

# Medicaid Assistance Program (MAP) Form Matrix

The following is a comprehensive list of MAP forms that are integrated into the Kentucky Medicaid Partner Portal Application (KY MPPA) or are still required to be manually uploaded.

## Enrollment Forms

MAP Forms	Description	Manual Upload Required	KY MPPA Section
MAP 347	Statement for Authorization for Payment (if working in a group setting)	Group-Yes Individual- No	1.5, 5.1
MAP 572A	Private Auto Transportation Provider Agreement	No	DMS Function Only
MAP 572B	Foster Parent Transportation Provider Agreement	No	DMS Function Only
MAP 811	New Enrollment	No	1.0, 2.0, 3.0, 4.0, 5.0, 6.0
MAP 811 – Addendum E	Direct Deposit Authorization Form	No	6.1
MAP 4100A	Acquired Brain Injury Waiver Program Provider Information and Services	Yes	8.0
SCL Statement of Services	Supports for Community Living Statement of Services	Yes	
Disclosure of Ownership	Disclosure of Ownership	No	3.0
MAP 380	Agreement Between the Kentucky Department for Medicaid Services and the Kentucky Medicaid Provider	No	DMS Function Only

## Maintenance Forms

MAP Forms	Description	Manual Upload Required	KY MPPA Maintenance Section
MAP 900	Revalidation application	No	1.0, 2.0, 3.0, 4.0, 5.0, 6.0
Disclosure of Ownership	Required federal form for disclosure of ownership	No	3.1
Request to add FEIN	Request to replace Social Security Number with FEIN to an Individual Provider file	No	1.2 A & B
MAP 246	Agreement between the KY Medicaid Program and Electronic Billing Agency	Yes	8.0
MAP 347	Statement for Authorization of Payment	Group-Yes Individual-No	1.5, 5.1, 8.0
MAP 380	Provider Agreement Electronic Media Addendum	Yes	8.0
MAP 529	Kentucky Medicaid Change Information Form	No	1.1, 1.2, 1.7, 1.8,
MAP 811-Addendum E	Direct Deposit Authorization/Cancellation Form	No	6.1
Locum Tenens	Registration of Locum Tenens (temporary) Physician	Yes	1.11, 8.0

### Forms No Longer In Use

KAPER-1	Kentucky Application for Provider Evaluation and Reevaluation (KAPER)-1- Form for Health Care Providers Desiring Reappointment for Health Care Facility Privileges
Non Credentialed Provider Application	Non-Credentialed Provider Application (Includes MAP 811 & MAP 811 Addendum E)
KAPER 1- Code Lists	KAPER-1 Code Lists Only
KenPAC form	Kentucky Patient Access and Care System (KenPAC) Primary Care Case Management Agreement Addendum D
MAP 814	The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Special Services Short Form
MAP 612	Physician Assistant- Statement for Authorization of Payment