

Department for Medicaid Services

Program Integrity

Provider Enrollment

MCO Forums

September and October 2019

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Goals and Objectives

This session's **Goal** is to help you, Providers and Provider representatives to successfully submit electronic applications to KY DMS Provider Enrollment.

Objectives:

As a result of participating in this session, you will know:

- Benefits and Efficiencies of KY MPPA
- How to create an account and submit an application through KY MPPA
- How to work on behalf of a provider
- Where to find KY MPPA learning resources

Electronic Application

KRS 205.532 (3) (e) indicates that: Each provider seeking to be enrolled and screened with the department shall make application via electronic means as determined by the department.

Enrolled Providers

SFY 2017

- 44,643 Providers

SFY 2018

- 52,632 Providers

SFY 2019

- 54,908 Providers

SFY 2019 Work Details

SFY 2019	
Month	Total
July	4602
August	4630
September	4454
October	4321
November	3552
December	3661
January	4754
February	5363
March	6712
April	5586
May	5534
June	5415
Total	69,701

Month	Providers Updated
July	1
Aug	3
Sep	1531
Oct	4294
Nov	20
Dec	4
Jan	3
Feb	9602
March	1370
Apr	63
May	12
June	9418
Total	26321

A Batch Update is an automated update from a file feed

Paper Applications Returned Rate

In general, 40.4% of submitted Applications were returned.

Note – these are applications that were eventually returned to the provider because of corrections needed. In all, greater than 66% of submitted applications contain errors.

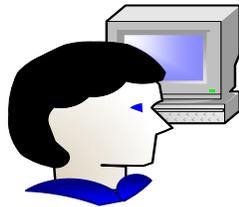
Common Errors

- NPI and Taxonomy combination is not valid in NPPES
- CLIA number is invalid
- Failure to complete required fields
- Incorrect Provider SSN/Tax ID
- Application not signed, or signed by incorrect person
- Typographical errors

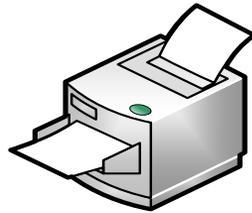
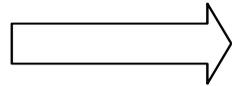
Paper Process General Flow

Paper Process - Provider Steps

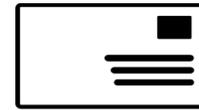
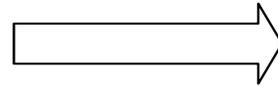
1. Completes
MAP-811



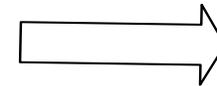
Provider



2. Prints & Signs



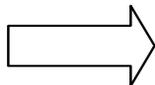
3. SASE Prepared



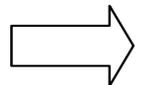
3. Mailed

Paper Process - Medicaid Steps

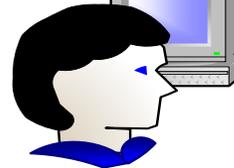
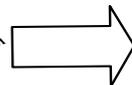
1. Received



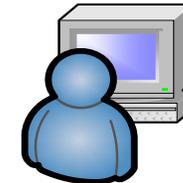
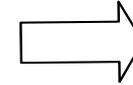
2. Imaged



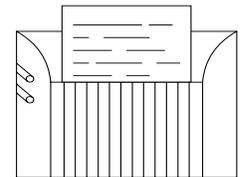
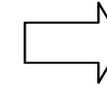
3. Sorted



