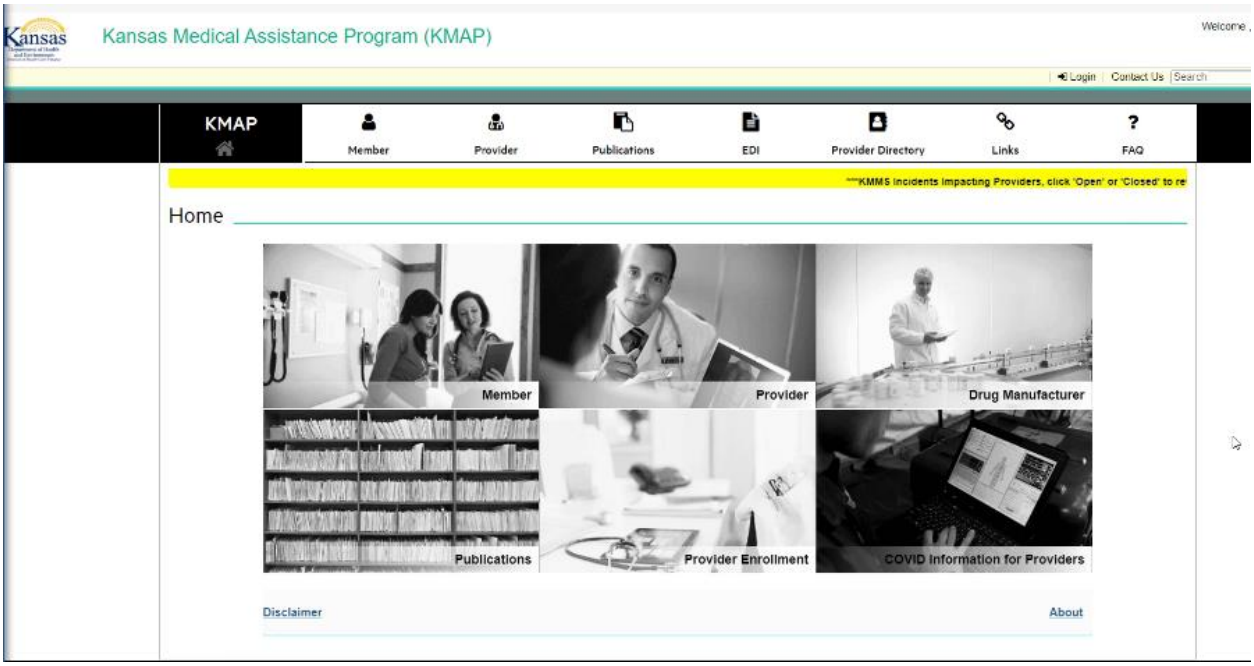
Kansas Medical Assistance Program SIA Application: Step-by-step guide

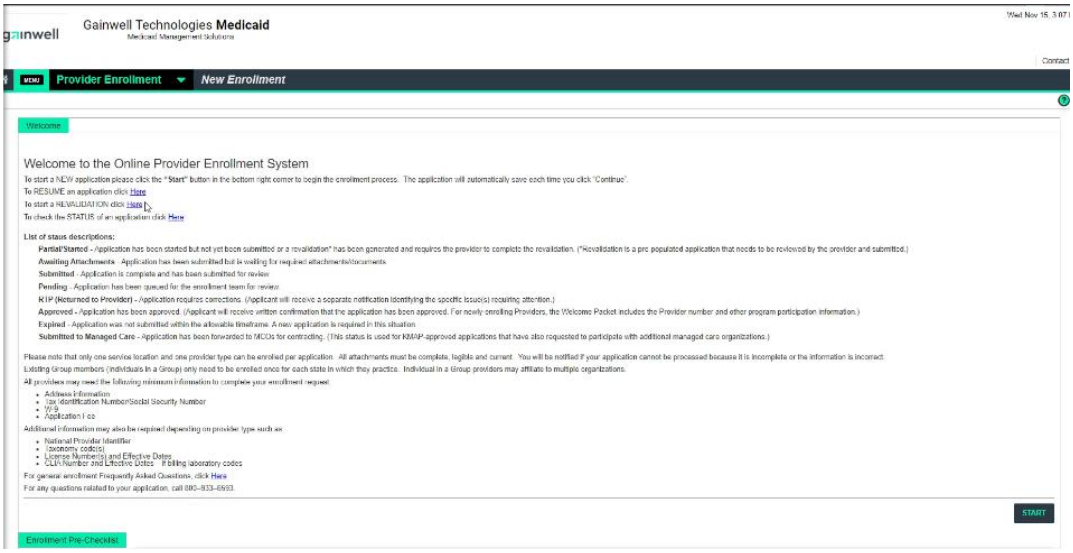
KMAP Enrollment:

