Individual Providers User Guide

Kentucky Medicaid Partner Portal Application

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KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

OFFICE OF ADMINISTRATIVE TECHNOLOGY SERVICES

MEDICAID SYSTEMS MANAGEMENT BRANCH

Version 4.1

Screenshots contain fictitious data and are included for informational purposes only.

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4.1	8/31/2021	Christy Hildebrandt	Removed CVO information and added Supervisor Details section 2.6.

Table of Contents

I.   INTRODUCTION

A.   Kentucky Medicaid Partner Portal Application Introduction

The Kentucky Medicaid Partner Portal Application (KY MPPA) is a web-based application that streamlines and expedites Kentucky Medicaid's process of applying to become a new Medicaid Service Provider as well as allows the user to perform maintenance and revalidations on existing Kentucky Medicaid IDs. KY MPPA supports all phases of a Provider's enrollment in the Kentucky Medicaid program and makes the entire process more user friendly. Users can submit all required information to the Kentucky Department for Medicaid Services (DMS) electronically and securely, eliminating the need for mailing paper applications.

With KY MPPA, Providers can securely assign (or remove) designated individuals, known as Credentialing Agents, to manage their Medicaid enrollment and/or maintenance with a few simple clicks. Credentialing Agents can then forward applications to providers for review, electronic signature, and submission to DMS.

For the Provider, this means that DMS can more efficiently respond to Providers or Credentialing Agents with comments, notifications, and correspondence, including notification of final decisions on enrollment and maintenance items. Visit the CHFS Medicaid website periodically for updated KY MPPA information and access to additional enrollment and training resources.

B.   User Guide Overview

The purpose of this user guide is to deliver general information and guidance for using KY MPPA to enroll as a Medicaid Provider and maintain a Medicaid ID.*

Step-by-step instructions are provided on the following topics:

- Apply to become a new KY Medicaid Service Provider.
- Perform maintenance on your KY Medicaid ID.
- Perform revalidation on your KY Medicaid ID.
- Act on behalf of a Provider as a Credentialing Agent to perform new enrollment or maintenance.

Two user guides are available; one for Individual Providers and one for Group/Entity Providers to more closely depict the screens and fields each category will view. Credentialing Agents should choose a user guide based on the provider category they are enrolling or maintaining.

User Guide Layout

This user guide is specifically designed for Providers or Credentialing Agents to locate information quickly when needed.

Inside this guide you will find the same numbering/naming conventions used in KY MPPA, making it easier to lookup step-by-step instructions when completing an enrollment application. For example, section **1.1 Basic Information** in the user guide matches the **1.1 Basic Information** section in KY MPPA.

The opening chapters provide high-level information about KY MPPA benefits, functionality, processes and other general knowledge items.

Subsequent chapters, starting with the new enrollment information, provide in-depth information on the three primary pieces of functionality found in KY MPPA:

New Enrollment
Maintenance
Revalidation

Final chapters include the **Table of Figures** and **Glossary**.

User Guide: Icons

This user guide incorporates **icons** as shown below, to alert users to specific types of information.

The icon descriptions are as follows:

Key takeaways are essential to using KY MPPA properly and will be included in the **Chapter Summaries** section. If you need to know just the basics of Partner Portal to get you up and running, remember these takeaways.

Helpful **tips** can enhance your use of KY MPPA whenever you see the bullseye.

The **time** icon will display when an action is time sensitive.

Chapter summaries are marked with this icon. Summaries contain highlights and key takeaways from each chapter.

Gray boxes highlight important regulatory or policy information related to KY MPPA processing.

C. **Kentucky Medicaid Partner Portal Application Benefits**

With KY MPPA, users have access to on-line instruction, secure login, data verification, increased accuracy (due to field messaging), application fee payment processing, document upload capability, electronic signature, online correspondence and notifications, and streamlined processing.

The online process is intuitive, user-friendly, and easy to manage, with the assistance of these helpful tools. KY MPPA screens display fields and functionality that align specifically with each Individual, Group, or Entity Provider category, in combination with the selected provider type.

KY MPPA offers unprecedented benefits to Kentucky Providers as follows:

KY MPPA Feature	KY MPPA Benefit
Electronic Application Completion and Submission	KY MPPA's electronic submission and review of new enrollment, maintenance, revalidation, reinstatement, reapplication, or change of ownership (CHOW) applications reduces burden on providers to enroll and maintain KY Medicaid IDs. Benefits of this functionality include: • The Provider Dashboard organizes Applications, KY Medicaid IDs, and Correspondence into easily searchable and sortable content. • Electronic processing and storage of personal information, documentation and correspondence provides security and easy accessibility. • Automated workflow expedites processing times and reduces delays by alerting providers to errors and invalid items that do not meet policy requirements. • Improved storage and retrieval of provider information. • Automated reminders around key tasks (e.g. upcoming revalidation).
Electronic Documentation Submission	KY MPPA's document upload functionality allows users to upload documents and electronically attach them to the application, maintenance, revalidation, reinstatement, reapplication, or CHOW submission. Benefits of this functionality include: • Avoidance of delays due to incomplete applications: All documentation must be received before an application can be reviewed. • Eliminates a large part of the effort and time devoted to the transmission and storage of paper documentation, and provides instant access to information.
Electronic DMS Review	DMS uses KY MPPA to review applications submitted by providers for new enrollment and all maintenance of KY Medicaid IDs. Benefits of this functionality include: • Reduction of possible errors that previously caused wait times during manual validations.
Electronic DMS Comments, Notifications and Correspondence	DMS uses KY MPPA to respond electronically to providers. Benefits of this functionality include: • Comments, notifications and correspondence are sent securely online and provide instant access to all forms of communication.

D.   **Contact Center**

If you have a policy or technical question about new enrollment or any type of maintenance, including reapplication, reinstatement, revalidation, change of ownership, or voluntary termination of a Kentucky Medicaid ID, you can call the Contact Center to speak to a customer service representative.

The Contact Center is open Monday – Friday 8:00 am EST – 5:00 pm EST, with the exception of state government holidays. Please select the correct extension based on the issue you are reporting:

<table>
<tr><td colspan="3">KY MPPA Contact Center
Website: KY MPPA Website
Hours: 8:00 am – 5:00 pm</td></tr>
<tr><th>Description</th><th>Phone</th><th>Email</th></tr>
<tr><td>Technical support for:
• KY MPPA Access issues
• KY MPPA Technical issues
• Remote Identity Validation issues
• Credentialing Agent Management issue
• Linking issue</td><td>877-838-5085
Extension 1, 1</td><td>medicaidpartnerportal.info@ky.gov</td></tr>
<tr><td>Program or Policy Inquiries.
• Paper Application Status
• KY MPPA Policy and Procedures</td><td>877-838-5085
Extension 1, 2</td><td></td></tr>
</table>

Information that will be requested if *calling* Contact Center
- **Credentialing Agent**
  - o Information requests:
    - First/Last Name
    - Agency/Organization name
    - VIP Token *(as required)*
  - o Linking to Provider Medicaid ID:
    - Information requests (items from above)
    - Provider SSN
    - Provider Medicaid ID
    - Credentialing Agent email address
  - o Organization Management Application Invitation:
    - Information request items from above
    - Group FEIN
    - Group Medicaid ID
    - Credentialing Agent email address
- **Providers**
  - o Information requests:
    - First/Last Name
    - Agency/Organization
    - Medicaid ID (*as required*)
  - o Link to Own Medicaid ID (initial account setup):
    - Information request items from above
    - Provider SSN
    - Provider email address

Information that will need to be included if *emailing* Contact Center
- First and Last Name
- Brief description of the issue
- Screen prints

Information needed if emailing about a new Enrollment Application or Maintenance-related action:
- Provider First and Last Name
- NPI
- Application number, Maintenance item number or Revalidation item number
- Organization name

> If the Provider does not have a KY Medicaid ID or does not know their Medicaid ID, the Contact Center will only be able to discuss general KY MPPA navigation. They will not be able to provide any specific information regarding application or data.

> If the email request for assistance does not include the required information, the email will be returned.

E.   System Requirements

Software Requirements

- **Validation and ID Protection (VIP) Software:** Multi-Factor Authentication (MFA) security token using the VIP Software. This is required as an additional layer of security due to the personal and sensitive nature of the information contained with KY MPPA.
- **KY MPPA (Partner Portal) application**
- **Web Browsers: :** KY MPPA is optimized to run on the Microsoft Edge browser, however it will run on the browsers and versions listed below:
    - o Internet Explorer (11 or above), support will go out next year. Customers are encouraged to move to Microsoft Edge.
    - o Chrome (83.0.4103 or above)
    - o Firefox (78 and above)
    - o Safari (13 and above)
-

Hardware Requirements

The following requirements are for external users for KY MPPA

- o 800 X 600 resolution or higher
- o Following minimum hardware requirements:

Name	Requirements
Windows	Windows 7 enterprise or above
Processor	Intel core i3 or above, 2.7GHz
RAM	4 GB or above
System Type	32 Bit and above
Screen Resolution	800 X 600 or higher

F.   **Links**

Below is a listing of links that are useful in finding the KY MPPA website, KY MPPA training, Kentucky Online Gateway (KOG) and many more sites.

KY MPPA Website

KY MPPA Training Website

CHFS Department for Medicaid Services

Kentucky Online Gateway (KOG)

National Plan and Provider Enumeration System (NPPES)

Newsletters and Release Notes

Provider Type Summaries

Chapter Summary: Introduction

- Kentucky Medicaid Partner Portal Application (KY MPPA) is a web-based application that streamlines and expedites Kentucky Medicaid's process of applying to become a new Medicaid Service Provider.
- KY MPPA supports all phases of a Provider's enrollment and continued participation (application, maintenance, revalidation, renewal, Change of Ownership, etc.) in the Kentucky Medicaid program.
- KY MPPA benefits users by providing access to on-line instructions, secure login, data verification, increased accuracy (due to field messaging), application fee payment processing, document upload capability, electronic signature, online correspondence and notifications, and streamlined processing.
- The Contact Center is available Monday – Friday from 8:00 am – 5:00 pm (EST), with the exception of state government holidays. Contact Center can be reached at 877-838-5085. Extension 1 is for Technical support and Extension 2 is for Program and Policy Inquiries.
- Software and hardware requirements
- Links to valuable websites listed. Sites included are: KY MPPA Website, KY MPPA Training, CHFS Department for Medicaid Services, Kentucky Online Gateway (KOG), National Plan and Provider Enumeration System (NPPES), Newsletter and Release Notes, and Provider Type Summaries.
- This User Guide's purpose is to deliver general information and guidance for using the KY MPPA to enroll as a Medicaid Provider and maintain a Medicaid ID.
- The User Guide's layout is designed for Providers or Credentialing Agents to locate information quickly to aid in using the KY MPPA.
- The User Guide incorporates icons as shown below, to alert users to specific types of information:
  - The icon descriptions are as follows:

Key takeaways are essential to using KY MPPA properly and will be included in the **Chapter Summaries** section. If you need to know just the basics of Partner Portal to get you up and running, remember these takeaways.

Helpful **tips** can enhance your use of KY MPPA whenever you see the bullseye.

The **time** icon will display when an action is time sensitive.

Chapter summaries are marked with this icon. Summaries contain highlights and key takeaways from each chapter.

Gray boxes highlight important regulatory or policy information related to KY MPPA processing.

II.   ROLES AND RESPONSIBILITIES

A.   Roles and Responsibilities Introduction

There are four roles an individual can have within KY MPPA. Each role has specific responsibilities in the application, maintenance and revalidation process for Providers.

There is an additional role available for managing a credentialing agent organization or additional credentialing staff outside of KYMPPA called the Organization Administrator. This user will have access to an additional system application called the Organization Management Administrator. This user will have the ability to invite and allow others to be linked or delinked to a Provider with a KY Medicaid ID and work on their behalf. Please contact the call center for more information and to see if this role applies to you and your organization.

B.   Role Descriptions

KY MPPA	
Role	**Definition**
Provider	An individual that assists Medicaid recipients by providing medically necessary services.
Owner*	A person or entity who has a % of possession of equity in the capital, the stock, or the profits of the entity.
Credentialing Agent	A person who works on behalf of a Provider to enter and update the Provider's information.
Credentialing Agent Admin Manager	A designated person within a credentialing organization or a large hospital that will be able to access and perform Administration options.

A legally authorized Officer or Board Member can fulfill this role within KY MPPA.

Organization Management Application (OMA)	
Role	**Definition**
Organization Administrator	A designated person that will have the ability to invite and allow others to be linked or delinked to a Provider with a KY Medicaid ID and work on their behalf.
Relationship Manager	Designated Department for Medicaid Services (DMS) staff individual that will assign the initial Organization Administrator in the Organization Management Application (OMA) for each organization.

C. Responsibilities

Provider Role: Has the ability to create an application for enrollment, perform a maintenance item or revalidation for their data. The Provider has full account access and is the main contact for their information within KY MPPA. The Provider has the ability to review, e-sign and submit a new enrollment, maintenance or revalidation to DMS for approval.

Owner, Officer or Board Member Role: Has the ability to create an application on behalf of an organization for enrollment or perform a maintenance item or revalidation on their behalf. The Owner, Officer or Board Member has full account access and is the main contact for their information within KY MPPA. The Owner, Officer or Board Member has the ability to review, e-sign and submit a new enrollment, maintenance or revalidation to DMS for approval.

Credentialing Agent Role: Has the ability to perform work on behalf of a Provider or Owner by starting a new enrollment application or performing a maintenance action or revalidation. The Credentialing Agent Role requires account access, which grants the ability to enter/update information, review items and be the main contact for the Provider's account. The Credentialing Agent with this role can act as a Non-Delegate or as an Authorized Delegate.

- Non-Delegate: Performs all duties of a Credentialing Agent. All information entered by the Credentialing Agent into KY MPPA must be sent to the Provider to review, e-sign and submit to DMS for approval. Once the Credentialing Agent role is assigned, the Credentialing Agent is automatically a Non-Delegate.
- Authorized Delegate: Performs all duties of a Credentialing Agent. The Credentialing Agent Authorized Delegate has the ability to enter/update information, review items, and also e-sign and submit to DMS for approval on behalf of the Provider.
    - In order to act as an Authorized Delegate, the Credentialing Agent must have an Authorized Delegate Form completed and signed by the Provider. The form will be uploaded into KY MPPA prior to the Credentialing Agent electronically signing and submitting the application/action to DMS.

Credentialing Agent Admin Manager: Has the ability to access Administration options within KY MPPA to manage Credentialing Agent workload (reassign items from on Credentialing Agent to another). The Credentialing Agent Admin Manager role is assigned via an invitation from OMA. The Credentialing Agent Admin Manager can perform Credentialing Agent duties if also assigned the Credentialing Agent role.

D. Roles/Responsibilities within the Organization Management Application (OMA)

Organization Administrator (Org Admin):   **The initial Org Admin** must be assigned by a DMS Relationship Manager. Once assigned, the initial Org Admin will be able to invite other Org Admins to the organization by sending an invitation through OMA.

Providers and Owners (Officer or Board Member) are assigned as Org Admin's for their accounts upon approval of their Medicaid ID by DMS (new enrollment) or linking to their existing Medicaid ID within KY MPPA.

The primary functions of the Org Admin are to:

- Invite Credentialing Agents to join KY MPPA and link to the Group Medicaid ID by sending them an invitation from OMA.
- Delinking/removing Credentialing Agents from their Organization by delinking them within OMA.

Note: The Org Admin cannot perform Credentialing Agent functions without also being assigned the Credentialing Agent role. The Credentialing Agent role is assigned once the Credentialing Agent is linked to a KY Medicaid ID. See the Linking chapter for more on how a Credentialing Agent is linked to a KY Medicaid ID.

A KY MPPA user can have multiple roles. The user can have a Credentialing Agent, Credentialing Agent Admin Manager Role and Org Admin role or any combination of the three roles.

Relationship Manager: A member of the DMS staff that assigns the initial Organization Administrator for groups. This is the only function of a Relationship Manager.

III.   LINKING WITHIN KY MPPA

Types of Linking

There are two primary types of linking within KY MPPA. The first type of linking grants access to a Provider's Medicaid ID so a KY MPPA account user can do work on behalf of the Medicaid ID. The second type of linking connects an Individual Medicaid ID to a Group Provider's Medicaid ID for billing purposes.

- Individual Linking Medicaid ID to KY MPPA Account user
    a) New Enrollment application
    b) Linking Grid upon 1st or 2nd log into KY MPPA
    c) Contact Center assistance

- Linking a Medicaid ID to a Medicaid ID
    a) Linking an Individual Provider Medicaid ID to a Group Medicaid ID
    b) Linking a Group Medicaid ID to an Individual Medicaid ID

A.   Linking Medicaid ID to a KY MPPA Account

In order to conduct work on behalf of an individual, group or entity Medicaid ID, the Provider's or CA's KY MPPA account must be linked to the Medicaid ID. **Note:** Once a KY MPPA Account is linked to a group Medicaid ID they will get access to all the individual Medicaid ID's in that group.

- **Enrollment applications -** when an enrollment application for a new KY Medicaid ID is approved, the user who completed the application is linked. (See Figure 1)

Individual Group or Entity Application → Submitted to DMS → DMS Approves → Medicaid ID issued → Linked

Figure 1: Linking Medicaid ID to KY MPPA Account

- **Linking Grid** - when a Provider or CA logs into KY MPPA for the first or second time a linking grid will appear. Any existing Medicaid ID that has the same email address on file as the email address used to create the KOG account will be listed. Provider/CA will select the Medicaid IDs that they still desire to be linked with.

    o Check the boxes of the IDs that belong to the Provider under the **Mine** column. (Figure 2)
        o If all the Medicaid IDs listed belong to the Individual Provider, *click* the box under **Mine** in the column header. (See Figure 2)
        o If some of the Medicaid IDs belong to the Individual Provider, *select* the ones that apply.
        o If none of the listed Medicaid IDs belong to the Individual Provider, *click* "**None of the Medicaid IDs are mine**" below the association table.
        o Select whether linking as the **Provider** or **Credentialing Agent** by *clicking* the box in the appropriate column.
        o *Click* **Submit**.
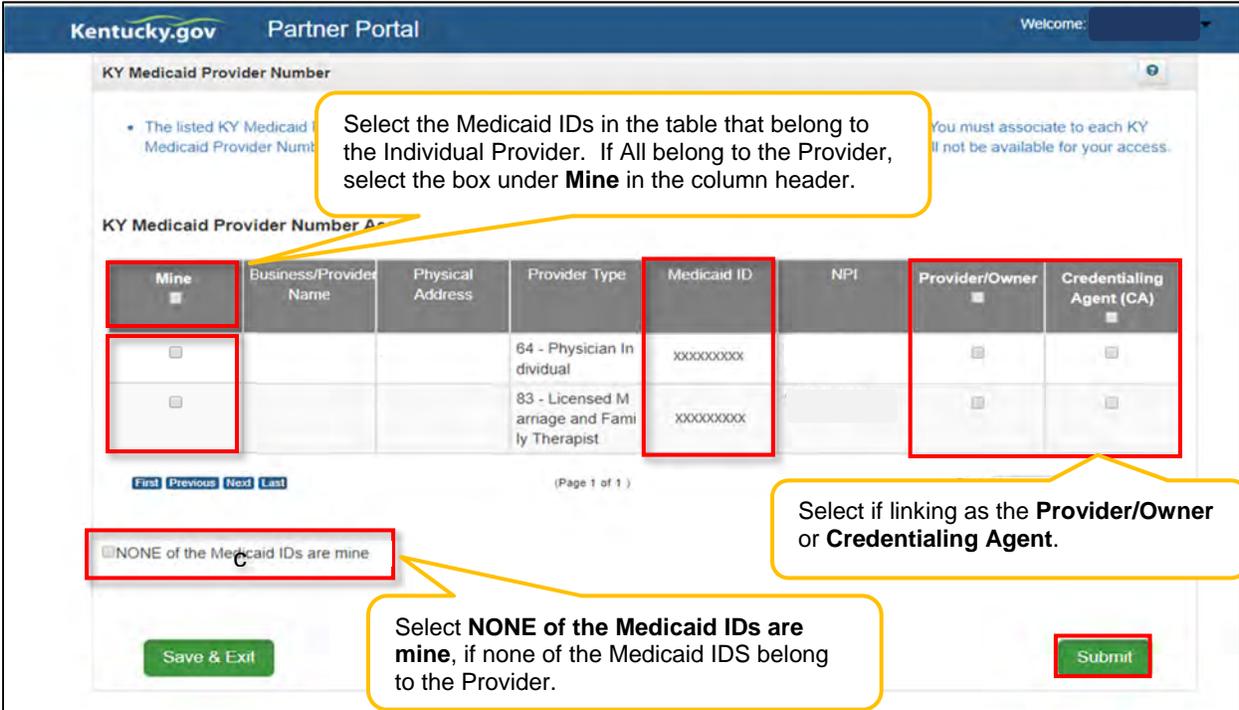
Figure 2: KY Medicaid ID – Linking Medicaid ID to KY MPPA Account

The User will then be presented with the Confirm Submit screen. (See Figure 3)

- Confirm selection of the KY Medicaid Provider Numbers and role.
  - *Click* **Yes** to continue. Selections cannot be deleted once **Yes** is clicked.
  - *Click* **No** to return to the linking screen.
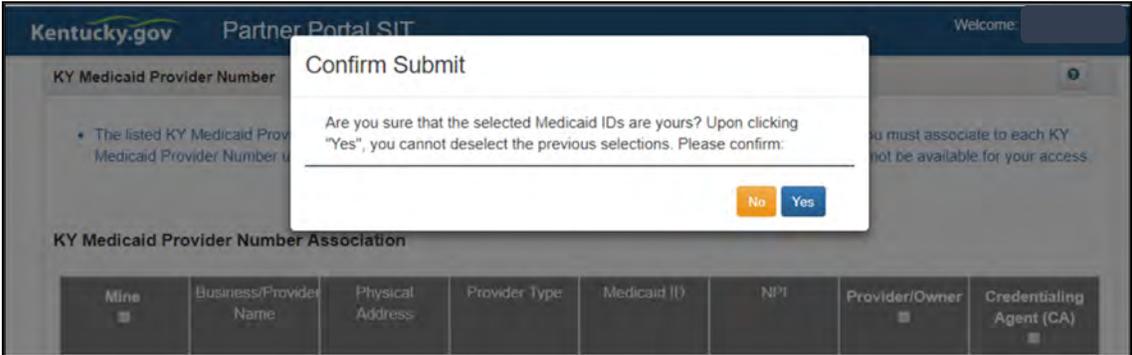
Figure 3: KY Medicaid ID Confirm Submit

Note: *If the Individual Provider's KY Medicaid ID is not associated with the email address used to set up the KY MPPA account, the Individual Provider will only be presented with the **KY Medicaid Provider Number Confirmation** screen.* (See Figure 4)

Figure 4: KY Medicaid Provider Number Confirm Submit

Answer the question "**Do you have any Existing KY Medicaid Provider Number(s)?**"
- If the Individual Provider <u>does not have an existing Medicaid ID</u>, *click* **No** and **Save & Next**.
  - o The Provider will be directed to the KY MPPA Dashboard.
- If the Individual Provider <u>does have existing KY Medicaid IDs but all were linked on the previous linking screen and no more need to be linked</u>, *click* **No** and **Save & Next**.
  - ▪ The Provider will be directed to the KY MPPA Dashboard.
- If the Individual Provider <u>does have existing Medicaid ID(s) that still need to be linked</u>, *click* **Yes** and **Save & Next**.
  - o The Provider will receive a message instructing them to reach out to the Contact Center for assistance with linking to their KY Medicaid IDs.
  - o *Click* **Next** to continue to the KY MPPA Dashboard.

- **Contact Center Assistance -** if the Provider or CA is not given the opportunity to link to their existing KY Medicaid IDs during account set up, then call the Contact Center 877-838-5085, choose option 1 for Provider Enrollment then option 1 again for Technical Support.

Note: If more than 10 Medicaid IDs need to be linked see below for linking multiple Medicaid IDs.

Linking instructions can be found for linking more than 10 Medicaid IDs at a time on the KY MPPA Training webpage or by calling the Contact Center at 877-838-5085 option 1 for Provider Enrollment, then option 1 again for Technical Support. Completing the authorization letter and spreadsheet then emailing them to MedicaidPartnerPortal.info@ky.gov will be necessary to complete the request.

B. Linking a Medicaid ID to a Medicaid ID

There are two main ways to achieve Linking a Medicaid ID to a Medicaid ID. Medicaid IDs are linked for the primary purpose of billing. Linking authorizes the Group to bill and receive payments for services rendered on behalf of the Individual Provider Medicaid ID or a Group Medicaid ID.

1. **Linking an Individual Provider Medicaid ID to a Group Medicaid ID** – the KY MPPA Account user will initiate the linkage for an Individual Medicaid ID. Because the Individual Provider is signing the application, they are authorizing payment to the Group on their behalf and a copy of the MAP-347 is not required to be uploaded. (See Figure 5)
   - Go to the **5.0 Provider Group Linkage** screen
   - *Enter* **Group Medicaid ID**
   - *Enter* **Group FEIN**
   - *Select* **Search,** proceed with next step if Provider is found
   - *Select* **Add**

Figure 5: Provider Group Linkage

2. **Linking a Group Medicaid ID to an Individual Medicaid ID** – a KY MPPA user from the Group initiates the linkage, they will need to enter the Individual's Medicaid ID and Individual's NPI on the **1.5 Add Group Members**. (See Figure 6)
   - *Enter* **Provider Medicaid ID**
   - *Enter* **Provider NPI**
   - *Select* **Search**
   - *Select* **Add,** if you wish to link the Individual Medicaid ID to the Group Medicaid ID
   - *Enter* **Provider Linkage Effective Date**

   Or

   If the **Provider's Medicaid ID** *does not* pull up through the Search feature (See Figure 6)
   - *Select* **Add**
   - *Enter* **Provider Medicaid ID**
   - *Enter* **Provider Linkage Effective Date**
   - *Select* **Verify Provider Medicaid ID**
   - *Select* **Add to Grid**

Note: Form MAP-347 will be required on the 8.0 Document Upload screen when an Individual Medicaid ID is linked to a Group Medicaid ID on the Group Medicaid ID file in section 1.5 Add Group Members screen.

Note: If the Group CA performs the linkage on behalf of the group Medicaid ID, then the CA will be linked to the Individual Provider Medicaid ID and can perform work on behalf of the individual Provider.
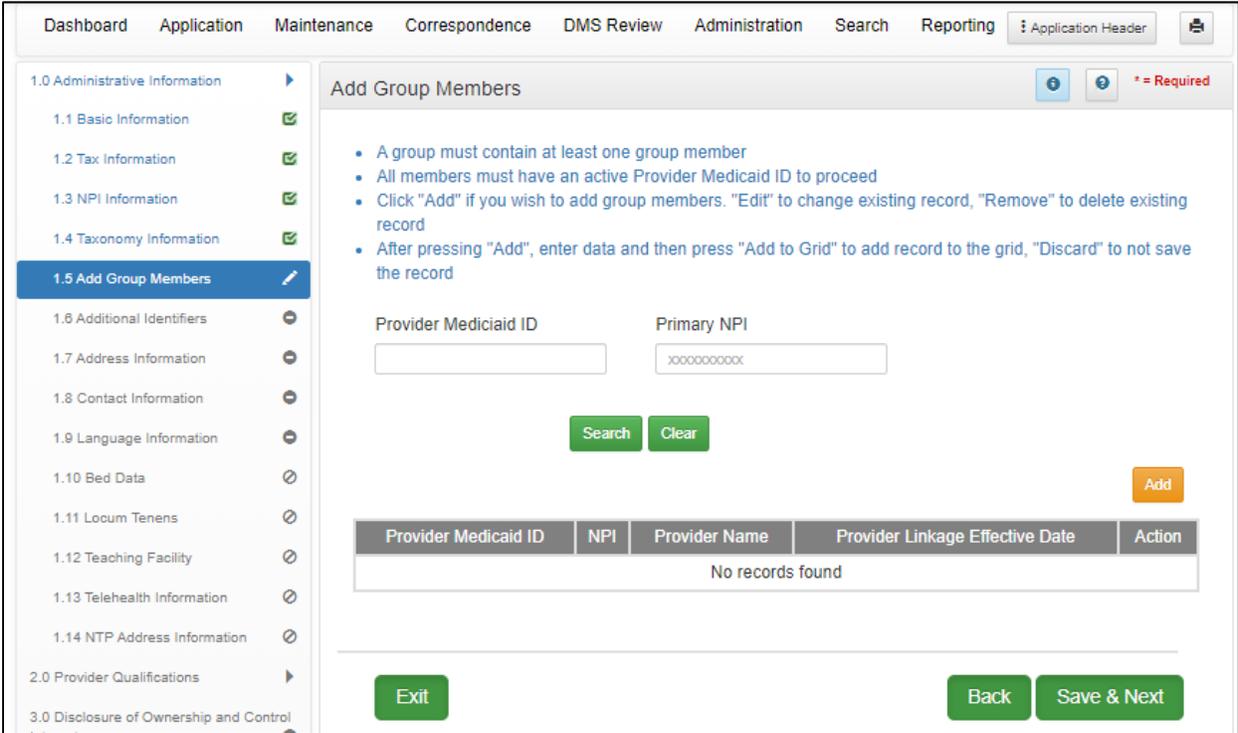
Figure 6: Linking Individual Medicaid ID to Group Medicaid ID (1.5 Group Members)
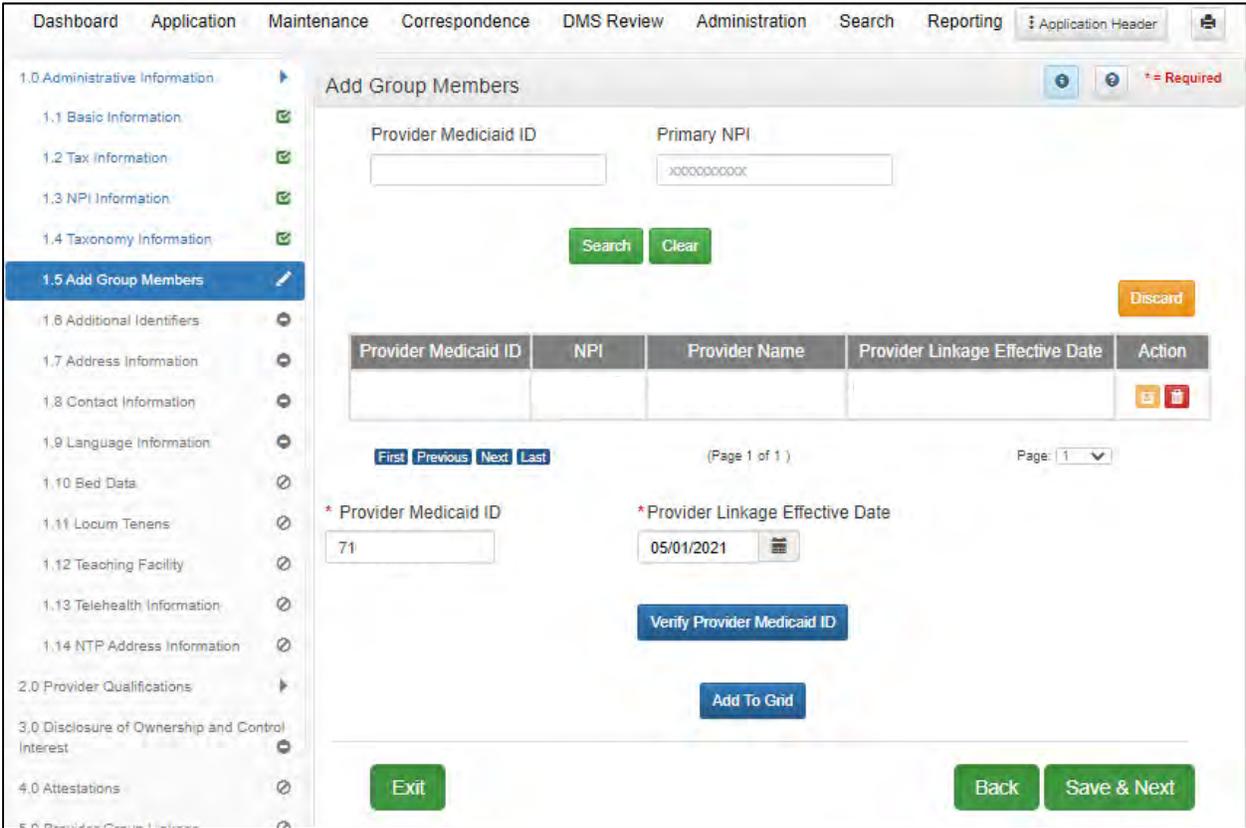
Figure 7: Linking Group Medicaid ID to Individual Medicaid ID (1.5 Add Group Members – Expanded)

IV.   SYSTEM NAVIGATION

This chapter walks through the basic functionality of the system and helpful navigation tips. Once a user becomes familiar with the layout of the screens and functionality of the system, navigating KY MPPA is intuitive and easy to use.