3. Logged &
Assigned



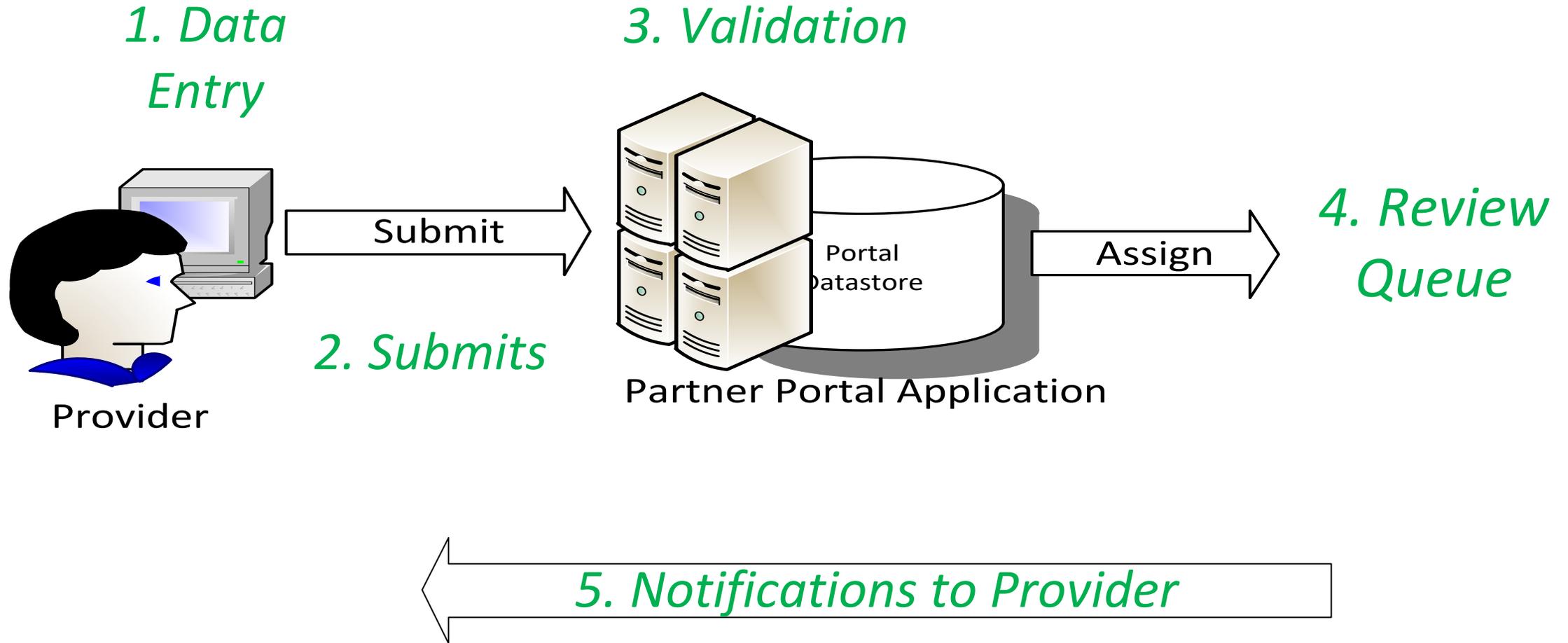
4. Reviewed &
Entered



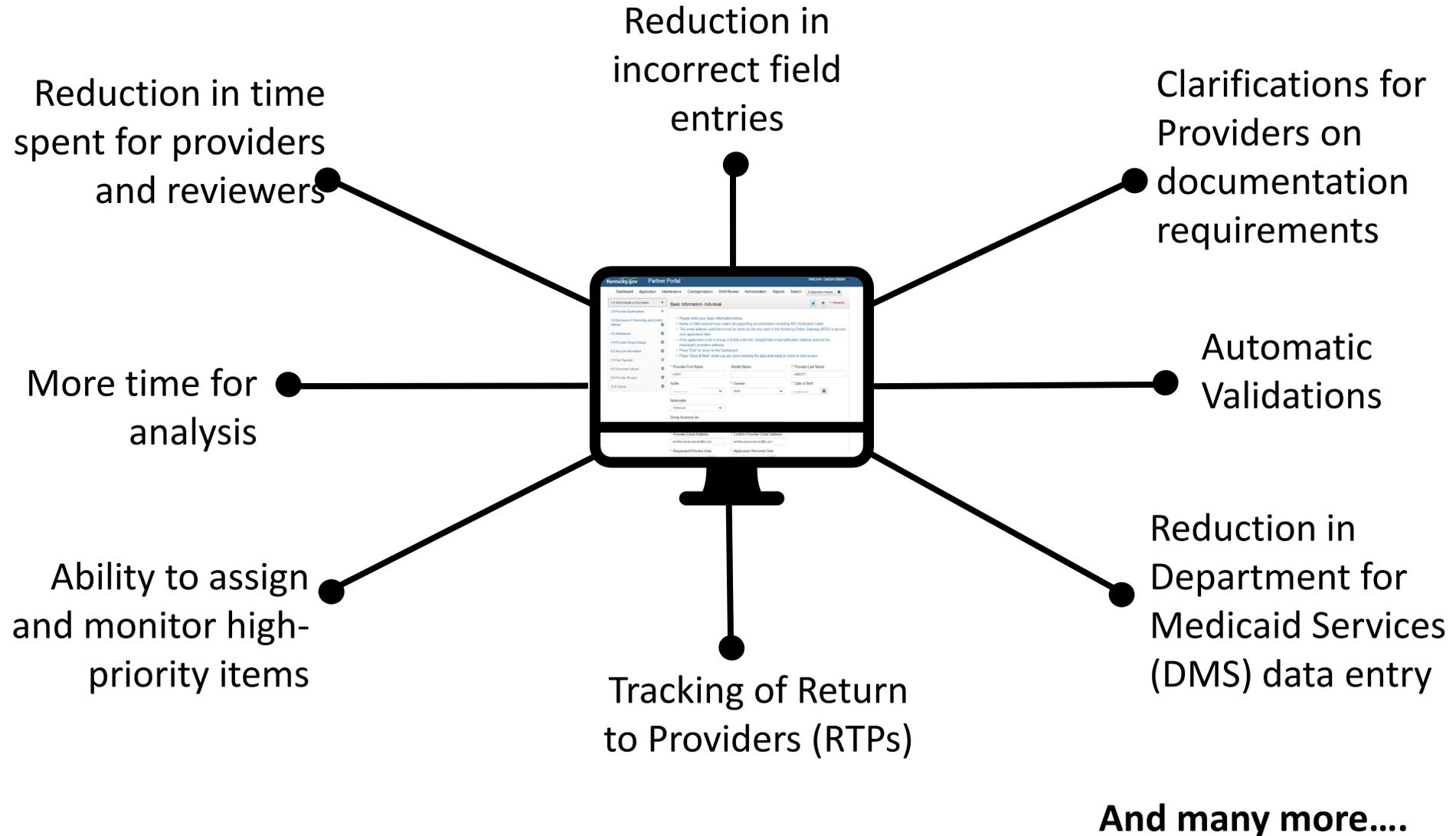
5. Shredded

Kentucky Medicaid Partner Portal Application (KY MPPA)

