

KY Medicaid Partner Portal Application

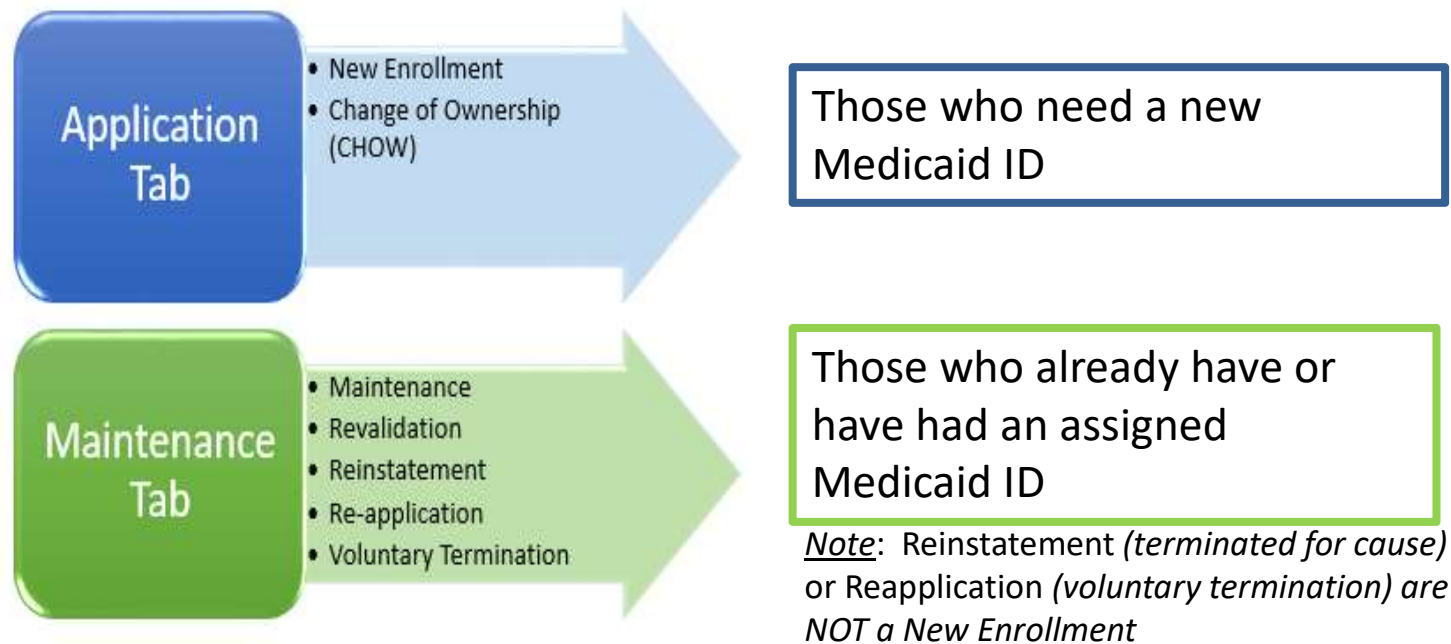
As a result of this session, you will know:

1. Information that can be updated using KY MPPA
2. How updates can be made using KY MPPA
3. Where to find KY MPPA resources