A.   Kentucky Online Gateway (KOG)

Kentucky Online Gateway (KOG) is Kentucky's secure online gateway for users requesting access to the **KY Medicaid Partner Portal Application (KY MPPA)**. Providers and Credentialing Agents must set up their own personal account in KOG in order to access their information in **KY MPPA**.
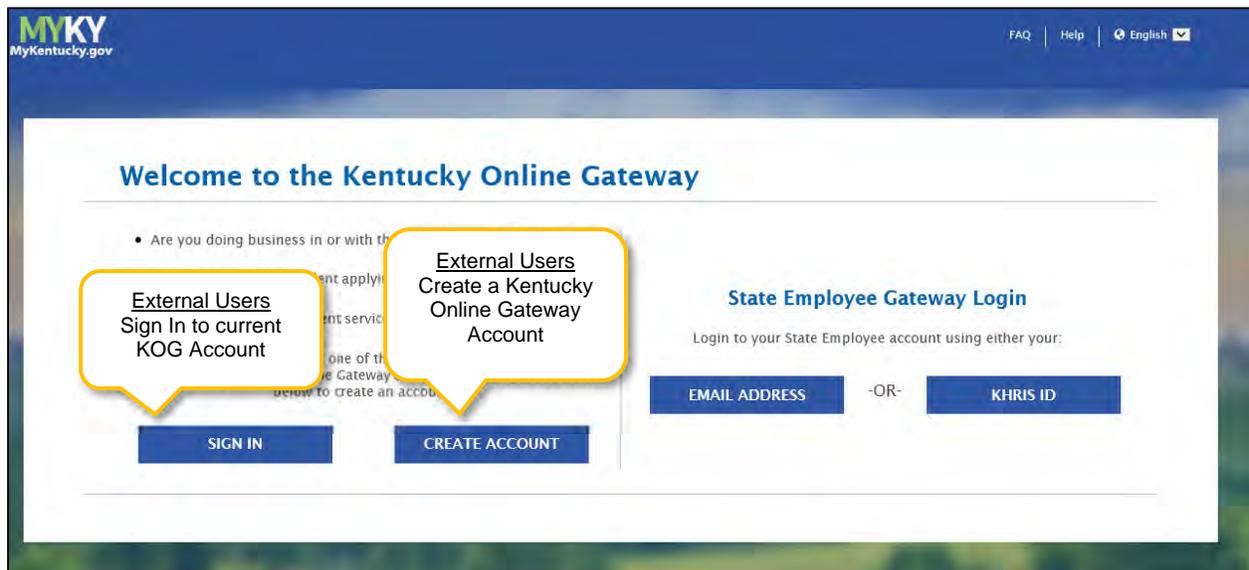
Figure 8: Kentucky Online Gateway (Create an Account)

External users will use the left side of the KOG Welcome screen

- Select **Sign In** if currently have a KOG account set-up
- If no KOG account has been set up, select **Create Account**

Internal users (State Employees) will use the right side of the KOG screen
- Select **Email Address** to sign in with work email address (example john.smith@ky.gov email address)
- Select **KHRIS ID** to sign in with ID credentials

Enter the **Username** and **Password** for KY MPPA and *click* **Log in**.to proceed to the **My Apps** screen.

B. Access Kentucky Medicaid Partner Portal Application (KY MPPA)

On the **My Apps** screen, you will see the app tile with the link to launch **KY MPPA** (**Partner Portal)**.
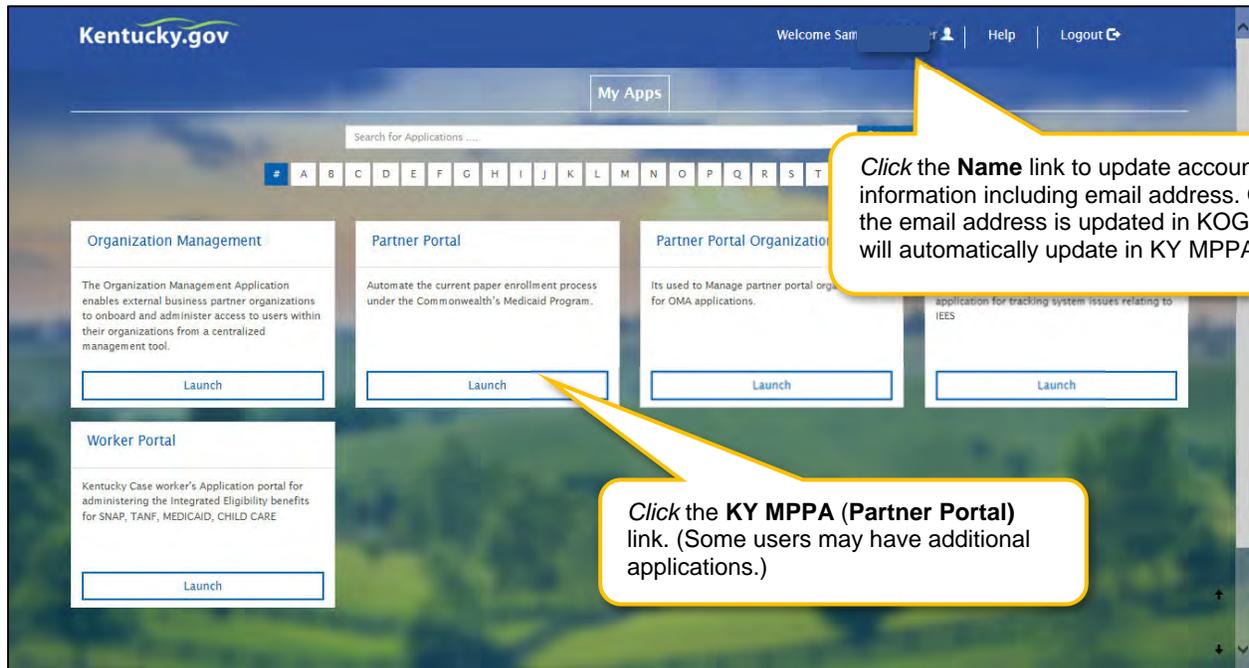
Figure 9: Kentucky Online Gateway (My Apps Screen)

Click the launch button in the KY MPPA (Partner Portal) app tile to proceed to the **Multi-Factor Authentication (MFA) Screen**.

NOTE: *From the **KOG Homepage**, you can click the **Name** link to update account information, including updating your email address. KOG and KY MPPA synchronize; updating the email address in KOG will update it in KY MPPA. Once the email is updated, you will use the new email as your username to log in to KOG and access KY MPPA.*

Multi-Factor Authentication

Multi-Factor Authentication (MFA) is required every time a user logs into KY MPPA. **MFA** is a method of access control; a user is granted access only after successfully entering a security code.

A **VIP Access Token (MFA Credential ID)** must be installed on the desktop and/or mobile phone to generate the security code.

The **VIP Access Token** must be registered before proceeding to the next step.

Figure 10: Multi-Factor Authentication Screen

On the **MFA** screen, enter the security code from the **VIP Access Token** installed on your desktop or mobile device.* Copy and *paste (or type)* the security code from the token by *clicking* the **copy** icon and *paste* it into the field on the **MFA** screen.

Note: *When the thirty-second timer runs out of time the current security code expires. If this occurs before being entered on the MFA page, a new security code will automatically generate for your use.*

In some cases, users may need help from their IT departments to get administrative rights to install the token. Another option is to install the token on a mobile device. Mobile tokens are recommended for users who work on more than one computer/device.

Then *click* **Continue** to proceed to the **Terms of Use Screen**.

In some cases, users may need help from their IT department to install the token. Another option is to load the token onto a mobile device.

When the **VIP Access Token** thirty-second timer runs out of time the current security code expires (before entry on the Multi-Factor Authentication page); a new security code will generate for your use.

Multi-Factor Authentication (MFA) is required every time a user logs into KY MPPA.

Terms of Use

This screen informs the user that the system they are accessing contains U.S. Government information that is restricted to authorized users only. The user will need to *click* **Accept** to continue to the KY MPPA Welcome screen. If the user does not wish to accept the terms of agreement, *click* **Reject** to exit the system.
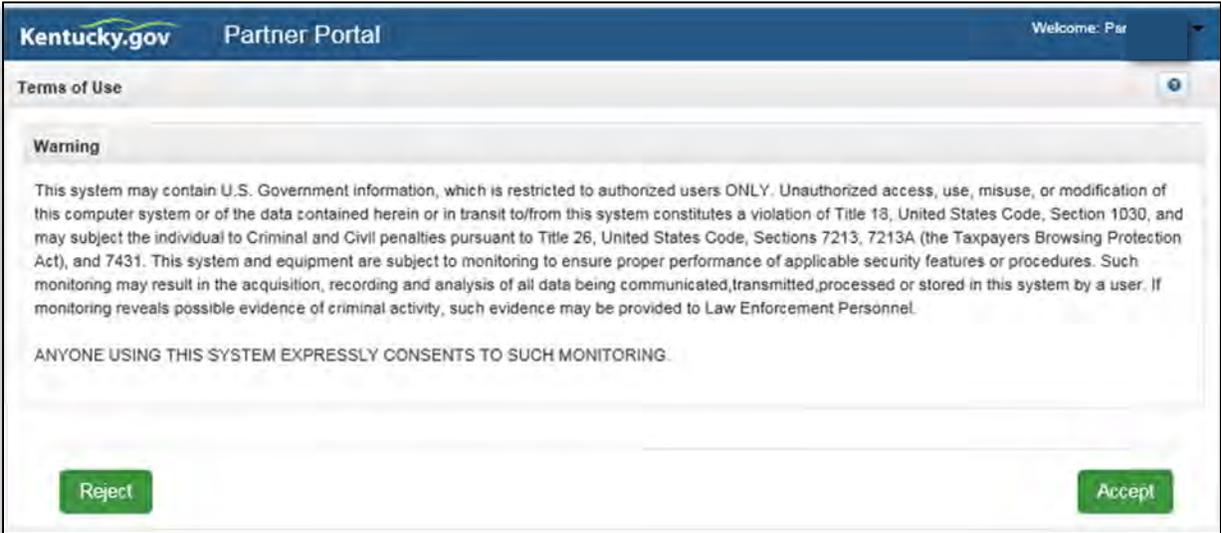
Figure 11: Terms of Use Screen

KY MPPA Welcome Screen

The **Welcome** screen provides links to information that will answer questions that may arise while using KY MPPA. Links to topics such as provider type requirements, necessary documentation, and training materials are available. After visiting the links of your choice, *click* **Next** to continue or *click* **Exit** to exit the system.

Figure 12: Partner Portal Welcome Screen

Bookmark these links and refer back to them as needed. While this screen will appear each time you log into KY MPPA, you cannot navigate back to this screen during a KY MPPA session.

Kentucky Medicaid Provider Number Confirmation

If a Provider has an existing KY Medicaid Provider Number, this number must be associated with their KOG email address using the KY Medicaid Provider Number Confirmation Screen. *(Some Providers have already had their Medicaid ID associated with their email address.)*

If you need help with your Medicaid Provider Number and email address association, use the **KOG Onboarding Quick Reference Guide** found on the KY MPPA website or call the KY MPPA Contact Center at 877-838-5085 ext. 1, 1.
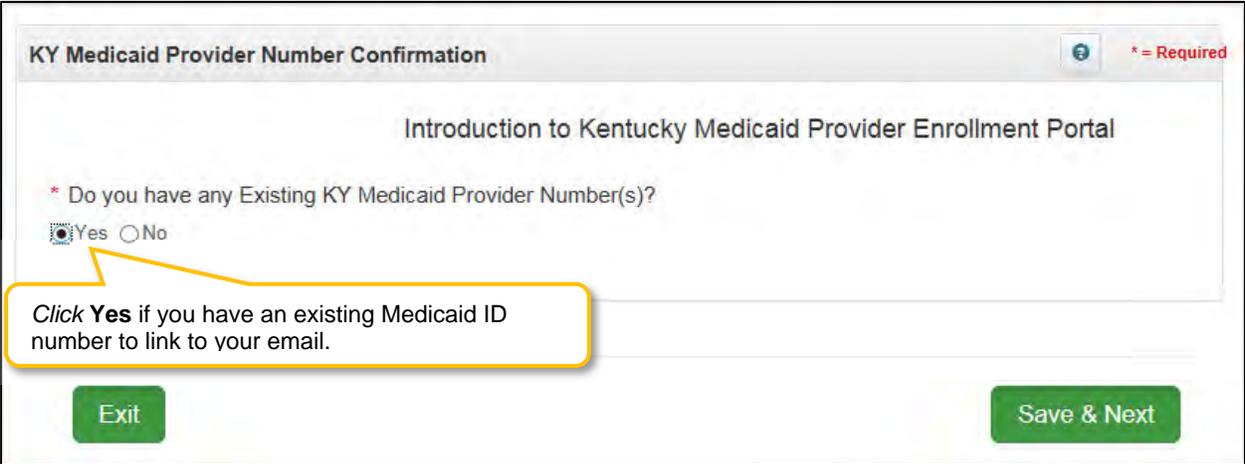
Figure 13: KY Medicaid Provider Number Confirmation

C. **User Menu**

The **Home Page** in KY MPPA displays the **User Menu, Main Menu** and **Dashboard**. The **User Menu** is located in the top-right corner of the screen.
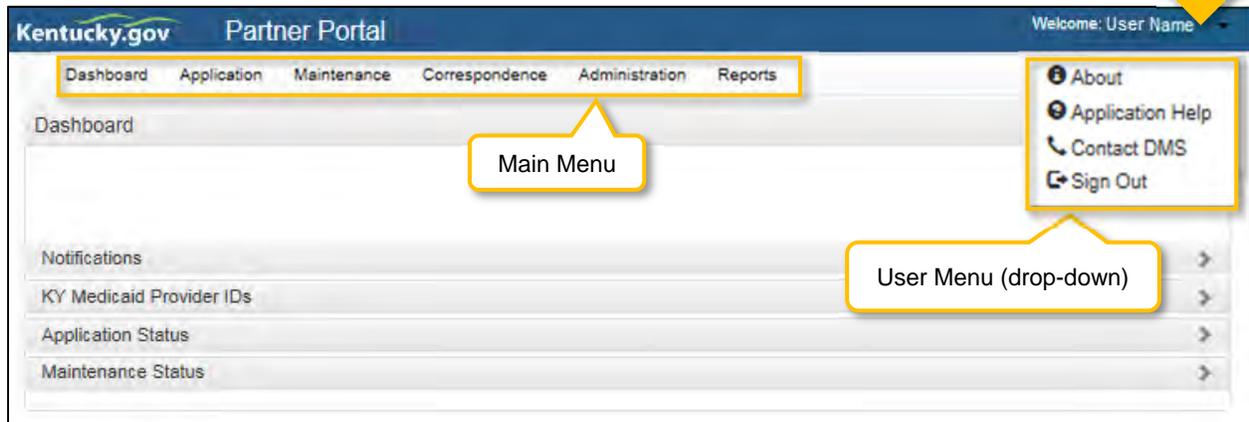
Figure 14: KY MPPA User Menu

Click the arrow to open the drop-down containing the following information:

- **About:** About KY MPPA.
- **Application Help:** Link to training materials.
- **Contact DMS:** Contact Center phone number and email.
- **Sign Out:** *Click* to sign out of application.

D. **Main Menu**

The **Main Menu** is located along the top of KY MPPA's **Home Page.**
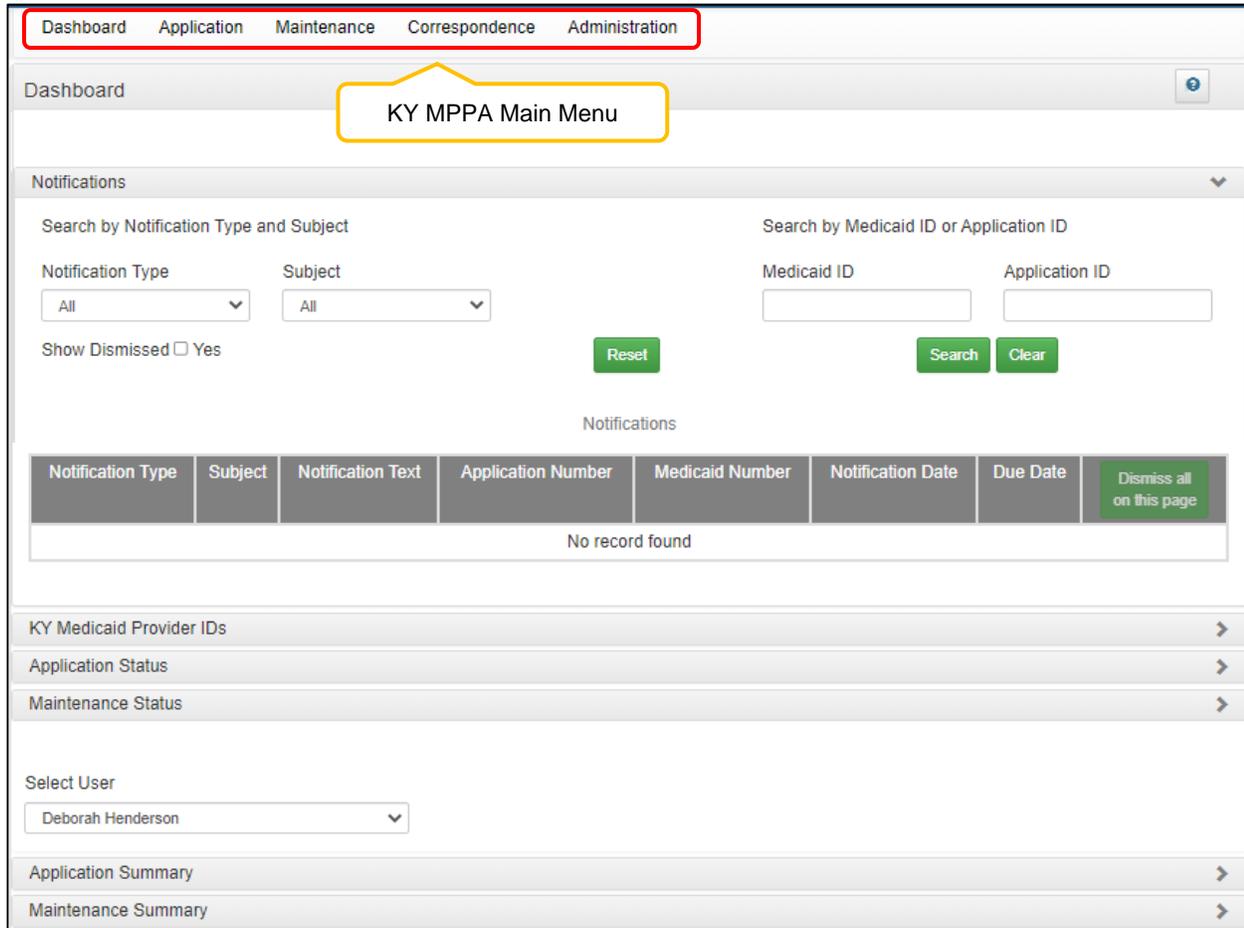
Figure 15: KY MPPA Main Menu

The **Main Menu** contains links to the main functions of KY MPPA. Available menu items are based on the user's role within KY MPPA. Information on each menu function is provided in detail in later sections of the User Guide. An overview of these functions is listed below:

- **Dashboard:** The **Dashboard** is the **Home Page** and first screen users will see once they log into KY MPPA. Find information and notifications about a KY Medicaid ID enrollment, maintenance, or revalidation. The Dashboard's accordion style menu expands sections to display information one section at a time.
- **Application:** *Enter* an on-line application for a **KY Medicaid ID** or a **Change of Ownership (CHOW).**
- **Maintenance:**
  o *Enter* a **Maintenance** item (update information)
  o *Enter* a **Revalidation** on associated existing **KY Medicaid IDs**
  o *Enter* a **Voluntarily Termination** for a KY Medicaid ID
- **Correspondence:** Read letters received from the Kentucky Department for Medicaid Services.
- **Administration:** CA Admin Manager only will have this button. The Administration button allows the CA Admin Manager the option to reassign work between CAs.
- **Search:** Allows user to search three different ways

- o Search for an application by the **Application Number**
- o Search for for a **Provider**
- o Search for **5% or more Owners, Officer/Board Members and Managing Employees**

E. Dashboard

The Dashboard provides a central location where users can expand the following items for more details:

- **Notifications***:* Notifications containing information or action items on Applications or KY Medicaid IDs.
- **KY Medicaid Provider IDs***:* List of the Provider's KY Medicaid ID(s).
- **Application Status***:*
  - *Open* and continue working on a New Enrollment application.
  - *Check* the status of an application submitted to DMS.
- **Maintenance Status**:
  - *Start* or *open* and continue working on a maintenance item (includes revalidations and re-applications).
  - *Check* the status of a maintenance item (includes revalidations and re-applications).

Figure 16: KY MPPA Main Menu

Notifications

The **Notifications** screen displays a list of **Informational** or **Actionable Alerts** sent from the KY Department for Medicaid Services in regards to a Provider's Medicaid Provider application or KY Medicaid ID. An email is automatically generated and sent to the Provider (and Credentialing Agent if applicable) each time a **Notification** is added to the grid.

To locate a Notification for a specific Provider (if a CA) or for a specific type of action, sort as desired by *clicking* on any of the column headers in the Notification grid or use the section filters.

- Clicking on the column headers will sort notifications in ascending or descending order. Click to toggle between these views.
- Filter notifications by first selecting the **Notification Type** and then **Subject**.

Figure 17: Dashboard Notifications Section

The **Notifications** section displays the following information:

- **Notification Type (drop-down):** Provides the following filter criteria to show only the types of notifications selected:
  - o Actionable Required: Action is required of the user.
  - o Informational: Information is provided to the user.

- **Subject (drop-down): Notification Type must be selected first.** Allows the user to access a specific notification topic for each Notification Type:
  - o Action Required
    - ▪ Application Not Accepted for Processing
    - ▪ Application Returned
    - ▪ CHOW *(Change of Ownership)*
    - ▪ Correspondence

- DHS/INS Notification
- License Renewal
- No Claims Notification
- Re-Application
- Revalidation
- Revalidation Application
  - o Informational
    - Application Abandon
    - Application Approved
    - Application Denied
    - Application Invited
    - Application Submitted
    - Application Withdrawn
    - Maintenance
    - Participation Ended
    - Provider ID End-Dated
    - Provider ID Reinstated
    - Provider ID Terminated (with cause)
    - Provider ID Voluntary Terminated
- **Search by Medicaid ID or Application ID:** Users have the option to enter a Medicaid ID or an Application ID to search by.
- **Show Dismissed*:** Users have the option to **Dismiss** (hide) a notification once it has been read to reduce the number of notifications presented on screen and make it easier to locate notifications for a specific Provider or action.
  - o *Click* **Dismiss** to hide a notification.
  - o *Click* **Yes** to bring back the last 60 days of dismissed notifications. Allows the user to view notifications that were hidden after being dismissed.
  - o Leaving this blank allows the user to view only notifications that have not been dismissed.
- **Notification Text:** Explanation of the notification or action to take.
- **Application Number:** KY MPPA assigns an **Application Number** each time the User submits a request to DMS. Each notification relates to a specific Application Number. If you need to call the Contact Center for help, refer to this Application Number when speaking with the representative.
- **Medicaid Number:** KY Medicaid Provider Number (Medicaid ID) will display if assigned.
- **Notification Date:** Date the Notification was generated.
- **Due Date:** Date the user must take action (if applicable).
- **Action: Dismiss** will hide notifications in the list. User can *click* **Show Dismissed** to view these notifications.

*When a notification is dismissed by a User, the notification will also be removed from the Dashboard of all other users with access to the Medicaid ID. There are two primary situations where this will be encountered:
- A Provider and Credentialing Agent are linked. If the Provider or CA dismisses the notification, the notification will also be removed from the other User's Dashboard.
- In an organization with multiple Credentialing Agents linked to the same Provider(s), when one CA dismisses a notification, the notification will be removed from all CA's Dashboards.

Any User can click **Show Dismissed** to return the notifications to the Dashboard if the notification was dismissed within the past 60 days. Rather than dismissing notifications to clear the dashboard, recommend using the section filters or sorting columns to locate notifications for a specific Provider or related to a specific action.

KY Medicaid Provider IDs

Providers are assigned a **KY Medicaid ID** when their application is approved. A Provider may have more than one **KY Medicaid ID**. All active and inactive assigned **KY Medicaid ID(s)** are located under the **KY Medicaid Provider IDs** section. Sort by clicking on any of the column headers.

Figure 18: Dashboard KY Medicaid Provider IDs Section

The **KY Medicaid Provider IDs** section contains the following information for each ID:

- **Medicaid Provider ID:** Assigned Medicaid ID number.
- **Medicaid ID Status:** Current status of the Medicaid Provider ID. Active or Inactive
- **View:** *Click* **View** to proceed straight to the **Provider Review** screen to review all the data in the application.
- **Provider Name:** Name of Provider as stated on the application and on licensure.
- **NPI:** Primary **National Provider Identifier** number.
- **Taxonomy:** Primary **Taxonomy** number.
- **Medicaid Provider ID Effective Date:** The date the Medicaid ID is active for billing for Medicaid Services.
- **Medicaid Provider ID End Date:** The date the Medicaid ID is end-dated and no longer valid for billing for Medicaid Services.
- **Revalidation Due Date:** This date indicates the date the Medicaid ID needs to be revalidated/reapplied for in order to stay active.
- **Action:** *Click* **Start Maintenance** to go to the Maintenance Menu to begin a maintenance item for that Medicaid ID.

Application Status

The status of all New Enrollment applications associated with the user are displayed in the **Application Status** section of the Dashboard. Users can sort as desired, by c*licking* on any of the column headers. The **Application Status** view defaults to show all New Enrollment applications regardless of status, and lists the applications in order of oldest to newest.

Change the sort order of **Applications** by c*licking* the **column headers** to switch from ascending to descending or use the page drop-down to switch between pages.

Figure 19: Dashboard: Application Status Section

The **Application Status** section provides the following information:

- **DMS Status (drop-down):** The **Application Status** view defaults to show all new enrollment applications. Users can filter by other status types by selecting an, of the other selections from the drop-down as follows:
    - **All:** View all Applications associated with the user.
    - **Approved:** View only applications that are approved by DMS.
    - **In Progress:** Applications not yet submitted to DMS.
    - **Submitted:** View only applications submitted to DMS.
    - **DMS Review In Progress:** View only applications currently in review by DMS.
    - **Denied:** View only applications that are denied.
    - **Return to Provider:** Applications that have been **Returned to Provider** by DMS for corrections or more information. *(If an RTP application is not corrected and re-submitted to DMS within a ninety-day period it will be considered abandoned and a new application will need to be resubmitted.)*
    - **Withdrawn:** View only applications that have been withdrawn.
    - **Waiting on Fingerprint Check:** View only applications that are awaiting the results of a Fingerprint Check.
    - **Waiting on a Payment Plan:** View applications that are waiting on a payment plan.
    - **Abandoned:** View only abandoned (not submitted to DMS within a ninety-day period) application.
- **Application ID:** System generated ID number assigned to each application.
- **Action:**

- o **Review**: *Click* to continue working on an Application that is in-progress**,** or proceed to the Application Summary screen to review a submitted application.
- **Provider Type:** Type of KY Medicaid Provider.
- **NPI:** Primary **National Provider Identifier** number associated with the application.
- **Provider Name:** Provider Name as stated on the application.
- **DMS Status:** Status of the application. *Click* link in grid to see definition of status listed below.
    - o In Progress: Applications that have not yet been submitted to DMS.
    - o Submitted: Applications that have been submitted to DMS.
    - o Withdrawn: Applications was withdrawn by the Provider.
    - o DMS Review In Progress: Applications currently in review by DMS.
    - o Approved: Application has been approved.
    - o Denied: Applications that have been denied.
    - o Return to Provider: Applications that have been **Returned to Provider** by DMS for corrections.
    - o Abandoned: Application is abandoned. View only.
- **Withdraw:** *Click* **Withdraw** button to remove the application from review with DMS; stopping the application process. Can be done at any time, even if the application has been submitted to DMS for review. Comment box is optional. Withdrawn applications cannot be restarted. It is recommended that if incorrect information is entered into the application, users first attempt to edit the application before using the **Withdraw** button.

Applications can remain in an **In Progress** status (not submitted to DMS) for up to ninety days from the date of last saved activity by the applicant. After the ninety days, applications are considered abandoned. The application is still available to the Provider in view only mode.

Maintenance Status

The status of all **Maintenance** items associated with the user are displayed in the **Maintenance Status** section of the Dashboard. Users can sort as desired by c*licking* on any of the column headers. The **Maintenance Status** view defaults to show all **Maintenance** items regardless of status, and lists the items in order of oldest to newest.

Change the sort order of **Maintenance** items by c*licking* the **column headers** to switch from ascending to descending or use the page drop-down to switch between pages.

Figure 20: Dashboard: Maintenance Status Section

The **Maintenance Status** section provides the following information:

- **DMS Status (drop-down):** Users can filter by different DMS status types by selecting any of the selections from the drop-down as follows:
  - **All**: Maintenance Items associated with the Provider.
  - **Approved:** View only applications that are approved by DMS.
  - **Update Accepted:** Maintenance updates have been approved.
  - **In Progress:** Maintenance updates that have not yet been submitted to DMS.
  - **Submitted:** Maintenance updates that have been submitted to DMS.
  - **DMS Review In Progress:** Maintenance updates currently in review by DMS.
  - **Withdrawn:** Maintenance updates that the Provider has withdrawn.
  - **Update Rejected:** Maintenance updates have been denied.
  - **Denied:** Updated application was denied.
  - **Return to Provider:** Maintenance updates **Returned to Provider** by DMS for corrections.
  - **Withdrawn:** Applicant has withdrawn application
  - **Waiting on Payment/Plan:** Waiting on signed financial agreement to have money taken from the financial cycle each week.
  - **Abandon:** Application has not been worked on for 90 days.
- **Maintenance ID:** System generated ID number assigned to each submitted **Maintenance** item

- **Action:** *Click* **Review** button to open the Application in the Provider Summary screen.
- **Provider Type:** Type of KY Medicaid Provider.
- **NPI:** Primary **National Provider Identifier** number.
- **Taxonomy:** Primary **Taxonomy** (provider specialty such as dentist or general practitioner).
- **Provider Name:** Provider Name as stated on the application.
- **DMS Status:** Maintenance status
    - **All**: Maintenance Items associated with the Provider.
    - **Approved:** View only applications that are approved by DMS.
    - **Update Accepted:** Maintenance updates have been approved.
    - **In Progress:** Maintenance updates that have not yet been submitted to DMS.
    - **Submitted:** Maintenance updates that have been submitted to DMS.
    - **DMS Review In Progress:** Maintenance updates currently in review by DMS.
    - **Update Rejected:** Maintenance updates have been denied.
    - **Denied:** Updated application was denied.
    - **Return to Provider:** Maintenance updates **Returned to Provider** by DMS for corrections.
    - **Withdrawn:** Maintenance updates that the Provider has withdrawn.
    - **Waiting on Payment/Plan:** Waiting on signed financial agreement to have money taken from the financial cycle each week.
    - **Abandon:** Application has not been worked on for 90 days.
- **Withdraw:** *Click* **Withdraw** button to remove the maintenance update from review with DMS; stopping the review process. Can be done at any time. *Comment box is optional.* **Withdraw** is permanent and cannot be cancelled. It is recommended that if incorrect information is entered into the application, users first attempt to edit the application before using the **Withdraw** button.

F.   Application Functionality and Navigation

Applicants can apply to become a KY Medicaid Provider using the KY MPPA on-line enrollment application.

Role Selection

Applicants begin the New Enrollment application with **Role Selection** and then *click* **Save & Next** to move to the **Application Screen**.

Figure 21: Role Selection Screen

Note: *A Credentialing Agent working on behalf of a Provider or Owner/Officer/Board Member <u>must</u> select "I am a Credentialing Agent".* On the **10.0 Submit** screen there will be an opportunity to select submit as a Credentialing Agent or submit as a Credentialing Agent with Authorized Delegate.

A **Confirmation Submit** screen will appear if you selected *I am a Provider enrolling as an Individual*.
- *Click* **Yes** if you are the Provider
- *Click* **No** to return and select the Credentialing Agent role

Figure 22: Confirm Submit Screen

Note: *A Credentialing Agent working on behalf of a Provider <u>must</u> select "I am a Credentialing Agent".* On the **10.0 Submit** screen there will be an opportunity to select submit as a Credentialing Agent or submit as a Credentialing Agent with Authorized Delegate.

Application Screen Layout

The **Application Screen** format provides the user with onscreen instructions, helpful navigation features, and context-sensitive help content, to proceed step-by-step through the application process. The following features are found on most of the screens:
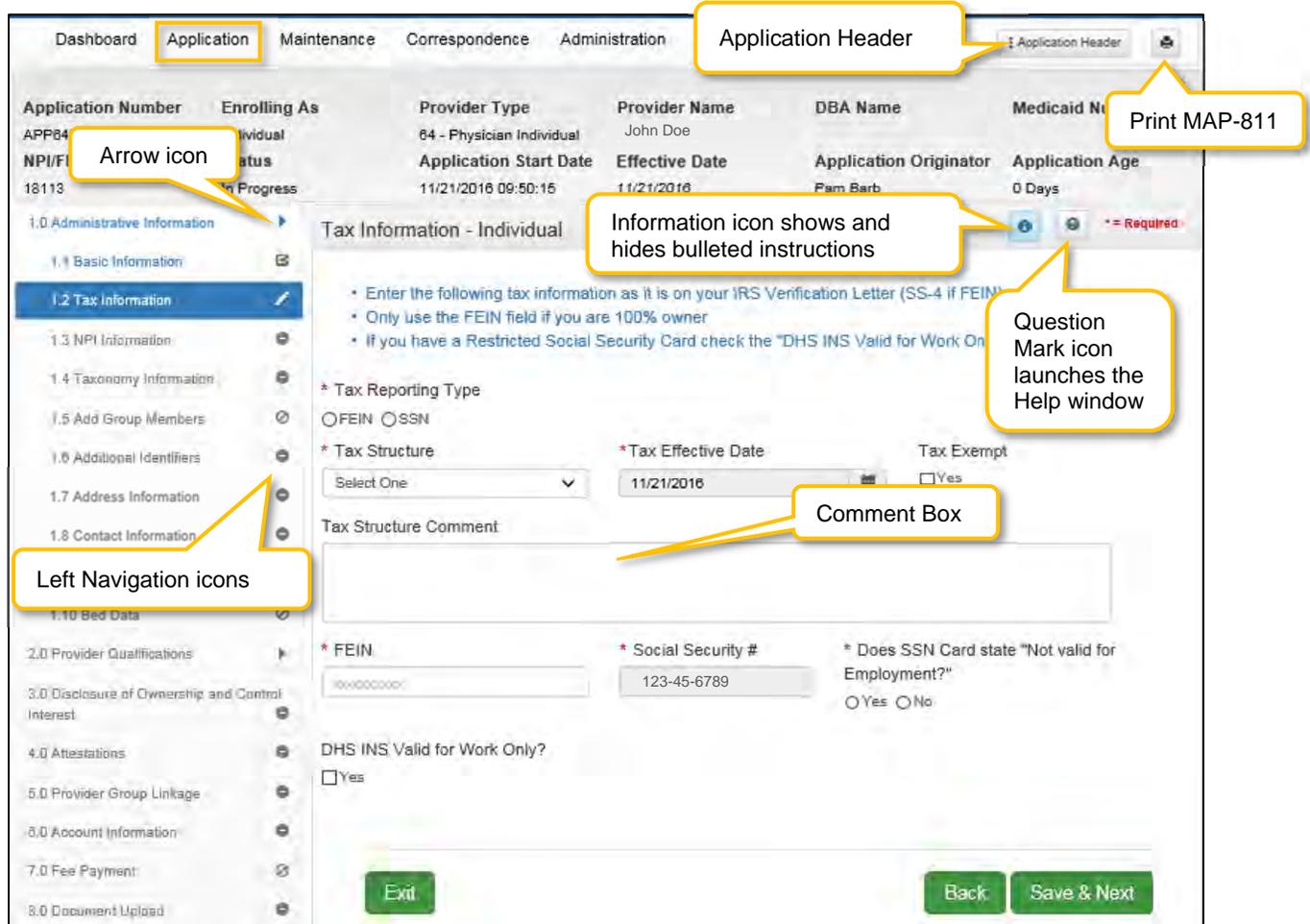
Figure 23: Application Screen

Use the navigation features on an **Application** screen as follows:

- **Application Header:** *Click* the **Application Header** button to show or hide the application summary (grey box), which includes important information such as Application Number (if assigned), Provider Name, Provider Type, along with other application related details.
- **Print MAP-811 Button:** *Click* the **Print MAP-811** button to print out the current Map 811.
- **Question Mark (icon):** *Click* the **Question Mark** icon to launch a separate **Help** window with detailed instructions applicable to the current screen. The **Help** window includes links to the **Glossary, Index** and **Search** functions.
- **Information (icon):** *Click* the **Information** icon to show or hide the bulleted list of instructions at top of screen. Bulleted lists provide important information applicable to the current screen.
- **Arrow (icon):** *Click* the **Arrow** icon in the **Left Navigation Menu to** show or hide the application steps within the selected section**.**

- **Left Navigation Menu (icons)**: *Displays* the status of each section, or step within a section, as you progress through the application. **Note:** *If a section is unavailable, it is not applicable to the selected Provider Type.*
- **Comment boxes: Comment** boxes are available for additional information. When entering comments into a comment box:
    - o   There is a 4,000-character limit for the majority of the comment boxes.
    - o   To see more text, reduce the size of text entered.
    - o   If you have additional documentation to attach, upload all supporting documents in the 8.0 Document Upload screen prior to final application submission.
    - o   Special characters, as referenced in Help, are not allowed; an error message will display after clicking Save & Next. Remove the excluded characters to continue.
- **Save & Next, Exit, and Back Icons:**
    - o   **Save & Next**: *Click* the **Save & Next** button before leaving a screen. Any new information entered will be lost if the user does not save before leaving the current screen.
    - o   **Exit**: *Click* the **Exit** button to return to the Dashboard.
    - o   **Back**: *Click* the **Back** button to return to the previous page.