Go to https://portal.kmap-state-ks.us/PublicPage

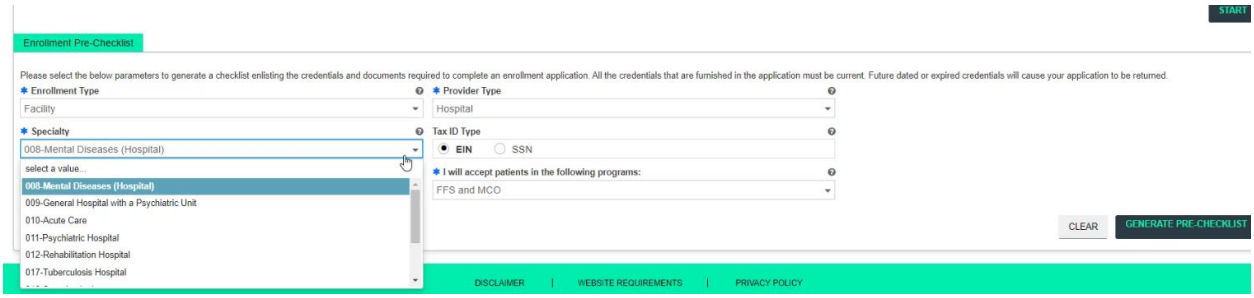
Click START, or Resume application

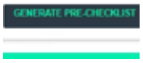


Provider Enrollment tile

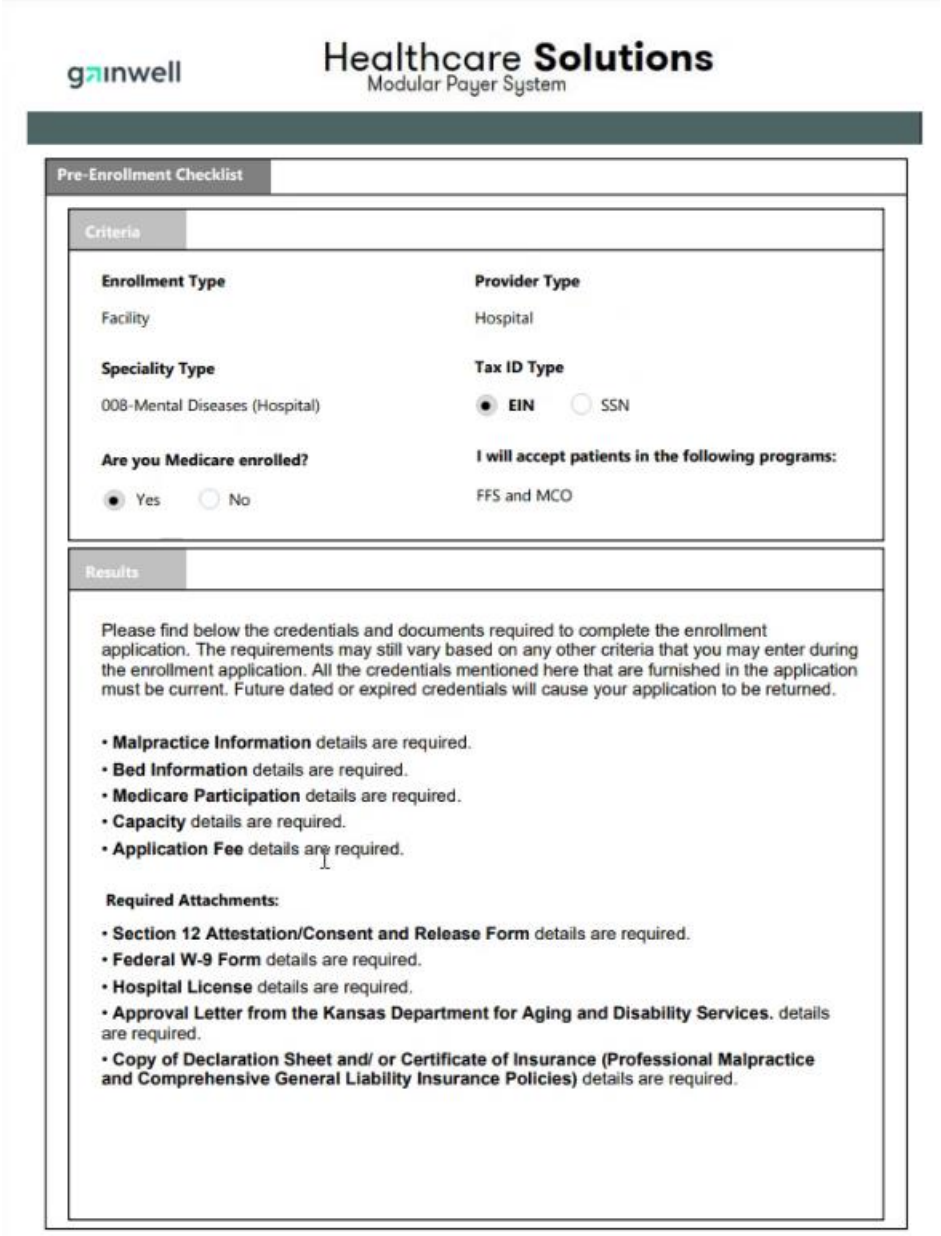


Select 008 Stand alone Mental Disease hospital or 009 for a Psych Unit



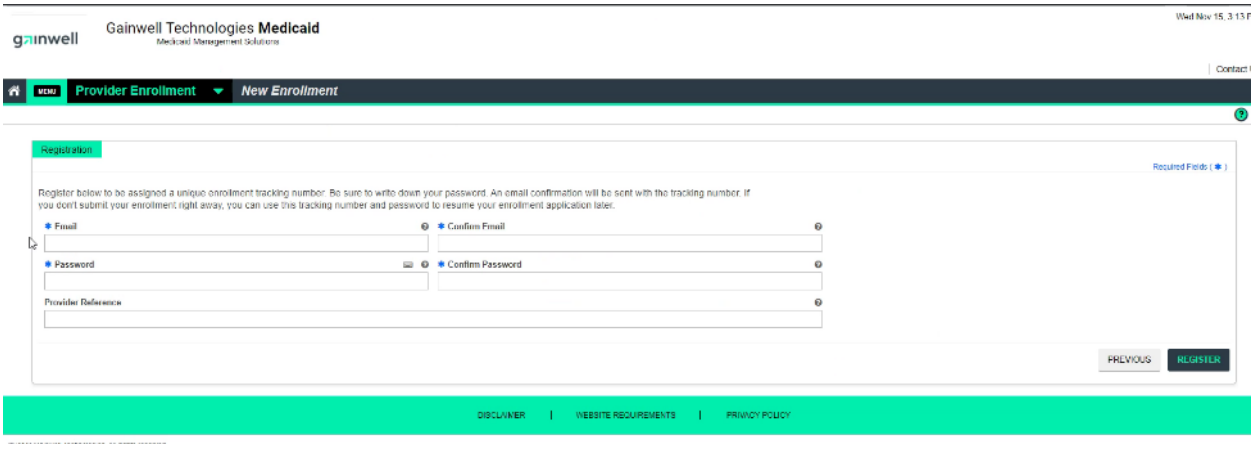


This page is generating your pre-check list of what you will need to complete the application

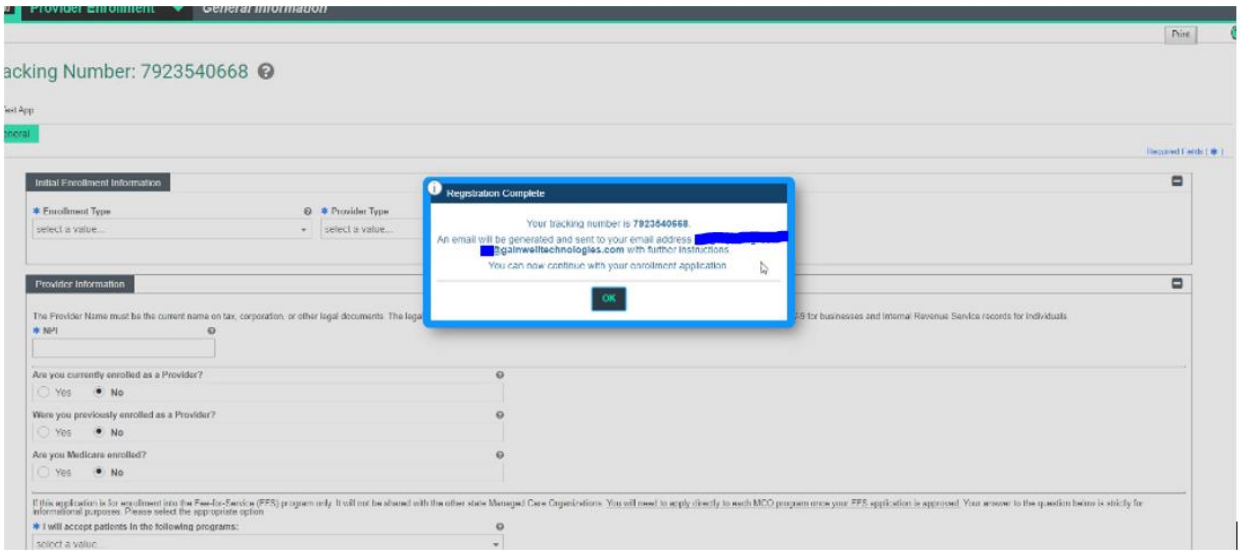


Click the START in the right down corner to start the application.

Fill out all the required information marked by blue * and create an account.



Click Register button and you get the confirmation below



You will get an email like the one below and you can resume your application later form the link in the email

New Enrollment Registration Notification

K Kansas-Provider-Enrollment@gainwelltechnologies.com

To [redacted]

3:16 PM

Retention Policy 3 Year Delete (Entire Mailbox) (3 years) Expires 11/14/2026

If there are problems with how this message is displayed, click here to view it in a web browser.

Congratulations! You have successfully registered your provider enrollment application with the Kansas Medical Assistance Program. Below is the tracking number and password associated with your enrollment application.

Application Tracking Number:
Password: F********3

Provider Reference: SIA Test App

To resume a previously saved enrollment application, click the link below, enter your application tracking number and the password. Please note, an application pending submission will be inactive 30 days after the last date it was updated.