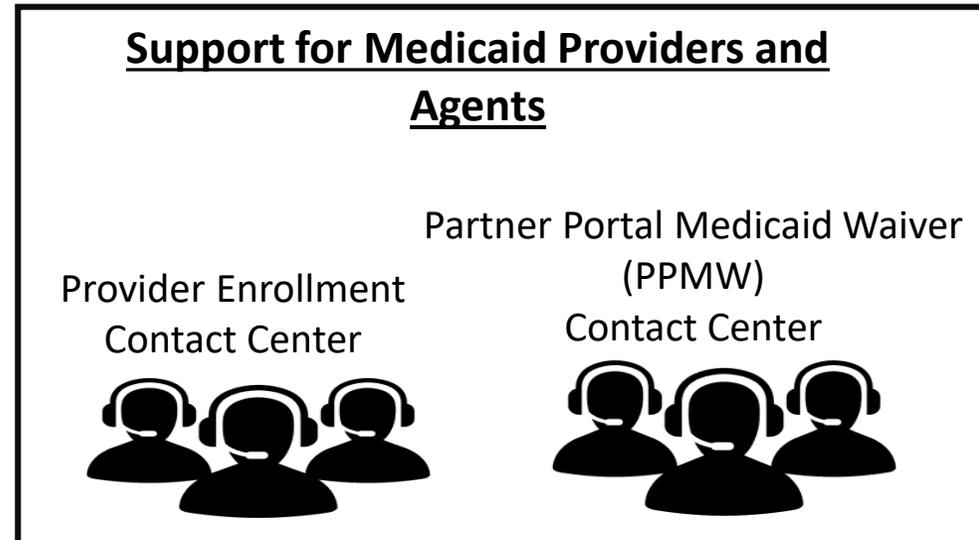
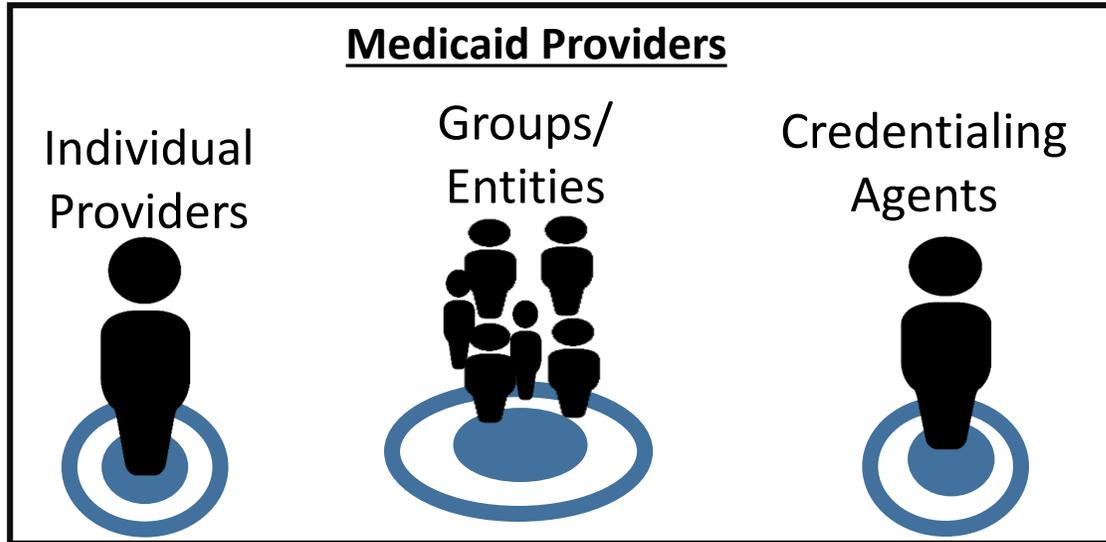
KY MPPA General Process Flow



