

# Reapplication & Reinstatement

Medicaid Providers can reinstate or reapply for their Medicaid ID in the Maintenance tab of Partner Portal.

- **Reinstatement:** Use this option if a Provider is terminated for cause by DMS. If the Reinstatement is approved, the Provider will be reissued their original Medicaid ID.
- **Reapplication:** Use this option if the user's Medicaid ID status has been End Dated more than 365 days in the past. Once the Reapplication is approved, the Provider will be reissued their original Medicaid ID.

## Reinstatement and Reapplication

1. Log into Partner Portal. Once on the Dashboard, click the Maintenance Tab.

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Dashboard Application **Maintenance** Correspondence Search

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
- Select Reapplication (RAP) to reapply for a Medicaid ID that has been End Dated over a year
- Select Reinstatement (RIN) to reinstate a Medicaid ID that was Terminated by Kentucky Medicaid

\* Medicaid ID

Search Clear

Exit

2. Enter the Medicaid ID and click Search.

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Dashboard Application Maintenance Correspondence DMS Review Administration Search

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\* Medicaid ID

Search Clear

Exit

# Reapplication & Reinstatement

3. Review the prepopulated information and select Reinstatement or Reapplication under the "I want to perform" section. Enter the Effective Date. Click continue.

Dashboard Application Maintenance Correspondence DMS Review Administration Search

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\*Medicaid ID: 710217610 [Search] [Clear]

Provider Name: Beaton, William NPI: 1972507382 Taxonomy: 213E0000X - Podiatrist

Primary Physical Address: 8707 389-Ave North, Frankfort, Kentucky, 40601 Revalidation Date: 03/09/2028

Medicaid ID Effective Date	Medicaid ID End Date	Status	Status Reason
02/01/2021	02/05/2021	Terminated	Term by Medicaid

\* I Want to Perform:

- Maintenance
- Revalidation
- Voluntary Termination
- Reinstatement
- Reapplication
- Intent to bill

\*Requested Effective Date: MMDDYYYY [ ]

[Exit] [Continue]

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Dashboard Application Maintenance Correspondence Search

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\* I Want to Perform:

- Maintenance
- Revalidation
- Voluntary Termination
- Reinstatement
- Reapplication
- Intent to bill

\*Requested Effective Date: 07/04/2023 [ ]

[Exit] [Continue]

4. Click Yes to start the Reinstatement or Reapplication.

Confirm Continue

After selecting "Continue", additional Maintenance items cannot be submitted until action has been taken by DMS on this submission. Click "Yes" to continue or "No" to remain on this page

[No] [Yes]

# Reapplication & Reinstatement

5. Review, update, and save each screen.

The screenshot shows the 'Basic Information-Individual' form in the Partner Portal SIT. The form includes a sidebar with navigation options (1.0 Administrative Information, 1.1 Basic Information, 1.2 Tax Information, etc.) and a main content area with various input fields. The 'Basic Information' section includes fields for Provider First Name (William), Middle Name, Provider Last Name (Beaton), Suffix (Jr), Gender (Male), Date of Birth (05/10/1977), SSN (120-35-7405), Provider Email Address (william.beaton@keups.net), and Communication Email Address (john.smith@email.com). There are also checkboxes for selecting applicable health plans and a 'Requested Effective Date' field.

6. Supporting documentation must be uploaded to complete the application. For more information on document upload, review the [Document Upload Job Aid](#).

The screenshot shows the 'Document Upload' screen in the Partner Portal SIT. It features a sidebar with navigation options (1.0 Administrative Information, 2.0 Provider Qualifications, 3.0 Disclosure of Ownership and Control, 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) and a main content area with a table of required documents. A red alert box states 'Required documents must be uploaded'. The table lists documents such as Social Security Card and Podiatrist License, with columns for Document Type, Name, Required status, Uploaded By, and Uploaded Date.

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
Social Security Card	Social Security Card	Y	Henderson, Deborah	03/09/2021	<a href="#">Edit</a> <a href="#">Delete</a>
Podiatrist License	Podiatrist License - 76467567	Y	Henderson, Deborah	03/09/2021	<a href="#">Edit</a> <a href="#">Delete</a>
Social Security Card	Social Security Card	Y	Henderson, Deborah	03/09/2021	<a href="#">Edit</a> <a href="#">Delete</a>
Podiatrist License	Podiatrist License - 76467567	Y	Henderson, Deborah	03/09/2021	<a href="#">Edit</a> <a href="#">Delete</a>
Social Security Card	Social Security Card	Y			<a href="#">Edit</a> <a href="#">Delete</a>

# Reapplication & Reinstatement

## 7. Review and Agree to the Terms of Agreement. Electronically sign the Reinstatement or Reapplication.

- Authorized Delegates and Legally Authorized Agents are required to submit additional documentation before submitting to DMS.

Kentucky.gov Partner Portal SIT

Welcome: [User Name]

Dashboard Application Maintenance Correspondence Search 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

- 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 e-sign
- 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 Podiatrist Sign Date 7/24/2023 3:12:05 PM

Exit View MAP-811 PDF Back Esign & Submit

For further assistance with navigation, invitations, or account creation please contact the Partner Portal Technical Support Center at 877-838-5085. Select option 1 and option 1, again, to speak with a customer service representative.