

Initial Verification of KY Medicaid ID Information

This document provides the steps to follow to verify the information associated with an existing KY Medicaid ID upon initial KY MPPA account setup. This document also includes the steps to update incorrect or outdated information if necessary.

Overview

It is recommended the Provider (or Credentialing Agent) log in to KY MPPA and verify the data associated with their KY Medicaid ID when the Provider initially sets up their KY MPPA account or the CA is initially linked to the Provider's Medicaid ID.

There are two main reasons for this verification:

- Initial data loaded into KY MPPA was migrated or moved over from other KY Medicaid systems. In some cases, the data that was loaded into KY MPPA may be outdated or have had data migration issues.
- Maintenance or Revalidation actions submitted via paper to the Department for Medicaid Services (DMS) are worked in order by date received, so they may be in the queue and may not have been processed. By verifying the data associated with the KY Medicaid ID, the Provider/CA may be able to streamline the process by making the changes directly in KY MPPA.

Key Data to Verify

While the Provider/CA will be able to verify all the data associated with their KY Medicaid ID, at a minimum, several key data elements should be verified. These include:

- Provider name and Date of Birth (DOB) (*Section 1.1 Basic Information*)
- Provider email (*Section 1.1 Basic Information*)
- Provider SSN or FEIN (*Section 1.2 Tax Information*)
- Addresses (Mailing, Pay-To, and Primary Physical) (*Section 1.7 Address Information*)
- License (*Section 2.2*) or certification (*Section 2.3*)
- Account payment information (*Section 6.0*)

These data elements can be accessed and verified from the **Medicaid ID Summary** screen.

Steps to Access and Verify KY Medicaid ID Information in KY MPPA

To access the data associated with an existing KY Medicaid ID:

- *Log in* to KY MPPA
- *Open* the **KY Medicaid Providers ID** section on the Dashboard

- **Locate** the appropriate **Medicaid Provider ID** and *click* the **View** link (see Figure 1)
 - This will open the **Medicaid ID Summary** in another window