Electronic Application

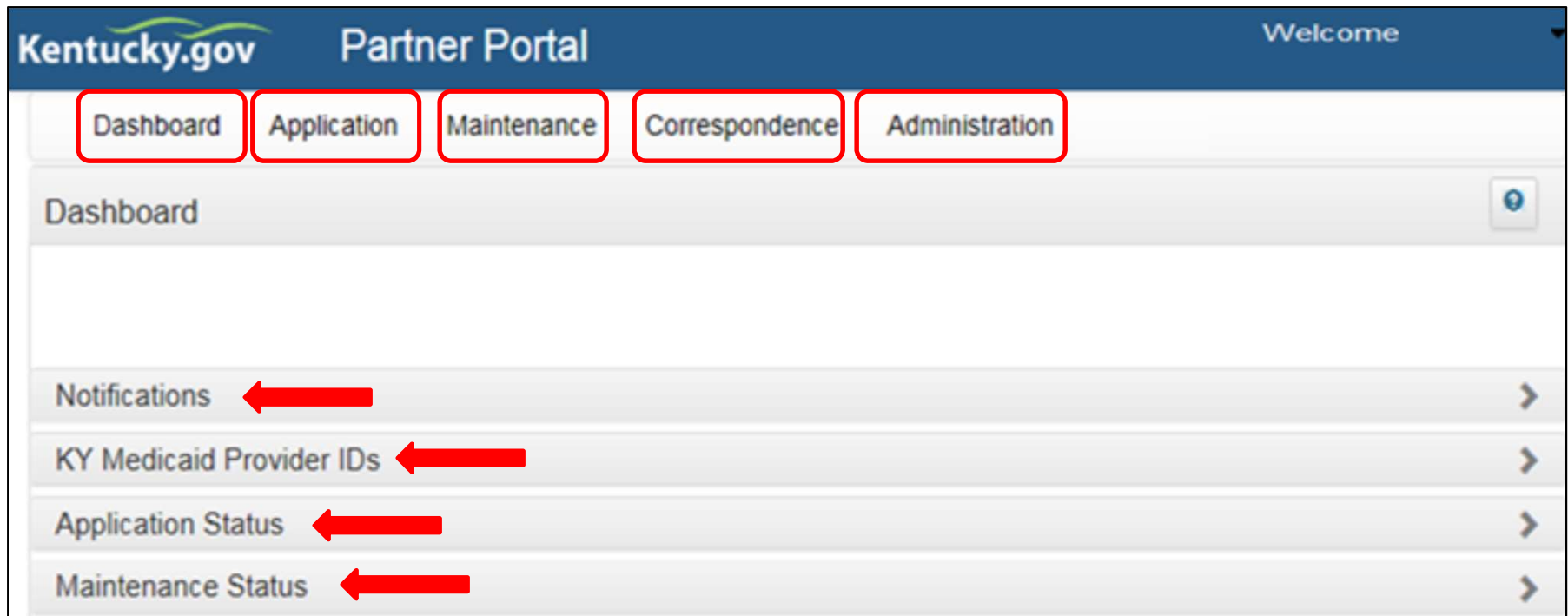
KRS 205.532 (3) (e) indicates that: Each provider seeking to be enrolled and screened with the department shall make application via electronic means as determined by the department.

Functions of KY MPPA



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

KY MPPA Dashboard



Selecting Maintenance

Kentucky.gov Partner Portal TRAIN Welcome: CA1 Train1

Dashboard Application **Maintenance** Correspondence

Maintenance ⓘ ⓘ * = Required

• Requests for Maintenance must be processed
submitted, withdraw a pending request by go
• Cho
• Rev

Enter Medicaid ID

* Medicaid ID **Search**

Exit

Kentucky.gov Partner Portal TRAIN Welcome: CA1 Train1

Dashboard Application Maintenance Correspondence

Maintenance ⓘ ⓘ * = Required

* Medicaid ID **Search** **Clear**

Provider Name NPI Taxonomy

Primary Physical Address Revalidation Date

Medicaid ID Effective Date Medicaid ID End Date Status Status Reason

* I Want to Perform:

☐ Maintenance
☐ Revalidation
☐ Voluntary Termination
☒ Reinstatement
☐ Reapplication

* Requested Effective Date

Navigation Menu

The image shows a navigation menu on the left and a form titled 'Basic Information- Individual' on the right. The navigation menu lists various sections, with '1.1 Basic Information' highlighted in blue and marked with a pencil icon. Other items like '1.2 Tax Information', '1.3 NPI Information', and '1.5 Add Group Members' are marked with a circle and a slash. The form on the right contains instructions and input fields for provider information.

