

# KY MPPA Overview

Kentucky Medicaid Partner Portal Application (KY MPPA)  
With KY Managed Care Organizations

KY Department for Medicaid Services  
Provider Licensing and Certification Branch  
October/November 2017

# KY MPPA Overview Agenda

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- ✓ What is KY MPPA?
- ✓ What are the benefits of KY MPPA?
- ✓ Who are the User Groups?
- ✓ What's KY DMS Timeline to Roll-out?

Time-allowing, KY MPPA Sneak Peek

# What is KY MPPA?

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Features and Benefits

# What is the Kentucky Medicaid Partner Portal Application?

The Kentucky Medicaid Partner Portal Application (KY MPPA) is an initiative of the Cabinet for Health and Family Services (CHFS) to streamline and automate the current paper enrollment process under the Commonwealth's Medicaid Program.

Web-based Application

Enrollments and updates completed more efficiently

Review and Update information on file with DMS using the portal

Automated sanction checks and individual or business data validations

Reduction of errors and application rejections due to errors

Current manual processes and workflow automated in portal

# Merging of Application Forms

*KY MPPA creates a one-stop electronic location for many Medicaid Assistance Program (MAP) forms*



## Forms Incorporated in KY MPPA

- **Enrollment Forms**

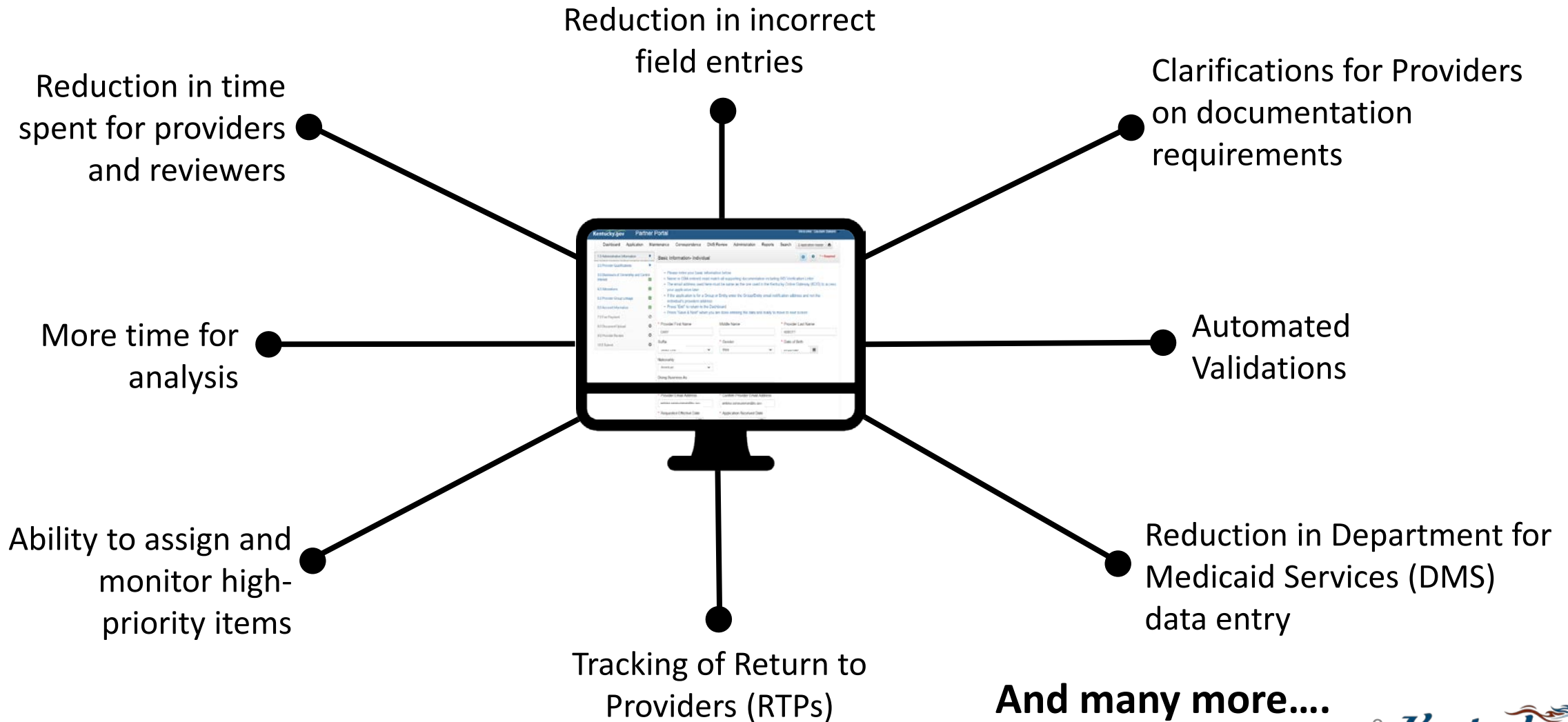
- MAP-811
- MAP-4100A
- Map-900
- SCL Statement of Services to be provided