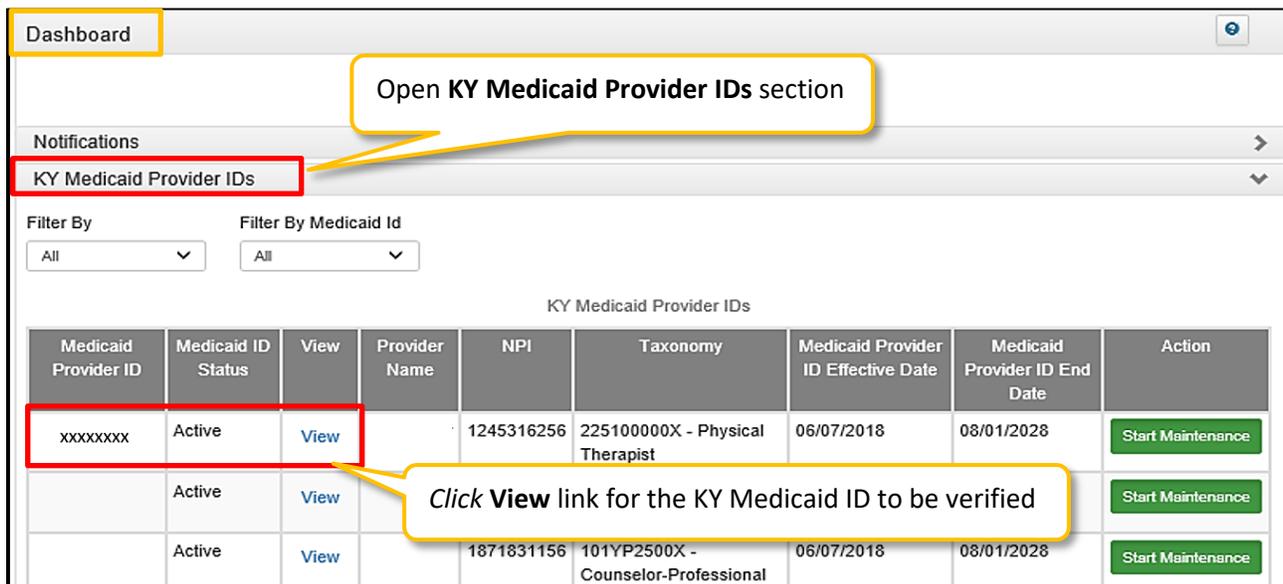


Figure 1: KY Medicaid Providers ID Section – View Medicaid Provider ID

- From the Medicaid ID Summary, *click* on the right-facing arrow or section title to expand each summary section (see Figure 2)
 - **1.1 Basic Information:** [Provider name](#), [Provider DOB](#), [Provider email](#)
 - **1.2 Tax Information:** [FEIN or SSN](#)
 - **1.7 Address Information:** Address Information
 - **2.2 License Information:** [License information](#) (if required)
 - **2.3 Certification Information:** [Certification information](#) (if required)
 - **6.0 Account Payment:** [Information on EFT or Check payments](#)
 - **9.0 Revalidation:** Revalidation date, 60 day and 30 day notification dates

Note: *Click on the link above to go directly to that update section*

- *Review* and *verify* the correctness of data
 - If the data elements are **correct**, no further action is required.
 - If these data elements are **incorrect**, or other changes need to be made, [start a Maintenance action](#).
 - Maintenance items include name changes, address changes, payment information updates, license updates, etc.
 - If the item cannot be updated in Maintenance, a service ticket should be initiated by reaching out to the Contact Center (1-877-838-5085, ext. 1 or email medicaidpartnerportal.info@ky.gov).

Dashboard Application Maintenance Correspondence Administration Application Header

Application Number	Enrolling As	Provider Type	Provider Name	DBA Name	Medicaid Number
APP1	Individual	64 - Physician Individual	Jane Doe		
NPI/FEIN	Status	Application Start Date	Effective Date	Application Originator	Application Age
133	Withdrawn	02/16/2022 10:33:09	02/16/2022	Provider1 Train1	5 Days

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

Click to open each section to verify data

1.1 Basic Information

Provider First Name	Middle Name	Provider Last Name	Suffix
Jane		Doe	
Gender	Date Of Birth	Doing Business As	
	1/1/1900		
Provider Email Address	Communication Email Address	Requested Effective Date	

Are you changing Provider Types ?
No

1.2 Tax Information
1.2 b DHSINS Information (No Data)

Figure 2: Medicaid ID Summary

8.0 Document Upload

9.0 Revalidation

Revalidation Date	Revalidation Approval Date	Scheduled 60Day Letter Date	Scheduled 30Day Letter Date	Last 60Day Letter Date	Last 30Day Letter Date
02/22/2027		12/24/2026	01/23/2027		

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10.0 Comments

Close

Figure 3: Revalidation Date – 9.0 Revalidation Section

Steps to Update Key Information in Initial Verification

There are two ways to begin a Maintenance item:

- Click on the **Start Maintenance** button associated with the KY Medicaid ID to be updated from the **KY Medicaid Provider IDs** section of the Dashboard (Figure 4)
- Click on the **Maintenance** tab of the **Main Menu** and enter the **KY Medicaid ID** to be updated (Figure 5)

Note: If the Maintenance will be performed by a Credentialing Agent, the Provider and CA must be linked before beginning the Maintenance item.

Dashboard

Notifications

KY Medicaid Provider IDs

Search by Medicaid ID Status or Provider Type

Search by Medicaid ID

Medicaid ID Status: All
Provider Type: All

Medicaid ID:

Reset Search Clear

KY Medicaid Provider IDs

Medicaid Provider ID	Medicaid ID Status	View	Provider Name	NPI	Taxonomy	Medicaid Provider ID Effective Date	Medicaid Provider ID End Date	Revalidation Due Date	Action
7100797160	Active	View	Claus, Santa	1013425545	106S00000X - Behavior Technician	01/01/2022	04/03/2025	02/22/2027	Start
71006	Active	View	gonan.....	1568629376	207RE0101X - Internal Medicine-Endocrinology, Diabetes & Metabolism	10/08/2019	10/31/2019	10/08/2024	Start

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Figure 4: KY Medicaid Provider IDs Section – Start Maintenance

Dashboard Application **Maintenance** Correspondence Administration

Maintenance

- Requests for Maintenance must be processed by DMS before a new request can be submitted. In the event additional maintenance items needs to be submitted, withdraw a pending request by going to the dashboard.
- Choose voluntary termination to end participation with Kentucky Medicaid.
- Revalidation is only required every five years .Select "Revalidation" to update provider file with Kentucky Medicaid.

