Getting Started Checklist

Use this as a guide to identify what is necessary for a successful submission.

In order to use the Kentucky Medicaid Partner Portal Application, you will need:

- A valid e-mail address
- A Kentucky Online Gateway (KOG) account to access the Kentucky Medicaid Partner Portal Application
  - If you received an invitation via e-mail, use that same e-mail address to register for your KOG account
- Knowledge of your Provider Type and the documentation required for enrollment. Find a complete list of requirements for each Provider Type on the CHFS Medicaid Services Provider Enrollment website at the following link: https://chfs.ky.gov/agencies/dms/dpi/pe/.

Important information to gather before you complete a new enrollment, change of ownership, or maintenance application:

- Provider name (Must be consistent in all supporting documentation)
- The address of your practice/hospital/organization
- SSN/FEIN number
- National Provider Identifier (NPI) number
- Taxonomy number (Taxonomy code(s) can be found on the NPI Website)
- KY Medicaid ID(s) (If applicable)

Documents that user may need to upload

Note: The system will automatically give the user a list of required documents based on Provider Type. Below are documents that may be required. To see which documents are required for a given Provider Type, check the Provider Summary accessible from the Provider Enrollment website.

- Any professional license related to your practice
- Social Security Card (SSN)
- Federal Employer Identification Numbers (FEIN)
- Documentation regarding your medical specialty
- Specific certification (ex. DEA certification, accreditation documentation)
- Voided check or Bank Letter
- Authorized Delegate Form if applicable