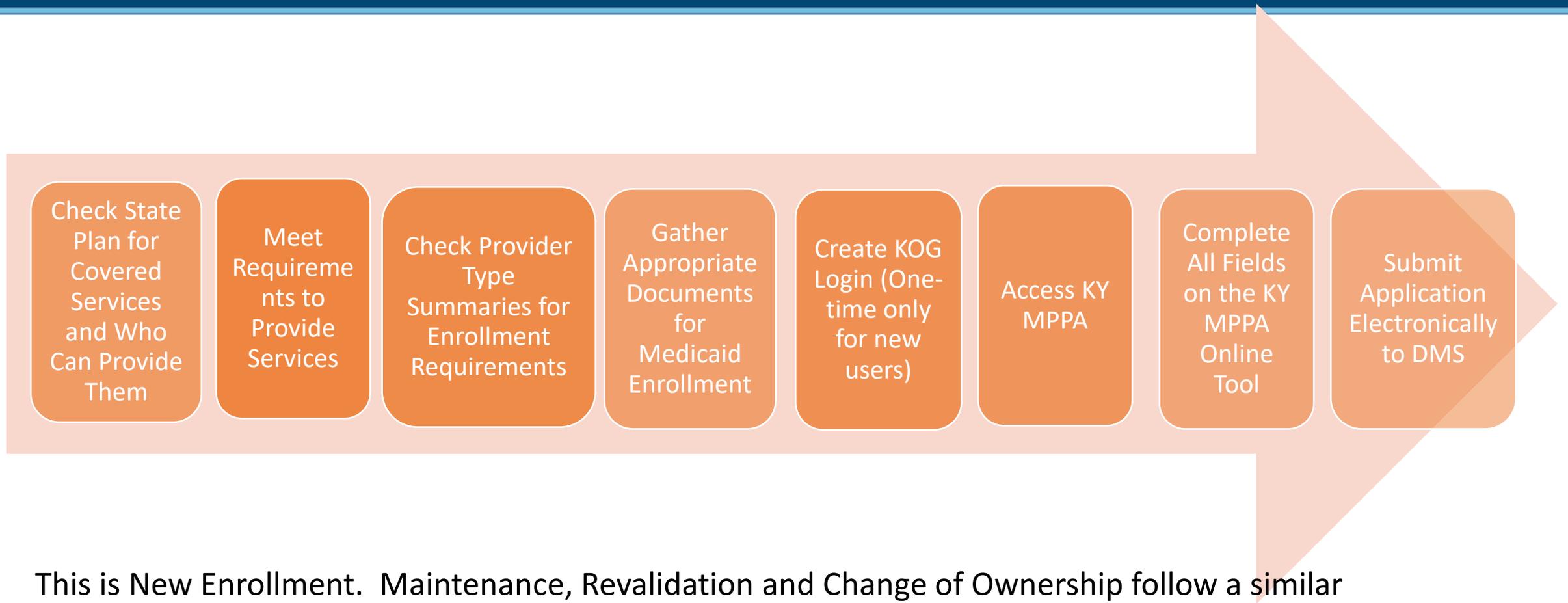
KY MPPA Benefits



Users



Users Process Flow



This is New Enrollment. Maintenance, Revalidation and Change of Ownership follow a similar flow, but the user will edit or add data, rather than input all new data

Following the submission of the electronic application, all correspondence will be submitted and received electronically using KY MPPA tool

*Making Application using
KY Medicaid Partner Portal Application (MPPA)*

Identity Management

Citizen (or) Business Partner Gateway Log In

Login with your Kentucky Online Gateway Account.

 Username or Email Address [Forgot Username?](#)

 Password [Forgot/Reset Password?](#)

Log In

[Resend Account Verification Email](#)

WARNING

This website is the property of the Commonwealth of Kentucky. This is to notify you that you are only authorized to use this site, or any information accessed through this site, for its intended purpose. Unauthorized access or disclosure of personal and confidential information may be punishable by fines under state and federal law. Unauthorized access to this website or access in excess of your authorization may also be criminally punishable. The Commonwealth of Kentucky follows applicable federal and state guidelines to protect the information from misuse or unauthorized access.

Don't already have a Kentucky Online Gateway Citizen Account?

Create An Account

[Click here to select user account type](#)

Open KY MPPA

Click **Launch** on the Partner Portal tile on your KOG Landing Page

The screenshot shows the KOG Landing Page with the following elements:

- Header: Kentucky.gov logo, TRG, Welcome CA8 Train8, English, Help, Logout.
- Navigation: My Apps, All Apps.
- Search: Search for Applications QSearch.
- Alphabetical Index: #, A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z.
- Application Tiles:
 - Organization Management Application: To Manage External application(HBE) User and roles. Launch button.
 - Partner Portal: CHFS DMS Partner Portal. Launch button (highlighted with a red box and arrow).

New Enrollment

Select Role

- Provider Enrolling as Individual
- Owner/Officer/Board Member Enrolling Group/Entity
- Credentialing Agent

