UnitedHealthcare Community Plan of Kansas will require all care providers delivering services to Kansas Medicaid members to be screened and enrolled in the Kansas Medicaid program. This includes care providers who participate in a managed care organization (MCO) provider network.

This requirement complies with 42 CFR 438.602(b) and Section 5005(b)(2) of the 21st Century Cures Act. It applies to all individuals and entities who provide services of any type to Kansas Medicaid members, including but not limited to:

- Health care providers
- Pharmacies
- Ordering, referring or prescribing providers
- Care providers who don’t participate in Medicaid fee-for-service (FFS) but participate with UnitedHealthcare Community Plan of Kansas

**Dates to Remember**

- **On July 1, 2019**, Kansas Department of Health and Environment (KDHE) will require all providers who provide services to KanCare members to have an active state Kansas Medical Assistance Program (KMAP) provider identification number.

- **On July 1, 2019** pharmacy claims processed for members assigned to UnitedHealthcare Community Plan of Kansas will deny if the network pharmacy doesn’t have an active or valid state Medicaid ID number.
  - You’ll see the following claims denial message:
    - NCPDP Reject Code 50, “KMAP ID REQUIRED FOR NETWORK PARTICIPATION”

- **On August 15, 2019**, pharmacy claims processed for members will deny if the network prescriber doesn’t have an active or valid state Medicaid ID number.
  - You’ll see the following claims denial message:
    - NCPDP Reject Code 71, “KMAP ID REQUIRED FOR NETWORK PARTICIPATION”

**How to Enroll**

If you don’t have an active state Kansas Medical Assistance Program (KMAP) provider identification number or need more information, visit [www.kmap-state-ks.us/public/provider.asp](http://www.kmap-state-ks.us/public/provider.asp).

**We’re Here to Help**

If you have questions, call Provider Services at 877-542-9235.