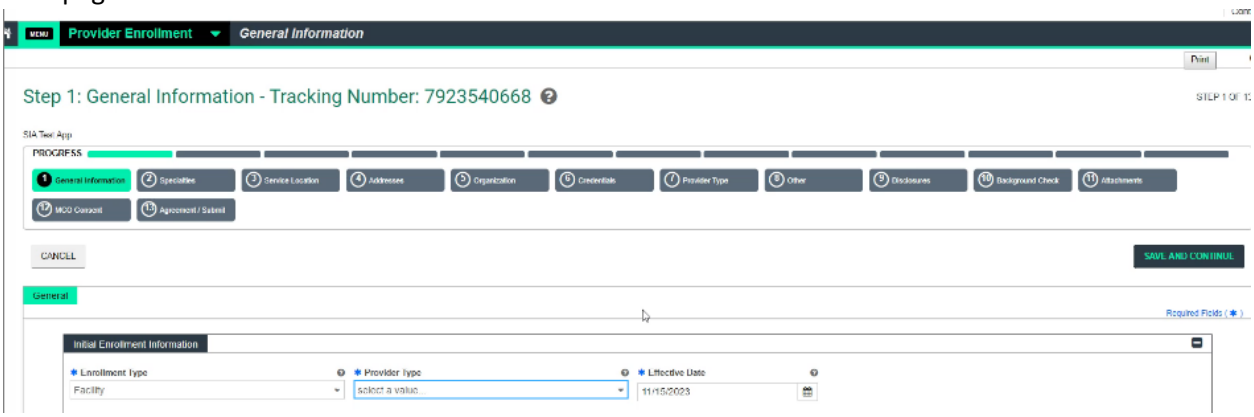
https://portal.kmap-state-ks.us/ProviderEnrollment/EnrollmentResume/

If you have any questions or concerns, please contact Provider Enrollment at 1-800-933-6593.

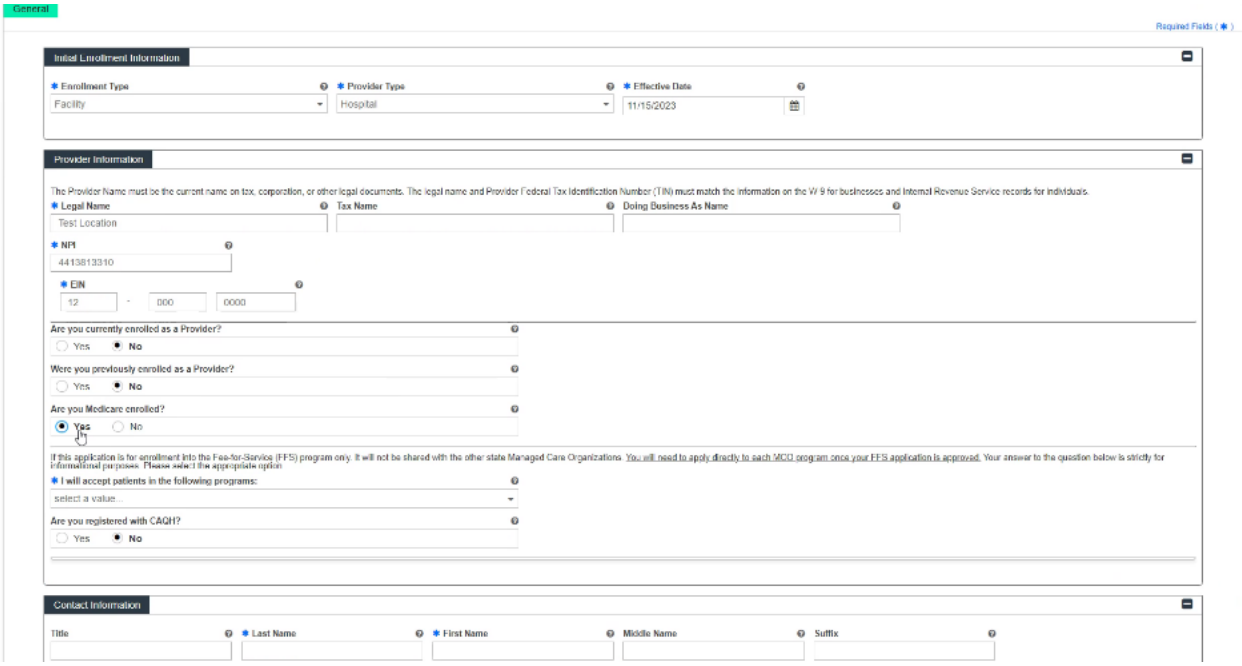
There are 12 steps that are shown on the progress bar at the top of the page

1. Enrollment Type FACILITY (Once selected, it cannot be changed once you move to the next page), Provider Type is HOPSPITAL (Once selected, it cannot be changed once you move to the

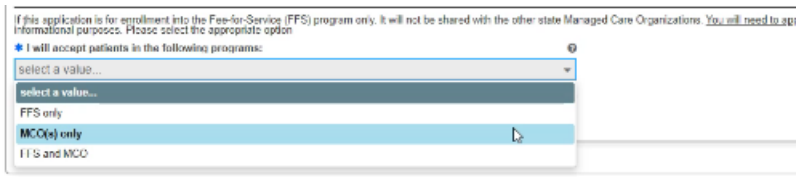
next page. SAVE AND CONTINUE.



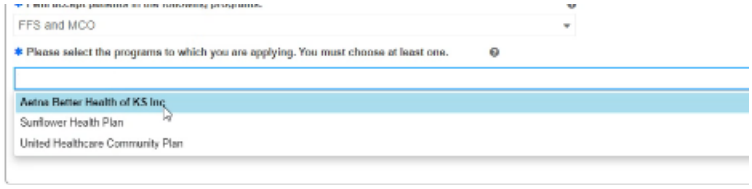
Make sure you Select YES for Medicare Enrolled



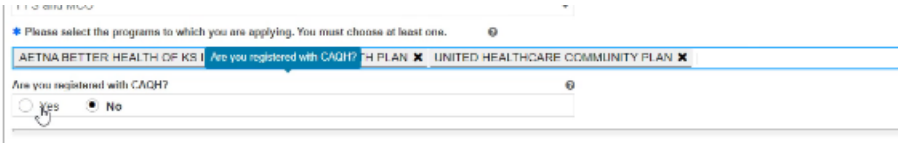
Select FFC/ MCO or BOTH



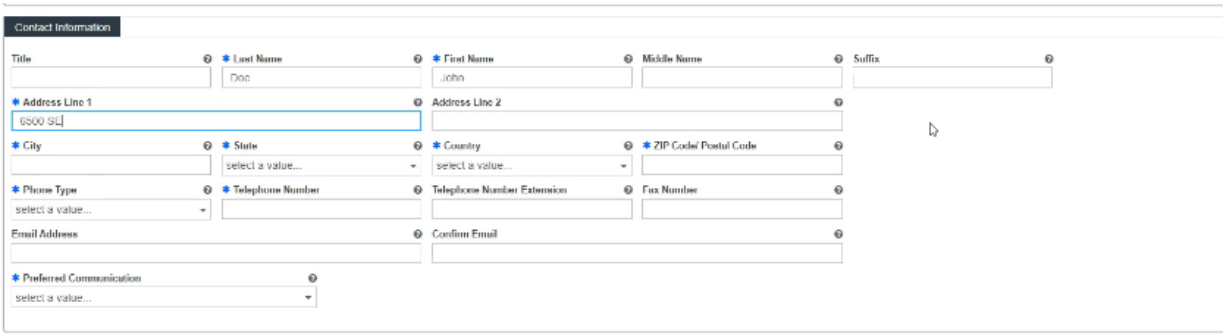
Select EACH of the MCO separately .



You will have all the selected plans showing up



Provide contact for the KMAP to contact at your organization. Email is not marked as required, but IT IS required.