Role Selection ? * = Required

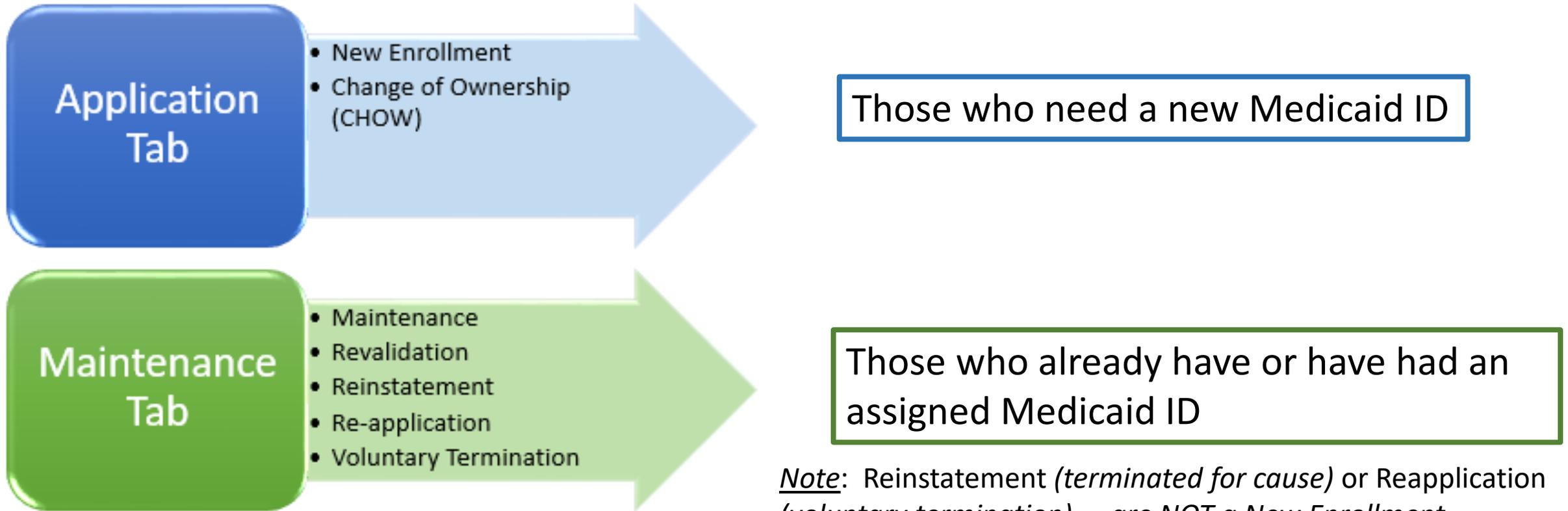
* Select one of the three roles below:

I am a Provider enrolling as an Individual

I am an Owner, Officer or Board Member who is legally authorized to enroll a Group/Entity

I am a Credentialing Agent

Functions of KY MPPA



****Navigation and Functionality Webinar** walks users through basic functionality, how to start an application/maintenance & how to navigate the system

Navigation Menu

- 1.0 Administrative Information ▶
- 1.1 Basic Information** ✎
- 1.2 Tax Information ⦿
- 1.3 NPI Information ⦿
- 1.4 Taxonomy Information ⦿
- 1.5 Add Group Members ⦿
- 1.6 Additional Identifiers ⦿
- 1.7 Address Information ⦿
- 1.8 Contact Information ⦿
- 1.9 Language Information ⦿
- 1.10 Bed Data ⦿
- 1.11 Locum Tenens ⦿
- 1.12 Teaching Facility ⦿
- 2.0 Provider Qualifications ▶

1.0 Administrative Information ▶

1.1 Basic Information ✎

1.2 Tax Information ⦿

1.3 NPI Information ⦿

1.4 Taxonomy Information ⦿

1.5 Add Group Members ⦿

1.6 Additional Identifiers ⦿

1.7 Address Information ⦿

1.8 Contact Information ⦿

1.9 Language Information ⦿

1.10 Bed Data ⦿

1.11 Locum Tenens ⦿

1.12 Teaching Facility ⦿

2.0 Provider Qualifications ▶

3.0 Disclosure of Ownership and Control Interest ⦿

4.0 Attestations ⦿

5.0 Provider Group Linkage ⦿

6.0 Account Information ⦿

Basic Information- Individual

- Please enter your basic information below
- Name or DBA entered must match all supporting documentation including IRS Verification Letter
- The email address used here must be same as the one used in the Kentucky Online Gateway (KOG) to access your application later
- If the application is for a Group or Entity enter the Group/Entity email notification address and not the individual's providers address
- Press "Exit" to return to the Dashboard
- Press "Save & Next" when you are done entering the data and ready to move to next screen

* Provider First Name: John

Middle Name: [Empty]

* Provider Last Name: Doe

Suffix: Select One

Gender: Male

* Date of Birth: 01/01/1965

Doing Business As: [Empty]

* Provider Email Address: john.smith@email.com

* Confirm Provider Email Address: john.smith@email.com

Communication Email Address: john.smith@email.com

Confirm Communication Email Address: john.smith@email.com

* Requested Effective Date: [Empty]

Policies Security Disclaimer Accessibility Privacy Release Number - R3.0.29.0 Copyright ©2019 Commonwealth of Kentucky

Documents Upload

Provider Uploads Electronic Copy of Required Documents

Add

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
Ophthalmic Dispensers/Optician License	Ophthalmic Dispensers/Optician License - L6582534	Y	Doe, John	01/16/2019	 
Social Security Card	Social Security Card	Y	Doe, John	01/16/2019	 
Voided check or Bank Letter	Voided check or Bank Letter	Y	Doe, John	01/16/2019	 

[First](#) [Previous](#) [Next](#) [Last](#)

(Page 1 of 1)

Page: 1

Exit

Back

Save & Next

Provider or Credentialing Agent Review of Information

Dashboard Application Maintenance Correspondence Administration Application Header

1.0 Administrative Information
2.0 Provider Qualifications
3.0 Disclosure of Ownership and Control Interest
4.0 Attestations
5.0 Provider Group Linkage
6.0 Account Information
7.0 Fee Payment
8.0 Document Upload
9.0 Provider Review
10.0 Submit