For information on entering a New Enrollment Application, refer to the **New Enrollment: Start to Submit** Chapter.

Grid Functionality and Navigation

KY MPPA utilizes a grid layout on a majority of screens to collect and display data. Grids provide the ability to sort, view, and easily update information. This section explains how to navigate, add, update, and delete (if not submitted) data in a grid.

Grids: Add New Record

Add new information to a grid, one record (row) at a time.

Figure 24: Grid (Add New Record)

To *add* a <u>new</u> record to the grid, complete the following fields:

- *Click* **Add** to open the fields.
- *Enter* the required information in the fields and drop-downs provided.

Figure 25: Grid (Data Entry)

- *Click* **Add To Grid** to save the record in the grid. *Repeat* for each record to be added.
- When all records are added, *click* **Save & Next** to continue to next screen.
- *Click* **Discard** to cancel an entry without uploading/saving the data.
- **CAUTION:** All new information will be lost if you exit the screen without *clicking* **Save & Next**.

Note*: An exception to these grid instructions applies to the **8.0 Document Upload** grid. Please follow the specific instructions listed in the 8.0 Document Upload section of this user guide for required documentation.*

Grids: Edit or Delete a Record

To *edit* or *delete* <u>existing</u> information in a grid, complete the following steps:

Figure 26: Grid (Edit/Delete)

- *Click* the **Edit** button, in the **Action** column**,** to update the information in the record. Selecting **Edit** opens the fields for editing.
- *Click* **Delete,** in the **Action** column, to remove the existing record from the grid.

Note: *Due to rules and regulations, some information cannot be deleted, but must be end-dated and a new record added.*

Depending on rules and regulations, some of the grid functionality may be disabled. For example, you may not be able to delete a record. There are instances information must be end-dated instead of deleted and a new record added.

Grids: Navigate Grid Pages

Figure 27: Grid (Navigation)

There are a maximum of five records displayed on a page in the grid. The navigation buttons become active when records exceed one page. To navigate between pages of the grid, use the grid navigation buttons to complete the following steps:

- *Click* **First** to jump to page one.
- *Click* **Previous** to move back one page.
- *Click* **Next** to move forward one page.
- *Click* **Last** to jump to the final page*.*

Grids: Sort Columns

To sort the columns in the grid, complete the following steps:

- *Click* the **Header** name of a column to sort.
  - *Default* is descending.
  - *Click* once for ascending.
  - *Click* twice to return to descending.

Grids: Save or Exit

To save the information in the grid or exit <u>without</u> saving, complete the following steps:

- *Click* **Save & Next** to save the information and proceed to the next screen.
- *Click* **Exit** to return to the Dashboard without saving any data in the grid (unsaved data will be lost).

- *Click* **Back** to navigate to previous page (unsaved data will be lost).

Error Messages

Error messages alert users to missing or invalid information during data entry. In these instances, attempting to navigate to the next screen will result in a **field error** or **page error** message.

To fix field errors, return to the highlighted field(s) to correct the information. Once all errors are corrected, the user is able to proceed to the next screen by selecting **Save & Next**.

Figure 28: Error Messages (Field)

Note: *Required fields are identified by an asterisk. If required fields are empty when attempting to save and proceed to the next screen, the field will be highlighted and a message will appear asking for the correct information.*

Figure 29: Error Messages (Page)

Page Error messages will alert the user of any incorrect or missing information on the page. Once all errors are corrected, the user is able to proceed to the next screen by selecting **Save & Next**.

G. Maintenance

Users access the **Maintenance** screen to perform updates on their KY Medicaid ID such as license renewals, address, name changes, new certifications.

The Maintenance screen can be accessed in two ways: *from the Kentucky Medicaid Provider IDs section on the dashboard or from the Maintenance tab on the Main Menu*.

Click **Start Maintenance** to begin a maintenance-related action for the selected KY Medicaid ID. The Provider's Medicaid ID information will be pre-populated on the **Maintenance** screen.

Figure 30: Kentucky Medicaid Provider IDs Section

Click **Maintenance** from the **Main Menu** to navigate to the Maintenance screen. Begin by entering the **KY Medicaid ID** and *click* **Search**.

Figure 31: Maintenance Tab: Access Maintenance Screen

Refer to the Maintenance chapter for further instructions.

Note: *If the Provider is utilizing a Credentialing Agent (CA) to work on their behalf, the Provider and CA must be linked in KY MPPA **prior** to beginning a Maintenance action. If the Provider and CA are not linked, the CA will receive an alert message.*

See the Linking section for more information. See the Maintenance Alert Messages section of the Maintenance chapter for a description of the maintenance-related alert messages.

Note: *If you receive an alert message or require assistance with linking, contact the KY MPPA Contact Center at 1-877-838-5085, extension 1 or via email at medicaidpartnerportal.info@ky.gov.*

H. Correspondence

Users access the **Correspondence Screen** to view letters sent from the KY Department for Medicaid Services in regards to the Provider's Application(s) or KY Medicaid ID(s). The Provider (and Credentialing Agent if applicable) will receive an email notification each time a new correspondence is available.

Figure 32: Correspondence Screen

The **Correspondence** screen displays the following:

- **Correspondence Type (drop-down):**
    - o Welcome Letter: Letter welcoming you as a newly enrolled KY Medicaid Provider.
    - o Denial Letters: Letter explaining reasons for a denied application.
    - o Revalidation Approval Letter: Letter informing user revalidation has been approved.

- o Voluntary Termination Letter: Letter informs Provider their voluntary termination has been processed and they are no longer a KY Medicaid Provider.
- o Termination for Cause: Informs Provider of Termination for Cause
- o Others: Miscellaneous correspondence.
- o MAP 811: You can view and/or print a copy of your MAP 811. Correspondence tracks the history of the MAP 811 application, showing any modifications made in each version. You can tell which MAP 811 version to select by looking at the **Iteration Number** column.

Note: It is <u>not</u> necessary to print a copy of the MAP 811 unless you wish to have a hard copy for your records. You <u>will not</u> mail this form into DMS as your application has already been submitted electronically.

- **Process Type:** *Select* from the following:
    - o Change of Ownership
    - o End Date Medicaid ID
    - o Enrollment
    - o Maintenance
    - o Manage Contracts, NPI, Taxonomy, Identifiers and Revalidation Date
    - o Reapplication
    - o Reinstatement
    - o Rescind
    - o Revalidation
    - o Termination
    - o Voluntary Termination
- **Application Number:** System generated application number.
- **Iteration Number:** Number to differentiate original application data (version 1) from updated application data (version 2).
- **Correspondence Date:** Date and time of correspondence.

I.   Administration

Credentialing Agent Admin Manager role will have administration functionality to manage user roles for their organization in the KY MPPA application.
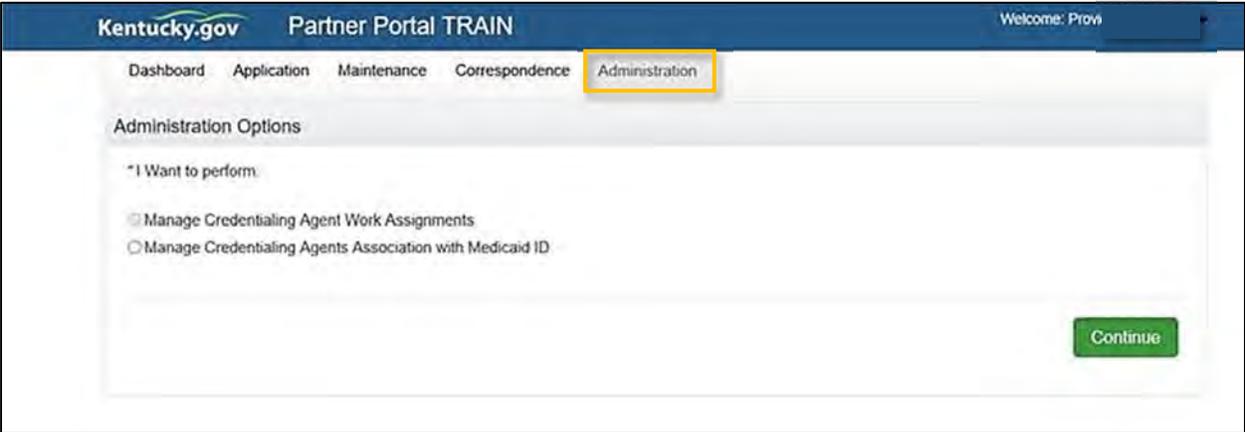
Figure 33: Administration Screen

Note: *Credentialing Agent Admin Manager role is assigned from the Organization Management Application (OMA). For further information on each of these functions, visit the KY MPPA Training Resources web page. Select Credentialing Agent as the search topic from the drop-down menus.*

J.   KY MPPA Help

Each screen within KY MPPA provides **Help** content specific to the current screen. *Clicking* the question mark icon will open a KY MPPA **Help** pop-up window to find answers to questions. *Click* the **Contents**, **Index**, **Search**, or **Glossary** link and then locate and access the needed information.
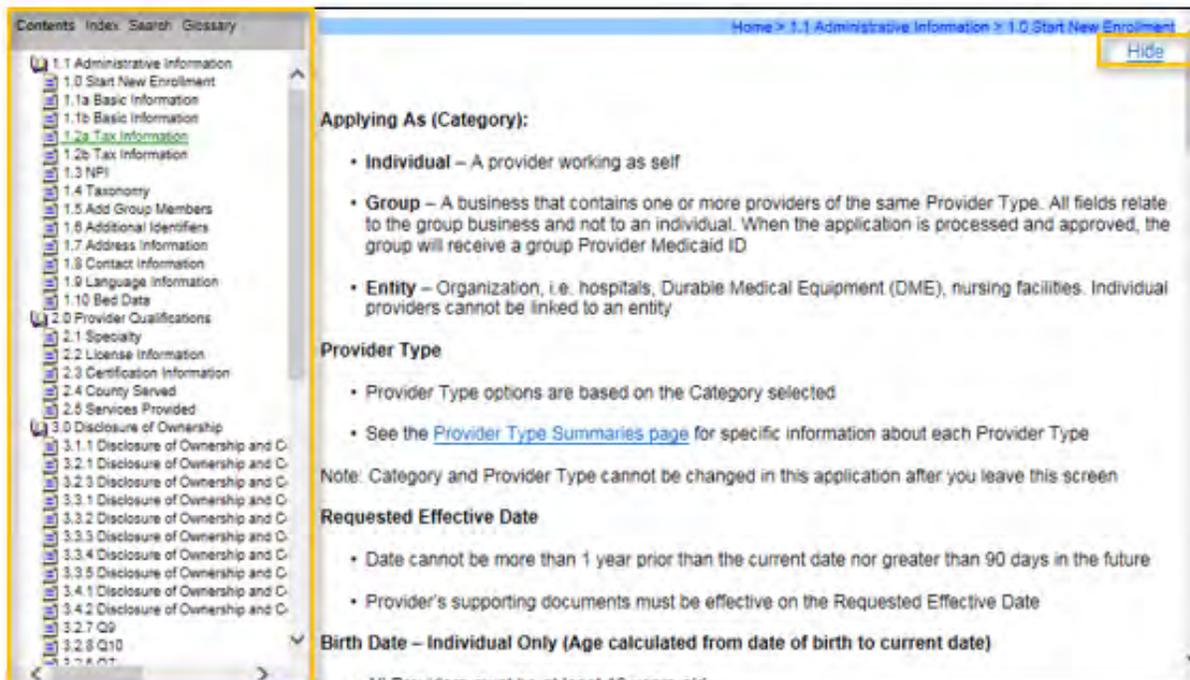
Figure 34: Help Screen

To access the **Help Window** information:

- *Click* the question mark icon to open the help window from within KY MPPA.
- *Click* the **Show** link on the KY MPPA **Help** window to open the left-panel with the following choices:
  - o Contents - Table of Contents for Help.
  - o Index - List of words or terms and the page numbers.
  - o Glossary - List of words or terms and their definitions.
  - o Search - Redirects the user to the **Help** window with the information.
- *Close* the **Contents**, **Index**, **Search**, and **Glossary** Panel by *clicking* the **Hide** link.

Chapter Summary: System Navigation

- Users must have a Kentucky Online Gateway (KOG) account to access KY MPPA. Find detailed Quick Reference Guides on how to set up a KOG account, reset passwords, and access KY MPPA on the KY MPPA Website.
- Multi-Factor Authentication is required every time a user accesses KY MPPA.
- If a user "exits", goes "back", or closes a screen without *clicking* the **Save & Next** button, data entered on the screen will be lost.
- Field and page error messages alert users to missing or invalid information.
- Use the **Help** window to find answers to questions while entering data in the screen.

V.   NEW ENROLLMENT: START TO SUBMIT

KY MPPA is a web-based application that provides easy-to-follow workflows to use when applying for and managing KY Medicaid IDs. This chapter covers the enrollment process to become a new KY Medicaid Provider. To begin, select the **Application** link found in the **Main Menu** at the top of the screen. This link directs the user to the first page of the **New Enrollment** application starting with **Role Selection**.

Figure 35: Application Screen

Figure 36: KY MPPA Application Type Screen

Start An Application

To begin, *select* the radio button for the **Application Type**. Select from **New Enrollment** or **Change of Ownership**.

Once a selection has been made on the Application Type Screen, the **Start an Application** screen will open for data entry. Enter required identifying information into the **Start an Application** screen. This identifying information customizes the application for the Provider, and must match the name on documentation, licenses, and certifications.

Figure 37: KY MPPA Start an Application Screen

Figure 38: KY MPPA New Enrollment: Basic Information - Individual

To complete the **Role Selection**, *click* a radio button to select one of the following:

- **Individual:** Person who works for themselves and meets all the requirements to become a Medicaid Service Provider for their provider type.
- **Owner, Officer, or Board Member of a Group or Entity:** Person associated with the Provider who is legally authorized to act on behalf of the Group or Entity.
- **Credentialing Agent:** Assigned by the individual Provider, Group, or Entity to enroll and/or manage its KY Medicaid ID.

Note: *A Credentialing Agent working on behalf of a Provider or Owner/Officer/Board Member must select "I am a Credentialing Agent".* On the **10.0 Submit** screen there will be an opportunity to select submit as a Credentialing Agent or submit as a Credentialing Agent with Authorized Delegate.

The easiest method for entering the Provider's **Date of Birth** is to type the date into the field rather than using the drop-down.

Figure 39: New Enrollment: Start a Change of Ownership

To complete the **Start an Application** screen, enter data in the fields as follows:

- **Application Type:** Selection carried forward from the previous screen. This selection can be changed before the application is started.
  - o New Enrollment: Start a new application to become a KY Medicaid Provider.
  - o Change of Ownership: Start an application to report a change of ownership for a current KY Medicaid Provider. Review 907 KAR 1:671 Section 6 (11) to assist in determining if your arrangement is considered a Change of Ownership.
- **Applying As (Category)** *: *Select* the radio button beside the **Category** that describes the Provider as follows:
  - o **Individual**: A category type of enrollment for a KY Medicaid Provider Number. These provider types are for Providers who work for themselves.
  - o **Group**: An organized Group which has within its bounds multiple Providers and services. A Group must have at least one individual active Provider.
  - o **Entity**: A health related organization, such as a clinic, hospital, or nursing facility.
- **Provider Type**: *Select* the service of the provider. View a full list of provider types and descriptions from the Provider Enrollment webpage.

- **Requested Effective Date:** Enter the date requesting the KY Medicaid ID to become effective.
  - o The requested effective date can be up to one year retroactive from, or up to ninety days past, the current date.
  - o The provider should ensure all licensure, certifications, and documentation are current and reflect the effective date.
- **Birth Date:** Birth date of provider.
  - o All Individual Providers must be at least 18 years old as calculated from date of birth entered.
  - o Chiropractors (PT 85) must be at least 21 years of age calculated from date of birth entered or minimum age as required by licensing board.
- **Primary NPI****: A National Provider Identifier, or NPI, is a unique 10-digit identification number issued to health care Providers in the United States by the Centers for Medicare and Medicaid Services (CMS).
  - o The Primary NPI should be entered on this screen.
  - o Additional NPIs (up to thirty total) can be entered on the NPI screen later in the application.
  - o All NPI numbers must be listed on the National Plan & Provider Enumeration System (NPPES) website, which is the NPI Registry Public Search. KY MPPA will access this database to validate NPI numbers.
- **Primary Taxonomy****: Taxonomy codes categorize the type, classification, and/or specialization of health care providers.
  - o The Primary Taxonomy associated with the Primary NPI should be entered on this screen.
  - o Additional Taxonomies (up to fifteen total) can be entered on the Taxonomy screen later in the application.
  - o All Taxonomies entered must be listed on the National Plan & Provider Enumeration System (NPPES) website.
- **Social Security Number:** Provider Social Security Number.
- **FEIN Number:** Federal Employer Identification Number. For Individuals, only use the FEIN if he or she is 100% owner. Otherwise must use SSN.
- **Previous Owner's Medicaid ID:** For Change of Ownership (CHOW), the previous owner's Medicaid ID is required.
- **Is Your Primary Physical Business Location in KY? Yes** or **No.**
  - o If **No**, user will answer question "Do you have a Kentucky Professional License?".
    - ▪ If **Yes**, user will answer question "Are you practicing Telemedicine?".
- **If you are an MCO select the MCO**. User selects the MCO that they are representing and enters the MCO Identifier (7 digits) in the required field. MCO Identifier is obtained from the MCO.
- **Are you a Subcontractor for the MCO?**
  - o If **yes**, user will be prompted to enter Subcontractor Identifier (7 digits)
  - o If **no**, proceed to next step

Click the **Start an Application** [Start an Application] button to save the information and continue to the next screen in the application process.

Messages will alert users if issues are found with the NPI/Taxonomy combinations entered as follows:
- If a New Enrollment application has been started in KY MPPA with the same NPI/Taxonomy combination, a field error will display *("pending application with same NPI/Taxonomy found")*.
- If the NPI/Taxonomy combination is associated with an existing KY Medicaid ID, either active or inactive, a field error will be displayed *("a previous enrollment has been found")*.
- If the NPI or NPI/Taxonomy combination is not found, a field error will display.

** In order to make a change to the **Provider Type, Category, or Social Security/FEIN** selection after saving this screen, a user must start a new application.*

**NPI and Taxonomy codes are not required for atypical provider types. Atypical provider types use SSN and/or FEIN depending on Category. Atypical provider types are generally not healthcare providers, e.g., transportation or delivery roles.

> When entering a Change of Ownership, you will need to enter the KY Medicaid ID of the previous owner.

> Review 907 KAR 1:671 Section 6 (11) to assist in determining if your arrangement is considered a Change of Ownership.

Confirm Submit Dialog Box

When a user clicks the **Start an Application** button, a **Confirm Submit** dialog box appears. Confirming the accuracy of the information entered gives the user the opportunity to go back and make changes. If the information is incorrect beyond this point, the user must withdraw this application and start a new one.

Confirm Submit

Application Type, Category & Provider Type selected may not be changed in this application once you have left this screen.
Continue?

Click **Yes** to confirm submission of the information on the first two screens.
Click **No** to make changes.

Yes
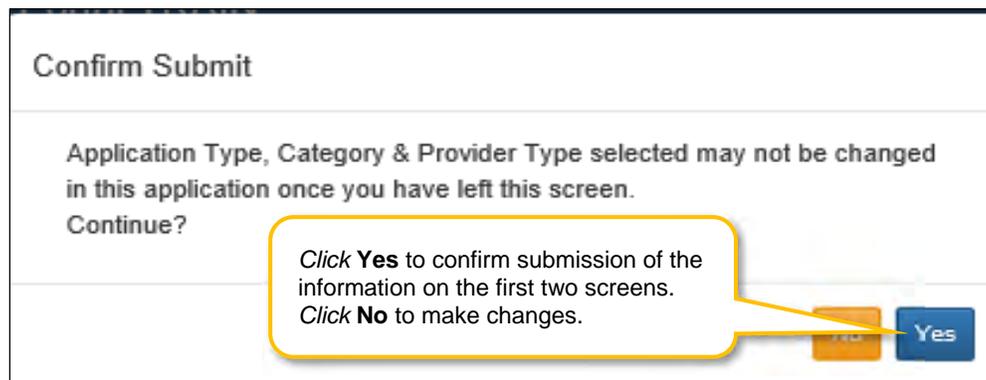
Figure 40: Confirm Submit Dialog Box

Click **Yes** to confirm the information and continue the application. *Click* **No** to make changes.

After the **Role Selection** and **Start An Application** screens have been confirmed by clicking **Yes** in the **Confirm Submit** screen, the User begins the **New Enrollment** application starting with the **1.1 Basic Information** screen. The fields displayed in the **New Enrollment** screens are customized to reflect the user's **Category** and **Provider Type**.

> Application Type, Category and Provider Type cannot be changed once they have been confirmed and saved by selecting **Start An Application** and after selecting 'Yes' to confirm the submission. If the Application Type, Category and/or Provider Type are incorrect, withdraw the application and start again.

1.0 Administrative Information
1.1 Basic Information- Individual Screen

The **Basic Information** screen captures key information about the Provider.

Figure 41: Basic Information - Individual

To complete the **Basic Information** screen, *enter* data in the fields as follows:

- **Provider First Name:** First name of Provider. (Legal first name that is displayed on ID must be filled in)
- **Provider Middle Name:** Middle name of Provider.
- **Provider Last Name:** Last name of Provider. (Legal last name that is displayed on ID must be filled in)
- **Suffix:** Jr., Sr., II, etc.

NOTE: *The name information entered here must match the name on all supporting documentation.*

- **Gender:** Male or Female (*not required*)
- **Date of Birth:** Provider date of birth. *Date used to calculate the age of the Provider for all age-related data.*
- **Doing Business As (DBA):** If business is doing business as another name enter here.
- **Provider Email Address:** Provider's work email address as used in the Kentucky Online Gateway (KOG).

- **Communication Email Address:** Enter a group or organization email address to allow all credentialing team members to receive email notifications about this specific application. This field can also be left blank if no other Credentialing Agents need to receive email notifications regarding this specific application.
- **Requested Effective Date:** Date the KY Medicaid ID will be active for the provider.
    - o The **Requested Effective Date** can be up to one year retroactive from current date and up to ninety days after the current date**.**
    - o Provider should ensure all licensures and certifications are active on the effective date.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

1.2 Tax Information- Individual Screen

The **Tax Information** screen captures tax structure and provides tax information for Medicaid payments to the Provider. Enter tax information as it appears on your *IRS Verification Letter SS-4.*

Figure 42: Tax Information - Individual

To complete the **Tax Information** screen, *enter* data in the fields as follows:

- **Tax Reporting Type:** The choices are based on the **Category Type** previously selected. *Select* a **Tax Reporting Type** from the following:
  - o FEIN: Federal Employer Identification Number
  - o SSN: Social Security Number
- **Tax Structure:** *Select* one of the following from the **Tax Structure** drop-down:
  - o Individual – SSN
  - o Sole Proprietor – SSN/FEIN
  - o Corporation – FEIN
  - o Public Service Corporation – FEIN
  - o Limited Liability Corporation – FEIN
- **Tax Effective Date:** The tax effective date will pre-populate with the **Requested Effective Date** (previously entered) and will be a read only field.
- **Tax Exempt:** Tax exemption refers to a monetary exemption, which reduces taxable income.
  - o Defaults to **No.** *Select* **Yes** for tax exempt.
- **Tax Structure Comment:** This text box allows the Provider to explain or provide any additional information to DMS regarding the Tax Structure. (See Navigation section for comment box rules)
- **FEIN:** Federal Employer Identification Number. An Individual can only use the FEIN field if 100% owner.
- **Social Security #:** Social Security Number of Provider.
- **Does SSN Card state "Not valid for Employment:** *Select* **Yes** or **No.**
- **DHS INS Valid for Work Only:** Does the Provider have a Department of Homeland Security (DHS) Immigration and Naturalization Service (INS) card that states the Provider is authorized to work?

- o If **No**, ensure box is unchecked (default) and continue to **Save & Next.**
- o If **Yes**, *check* **Yes**; additional questions will then open:
    - DHS/INS Effective Date: *Enter* the effective date as listed on the card.
    - DHS/INS End Date: *Enter* the end date as listed on the card.
    - Documentation is required if **DHS/INS Valid for Work Only** answer is **Yes**.
        - The required documents will be listed in section 8.0 Document Upload.

To *save* the information c*lick* **Save & Next** and proceed to the next screen.

An Individual can only use the FEIN field if 100% owner.

If the applicant has received a Naturalization Certificate, a Social Security Card without restrictions must be submitted within 60 days through Maintenance after being approved as a Medicaid provider.

1.3 NPI Information

The **NPI Information** screen captures *National Plan & Provider Enumeration System (NPPES)* (NPI) information for the Provider. The **NPI** number is a unique ten-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).

There is a limit of thirty **NPI** numbers that can be listed per Provider. All **NPIs** must be listed on the National Plan & Provider Enumeration System (NPPES) website and linked to the Provider applying for a KY Medicaid ID.

Figure 43: NPI Information Screen

NPI Information will be pre-populated based on input on the **Start New Enrollment** screen.

To enter **NPI Information** in the grid, enter data in the fields as follows:

- *Click* **Add** to open the data entry fields.

Figure 44: NPI Information Screen - Data Entry Fields

- **NPI:** Enter the Provider's NPI number in the grid.
- **Primary**: *Click* the box if the NPI is the primary NPI. There can only be one primary NPI number. (see instructions below for changing the Primary indicator from one NPI to another)
- *Click* **Add to Grid** to enter information in the grid.

Figure 45: NPI Information Screen - Add NPI

To *add* additional NPI numbers (non-primary), use the following steps:

- *Click* the **Add** icon.

- *Enter* the **NPI** number.
- Leave **Primary** checkbox blank.
- *Click* **Add To Grid** to enter the information into the grid.

Figure 46: NPI Information Screen - Change Primary

To *change* the **primary** NPI number, use the following steps:

- *Click* the **Edit** icon in the **Action** column for the current primary NPI.
- *Uncheck* the **Primary** checkbox to remove the primary status for that NPI.
- *Click* **Add To Grid** to enter the information into the grid. You must have at least two NPI numbers in the grid to change the **Primary NPI** number.
- *Click* **Edit** in the **Action** column to open the fields for the NPI number you would like to make the new **primary.**
- *Click* the **Primary** checkbox **Yes.**
- *Click* **Add To Grid** to enter the record into the grid.

> You must have at least two NPI numbers in the grid to change the **Primary NPI** number. There can **only** be one **Primary NPI** number.
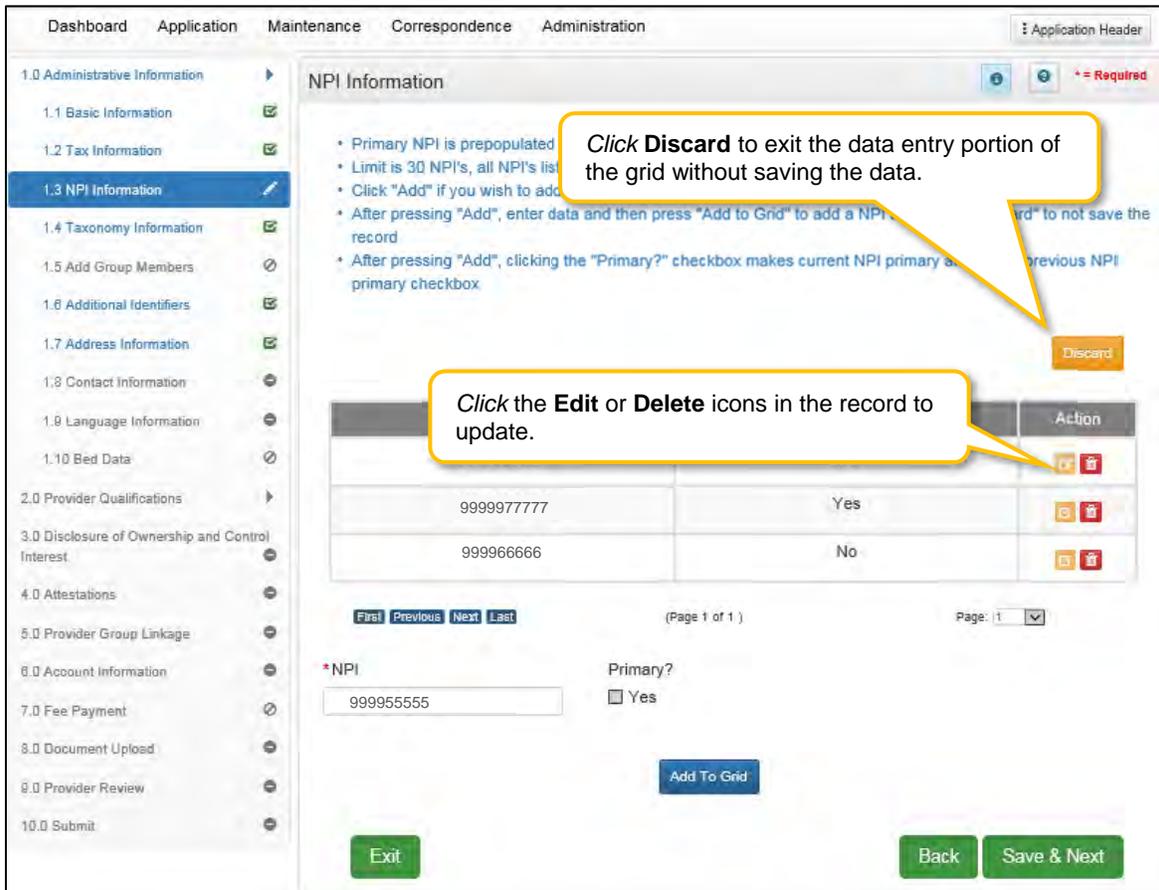
Figure 47: NPI Information Screen - Edit or Delete

- To *edit* or *delete* a record in the grid:

- *Click* the **Edit** icon in the Action column to open the fields.
    o Make changes as needed and *click* the **Add To Grid** button.
    o *Click* the **Delete** icon to remove the existing record. This feature is only available if information has not been submitted to DMS for review.

To *save* the grid information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

*Return to **System Navigation: Grid Layout** for help on working with grids.*

1.4 Taxonomy Information

The **Taxonomy Information** screen captures specialty information for the Provider. The primary NPI and associated taxonomy are pre-populated in the **NPI** and **Taxonomy** fields based on entries from the **Start New Enrollment** screen.

All Taxonomies must be listed on the *National Plan & Provider Enumeration System (NPPES)* website and linked to the Provider applying for the KY Medicaid ID. The taxonomy number must be associated with the Provider's NPI number on the website. KY MPPA verifies that the NPI/Taxonomy combination entered **does not** already have an active KY Medicaid ID for the same Provider Type. If an active KY Medicaid ID is found, a different NPI/Taxonomy combination is required in order to submit a new KY Medicaid ID application.

Figure 48: Taxonomy Information Screen

On the **Taxonomy Information** screen, taxonomies can be updated until the application is submitted for review to DMS. NPIs cannot be updated on this screen, return to 1.3 NPI Information to edit NPIs.

> KY MPPA verifies that the NPI/Taxonomy combination entered does not already have an active KY Medicaid ID for the same Provider. If an active KY Medicaid ID is found, a different NPI/Taxonomy combination is required in order to submit a new KY Medicaid ID application.

To *add* **Taxonomy Information**, enter data in the fields as follows:

- *Click* **Add** to open the fields.