Navigation Menu:

- 1.0 Administrative Information
- 1.1 Basic Information** (Pencil icon)
- 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

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: , * Provider Last Name: Doe

Suffix: Select One, Gender: Male, * Date of Birth: 01/01/1965

Doing Business As:

* 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:

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

Navigation Menu

| | |
|---|----------|
| 1.0 Administrative Information | ▶ |
| 2.0 Provider Qualifications | ▶ |
| 2.1 Specialties Information | ✓ |
| 2.2 License Information | ✓ |
| 2.3 Certification Information | ⊗ |
| 2.4 County Served | ⊗ |
| 2.5 Services Provided | ⊗ |
| 2.6 Educational Board Certification | ✓ |
| 2.7 Educational Residency Information | ✓ |
| 2.8 Educational Degree Information | ✓ |
| 2.9 Employment Information | ✓ |
| 2.10 Liability Insurance Information | ✓ |
| 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 | ⊖ |

1.0 Administrative Information ▶
2.0 Provider Qualifications ▶
2.1 Specialties Information ✓
2.2 License Information ✓
2.3 Certification Information ⊗
2.4 County Served ⊗
2.5 Services Provided ⊗
2.6 Educational Board Certification ✓
2.7 Educational Residency Information ✓
2.8 Educational Degree Information ✓
2.9 Employment Information ✓
2.10 Liability Insurance Information ✓
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 ⊖

Disclosure of Ownership & Control Interest Question 4

• If the question below applies, you must enter the information requested
• If Not Applicable, the checkbox for N/A must be selected
• Filing Date cannot be greater than two years from the Requested Effective Date
• When finished click "Save & Next" to proceed, "Back" to return to the previous screen, or "Exit" to return to the Dashboard

If you anticipate filing for bankruptcy within the year, enter anticipated date of filing.

☐ Check if Not Applicable (N/A)

*Filing Date

MM/DD/YYYY

1 2 3 4 5 6 7 8 9 10 11 12

Exit Back Save & Next

Grids – Basics

NPI Information

* = Required

- Primary NPI is prepopulated
- Limit is 30 NPI's, all NPI's listed for the Provider must be on NPPES
- Click "Add" if you wish to add NPI's, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a NPI to the grid, "Discard" to not save the record
- After pressing "Add", clicking the "Primary" checkbox makes current NPI primary and clears previous NPI primary checkbox

Add

| NPI | Primary | Action |
|-----------|---------|--------------------------------------|
| 111333445 | Yes | <div> <div></div> <div></div> </div> |

First Previous Next Last

(Page 1 of 1)

Page: 1

Exit

Back

Save & Next

Grids – Basics Continued

NPI Information

* = Required

- Primary NPI is prepopulated
- Limit is 30 NPI's, all NPI's listed for the Provider must be on NPPES
- Click "Add" if you wish to add NPI's, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a NPI to the grid, "Discard" to not save the record
- After pressing "Add", clicking the "Primary" checkbox makes current NPI primary and clears previous NPI primary checkbox

Discard

| NPI | Primary | Action |
|-----------|---------|-----------------------------------|
| 111333445 | Yes | <div><div></div><div></div></div> |

First

Previous

Next

Last

(Page 1 of 1)

Page: 1

* NPI

111333445

x

Primary

☒ Yes

Add To Grid

Exit

Back

Save & Next



2.2 License Information (Existing)

License Information

* = Required

- The name on the license should match the Provider Name
- If License Number is less than 4 digits, add zeroes (0) to the front of license number to total 4 digits
- Click "Add" if you wish to add Licenses, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record
- If exempt for licensure for Provider Type 66, then at the 8.0 Document Upload screen, please upload personal letter citing the statute reason for exemption noted in the Provider Type 66 Summary.

Add

| License Type | Issue State | License Number | Name | License Designation | License Effective Date | License Expiration Date | Action |
|--------------|-------------|----------------|-----------|---------------------|------------------------|-------------------------|---|
| Prescriber | Kentucky | 12345 | Doe, John | Permanent | 12/01/2016 | 12/30/2020 |   |

First Previous Next Last (Page 1 of 1) Page: 1

Exit Back Save & Next

2.2 License Information (Data Entry)

License Information

* = Required

- The name on the license should match the Provider Name
- If License Number is less than 4 digits, add zeroes (0) to the front of license number to total 4 digits
- Click "Add" if you wish to add Licenses, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record
- If exempt for licensure for Provider Type 66, then at the 8.0 Document Upload screen, please upload personal letter citing the statute reason for exemption noted in the Provider Type 66 Summary.