Application Review and Comments

- Use this screen to verify the application data entered
- Use the navigation menu on the left to go to any section to make corrections
- Changes made will require navigation through all the screens using the Save & Next buttons to return to this summary
- After submitting the application changes can not be made unless the application is returned by DMS

1.0 Contracts

1.1 Basic Information

Provider First Name	Middle Name	Provider Last Name	Suffix
John		Doe	
Gender	Date Of Birth	Doing Business As	
Male	01/01/1965		
Provider Email Address	Communication Email Address	Requested Effective Date	
aj@gmail.com		01/16/2019	

Are you changing Provider Types ?
No

1.2 Tax Information
1.2 b DHSINS Information (No Data)
1.3 NPI Information

* = Required



Provider or Credentialing Agent Review of Information

- 1.4 Taxonomy Information >
- 1.5 Add Group Members (No Data) >
- 1.6 Additional Identifiers >
- 1.7 Address Information >
- 1.8 Contact Information >
- 1.9 Language Information >
- 1.10 Bed Data (No Data) >
- 1.11 Locum Tenens (No Data) >
- 1.12 Teaching Facility (No Data) >
- 2.1 Specialties Information >
- 2.2 License Information >
- 2.3 Certification Information (No Data) >
- 2.4 County Served (No Data) >
- 2.5 Services Provided (No Data) >
- 3.0 Disclosure Of Ownership and Control Interest >
- 4.0 Attestations >
- 5.0 Provider Group Linkage >
- 6.0 Account Information >
- 7.0 Fee Payment (No Data) >
- 8.0 Document Upload >

Provider Application Level Comment

Application Submitted

Characters left: 3979

Exit

Preview MAP-811

Back

Save & Next

Submit – Terms and Conditions

Dashboard Application Maintenance Correspondence Administration

Application Header

Submit

- Please read the Medicaid Rules, Regulations, Policy and 42USC 1320a-7b
- After reviewing Terms of Agreement, select the "I agree" checkbox followed by "Save & Next"
- Click "Back" to return to previous screen or "Exit" to return to Dashboard

In order to be enrolled as a Provider in the Kentucky Medicaid Program, you must agree to the terms of the Provider Agreement. Scroll to read and agree to these terms. If you do not agree to these terms your enrollment will not be accepted.

MEDICAID RULES, REGULATIONS, POLICY AND 42USC 1320a-7b

- 1. Scope of Agreement:**

This provider agreement sets forth the rights, responsibilities, terms and conditions governing the provider's participation in the Kentucky Medicaid Program and KCHIP and supplements those terms and conditions imposed by these programs.
- 2. Medical Services to be Provided:**

The provider agrees to provide covered services to Medicaid and KCHIP recipients in accordance with all applicable federal and state laws, regulations, policies and procedures relating to the provision of medical services according to Title XIX, Title VI, the approved Waiver for Kentucky and policies and procedures duly adopted by the Department for Medicaid Services applicable to provider and recipients of Title XIX services.
- 3. Assurances:**

I Agree Agreement Date 1/16/2019 2:37:47 PM

Exit Back Save & Next

Submitting Application Using Authorized Delegate

Credentialing agents submitting on behalf of providers

Paths to submit New Enrollment, Maintenance/Revalidation actions within KY MPPA include:

- 1. Provider** completes application, electronically signing and submitting to DMS
- 2. CA completes** application process, sending to Provider electronically; **Provider signs and submits** electronically. CA acts as a *non-delegate*.
- 3. CA completes all actions** for the Provider as an ***Authorized Delegate***, completing application, electronically signing and submitting to DMS.

Authorized Delegate Form

Kentucky.gov Partner Portal Welcome

Dashboard Application Maintenance Correspondence Application Header

1.0 Administrative Information
2.0 Provider Qualifications
3.0 Disclosure of Ownership and Control
Internet

Submit

- Click on link to view the current Authorized Delegate form
- If form is correct, Select "Yes" which will allow user to click on "E-Sign & Submit"
- If form is not correct, Select "No" and upload a correct Authorized Delegate form
- If no form was found, upload a signed Authorized Delegate form

* Submitting as:

Credentiaing Agent – Send to Provider to Submit. Provider must log-in to Partner Portal and submit application.

Authorized Delegate – E-sign and Submit on behalf of the Provider (Requires Authorized Delegate form)

Click on link to review form: No form found

[Click here to download Template-KY DMS Partner Portal Authorized Delegate Letter](#)

Upload the completed Authorized Delegate form and Click on E-sign & Submit

10.0 Submit

Click on the **link** to download the form template if not already completed by the Provider

Authorized Delegate Form

KY Department for Medicaid Services
Division of Program Integrity / Provider Licensing and Certification
KY Medicaid Partner Portal Application - Authorized Delegate Form

I, [redacted] understand and acknowledge that I am legally responsible for my Kentucky Medicaid Provider Number as outlined in 42 USC Section 1396p(a)(1)(A) and 162.1671, and I accept the responsibility to routinely review and maintain my provider information in my Kentucky Medicaid Partner Portal application (KY MPPA) account.