Figure 49: Taxonomy Information - Add Taxonomy

- **NPI:** The National Provider Identification Number (NPI) is pre-populated based on information from the **Start New Enrollment** screen.
  - o NPIs cannot be updated on the Taxonomy screen. Return to 1.3 NPI Information screen to make changes.
- **NPI Primary:** Pre-populated based on information from the **Start New Enrollment** screen.
  - o There must be at least one NPI number in the grid to proceed to the next screen.
  - o One NPI number must always be the Primary.
- **Taxonomy:** The **Taxonomy** is pre-populated in the **Taxonomy** field based on the entries in the **Start New Enrollment** screen
  - o Taxonomy is a 10-digit identification number.
  - o There must be at least one Taxonomy number in the grid to proceed to the next screen.
- **Taxonomy Primary:** The **Primary** Taxonomy is pre-populated as **Yes** based on the entries in the **Start New Enrollment** screen

To *edit* or *delete* the **Taxonomy** number:
- *Click* the **Edit** icon in the **Action** column to open the fields or *click* **Discard** if you need to exit the data entry portion of the grid (no information will be saved).
- *Enter* a new **Taxonomy** number.
- **Primary:** Is this the Primary Taxonomy? **Yes**. Leave blank if **No**.
- **Add To Grid:** *Click* **Add To Grid** to enter the record into the grid.
- *Click* the **Delete** icon to delete the existing record.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

*Return to **System Navigation: Grid Layout** for help on working with grids.*

1.5 Add Group Members

Add Group Members is not applicable for Individual providers.

1.6 Additional Identifiers

The **Additional Identifiers** screen captures identifying information for the Individual, Group or Entity enrolling as a Medicaid Provider. Identifiers such as Medicare number, driver's license number, Drug Enforcement Administration (DEA) number, Clinical Laboratory Improvement Amendments (CLIA) number, or other identifiers not requested in the **2.0 Providers Qualifications** section should be entered here as determined by the applicant's selected provider type.*

Note: *Additional Identifier* information added to this screen may require upload of supporting documentation on the **8.0 Document Upload** screen.

* **Additional Identifiers** does not include license or certification information. If an **Additional Identifier** is required and not entered, an error message will appear. For additional information, go to the provider type summaries.

Figure 50: Additional Identifiers

To *add* **Additional Identifiers** to this screen, enter data in the fields as follows:

- *Click* **Add** to open the fields.

Figure 51: Additional Identifiers - Add Identifier Type

- **Identifier Type:** *Select* an **Identifier Type** from the drop-down. **Note:** *If adding a **CLIA**, see **Adding a CLIA Identifier Type** section below.*
  - o Identifiers listed in the **Identifier Type** drop-down are based on Provider Type**.**
- **Identifier Number**: *Enter* the number associated with the **Identifier Type** selected.
- **Comments:** Comments may be *entered* for any **Identifier Type** but are not required.
- *Click* the **Add To Grid** button to enter the record into the grid.

Adding a CLIA Identifier Type

Additional steps must be taken when adding a **CLIA Number**. To *add* a **CLIA**, enter data in the fields as follows:

- *Click* **Add** to open the fields.

Figure 52: Additional Identifiers - Adding a CLIA Identifier Type

- **Identifier Type:** *Select* the CLIA **Identifier Type** from the drop-down.
  - o Identifiers listed in the **Identifier Type** drop-down are based on Provider Type.

- **Identifier Number:** *Enter* the CLIA number.
- **Select Location NPI:** *Check* the box(es) next to the **NPI(s)** associated with the location.

Note: *If an NPI is added to, or removed from the **1.3 NPI Information** screen, the change will reflect on the **1.6 Additional Identifiers** screen in the Select Location NPI list. If a **CLIA** was associated with a deleted NPI, the CLIA must be edited, **and a new NPI location must be selected from the 'Select Location NPI' list before the user can proceed to the next screen.***

- **CLIA Address:** *Enter* the address linked to the corresponding CLIA**.**
- **Comments:** Comments may be *entered* for any **Identifier Type** but are not required.

Note: *When entering a CLIA, the effective date and expiration date will auto-populate. Multiple CLIA Numbers can be added for a single Medicaid ID.*

- *Click* the **Add To Grid** button to enter the record into the grid.
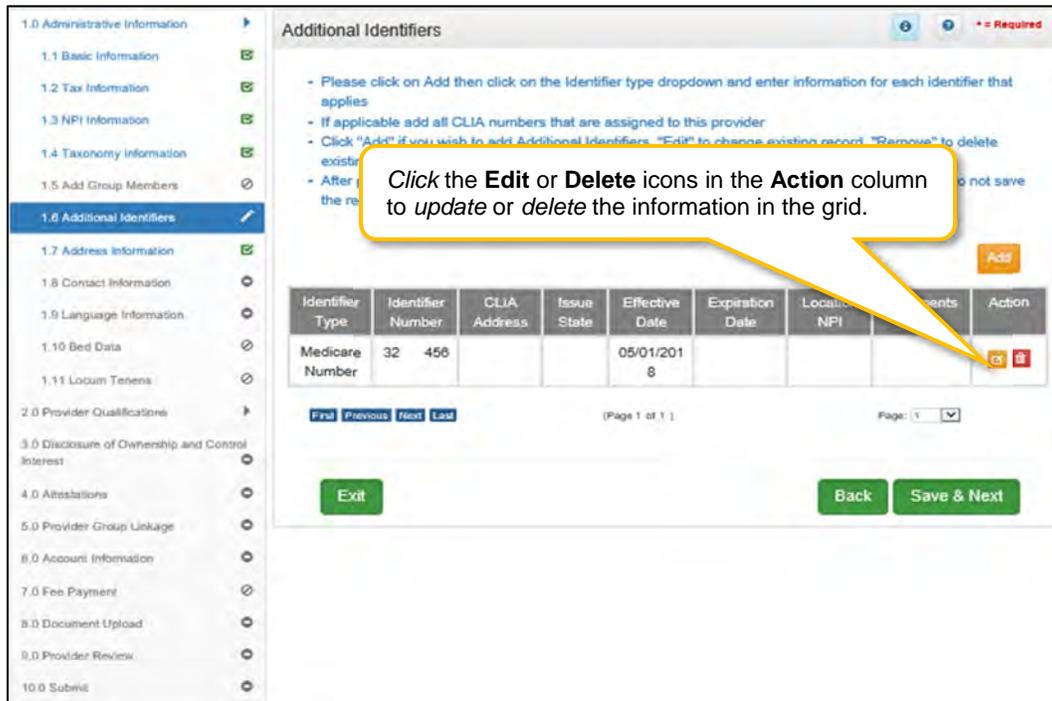
Figure 53: Additional Identifiers - Edit Grid

To *edit* or *delete* **Additional Identifiers** in the grid:

- *Click* **Edit** icon to update the information in the record. Selecting **Edit** opens the fields for editing.
- *Click* **Delete** icon to remove the existing record.

Note: *If an NPI is 'added to' or 'removed from' the **1.3 NPI Information** screen, the change will reflect on the **1.6 Additional Identifiers** screen in the 'Select Location NPI' list. If a CLIA was associated with a removed NPI, a **new NPI location must be selected from the 'Select Location NPI' list and added to the grid before the user can proceed to the next screen.***

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

Note: *CLIA information is imported from the original CLIA file and updated every Friday. Additional Identifier information added to this screen may require upload of supporting documentation on the **8.0 Documentation Upload** screen.*

*Return to the **System Navigation: Grid Layout** chapter for help on working with grids.*

Other identifier types may be required as specified in the provider type summaries. Identifiers available in the **Identifier Type** drop-down are based on Provider Type.

Go to the provider type summaries to determine what documentation each provider type requires. Not all provider types will require **Additional Identifiers. Additional Identifiers** do not include license or certification information. If an **Additional Identifier** is required, and not entered, an error message will appear.

Additional Identifier information added to this screen may require upload of supporting documentation on the **8.0 Document Upload** screen.

1.7 Address Information

The **Address Information** screen captures required address information for the Individual, Group or Entity enrolling as a Medicaid Provider. The **Primary Physical, Pay-To/1099**, and **Mailing** addresses are required addresses. The **Other Physical** address is used to report any satellite business locations.

Figure 54: Address Information Screen - Add

To complete the **Address Information** screen, *enter* data in the fields as follows:

- *Click* **Add** to open the fields for the address information.

Figure 55: Address Information Screen - Data Entry Fields

- **Address Type:** To *define* the address type being entered, *check* a box for each associated Address **Type**. *Add* addresses as follows:
    - o *Select* one address type and complete the fields one address at a time, OR
    - o *Select* any combination of the following three address types (Primary Physical, Pay To/1099, and/or Mailing) simultaneously to populate all selected address types with the same address.
      Note: *Primary Physical* and *Other Physical* cannot be selected simultaneously as they must have different addresses.

    - o There are five address types:
        - **Primary Physical**: The main practice location.
            - Only one address can be entered as a primary physical address.
            - A post office box address is not permitted.
            - Number of hours each day are to be entered. (See figure 57
        - **Other Physical**: (Optional)
            - Satellite locations for the business.
            - A post office box address is not permitted.
            - Other Physical address **should not** be listed as a duplicate of the **Primary Physical** address.
        - **Pay To/1099**: Address where payments, tax and other financial documents should be sent (only one address can be entered as a Pay To/1099 address).

- ▪ **Mailing**: General address for other correspondence (only one address can be entered as a mailing address).
- ▪ **Home**: Home address of Provider is required if participating with a MCO. A post office box address is not permitted.
- **Contact Name**: Enter the name to whom the mail should be addressed
- **Address 1**: Mailing address line 1
- **Address 2**: Mailing address line 2
- **City**: City
- **State**: State
- **Zip Code**: Zip Code
- **Zip + 4**: Last 4 digits of Zip Code (if known)
- **County**: County
- **Phone Number**: Number to call the Contact person
- **Ext**: Phone number extension of the Contact person (if applicable)
- **Fax Number**: Fax Number
- *Click* **Validate Address**, select from address panel
  - o **Validate Address**: When the user selects the **Validate Address** button, KY MPPA will show error messages for any missing required fields. If data entry is complete, then the address validates against the *United States Postal Service (USPS).*

Figure 56: Address Information Screen - Address Selection Panel

- **Address Selection Panel**: The **Address Selection** panel displays after the Post Office validates the address. KY MPPA will display a **Suggested Post Office Address or** the **Address You Entered.** *Select* one:
  - The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*
  - The **Address You Entered** will show the address exactly as it was entered by the user.
- **Enter Address Again**: *Select* **Enter Address Again** to clear all fields and re-enter an address.
- **Choose and Continue**: *Select* **Choose and Continue** to use the address selected.

To *edit* or *delete* **Address Information** in the grid:

- *Click* **Edit** icon to update the information in the record. *Selecting* **Edit** opens the fields for editing.

- *Click* **Delete** icon to remove the existing record.

To *save* the information

- *Click* **Save & Next** to *save* the information and proceed to the next screen.

Return to the **System Navigation***:* **Grid Layout** *chapter for help on working with grids.*

Figure 57: Address Information Screen – Primary Physical

1.8 Contact Information

The **Contact Information** screen captures names and locations of personnel to contact for various business purposes.

Figure 58: Contact Information Screen - Add

The Agent of Service and Credentialing Agent contacts are required on the Contact Information Screen. A record for each must be entered, the contact name for each can be the same.

- **Agent of Service:** Individual to contact in case a summons is necessary.
- **Credentialing Agent**: Individual to contact about information necessary to process the application.

Each contact record must be added one at a time. The same person can be more than one **Contact Type**. There is no limit to the number of contacts.

Note: *You cannot enter duplicate contacts, such as two Credentialing Agents with the exact same name and contact information.*

To *complete* the **Contact Information** screen:

- *Click* **Add** to open the fields for the contact information.

Figure 59: Contact Information - Data Entry Screen

Enter contact data in the fields as follows:

- **Preferred Contact Method:** *Select* one from the drop-down list. *Fields displayed when adding Contact Information are based on this selection.*
  - o Email
  - o Fax Number
  - o Mobile Number
  - o Office Phone Number
- **Contact Type:**
  - o **Accountant or CPA:** Individual who provides accounting services.
  - o **Administrator:** Office Administrator.
  - o **Agent of Service:** Individual to contact in case a summons is necessary. Required.
  - o **Assistant Administrator:** Assistant Office Administrator.
  - o **Controller:** Office Controller.
  - o **Credentialing Contact:** Individual to contact about information necessary to process the application. Required.

- **First Name:** First name of contact.
- **Last Name:** Last name of contact.
- **Business Name:** Name of the business.
- **Mobile Number:** Cell phone number.
- **Phone Number:** Office phone number.
- **Ext:** Office phone number extension.
- **Fax Number:** Office fax number.
- **Email:** Email address.

Click **Add To Grid** to add the record to the grid.

To *edit* or *delete* **Contact Information** in the grid:

- *Click* the **Edit** icon to update the information in the record. Selecting **Edit** opens the fields for editing.
- *Click* the **Delete** icon to remove the existing record.

To *save* the information:

- Once information has been added to the grid, *click* **Save & Next** to save the information and proceed to the next screen.

Return to the **System Navigation: Grid Layout** *chapter for help on working with grids.*

A minimum of two types of contacts are required: an Agent of Service and a Credentialing Agent.

1.9 Language Information

The **Language Information** screen captures all languages spoken at the practice. At least one language is required. English is the default but is not required. Add additional languages to the grid as needed.

Figure 60: Language Information - Add

To complete the **Language Information** screen, enter data in the fields as follows:

- Click **Add** to open the fields for the language information.

Figure 61: Language Information - Edit Screen

- **Language:** *Drop-down contains list of languages.*
- **Effective Date:** Date is defaulted from the **Requested Effective Date.**
- **Add to Grid:** Click to add new language to grid.

To *edit* or *delete* **Language Information** in the grid:

- Select **Edit** icon to update the information in the record. Selecting **Edit** opens the fields for editing.
- Select **Delete** icon to remove the existing record.

To *save* the information:

- Click **Save & Next** to save the information and proceed to the next screen.

*Return to the **System Navigation: Grid Layout** chapter for help on working with grids.*

At least one language is required. English is the default but is not a required language.

1.10 Bed Data

Bed Data is not applicable for Individual providers.

1.11   Locum Tenens

Can only be applied for through a maintenance action on an existing Provider Type 64. Refer to the Maintenance section 1.11 of this manual.

1.12 Teaching Facility

Teaching Facility is not applicable for Individual providers.

1.13   Telehealth Information

Telehealth Information screen issued to capture information if a Provider will be practicing Telehealth.
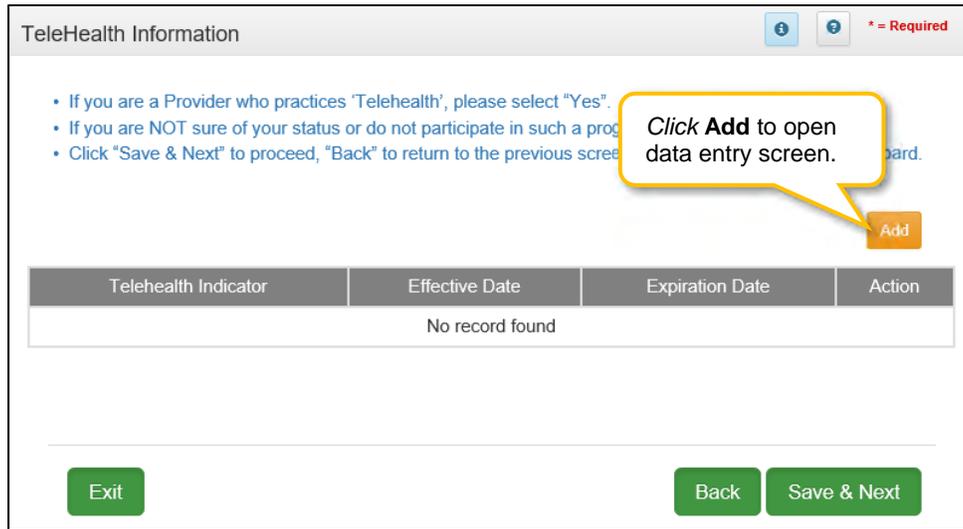
Figure 62: Language Information - Add Screen

To be able to enroll as a Telehealth Provider:
- *Click* **Add** to open the fields for the Telehealth information. (See Figure 1)
- *Select* **Yes** Telehealth Information (See Figure 2)
- *Enter* Effective Date (cannot be before the initial effective date of the Medicaid ID associated with this action)
- *Click* **Add To Grid** to add the record to the grid.
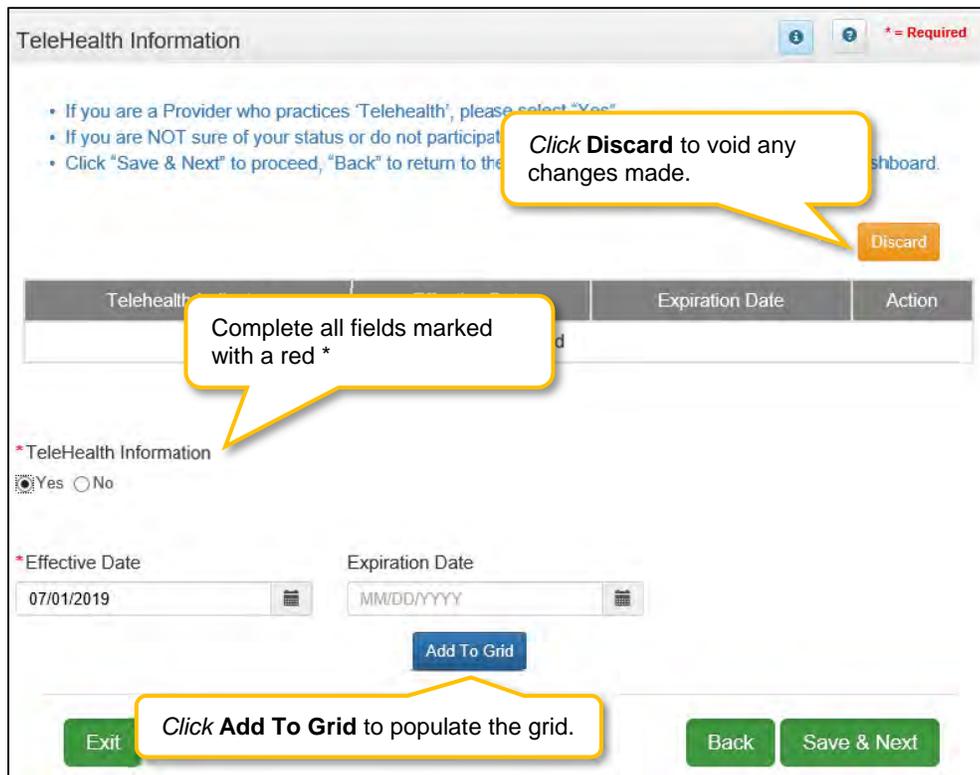
Figure 63: Telehealth Information - Edit Screen

To *edit* or *delete* **Telehealth Information** in the grid:

- *Click* **Edit** icon to update the information in the record. Selecting **Edit** opens the fields for editing.
- *Click* the **Delete** icon to remove the existing record.

To *save* the information:

- Once information has been added to the grid, *click* **Save & Next** to save the information and proceed to the next screen.

Return to the **System Navigation: Grid Layout** *chapter for help on working with grids.*

A maximum of one record can be contained in grid

Telehealth Effective Date cannot be before the initial effective date of the Medicaid ID

A. **2.0 Provider Qualifications**

2.1 Specialties Information

The **Specialties Information** screen captures the Provider's specialties. One specialty must always be marked as the primary specialty. A Provider can change their primary or add additional specialties in the system. Some provider types have a default specialty, which cannot be changed.

Figure 64: Maintenance: Specialties Information - Add Screen

If pre-populated, **Specialty Type** will be based on Provider Type selected on the **Start New Enrollment** screen.

To *add* **Specialty Types**, enter data in the fields as follows:

- *Click* **Add** to open the fields.

Figure 65: Maintenance: Specialties Information - Data Entry Screen

- **Specialty Type:** *Select* a specialty from the **Specialty Type** drop-down list.
- **Primary:** *Check* the box if the specialty is primary. There can only be one primary specialty type.
- **Effective Date:** *Enter* the date that the specialty licensing or certification will be active for the Provider.
- **Expiration Date:** *Enter* the date that the specialty licensing or certification expires.
- **Add To Grid:** *Click* **Add To Grid** to populate the grid with the record.

To *edit* **Specialties Information** in the grid:

- *Click* the **Edit** icon to update the information in the record. *Selecting* **Edit** opens the fields for editing.
- Pre-existing grid entries cannot be deleted; but can be end dated-- *Click* the **Edit** icon to enter the **Expiration Date**.
- *Click* **Save & Next** to save the information and proceed to the next screen.

Return to the **System Navigation: Grid Layout** *chapter for help on working with grids.*

Some Individual Providers will not be required to enter specialty types.

Some provider types have a default specialty which cannot be changed. The **Add** button will not be displayed for those provider types. See Provider Type Summary for more information on the DMS Provider Enrollment webpage.

2.2 License Information

The **License Information** screen captures a list of licenses held by the Provider. The name on the license must match the Provider's name entered in KY MPPA.

Note: *Upload of the actual license document is required on the **8.0 Document Upload** screen. If a Provider Type does not require a license, an exemption letter can be uploaded in place of a license.*

Figure 66: License Information – Add

To *add* **License Information** to this screen, enter data in the fields as follows:

• *Click* **Add** to open the fields.

Figure 67: License Information - Data Entry Screen

- **License Type:** *Select* the type of license from the drop-down (options are based on the provider type).
- **Issue State:** *Select* the name of the state that issued the license to the Provider.
- **License Number:** *Enter* the license number.*
- **Name:** The individual's name is pre-populated from the **Provider Name** entered on the **1.1 Basic Information** screen.
- **License Designation:** *Select* the designation of the license from the drop-down
    - o Faculty – an individual licensed/appointed as a teacher/trainer within a licensed training facility
    - o Fellowship Training – an individual licensed as a fellow in training
    - o Institutional Practice – individual licensed to dispense a controlled substance in the course of professional practice, but does not include a pharmacy
    - o Permanent – a group, entity or individual granted a license without any provisions
    - o Resident – an individual granted a resident in training licensed
    - o Temporary – an individual granted a temporary license to practice in the state of Kentucky
- **License Effective Date:** *Enter* the effective date of the license.
- **License Expiration Date:** *Enter* the expiration date of the license (expiration date cannot be prior to the **Requested Effective Date** as entered on the Start New Enrollment screen).
- *Click* **Add To Grid** to populate the grid.
- **Repeat** for each license as applicable.

* The minimum length of a license is four alpha/numeric characters and the maximum is twenty. If the License number is fewer than four characters, add zeroes to the front of the license number to total four digits.

Figure 68: License Information - Edit or Delete

To *edit* or *delete* **License Information** in the grid:

- *Click* the **Edit** icon to update the information in the record. Selecting **Edit** opens the fields for editing.
- *Click* the **Delete** icon to remove the existing record.
- *Click* **Save & Next** to save the information and proceed to the next screen.

The minimum length of a license is four alpha/numeric characters and the maximum is twenty. If the license number is fewer than four characters, add zeroes to the front of the number to bring the total to four characters.

Upload of the actual license document is required on the 8.0 Document Upload screen.

2.3 Certification Information

The **Certification Information** screen allows users to *add* the Provider's Certifications. Some <u>provider types</u> will have certifications instead of licenses.

Note: *Upload of the actual certification document will be required on the **8.0 Document Upload** screen, if applicable.*

Figure 69: Certification Information Screen - Add

To *add* **Certification Information** to this screen, enter data in the fields as follows:

- *Click* **Add** to open the fields.

To *add* new **Certification Information**, enter data in the fields as follows:

- **Certification Type (drop-down):** *Select* the **Certification Type** from drop-down list.
- **Certification Number:** *Enter* the certification number.
- **Effective Date:** *Enter* date that the certification becomes active. **Note:** *Effective Date cannot be after Expiration Date.*
- **Expiration Date:** *Enter* date that the certification expires. **Note:** *Expiration Date cannot be prior to Effective Date. Optional for new certificates.*

Figure 70: Certification Information Screen - Add, Edit or Delete

To *edit* or *delete* **Certification** information in the grid:
- *Click* the **Edit icon** to update the information in the record. Selecting **Edit** opens the fields for editing.
- *Click* the **Delete** icon to remove the existing record.

To *end date* **Certification Information** in the grid:
- *Click* **Edit** icon to open fields for editing.
- *Enter* or *update* the **Expiration Date** for the certification.
- *Click* **Add to Grid** to save changes.

To *save* the information:
- *Click* **Save & Next** to save the information and proceed to the next screen.

*Return to the **System Navigation: Grid Layout** chapter for help on working with grids.*

Name on certification must match the Provider or DBA name.

Pre-existing certificate records cannot be deleted, they must be *end dated*. A new certificate can be added as a new record.

Upload of certification document(s) is required on the 8.0 Document Upload screen.

2.4 County Served

The **County Served** – screen is required for Providers enrolling as service Providers under one of the six Home and Community Based Waiver programs in Kentucky.

Medicaid Waiver Providers will be required on the 8.0 Document Upload screen to upload all regulatory approvals required under the Commonwealth of Kentucky's statutes. (ABI Certification Letter, SCL Statement of Services to be Provided, Food Establishment Permit (PT-48), etc.). These uploads will enable the Division of Community Alternative (DCA) Staff and Department of Medicaid Services-Division of Provider Integrity (DMS-DPI) Staff to verify the enrolling Provider has complied with all Federal and State Statutory requirements before the Provider is approved as a Medicaid Waiver Service Provider.

Figure 71: Counties Served Information Screen - Add

To *add* **Counties Served Information** in the grid:
- *Click* the **Add icon** to open up the data entry screen.

To *add* new **Counties Served Information**, enter data in the fields as follows:

- **Address (drop-down):** *Select* the **Address** from drop-down list.
- **Handicap Access:** *Select* Yes if there is Handicap Access.
- **KY Counties Served:** Select All or Individual Counties. **Note:** More than one county can be selected.
- **Effective Date:** *Enter* date that the County(s) start being served. **Note:** *Effective Date cannot be after Expiration Date.*
- **Expiration Date:** *Enter* date that the County(s) no longer are being served. **Note:** *Expiration Date cannot be prior to Effective Date. Optional for new certificates.*
- **Add to Grid:** *Select* **Add to Grid** for information to be added into the grid. **Note:** A line will be added to the grid for each County selected.
- **Save & Next:** Once grid is complete *select* **Save and Next** to continue to next section.

Figure 72: Counties Served Information - Data Entry

Figure 73: Counties Served Information - Completed Grid

2.5 Services Provided

Services Provided – screen is for Providers who participate with one of the Kentucky six Home and Community Based Waiver Programs in Kentucky:
- Acquired Brain Injury (ABI) waiver
- Home and Community Based (HCB) waiver
- Model II waiver (MIIW)
- Michelle P. waiver (MPW)
- Supports for Community Living (SCL) waiver
- Kentucky Transitions waiver

Figure 74: Provided Services Information Screen – Add

To *add* **Provided Services Information** in the grid:
- *Click* the **Add icon** to open up the data entry screen.

To *add* new **Provided Services Information**, enter data in the fields as follows:

- **Address (drop-down):** *Select* the **Address** from drop-down list. **Note**: Addresses will be pre-populated from the 1.7 Address Information screen.
- **County Served:** *Select* **County Served** from the drop-down list.
- **Waiver Program:** *Select* **Waiver Program** from the drop-down list.
- **Service:** *Select* **Service(s)** from the available list. **Note:** Service(s) list will not show until Waiver Program has been selected.
- **Effective Date:** *Enter* date that the Service(s) started. **Note:** *Effective Date cannot be after Expiration Date.*
- **Expiration Date:** *Enter* date that the Service(s) is no longer being offered. **Note:** *Expiration Date cannot be prior to Effective Date.*
- **Add to Grid:** *Select* **Add to Grid** for information to be added into the grid. **Note:** A line will be added to the grid for each Service selected.
- **Save & Next:** Once grid is complete *select* **Save and Next** to continue to next section.

Figure 75: Provided Services Information Screen - Data Entry

Figure 76: Provided Services Information Screen - Completed Grid

2.6 Supervisor Details

The Supervisor Details screen lists the Supervisor(s) of an Individual Provider Type 79 Speech Language Pathologist (SLP) – Clinical Fellow with an Interim license. The Supervisor must be an actively enrolled Kentucky Medicaid Provider Type 79. The Supervisor must be an Individual, not a Group or Entity.

Supervisor Start and To Dates:

- The time period listed on the SLP Board verification letter must be entered in the Start Date and To Date fields.

- There cannot be more than one active Supervisor at a time; therefore, overlapping dates are not permitted.
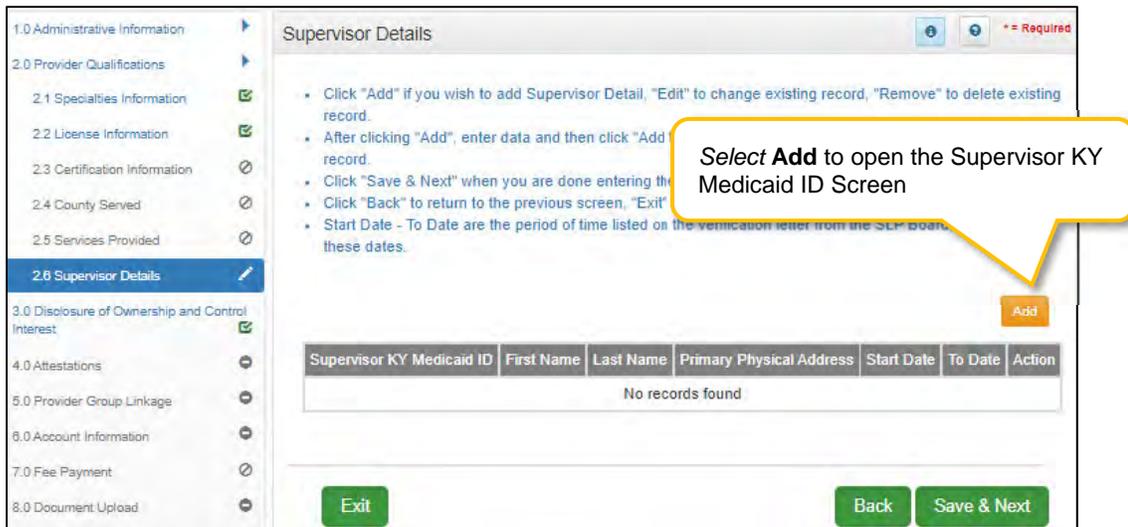
Figure 77: Supervisor Details Screen

To *add* a record to the **Supervisor Details** in the grid:

- *Click* the **Add** button to open up the data entry screen
- *Enter* **KY Medicaid ID** number of Supervisor
- *Select* **Verify Supervisor KY Medicaid ID** button
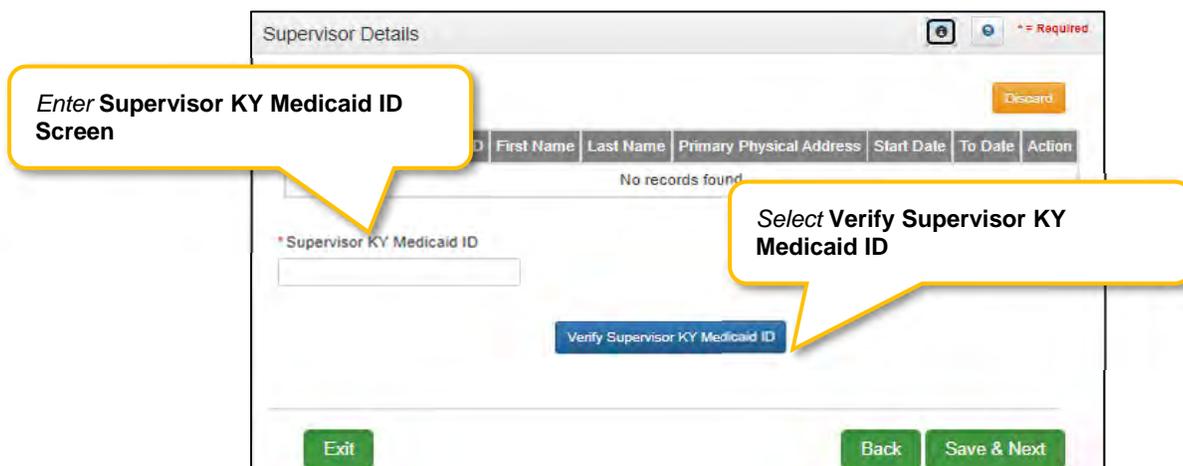
Figure 78: Supervisor Details Screen – KY Medicaid ID

To continue adding a record to the **Supervisor Details** grid:

- The **First Name** and **Last Name** of the Supervisor will be auto-filled and cannot be changed.
- The **Primary Physical Address** of the Supervisor will be auto-filled and cannot be changed.
  - The Applicant's and Supervisor's Primary Physical Address must match. If the addresses do not match, return to screen 1.7 Address Information to review and, if necessary, make corrections to the Applicant's address. Or, contact the Supervisor to verify their address in KY MPPA is correct.
- Enter the **Start Date** (or select from the calendar) indicated on the SLP Board verification letter.
- Enter the **To Date** (or select from the calendar) indicated on the SLP Board verification letter.
- Save this new record?
  - If yes, click the **Add to Grid** button to save the new record to the grid.
  - If no, click the **Discard** button to cancel the new record and prevent from saving to the grid.

Figure 79: Supervisor Details Screen – Add New Record

Figure 80: Supervisor Details Screen – Completed

 Section Summary: Provider Qualifications

- If more than one Specialty listed a primary must be selected.
- Some Individual Providers will not be required to enter specialty types.
- Some Provider types have a default specialty which cannot be changed. The Add button will not be displayed for those provider types.
- The minimum length of a license is four alpha/numeric characters and the maximum is twenty. If the license number is fewer than four characters, add zeroes to the front of the number to bring the total to four characters.
- Upload of the actual license document is required on the 8.0 Document Upload screen.
- Name on certification must match the Provider or DBA name.
- Upload of the certification document is required on the 8.0 Document Upload screen, if applicable.
- Pre-existing certificate records cannot be deleted, they must be end dated. A new certificate can be added as a new record.
- Existing Board Certification cannot be deleted, only edits can be made.
- Counties and services provided for one of the six Home and Community Based Waiver programs in Kentucky can now be identified.
- Provider Type 79 with an interim license must identify Supervisor details. Supervisor must also be a Provider Type 79 with a permanent active license.

B. 3.0 Disclosure of Ownership and Control Interest

The **Disclosure of Ownership & Control Interest** section of KY MPPA presents a series of questions used to determine who has an ownership and controlling interest in the Applicant Provider. This section of the user guide contains details on questions required for Individual Providers.

Note: *There are a total of twenty-two Disclosure of Ownership & Control Interest questions. Individual Providers answer eleven questions while Group/Entity Providers have twenty-two. Some questions are based on answers of previous questions and may not be applicable.*

Individual Providers will see **Question 4** as their first question; not all question numbers will appear to all users.

