

Medicaid New Enrollment and Change of Ownership

When Medicaid providers undergo a change of ownership or enroll as a new provider, the following documents are required and will need to be completed and returned to KDADS. The required Medicaid forms will also be included with the initial email from KDADS. The state forms may also be found at <https://kdads.ks.gov/kdads-commissions/long-term-services-supports/nursing-facility-and-adult-care-home-programs> under the Change of Ownership or Revalidation section.

The following forms are required to change ownership and enroll in the Medicaid Program and once completed, must be submitted to KDADS via email at kdads.providerassessment@ks.gov:

- State of Kansas Disclosure of Ownership and Control Interest Statement
- National Provider Identifier Update and Enrollment Type Form and Confirmation email from NPPES
- Medicaid Provider Agreement
- CMS 671 LTC Application
- W-9 Tax ID Number
- Executed purchase and/or lease agreement (whichever is applicable to this transaction)
- The facility's Management Agreement
- The facility's Initial Licensing Application submitted to KDADS Survey, Certification and Credentialing Commission
- The facility's General Commercial Liability Coverage
- CMS Medicare Letter referencing "855A Application Approval – Change of Ownership"

Additional Instructions and Information:

- The Code of Federal Regulation (CFR) 42 CFR 455.436 stipulates that a facility's owners and managing employees are required to be checked against federal databases (SSA Death Master File; NPPES; LEIE/OIG; and EPLS/SAM) prior to its enrollment in the Medicaid program. These screenings must then be renewed every three (3) years from the date of the facility's enrollment during revalidation.
- **Effective January 1, 2023, The Centers for Medicare and Medicaid Services (CMS) designated skilled nursing facilities (SNFs) that are initially enrolling (which includes most undergoing a change in ownership (CHOW)) as "High" Risk.**
- **All individuals with 5 percent or more direct or indirect ownership interest in a SNF are required to obtain and submit fingerprints either to CMS or to the Kansas Department of Health and Environment Division of Health Care Finance (KDHE/DHCF) within 30 days of emailed notification.**
- **Any SNF with a 5% owner barred from enrollment, or failure to submit fingerprints, may result in termination or denial per 42 CFR 455.416.**
- **Please see 42 C.F.R. § 455.101 for the definition of person with an ownership or control interest and § 455.102 for determination of ownership or control percentages.**
- The Centers for Medicare and Medicaid (CMS) sets a fee each calendar year to cover the cost of the screenings and background checks.

- Based on the enrollment type selected on the National Provider Identifier Update and Enrollment Type Form, a check for the amount of this fee may be required in your enrollment packet and made payable to the **State of Kansas**.

If applicable, please mail the Medicaid application fee to the address listed below:

Kansas Department for Aging and Disability Services
C/O Provider Assessment
503 S Kansas Ave
Topeka, KS 66603

There are two additional forms which newly enrolled Medicaid providers are required to complete and submit to the appropriate Managed Care Organization(s) (MCOs) for processing. The new forms are as follows:

- Kansas Organizational Provider Credentialing/Recredentialing Application
- Section 12 Attestation/Consent and Release Form

These forms will be included in KDADS' initial email communication; any questions or requests for assistance will need to be directed to the MCO(s). Submit the completed forms via email to one or more of the MCOs which your facility plans to contract with for Medicaid reimbursement:

- **Aetna** – ProviderExperience_KS@aetna.com
- **Sunflower** – SunflowerStateHealth@centene.com
- **United Health Care** – Mona_Hull@uhc.com

NOTE: A projected cost report may be needed in order for KDADS to establish your facility's initial Medicaid reimbursement rate. Filing a projected cost report is required in the following cases:

- 1) When a newly constructed facility enrolls in the Kansas Medicaid program;
- 2) when an existing facility participates in the Medicaid program for the first time; or
- 3) when a facility re-enrolls in the Medicaid program after not having actively participated in or billed for services in at least 24 months.

Please see **Kansas Administrative Regulation (K.A.R.) 129-10-17** for full details.

If you require assistance in filing a cost report, please contact the Cost Report team at kdads.costreports@ks.gov. If you have questions regarding a new enrollment or a change of ownership, contact Trescia Power at 785-368-6685 or via email at Trescia.Power@ks.gov.