SAVE AND CONTINUE

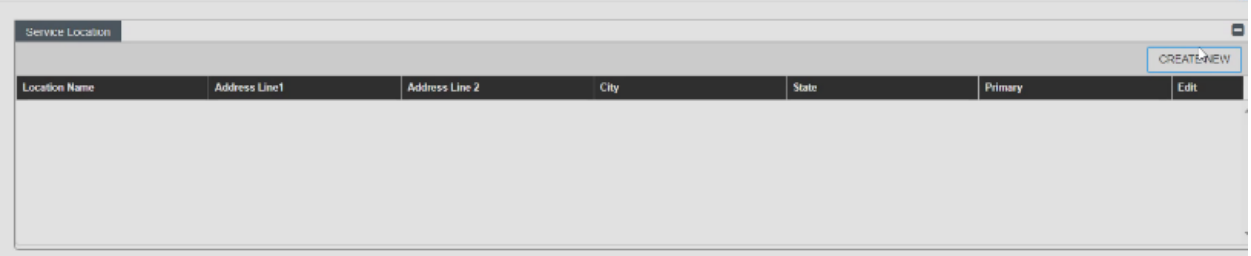
2. Select New Specialty:

008 for Mental Health Disease for Hospital or 009 for Psych Unit

Taxonomy: Hospitals/Psychiatric Hospitals.

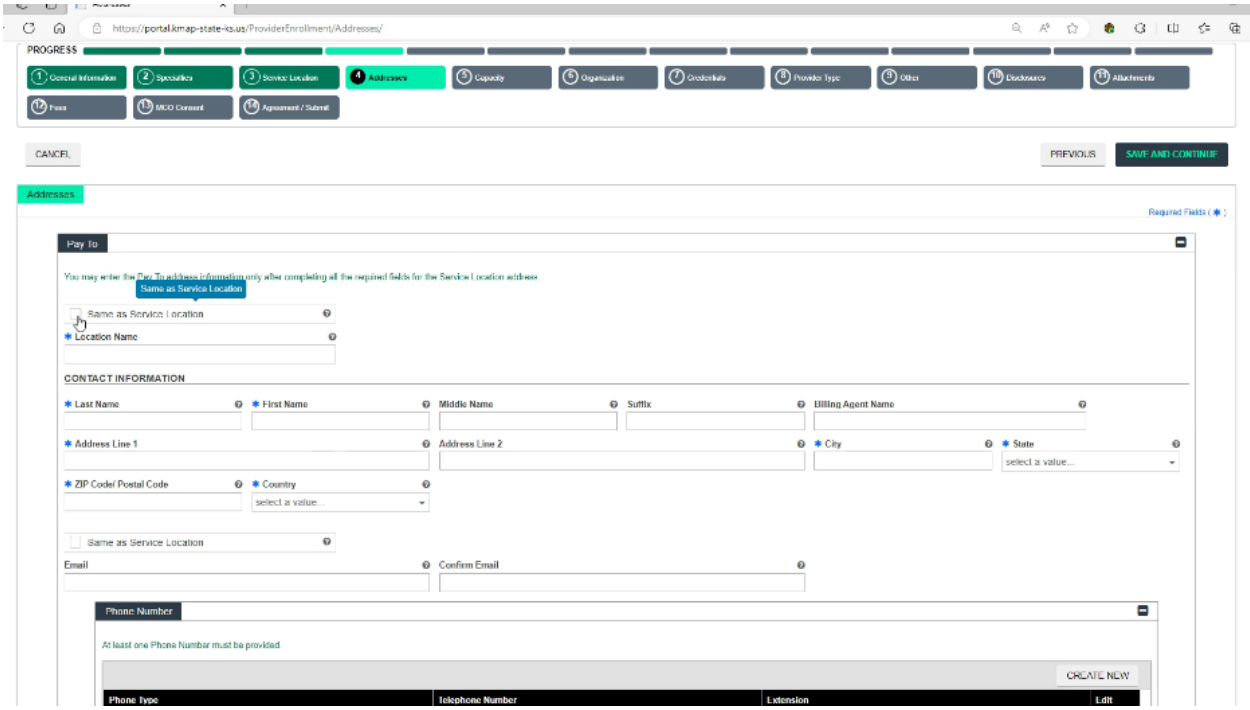
3. Select Location

SELECT NEW for the Primary Location, fill out all the required fields like address, emil and phone number

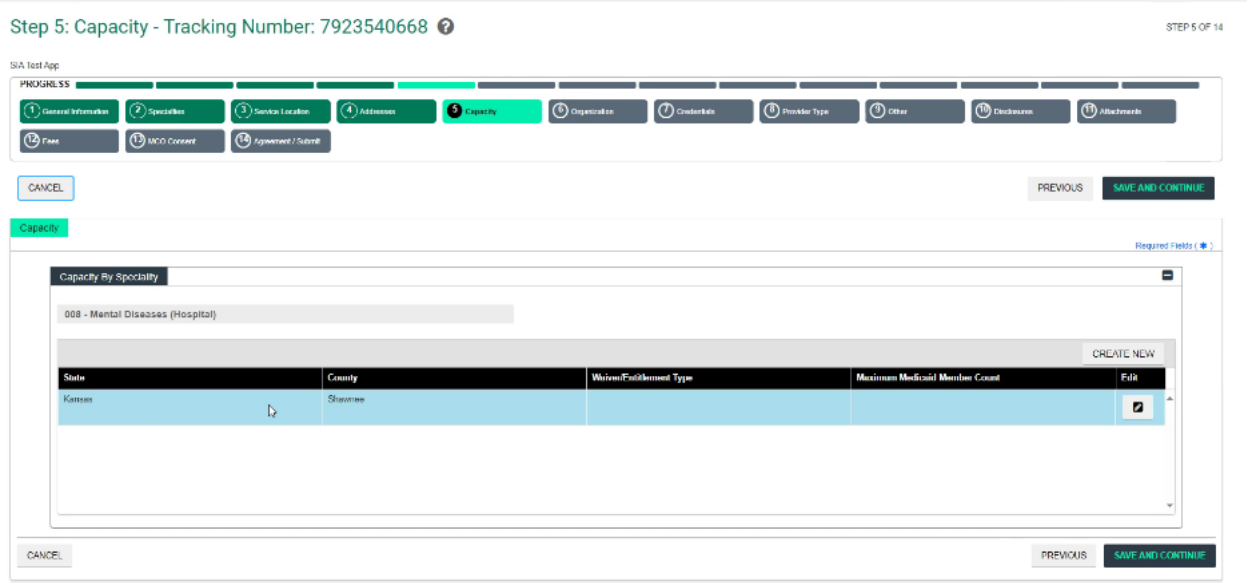


4. Addresses

Maybe all the same or different.

