Effective Oct. 1, 2019, we’re implementing new requirements for providers who are not participating in the UnitedHealthcare Community Plan of Kansas network. We’re requiring that non-participating care providers receive prior authorization for any services provided to UnitedHealthcare Community Plan KanCare members.

Prior authorization requests will only be approved if there are no UnitedHealthcare network care providers available in the area to perform the requested services.

Submitting Prior Authorization Requests
Please complete the prior authorization process in one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on Link at UHCprovider.com/paan. If you need to register for Link, go to UHCprovider.com/newuser.
- **Phone:** 866-604-3267

Non-Participating Care Provider Reimbursement Requirements
Care providers who are not participating in the UnitedHealthcare Community Plan network will be required to complete one of the following before they are eligible to receive payment for services provided to KanCare members assigned to UnitedHealthcare:

- Enroll with Kansas Medical Assistance Program (KMAP) and submit the UnitedHealthcare Non-Participation Reimbursement Agreement.
  - Enroll with KMAP at kmap-state-ks.us > Start a new online application.
  - Complete and submit the UnitedHealthcare Non-Participation Reimbursement Agreement at UHCprovider.com/KScommunityplan > Claims and Payments > Non-Participation Provider Reimbursement Agreement. Send the completed form to uhc_disclosures@uhc.com.

- Submit a completed disclosure of ownership/control form and the UnitedHealthcare Non-Participation Reimbursement Agreement.
  - The disclosure of ownership form can be found at kmap-state-ks.us > Provider > Forms > Disclosure of Ownership and Control Interest Statement. Submit completed forms to uhc_disclosures@uhc.com before submitting any claims.
  - Complete and submit the UnitedHealthcare Non-Participation Reimbursement Agreement at UHCprovider.com/KScommunityplan > Claims and Payments > Non-Participation Provider Reimbursement Agreement. Send the completed form to uhc_disclosures@uhc.com.

We’re Here to Help
If you have any questions about prior authorizations or about becoming a participating care provider, please contact our Network Contracting team at 913-802-5647 or kansas_networkmanagement@uhc.com. If you have questions about registering with KMAP or the disclosure of ownership form, please call 800-766-9012. Thank you.