See the table below for a listing of questions per provider type:

Provider Type	Question numbers display in the following sequence	Total Number of Questions
Individual	4, 6, 8a (if Q6 answer is yes),11,12,13,14,15,16, 17, 8c (if Q17 answer is yes)	11
Group/Entity	1, 2a (if Q1 answer is yes), 2b (if Q1 answer is yes), 2c (if Q1 answer is yes), 3, 4, 5, 6, 6b (if Q6 answer is yes), 8a (if Q6 answer is yes), 7 (if Q6 answer is yes), 8b (if Q6 answer is yes), 9,10,11,12,13,14,15,16,17, 8c (if Q17 answer is yes)	22

Figure 81: Table of Disclosure of Ownership & Control Interest Questions

Disclosure of Ownership & Control Interest (Question 4)

Disclosure of Ownership & Control Interest Question: If you anticipate filing for bankruptcy within the year, enter the anticipated date of filing.

Figure 82: Disclosure of Ownership & Control Interest Question 4

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

If the question applies, *add* the information requested.
- **Filing Date** cannot be greater than one year from the **Requested Effective Date**.
  - o If the Provider anticipates filing for bankruptcy within the year, enter the anticipated date of filing.
  - o This information displays on the provider's **Dashboard** thirty days prior to the anticipated filing date as notification of an upcoming bankruptcy.

To *save* the information:
- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions, use the **Disclosure Question Navigation** as follows:
- During the initial application process, you must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION**: Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Filing Date cannot be greater than one year from the **Requested Effective Date**.

Disclosure of Ownership and Control Interest (Question 6)

Disclosure of Ownership & Control Interest Question: List name, date of birth, SSN/FEIN, and address of each person or entity that owns 5% or more direct or indirect ownership or controlling interest in the applicant provider (N/A not acceptable). If you are applying as an Individual, list your information.
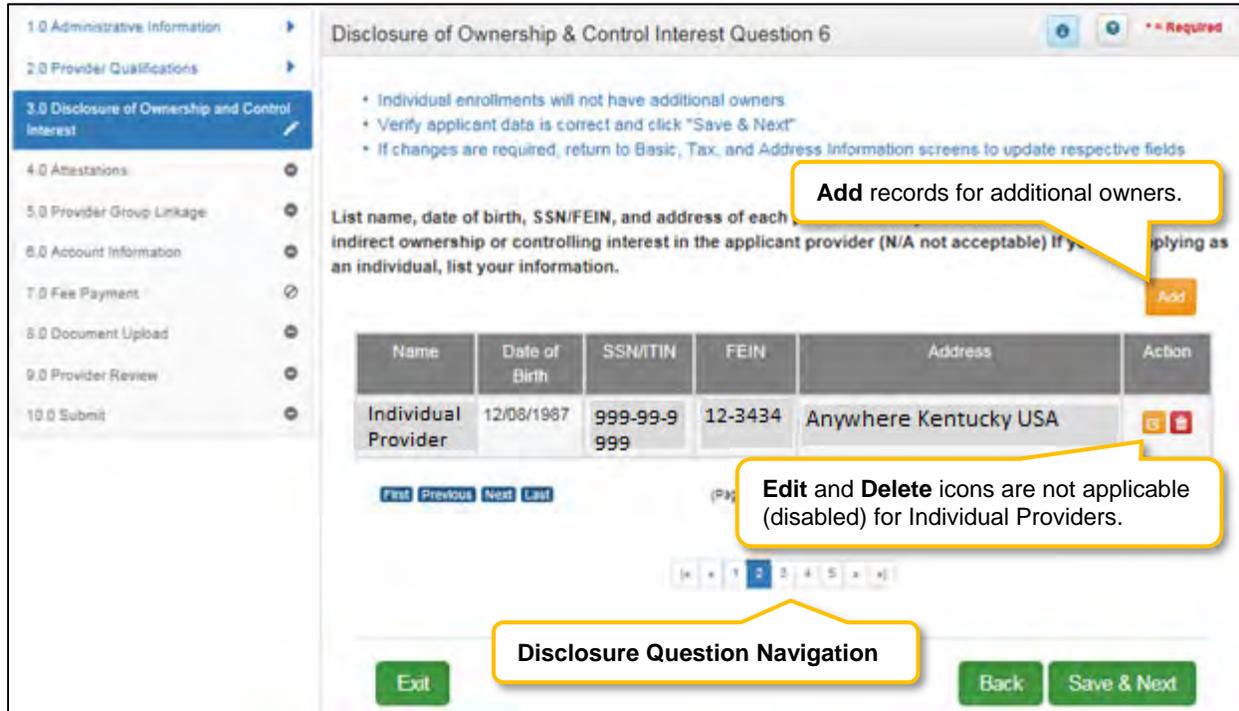
Figure 83: Disclosure Question 6

Verify the pre-populated data in the screen:
- If changes are required:
- **Add, Edit,** or **Delete** the record on this screen for Individual Providers.

To *save* the information:
- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions, use the **Disclosure Question Navigation** as follows:
- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION**: Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

> If changes are required, add, edit, or delete the record.

Disclosure of Ownership and Control Interest (Question 8a)

Disclosure of Ownership & Control Interest Question: If any individuals listed in question #6 are related to each other as spouse, parent, child, or sibling (including step or adoptive relationships), provide the following information:

Figure 84: Disclosure Question 8a

Note: *For applicants enrolling under the **Individual** Category, the system will default the **Check if Not Applicable** value to **N/A** and the user will not be able to modify any fields for this question.*

To *save* the information:
- Click **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions, use the **Disclosure Question Navigation** as follows:
- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION**: Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

For applicants enrolling under the **Individual** Category, the system will default the **Check if Not Applicable** value to **N/A** and the user will not be able to modify any fields for this question.

Disclosure of Ownership and Control Interest (Question 11)

Disclosure of Ownership & Control Interest Question: List the names and addresses of all other Kentucky Medicaid providers with which your health service and/or facility engages in a significant business transaction and/or a series of transactions that during any one fiscal year exceed the lesser of $25,000 or 5% of your total operating expense.

Figure 85: Disclosure of Ownership & Control Interest Question 11

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

Figure 86: Disclosure of Ownership & Control Interest (Add Record)

If the question applies, *enter* the data in the fields as follows:

- **First Name:** First Name of Owner
- **Middle Name:** Middle Name of Owner
- **Last Name:** Last Name of Owner
OR
- **Provider Business Name:** Name of Provider's Business
- **Address 1:** Address Line 1
- **Address 2:** Address Line 2
- **City:** City
- **State:** State
- **Zip Code:** Zip code
- **Zip+4:** Zip + 4

- **Validate Address:** When the user *clicks* the **Validate Address** button, KY MPPA will show an error message for any missing required fields. If data entry is complete, then the address validates against the *United States Postal Service (USPS).*

Figure 87: Address Information Screen (Address Selection Panel)

- **Address Selection Panel**: The **Address Selection** panel displays after the Post Office validates the address. KY MPPA will display a **Suggested Post Office Address** (if applicable) and the **Address You Entered.** *Select* one:

- o The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*
  - o The **Address You Entered** will show the address exactly as it was entered by the user.
- **Enter Address Again**: *Click* **Enter Address Again** to clear all fields and re-enter an address.
- **Choose and Continue**: *Click* **Choose and Continue** to use the address selected.

To *edit* or *delete* **Address Information** in the grid:
- *Click* the **Edit** icon to update the information in the record. *Selecting* **Edit** opens the fields for editing.
- *Click* the **Delete** icon to remove an existing record.

To *save* the information:
- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions, use the **Disclosure Question Navigation** as follows:
- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION**: Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

*Return to the **System Navigation: Grid Layout** chapter for help on working with grids.*

Disclosure of Ownership and Control Interest (Question 12)

Disclosure of Ownership & Control Interest Question: List any significant business transactions between this Provider and any wholly owned supplier, or between this Provider and any subcontractor, during the previous 5-year period.

Figure 88: Disclosure of Ownership & Control Interest Question 12

If the question does not apply, click the **Check if Not Applicable (N/A)** checkbox, then click **Save & Next** to continue with the application.

Figure 89: Disclosure Question 12 (Add Record)

- **First Name:** First Name
- **Middle Name:** Middle Name
- **Last Name:** Last Name

  OR

- **Provider Business Name:** Name of Provider's business
- **Address 1:** Address Line 1
- **Address 2:** Address Line 2
- **City**: City
- **State**: State
- **Zip**: Zip Code
- **Zip+4**: Zip + 4
- **Validate Address**: *Click* the **Validate Address** button to *validate* the address entered against the US Post Office database.

Figure 90: Disclosure of Ownership & Control Interest Question 12 (Address Selection Panel)

- **Address Selection Panel**: The **Address Selection** panel displays after the Post Office validates the address. Partner Portal will display a **Suggested Post Office Address** (if applicable) or the **Address You Entered.** *Select* one:
  - o The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*
  - o The **Address You Entered** will show the address exactly as it was entered by the user.
- **Enter Address Again**: *Select* **Enter Address Again** to clear all fields and re-enter an address.
- **Choose and Continue**: *Select* **Choose and Continue** to use the address selected.
- **Repeat** as needed for each transaction.

To *edit* or *delete* **Address Information** in the grid:
- *Click* the **Edit** icon to update the information in the record. *Selecting* **Edit** opens the fields for editing.

- *Click* the **Delete** icon to remove an existing record.

To *save* the information:
- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions, use the **Disclosure Question Navigation** as follows:
- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION**: Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

*Return to the **System Navigation: Grid Layout** chapter for help on working with grids.*

Disclosure of Ownership and Control Interest (Question 13)

Disclosure of Ownership & Control Interest Question: List the name, SSN, and address of any immediate family member who is authorized under Kentucky Law or any other states' professional boards to prescribe drugs, medicine, medical devices, or medical equipment in accordance with KRS 205.8477.

Figure 91: Disclosure Question 13

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

If the question applies, *enter* the information requested. *Click* **Add** to add records to the grid.

Figure 92: Disclosure Question 13 (Add Record)

- **First Name:** First Name
- **Middle Name:** Middle Name
- **Last Name:** Last Name
- **SSN:** Social Security Number
- **DOB:** Date of Birth
- **Credential (M.D. etc.):** Credentials of family members
- **Address 1:** Address Line 1
- **Address 2:** Address Line 2
- **City**: City
- **State**: State
- **Zip**: Zip Code
- **Zip+4**: Zip Code + 4

- **Validate Address**: When the user *clicks* the **Validate Address** button, KY MPPA will show an error message for any missing required fields. If data entry is complete, then the address validates against the *United States Postal Service (USPS).*

Choose address suggested by the United States Post office or address entered by user.

Click **Enter Address Again** to re-enter address or **Choose and Continue** to use the address selected by the radio button.

Figure 93: Disclosure of Ownership & Control Interest Question 13 (Select Address)

- **Address Selection Panel**: The **Address Selection** panel displays after the Post Office validates the address. KY MPPA will display a **Suggested Post Office Address** (if applicable) or the **Address You Entered.** *Select* one:
    - o The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address*

to use, but either address can be selected. Not all valid addresses will return a suggested post office address.

- o The **Address You Entered** will show the address exactly as it was entered by the user.
- **Enter Address Again**: *Select* **Enter Address Again** to clear all fields and re-enter an address.
- **Choose and Continue**: *Select* **Choose and Continue** to use the address selected.
- **Repeat** the steps above for each applicable family member.

To *edit* or *delete* **Address Information** in the grid:
- *Click* the **Edit** icon to update the information in the record. *Selecting* **Edit** opens the fields for editing.
- *Click* the **Delete** icon to remove an existing record.

To *save* the information:
- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions, use the **Disclosure Question Navigation** as follows:
- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION**: Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

*Return to the **System Navigation: Grid Layout** chapter for help on working with grids.*

Disclosure Question 13 requires the Provider to list the name, SSN, and address of any immediate family member who is authorized under Kentucky Law or any other states' professional boards to prescribe drugs, medicine, medical devices, or medical equipment in accordance with KRS 205.8477.

Disclosure of Ownership and Control Interest (Question 14)

Disclosure of Ownership & Control Interest Question: List the name of any individuals or organizations having direct or indirect ownership or controlling interest of 5% or more, who has been convicted of a criminal offense related to the involvement of such persons, or organizations in any program established under Title XVIII (Medicare), or Title XIX (Medicaid), or Title XX (Social Services Block Grants) of the Social Security Act or any criminal offense in this state or any other state, since the inception of those programs. If individual or organization is associated with a KY Medicaid provider number(s), please indicate below.

Figure 94: Disclosure of Ownership & Control Interest Question 14

Individuals or organizations having direct or indirect ownership is determined as follows:

- **Indirect Ownership Interest**: Ownership interest in an entity that has ownership interest in the disclosing entity. This term includes ownership interest in any entity that has an indirect ownership interest in the disclosing entity.
- **Ownership interest:** Possession of equity in the capital, stock, or profits of the disclosing entity.
- **Person with an ownership or control interest**: Person or corporation that:
  o Has an ownership interest totaling 5% or more in a disclosing entity;
  o Has an indirect ownership interest equal to 5% or more in a disclosing entity;
  o Has a combination of direct and indirect ownership interests equal to 5% or more in a disclosing entity;
  o Owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5% of the value of the property or assets of the disclosing entity;
  o An officer or director of a disclosing entity organized as a corporation; or,
  o A partner in a disclosing entity organized as a partnership.

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

Figure 95: Disclosure of Ownership & Control Interest Question 14 (Add Record)

If the question applies, *enter* the information requested. *Click* **Add** to add records to the grid.

- **First Name:** First Name
- **Middle Name:** Middle Name
- **Last Name:** Last Name, **OR***,* **Business Name:** Name of Provider Business
- **KY Medicaid Provider Number:** Optional field, enter the KY Medicaid Provider Number of the person/organization if applicable.
- **Add To Grid**: *Click* the **Add To Grid** button to *add* the record.

To *edit* or *delete* information in the grid:
- *Click* the **Edit** icon to update the information in the record. *Selecting* **Edit** opens the fields for editing.
- *Click* the **Delete** icon to remove an existing record.

To *save* the information:
- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions, use the **Disclosure Question Navigation** as follows:
- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *Click* the **Back** button, to navigate to a previously answered question.
- **CAUTION**: Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Return to the **System Navigation: Grid Layout** *chapter for help on working with grids.*

Disclosure of Ownership and Control Interest (Question 15)

Disclosure of Ownership & Control Interest Question: List the name of any agent and/or managing employee of the disclosing entity who has been convicted of a criminal offense related to the involvement in any program established under Title XVIII (Medicare), XIX (Medicaid), or XX (Social Services Block Grants), or XXI (State Children's Health Insurance Program) of the Social Security Act or any criminal offense in this state or any other state since the inception of those programs. If individual or organization is associated with a KY Medicaid provider number(s), indicate below.

Figure 96: Disclosure of Ownership & Control Interest Question 15

An agent or managing employee for a Provider is determined as follows:

- **Agent**: Person given the authority to act on behalf of a Provider.
- **Managing Employee**: General Manager, Business Manager, Administrator, Director or other individual who exercises operational or managerial control over or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

If the question applies, *enter* the information requested. *Click* **Add** to add records to the grid.

Figure 97: Disclosure of Ownership and Control Interest (Add Record)

- **First Name:** First Name
- **Middle Name:** Middle Name
- **Last Name:** Last Name
- **KY Medicaid Provider Number:** Enter the **KY Medicaid Provider Number** of the person if applicable. (Optional field)
- **Add To Grid**: *Click* the **Add To Grid** button to *add* the record

To *edit* or *delete* information in the grid:
- *Click* the **Edit** icon to update the information in the record. *Selecting* **Edit** opens the fields for editing.
- *Click* the **Delete** icon to remove an existing record.

To *save* the information:
- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:
- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION**: Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

*Return to the **System Navigation: Grid Layout** chapter for help on working with grids.*

Disclosure of Ownership and Control Interest (Question 16)

Disclosure of Ownership & Control Interest Question: List the name, title, SSN, and business address of all managing employees below as defined in 42 CFR 455.101 and pursuant to 42 CFR 455.104(b)(4).

Figure 98: Disclosure of Ownership & Control Interest Question 16

The definition of a Managing Employee for a provider is a general manager, business manager, administrator, director or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

If the question applies, *enter* the information requested. *Click* **Add** to add records to the grid.

Figure 99: Disclosure of Ownership & Control Interest (Add Record)

Enter the following information for each managing employee:
- **First Name:** First Name
- **Middle Name:** Middle Name
- **Last Name:** Last Name
- **SSN:** Social Security Number
- **Title:** Title
- **DOB:** Date of Birth
- **Address 1:** Address Line 1
- **Address 2:** Address Line 2
- **City:** City
- **State:** State
- **Zip Code:** Zip Code
- **Zip+4:** Zip+4
- **Validate Address:** When the user *clicks* the **Validate Address** button, KY MPPA will show an error message for any missing required fields. If data entry is complete, then the address validates against the *United States Postal Service (USPS).*

Figure 100: Address Information Screen (Address Selection Panel) Question 16

- **Address Selection Panel:** The **Address Selection** panel displays after the USPS validates the address. KY MPPA will display a **Suggested Post Office Address** (if applicable) and the **Address You Entered**. *Select* one:
  - o The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*

- o   The **Address You Entered** will show the address exactly as it was entered by the user.
- **Enter Address Again**: *Click* **Enter Address Again** button to clear all fields and re-enter an address.
- **Choose and Continue**: *Click* **Choose and Continue** to use the address selected. This will populate the grid with the address entered.
- **Repeat** as needed for each Managing Employee.

To *edit* or *delete* information in the grid:
- *Click* the **Edit** icon to update the information in the record. *Selecting* **Edit** opens the fields for editing.
- *Click* the **Delete** icon to remove an existing record.

To *save* the information:
Click **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:
- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION**: Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

*Return to the **System Navigation: Grid Layout** chapter for help on working with grids.*

Disclosure Question 16 requires the Provider to list the name, title, SSN, and business address of all managing employees as defined in 42 CFR 455.101 and pursuant to 42 CFR 455.104(b)(4).

Disclosure of Ownership and Control Interest (Question 17)

Disclosure of Ownership & Control Interest Question: List name, address, SSN, FEIN, of each person with an ownership or control interest in any SUBCONTRACTOR in which the provider applicant has direct or indirect ownership of 5% or more.

Figure 101: Disclosure of Ownership & Control Interest Question 17

Terminology:

- **Disclosing Entity:** The entity that is requesting Medicaid enrollment.
- **Subcontractor**: Individual, Agency, or Organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients, OR an Individual, Agency or Organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or lease of real property) to obtain space, supplies, equipment or services provided under the Medical agreement.
- **Ownership Interest**: Ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity.
- **Indirect Ownership Interest:** Possession of equity in the capital, the stock, or the profits of the disclosing entity.
- **Person with an ownership or control interest:** Person or corporation that:
  - Has an ownership interest totaling 5% or more in a disclosing entity;
  - Has a combination of direct and indirect ownership interests equal to 5% or more in a disclosing entity;
  - Owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5% of the value of the property or assets of the disclosing entity;
  - Is an officer or director of a disclosing entity that is organized as a corporation;
  - Is a partner in a disclosing entity that is organized as a partnership.

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

If the question applies, *enter* the information requested. *Click* **Add** to add records to the grid.

Figure 102: Disclosure of Ownership & Control Interest (Add Record)

To *add* a record, *click* the **Add** button and enter data in the fields as follows:

- **First Name:** First Name
- **Middle Name:** Middle Name
- **Last Name:** Last Name
- **SSN:** Social Security Number
- **FEIN:** Federal Employer Identification Number
- **Address 1:** Address Line 1
- **Address 2:** Address Line 2
- **City:** City
- **State:** *Select* state from drop-down.
- **Zip Code:** Zip Code
- **Zip+4:** Zip + 4
- **Validate Address:** When the user *clicks* the **Validate Address** button, KY MPPA will show an error message for any missing required fields. If data entry is complete, then the address validates against the *United States Postal Service (USPS).*

Figure 103: Disclosure of Ownership & Control Interest Question 17 (Address Selection Panel)

- **Address Selection Panel:** The **Address Selection** panel displays after the USPS validates the address. KY MPPA will display a **Suggested Post Office Address** (if applicable) and the **Address You Entered**. *Select* one:
  - o The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*
  - o The **Address You Entered** will show the address exactly as it was entered by the user.

- **Enter Address Again**: *Click* **Enter Address Again** button to clear all fields and re-enter an address.
- **Choose and Continue**: *Click* **Choose and Continue** to use the address selected. This will populate the grid with the address entered.
- **Repeat** as needed for each Officer and Board Member.

To *edit* or *delete* information in the grid:
- *Click* the **Edit** icon to update the information in the record. *Selecting* **Edit** opens the fields for editing.
- *Click* the **Delete** icon to remove an existing record.

To *save* the information:
Click **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:
- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION**: Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Return to the **System Navigation: Grid Layout** *chapter for help on working with grids.*

Disclosure of Ownership and Control Interest (Question 8c)

Disclosure of Ownership & Control Interest Question: If any individuals listed in question 17 are related to each other as spouse, parent, child, or sibling (including step or adoptive relationships), provide the following information:

Figure 104: Disclosure of Ownership & Control Interest Question 8C

If the question does not apply, click the **Check if Not Applicable (N/A)** checkbox, then click **Save & Next** to continue with the application.

Figure 105: Disclosure of Ownership & Control Interest Question 8c (Add Record)

If the question applies, *click* the **Add** button and *enter* data in the fields as follows:
- **Name:** *Select* name of individual from drop-down.
- **Related To:** *Select* name of individual from drop-down.
- **Relationship:** *Select* type of relationship from drop-down.
- **Add To Grid**: *Click* the **Add To Grid** button to *add* the record

To *save* the information:
- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:
- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION**: Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

*Return to the **System Navigation: Grid Layout** chapter for help on working with grids.*

C. **4.0 Attestations**

The **Attestations** section contains questions requiring Individual Providers to answer with true statements regarding licensure, registration, malpractice, certifications and affiliations.

Note: *There are twenty-six Attestation questions to be answered (listed on the following pages). Each question will appear on the screen one at a time; an example screen is shown below:*

Figure 106: Attestation Questions

Answer each question **Yes or No** by *selecting* one of the radio buttons.

- **If the answer is No:**
  - o *Click* **Save & Next** to save the information and proceed to the next screen.

- **If the answer is Yes:**
  - o An explanation will be required in the text box provided.
  - o For question 8a, you will be required to *upload* the **Malpractice Supplemental Form** when you get to the 8.0 Document Upload screen. A link to the **Malpractice Supplemental Form i**s provided.
  - o You may *upload* any additional supplemental documentation for all other questions when you get to the 8.0 Document Upload screen.

To *save* the information:

- *Click* the **Save & Next** button and proceed to the next screen.

To *navigate* between questions use the **Attestation Questions Navigation** as follows:

- During initial enrollment, you must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- Once questions are answered you may return to any previously answered question – *Click* previous question numbers to navigate back to a previously answered question.

Attestation Questions (User must answer each question):

Question 1a: Has your license, registration or certification to practice in your profession, ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board?

Question 1b: Has there been any challenge to your licensure, registration or certification?

Question 2a: Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board?

Question 2b: Have you voluntarily or involuntarily surrendered, limited your privileges or not reapplied for privileges while under investigation?

Question 2c: Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)?

Question 3a: Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, residency, fellowship, preceptorship or other clinical education program? If you are currently in a training program, have you been placed on probation, disciplined, formally reprimanded, suspended or asked to resign?

Question 3b: Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program?

Question 3c: Have any of your board certifications or eligibility ever been revoked?

Question 3d: Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation?

Question 4a: Have your Federal DEA and/or State Controlled Dangerous Substances (CDS) certificate(s) or authorization(s) ever been challenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished?

Question 5a: Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or otherwise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental healthcare plans or programs?

Question 6a: Are you currently the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal or state health program or a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?

Question 6b: To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank?

Question 6c: Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)?

Question 6d: Have you ever been convicted of, pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined or resigned in exchange for no investigation or adverse action within the last ten years for sexual harassment or other illegal misconduct?

Question 6e: Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, or agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or healthcare facility of any military agency?

Question 7a: Has your professional liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your individual liability history?

Question 7b: Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history?

Question 8a: Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years? *If yes, provide information for each case.

Answer **Yes or No**
Answering "**Yes**" to this question will prompt the user to download and complete the required Malpractice Supplemental Form.
You will be prompted to *upload* the Malpractice Supplemental Form in the 8.0 Document Upload section.

Question 9a: Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony?

Question 9b: In the past ten years have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?

Question 9c: Have you ever been court-martialed for actions related to your duties as a medical professional?

Question 10a: Are you currently engaged in the illegal use of drugs? ("Currently" means sufficiently recent to justify a reasonable belief that the use of drugs may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. "Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. § 812. It "does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law." The term does include, however, the unlawful use of prescription-controlled substances.)

Question 10b: Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety?

Question 10c: Do you have any reason to believe that you would pose a risk to the safety or wellbeing of your patients?

Question 10d: Are you unable to perform the essential functions of a practitioner in your area of practice even with reasonable accommodation?

D. **5.0 Linking to a Group**

Individual provider types can become members of a Group by choosing to link themselves utilizing KY MPPA's **Linking to a Group** screen.

Once the Individual Provider's KY Medicaid application is approved, the KY Medicaid ID number assigned will be linked to the requested Group. The Group does not need to approve the linking request in KY MPPA for it to be effective; however, the Group will need to provide their KY Medicaid ID and FEIN to the Individual Provider for entry.

By linking to a Group, the Individual Providers are authorizing payments to be made to the Group on their behalf. No upload of the MAP-347 is required.

Linking Rules include:
- Individual Providers can link to more than one Group simultaneously.
- Individual Providers can only link to same type of Group (Physician to Physicians' Group).
  - o An exception to this rule is certain Individual Providers may link to Rural Health Clinic (35), Primary Care Centers (PT 31), Behavioral Health Multi-Specialty Group (PT 66), and Behavioral Health Services Organizations (BHSO)(PT 03), and Multi-Therapy Agency (PT 76).
  - o For additional linking information and exceptions, and the most updated information, please see provider type summaries.
- Individual Providers cannot link to another Individual Providers' Medicaid ID.
- An Individual Provider must be licensed in the state of the Group(s) primary location.
- Individual Providers can link to a currently inactive Group only for the period of time the Group was active.
- When a Group is end dated, all links to Individual Providers will be end dated (the association between the Group and Individual Provider will be stopped). *No notification will be sent to the Individual Provider.*
- When a Group is reactivated within one year, the former linkage of Individual Providers to the Group will be recognized and relinked to the Group. *No notification will be sent to the Individual Providers.*
- On the **8.0 Document Upload** screen, document upload of MAP-347 is not required.
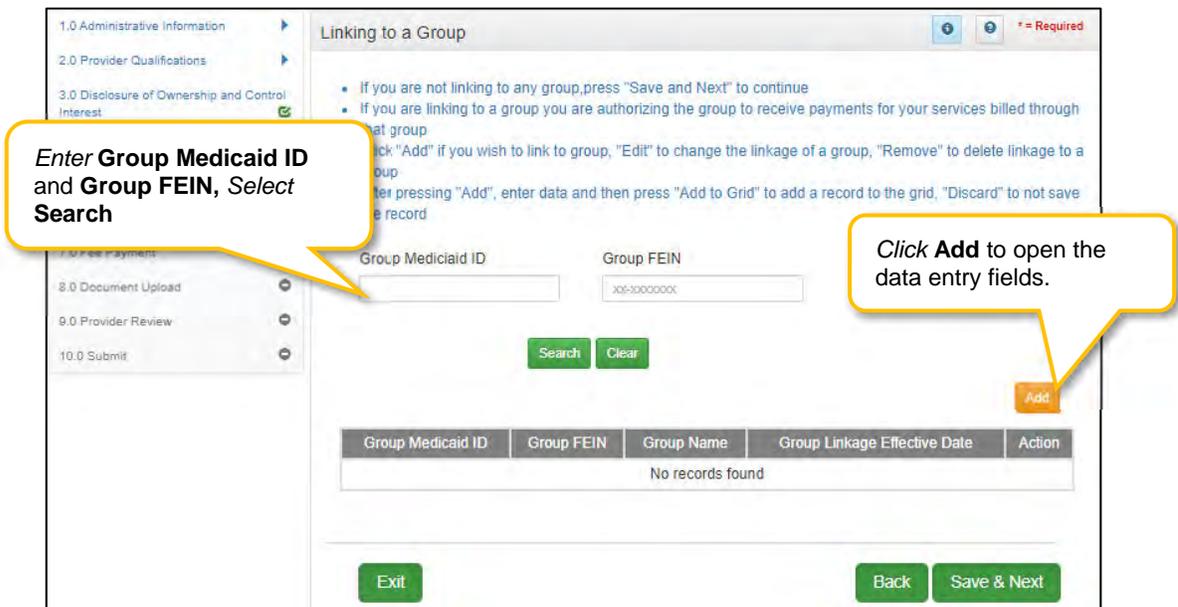
Figure 107: Linking to a Group Screen

To search for a group:
- Enter the **Group Medicaid ID** and/or **Group FEIN**
- *Select* **Search**

To *add* **Group Linking** data:

- *Click* **Add** to open the data entry fields.

Figure 108: Linking to a Group Screen (Add)

Enter data in the fields as follows:

- **Group Medicaid ID:** The **KY Medicaid ID** of the Group to which the Individual Provider would like to link.
- **Group FEIN:** Federal Employee ID Number of the Group.
- **Group Linkage Effective Date:** The date the affiliation with the Group is effective:
  - o Date may not be more than one year in the past. (Active or Inactive Group)
  - o Date must fall within the Group Medicaid IDs effective dates.
  - o Date cannot be earlier than the application's requested effective date.
- **Verify Group Name:** *Click* the **Verify Group Name** button to verify the Group Name.
  - o KY MPPA displays the information for your verification.
- **Add To Grid:** *Click* **Add To Grid** to add the data to the grid.
  - o Verifies that the Medicaid ID and FEIN are active during the period that correlates with the Provider's effective date.

To *edit* or *delete* the **Linking** data:
- *Click* the **Edit** icon in the **Action** column to open the fields and make changes to the Group information.
- *Click* the **Delete** icon in the **Action** column to delete the existing record and remove the linkage to the Group.

To *save* the information:
- *Click* **Save & Next** to save the information and proceed to the next screen. Navigating away from this screen prior to selecting Save & Next will result in the loss of any unsaved data entry.

Return to the **System Navigation: Grid Layout** *chapter for help on working with grids.*

For additional linking information, exceptions, and the most up-to-date information, please see provider type summaries found on the KY MPPA website.

E.   **6.0 Account Information**

KY MPPA collects and securely stores bank account information to process claims payments sent to Providers. Providers have the option to select a payment type of **Check** or **Electronic Funds Transfer (EFT).** On an individual enrollment all account information should be for the individual Provider. Claims and payments will be performed through the group after linking occurs.

The following rules apply for **Account Information**:

For **Individual** bank account, enter the individual's banking information.
- **EFT** must be U. S. only (in country).
- **Payee Address** (Pay-To/1099 Contact Information) address for checks must be U. S. only (in country).
- **EFT** routing numbers must be verified. EFT routing numbers unable to be verified will result in a payment by paper check.
- After the **KY Medicaid ID** is approved, users can edit the bank account information by utilizing the **Account Information** maintenance screens in KY MPPA.

Figure 109: Add Bank Account Information Screen

Routing and account number information can take up to twenty-eight days to verify. Until authorization of the EFT transaction is approved, or if the routing number information cannot be verified, the payment type will default to check.

Figure 110: Bank Account Information (Add Check)

To *add* account information to this screen, enter data in the fields as follows:

Payment Type: *Select* the payment type from drop-down:
- **Check:** If the Provider is requesting payment by check, then confirm the following information is accurate:
  - o **Provider Name**: Pre-populated from the basic information screen and cannot be changed; return to **1.1 Basic Information** to edit.
  - o **Address**: Pre-populated from the **Pay-To/1099 Address** and cannot be changed; return to **1.7 Address Information** to edit.
  - o **Status**: Displays the status of the current payment method. For checks, it is in active status immediately and claims will be paid by paper check.
  - o *Click* **Save & Next** to continue.

Figure 111: Bank Account Information (Add EFT)

- **Electronic Funds Transfer (EFT)**: If Provider is requesting payment by **EFT**, *enter* the following data:
- **Routing Number**: *Enter* **Routing Number**. The Routing Number is a nine-digit code used to identify a particular bank. It is located on the check beside the account number.
- **Get Bank Details**: *Click* the **Get Bank Details** button. KY MPPA will display the **Bank Name** and **Address** to verify the correct routing number has been entered. Final verification of Routing Number and Account Number can take up to twenty-eight days.
  - o Until the EFT verification is returned, or if the routing number cannot be verified, the payment type will default to a paper check.
  - o User will be able to edit the routing number in **Maintenance** after defaulting to check once the KY Medicaid ID is granted.
- **Payee Name**: Pre-populated from the basic information screen and cannot be changed; return to **1.1 Basic Information** to edit.
- **Payee Address**: Pre-populated from the **Pay-To/1099 Address** and cannot be changed on this screen; return to **1.7 Address Information** to edit.
- **Account Type**: *Select* the account type:
  - o Checking Account
  - o Savings Account
- **Status**: Displays the status of the current payment method. For **EFT,** it is in pending status until the bank account information is verified.
  - o Payment will default to paper check until verification of the EFT payment type is complete.
- **Account Number**: *Enter* the bank account number.
- **Re-Type Account Number**: *Re-enter* the bank account number.

To *save* the information:

Click **Save & Next** to save the information and proceed to the next screen.

F. **7.0 Fee Payment**

Fee Payment is not applicable to Individual Medicaid Providers.

G. **8.0 Document Upload**

The **Document Upload** screen is where all documents are uploaded when applying for, maintaining, or revalidating a Medicaid ID. Documentation is securely uploaded and stored with the Provider's information.

Required documents, based on provider type, are listed by name in the **Document Type** column of the **Document Upload** grid, and a **Y** is displayed in the **Required** column. *Upload all required, supporting, or supplemental documentation in the 8.0 Document Upload screen.*

Figure 112: Document Upload Screen

The grid contains the following information:

- **Document Type:** Required documents for the provider type show as pre-populated in the **Document Type** field.
    - o *Click* the **Document Type** link to see a description of the document.
    - o *Click* the **Edit** button to upload the corresponding documentation.
- **Name**: The **Name** field populates once the document is uploaded by *editing* the record. The name of the document appears in the record as a hyperlink.
    - o *Click* the **Name** link to view or print the document.
- **Required:** Displays a **Y** if the document is required.
- **Uploaded By:** The name of the logged-on user is displayed once the document is uploaded.
- **Uploaded Date:** System generated date displays when the document is uploaded.
- **Action:**
    - o *Click* **Edit** to update the document in the record. *Clicking* **Edit** opens the fields for editing.
    - o *Click* **Delete** to remove documents.