Discard

| License Type | Issue State | License Number | Name | License Designation | License Effective Date | License Expiration Date | Action |
|-----------------|-------------|----------------|------|---------------------|------------------------|-------------------------|--------|
| No record found | | | | | | | |

* License Type

Prescriber

* Issue State

Kentucky

* License Number

12345

Provider Name

Doe, John

* License Designation

Permanent

* License Effective Date

12/01/2016

* License Expiration Date

12/31/2022

Add To Grid

Exit

Back

Save & Next

2.2 License Information (Results)

License Information

* = Required

- The name on the license should match the Provider Name
- If License Number is less than 4 digits, add zeroes (0) to the front of license number to total 4 digits
- Click "Add" if you wish to add Licenses, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record
- If exempt for licensure for Provider Type 66, then at the 8.0 Document Upload screen, please upload personal letter citing the statute reason for exemption noted in the Provider Type 66 Summary.

Add

| License Type | Issue State | License Number | Name | License Designation | License Effective Date | License Expiration Date | Action |
|--------------|-------------|----------------|-----------|---------------------|------------------------|-------------------------|-----------------------------------|
| Prescriber | Kentucky | 12345 | Doe, John | Permanent | 12/01/2016 | 12/31/2022 | <div><div></div><div></div></div> |

First

Previous

Next

Last

(Page 1 of 1)

Page: 1

Exit

Back

Save & Next

Provider Types Updated Using Batch Processes with Licensing Boards*

| | |
|---|---|
| 50 – Hearing Aid Dealer | 79 – Speech Language Pathologist |
| 52 – Optician | 80 – Podiatrist |
| 54 – Pharmacy | 81 – Licensed Professional Clinical Counselor |
| 60 – Dentist | 83 – Licensed Marriage and Family Therapist |
| 62 – Licensed Professional Art Therapist | 84 – Licensed Psychological Practitioner |
| 63 – Applied Behavior Analyst | 85 – Chiropractor |
| 64 – Physician | 88 – Occupational Therapist |
| 67 – Licensed Clinical Alcohol and Drug Counselor | 89 – Psychologist |
| 70 – Audiologist | 90 – DME Supplier |
| 74 – Nurse Anesthetist | 95 – Physician Assistant |
| 78 – APRN | |

*For these provider types, direct-Provider updates to KY MPPA is not required as long as the provider renews with their respective board at least 2 weeks prior to license expiry.

5.0 Provider Group Linkage (Data Entry)

Linking to a Group

* = Required

- If you are not linking to any group, press "Save and Next" to continue
- If you are linking to a group you are authorizing the group to receive payments for your services billed through that group
- Click "Add" if you wish to link to group, "Edit" to change the linkage of a group, "Remove" to delete linkage to a group
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record

Group Medicaid ID

Group FEIN

XX-XXXXXXX

Search

Clear

Discard

| Group Medicaid ID | Group FEIN | Group Name | Group Linkage Effective Date | Action |
|-------------------|------------|------------|------------------------------|--------|
| No records found | | | | |

* Group Medicaid ID

1023456789

* Group FEIN

123456789

* Group Linkage Effective Date

12/15/2020

Verify Group Name

Group FEIN


00-1234567

Group Name

Family Practice Group

Add To Grid

14


CHFS
Cabinet for Health and
Family Services

5.0 Provider Group Linkage (Results)

Linking to a Group

4

5

* = Required

- If you are not linking to any group, press "Save and Next" to continue
- If you are linking to a group you are authorizing the group to receive payments for your services billed through that group
- Click "Add" if you wish to link to group, "Edit" to change the linkage of a group, "Remove" to delete linkage to a group
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record

