



PO Box 1979
Topeka, KS 66603

Dear Kansas Health Solutions Provider Applicant,

Enclosed are materials for you or your practice to enroll with Kansas Health Solutions (KHS) as a Medicaid provider.

The materials include:

- Provider Manual;
- Letter from the KHS Training Department, explaining the KHS Training Requirements;
- KHS Provider Agreement which includes the following:
 - Attachment A – MIS Duties of Provider
 - Attachment B – Specialized Community Based Mental Health Services and HCBS SED Waiver Services
 - Attachment B – Outpatient Therapy
 - Attachment B – Outpatient Medical
 - Attachment B – Outpatient Medical Services – CMHC Based
 - Attachment C – Site and Availability Services Form
 - ~~Attachment D – Identification of Catchment Area Served~~ (No longer needed)
 - Attachment E – Participation in PRTF Screening Program
- Credentialing Application – Please attach a copy of your Kansas Medical Assistance Program (KMAP) Welcome/Verification letter which includes your KMAP Number, NPI Number and Taxonomy Code. (A 'sample' KMAP letter for your reference has been attached.);
- Required Elements for Authorization for the Use and Disclosure of Protected Health Information, to ensure full compliance with the requirements set forth in the HIPAA Privacy Rule, specifically 45 C.F.R. 164.508;
- Provider Information Sheet;
- Claims Overview – You must acquire a KMAP number to allow you to bill for Medicaid Services. (Reminder – you will need a KMAP number for each location where you practice.) To obtain an application for a KMAP number, please call KMAP Provider Enrollment at 1.800.933.6593 or log onto the KMAP Website at www.KMAP-state-ks.us to download the provider application;
- A Request Form for Provider Connect User Access;
- A check-list of Documents Returned to KHS.

Please review the information items listed above, complete the required information and check-list, and return the documents as soon as possible to the address listed below. A return address label is enclosed for your convenience. Please call me at 866-547-0222 or e-mail me at michelej@kansashealthsolutions.org if you have any questions.

Care Management Department
Kansas Health Solutions
PO Box 1979
Topeka, KS 66603

Thank-you for your interest in becoming a KHS provider!