Enter the Provider Legal Name

Enter the name of the Credentialing Agent or credentialing agency or group

I, [redacted], hereby authorize [redacted] (individual, group, entity), or their duly appointed designee, when completing Kentucky Department for Medicaid Services (KY DMS) Provider Enrollment information (new, revalidation, and maintenance information to be updated) and electronically submitting to KY DMS:

- **Provider signs** the form. See Figure 3.
- **Provider sends** Authorized Delegate Form to Credentialing Agent.

The effective date of this delegation shall run to the date of the (next) Revalidation of my Kentucky Medicaid Provider information, on file with KY DMS Provider Licensing and Certification, no longer than 5 years from date of my enrollment, or until revoked by myself, the Provider, Owner, Officer or Board member, or at a time of a change of information that requires being updated with KY DMS, i.e., name change.

To revoke this delegation, I acknowledge that I must go into (or create an account with) the Kentucky Online Gateway (KOG), and de-link the credentialing agent and/or Authorized Delegate, thereby prohibiting the credentialing agent and/or Authorized Delegate from performing updates to my KY Medicaid information.

Provider/Owner/Officer or Board Member Printed Name:

Provider NPI:

Social Security Number (Individual Provider)

Federal Tax Identification Number (Group/Entity Provider)

Provider/Owner/Officer or Board Member Signature

Signature Date:

Submit Summary

Dashboard Application Maintenance Correspondence Administration

Application Header 

- 1.0 Administrative Information
- 2.0 Provider Qualifications
- 3.0 Disclosure of Ownership and Control Interest
- 4.0 Attestations
- 5.0 Provider Group Linkage
- 6.0 Account Information
- 7.0 Fee Payment
- 8.0 Document Upload
- 9.0 Provider Review
- 10.0 Submit

Submit

  * = Required

- [Click "Return To Dashboard" to return to Dashboard screen](#)

Thank you for Submitting your application to become a KY Medicaid Provider

Your Application Number is APP3331 for Optician

What Needs To Be Done Next?

1. A Saved copy of this application is available on the Dashboard.
2. A copy of the application may be printed from the Dashboard. Print for your records only.
3. From the Dashboard, you may check back in 48 hours to see if the application has been accepted for review.

Notification of Enrollment Decision:

For the status of your application, please check the Partner Portal Dashboard. You will be notified by email if additional information is needed and after a decision has been made regarding your application for enrollment.

Provider's Email: aj@gmail.com

[Print MAP-811](#) [Return To Dashboard](#)

Validation, Screening, Verification and Review Process (Efficiencies)

KY MPPA Enrollment Automation

- Automation of MAP-811
- Validations
- Correspondence/Notifications (No More Physical Mail)
- Provider Maintenance
- Auto Queue Assignments
- DMS Review
- Reporting