Group Medicaid ID

Group FEIN

XX-XXXXXX

Search

Clear

Add

| Group Medicaid ID | Group FEIN | Group Name | Group Linkage Effective Date | Action |
|-------------------|------------|-----------------------|------------------------------|-----------------------------------|
| 1023456789 | 123456789 | Family Practice Group | 12/15/2020 | <div><div></div><div></div></div> |

First

Previous

Next

Last

(Page 1 of 1)


Page: 1

Exit

Back

Save & Next

6.0 Updating EFT/Bank Information (Data Entry)

 **Alert**

- Bank not found. Verify routing number entered is correct or change Payment to Check and update EFT in Maintenance after Medicaid ID is received.

*** Payment Type**

Electronic Funds Transfer (EFT) ▼

*** Routing Number**

012000123

[Get Bank Details](#)

Bank Name:

Payee Name:

Doe, John

Bank Address:

Payee Address:

9000 Red Deer Cir, Louisville, Kentucky, 40220 6742

*** Account Type**

Checking ▼

*** Status**

Pending ▼

*** Account Number**

00012300123

*** Re-Type Account Number**

00012300123

[Exit](#)

[Back](#) [Save & Next](#)



6.0 Bank Account Information (Results)

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 out of the United States or its Territories
- 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
- Please allow a minimum of 20 days for initial set up, or maintenance, of EFT Payment Type; paper checks will be issued during this time

☐ Show All

| Payment Type | Routing Number | Account Type | Account Number | Status | Effective Date | End Date | Action |
|---------------------------------|----------------|--------------|----------------|---------|----------------|----------|---|
| Electronic Funds Transfer (EFT) | 012000123 | Checking | 00012300123 | Pending | 12/15/2020 | |   |

First Previous Next Last

(Page 1 of 1)







Page: 1

8.0 Documents Upload

Provider Uploads Electronic Copy of Required Documents

Select **Add** to add an additional record

Select **Edit** icon to edit the record

| Document Type | Name | Required | Upload | Action |
|--|--|----------|--------|---|
| Ophthalmic Dispensers/Optician License | Ophthalmic Dispensers/Optician License - 12345 | Y | |   |
| Social Security Card | Social Security Card | Y | |   |
| Voided check or Bank Letter | Voided check or Bank Letter | Y | |   |

First Previous Next Last (1)

Page: 1

If a Y is in the Required Column the form must be uploaded before proceeding

Exit Back Save & Next

8.0 Documents Upload – Data Entry Screen

* Document Type
Voided check or Bank Letter

* Upload File
Browse

* Document Name
Uploaded User: Hackett, Kate
Uploaded Date: 01/06/2021

Add To Grid







Exit Back Save & Next

Select Add to Grid

8.0 Documents Uploaded


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 - 12345 | 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 | |
| JOHN.DOE@GMAIL.COM | | 01/16/2019 | |
| Are you changing Provider Types ? | | | |
| No | | | |

1.2 Tax Information

Provider or Credentialing Agent Review of Information

| | |
|--|---|
| 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: 3575

Exit

Preview MAP-811

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 Interest

10.0 Submit

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:

☐ Credentialing 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

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

Submit – Terms and Conditions

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

- 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

Esign & Submit

Submit

* = Required

- Enter Name as it appears on the application
- For Group or Entity with an Individual owner, owner's signature is required via e-sign
- For Group or Entity with no Individual owner, an officer or board member's signature listed in the application is required via esign
- For Individual providers, the Title is prepopulated based on Enrollment
- For Group or Entity only, select Title from dropdown
- Sign Date is default of today's date
- Click "Esign & Submit" to submit maintenance for approval, "Back" to previous screen or "Exit" to return to Dashboard

By entering the name below, I am indicating I have reviewed the KY Medicaid Rules, Regulations, Policy and 42 USC 1320a.7b, and it is my intent to electronically sign the application and represent that all of the information I have provided is true, complete, and accurate.

| | | |
|------------------------|------------------------|---------------------|
| * Electronic Signature | * Title | Sign Date |
| <input type="text"/> | Physician Individual ▼ | 1/6/2021 3:11:03 PM |

Exit

View MAP-811 PDF

Back

Esign & Submit

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

• Click "Return To Dashboard" to return to Dashboard

Thank you for Submitting your application to become a provider.