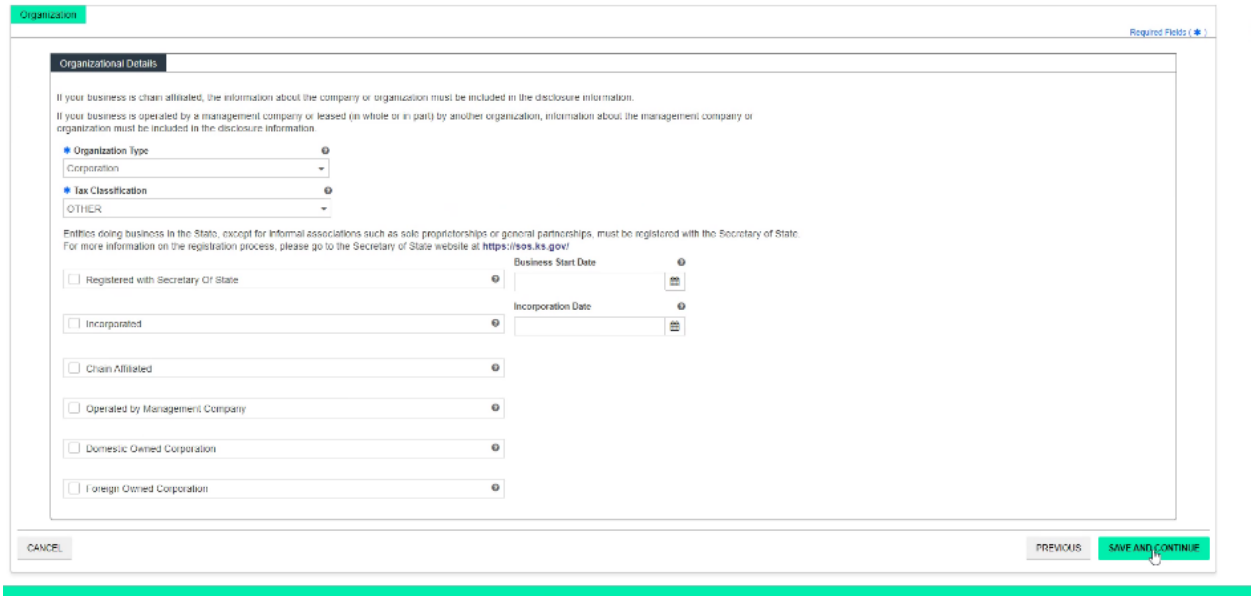


5. Capacity:



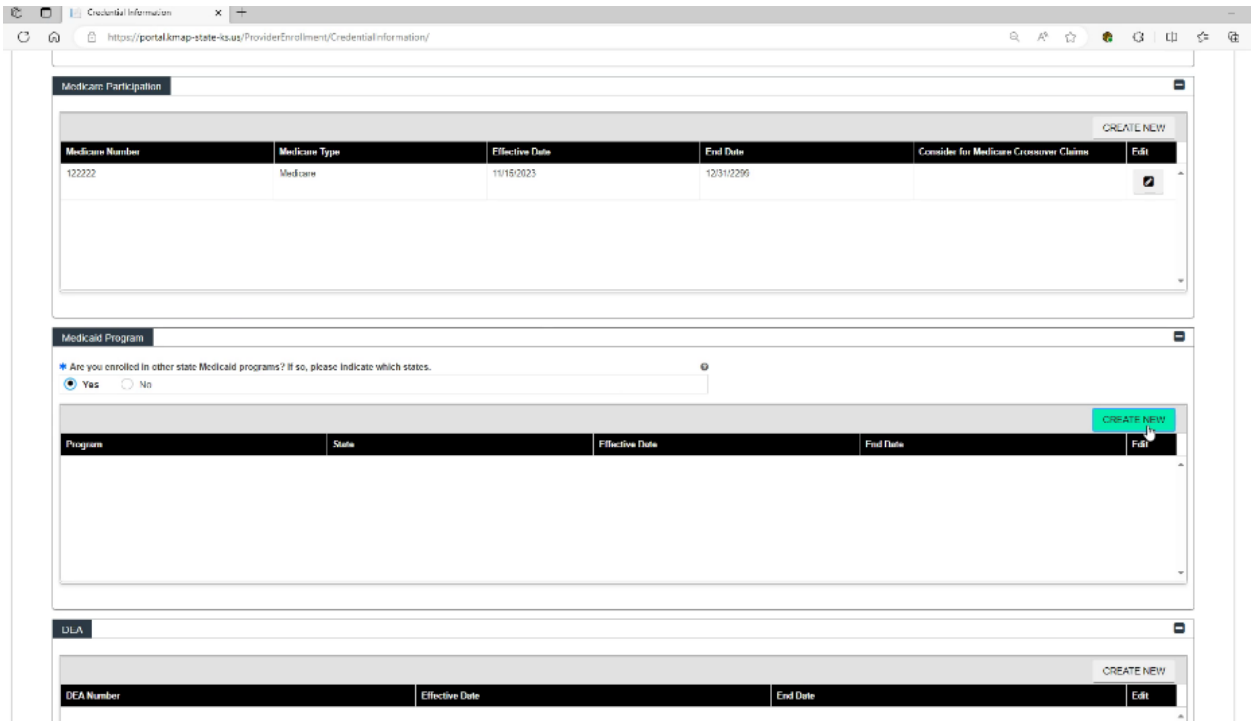
6. Organization Details

Only the fist 2 fields are required

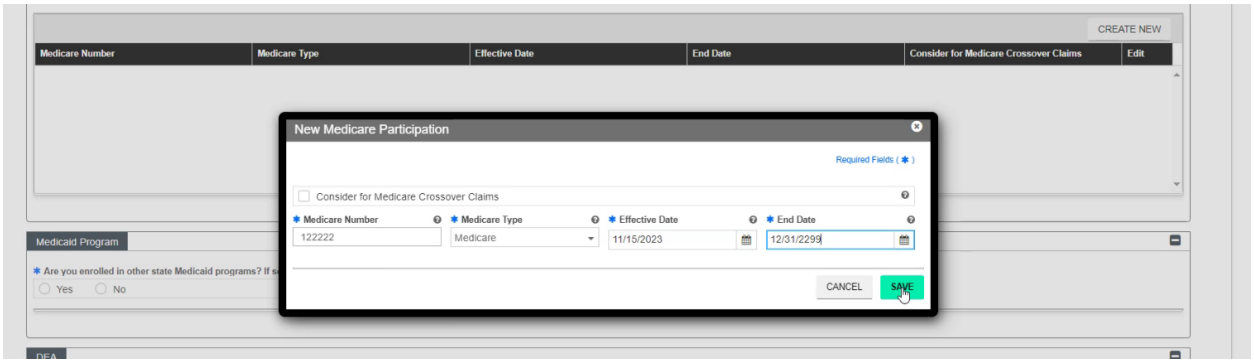


7. Credentials

Medicaid Program



Medicare Participation is required.

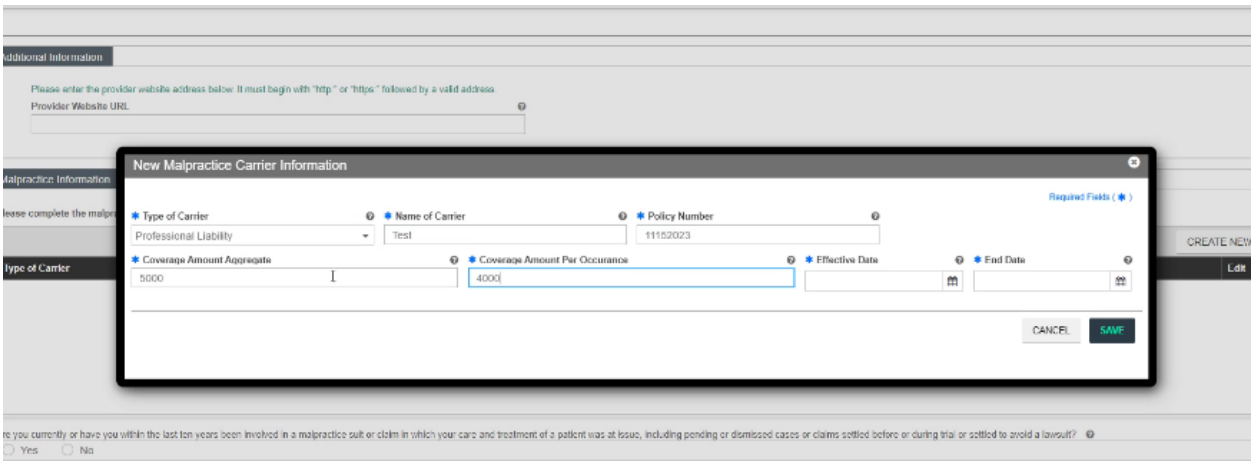


8. Provider Type

Bed Information is Required (psychiatric beds, # of beds, effective date and open end date)