- **Maintenance Forms**

- Request to Update NPI and/or Taxonomy Codes
- Disclosure of Ownership
- Request to Add FEIN
- MAP-529
- Locum Tenens Registration
- MAP-347

# KY MPPA Benefits

*KY MPPA provides many benefits compared to paper applications for both providers*



# Why is the Commonwealth Implementing KY MPPA?

## Current Application Process

- Uses a variety of different databases, paper files, emails and spreadsheets
- Processes are cumbersome, time consuming, inefficient and duplicative

## New Application Process

- Standardizes and streamlines the Medicaid provider application, maintenance, and revalidation processes
- Improves coordination and communication between DMS and applicants

# KY MPPA Audiences

## Medicaid Applicants & Providers

Individual  
Providers



Groups/  
Entities



Credentialing  
Agents



## DMS Users

DMS Division  
of Program  
Integrity



DMS Division  
for Community  
Alternatives



## Support for Medicaid Providers and Agents

Provider Enrollment  
Contact Center



Partner Portal Medicaid  
Waiver (PPMW)  
Contact Center



## DMS Non-Users

Additional DMS  
Employees





# Implementation of KY MPPA

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# High-Level KY MPPA Timeline



**PRE-AUGUST**

**AUGUST**

**SEPTEMBER**

**OCTOBER –  
DECEMBER**

**JANUARY**

**JANUARY -  
MARCH**

**SPRING 2018**

- Preparation
- Development
- Training
- Implementation

- DMS Training
- **DMS Go-Live**

- DMS users continue inputting data
- Continue Development

- Contact Centers Training and Readiness Assessment
- Preparations for Pilot Go-Live
- Select-Provider Forums

- Pilot Training Sessions
- **Pilot Go-Live**
- MCO Forums

- Preparations for Public Go-Live

- **Public Go-Live**

August 2017

January 2018

Spring 2018

DMS Go-Live

Pilot Go-Live

Public Go-Live

# Process to Prepare for KY MPPA Enrollment

Check State Plan for Covered Services and Who Can Provide Them

Meet Requirements to Provide Services

Check Provider Type Summaries for Enrollment Requirements

Gather Appropriate Documents for Medicaid Enrollment

Create KOG Login  
One-time only for new users

Access KY MPPA

Complete All Fields on the KY MPPA Online Tool

Submit Application Electronically to DMS

***Maintenance, Revalidation, and Re-Application follow a similar flow to New Enrollment, 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.***

# Communication Plan for Medicaid Providers

*Information links:*

Title	Link
High-Level Overviews	<a href="http://chfs.ky.gov/dms/provEnr/mppa.htm">http://chfs.ky.gov/dms/provEnr/mppa.htm</a>
Processes	
Prospective Dates	

# Support for Medicaid Providers and Agents

*Medicaid Providers and credentialing agents will call one of the two contact centers for additional support*

**Partner Portal Medicaid Waiver  
(PPMW)  
Contact Center**

Technical Questions about KY MPPA

**Provider Enrollment  
Contact Center**

Enrollment Questions

**Contact Information:**

877-838-5085 (8am-5pm EST)

**Ext. 1:** PPMW Contact Center

**Ext 2:** Provider Enrollment Contact Center

[MedicaidPartnerPortal.Info@ky.gov](mailto:MedicaidPartnerPortal.Info@ky.gov)

# KY MPPA Sneak Peek on Enrollment Process Flow

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# Kentucky Online Gateway Login

*Partner Portal must be accessed through a Kentucky Online Gateway (KOG) account*

1. Existing User Login
2. State Employee/External User Login Selection
3. Click "Create An Account" to start KOG account setup

The screenshot shows the Kentucky Online Gateway login interface. At the top left, it says "Kentucky Online Gateway" and at the top right, "Help English". The main content area is divided into two sections. The left section, titled "Gateway Log In", is enclosed in a red box with a red circle containing the number "1". It contains the text "Login with your Kentucky Online Gateway Account", followed by input fields for "Username or Email Address" (with a "Forgot Username?" link) and "Password" (with a "Forgot Password?" link), and a "Log In" button. Below this is a link for "Resend Account Verification Email". The right section, titled "Don't already have a Kentucky Online Gateway Citizen Account?", features a green "Create An Account" button enclosed in a red box with a red circle containing the number "3". Below this is a yellow "WARNING" box with text about unauthorized access. At the bottom right, a dark grey box contains the text "State Employee Gateway Login" in green, with a red arrow pointing to it from a red circle containing the number "2". At the bottom of the page, there is a footer with "Privacy | Disclaimer", "Copyright ©2013 Commonwealth of Kentucky. All Rights Reserved.", and a link for "State Employee Gateway Login" enclosed in a red box.

