

How to Apply for a Medicaid ID (New Enrollment)

In order to participate with Kentucky Medicaid, Providers must submit a New Enrollment application. Upon approval, the Provider will be issued a Kentucky Medicaid ID number.

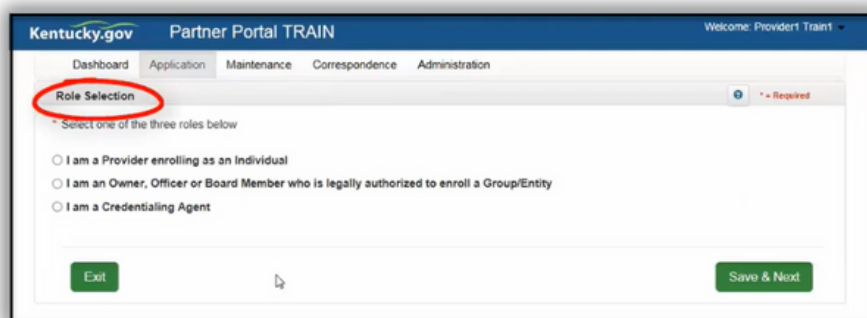
If the user is unsure if they have an active Medicaid ID, they can contact the Technical Support Center, or they can refer to the [How to Request a Copy of your Medicaid ID Job Aid](#).

Information Required for a New Enrollment

- **Provider Type Category**
 - Users apply as an Individual, Group or Entity Provider
- **Provider Type**
 - If you are unsure of the Provider Type, see the [Provider Type Summaries](#).
- **Primary NPI and Taxonomy, if applicable**
 - This should match the information on [NPPES](#).
 - Additional NPIs can be added on the 1.3 NPI screen.
 - Additional Taxonomies can be added on the 1.4 Taxonomy screen.
- **Identifying information such as SSN/FEIN, DOB**
- **Supporting documentation such as licenses, SSN card, certification letters**
- **[Authorized Delegate Form](#)**
 - For Credentialing Agents (CA) submitting an Application on behalf of a Provider. See [Authorized Delegate Job Aid](#) for more information.

Start an Application - New Enrollment

1. To begin, identify who is completing the application. Credentialing Agents can utilize the [Authorized Delegate form](#) to submit applications on behalf of Providers, Groups, or Entities.



The screenshot shows the 'Role Selection' step of the application process. The page title is 'Kentucky.gov Partner Portal TRAIN' and the user is logged in as 'Provider1 Train'. The navigation menu includes 'Dashboard', 'Application', 'Maintenance', 'Correspondence', and 'Administration'. The 'Role Selection' section is circled in red and contains the text 'Select one of the three roles below'. There are three radio button options: 'I am a Provider enrolling as an Individual', 'I am an Owner, Officer or Board Member who is legally authorized to enroll a Group/Entity', and 'I am a Credentialing Agent'. At the bottom of the form, there are 'Exit' and 'Save & Next' buttons.

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2. Select New Enrollment.

Dashboard Application Maintenance Correspondence DMS Review Administration Search

Start an Application

- Category and Provider Type cannot be changed later
- Individual must own FEIN 100% or Social Security Number must be used
- Fill out the form that follows accurately, the entire application depends on the data on this form being correct
- When you have completed this screen press "Start an Application" and continue to the application questions
- "Review 907 KAR 1.671 Section 6 (11) to assist in determining if your arrangement is a Change of Ownership."
- For a change of ownership, the provider type must be the same as that of the previous owner
- The recommended Taxonomy Code for Provider Type 16 is "261QC1500X Ambulatory Health".
- Individual Provider Types of 60, 64, 74, 77, 78, 80 & 95 should enter their Individual NPI in the "Primary NPI field."
- The recommended Taxonomy Code for Provider Type 19 is "251T00000X PACE Provider Organization".

*Application Type
 New Enrollment Change of Ownership

3. Enter required information.

*Applying As (Category)
 Individual Group Entity

*Date of Birth
MM/DD/YYYY

*Social Security #
XXX-XX-XXXX

*Is Your Primary Physical Business Location in KY?
 Yes No

Upon receipt of the KY Medicaid ID, I plan on applying to be a participating provider with the following KY Managed Care Organization(s).

If you are an MCO select the MCO.