9. Other

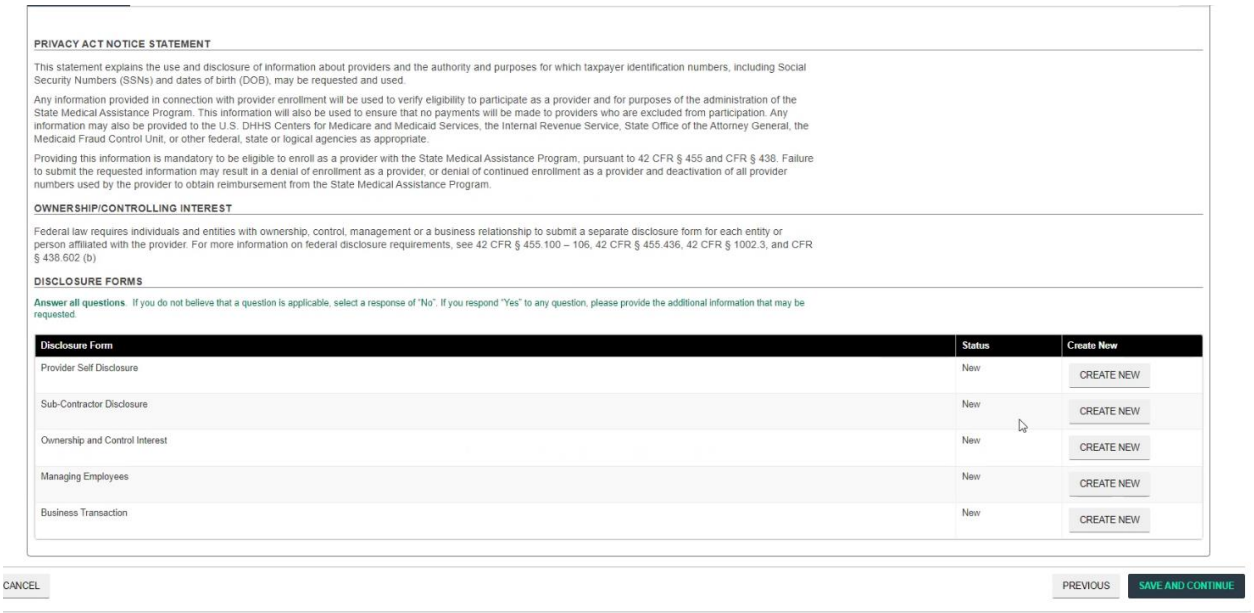
you will need Malpractice Detail - it is required



Another required question below:

10. New provider self-disclosure.

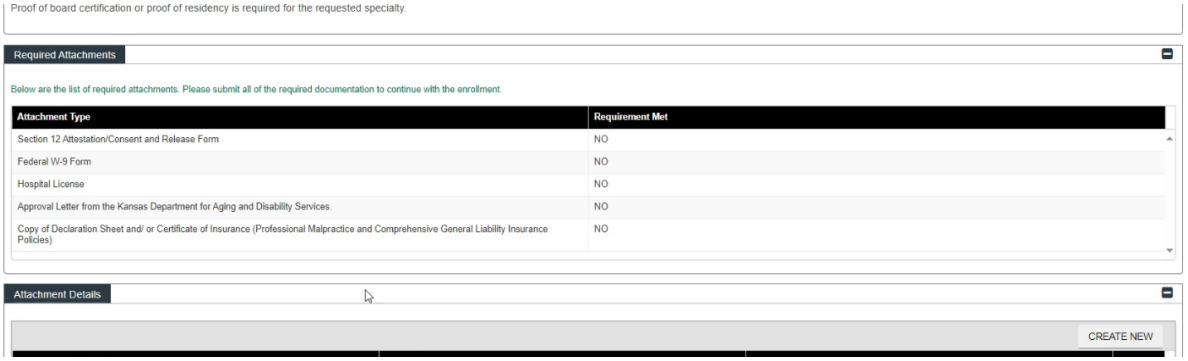
Create new for each. Subcontractor and Business transaction are not required, all the rest are required.



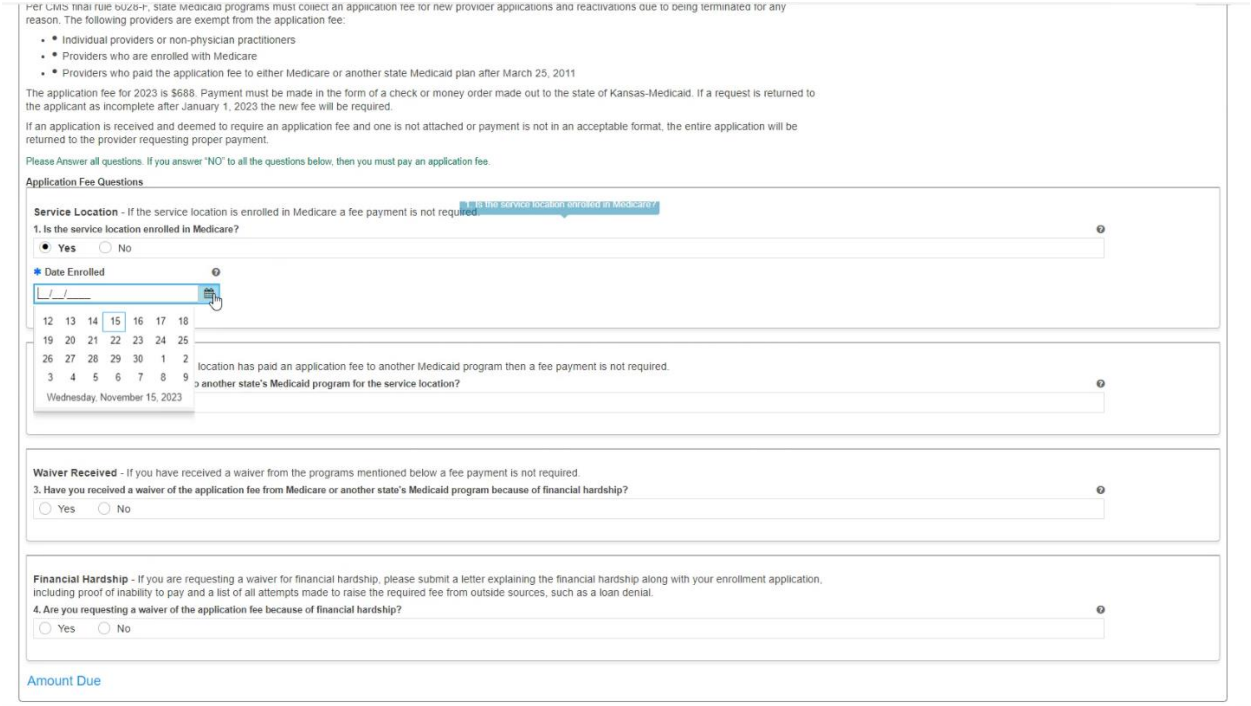
11. Attachments

To attach – choose File transfer in the drop down.