# System Navigation

*Upon login, users are brought to this landing page and are able to easily navigate the KY MPPA through tabs in the Main Menu.*

*1. Main Menu*

*2. Dashboard Sections*

The screenshot shows the 'Partner Portal' interface for 'ky.gov'. A red box highlights the main navigation menu at the top, which includes 'Dashboard', 'Application', 'Maintenance', 'Correspondence', and 'Administration'. A red circle with the number '1' is placed over the 'ky.gov' logo. Below the menu, another red box highlights the dashboard content area, which includes a 'Dashboard' header, a 'Notifications' section with filters for 'Notification Type' and 'Subject' (both set to 'All'), and a 'Show Dismissed' checkbox. Below the filters is a table with columns: 'Notification Type', 'Subject', 'Notification Text', 'Application Number', 'Medicaid Number', 'Notification Date', 'Due Date', and 'Action'. The table currently displays 'No record found'. At the bottom of the dashboard, there are three expandable sections: 'KY Medicaid Provider IDs', 'Application Status', and 'Maintenance Status', each with a right-pointing arrow.



# New Enrollment

*When beginning an application, users have the ability to easily navigate through the screens using the following:*

- 1. Left Navigation Panel*
- 2. Application Header*
- 3. On-screen help*
- 4. Screen-specific instructions and tips*
- 5. Save & Next button (moves the user to the next section)*

The screenshot shows the 'New Enrollment' application interface. At the top, there is a navigation bar with tabs: Dashboard, Application, Maintenance, Correspondence, and Administration. Below this is the 'Application Header' area, which includes an 'Application Header' label and a 'Required' indicator. The main content area is titled 'Basic Information- Individual' and contains a list of instructions for entering basic information. The form fields include: Provider First Name (Samantha), Middle Name, Provider Last Name (Jones), Suffix (Select One), Gender (Female), Date of Birth (02/08/1967), Nationality (American), Doing Business As, Provider Email Address (sjones@yahoo.com), Confirm Provider Email Address (sjones@yahoo.com), and Requested Effective Date (02/01/2017). At the bottom, there are two buttons: 'Exit' and 'Save & Next'. The interface is annotated with five red callouts: 1 points to the left navigation panel, 2 points to the application header, 3 points to the on-screen help icon, 4 points to the screen-specific instructions box, and 5 points to the 'Save & Next' button.

Dashboard Application Maintenance Correspondence Administration

Application Header

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

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

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 individuals 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 Middle Name \* Provider Last Name

Samantha Jones

Suffix \* Gender \* Date of Birth

Select One Female 02/08/1967

Nationality

American

Doing Business As

\* Provider Email Address \* Confirm Provider Email Address

sjones@yahoo.com sjones@yahoo.com

\* Requested Effective Date

02/01/2017

Exit Save & Next

# Maintenance

*During Maintenance, the user will be able to see their Provider file and click through to update as necessary.*

Dashboard Application **Maintenance** Correspondence Administration

Application Header

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

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

\* = Required

- To change information, edit the allowable fields(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 10.0 to "submit" Maintenance item once all items have been updated for DMS

\* Provider First Name: John

Middle Name:

\* Provider Last Name: Doe

Suffix: Select One

\* Gender: Female

\* Date of Birth: 01/04/1997

Nationality: American

Doing Business As: John Smith

\* Provider Email Address: ja i.sury; ara@gmail.com

\* Confirm Provider Email Address: ja i.sury ara@gmail.com

\* Requested Effective Date: 05/01/2017

Exit Save & Next

# Revalidation

*User should ensure the KY Medicaid ID information is complete and accurate prior to submitting a **Revalidation**. Users will be alerted 60 and 30 days prior to the due date.*

Dashboard Application **Maintenance** Correspondence Administration

Maintenance ⓘ ⌂ \* = Required

- 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

Provider Name  NPI  Taxonomy

Primary Physical Adress  Revalidation Date

MedicaidID Effective Date  MedicaidID End Date

\* I Want to Perform:  
 Maintenance  
 Revalidation  
 Voluntary Termination

\* Requested Effective Date

# Notifications

The user should access the **Notifications** section of the Dashboard to view items requiring action on their application as well as other Provider file updates.