*Provider Type
Select One

*Primary NPI
XXXXXXXXXX

*Primary Taxonomy

*Requested Effective Date
MM/DD/YYYY

Select all that apply:
 Aetna Better Health of Kentucky Anthem Blue Cross Blue Shield
 Humana Healthy Horizons in Kentucky Passport Health Plan by Molina Healthcare
 UnitedHealthcare Community Plan Wellcare of Kentucky
It is the Provider's responsibility to contract with the MCOs.

Select that apply:
 Aetna Better Health of Kentucky Anthem Blue Cross Blue Shield
 Humana Healthy Horizons in Kentucky Passport Health Plan by Molina Healthcare
 UnitedHealthcare Community Plan WellCare of Kentucky

Start New Enrollment

- Applying As (Category)
 - Individual: A person who works for themselves and meets all of the requirements to become a Medicaid Service Provider for their Provider Type.
 - Group: An organized group which has within its bounds multiple Providers and services.
 - Entity: A health-related organization, such as a clinic, hospital, or nursing facility.
- Provider Type
 - Each Provider Type has their own specific requirements.
 - Requirements are listed on the Provider Type summary.

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- Primary NPI & Primary Taxonomy
 - Must match information listed in NPPES.
 - If NPPES reflects incorrect information, the information will need to be updated via NPPES.
- Requested Effective Date
 - Date user is requesting for Medicaid ID to be effective.
 - Dates can be 365 days in the past and 90 days in the future.
- MCO Selection
 - This does not contract the Provider with an MCO. If a Provider would like to participate with a Kentucky MCO, the Provider must apply directly to the MCO.

4. Select Start New Enrollment.

- Applying As (Category) and Provider Type cannot be updated or edited.
- If user entered Applying As (Category) and Provider Type information incorrectly, the application must be withdrawn and a new application must be started.

5. Complete the steps of the application depending on Provider Type, user may not see all of the screens of the application.

- The application is intuitive and will only direct users to complete the screens required for their Provider Type.

Below are several examples of screens that apply to most Provider Types. For detailed instructions on how to complete each screen, refer to the [Individual](#) and [Group/Entity](#) User Guides.

- Screen 1.1 Basic Information

The screenshot shows a web form titled "Basic Information- Individual". It includes instructions at the top and several input fields. Annotations with yellow boxes and arrows point to specific fields:

- An annotation points to the "Provider Email Address" field, stating: "Email address used by Provider only".
- Another annotation points to the "Communication Email Address" field, stating: "Email address used to communicate any updates to KY MPPA Application".

The form fields include:

- Provider First Name, Middle Name, Provider Last Name
- Suffix (dropdown), Gender (dropdown), Date of Birth (calendar)
- Doing Business As, SSN
- Provider Email Address (example: anne.smith@gmail.com), Confirm Provider Email Address
- Communication Email Address (example: john.smith@email.com), Confirm Communication Email Address
- Requested Effective Date (example: 07/19/2023), Application Received Date (example: 07/19/2023)

Buttons for "Exit" and "Save & Next" are at the bottom.

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- Screens 1.3 NPI Information and 1.4 Taxonomy Information
 - This information is prepopulated from the first screen of the application and is validated against NPPES.
 - Additional NPIs can be entered on 1.3 NPI Information screen and additional Taxonomies can be entered on the 1.4 Taxonomy screen.
 - The information entered on this screen should match what is listed on the NPPES website ([NPPES NPI Registry](#)).

NPI Information ** Required

- Primary NPI is prepopulated
- Limit is 250 NPIs; all NPIs listed for the Provider must be on NPPES
- Click "Add" if you wish to add NPIs, "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
- Individual NPI should be noted as Primary for Individual Provider Types of 60, 64, 74, 77, 78, 80 & 95

NPI	Primary	Action
7894561230	Yes	

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Buttons: Exit, Back, Save & Next

Taxonomy Information ** Required

- Primary NPI and associated taxonomy(ies) are prepopulated
- All taxonomies listed for provider must be on NPPES
- Click "Add" if you wish to add Taxonomies, "Edit" to change existing record, "Delete" to delete existing record
- NPI and NPI Primary Indicator are not editable from this screen
- After pressing "Add", enter data and then press "Add to Grid" to add a Taxonomy to the grid, "Discard" to not save the record
- For Provider Type 03, Tier 2 NTP provider, Taxonomy "261QM2800X Clinic/Methadone" is required.
- The recommended Taxonomy Code for Provider Type 16 is "261QC1500X Ambulatory Health"

Taxonomy	Taxonomy Primary	Action
78E4M6M230	Yes	

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Buttons: Exit, Back, Save & Next

- Screen 1.7 Address Information
 - Three addresses are required (Primary, Physical, Pay To/1099). For more information on address requirements, refer to the [How to Update Address Information Job Aid](#) or contact the Technical Support Center.