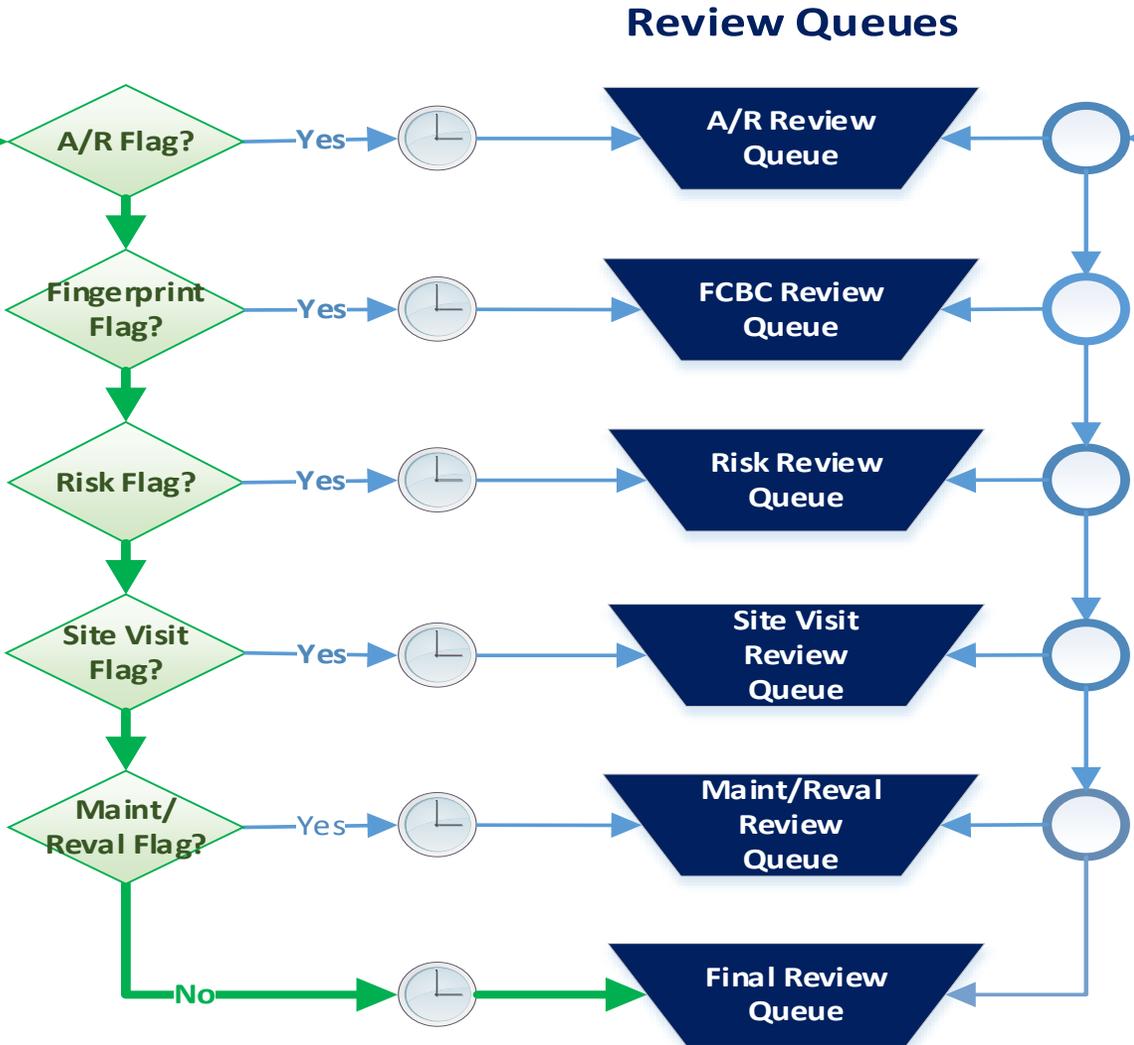
Validations

- Validation runs immediately upon Application Submit
- Runs every time application is submitted (new or re-submit)
- Application returned should validation fails

Validation List	Category
NPI / Taxonomy combination in NPPES	Auto
NPI / Taxonomy Combination in KY MPPA	Auto
Death Master	Auto
CLIA	Auto
KY Board of Nursing (PT 74 , 78)	Auto

Review Queue Assignment

11.4 Automated Queue & Reviewer Assignments



Review Queues

11.5 Manage Queue Assignments

Notifications

Dashboard - Provides Informational Notices

- Application Submissions
- Applications Returned, Approved or Denied
- License Expiration (30 day)
- Revalidation Due (60 and 30 day)

Email Notifications

Correspondence

Dashboard - Provides Electronic Access to Letters

- Welcome Letter, Medicaid ID issued
- Welcome/Bed Letter, Nursing Facilities and Hospitals
- Denial Letter
- Termination Letters
- Completed MAP-811 and -900, printable
- Revalidation

KY MPPA Contact Centers: Support

KY MPPA Contact Center
Phone: 877-838-5085
Website: [KY MPPA Website](#)



Description	Extension	Email
Technical support for: <ul style="list-style-type: none">• KY MPPA technical issues• Remote identity validation• Credentialing Agent management• Access issues	Extension 1	medicaid.partnerportal.info@ky.gov
Program or policy inquiries. Application status and assistance.	Extension 2	

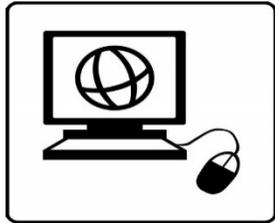
KY MPPA: Support

Online Materials



Web Help

Page specific help within application



DMS Website

<https://chfs.ky.gov/agencies/dms/Pages/default.aspx>

Provider Enrollment

<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/default.aspx>

Provider Type Summaries

<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/prov-summaries.aspx>



Webinars

Interactive Getting Started webinars will be offered every other week throughout late Spring / Summer 2019

<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx>

KY MPPA Training

<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/pptrain.aspx>

Organization Administrator

<https://chfs.ky.gov/agencies/dms/dpi/pe/Documents/SetUpRequestLetter.pdf>

Reference Materials



User Guides

- Step-by-step instructions
- Individual Provider Guide and Group/Entity Guide (DMS Website)



Quick Reference Guides

- Short 1-2 page instructions
- Covers specific functions
- Packaged in Success Packs
- Topic specific, How-To Videos

KY MPPA: Support

[CHFS](#) > [Agencies](#) > [Department for Medicaid Services](#) > [Division of Program Integrity](#) > [Provider Enrollment](#) > Medicaid Partner Portal Training

PROVIDER ENROLLMENT

Medicaid Partner Portal Training

The KY MPPA has extensive embedded help resources including on-screen help and tips to complete each screen.

The resources here complement the application's built-in user support to help you get started or increase your proficiency using KY MPPA. Here, you'll find:

- Job aids, quick references and user guides for specific operations
- Archive of newsletters issued during the KY MPPA extended pilot
- Release notes on the latest system enhancements
- Links to and transcripts of YouTube how-to videos
- For an overview of available training videos and documents, please see the [Training Resources Topic Map](#) 

Training Media

Filter training video by topic. Video series can be viewed in order according to Video Number.

Select a media topic

KY MPPA Web Pages

[KY MPPA Home Page](#) Statewide rollout schedule and updates

[KY MPPA Newsletters and Release Notes](#)

Training Documents

Filter training documents by topic.

Select a topic

Helpful Links

[Provider Enrollment](#)

[Subscribe to CHFS email updates](#)

[Webinar Training Catalog](#)

[Register for KY MPPA Account](#)

Questions?
