

DME Provider Enrollment — Pharmacy Vaccine Administration

Kansas Department of Health and Environment Department of Healthcare Finance

Steps to Enroll as a Pharmacy DME Provider

Note: This process is intended for Pharmacy Providers (provider type 24) who do not already have a DME provider type (provider type 25). Existing DME Providers that need to add provider specialty 255 (vaccine administration) should initiate a “Maintenance Request” by email to:

Kansas-provider-enrollment@dxc.com

1. Start a [new application on the KMAP Provider Enrollment Application Page](#)
2. Click the yellow “Start” button in the bottom right corner of the page to begin the enrollment process.
3. Enter your email and choose a password, click “Register”
4. A pop-up will state you will receive a tracking number with further instructions via the email you provided, click “OK”
5. You can now continue with your enrollment; if you have to save your enrollment and finish later, you can use the tracking number that was emailed to you to revisit your application (the email will be from Kansas-Provider-Enrollment@dxc.com, check your spam folder if you do not see the email in your inbox)
 - a. The email will contain a tracking number that will be valid for 30 days
 - b. You can resume your enrollment by clicking the link provided in your email anytime within the 30 days; you’ll need to enter your tracking number and password after clicking the link
 - c. You can also resume your application [here](#). You will need your tracking number and password.
 - d. NOTE: You cannot make changes once you have submitted your application
 - e. The different sections of the application are the bolded titles below

Section 1: General Information

6. When you resume/continue your enrollment, you will enter your Initial Enrollment Information
 - a. For Enrollment Type there are multiple application types ([The Enrollment Requirements may give more info as to which may be more applicable to you](#))
 - i. Billing Provider Applications
 1. Facility—used by “brick and mortar” providers including hospitals, clinics, pharmacies, home health agencies, emergency transportation providers
 2. Groups—applicable to organizations with two or more rendering providers
 3. Individual— applicable to individuals that are both the rendering and billing provider; can be a business or a sole proprietor
 4. Atypical—intended for providers that are not issued NPIs (HCVS, non-emergent transportation providers)
 - ii. Rendering Provider Applications
 1. Individual within a group
 2. Ordering, Prescribing, Referring
 - iii. Once you select your Enrollment Type, a pop-up states you will not be able to change this once your application has been saved; click “OK”

- b. Select your Provider Type (**Durable Medical Equipment**)—a pop-up will state the credentials you may need to provide, and you will not be able to change the type of provider you selected once your application has been saved, confirm your selection by selecting “OK”
 - c. Select today’s date for Effective Date
 7. Enter Provider Information
 - a. Enter the legal name of the business, NPI, and EIN
 - b. Answer “Are you currently enrolled as a Provider?”
 - i. A pop-up will come up that asks if you are here for revalidation—most providers are registering for the first time, so you will select “NO”, if you have previously registered and are revalidating, you should have received a revalidation notification, and you can select “YES”
 - c. Enter your Current Provider Identifier (this is your Medicaid number)
 - d. If you are registering for the first time, you will select “NO” to the question “Were you previously enrolled as a provider?” (Select “YES” if you were previously enrolled.)
 - e. Answer if you are Medicare enrolled.
 - f. Choose if you are going to accept patients enrolled in FFS, MCO, or both (this is for informational purposes only)
 - g. Choose the programs to which you are applying. You can select one, two, or all three programs, but you must select at least one.
 - h. Answer if you are registered with CAQH (the Council for Affordable Quality Healthcare)
 8. Enter your Contact Information
 9. Select “SAVE AND CONTINUE”

Section 2: Specialties

10. Under Specialties, it will automatically populate with the provider type you chose [*Durable Medical Equipment*] in step 6b—you will need to select a primary specialty (You can enter more than one specialty, but you need at least one)
11. Select the taxonomy (**255-Vaccine Administration**) that is mapped to the specialties of the program (You can name additional taxonomies by clicking “Create New” underneath “Additional Taxonomies”)
12. Select “SAVE AND CONTINUE”

Section 3: Service Location

13. Select “Create New”
14. Assign a location name to the Service Location address (ex. Main Office) and enter the contact information
15. Scroll down to phone number, and select “Create New” to enter your phone number(s); at least one phone number must be provided (home, mobile, fax, etc.)
16. Answer questions about Service Address Information (Accepting new patients, Hours of operation—select actual hours, ADA Compliant, etc.)
17. Select “Save” then select “SAVE AND CONTINUE”

Section 4: Addresses

18. Enter your “Pay To” address. If it is the same as Service Location, select that box (if you need to make any changes, you will need to uncheck it, correct the information at the original source in Section 3, then you may select the “Same as Service Location”)

19. Enter your email and mail to address. If these are the same as the Service Location, select “Same as Service Location.” If they are not the same, enter the correct contact information.
20. For the sections titled “Informational Mail To”, “Remit To”, “Doing Business As”, and “Medical Records Request”, you can select the plus sign to enter new information
21. Select “SAVE AND CONTINUE”

Section 5: Organization

22. Select the Organization Type, Tax Classification, and select any of the appropriate fields for your business
23. Select “SAVE AND CONTINUE”