Figure 113: Document Upload Screen Edit

To *add* required documents to this screen, enter data in the grid as follows:

To *add* required documents

- *Click* **Edit** to open the fields to add required documents to the record. *Clicking* **Edit** opens the fields for data entry.
  - o *Do not click Add to upload required documents to the grid.*
- **Document Type:** (drop-down) *Select* the type of document from the drop-down.
  - o This field is pre-populated with the required document name and cannot be changed.
- *Click* the **Edit** button in the **Action** column to upload the corresponding documentation.
- Additional supporting documents can be uploaded to the grid by *clicking* the **Add** button.
- **Upload File:** *Browse* for the document. *(Document must be available on the computer).* Maximum file size is 5 MB. Allowable file types are PDF, ODC, DOCX, JPG, JPEG, TXT, RTF, CSV, XLS, XLSX, TIF, TIFF.
  - o *Select* the document and follow instructions to upload.
- **Document Name**: The name of the source document populates the **Name** field. *This field can be updated.*
- **Add to Grid:** *Click* **Add To Grid** to add the document to the grid.

To *add* additional/supplemental documents to the grid:

- *Click* **Add**.
- **Document Type:** *Select* a document type from the drop-down.
- **Upload File:** *Browse* for the document. *(Document must be available on the computer).* Maximum file size is 5 MB. Allowable file types are PDF, DOC, DOCX, JPG, JPEG, TXT, RTF, CSV, XLS, XLSX, TIF, TIFF
  - *Select* the document and follow instructions to upload.
- **Document Name:** The name of the source document populates the **Name** field. *This field can be updated.*
- **Add to Grid:** *Click* **Add To Grid** to add the document to the grid.

Note: Locum Tenens documentation must be uploaded as a Maintenance item. A New Enrollment application must be submitted and a Medicaid ID issued before the Locum Tenens can be addressed.

Note: *Print* entire application with attached documents from the **Provider Review** screen. *View* or *print* individual documents from the **Name** link.

To *edit* or *delete* **documents** in the grid:

- *Click* **Edit** to update the information in the record. *Clicking* **Edit** opens the fields for editing.
- *Click* **Delete** to remove documents.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

*Return to the **System Navigation: Grid Layout** chapter for help on working with grids.*

> On the **8.0 Document Upload** screen, documents that are **required** for each provider type will have a placeholder record in the grid and be marked with a '**Y**' in the **Required** column. These document records are **edited** in the grid, and not **Added**, when uploading documents. Additional supporting documents can be uploaded by *clicking* the **Add** button.

> File size for upload cannot exceed 5MB. Allowable file types include: PDF, DOC, DOCX, JPG, JPEG, TXT, RTF, CSV, , XLS, XLSX, TIF, TIFF.

H.   **9.0 Provider Review**

The **Application Review and Comments** screen allows the user (Provider and/or Credentialing Agent) to review the application for accuracy and completeness prior to submitting to The Kentucky Department for Medicaid Services.

Figure 114: Review Screen

Each **Left Navigation** heading corresponds to an **Application Review** section title:

- Administrative Information corresponds to all Application Review sections that begin with 1 (1.1, 1.2, 1.3, etc.);
- 2.0 Provider Qualifications corresponds to all Application Review sections that begin with 2 (2.1, 2.2, 2.3, etc.);
- And continues through 8.0 Document Upload.

Application Review sections that are not required for that Provider Type are grayed out and not accessible.
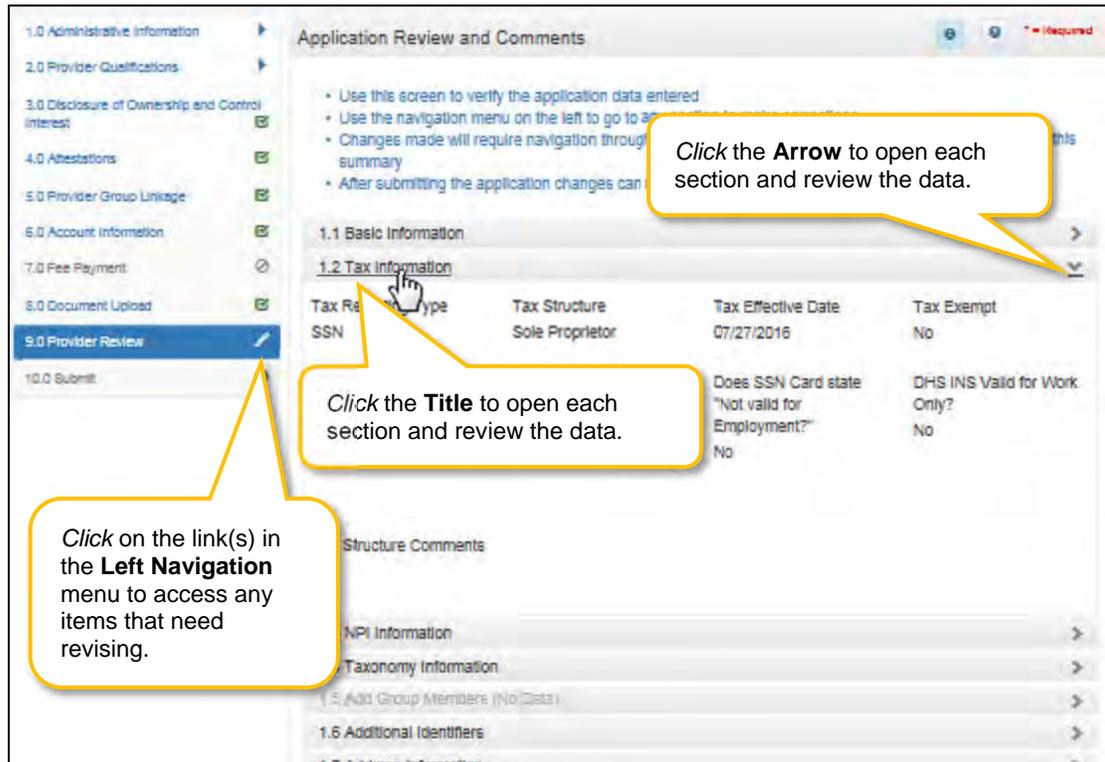
Figure 115: Provider Review Screen (Open Section)

To *review* the application:

- *Click* the **title** or the **arrow** to open each section and view the application responses.
- To *modify* any responses use the **Left Navigation** menu:
  - o *Click* on the section in the Left Navigation menu to *navigate* to the associated screen
  - o *Enter* the correct response(s). **Note**: *some changes may affect other sections (questions) within the application*
  - o *Click* **Save & Next** to save the changes
  - o *Click* **9.0 Provider Review** in the Left Navigation menu to view the revised response and continue the application review
- **Provider Application Level Comment:** Comments are optional.
- **Preview Map 811:** *Click* the **Preview Map 811** button to create a PDF of the application, which can then be printed and/or saved at the user's discretion.

Click **Save & Next** to save the information and proceed to the next screen.

> If changes need to be made to information entered on previous screens, use the **Left Navigation** menu. If the change affects other areas, KY MPPA will notify the user of necessary updates before the application can be submitted.

I. **10.0 Submit**

The **10.0 Submit** screen allows the completed **New Enrollment Application** to be electronically submitted to the KY Department for Medicaid Services (DMS). Credentialing Agents and Providers will see different views:

- **Credentialing Agents (Non-Delegates)** are able to:
    o Send an **Application** <u>to the Provider</u> for final review and electronic signature. This item will appear in the Provider's **Dashboard** in the **Application Status** section to be reviewed by the Provider.
- **Credentialing Agents with Authorized Delegate** are able to:
    o <u>Enter the application and Submit:</u> The Credentialing Agent with Authorized Delegate can review the item, e-sign, upload Authorized Delegate form and then *submit* to DMS.
    o <u>Review/edit the item and Submit:</u> The Credentialing Agent with Authorized Delegate can review the item, make changes as needed, e-sign, upload updated Authorized Delegate form and then *submit* to DMS.
    o <u>Withdraw the item:</u> The Credentialing Agent with Authorized Delegate can withdraw an item, removing the application from the dashboard before or after submitting.
- **Providers** are able to:
    o <u>Enter the application and Submit:</u> The Provider can review the item, agree to the terms of the provider agreement, e-sign, and then *submit* to DMS.
    o <u>Review/edit the item and Submit:</u> The Provider can review the item, make changes as needed, agree to the terms of the provider agreement, e-sign, and then *submit* to DMS.
    o <u>Withdraw the item:</u> The Provider can withdraw an item, removing the application from the dashboard before or after submitting.

Note: *If the Provider does not make an update within ninety days from the date the item is started, the item is considered abandoned. Abandoned items become read-only.*

Once an item is *submitted*, no updates or revisions are permitted unless DMS returns the item for additional information.

Terms of the Provider Agreement

Providers must read and agree to the terms of the **Provider Agreement** before submitting a **New Enrollment Application** to DMS.

Figure 116: Submit (Provider - Agree to Terms)

To *agree* to the **Terms of the Provider Agreement**:
- *Click* the **I Agree** checkbox.
  - o **Note:** Failure to agree to the terms of the Provider Agreement will result in the item not being submitted to DMS.
- *Click* **Save & Next** to proceed to the next screen.

Complete the Submit Screen as an Individual Provider:

After agreeing to the terms of the **Provider Agreement** and *clicking* **Save & Next,** Individual Providers will see the **Submit** screen.

<div align="center">

Figure 117: Individual Provider Submit Screen - Esign & Submit

</div>

To c*omplete* the **Submit** screen as an **Individual Provider** enter the following:

- **Name:** *Enter* the name of the Individual Provider. Name must match the name on the application.
- **Title:** Pre-populated with the title of the Individual Provider based on **Provider Type** selection on the **Start New Enrollment** screen; cannot be changed.
- **Sign Date:** Pre-populated with current date and time; cannot be changed. This is used as the date and time the application is submitted to DMS.

To **E-sign** & **Submit** the item:

- **E-sign & Submit:** *Click* the **Esign & Submit** button to send the item to DMS.
  - o After clicking **Esign & Submit**, the item will display the **Next Steps** screen stating, "From the Dashboard, you may check back in 48 hours to see if the application has been accepted for review."
  - o Once an item is *submitted*, no updates or revisions are permitted unless DMS returns the item for additional information.
- **Back:** *Click* **Back** to go to the previous screen without submitting.
- **Exit:** *Click* **Exit** to return to the Dashboard without submitting.

Note: *An application can be withdrawn after submission by clicking the **Withdraw** button on the Provider Dashboard. The application will be viewable but cannot be resubmitted. A new application must be completed.*

To *print* the application or *save* it to your computer:

- **View Map-811 PDF:** *Click* the **View MAP-811 PDF** button to open a PDF document to save to your computer and/or print for your records.
- The **MAP-811** (containing the Provider Agreement) will be saved in the **Correspondence** screen after the application has been approved.

Complete the Submit Screen as a Credentialing Agent (Non-Delegate):

Credentialing Agent Non-Delegates will utilize the **Submit** screen to send a **New Enrollment Application** to a Provider who can then *e-sign* and *submit* the item to DMS.
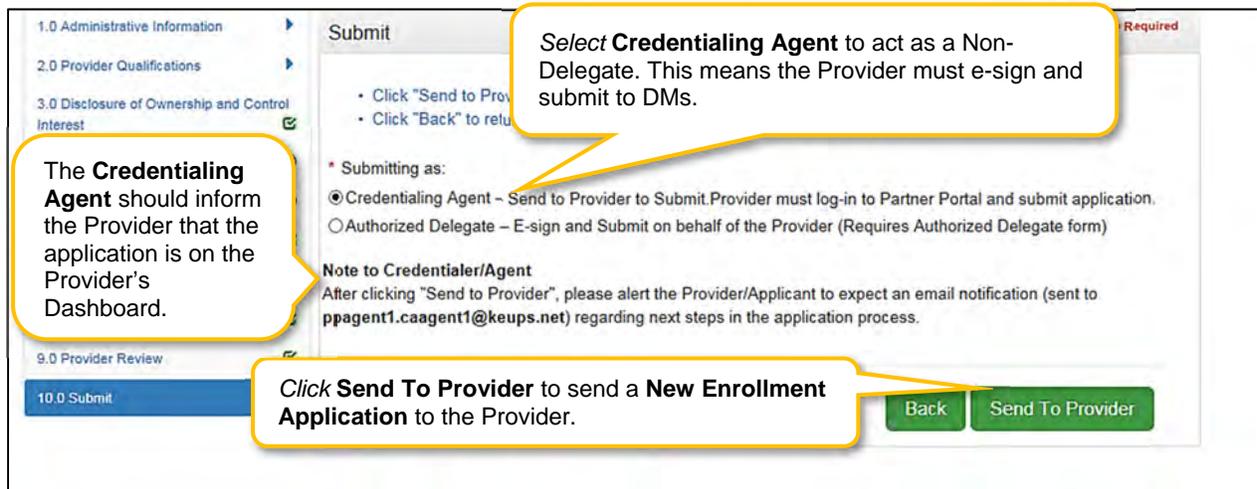
Figure 118: Credential Agent Submit Screen (Send To Provider)

To *complete* the **Submit** screen as a Credentialing Agent Non-Delegate:

- **Submitting As**: *Select* **Credentialing Agent** option.
- **Send To Provider:** *Click* the **Send to Provider** button to send the item to the Provider for review and submission.
- The Credentialing Agent should inform the Provider that the application is on the Provider's Dashboard.
  - o Credentialing Agents will receive a notification (in their Dashboard Notifications) when the application has been sent to the Provider.
  - o Credentialing Agents will receive a notification (in their Dashboard Notifications) when the Provider has esigned and submitted the item to DMS.
- **Back:** *Click* **Back** to go to the previous screen without submitting.
- **Exit:** *Click* **Exit** to return to the Dashboard without submitting.

Credentialing Agent Non-Delegates are able to send a New Enrollment Application <u>to the Provider</u> for final review and e-signature. The item will appear in the Provider's Dashboard, in the Application Status section, for review and submission to DMS.

Credentialing Agents will receive a notification in their Dashboard Notifications when the Provider electronically signs and submits the item to DMS.

MAP 811 can be printed for the Credentialing Agents or Providers files. Paper application if submitting electronically is NOT to be mailed in for processing.

Credentialing Agents with an Authorized Delegate form will utilize the **Submit** screen to send a **New Enrollment Application** to DMS on behalf of the Provider. CA will be able to *e-sign* and *submit* the item.
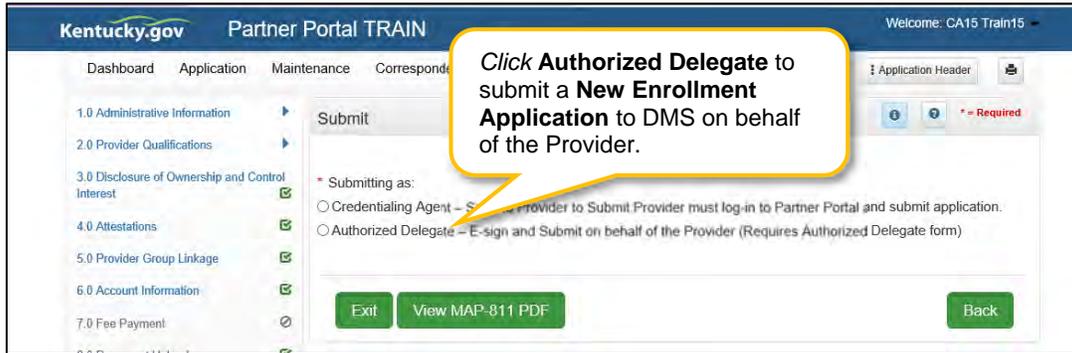
Figure 119: Credential Agent Submit Screen (Authorized Delegate)

To *complete* the **Submit** screen as a Credentialing Agent Authorized Delegate:

- *Click* the **Authorized Delegate** button to progress to the next screen and to **submit** the application on behalf of the Provider to DMS.
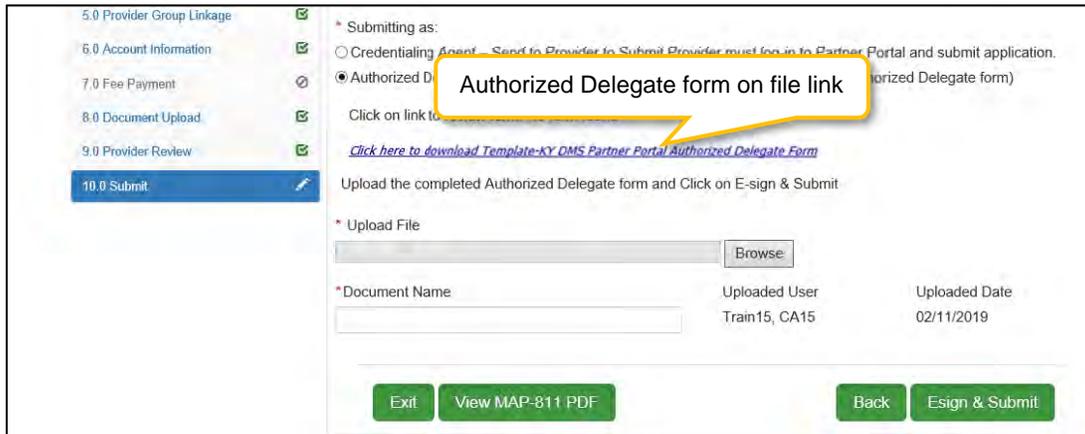
Figure 120: Credential Agent Submit Screen Expanded (Authorized Delegate)

- After selecting Authorized Delegate, the screen will expand asking for either Review or Upload of the Authorized Delegate form.
  o If there is an Authorized Delegate form on file (file name will be listed), c*lick* on the link to open and review form. Answer question "**Is Form Correct?**"
    - *Select* **Yes**, if form is still valid.
    - *Select* **No**, if form is expired or data on the form has changed. User will be required to **Upload** a new Authorized Delegate form.
  o If there is not an Authorized Delegate form on file (link says "No form found"), *click* on the **Browse** button to retrieve the form and upload the document.
- After Authorized Delegate form is uploaded: *Click* **Esign & Submit.**

Credentialing Agents with Authorized Delegate will have the ability to complete the final review, e-sign and submit item to DMS.

MAP 811 can be printed for the Credentialing Agents or Providers files. Paper application if submitting electronically is NOT to be mailed in for processing.

Chapter Summary: New Enrollment: Start to Submit

- KY MPPA verifies that the NPI/Taxonomy combination entered does not already have an active KY Medicaid ID for the same Provider Type. If an active KY Medicaid ID is found, a different NPI/Taxonomy combination is required in order to submit a new KY Medicaid ID application.

- KY MPPA fully validates the application when the user clicks the **Submit** button. If the user finds they need to make changes to information entered after checking the **9.0 Review** screen, they can go back to previous screens using the **Left Navigation** menu and make changes.

- If the change in information affects dependent information on other screens, when the user *clicks* **Submit** again, KY MPPA will notify the user of other necessary updates before the application can be submitted.

- If a user withdraws an application, it will remain viewable, however, it cannot be edited or resubmitted.

- If the NPPES website is down, KY MPPA will display a message and the user cannot proceed with their application until NPPES is available for validation.

- Routing number information can take up to twenty-eight days to verify. Until authorization of the EFT transaction is approved, or if the routing number information cannot be verified, the payment type will default to check.

- On the 8.0 Document Upload screen, documents that are required for each provider type will have a placeholder record in the grid and be marked with a 'Y' in the Required column. These document records are edited in the grid, and not Added, when uploading documents. Additional supporting documents can be uploaded by clicking the Add button.

- File size for upload cannot exceed 5MB. Allowable file types include: PDF, DOC, DOCX, JPG, JPEG, TXT, RTF, CSV, XLS, XLSX, TIF, TIFF.

- Credentialing Agents (non-delegate) are able to send a New Enrollment Application to the Provider for final review and electronic signature. The item will appear in the Provider's Dashboard in the Application Status section for review and submission to DMS.

  o Credentialing Agents will receive a notification in their Dashboard Notifications when the Provider receives, electronically signs, and submits the item to DMS.

- Credentialing Agents acting as an Authorized Delegate will be able to electronically sign and submit the action to DMS.
  o To act as an Authorized Delegate, the CA will need to have an Authorized Delegate form completed and signed by the Provider and will be required to upload the form on the 10.0 Submit screen.

VI.   1. 0 MAINTENANCE

Information for a Kentucky Medicaid ID needs to be current. This includes items such as name changes, address changes, additional certifications, updated licenses, date changes, etc.

Note: *If the Provider is utilizing a Credentialing Agent (CA) to work on their behalf, the Provider and CA must be linked in KY MPPA **prior** to beginning a Maintenance action in order for the CA to have authorization to access the Provider's Medicaid ID data. If the Provider and CA are not linked, the CA will receive an alert message. See the Linking section for more information. See the Maintenance Alert Messages section for a description of the maintenance-related alert messages.*

Note: *If you receive an alert message or require assistance with linking, contact the KY MPPA Contact Center at 1-877-838-5085, extension 1 or via email at medicaidpartnerportal.info@ky.gov.*

The first time a Provider, or CA on behalf of a Provider, perform Maintenance on a KY Medicaid ID within KY MPPA, all screens will need to be completed. On subsequent Maintenance actions, the Provider or CA will only need to access the screens requiring updates.

> There are 7 prescriber Provider types that will not be required to complete every screen when performing a maintenance to update licensure. Those Provider types are: PT60 (Dentists), PT64 (Physicians), PT74 (Certified Registered Nurse Anesthetists), PT77 (Optometrists), PT78 (ARNP), PT85 (Chiropractors) and PT95 (Physician Assistants).

There are two ways to begin a maintenance action – from the Kentucky Medicaid Provider IDs section on the dashboard or from the Maintenance tab on the Main Menu.

Option 1: Click on **Start Maintenance** in the **Kentucky Medicaid Provider IDs** section on the dashboard for the Kentucky Medicaid ID to be updated. The Provider's information will be pre-populated on the Medicaid ID screen.

Figure 121: Maintenance: Start Maintenance Button from Dashboard

Option 2: Click on **Maintenance** in the **Main Menu** to start maintenance on a Kentucky Medicaid ID. To start the **Maintenance** process, enter the **Medicaid ID** into the **Medicaid ID** field and *click* **Search**.

Figure 122: Maintenance: Initial Maintenance Screen

- *Click* **Clear** to remove the KY Medicaid ID.
- *Click* **Exit** to return to the Dashboard.

Maintenance Type

KY MPPA will locate the Provider information based on the KY Medicaid ID entered.

Figure 123: Maintenance: Select Performance Type

Messages will alert users if issues are found with the KY Medicaid ID entered as follows:

- If the KY Medicaid ID is not found, an **Alert** will display.
- If the KY Medicaid ID already has a Maintenance started, an **Alert** will display.
- If the Credentialing Agent is not linked to the Provider's KY Medicaid ID, an **Alert** will display.

See the Maintenance Alert Messages section of this chapter for a description of the maintenance-related alert messages.

Review the information retrieved to ensure the correct KY Medicaid ID has been entered.

To enter a **Maintenance** item, *select* the type of maintenance to perform:

- **I want to Perform** (drop-down)**:**
  o **Maintenance**: Update items such as licensure, certifications, name changes, address changes, etc.
  o **Revalidation**: Revalidation is required every five years. Review the information on file with DMS for accuracy and update any missing or inaccurate information.
  o **Voluntary Termination**: Voluntarily terminate the Medicaid ID.
  o **Reinstatement**: If a Provider is terminated for cause, and they reapply, they will receive their old Medicaid ID number back regardless of whether it is greater than or less than one year.
  o **Reapplicant**: If a Provider self-end-dates and they reapply, they will receive their old Medicaid ID number back regardless of whether it is greater than or less than one year.
- **Requested Effective Date:**
  o *Enter* the date you would like the maintenance items to take effect.
  o Requested Effective Date must be today's date or future date (no more than 90 days).

Note: *Users must view every screen the first time they enter a Maintenance for DMS review. The next time a Maintenance is performed, users can use the Left Navigation menu to navigate to a specific section with the required change and submit the request to DMS for review.*

Once you have verified the Medicaid ID *, click* **Continue** to proceed to the next screen.

- *Click* **Continue** to continue with the Maintenance request.
- *Click* **Exit** to return to the **Main Menu**.
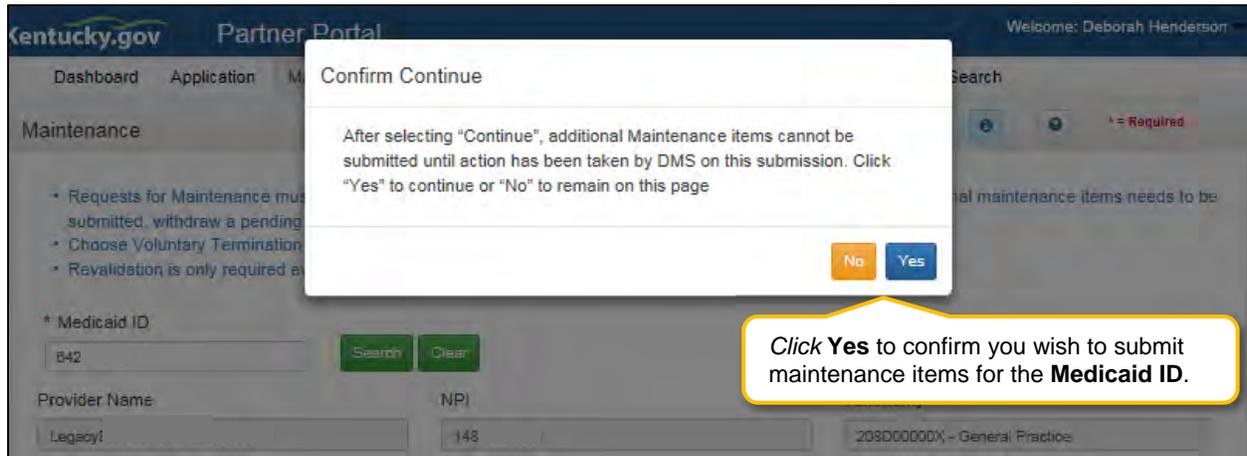
Figure 124: Maintenance: Conformation Screen

- **Confirm Continue:** *Click* the **Yes** or **No** button to proceed to next screen.
  - *Click* **Yes** to proceed to next screen.
  - *Click* **No** to return to the input screen*.*

Note: *You may see an alert message indicating a Maintenance item is already in process. Only one Maintenance action can be in process at a time. If necessary, click the* **Withdraw** *button on the Dashboard to withdraw the Maintenance item from review with DMS; stopping the maintenance process. This can be done at any time prior to the completion of DMS' review. Comment box is optional.*

Maintenance: Administrative Information

Maintenance opens in the **Administrative Information** section beginning with the **1.1 Basic Information** screen.

1.1 Maintenance: Basic Information

The **Basic Information** screen captures key information about the Provider. Utilize **Maintenance** to update information in the application by editing any of the permitted fields (not greyed out) on the screen.

Figure 125: Maintenance: Basic Information

Many of the KY MPPA screens are pre-populated with information currently on file with the KY Department for Medicaid Services. To update the **Basic Information** maintenance screen, *enter* data in the fields as needed:

- **Provider First Name:** First name of Provider.
- **Middle Name:** Middle name of Provider.
- **Provider Last Name:** Last name of Provider.
- **Suffix:** Jr., Sr., II, etc.

NOTE: *The name information entered here must match the name on all supporting documentation.*

- **Gender:** Male or Female.
- **Date of Birth:** Provider date of birth. **Note:** *Date used to calculate the age of the Provider for all age-related data.*
- **Doing Business As (DBA):** If business has a DBA enter here.
- **Provider Email Address** Update Provider email address if necessary. Email address must match the email address associated with the Provider's KOG account (if Provider has a KOG account, if provider doesn't have KOG account use work email address).
- **Communication Email Address:** Enter a group or organization email address to allow all credentialing team members to receive email notifications about this specific application. This field can also be left blank if no other Credentialing Agents need to receive email notifications regarding this specific application.
- **Requested Effective Date:** Date the user would like the KY Medicaid ID to become active.
  - o User may request an effective date of up to one year retroactive from current date or up to ninety days after the current date**.**
  - o Provider should ensure all licensure and certifications are active by the effective date.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.
  1.2   Maintenance: Tax Information

The **Tax Information** Maintenance screen allows the user to change their tax structure. User must *end date* the previous tax structure before adding a new tax structure.

Tax Structure Information

Figure 126: Maintenance: Tax Information – Individual

To *end date* a Tax Record, *click* **Edit** and enter data as follows:

- *Click* the **Edit** icon to *end date* a tax record.
  - The **Requested Maintenance Date** will default for the **End Date** field.

Note: *The **Tax Record Effective Date** populated during enrollment cannot be changed during editing. The record must be end dated and a new record added. (Requires a document upload)*

To add a new **Tax Record**, click **Add** and enter data as follows:

- *Click* **Add** to *add a* new Tax record.

Figure 127: Maintenance: Tax Information (Update)

- **Tax Reporting Type:** *Choose* a **Tax Reporting Type** from the following:
  - FEIN: Federal Employer Identification Number. Individual must own 100% of FEIN.
  - SSN: Social Security Number.
- **Tax Structure:** *Select* one of the following from the **Tax Structure** drop-down:
  - Individual – SSN/FEIN
  - Sole Proprietor – SSN/FEIN
  - Corporation – FEIN
  - Public Service Corporation – FEIN
  - Limited Liability Corporation – FEIN

- **Tax Effective Date:** This field will pre-populate from enrollment record and will NOT be editable, the DMS Approval Date will default as the Effective Date.
- **Tax Exempt:** Refers to a monetary exemption, which reduces taxable income. Defaults to **No.** *Click* for tax exempt.
- **Tax Structure Comment:** Allows the User to explain or provide additional information to DMS regarding the Tax Structure. (See Navigation section for comment box rules)
- **FEIN:** Federal Employer Identification Number. Individuals can only enter a FEIN if they are 100% owner. *To update a FEIN, the tax record must be end dated and a new record entered.*
- **Social Security #:** Social Security Number of Provider. *To update a social security number, the tax record must be ended and a new record entered.*
- **Does SSN Card state 'Not valid for Employment':**
  - ○ *Select* **Yes** or **No** radio button.
- *Click* **Add To Grid** button to add the record to the grid.

DHS/INS Tax Information Maintenance

Figure 128: Maintenance: DHS INS Information (update)

DHS/INS Information:

- Department of Homeland Security (DHS) Immigration and Naturalization Service (INS).
- The reason the applicant is in the United States determines the documentation needed.
  - ○ If the applicant has a Social Security Card that states "**Valid for work only with DHS/INS authorization**," submit one of the following in the **8.0 Document Upload** screen:
    - DS-2019
    - I-129
    - I-20
    - Work Authorization Card
    - Permanent Resident Card
  - ○ If an extension has been applied for one of the above documents, upload a copy of the DHS/INS Receipt Notice in Document Uploads.
  - ○ If the applicant has received a Naturalization Certificate, a permanent Social Security Card must be submitted within 60 days through Maintenance after being approved as a Medicaid Provider.

To *end date* a **DHS/INS** record, *click* **Edit** and enter data as follows:

- *Click* the **Edit** icon to *end date* a **DHS/INS** record. The **Requested Maintenance Date** will default for the **End Date** field.

To add <u>new</u> **DHS/INS Information**, enter data in the fields as follows:

- **DHS/INS Effective Date:** This field will pre-populate from enrollment record and will NOT be editable, the **DMS Approval Date** will default as the **DHS/INS Effective Date**.
- **DHS/INS End Date:**
  - **End Date** (Optional)

Note: The **DHS/INS Effective Date** populated during enrollment cannot be changed. The record must be end dated and a new record added. (Requires a document upload)

- Click **Add To Grid** button to add the record to the grid.

To save the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

An Individual can only enter a FEIN if 100% owner.

Previous tax information or DHS/INS records cannot be deleted. They can only be end dated.

1.3 Maintenance: NPI Information

The **NPI Information** maintenance screen allows users to *add* new or *end date* existing NPIs for the Provider.

The **NPI** number is a unique ten-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).

KY MPPA verifies the **NPI** number and **NPI/Taxonomy** combination associated with the Provider against the National Plan & Provider Enumeration System (NPPES) website.

Note: *If the NPPES website is down, KY MPPA will display a message alerting the user that they cannot proceed with their application until NPPES is available for validation.*

Rules for **NPI Information** are as follows:

- Up to thirty **NPI** numbers can be added for each Provider.
- **NPI** numbers cannot be deleted. They must be end dated if they are no longer in use.
- **Effective Date**:
  o Pre-populated with date entered during enrollment.
- **End Date**:
  o Current or future date.
- Users may end date more than one **NPI**; however, it is a required to have at least one active primary **NPI** number at all times.
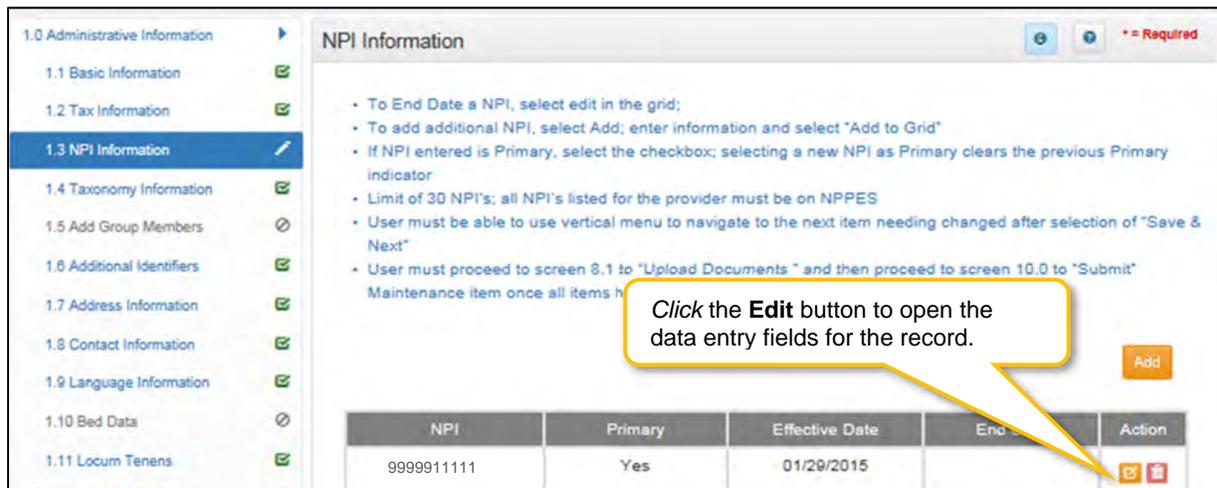
Figure 129: Maintenance: NPI Information Screen

To *edit* an **NPI** record and *enter* an *end date*, c*lick* the **Edit** icon in the **Action** column to open the fields:

Figure 130: Maintenance: NPI Information Screen (Add/Edit)

- **NPI**: Pre-populated and cannot be changed.
- **Primary:** *Click* the Primary indicator if the **NPI** is the primary. There can only be one primary **NPI** number. (see instructions below for changing the **Primary** indicator from one NPI to another)
- **Effective Date:** Pre-populated and cannot be changed.
- **End Date**: *Enter* the date the **NPI** is no longer valid.
- **Add To Grid:** *Click* **Add To Grid** to *update* the record in the grid.