*Medicaid ID Search Clear

Exit

Figure 5: Maintenance Tab

Note: If this is the first time you have performed Maintenance on your KY Medicaid ID, you will be required to visit each screen within the application unless you are a Prescriber Provider Type. These Provider Types are permitted to bypass screens to update their license and maintain their prescriber privileges (PT 60, 64, 74, 77, 78, 80, 95).

Update Provider Name

The Provider's name can be updated by changing the information on the 1.1 Basic Information screen. See Figure 6.

- Proceed to the **1.1 Basic Information** screen
- Enter the updated name in the appropriate name field
- Click **Save & Next** to save changes
- Upload documents as required on **8.0 Document Upload** screen (*updated Social Security Card*)

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

7.0 Fee Payment

8.0 Document Upload

9.0 Provider Review

10.0 Submit

Basic Information- Individual

• To change information, edit the allowable field(s)

• Names or DBA entered must match all supporting documentation including IRS Verification Letter, DBA only if owning 100% of FEIN

• Maintenance Requested Effective Date may be edited on this screen

• In order to change Email Address, please log into KOG (Kentucky Online Gateway)

• User must proceed to screen 8.0 to "Upload Documents" and then proceed to screen 10.0 to "Submit" Maintenance item once all items have been updated for DMS

* Provider First Name Middle Name * Provider Last Name

Tom Jones

Suffix Gender * Date of Birth

Select One Select One 08/01/1988

Doing Business As

* Provider Email Address is Required * Confirm Provider Email Address is Required

john.smith@email.com john.smith@email.com

Communication Email Address Communication Email

john.smith@email.com

* Requested Effective Date

02/04/2019

Exit

Generic email included or blank if migrated data did not have an associated email. It must be updated to the Provider's email before progressing (see field alert).

Figure 6: 1.1 Basic Information Screen

Update Provider Email

It is very important the Provider's email address be correct in KY MPPA. This allows the Provider to receive notifications and emails regarding correspondence and to access their account in KY MPPA. See Figure 6.

The process to update the Provider email address is affected by two situations:

- Generic email included in KY MPPA: There was no email in KY Healthnet to populate KY MPPA so generic email will be listed on the 1.1 Basic Information screen (*grayed out for format*) or the email field will be blank.
- Email is incorrect in KY MPPA: Email was migrated from KY Healthnet or entered previously but is incorrect

To update the Provider's email:

- Navigate to the 1.1 Basic Information screen within KY MPPA
- **Enter Provider's email address** in the appropriate fields
 - Email should be the same email address associated with the Provider's KY MPPA account (*if they have a KY MPPA account*) or their work email
 - Will receive a *field alert* if the email address is not populated and you will not be able to proceed
- Click **Save & Next** to save changes

Update Provider Date of Birth (DOB)

The Provider's Date of Birth can be updated by changing the information on the 1.1 Basic Information screen. See Figure 6.

- Proceed to the **1.1 Basic Information** screen
- Enter the updated date of birth in the appropriate field
- Click **Save & Next** to save changes
- Upload documents as required on **8.0 Document Upload** screen

Note: *If DOB cannot be updated in KY MPPA, call the Contact Center at 1-877-838-5085 or email the Contact Center at medicaidpartnerportal.info@ky.gov.*

Update Provider SSN or FEIN

In most situations, the SSN or FEIN will not need to be updated, however, if there are issues particularly due to migrated data, the SSN/FEIN in KY MPPA can be end-dated and a new SSN/FEIN added. See Figure 7.

- Proceed to the **1.2 Tax Information** screen
- Click on the **Edit** icon in the table under the **Action** column
- Update the **Tax Expiration Date** for the existing SSN/FEIN to the date it was no longer valid or will no longer be valid
- Click **Add to Grid** to save the changes to the row
- Click **Add** to enter new SSN information
 - **Note:** *Tax records cannot have overlapping dates. The Tax Effective Date for the updated SSN/FEIN must be at least one day after the Tax Expiration Date for the incorrect SSN/FEIN*

- Click **Add to Grid** to add the information to the row
- Click **Save & Next** to save changes to the screen
- Upload documents as required on **8.0 Document Upload** screen (*new SSN card or FEIN verification document*)

Tax record dates cannot overlap.
The date for the new tax record must be at least one day later than the previous tax record.

