

Medicaid New Enrollment and Change of Ownership

When Medicaid providers undergo a change of ownership or are enrolling as a new provider, the following forms are required and will need to be completed and returned as follows. The forms may be found at [https://www.kdads.ks.gov/provider-home/adult-care-homes-\(sccc\)](https://www.kdads.ks.gov/provider-home/adult-care-homes-(sccc)) under Adult Care Home Forms and Manuals (last item on the expandable list); look for the Medicaid Enrollment Forms.

The following forms and information is required to enroll in the Medicaid Program.

- State of Kansas Disclosure of Ownership and Control Interest Statement
- The Code of Federal Regulation (CFR) 42 CFR 455.436, stipulates that owners and managing employees are required to be checked against federal data bases (SSA Death Master File, NPPES, LEIE/OIG, and EPLS/SAM) prior to enrollment in the Medicaid program. This is required at the time of enrollment and must be renewed every five (5) years. The Centers for Medicare and Medicaid (CMS) set a fee of \$569 for calendar year 2018 to cover the cost the background check. The check for the amount of this fee should be attached to the disclosure form and made payable to the **State of Kansas**.
- National Provider Identifier Update Form
- Medicaid Provider Agreement
- CMS 671 LTC Application
- W-9 Tax ID Number
- Executed purchase or lease agreement (whichever is applicable to this transaction)

NOTE: A projected cost report may have to be completed in order for a reimbursement rate to be set. Filing a projected cost report is required in the following cases: 1) newly constructed facilities; 2) existing facilities new to the Medicaid program; or 3) a provider re-entering the Medicaid program that has not actively participated or billed services for 24 months or more. (Specific information regarding the requirements can be found in Kansas Administrative Regulation (K.A.R.) 129-10-17.)

If you have questions about filing a cost report, or any other questions regarding new enrollment or change of ownership, contact LaNae Workman with Kansas Department for Aging and Disability Services (KDADS) at 785-291-3806.

Return completed forms and information to:

LaNae Workman NF Enforcement Specialist
Kansas Department for Aging and Disability Services
503 S. Kansas Ave Topeka, KS 66603
Phone: (785) 291-3806

Facilities undergoing a CHOW must contact the Managed Care Organizations before enrollment in the Medicaid Reimbursement program. The approved MCO's for Kansas are Amerigroup, Sunflower and United Health Care.