To *add* additional **NPI numbers**, enter data in the fields as follows:

Click **Add** to open the data entry fields.

- **NPI:** *Enter* the Provider's NPI number in the grid.
- **Primary**: *Click* the box if the NPI is the primary NPI. There can only be one primary NPI number. (see instructions below for changing the Primary indicator from one NPI to another)
- **Effective Date**: *Enter* the Effective Date.
- **End Date**: *Enter* the End Date. (Optional)
- *Click* **Add to Grid** to enter information in the grid.

To *change* the **primary** NPI number, use the following steps:

FIRST: The **Primary** indicator must be removed from an existing NPI prior to designating a different NPI as Primary.

- Remove the Primary indicator from the existing NPI as follows:
  - o *Click* the **Edit** icon in the **Action** column for the NPI that is the current primary.
  - o **Primary**: *Uncheck* the **Primary** checkbox to remove the primary status for that NPI.
  - o **End Date**: If this NPI is no longer valid, *enter* the End Date. If the NPI is still valid, do not populate the End Date.
  - o *Click* **Add To Grid** to add the changes into the grid.

NEXT: Determine which of the following is needed to designate a NPI as Primary; instructions are included:

- An NPI already listed in the grid needs to be the new Primary:
  - o *Click* **Edit** in the **Action** column to open the fields for the NPI number that is the new Primary.
  - o **NPI:** Pre-populated.
  - o **Primary:** *Click* the **Yes** checkbox to populate the Primary indicator**.**
  - o **Effective Date**: Pre-populated.
  - o **End Date**: Leave blank.
  - o *Click* **Add To Grid** to enter the record into the grid.
- An NPI not listed in the grid needs to be the new Primary:
  - o Follow the instructions to Add a new NPI
    - ▪ *Click* the **Yes** checkbox to populate the Primary indicator**.**
  - o *Click* **Add To Grid** to enter the record into the grid.

To *save* the grid information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

Return to the ***System Navigation: Grid Layout*** for help on working with grids.

> If the **NPPES** website is down, KY MPPA will display a message and the user cannot proceed with their application until **NPPES** is available for validation.

> Pre-existing NPIs cannot be deleted. They can only be end dated and new NPIs can be added.

> You must have at least two NPI numbers in the grid to change the **Primary NPI** number. There can only be one **Primary NPI** number.

1.4 Maintenance: Taxonomy Information

The **Taxonomy Information** Maintenance screen allows a Provider to add a new Taxonomy or end date an existing Taxonomy. KY MPPA verifies **NPIs** and **Taxonomies** against *National Plan & Provider Enumeration System* (NPPES).

Note: *If NPPES is down, KY MPPA will display a message alerting the user they cannot proceed with their application until NPPES is available for validation.*

The rules for Taxonomies are as follows:

- Displayed Taxonomies cannot be deleted; only end dated and a new Taxonomy added*.*
- To *end date* a **Taxonomy**, *select* the **Edit** icon in the grid where there is at least one active **Taxonomy. Note:** *There must always be at least one active Taxonomy.*
- **Effective Date** must be today's date or future date.
- **End Date** cannot be a prior date.
- When *adding* or *editing* an NPI/Taxonomy, the combination will be verified in **NPPES** when the **Save & Next** button is clicked. All **NPI** and **Taxonomy** numbers must be registered in **NPPES.**

Figure 131: Maintenance: Taxonomy Information Screen

To *add* new or *edit* an existing **Taxonomy**, follow the steps below:

Figure 132: Maintenance: Taxonomy Information (Add or Edit)

- *Click* **Add** to open the fields.
- **Taxonomy:**
    o 10-digit identification number.
    o There must be at least one **Taxonomy** entered to proceed to the next screen.
    o **NPI's** and **Taxonomies** will be verified in **NPPES.**
    o If the **NPPES** database is down, the user will receive an error message and cannot proceed until **NPPES** is able to complete the verification.
        ▪ If the **NPI** or **Taxonomy** was recently submitted to **NPPES**, the Provider must wait until the information is available on the NPPES website to proceed with their application.
- **Primary:** Is this the Primary Taxonomy? **Yes** or **No**?
    o A Primary Taxonomy is required.
    o To change Primary from one Taxonomy to another:
        ▪ *Edit* the record of the current primary and uncheck the primary indicator.
        ▪ Then *add* a new Taxonomy and check the primary indicator for that record.
- **Effective Date**: *Ente*r the Taxonomy Effective Date.
    o A requested **Effective Date** must be today's date or future date.
- **End Date**: The **Taxonomy End Date** is optional.
- **Add To Grid:** *Click* **Add To Grid** to enter the record into the grid.

To *edit* a **Taxonomy** record in the grid, c*lick* the **Edit** icon in the **Action** column to open the fields and complete the following:

- **Taxonomy**: Pre-populated from enrollment and cannot be changed.
- **Primary:** Is this the Primary Taxonomy? **Yes** or **No**?
  - o **Note:** *Primary Taxonomy can be switched to another Taxonomy (instructions above).*
- **Effective Date:** Pre-populated from enrollment and cannot be changed.
- **End Date**: *Enter* the **Taxonomy End Date**.
- **Add To Grid:** *Click* **Add To Grid** to *update* the record in the grid.

- *Click* **Discard** to *cancel* the data entry. No information will be saved.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

Return to the **System Navigation: Grids** for help on working with grids.

If the **NPPES** website is down, KY MPPA will display a message. The user cannot proceed with the application until **NPPES** is available for validation.

Existing Taxonomies cannot be deleted. They can only be end dated. A new Taxonomy can be entered if necessary.

KY MPPA verifies that the NPI/Taxonomy combination entered does not already have an active KY Medicaid ID for the same Provider. If an active KY Medicaid ID is found, a different NPI/Taxonomy combination is required in order to submit a new KY Medicaid ID application.

1.5   Add Group Members

Add Group Members is not applicable for Individual providers.

1.6   Maintenance: Additional Identifiers

The **Additional Identifiers** maintenance screen allows users to *add* or *end date* identifying information such as the Medicare number, driver's license number, Drug Enforcement Administration (DEA) number, or Clinical Laboratory Improvement Amendments (CLIA) number.

Pre-existing **Additional Identifier** records cannot be deleted, they must be *end dated*, by adding an expiration date, and a new **Additional Identifier** record added with a new effective date. Required **Additional Identifiers** should be entered based on the applicant's provider type.*

Note: *Additional Identifier information added to this screen may require upload of supporting documentation on the 8.0 Document Upload screen.*

* *Additional Identifiers do not include license or certification information. If an **Additional Identifier** is required and not entered, an error message will appear. For additional information on required documentation, go to the* provider type summaries.
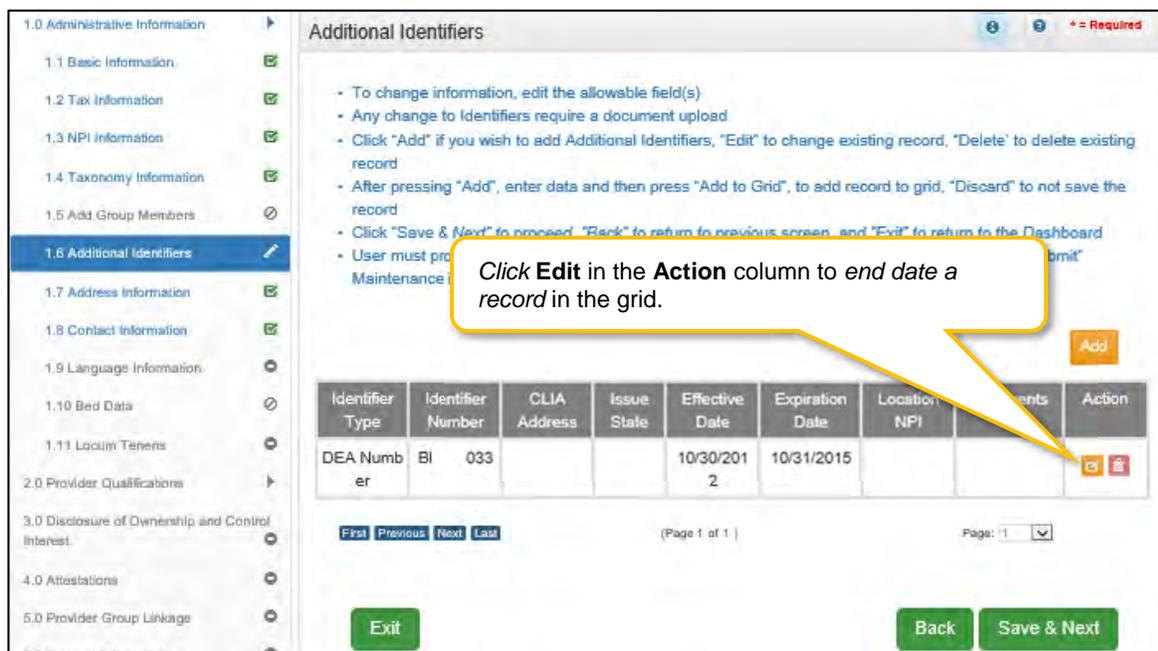
Figure 133: Maintenance: Additional Identifiers (Edit Grid)

To *edit* **Additional Identifiers**, enter the data as follows:

- *Click* **Edit in the Action** column to *end date an* existing **Additional Identifier record** by *entering* an **Expiration Date** in the record. **Note:** *If adding additional CLIAs, see **Add CLIA Numbers** section below.*
    - o Pre-existing **Additional Identifiers** cannot be deleted, they must be end dated by entering an **Expiration Date.** A new **Additional Identifier** can be added with a new date.
- The **Delete** icon in the **Action** column is disabled with the exception of new entries.

Figure 134: Maintenance: Edit Fields for Additional Identifiers

- **Identifier Type:** When editing, this field will prepopulate.
- **Identifier Number:** When editing, this field will prepopulate.
- **Effective Date:** When editing, this field will prepopulate.
- **Expiration Date:** When editing, this field will prepopulate. Update the **Expiration Date** as necessary to *end date* the **Additional Identifier**.
- **Comment:** Comments can be added but are not required.

Click **Add To Grid** to save the information to the grid.

CLIA Numbers Maintenance

Additional steps must be taken when adding a new CLIA or editing an existing CLIA. To *add* or *edit* a **CLIA**, enter data in the fields as follows:

Figure 135: Maintenance: Additional Identifiers (Add)

- *Click* **Add** to open the fields.

> **CLIA Numbers** cannot be edited or deleted in KY MPPA. Information is imported from the original CLIA file and updated every Friday.

Figure 136: Maintenance: Add CLIA Number

- **Identifier Type:** *Select* the CLIA **Identifier Type** from the drop-down.
  - o Identifiers listed in the **Identifier Type** drop-down are based on Provider Type.

- **Identifier Number:** *Enter* the CLIA number.
- **Select Location NPI:** *Check* the box(es) next to the **NPI(s)** associated with the location.

Note: *If an NPI is 'end dated' or 'added' to the* **1.3 NPI Information** *screen, the change will reflect on the* **1.6 Additional Identifiers** *screen in the* **Select Location NPI** *list. If a CLIA was associated with a removed NPI, a* **new NPI location must be selected from the 'Select Location NPI' list and added to the grid before the user can proceed to the next screen.**

Note: *When an NPI is 'end dated' on the* **1.3 NPI Information** *screen, the CLIA associated address saved in the '***NPI Location***' field will be removed from the grid leaving the field blank.* **The CLIA must be edited, and a new NPI location selected from the 'Select Location NPI' list, before the user can proceed to the next screen.**

- **CLIA Address:** *Enter* the address linked to the associated CLIA**.**
- **Comments:** Comments may be *entered* for any **Identifier Type** but are not required.

Click **Add To Grid** to add new CLIA **Additional Identifier** records to the grid.

Note: *When adding a new CLIA, the effective date and expiration date will auto-populate. Multiple CLIA Numbers can be added for a single Medicaid ID. The CLIA must belong to the Individual Provider.*

Note: *Additional Identifier information added to this screen may require upload of supporting documentation on the **8.0 Documentation Upload** screen.*

Note: *Existing CLIA numbers cannot be edited or deleted in KY MPPA. Information is imported from the original CLIA file and updated every Friday.*

To *add* **Additional Identifiers**:

- *Click* **Add** to open the data entry fields.

- **Identifier Type:** *Select* the identifier from the drop-down.
    - Identifiers listed in the **Identifier Type** drop-down are based on **Provider Type**.
- **Identifier Number:** *Enter* Identification Number associated with the Identifier.
- **Effective Date:** Date the Identifier became effective.
- **Expiration Date:** Date the Identifier will expire. (Optional)
- **Comments:** Comments may be entered but are not required.

Click the **Add To Grid** button to enter the record into the grid.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

*Return to the **System Navigation: Grid Layout** chapter for help on working with grids.*

Other identifier types may be required as specified in the provider type summaries. Identifiers available in the **Identifier Type** drop-down are based on provider type.

Pre-existing **Additional Identifier records** cannot be deleted, they must be *end dated*, by entering an expiration date.

1.7   Maintenance: Address Information

The **Address Information** maintenance screen captures and allows updates to address information for the Individual, Group, or Entity Medicaid Provider. In maintenance, addresses may be added, edited, and deleted.

The **Primary Physical, Pay-To/1099**, and **Mailing** addresses are required addresses.
The **Other Physical** address is used to document any satellite locations.

Figure 137: Maintenance: Address Information Screen

To *add* additional **Address Information**, *enter* data in the fields as follows:

- *Click* **Add** to open the fields for the address information.

Figure 138: Maintenance: Address Information Screen (Add)

- **Address Type:** *Define* the address type being entered by *checking* a box for each address type entered. *Add* addresses as follows:
    - o *Select* one **Address Type** and complete the fields one address at a time, OR
    - o *Select* any combination of the following three **Address Types** (Primary Physical, Pay To/1099, and/or Mailing) simultaneously, to populate all selected address types with the same address. *Note:* **Primary Physical** and **Other Physical** *cannot be selected simultaneously as they must have different addresses.*
    - o There are four address types:

- ▪ **Primary Physical**: The main practice location.
  - ◦ Only one address can be entered as a primary physical address.
  - ◦ A post office box address is not permitted.
- ▪ **Other Physical**: (Optional)
  - ◦ Satellite locations for the business. Can enter multiple satellite locations.
  - ◦ A post office box address is not permitted.
  - ◦ Other Physical address cannot be a duplicate of the **Primary Physical** address.
- ▪ **Pay To/1099**: Address where payments, tax and other financial documents should be sent (only one address can be entered as a Pay To/1099 address).
- ▪ **Mailing**: General address for other correspondence (only one address can be entered as a mailing address).
- **Contact Name**: Name to whom the mail should be addressed
- **Address 1**: Mailing address line 1
- **Address 2**: Mailing address line 2
- **City**: City
- **State**: State
- **Zip Code**: Zip Code
- **Zip + 4**: Last 4 digits of Zip Code (if known)
- **County**: County
- **Phone Number**: Number to call the Contact person
- **Ext**: Phone number extension of the Contact person (if applicable)
- **Fax Number**: Fax Number
- *Click* **Validate Address**, select from address panel
  - o **Validate Address**: When the user selects the **Validate Address** button, KY MPPA will show error messages for any missing required fields. If data entry is complete, then the address validates against the *United States Postal Service (USPS).*

Figure 139: Maintenance: Address Information Screen (Address Selection Panel)

- **Address Selection Panel**: The **Address Selection** panel displays after the Post Office validates the address. KY MPPA will display a **Suggested Post Office Address or** the **Address You Entered.** *Select* one:
    - o   The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*
    - o   The **Address You Entered** will show the address exactly as it was entered by the user.
- **Enter Address Again**: *Select* **Enter Address Again** to clear all fields and re-enter an address.
- **Choose and Continue**: *Select* **Choose and Continue** to use the address selected.

To *edit* or *delete* **Address Information** in the grid:

- *Click* **Edit** icon to update the information in the record. *Selecting* **Edit** opens the fields for editing.
- *Click* **Delete** icon to remove the existing record.

To *save* the information

- *Click* **Save & Next** to *save* the information proceed to the next screen.

Return to the **System Navigation: Grid Layout** *chapter for help on working with grids.*

The **Primary Physical, Pay-To/1099**, and **Mailing** addresses are required addresses. The **Other Physical** address is optional.

1.8 Maintenance: Contact Information

The **Contact Information** maintenance screen allows users to *add*, *edit*, or *delete* contact information. The following contact information is required:

- **Agent of Service:** Individual First and Last Names or Business Name to contact in case a summons is necessary.
- **Credentialing Contact**: Individual to contact about information necessary to process the application.

Contact records must be added one at a time. However the same person can be more than one **Contact Type**. There is no limit to the number of contacts.

Figure 140: Maintenance: Contact Information

To *edit* or *add* **Contact Information**, *enter* data in the fields as follows:

- *Click* the **Edit** icon to update the information in the record. Selecting **Edit** opens the record fields for editing.
- *Click* the **Add** button to add new contact record. Selecting **Add** opens fields to add new record.

Figure 141: Maintenance: Contact Information (Add/Edit)

- **Preferred Contact Method:** Required fields display when a Preferred Contact Method is selected.
  - Email
  - Fax Number
  - Mobile Number
  - Office Phone Number
- **Contact Type**:
  - **Accountant or CPA:** Individual who provides accounting services.
  - **Administrator:** Office Administrator.
  - **Agent of Service: Individual First** and **Last Names** or **Business Name** In case of summons
  - **Assistant Administrator:** Assistant Office Administrator.
  - **Controller:** Office Controller.
  - **Credentialing Contact:** Individual to contact about information necessary to process the application.

- o **Note:** *An entry for both **Agent of Service** and **Credentialing Contact** information is required.*
- **First Name**: First name.
- **Last Name**: Last name.
- **Business Name**: Name of the business.
- **Mobile Number**: Mobile phone number.
- **Office Phone Number**: Office phone number.
- **Ext:** Office phone number extension.
- **Fax Number**: Office fax number.
- **Email:** Email address.
- **Add To Grid**: *Click* **Add To Grid** to add the record to the grid.

Click **Discard** to cancel the data entry without saving.

To *delete* **Contact Information** in the grid:

- *Click* the **Delete** icon to remove the existing record.

To *save* the information:

- Once information has been added to the grid, *click* **Save & Next** to save the information and proceed to the next screen.

*Return to the **System Navigation: Grid Layout** chapter for help on working with grids.*

A minimum of two types of contacts are required: Agent of Service and Credentialing Contact.

1.9   Maintenance: Language Information

The **Language Information** maintenance screen allows the user to add a new language, or edit to end date a language no longer spoken at the location. At least one language is required. English is the default but is not a required language.

Note: *If a language is no longer in use, it cannot be deleted and must be end dated.*
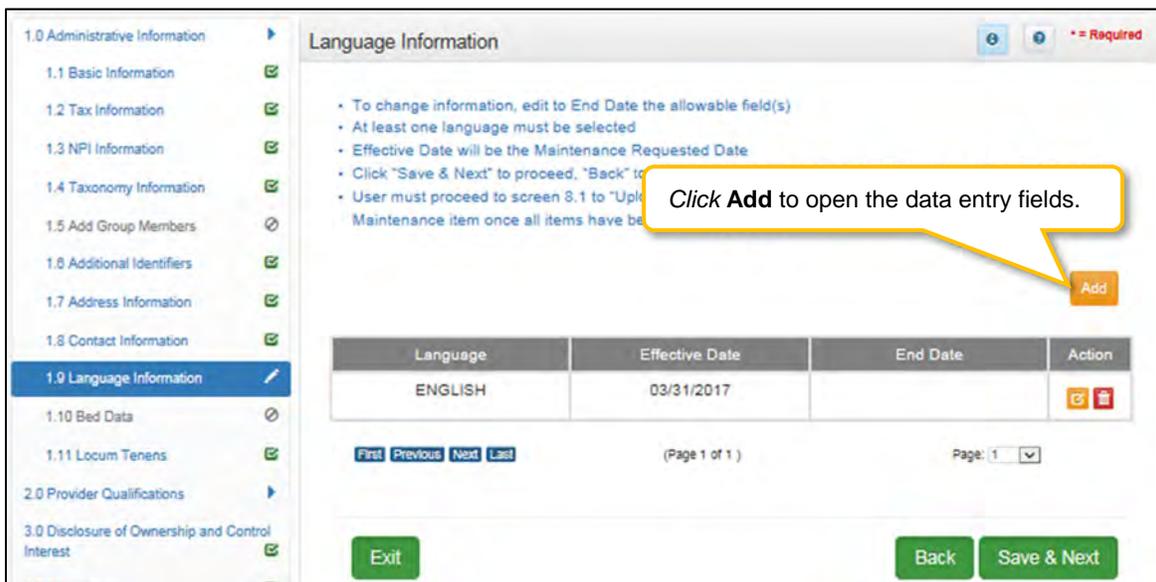
Figure 142: Maintenance: Language Information

To end date a language, click **Edit** and enter data as follows:

- *Click* the **Edit** icon to end date an existing language.
- The **End Date** field will default with today's date. The date can be changed.
- *Click* **Add To Grid** to add the updated record to the grid.

Note: Languages entered during enrollment cannot be deleted in maintenance; they must be end dated.

To *add* a new language, enter the following data:

- *Click* **Add** to open the fields.

Figure 143: Maintenance: Language Information Screen (Add)

- **Language:** (drop-down) *Select* from a list of languages. Add languages one at a time.
- **Effective Date:** Date the language will be active.
- **End Date:** *Enter* end date. (Optional)
- **Add To Grid:** *Click* to add a new record to grid.

To save the information:

- Click **Save & Next** to save the information and proceed to the next screen.

Return to the *System Navigation: Grid Layout* Chapter for help on working with grids.

At least one language is required. English is the default but is not a required language.

An existing language cannot be deleted, it must be end dated.

1.10   Maintenance: Bed Data

Bed Data is not applicable for Individual Providers.

1.11   Maintenance: Locum Tenens

The **Locum Tenens** screen captures information for an Individual Physician (PT 64) filling in for another Physician not to exceed a time period of more than 60 days.

Note: *Locum Tenens information is added as a maintenance item for the Provider being replaced.*

On the **Maintenance** screen*, enter* the **Medicaid ID** *(of the Provider being replaced)* and *click* on **Search**. The Provider's verification information displays onscreen.

Figure 144: Access Locum Tenens Maintenance

To *access* the **Locum Tenens Maintenance** screen, use the following steps:

- *Choose* **Maintenance** from the *Main Menu* or **Start Maintenance** from the *KY Medicaid Provider IDs* section on the dashboard
- **I Want to Perform:** *Click* the **Maintenance** radio button
- *Enter* a **Requested Effective Date** *(date the replacement will first be effective)*
- *Click* on **Continue**

Note: *If this is a first time Maintenance item for this Medicaid ID, the user must review every screen in the application using **Save & Next** to proceed until reaching the **1.11 Locum Tenens** screen. If a Maintenance item has been previously submitted, the user can select **1.11 Locum Tenens** directly from the left-hand vertical menu.*

Figure 145: Locum Tenens Screen

To *continue* to the **Locum Tenens Information** maintenance screen:

- *Click* **Yes** to answer question '**Submit Maintenance with Locum Tenens?**'. This opens the **Locum Tenens** screen to *enter* the Locum Tenens Physician's information.

Figure 146: Locum Tenens (Add)

Figure 147: Locum Tenens (Data Entry Screen)

To *add* **Locum Tenens Information**, enter data in the fields as follows:

- **First Name:** First name of Locum Tenens Physician
- **Middle Name:** Middle name of Locum Tenens Physician (not required)
- **Last Name:** Last name of Locum Tenens Physician
- **SSN:** Social Security number of Locum Tenens Physician
- **Phone Number:** Contact number of Locum Tenens Physician
- **Ext.:** Contact number extension if applicable (not required)
- **Address 1:** Address Line 1 of Locum Tenens Physician
- **Address 2:** Address Line 2 of Locum Tenens Physician (not required)
- **City:** Locum Tenens City
- **State:** Locum Tenens State
- **Zip Code:** Locum Tenens Zip Code
- **Zip + 4:** Locum Tenens Zip + 4

Note: *Locum Tenens information displays in a grid after the initial Maintenance is approved, to identify and prevent overlapping requests. Locum Tenens records cannot be deleted, only end dated.*

Validate Address
The **Validate Address** button verifies the address with the United States Postal Office (Address entered must be a valid address, no PO Boxes allowed).
- *Click* the **Validate Address** button.
- *Click* '**Enter Address Again**' to reenter the address if it is incorrect, or,
- *Complete* the **Locum Tenens** information on the screen, and c*lick* '**Save and Next**' to keep the address entered.

Figure 148: Validate Address

Agency Details
Is a contract agency involved in this placement? Click the **No** or **Yes** radio button.
- If "**Yes**" provide the physician information.
- Provider Information: Read-only information about the Provider. Verify the information is correct.

Provider Details
Displays Provider's details forwarded from the **1.1 Basic Information** screen.

Dates Locum Tenens will be covering for the regular physician (may not exceed sixty-day consecutive period):
- **From Date:** *Enter* the locum tenens start date.
- **To Date:** *Enter* the locum tenens end date.

Provide this information if any billing will use a group number.
- Group NPI
- Group NPI Medicaid Provider Number

Note: Upload the *Registration of Locum Tenens Physician* form signed by the locum tenens physician, and all other required documentation, when prompted on the **8.0 Document Upload** screen**.**

Note: Additional documentation to upload:
A copy of a valid active physician license for the locum tenens.
Proof of the malpractice insurance coverage maintained for the locum tenens physician for the time period of physician substitution.

To *save* the information:

Click **Save & Next** to save the information and proceed to the next screen.

> **Locum Tenens** information displays in a grid after the initial Maintenance is approved, to identify and prevent overlapping requests. If an additional Locum Tenens record is to be added, the user cannot delete the previous Locum Tenens in the grid, the record must be end dated.

> Upload the *Registration of Locum Tenens Physician* form signed by the locum tenens physician, and all other required documentation, when prompted on the **8.0 Document Upload** screen**.**

1.12   Maintenance: Teaching Facility

Teaching Facility is not applicable for Individual Providers.

1.13   Maintenance: Telehealth Information

The **Telehealth Information** screen captures information for Providers practicing Telehealth.
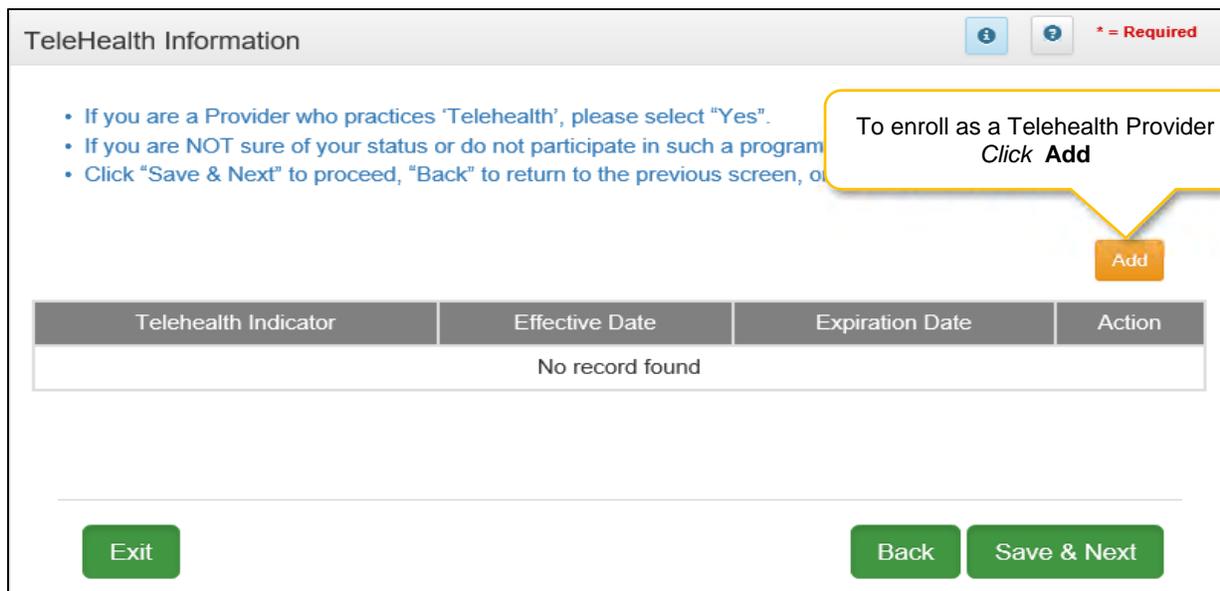
Figure 149: Telehealth Information (Add/Edit)
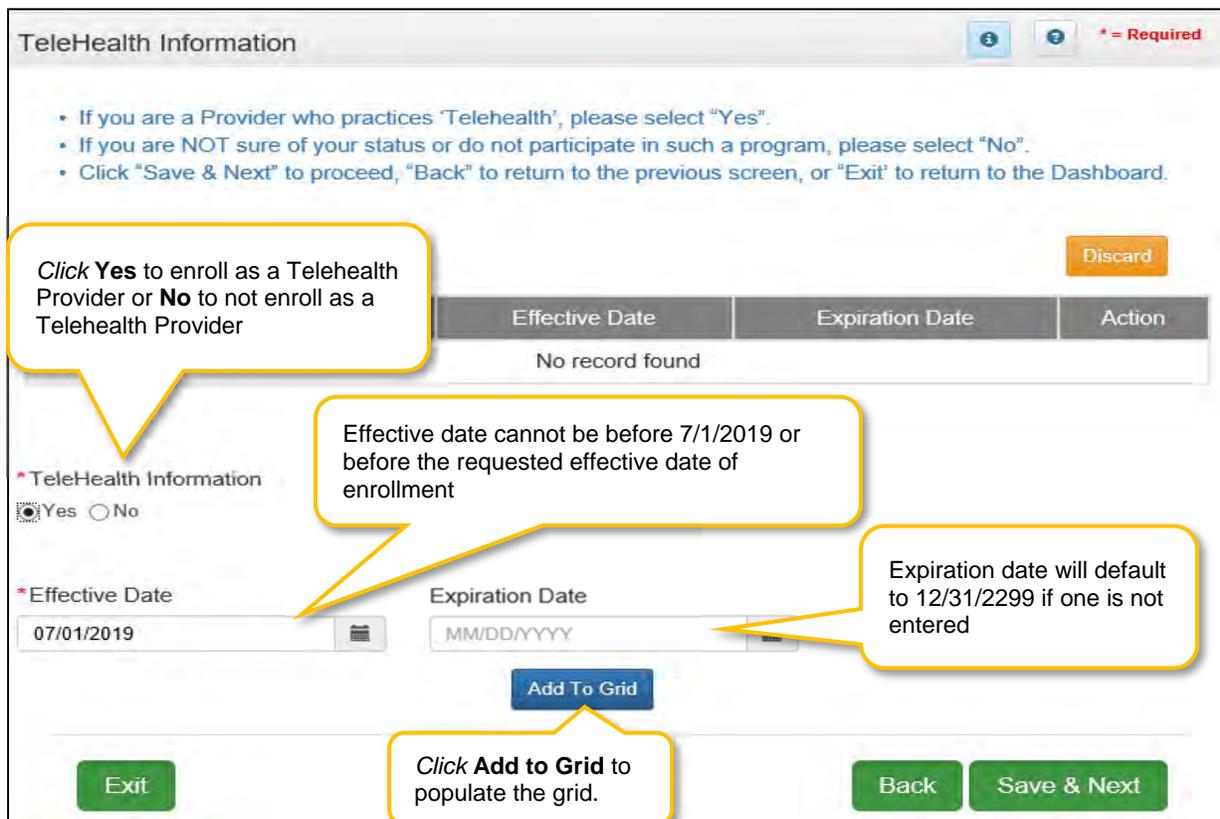
Figure 150: Telehealth Information (Add/Edit)

To enroll as a Telehealth Provider:
- *Click* **Add** to open the fields for the Telehealth information. (See Figure 1)
- *Select* **Yes** Telehealth Information (See Figure 2)
- *Enter* Effective Date (Effective Date cannot be before the Medicaid ID effective date or before 7/1/2019)
- User can enter expiration date or leave it blank. If left blank, the date will default to 12/31/2299.
- *Click* **Add To Grid** to add the record to the grid.

If **NOT** enrolling as a Telehealth Provider:
- Select No Telehealth information (See Figure 2)
- *Click* **Add To Grid** to add the record to the grid.

To *edit* or *delete* **Telehealth Information** in the grid:

- *Click* **Edit** icon to update the information in the record. Selecting **Edit** opens the fields for editing.
- *Click* the **Delete** icon to remove the existing record.

To *save* the information:

- Once information has been added to the grid, *click* **Save & Next** to save the information and proceed to the next screen.

Return to the **System Navigation: Grid Layout** *chapter for help on working with grids.*

Telehealth Effective Date cannot be before the initial effective date of the Medicaid ID or before 7/1/2019

A maximum of one record can be contained in grid

2.0 Maintenance: Provider Qualifications

2.1 Maintenance: Specialties Information

The **Specialties Information** maintenance screen allows users to *add* or *edit* (end date) the Provider's specialties. One specialty must always be designated as the Primary. A Provider can change their primary specialty or add additional specialties.

