

## 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 enroll in the Medicaid Program and once completed, must be submitted to KDADS via email at [kdads.providerassessment@ks.gov](mailto:kdads.providerassessment@ks.gov):

- State of Kansas Disclosure of Ownership and Control Interest Statement
- National Provider Identifier 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"

Additionally, a Medicaid application fee will need to be paid to KDADS. **Please note: The Medicaid application fee has been reinstated effective April 1, 2023, and is now required for any application received on or after this date.**

- 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 background checks must then be renewed every three (3) years from the date of the facility's enrollment.
- The Centers for Medicare and Medicaid (CMS) sets a fee each calendar year to cover the cost of the background checks.
- The check for the amount of this fee should be included in your enrollment packet and made payable to the **State of Kansas**.

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](mailto:ProviderExperience_KS@aetna.com)
- **Sunflower** – [SunflowerStateHealth@centene.com](mailto:SunflowerStateHealth@centene.com)
- **United Health Care** – [Mona\\_Hull@uhc.com](mailto: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](mailto: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](mailto:Trescia.Power@ks.gov).