Address Information ** Required

- Primary Physical, Pay-To/1099 and Mailing are required
- Please add ALL physical business locations
- "Other Physical" Address Type can have multiple locations, but cannot have duplicate addresses
- Only one "Primary Physical", "Pay To/1099", "Mailing" Address Type permitted
- Click "Add" if you wish to add Addresses, "Edit" to change existing record, "Remove" to delete existing record
- Press "Exit" to return to the Dashboard
- Press "Save & Next" when you are done entering the data and ready to move to next screen
- After pressing "Add", enter data and then press "Add to Grid" to add record to the grid, "Discard" to not save the record
- Please ensure all locations in which they are providing services, including names and addresses associated with this Medicaid ID are added. If your organization has multiple facilities at the same location, add each facility as different Service Location (Program Name)
- Certain provider types are not allowed to have "Other Physical" address(es) if you are NOT able to "Add or Edit" an existing Other Physical address; a new enrollment is required for that address; please review Help Contents for additional details
- During maintenance if you received a red restricted symbol when trying to Edit "Other Physical" address(es) please contact the Call Center and request removal of additional locations
- Please list all the CLIA Addresses in 1.7 Address Information if CLIA(s) are being added to 1.15 CLIA Information.

Address Type	Contact Name	Address	Phone Number	Fax Number	Total Hours Per Week	Action
Primary Physical	Anne Smith	1583 Partner Way, Lexington, Kentucky 40502	(523)674-9292		0	
Pay To/1099	Anne Smith	1583 Partner Way, Lexington, Kentucky 40502	(523)674-9292			
Mailing	Anne Smith	1583 Partner Way, Lexington, Kentucky 40502	(523)674-9292			

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Buttons: Exit, Back, Save & Next





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- Screen 8.0 Document Upload
 - Documents required for upload are marked with a "Y"
 - For a complete list of documents required for Application, refer to [Provider Type Summaries](#).
 - For further information on how to Upload Documents, refer to the [Uploading Documents Job Aid](#).

The screenshot shows a web application window titled "Document Upload". At the top right, there are icons for help and a red asterisk indicating required items. Below the title is a list of instructions for uploading documents. A table below the instructions lists required documents. The "Required" column in the table is highlighted with a yellow box. At the bottom of the window are buttons for "Exit", "Back", and "Save & Next".

Document Upload

- All required documents must be uploaded to submit application
- Required documents are listed in grid with "Required = Y", select "Edit" on each row to upload required item
- User may select "Add" to upload any additional documents to grid
- Click "Add" to upload a document, "Delete" to remove uploaded document
- After clicking "Add", click "Browse" and use "Insert File" popup to locate each file you wish to upload and then press "Insert"
- Fill out the required fields and then Click "Add to Grid" when ou are ready to upload each file
- Please Note: JPG, JPEG, TXT, RTF, CSV, DOC, DOCX, XLS, XLSX, TIF, TIFF and PDF file formats are accepted for supporting documents uploads and the file size is limited to 5 MB

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
Social Security Card	Social Security Card	Y			 
Physician License	Physician License - 18709383	Y			 

Buttons: Add, Exit, Back, Save & Next

6. Submit on the 10.0 Screen.

- Review and agree to the Terms of Agreement and electronically sign Application.
 - If submitting as an Authorized Delegate or Legally Authorized Agent, additional documentation is required. Once documentation has been uploaded, click E-sign and Submit to send the application to DMS.
 - Providers, Owners, Officers, and Board Members have the capability to E-sign and Submit applications directly to DMS.
 - If submitting without Authorized Delegate permissions, the application must be sent to the Provider for review and approval before it can be submitted to DMS. To send the application to the Provider for review, select the Credentialing Agent option and then click Send to Provider.