Tax Reporting Type	Tax Structure	Tax Effective Date	Tax Expiration Date	Tax Exempt	SSN	FEIN	Not valid for Employment	Action
SSN	Individual	06/07/2018	02/04/2019	No	400-65-4789		No	 

*Tax Reporting Type
 FEIN SSN

*Tax Structure
Individual

*Tax Effective Date
02/05/2019

Tax Expiration Date
MM/DD/YYYY

Tax Exempt
 Yes

FEIN
XX-XXXXXXX

*Social Security #
400-65-4788

*Does SSN Card state "Not valid for Employment?"
 Yes No

Add To Grid

Figure 7: 1.2 Tax Information Screen

Update Address Information

There are three required addresses within KY MPPA: *Mailing address, physical address, and Pay-To/1099 address*. The addresses should be verified and updated as necessary.

- Proceed to the **1.7 Address Information** screen
- Click on the **Edit** icon in the table under the **Action** column for the address to be updated
- Update the Contact Name and the required address information fields
- Click **Validate Address**
- Verify the address entered is correct.
 - If yes, click **Choose and Continue**
 - If no, click **Enter Address Again**
- Repeat to update addresses in the grid
- Click **Save & Next** to save changes to the screen

In addition, ensure physical addresses are entered for all physical business locations. To add additional physical locations:

- Click **Add**
- Select **Other Physical** as the address type
- Enter the Contact Name and complete the required address fields
- Click **Validate Address** and verify the address is correct
 - If yes, click **Choose and Continue**
 - If no, click **Enter Address Again**
- Repeat to add other physical address/business locations
- Click **Save & Next** to save changes to the screen

Update Provider License

If the Provider license is incorrect, the Provider (or CA) will need to navigate to the 2.2 License Information screen to make changes.

Note: *Prescriber Provider Types (PT 60, 64, 74, 77, 78, 80, 95) must include the Prescriber license and are permitted to bypass Maintenance screens on their first Maintenance action to update their license and maintain their prescriber privileges.*

- Proceed to the **2.2 License Information** screen
- If no license is listed, click **Add** to enter license information
 - **Note:** *The choices available in the License Type drop-down are based on the type of Provider.*
- If license information is incorrect, click the **Edit** icon to make changes. **Note:** *License records cannot be deleted and must be end-dated.*
 - Only the **License Designation** (*Permanent, Student, Faculty, etc.*) and **License Expiration Date** can be edited.
 - To change the other fields (*License Type, License Number, Issue State, Name on License or License Effective Date*), you must end date the current record and add a new record.
 - Enter an end-date in the **License Expiration Date** field
 - Click **Add to Grid**
 - Click **Add** to add the new license information
 - Click **Save & Next** to save changes to the screen
- Upload documents as required on **8.0 Document Upload** screen (*new license*)

Note: *If you are a Prescriber Provider Type, you will not be able to proceed until you have entered information for the Prescriber License Type. Prescribers whose license is entered with “Health Board” selected in the License Type field will need to edit and end date the record, then add a new record selecting “Prescriber” as the License Type.*

Note: Only one license per License Type, License Number, and Issue State combination is allowed within a date range.

Note: Access the “[How to Add or Edit a Prescriber License](#)” job aid for additional instructions ([KY MPPA Training Resources web page](#), Training Documents, Screen Functionality topic)

