begin the enrollment process. The application will automatically save each time you click "Continue".
To RESUME an application click [Here](#)
To start a REVALIDATION click [Here](#)

Enrolled providers: To request a contract with an MCO, Log into the [provider secure portal](#), Navigate to the "Manage my information" section and select the MCO Network tab.
To check the STATUS of an application click [Here](#)

List of status descriptions:

- Partial/Started** - Application has been started but not yet been submitted or a revalidation* has been generated and requires the provider to complete the revalidation. (*Revalidation is a pre-populated application that needs to be reviewed by the provider and submitted.)
- Awaiting Attachments** - Application has been submitted but is waiting for required attachments/documents.
- Submitted** - Application is complete and has been submitted for review.
- Pending** - Application has been queued for the enrollment team for review.
- RTP (Returned to Provider)** - Application requires corrections. (Applicant will receive a separate notification identifying the specific issue(s) requiring attention.)
- Approved** - Application has been approved. (Applicant will receive written confirmation that the application has been approved. For newly-enrolling Providers, the Welcome Packet includes the Provider number and other program participation information.)
- Expired** - Application was not submitted within the allowable timeframe. A new application is required in this situation.
- Submitted to Managed Care** - Application has been forwarded to MCOs for contracting. (This status is used for KMAP-approved applications that have also requested to participate with additional managed care organizations.)

Please note that only one service location and one provider type can be enrolled per application. All attachments must be complete, legible and current. You will be notified if your application cannot be processed because it is incomplete or the information is incorrect.

Existing Group members (Individuals in a Group) only need to be enrolled once for each state in which they practice. Individual in a Group providers may affiliate to multiple organizations.

All providers may need the following minimum information to complete your enrollment request:

- Address information
- Tax Identification Number/Social Security Number
- W-9
- Application Fee

Additional information may also be required depending on provider type such as:

The KMAP website is managed by Gainwell Technologies. All enrollments are approved by the Kansas Department of Health and Environment (KDHE) Division of Health Care Finance-the state's Medicaid agency.

Step Two: Generate an Enrollment Pre-Checklist

Scroll to the bottom of the KMAP enrollment webpage to access the Enrollment Pre-Checklist.

You'll be asked to answer a short set of questions, including:

- Enrollment type
 - Group
 - Individual
 - Individual within a group
- Provider type
 - Dentist
- Specialty
 - Sedation Dental
 - Endodontist
 - General Dentistry Practitioner
 - Oral Surgeon
 - Pediatric Dentistry
 - Periodontist
- Tax ID Type
 - EIN
 - SSN
- Are you Medicare enrolled
 - Yes
 - No
- I will accept patients in the following programs*
 - FFS Only
 - MCO
 - FFS and MCO

*Note: Most KanCare members receive coverage through an MCO. To serve these patients, you'll need to select an option that includes MCO.

Click "Generate Pre-Checklist" to receive a customized list of everything you'll need for your enrollment application.

Step Three: Gather Required Information and Documents

Your checklist may include the following:

- Practice Address
- Tax Identification Number (TIN)/Social Security Number (SSN)
- National Provider Identifier (NPI)
- Taxonomy code(s) Find dental taxonomy codes at: <https://taxonomy.nucc.org/> under “Dental Providers”
- License Number(s) and Effective Dates
- CLIA Number and Effective Dates – if billing laboratory codes
- Capacity: How many Medicaid [KanCare] clients are you willing to serve?
- References
- Federal W-9 Form
- Section 12 Attestation/Consent and Release Form
- Curriculum Vitae (CV) with five-year work history
- Controlled Substance Registration Certificate
- DEA Certification and Effective Dates
- Liability Insurance and Effective Dates
- Malpractice Information
- Certificates of Completion (if applicable)

All credentials must be current.

Step Four: Complete the Application

Estimated time: 1 hour

This is when you choose which of the MCOs you wish to contract with. The Enrollment Wizard allows you to submit a single application to be shared with all selected MCOs.

Important: If you do not sign up with the MCOs, you will be considered an out-of-network provider.

You will receive a tracking number to pause and resume the application, as needed.

Processing time: 1-2 weeks

Reference Guide:

https://portal.kmap-state-ks.us/Documents/Provider/Miscellaneous/Provider_Portal_Reference_Guide.pdf

For questions or technical issues, contact KDHE's Division of Health Care Finance:

- HCFProviderEnrollment@ks.gov
- 800-933-6593

Or reach out to our Dental Medicaid Facilitator Team, *your KanCare Concierge*.

- Info@oralhealthkansas.org

Step Five: Credentialing and Contracting

The final step in becoming a Medicaid (KanCare) provider is to begin credentialing with the managed care organizations (MCOs).

Once your application is approved, you'll receive a KMAP provider ID number. Your application and associated documents will be shared with your selected MCOs.

Each MCO will:

- Begin credentialing and contract review.
- Send a provider contract for your signature.
- Finalize the contracting process.

Credentialing and Contracting timeline: approximately 60 days *once contractual details are agreed upon*. Note: You may negotiate with the MCOs for increased reimbursement rates, especially in areas with a shortage of participating providers.

Once your contract is approved, you're ready to begin seeing KanCare members and receiving Medicaid reimbursement!