Your Application Number is APP3331 for Optician

Note Application Number

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

KY MPPA Contact Centers: Support

KY MPPA Contact Center

Phone: 877-838-5085

Website: [KY MPPA Website](#)

Monday – Friday 8 am – 5 pm (EST)

| 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, wait for prompt, then 1 (not 11) | medicaid.partnerportal.info@ky.gov |
| Program or policy inquiries: Application status and assistance KY Medicaid Provider numbers | Extension 1, wait for prompt, then 2 (not 12) | program.integrity@ky.gov |

KY MPPA: Support



Support and Assistance



In application help content, page specific help within the application and step by step instruction



Provider Summaries, description of Provider requirements
<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/prov-summaries.aspx>



Provider Enrollment Website, KY Medicaid program participation rules and regulations <https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/default.aspx>

KY MPPA Training Website

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



Training Videos and Recorded Webinars



Job Aids and Quick Reference Guides, short instruction on specific functions



User Guides, detailed step by step instruction

KY MPPA: Support

PROVIDER ENROLLMENT

Medicaid Partner Portal Training

Intent to Bill

Medicaid providers who have not billed KY Medicaid in the past 24 months will receive a notice in KY MPPA. In accordance with 907 KAR 1:671, Section 6(15), the provider's KY Medicaid ID number listed on the **Intent to Bill** letter will be end dated 30 days from the date of the notice unless submitting a claim to KY Medicaid or submitting an expression of intent to bill KY Medicaid in KY MPPA

To Submit an Expression of Intent to Bill:

1. Log into your KY MPPA account and select the **Maintenance** tab from the top tool bar.
2. Enter the **KY Medicaid Provider number** in the search field. Select **Search**. Screen will open for additional information.
3. Select the radio button beside **I want to perform:Intent to Bill**, then select **Continue**. An additional screen will open to collect more information.
4. Select the radio button beside **I intend to bill in the future**. Fill in the free text box

Expressions of Intent to Bill with comments related to:

- Any reason for inactivity
- Date or time frame for planning to bill
- Any impediments or obstacles

5. Select **Save**. A confirmation screen will appear. Select **Yes** to submit to DMS for review.

Upon submission of intent to bill the department will allow the provider number to remain active for a period of 365 days or until the next regularly scheduled end date occurs (i.e., license update, revalidation, etc.).

Previous Announcements

[KY MPPA Home Page](#)

[KY MPPA Newsletters](#)

Training Documents

Filter training documents by topic.

Select a category

Select a topic

Helpful Links

- [Provider Enrollment](#)
- [Subscribe to CHFS email updates](#)
- [Webinar Training Catalog](#)
- [Register for KY MPPA Account](#)

Additional Information

- [Authorized Delegate Form](#)
- [Organization Administrator Set-Up](#)
- [Request Letter Template](#)
- [Request CA Linking to KY Medicaid ID Letter Template](#)
- [CA Linking to KY Medicaid ID Request Spreadsheet](#)
- [KOG Onboarding Tip Sheet](#)

KY MPPA: Support - continued

Providers who don't update their license with the KBML 15 working days prior to the expiration date or by Feb. 14, 2020 must submit their updated licenses through [KY MPPA](#) provider files. Submission of paper licenses no longer is accepted.


Providers who have out-of-state license are required to submit updated license through the [KY MPPA](#).

[MPPA Enrollment, Revalidation, and Maintenance](#)


Training Media

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


Select a category

Select a media topic 

Contact Information

 (877) 838-5085

Mailing Address

KY
KY MPPA Technical Support
 medicaidpartnerportal.info@ky.gov

Click this link to enter into KY MPPA

Contact Information to KY MPPA Help Desk

