

# Non-Participating Care Providers: Prior Authorization Required for All Services

UnitedHealthcare Community Plan of Kansas Effective Oct. 1, 2019

Effective Oct. 1, 2019, we're implementing new requirements for providers who are not participating in the UnitedHealthcare Community Plan of Kansas network. We're requiring that non-participating care provider receive prior authorization for any services provided to UnitedHealthcare Community Plan KanCare members.

Prior authorization requests will only be approved if there are no UnitedHealthcare network care providers available in the area to perform the requested services.

## Submitting Prior Authorization Requests

Please complete the prior authorization process in one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on Link at [UHCprovider.com/paan](https://UHCprovider.com/paan). If you need to register for Link, go to [UHCprovider.com/newuser](https://UHCprovider.com/newuser).
- **Phone: 866-604-3267**

## Non-Participating Care Provider Reimbursement Requirements

Care providers who are not participating in the UnitedHealthcare Community Plan network will be required to complete one of the following before they are eligible to receive payment for services provided to KanCare members assigned to UnitedHealthcare:

- Enroll with Kansas Medical Assistance Program (KMAP) and submit the UnitedHealthcare Non-Participation Reimbursement Agreement.
  - Enroll with KMAP at [kmap-state-ks.us](https://kmap-state-ks.us) > Start a new online application.
  - Complete and submit the UnitedHealthcare Non-Participation Reimbursement Agreement at [UHCprovider.com/KScommunityplan](https://UHCprovider.com/KScommunityplan) > [Claims and Payments](#) > Non-Participation Provider Reimbursement Agreement. Send the completed form to [uhc\\_disclosures@uhc.com](mailto:uhc_disclosures@uhc.com).
- Submit a completed disclosure of ownership/control form and the UnitedHealthcare Non-Participation Reimbursement Agreement.
  - The disclosure of ownership form can be found at [kmap-state-ks.us](https://kmap-state-ks.us) > Provider > Forms > [Disclosure of Ownership and Control Interest Statement](#). Submit completed forms to [uhc\\_disclosures@uhc.com](mailto:uhc_disclosures@uhc.com) before submitting any claims.
  - Complete and submit the UnitedHealthcare Non-Participation Reimbursement Agreement at [UHCprovider.com/KScommunityplan](https://UHCprovider.com/KScommunityplan) > [Claims and Payments](#) > Non-Participation Provider Reimbursement Agreement. Send the completed form to [uhc\\_disclosures@uhc.com](mailto:uhc_disclosures@uhc.com).

## We're Here to Help

If you have any questions about prior authorizations or about becoming a participating care provider, please contact our Network Contracting team at **913-802-5647** or [kansas\\_networkmanagement@uhc.com](mailto:kansas_networkmanagement@uhc.com). If you have questions about registering with KMAP or the disclosure of ownership form, please call 800-766-9012. Thank you.