The Provider and Credentialing Agent will receive an email letting them know a notification is waiting for them to take action.

Kentucky.gov

Welcome:

Dashboard Application Maintenance Correspondence Administration

Dashboard

Notifications

Notification Type: All Subject: All Show Dismissed:  Yes

Notification Type	Subject	Notification Text	Application Number	Medicaid Number	Notification Date	Due Date	Action
Action Required	Correspondence	You have correspondence. Please go to the correspondence menu to review.	APP12345	711222222	2/22/2017 5:06:13 PM	02/22/2017	Dismiss
Action Required	Application Returned	Your Application {0} is incomplete. Review and resubmit it within 5 business days.	APP12345	711222222	2/27/2017 11:03:24 AM	03/04/2017	Dismiss
Action Required	Application Returned	Your Application {0} is incomplete. Review and resubmit it within 5 business days.	APP12345		2/28/2017 1:44:14 PM	03/05/2017	Dismiss
Action Required	Correspondence	You have correspondence. Please go to the correspondence menu to review.	APP12345		3/22/2017 1:30:24 PM		Dismiss
Action Required	Application Returned	Your Application APP12345 is incomplete. Review and resubmit it within 5 business days.	APP12345		3/24/2017 11:08:07 AM	03/29/2017	Dismiss
Action Required	Correspondence	You have correspondence. Please go to the correspondence menu to review.	APP12345	711222222	3/27/2017 11:26:18 AM		Dismiss
Action Required	Application Not Accepted for Processing	The License information you entered cannot be validated. Please ensure the legal name, social security number and license number matches what is registered with the licensing board.	APP12345		3/27/2017 11:55:44 AM		Dismiss
Action Required	Application Not Accepted for Processing	Your NPI or Taxonomy is not on file with NPPE S. Please check the NPI and Taxonomy to be sure you entered them correctly.	APP12345		3/27/2017 4:57:29 PM		Dismiss
Action Required	Application Not Accepted for Processing	The License information you entered cannot be validated. Please ensure the legal name, social security number and license number matches what is registered with the licensing board.	APP12345		3/27/2017 4:57:35 PM		Dismiss
Action Required	Application Not Accepted for Processing	The License information you entered cannot be validated. Please ensure the legal name, social security number and license number matches what is registered with the licensing board.	APP12345		3/29/2017 1:46:51 PM		Dismiss

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# Correspondence

The user should access the **Correspondence** screen to view letters and other information sent from DMS.

Dashboard / Dashboard Application Maintenance **Correspondence** Administration

Search Correspondence

**Correspondence Type**  
All

Medicaid Provider Number  
All

Process Type  
All

Application Number  
[ ]

From Date  
MM/DD/YYYY [ ]

To Date  
MM/DD/YYYY [ ]

Filter

Medicaid Provider Number	Correspondence Type	Process Type	Application Number	Iteration Number	Correspondence Date
7100443530	MAP-811	New Application	APP19916	1	3/8/2017 9:10:46 AM
7100443560	MAP-811	New Application	APP19928	1	3/7/2017 8:07:03 AM
	MAP-811	New Application	APP19931	1	3/8/2017 9:56:25 AM
	MAP-811	New Application	APP19932	1	3/8/2017 8:31:51 AM
	MAP-811	New Application	APP19972	1	3/9/2017 11:02:53 AM
	MAP-811	New Application	APP19976	1	3/9/2017 1:04:55 PM
	MAP-811	New Application	APP19978	1	3/9/2017 1:48:22 PM
	MAP-811	New Application	APP19984	1	3/9/2017 3:21:08 PM
	MAP-811	New Application	APP19986	1	3/9/2017 4:08:47 PM
	MAP-811	New Application	APP19987	1	3/9/2017 5:00:18 PM

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Exit

# Current Provider Enrollment Contact Information

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- Enrollment Application and Maintenance Forms

[www.chfs.ky.gov/dms/provEnr/Forms.htm](http://www.chfs.ky.gov/dms/provEnr/Forms.htm)

- Become part of Provider Enrollment ListServe to receive updates

<http://www.chfs.ky.gov/dms/provenr/>

- Email

[Program.Integrity@ky.gov](mailto:Program.Integrity@ky.gov)

- Provider Enrollment Phone Number

877.838.5085

# Questions?

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