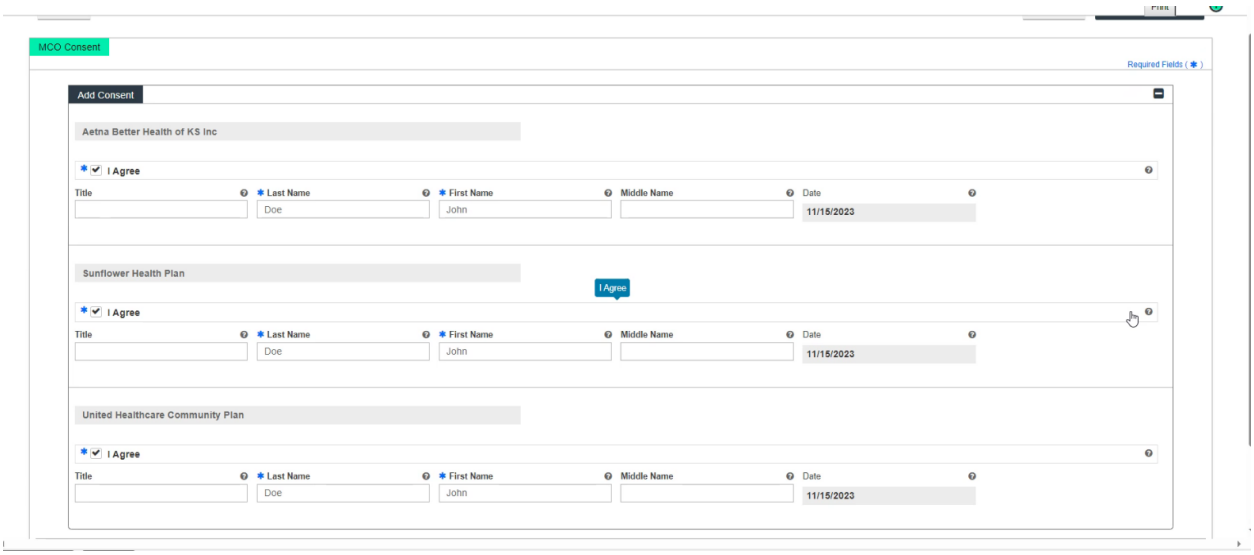
Drop down should match the lines in the Attachment type



12. Fees



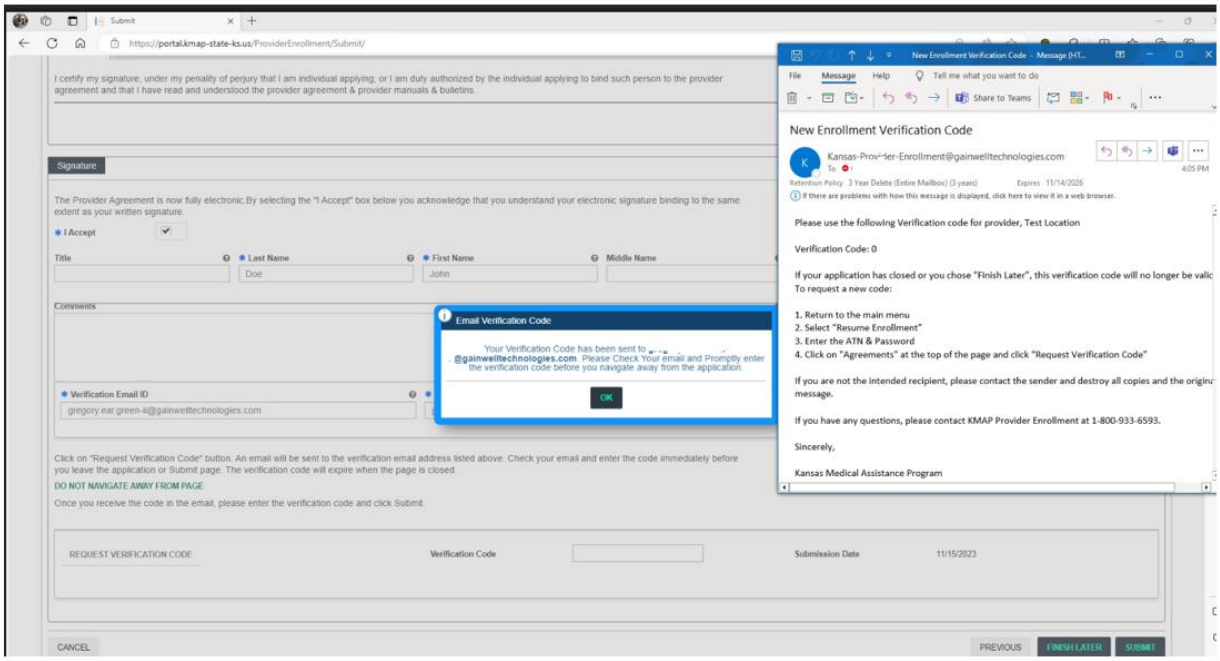
13. MCO Consent



14. Agree and Submit

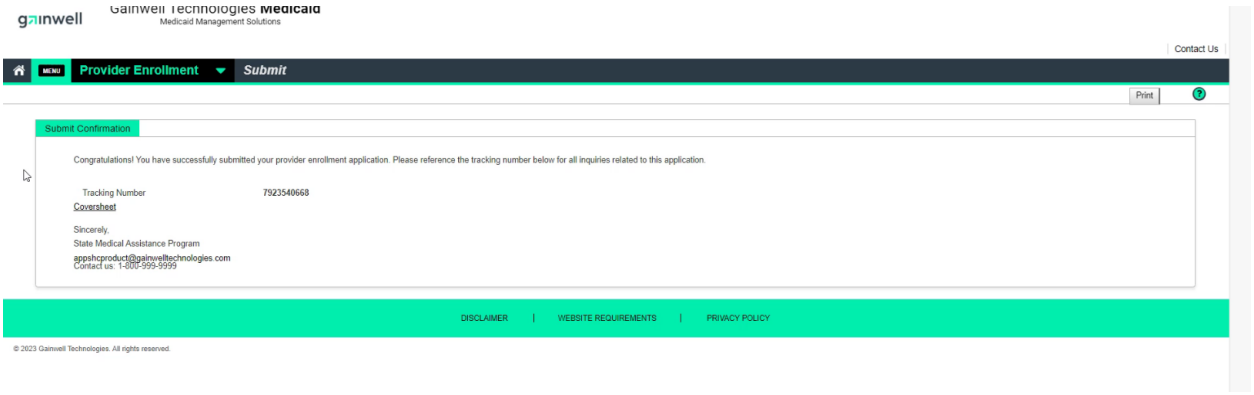
Click Proceed, Read the agreement, Click Agree, Click Yes for the pop-up Agreement confirmation, Click I Accept, enter your information (name and email are required)

