**Incarceration Status Correction Form Guide**

**Please note that you should always check eligibility in KYHealthNet before providing services. If KYHealthNet shows the person presenting for services as incarcerated, the following actions are to be taken:**

The member may complete the MAP-INC and fax it to Medicaid Member Services as 502-564-0039, to update eligibility or the member may log in to their KYNECT account to update their status.

-OR-

The provider may call Kentucky Medicaid Provider Services at 1-855-824-5615 to report the error.

The Incarceration Status Correction (MAP-INC) Form is used by the Department for Medicaid Services (DMS) to make corrections to the incarceration dates in a Medicaid member’s case. If the form is not filled out correctly it will be considered incomplete. In this guide we will go over how to appropriately fill out the MAP-INC form. If the form is returned incomplete no changes will be made to the member’s case.
Dates:

On the MAP-INC, there are four different areas where dates need to be filled out:

* The date the form was filled out or current date.
* The member’s incarceration begin and end dates.
* The date the form is signed.

All dates must include the month, day, and year. Without this information the form will be considered incomplete and the change will not be made.

Names:

On the MAP-INC, there are two different areas where names are required:

* Name of person reporting status change.
* Member name (first, middle, last & suffix).

The Medicaid member who was incarcerated can also be the person reporting status change.

It is important to note that both the person reporting name and the member name areas must be filled out. Without this information the form will be considered incomplete and the change will not be made.
Phone Number, Email, Medicaid Case Number or Social Security Number:

On the MAP-INC form, there are important information sections:

* Phone number of the person reporting the change.
* Email address of the person reporting the change.
* Medicaid case number or social security number.

It is important to include the phone number and email address of the person reporting the change. DMS may have questions, or the form may be incomplete, which could delay or prevent processing. This information will allow DMS to notify the person reporting the change if an error has been found with the form.

The Medicaid case number or member’s Social Security Number is required to access the correct individual to make the requested changes. Without this information the form will be considered incomplete and the change will not be made.
There are three different ways to submit the completed MAP-INC form to DMS:

*Fax to 1-502-564-0039

* Send by US Postal Service to:
  Department for Medicaid Services
  Incarceration/Eligibility Services
  275 East Main St, 6W-D
  Frankfort, KY 40621

*Email to DMS.ELIGIBILITY@ky.gov

If you have additional changes to report in your household situation log into the Self-Service Portal at [https://kynect.ky.gov](https://kynect.ky.gov), contact kynect at 1-855-459-6328, or call the Department for Community Based Services (DCBS) at 1-855-306-8959. You may also visit a Department for Community Based Services (DCBS) office.