Section 6: Credentials

24. Click “Create New” to enter your Medicare information
25. Scroll down to answer questions about your Medicaid enrollment
26. You may be asked to report your educational information here, as well as your license number (it must be current).
27. Select “SAVE AND CONTINUE”

Section 7: Provider Type

28. Enter Medicaid and/or Medicare Surety Bond Numbers
29. The information you are required to answer in this section varies based on your provider type (CLIA, DMEPOS, etc.)
30. Select “SAVE AND CONTINUE”

Section 8: Other

31. List any languages, certifications, and provide service website URL
32. Answer questions about malpractice information
 - a. If you answer Yes, you will have to answer additional information about the malpractice case
33. Select “SAVE AND CONTINUE”

Section 9: Disclosures—All providers are required to complete this section, and disclosure questions are organized into separate forms.

34. Click “Create New” for each Disclosure Form and answer the questions
 - a. If you answer “Yes” to any of the questions, you will be required to answer additional questions
 - b. Click “Save” after each Disclosure Form, and the status should change from “New” to “Completed”
 - c. Note: On the disclosure forms, if a provider answers “Yes” to the questions, you will need to click “Create new” after the question and add the appropriate information (multiple answers can be added by clicking “Create new”)
35. Once all Disclosure Forms have a “Completed” status select “SAVE AND CONTINUE”

Section 10: Background Check (Not required for all provider types)

36. If an individual owner was named in Section 1: General Information, rather than an organization name, they will indicate whether they have submitted prints to Medicare/Medicaid in the past 5 years

37. If no individual owner names were listed in General Information, the Background Check page will remain blank
38. Select "SAVE AND CONTINUE"

Section 11: Attachments

39. The provider type and specialty you have selected will determine what type of documentation you will need to provide
40. Scroll down to the attachment panel and click "Create new"
41. Indicate how you will transmit the necessary documentation
 - a. "File Transfer" means electronic and is the ideal submission
42. Click "Select Files" and select the file from your computer
43. Select "Save" and the document will be attached to the application
44. To select/attach multiple documents, select "Create new" and repeat steps 40 to 43 above
45. Whether you select fax, mail, or file transfer to submit the forms, the Requirement Met column will change from NO to YES
46. You are not limited to only attach documentation that is required, you can attach additional documentation if you desire

Section 12: Fees

47. Asks whether or not an application fee is due
48. Answer the questions and the application fee that is due will populate at the bottom
49. If there is a fee due, the application cannot be processed until the payment is received. If there is no fee due, it will state "No Fee" and you can continue.
 - a. If a fee is due, you can still submit the application, but it will sit in a pending queue until payment is received
 - b. Once payment is received (if there is a payment due), evaluation of the application can begin
50. Select "SAVE AND CONTINUE"

Section 13: Agreement/Submit

51. Terms of Agreement will be displayed with your information from the General Information page. If you notice something is entered incorrectly, you can navigate back to the General Information page to correct the error, select "SAVE AND CONTINUE", and the form will update where it is auto populated throughout the application
52. Return to the Agreement/Submit page (if you had to make any changes)
53. Read through the Provider Agreement
54. If you agree, select the check box next to Agree to indicate you agree with the terms and conditions and select "I Agree"
55. Underneath Signature, select "I Accept", and electronically sign the form, provide the verification email
56. Click "Request Verification Code" and the code will be sent to the verification email provided. It should arrive in your email very quickly
57. Copy the Verification Code into the required field before it expires (if it does expire, you can request a new one)
58. Submit your application—the application cannot be submitted until the verification code is entered

Once the application is submitted, you can go back into the enrollment tracker and [check the enrollment status](#), however, no changes can be made to the application

Revalidation (When it's time to renew)

- You should receive two notices. One should arrive approximately 90 days before the due date (this one will provide an Application Tracking Number that will have all of your information pre-populated to save you time) and the second one should arrive 45 days before the due date (this will have the password assigned to that tracking number). **Once you have both of these notices, you are ready to begin.** The application is exactly the same as when you newly enrolled.
- Go to provider enrollment portal and select [Resume/Revalidate Enrollment](#)
- Enter the Application Tracking Number and Password from the notices
- Review each page of the application and confirm the auto populated information is correct and make any necessary updates. Enter information that was not pre-populated
 - Some items are pre-populated, but are unable to be changed (enrollment type, provider type, NPI, birth date, SSN, EIN, legal name, tax name)—if you need to change any of these fields, contact customer service for assistance
- Submit the completed application before the revalidation period expires (the earlier submitted the better and greater likelihood of success with the application)

Enrollment Status

- You can use your tracking number to track the [status of your application](#)
 - Submitted, Pending, Returned to Provider, Approved, Denied, Rejected
- If you want to change your password, you can do that [here](#). You'll need to enter your tracking number, your existing password, and your new password.

Provider Notifications to Expect

1. Return to Provider for applications that require correction or additional information (do this as quickly as possible)
 - a. Return to the portal, resume the application using your tracking number and password
 - b. Revise and resubmit;
2. Welcome Letter for approved applications; OR
3. Denial Letters