

MAP-529 Instruction Sheet

Only complete one form per provider number

- **Provider Name:** Enter the *current* name the provider has listed on the existing Medicaid file. If you are an individual provider, do not enter your employer's name in this field.
- **Provider Number:** Enter the provider number that you want to make the change on.
- **NPI:** Enter the NPI number that you want to make the change on.
- **Contact Name, Contact Telephone, Email:** Enter the contact information for form preparer, credentialer, or provider.

Name Change Section

- List the *new* name that you would like on your Medicaid file.
- List the reason for the change (i.e. Marriage, Divorce, Change of company or DBA name, etc.)
- *If your group is changing their name due to a possible change of ownership, please do not complete the MAP-529 form, but visit our website and complete the Disclosure of Ownership.*

Supporting Documents required for Name and /or Address Change

- If you are an individual, changing your name, you will need to submit the following documents with your MAP-529 form:
 - Updated social security card
 - Updated medical license
- If you are a *group/entity*, changing your name or address, you may need to submit one or *all* of the following documents with your MAP-529 form (if applicable):
 - Updated IRS Verification
 - Updated DME Accreditation
 - Updated CLIA Certificate
 - Updated JCAHO
 - Updated Medicare Certification Letter
 - Updated HME
 - Updated Facility License

Change of Address Section

- List the *new* primary Physical, Correspondence, Pay-To and 1099 addresses.

Additional Location Section

- List any additional locations you would like listed on your Medicaid file. If you are adding more than two locations, please attach an additional sheet labeled "additional locations continued."
- *Due to KY Medicaid regulations, if you are a group/entity with a CLIA certificate, you will not be able to add additional addresses for the locations that have laboratories. You will need to enroll each location with a CLIA certificate.*
- *Due to KY Medicaid regulations, if you are a facility that is location specific (i.e. your license only covers one address), you cannot add additional locations. You will need to enroll each licensed location. The only exception is if your license covers satellite locations.*

Change to Contact Information

- List the *new* contact name, telephone and email for information regarding your KY Medicaid file.

Request to Terminate Kentucky Medicaid Number Section

- Please complete with provider name, number, and effective date of termination, which you wish to terminate with Kentucky Medicaid. *For entities/groups that are terminating, an owner must sign. If no owner, signature of officer or board member is acceptable.*