

From: kansas-provider-enrollment <kansas-provider-enrollment@gainwelltechnologies.com>
Sent: Saturday, April 6, 2024 8:31 AM
To: Green II, Gregory <gregory.ear.green-ii@gainwelltechnologies.com>
Subject: Fingerprint ATN: 2135054259



Kansas Medical Assistance Program

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

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

From the office of the Fiscal Agent

John Doe
6511 Se Forbes Ave
Topeka, KS, 66619-1448

Implementation of Fingerprint-based Criminal Background Checks (FCBC):

As a provider categorized as “high” risk, you are required to obtain and submit fingerprints to the Kansas Department of Health and Environment Division of Health Care Finance (KDHE/DHCF) within 30 days of this letter. Failure to submit fingerprints for the provider and all individuals with 5 percent or more direct or indirect ownership interest in the provider may result in termination per 42 CFR 455.416.

Individuals must download and print the [Waiver Agreement and Statement](#) and bring to any local law enforcement center trained in taking fingerprints to obtain fingerprints. The law enforcement center MUST mail the card and the Waiver Agreement and Statement directly to KDHE/DHCF upon completing the prints.

All individuals must submit their fingerprints to KDHE/DHCF within 30 days of this letter. Individuals include the provider and any person with a 5 percent or more direct or indirect ownership interest in the provider.

Refer to [How to complete the fingerprint card](#) for instructions.

For questions, refer to [Fingerprint-based Criminal Background Check FAQs](#).

These links can also be found on [KMAP Provider Page](#). Contact provider enrollment at 1-800-933-6593 with additional questions.

Background and Authority:

As part of the application screening process into the Kansas Medical Assistance Program (KMAP), Section 6401 of the Affordable Care Act, Provider Screening and Other Enrollment

Requirements through 42 CFR § 455.450(c), requires KMAP to do the following for providers designated as a “high” category of risk:

- Perform the “limited” and “moderate” screening requirements specified at 42 CFR 455.450(a) and (b);
- Require the submission of a set of fingerprints in accordance with 42 CFR 455.434; and
- Conduct a criminal background check.

Under 42 CFR 455.434(b), the requirement to submit fingerprints applies to both the “high” risk provider and any person with a 5 percent or more direct or indirect ownership interest in the provider, as defined in 455.101.

Under 42 CFR 455.416, a state Medicaid agency must terminate or deny enrollment of a provider if the provider, or any person with a 5% or greater direct or indirect ownership interest, who is required to submit fingerprints fails one or all of the following:

- fails to submit them within 30 days of the Medicaid agency’s request;
- fails to submit them in the form and manner requested by the Medicaid agency; or
- has been convicted of a criminal offense related to that person’s involvement with the Medicare, Medicaid or CHIP program in the last 10 years.

Sincerely,

Kansas Medical Assistance Program