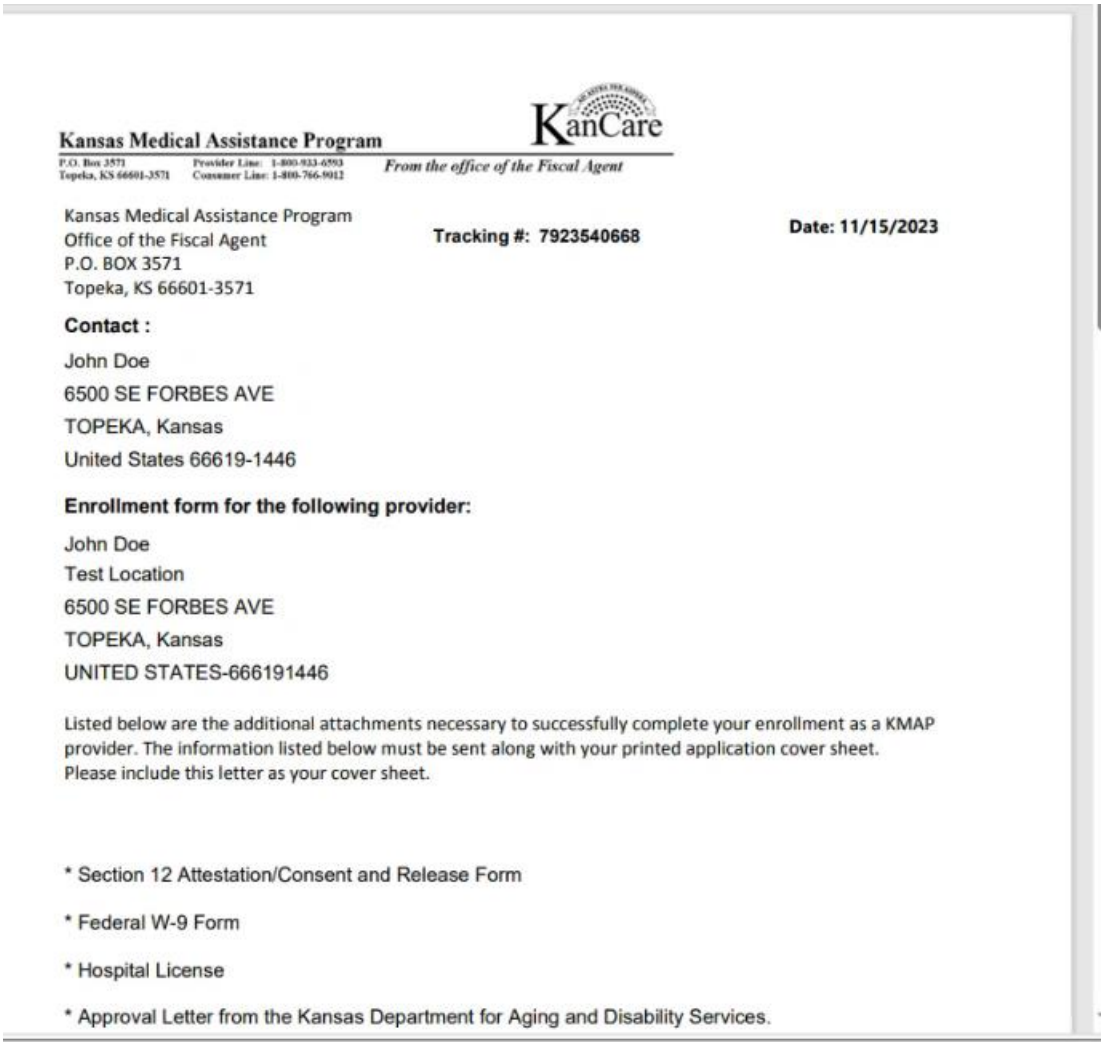
Click REQUEST VERIFICATION CODE



You will get an email with the Verification code, enter the code in the Verification Code and Click Submit. Click YES on the Alert Window.

You will receive a Confirmation page





Kansas Medical Assistance Program

P.O. Box 3571
Topeka, KS 66601-3571

Provider Line: 1-800-933-6593
Consumer Line: 1-800-766-9012

KanCare

From the office of the Fiscal Agent

Kansas Medical Assistance Program
Office of the Fiscal Agent
P.O. BOX 3571
Topeka, KS 66601-3571

Tracking #: 7923540668

Date: 11/15/2023

Contact :

John Doe
6500 SE FORBES AVE
TOPEKA, Kansas
United States 66619-1446

Enrollment form for the following provider:

John Doe
Test Location
6500 SE FORBES AVE
TOPEKA, Kansas
UNITED STATES-666191446

Listed below are the additional attachments necessary to successfully complete your enrollment as a KMAP provider. The information listed below must be sent along with your printed application cover sheet. Please include this letter as your cover sheet.

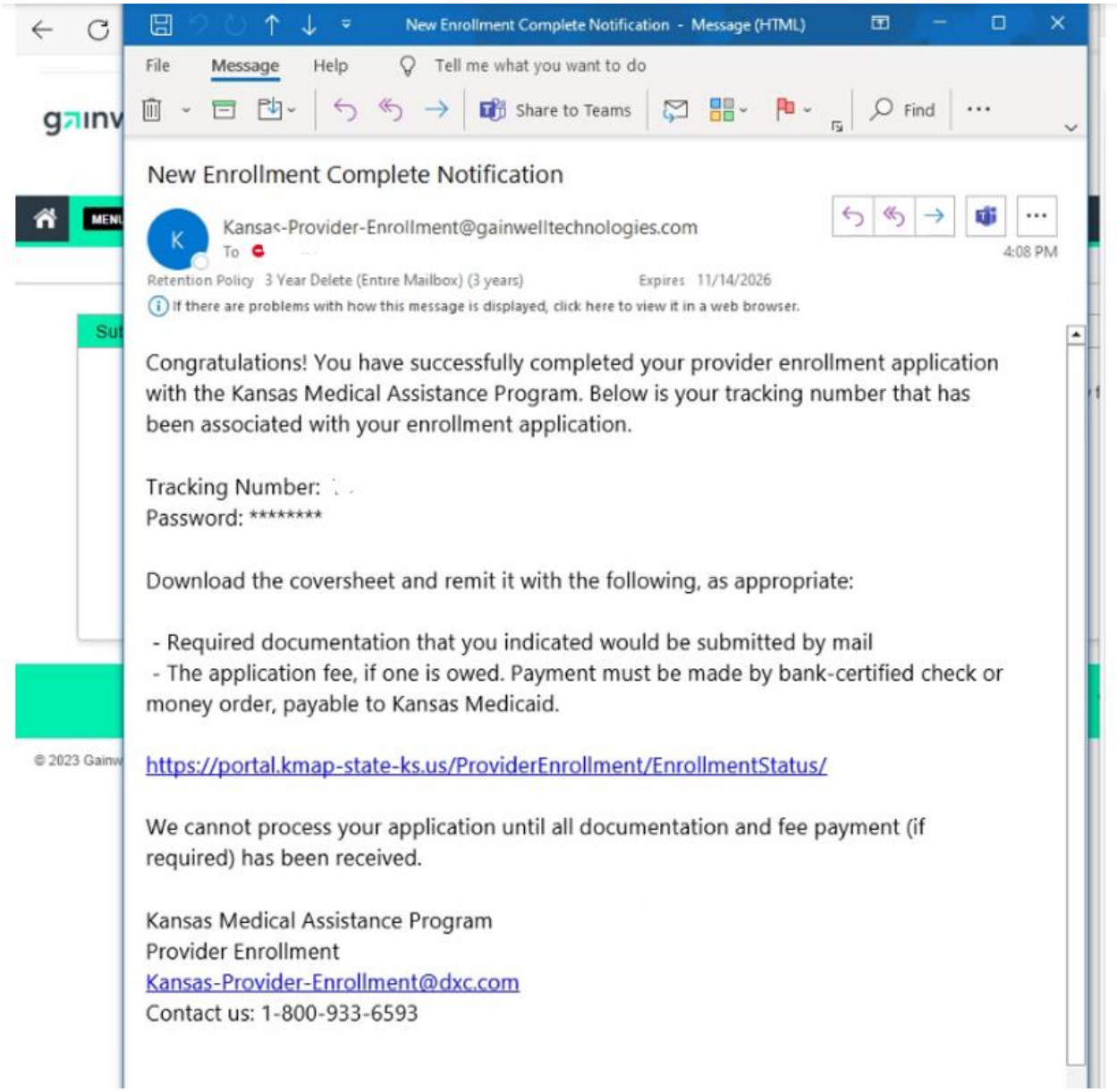
* Section 12 Attestation/Consent and Release Form

* Federal W-9 Form

* Hospital License

* Approval Letter from the Kansas Department for Aging and Disability Services.

You will also receive a confirmation email



Application will be processed once received.

NOTE: After the application is submitted – you might be invited by Gainwell to make corrections and/or submit additional documentation. Please watch your email for those to ensure the application does not expire (**Submitted** application will expire in 90 days)