

#### **Noon Briefing: Provider Enrollment Changes for KMAP** and Managed Care Organizations

For Audio, please call the following:

U.S. and Canada Toll Free: (800) 458-4148 **Required Participant Passcode: 2806527** 

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#### **Provider Enrollment**

**DXC Healthcare Payer Platform (HPP)** 

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### **Provider Enrollment Wizard**

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# New Enrollment? You have more options.

- Reference Information
- CAQH Number
- MCO selection
- W-9 E-Signature
- Capacity Page





## Attachments

Attachment Requirements have changed. If a provider chooses to enroll with an MCO, be prepared to attach all documents required by the MCO selected.

The system triggers a set of business rules that requires certain attachments types be provided in order to complete the enrollment.







September 27, 2018

6

### MCO Consent Form

The provider will need to consent to sharing their data with the selected MCO.





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#### New process for MCO Request Form for adding another MCO

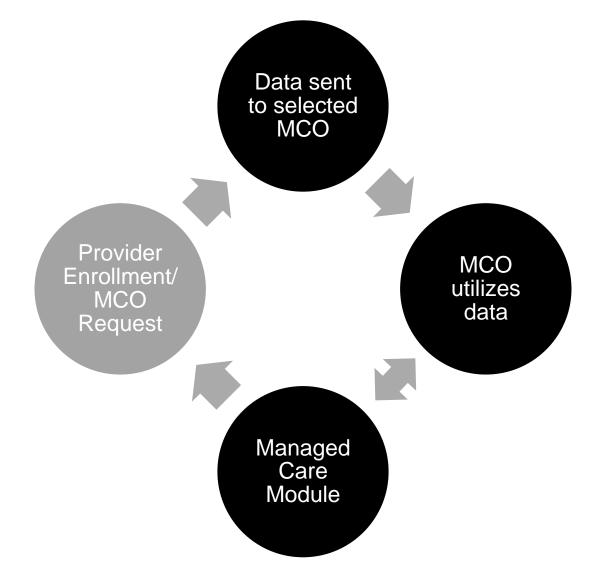
Existing providers can utilize the MCO Request Form via the Provider Enrollment Wizard.



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## **Provider to Managed Care Organization Data Sharing**

- Providers will continue to be screened by Kansas.
- However, now Provider data along with screening data will be forwarded to the Managed Care Organizations.
- MCOs may still ask for more information from the Provider.
- The Managed Care Organizations will communicate back to DXC decisions and/or changes in MCO contracts.







9

#### Let's Demonstrate



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# When is a new enrollment required?

- Adding a new provider type
- Adding a new service location
- Change in Tax ID

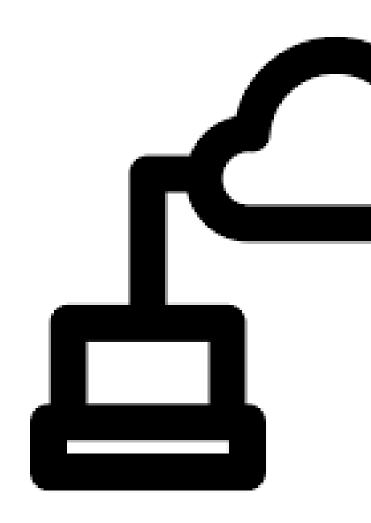
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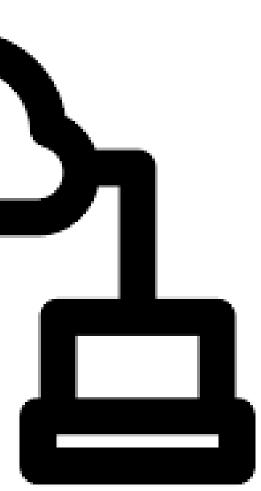


# How are maintenance updates requested?

- Once an enrollment is complete, updates to the following attributes must begin with KMAP. All other updates may originate with either KMAP or an MCO.
  - NPI
  - Provider name
  - Provider types
  - Provider specialties
  - Taxonomy
  - Tax ID number
- Synchronization of the above data attributes between the plans and KMAP is critical to successful claims payment.
- Providers should use the data *exactly* as it appears on their current KMAP provider record when billing claims.

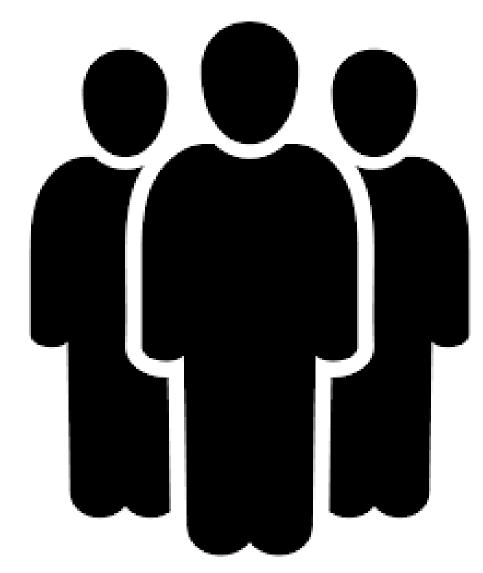






# How are group associations maintained?

- For individuals practicing as a member of a group, only one application is required.
  - The group must enroll first supplying the KMAP ID of the group to all individual practitioners who intend to affiliate with their organization
  - Additional group affiliations for an individual within a group will be handled as maintenance requests through KMAP.
  - After supplying the KMAP ID of the group, KMAP will link the provider to the addition group that is being requested.







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