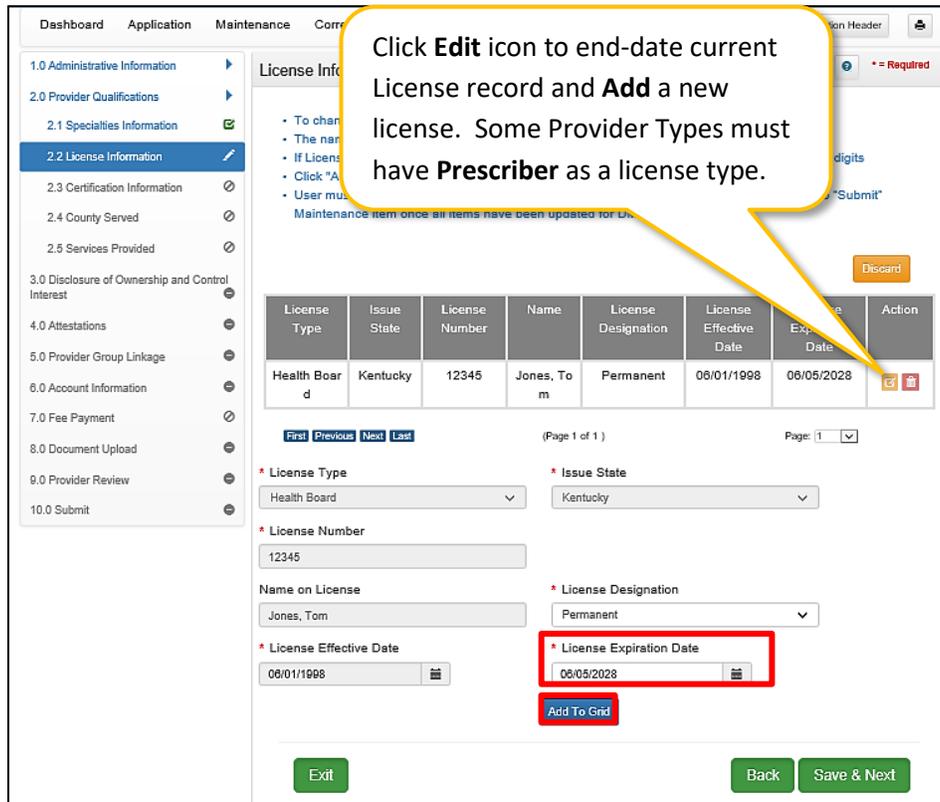


Figure 7: 2.2 License Information Screen

Update Provider Certification

Some Provider Types will require certifications rather than licenses. If certifications are required, the user will be prompted to enter the certification on the 2.3 Certification Information screen.

- Click **Add** to add a new certification
- Click **Edit** to change an existing record
 - Existing certification records cannot be deleted. The record must be end-dated (*enter Expiration Date*) and a new record added.
- Upload documents as required on **8.0 Document Upload** screen (*new certification*)

Update Account Payment Information

Account payment information is updated on the 6.0 Account Information screen.

- For Individual Providers: Complete this screen by selecting EFT or Check.
 - If EFT is selected as the payment type, individual banking information must be entered on this screen.
 - **Note**: If the individual will be a member of a group and the group will bill for their services, information in Section 5.0 (Linking to a Group) will link the Provider to the group and connect the Provider's services to the Group's billing. The Individual Provider will be paid by the Group and will not be paid directly by KY Medicaid; however, a selection must still be made on this screen.
 - When an Individual Provider will be linked to a Group for billing purposes, we recommend selecting Check as the payment type.
 - The check mailing address will be auto-populated with the Pay To address from the 1.7 Address Information screen.
- For Groups/Entities: Enter the group banking information (EFT) or select Check.

To update payment information:

- Click on the **Edit** icon to end date the current payment record. **Note**: *The current payment type must be end-dated before a new payment type record can be added.*
- Enter the **End Date** of the current payment record
- Click **Add to Grid** to save changes to the current record
- Click **Add** to enter new payment information and complete required fields
- Click **Add to Grid** to save the new payment record
- Click **Save & Next** to save changes to the screen
- Upload documents as required on **8.0 Document Upload** screen (e.g. voided check)

- 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

Bank Account Information * = Required

- To change information, edit to End Date the allowable field(s)
- When selecting Check, the Payee Provider's Name 1.1 and Address 1.7 will default; if changes are needed user must return to screens 1.1 Basic Information to edit Provider/Business Name and/or 1.7 Address to edit the Payee Address
- When selecting Check, the Payee Address cannot be the same as the Provider's Address
- User must proceed to screen 8.0 to "Upload Document" once all items have been updated
- Please allow a minimum of 20 days for initial payment to be issued during this time

Show All

Payment Type	Routing Number	Account Type
Check		

***Payment Type**

Check

Provider Name: Tom Jones

***Status**: Active

Address: 123 Fake St, Frankfort, Kentucky, 40801

***Effective Date**: 08/06/2018

End Date: MM/DD/YYYY

Add To Grid

Exit

Back

Save & Next

Recommend selecting **Check** as **Payment Type** for an Individual Provider who will be linking to a Group for billing purposes.

Must **End Date** current payment record before adding a new record

Figure 8: 6.0 Account Information Screen