Note: *Some* provider types *have a default specialty type, which cannot be removed; however, the primary indicator can be changed to another specialty.*

Figure 151: Maintenance: Specialties Information

To *edit* **Specialties Information (end date or change Primary indicator)**:

- *Click* **Edit** in the **Action** column to *open* the fields.
- **To end date a specialty**: (if no longer a specialty for the Provider).
  - o *End date* an existing record by entering an **Expiration Date**
    - ▪ The **Expiration Date** field will default to the **Requested Maintenance Date** but it can be changed.
- **To change the Primary specialty**:
  - o *Remove* the primary indicator by *deselecting* the **Primary Indicator**.
    - ▪ *Select* the **Primary Indicator** for the new primary specialty.
    - ▪ **Note:** There must be one primary specialty in the grid.
  - o *Click* **Add To Grid** to update the information in the grid for the previous Primary specialty.
  - o *Click* **Edit** in the **Action** column (if new primary specialty is in the grid) or **click Add** (if need to add new primary specialty)
  - o *Click* **Yes** to make new specialty the Primary.
- *Click* **Add to Grid** to update changes made.

Figure 152: Maintenance: Specialties Information (Edit)

To *add* additional **Specialty Types**, enter data in the fields as follows:

- *Click* **Add** to open the fields.
- **Specialty Type:** *Select* a specialty from the **Specialty Type** drop-down list.
- **Primary:** *Click* the indicator if the specialty type is the primary. There can only be one primary specialty type.
- **Effective Date:** *Enter* the date that the specialty will be active for the Provider.
- **Expiration Date:** *Enter* the date that the specialty expires.
- **Add To Grid:** *Click* **Add To Grid** to populate the grid with the record.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

*Return to the **System Navigation: Grid Layout** chapter for help on working with grids.*

> Some individual Providers will not be required to enter a specialty type.

> Some provider types have a default specialty type, which cannot be removed; however, the primary indicator can be changed to a different specialty.

2.2 Maintenance: License Information

The **License Information** maintenance screen allows users to *add* or *edit* existing data to end date the Provider's License.

Pre-existing license information cannot be deleted, the record must be end dated (expired) and a new record added, with one exception being when a license is extended. If a license is extended the **Expiration Date** in the record can be edited.

Note: *Upload of the actual license document is required on the 8.0 Document Upload screen. If a Provider Type does not require a license, an exemption letter can be uploaded in place of a license.*

Figure 153: Maintenance: License Information (Add/Edit)

To end date **License Information** in the grid:
- *Click* the **Edit** icon to open the fields.
- *Enter* a date in the **License Expiration Date** field to end date the license information. **Note:** *Existing License information records cannot be deleted, they must be end dated.*
- *Click* **Add to Grid** to add the updated information to the grid.

Note: *If a license is required, user must always have one active license in the grid with an expiration date in the future.*

To *add* a new **License Information** record to this screen, enter data in the fields as follows:

- *Click* **Add** to open the fields and enter the data.

There are 7 prescriber Provider types that will not be required to complete every screen when performing a maintenance to update licensure. Those Provider types are: PT60 (Dentists), PT64 (Physicians), PT74 (Certified Registered Nurse Anesthetists), PT77 (Optometrists), PT78 (ARNP), PT85 (Chiropractors) and PT95 (Physician Assistants)

Figure 154: Maintenance: License Information (Add)

- **License Type:** *Select* the license type from the drop-down list.

  Note: *Certain states do not issue Nurse Anesthetist licenses. The respective boards will only issue Registered Nurse licenses. It is the responsibility of the RN to get a National Certification for their specialty of Nurse Anesthetist or Nurse Practitioner. In this case, user must supply their RN license and their National Nurse Anesthetist or Nurse Practitioner license with effective date.*

  Note: *National certification should select **License Type** Prescriber. RN license should select **License Type** Health board.*

- **Issue State:** Name of the state who issued the license for the Provider.
- **License Number:** *Enter* the license number. **Note:** *If the license number is less than 4 digits, add zeroes (0) to the front of license number to total 4-digits.*
- **Name:** **Individual- Name on License** will be pre-populated from the **Provider Name** entered on the **1.1 Basic Information** screen.
- **License Designation:** *Select* type of license.
- **License Effective Date:** *Enter* the effective date of the license.
- **License Expiration Date:** *Enter* the expiration date of the license.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

Return to the **System Navigation: Grid Layout** chapter for help on working with grids.

License information added to this screen will require upload of supporting documentation on the **8.0 Document Upload** screen.

Existing license information cannot be deleted.

If the license number is less than 4 digits, add zeroes (0) to the front of the license number to total 4-digits.

2.3 Maintenance: Certification Information

The **Certification Information** maintenance screen allows users to *edit* or *end date* the Provider's Certifications.

Some provider types will have certifications instead of licenses. If certifications are required, the user will be prompted to upload supporting documentation on the 8.0 Document Upload screen.
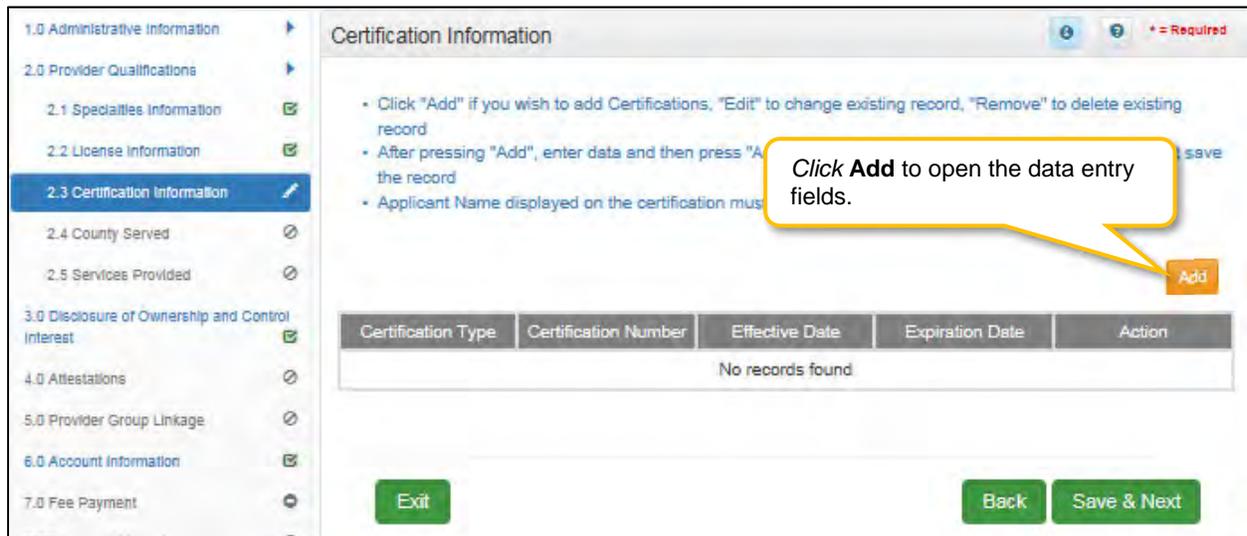
Figure 155: Maintenance: Certification Information Screen (Add)

To *end date* **Certification Information** in the grid:

- *Click* the **Edit** icon to open the fields.
- *Enter* a date in the **Expiration Date** field to end date the certification information. **Note:** *Existing* **Certification information** *records cannot be deleted.*
- *Click* **Add to Grid** to add the updated information to the grid.

Note: If a certification is required, user must always have one active certification.

Figure 156: Maintenance: Certification Information Screen (Add)

To *add* new **Certification Information**, enter data in the fields as follows:

- *Click* **Add** to open the fields.
- **Certification Type (drop-down):** *Select* the **Certification Type** from drop-down list.
- **Certification Number:** *Enter* the certification number.
- **Effective Date:** *Enter* date that the certification becomes active. **Note:** *Effective Date cannot be after Expiration Date.*
- **Expiration Date:** *Enter* date that the certification expires. **Note:** *Expiration Date cannot be prior to Effective Date. Optional for new certificates.*

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

Return to the **System Navigation: Grid Layout** *chapter for help on working with grids.*

Name on certification must match the Provider or DBA name.

Pre-existing certificate records cannot be deleted, they must be *end dated.* A new certificate can be added as a new record.

2.4 Maintenance: County Served

The **County Served** maintenance screen allows users to add or edit the counties that the Provider serves.

Figure 157: County Served (Add)

To *edit* **County Served Information,** in the fields as follows:

- *Click* **Edit Icon** to open the fields.
- **Certification Type (drop-down):** *Select* the **Certification Type** from drop-down list.
- **Certification Number:** *Enter* the certification number.
- **Effective Date:** *Enter* date that the certification becomes active. **Note:** *Effective Date cannot be after Expiration Date.*
- **Expiration Date:** *Enter* date that the certification expires. **Note:** *Expiration Date cannot be prior to Effective Date. Optional for new certificates.*

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

2.5 Maintenance: Services Provided

Services Provided screen is available to Provider Types that are enrolled as a Provider in one of the Kentucky six Home Community Based Waiver Programs in Kentucky:

- Acquired Brain Injury (ABI) waiver
- Home and Community Based (HCB) waiver
- Model II waiver (MIIW)
- Michelle P. waiver (MPW)
- Supports for Community Living (SCL) waiver
- Kentucky Transitions waiver

Figure 158: Provided Services

To *edit* **Provided Services Information**, select the Edit Icon under the Action column and update the below fields as necessary:

- **Address (drop-down):** *Select* the **Address** from drop-down list. **Note**: Addresses will be pre-populated from the 1.7 Address Information screen.
- **County Served:** *Select* **County Served** from the drop-down list.
- **Waiver Program:** *Select* **Waiver Program** from the drop-down list.
- **Service:** *Select* **Service(s)** from the available list. **Note:** Service(s) list will not show until Waiver Program has been selected.
- **Effective Date:** *Enter* date that the Service(s) started. **Note:** *Effective Date cannot be after Expiration Date.*
- **Expiration Date:** *Enter* date that the Service(s) is no longer being offered. **Note:** *Expiration Date cannot be prior to Effective Date.*
- **Add to Grid:** *Select* **Add to Grid** for information to be added into the grid. **Note:** A line will be added to the grid for each Service selected.
- **Save & Next:** Once grid is complete *select* **Save and Next** to continue to next section.

2.6 Maintenance: Supervisor Details

The Supervisor Details screen lists the Supervisor(s) of an Individual Provider Type 79 Speech Language Pathologist (SLP) – Clinical Fellow with an Interim license. The Supervisor must be an actively enrolled Kentucky Medicaid Provider Type 79. The Supervisor must be an Individual, not a Group or Entity.

Supervisor Start and To Dates:

- The time period listed on the SLP Board verification letter must be entered in the Start Date and To Date fields.

- There cannot be more than one active Supervisor at a time; therefore, overlapping dates are not permitted.

Figure 159: Supervisor Details

To *edit* **Supervisor Details,** *select* Edit Icon under the Action column and update the below fields as necessary:

- **First Name, Last Name and Primary Physicial Address** is grayed out and cannot be changed.
- Enter the new **Start Date** (or select from the calendar) indicated on the SLP Board verification letter.
- Enter the new **To Date** (or select from the calendar) indicated on the SLP Board verification letter.

Figure 160: Supervisor Details Screen – Edit Record

3.0 Maintenance: Disclosure of Ownership & Control Interest

The **Disclosure of Ownership & Control Interest** Maintenance section of KY MPPA allows users to review and update the **Disclosure of Ownership** questions used to determine who has ownership and controlling interest in a Provider's business.

When performing the initial maintenance on a KY Medicaid ID, the entire application must be reviewed screen by screen, including all Disclosure of Ownership questions. Review the question and the original answer, make any corrections if needed, and then *select* **Save & Next** to move on to the next question. Subsequent maintenance (after the initial maintenance is completed) can be submitted as needed, utilizing the **Left Navigation Menu** and **Disclosure of Ownership** navigation grid to open the specific question(s) that need updates. If any questions have dependencies, those screens must be reviewed and updated as well.

Some questions will require the existing response be end dated, and a new record added to indicate the change.

Note: *Refer to the* **Disclosure of Ownership & Control Interest** *questions in the New Enrollment: Start to Submit Chapter for instruction on editing or updating the Disclosure of Ownership Maintenance questions. Some questions will require an end date to the existing response and a new record added to indicate a change.*

> *Disclosure and Ownership Questions (User must review each question during initial maintenance.)*

Question 4: If you anticipate filing for bankruptcy within the year, enter the anticipated date of filing.
For **Question 4** the following applies:
If an anticipated filing date is entered, notification will be sent to the Provider's Dashboard thirty days prior.

Question 6: Review the defaulted information in the grid (name, date of birth, SSN/FEIN, and address).
For **Question 6** the following applies:
- If the name, date of birth or SSN/FEIN is incorrect, go to the 1.1 Basic Information screen to make changes
- If the address is incorrect, it can be changed directly in the 3.0 Maintenance, screen for Question 6

Question 8a: If any individuals listed in question #6 are related to each other as spouse, parent, child, or sibling (including step or adoptive relationships), provide the following information.

Question 11: List the names and addresses of all other Kentucky Medicaid providers with which your health service and/or facility engages in a significant business transaction and/or a series of transactions that during any one (1) fiscal year exceed the lesser of $25,000 or 5% of your total operating expense.

Question 12: List any significant business transactions between this provider and any wholly owned supplier, or between this provider and any subcontractor, during the previous 5-year period.

Question 13: List the name, SSN, and address of any immediate family member who is authorized under Kentucky Law or any other states' professional boards to prescribe drugs, medicine, medical devices, or medical equipment in accordance with KRS 205.8477.
SSN is recommended for processing of Maintenance records.

Question 14: List the name of any individuals or organizations having direct or indirect ownership or controlling interest of 5% or more, who has been convicted of a criminal offense related to the involvement of such persons, or organizations in any program established under Title XVIII (Medicare), or Title XIX (Medicaid), or Title XX (Social Services Block Grants) of the Social Security Act or any criminal offense in

this state or any other state, since the inception of those programs. If individual or organization is associated with a KY Medicaid provider number(s), please indicate below.

Question 15: List the name of any agent and/or managing employee of the disclosing entity who has been convicted of a criminal offense related to the involvement in any program established under Title XVIII (Medicare), XIX (Medicaid), or XX (Social Services Block Grants), or XXI (State Children's Health Insurance Program) of the Social Security Act or any criminal offense in this state or any other state since the inception of those programs. If individual or organization is associated with a KY Medicaid provider number(s), indicate below.

Question 16: List the name, title, SSN, and business address of all managing employees below as defined in 42 CFR 455.101 and pursuant to 42 CFR 455.104(b)(4).
For **Question 16** the following applies: Existing records cannot be deleted, they must be end dated, with the exception of new records.

Question 17: List name, address, SSN, FEIN, of each person with an ownership or control interest in any SUBCONTRACTOR in which the provider applicant has direct or indirect ownership of 5% or more.

Question 8c: If any individuals listed in question 17 are related to each other as spouse, parent, child, or sibling (including step or adoptive relationships), provide the following information.

Question 18: DMS will report all monies paid to you to the IRS. Please indicate which number you use for tax reporting. If enrolled as an individual and you do not own a FEIN, please complete SSN only.
Note: *This question only appears during **Maintenance**. Users use this screen to confirm their SSN or FEIN number is correct. Individuals must own 100% of FEIN.*

Figure 161: Disclosure of Ownership & Control Interest Maintenance Question 18

- *Click* **Save & Next** if no changes are necessary. Both the SSN and FEIN fields are read-only and cannot be changed on this screen.
- If changes are needed for tax reporting purposes, in **Maintenance,** update the allowable fields in the **1.2 Tax Information** screen.

To *save* the information:
- *Click* **Save & Next** to save the information and proceed to the next screen.
- *Click* **Back** button to return to the previous question.

Refer to the **Disclosure of Ownership & Control Interest** questions in the New Enrollment: Start to Submit Chapter for instruction on editing or updating the Disclosure of Ownership Maintenance questions. Some questions will require an end date to the existing response and a new record added to indicate a change.

Questions applicable to provider category (Individual or Entity) will be displayed as applicable and may not be in numeric order.

4.0 Maintenance: Attestations

The **4.0 Attestations** maintenance section allows Individual Providers to update statements regarding licensure, registration, malpractice, certifications and affiliations.

When entering a **Maintenance** item(s) for a Medicaid ID**,** the **4.0 Attestations** section is not required for routine updates and will be automatically skipped. Once a user completes the last question in the **3.0 Disclosure of Ownership** section, the application proceeds directly to **5.0 Linking to a Group**.

Section **4.0 Attestations** is required for:
- **Revalidations**
- **Reinstatements**
- **Reapplications** (after one year)

If a change to an attestation question is necessary, the user can return to the **4.0 Attestations** section by clicking the **'Back'** button or selecting **4.0 Attestations** from the left-hand vertical menu (the section link will become active once you have proceeded to Section 5.0).

Note: *If one attestation question requires an update, all attestation questions must be reviewed. Users must click Save & Next on all attestation questions before submitting for review, even if there are no additional question updates.*

*Only Attestation questions previously answered as **No** can be changed to **Yes** in Maintenance. Questions answered **Yes** cannot be changed. The exception to the rule is that questions 6d and 8a can be changed from yes to no after ten years.*

Figure 162: Attestation Questions

Update questions previously answered **No** by *selecting* the radio buttons **Yes.**

If the answer is to remain No:
- *Click* Save & Next to *save* the information and proceed to the next screen.

If the answer is Yes:

- An explanation will be required in the text box provided.

Questions answered **Yes** cannot be changed with the exception of questions 6d and 8a which can be changed from yes to no after ten years.

For question 8a, you will be required to *upload* the Malpractice Supplemental Form when you get to the 8.0 Document Upload screen. A link to the Malpractice Supplemental Form is provided on the 8a Attestation Question screen.

You may *upload* any additional supplemental documentation for all other questions when you get to the 8.0 Document Upload screen.

To *save* the information:

- *Click* the **Save & Next** button and proceed to the next screen.

To *navigate* between questions, use the **Attestation Questions Navigation** as follows:

- During the initial maintenance user must answer the questions in the order they are presented and you may not skip ahead to an unanswered question.
- On subsequent maintenance submissions, or once all questions have been saved, user may return to any previously answered question – *Click* previous question numbers in the Attestations Questions Navigation to navigate back to a previous question.

Attestation Questions:

Question 1a: Has your license, registration or certification to practice in your profession, ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board?

Question 1b: Has there been any challenge to your licensure, registration or certification?

Question 2a: Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board?

Question 2b: Have you voluntarily or involuntarily surrendered, limited your privileges or not reapplied for privileges while under investigation?

Question 2c: Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)?

Question 3a: Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, residency, fellowship, preceptorship or other clinical education program? If you are currently in a training program, have you been placed on probation, disciplined, formally reprimanded, suspended or asked to resign?

Question 3b: Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program?

Question 3c: Have any of your board certifications or eligibility ever been revoked?

Question 3d: Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation?

Question 4a: Have your Federal DEA and/or State Controlled Dangerous Substances (CDS) certificate(s) or authorization(s) ever been challenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished?

Question 5a: Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or otherwise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental healthcare plans or programs?

Question 6a: Are you currently the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal or state health program or a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?

Question 6b: To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank?

Question 6c: Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)?

Question 6d: Have you ever been convicted of, pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined or resigned in exchange for no investigation or adverse action within the last ten years for sexual harassment or other illegal misconduct? This question can be changed from '**Yes**' to '**No**' after ten years.

Question 6e: Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, or agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or healthcare facility of any military agency?

Question 7a: Has your professional liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your individual liability history?

Question 7b: Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history?

Question 8a: Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years? *If yes, provide information for each case.

- *Answer* '**Yes**' or '**No**'. This question can be changed from '**Yes**' to '**No**' after ten years.

Answering "**Yes**" to this question will prompt the user to download and complete the required **Malpractice Supplemental Form**.
You will be prompted to *upload* the Malpractice Supplemental Form in the 8.0 Document Upload **section.**

Question 9a: Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony?

Question 9b: In the past ten years have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?

Question 9c: Have you ever been court-martialed for actions related to your duties as a medical professional?

Question 10a: Are you currently engaged in the illegal use of drugs? ("Currently" means sufficiently recent to justify a reasonable belief that the use of drugs may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. "Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. § 812. It "does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law." The term does include, however, the unlawful use of prescription-controlled substances.)

Question 10b: Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety?

Question 10c: Do you have any reason to believe that you would pose a risk to the safety or wellbeing of your patients?

Question 10d: Are you unable to perform the essential functions of a practitioner in your area of practice even with reasonable accommodation?

Only Attestation questions answered previously as **No** can be updated to **Yes** in Maintenance. The exception to the rule is that questions 6d and 8a can be changed from yes to no after ten years.

Once a user completes the last question in the **3.0 Disclosure of Ownership** section, the application proceeds directly to **5.0 Linking to a Group**. If a change to an attestation question is necessary, return to the **4.0 Attestations** section by clicking the **'Back'** button or selecting **4.0 Attestations** from the left-hand vertical menu (the section link will become active once you have proceeded to Section 5.0).

5.0 Maintenance: Linking to a Group

In **5.0 Linking to a Group,** Individual provider types can perform maintenance on their Group membership by choosing to link to, or delink from, a Group.

Once the Individual Provider's KY Medicaid application has been approved, the KY Medicaid ID number assigned will be linked to the requested Group. The Group does not need to approve the link requested in KY MPPA for it to be effective; however, the Group will need to provide their KY Medicaid ID and FEIN to the Individual Provider for entry.

By linking to a Group, the Individual Provider is authorizing payments to be made to the Group on their behalf. No upload of the MAP-347 is required.

Rules for Linking to Groups:
- Individual Providers can belong to more than one Group simultaneously.
- Individual Providers can only link to the Group Type that corresponds with their Provider Type (ex. physician to physicians' group).
    - An exception to this rule is certain Individual Providers may link to Behavioral Health Services Organizations (BHSO) (PT 03), Primary Care Centers (PT 31), Rural Health Clinic (35), Behavioral Health Multi-Specialty Group (PT 66), and Multi-Therapy Agency (PT 76).
    - For additional linking information and exceptions, and the most up-to-date information, please see provider type summaries.
- An Individual Provider cannot link to another Individual Providers' Medicaid ID.
- An Individual Provider must be licensed in the state of the Group(s) primary location.
- Individual Providers can link to a currently inactive Group only for the period of time the Group was active.
- When a Group is end dated, all links to Individual Providers will be end dated (the association between the Group and Individual Provider will be stopped). *No notification will be sent to the Individual Provider.*
- When a Group is reactivated within one year, the former linkage of Individual Providers to the Group will be recognized and automatically relinked to the Group. *No notification will be sent to the Individual Providers.*
- Document upload of MAP-347 is not required.

Figure 163: Maintenance: Linking to a Group Screen

To *add* **Group Linking** data to this screen:

- *Click* **Add** to open the fields.

Figure 164: Maintenance: Linking to a Group Screen (Add/Edit)

Enter data in the fields as follows:

- **Group Medicaid ID:** The KY Medicaid ID of the Group to which the Individual Provider would like to link.
- **Group FEIN:** Federal Employee ID Number of the Group.
- **Group Linkage Effective Date:** The date the affiliation with the Group is effective:
  - o Date must fall within the Group Medicaid IDs effective dates.
  - o Date cannot be earlier than the Provider's effective date.
- **Group Linkage End Date:** To delink a Provider from a Group, the Provider's grid entry must be *selected,* end dated, and added to grid.
- **Verify Group Name:** *Click* the **Verify Group Name** button to verify the Group Name.
  - o KY MPPA displays the information for your verification.
- **Add To Grid:** *Click* **Add To Grid** to add the data to the grid.
  - o KY MPPA verifies that the Medicaid ID and FEIN are active during the period that coincides with the Provider's effective date.

Edit to end date the linking data:

- *Click* the **Edit** icon in the **Action** column to open the fields and make changes to the Group information.
- Existing records can only be end dated. <u>Only records added during **Maintenance** can be deleted prior to submitting the Maintenance record to DMS for approval.</u>

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen. Navigating away from this screen prior to selecting **Save & Next** will result in the loss of any unsaved data entry.

Return to the **System Navigation: Grids** *chapter for help on working with grids.*

For additional linking information, exceptions, and the most up-to-date information, please see provider type summaries.

6.0 Maintenance: Account Information

Providers can switch the payment type for processing payments between **Check** and **Electronic Funds Transfer (EFT)** utilizing the **Account Information** maintenance screen. Name and address information is auto-populated from previously entered information. To update name or address, follow instructions as shown below:

- For a **name change**, enter new information in the **1.1 Basic Information** screen. **Note:** *Account Information uses the **First Name, Last Name Information** to populate the name.* (Navigate to the screen using the Left-Navigation Menu.)
- For an **address change**, enter new information in the **1.7 Address Information** screen. **Note:** *Account Information uses the **Pay-To/1099 Address Information** to populate the address.* (Navigate to the screen using the Left-Navigation Menu.)
- Switch the payment type between **EFT** and **Check** on the **6.0 Account Information** screen as instructed in this section.

Note: New information should be verified. Once all updates have been entered, ensure it displays correctly in the **6.0 Account Information** screen.

The following rules apply for **Account Information**:

For **Individual** bank account, enter the individual's banking information.
- **EFT** must be U. S. only (in country).
- **Payee Address** (Pay-To/1099 Contact Information) address for checks must be U. S. only (in country).
- **EFT** routing numbers must be verified. EFT routing numbers unable to be verified will result in a payment by paper check.

Payment Types can be changed as often as necessary. The **Active** payment type must be **End Dated** and a new record added with the new payment type. There can only be one payment type active at a time.

Note: *End Date must be dated today's date. New record cannot be same date as end date of previous record.*

*Current **Payment Type** displays in the grid.*
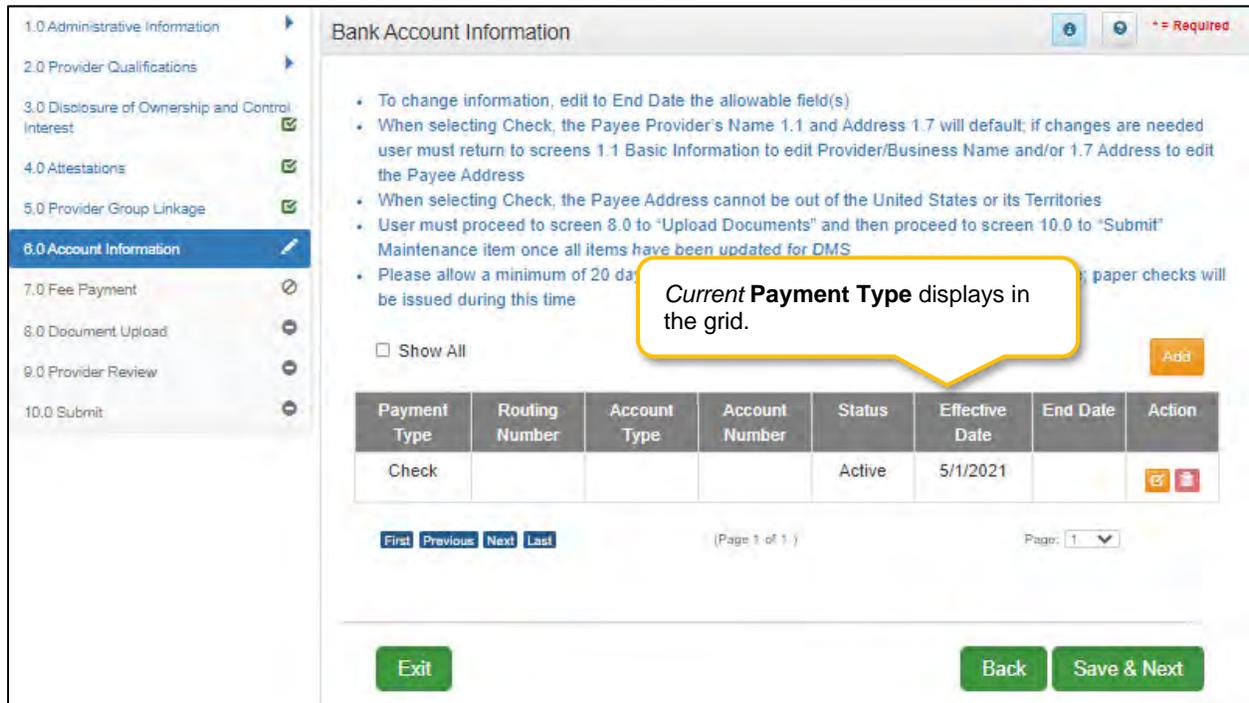
Figure 165: Maintenance: Bank Account Information

To *edit* a **Payment Type**, enter data in the fields as follows:

*Click **Edit** to **End Date** the current **Payment Type.***

*Enter an **End Date** and *click* **Add To Grid**.*
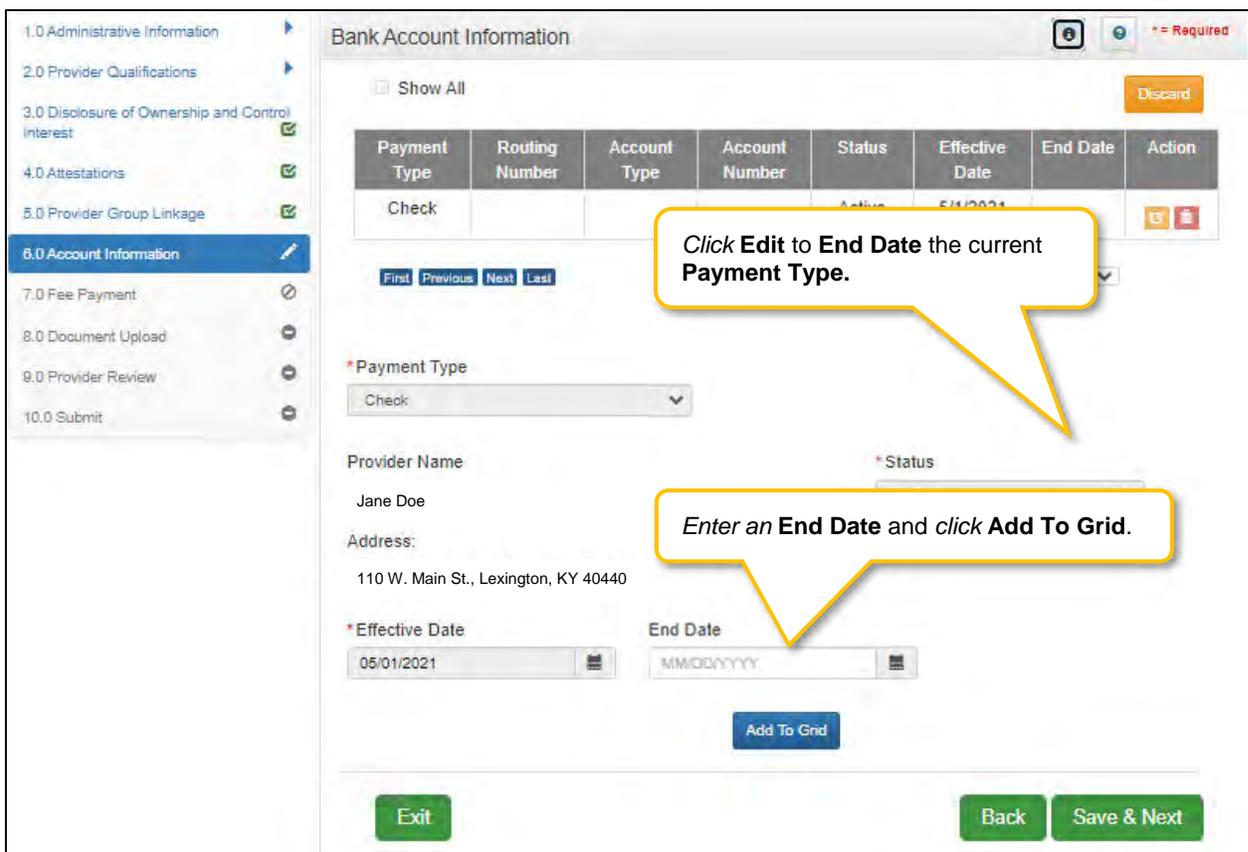
Figure 166: Maintenance: Edit to End Date Existing Payment Type

- *Click* **Edit** to open the fields and edit the **Active** payment type record.
- *Enter* an **End Date** for the **Active** payment type record. **Note:** T*he current payment type must be End Dated first before a new payment type record can be added.*
- *Click* **Add to Grid**.

Switching payment types between EFT and checking can be done as often as necessary. For EFT payments, authorization can take up to 28 days. Changes can only be made on an **Active** payment type.

To *add* a new payment type, *click* **Add** and enter the following data in the fields:

Figure 167: Maintenance: Add New Payment Type

Figure 168: Maintenance: Add New Payment Type Check

To *add* the **Payment Type** for **check**, confirm the data in the fields are correct:

- **Provider Name**: Pre-populated from the **1.1 Basic Information** screen and cannot be changed in this screen; return to **1.1 Basic Information** to edit.
- **Address:** Pre-populated from the **Pay-To/1099 Address** and cannot be changed in this screen; return to **1.7 Address Information** to edit.
- **Status:** Displays the status of the current payment type. The status is active for checks immediately and claims will be paid by paper check.
- **Effective Date:** Enter the date the payment type should be active.
- **End Date:** Optional field.
- *Click* **Add to Grid.**
- *Click* **Save & Next** to continue.

Figure 169: Maintenance: Add New Payment Type EFT

To *add* the **Payment Type** for **EFT**, enter the data in the fields as follows:

- **Routing Number:** Enter the bank **Routing Number**. The **Routing Number** is a nine-digit code used to identify a particular bank. It is located on the check beside the account number.
- **Get Bank Details:** *Click* the **Get Bank Details** button. KY MPPA will display the **Bank Name** and **Address** after clicking **Get Bank Details** to verify the correct routing number has been entered. Users cannot proceed with changing to EFT if the bank routing number cannot be verified.
- **Payee Name:** Pre-populated from the **1.1 Basic Information** screen and cannot be changed in this screen; return to **1.1 Basic Information** to edit.
- **Payee Address**: Pre-populated from the **Pay-To/1099 Address** and cannot be changed in this screen; return to **1.7Address Information** to edit.
- **Account Type:** *Select* the account type:
    - Checking Account
    - Savings Account
- **Account Number:** *Enter* the account number.
- **Re-Type Account Number:** *Re-enter* the account number.

- **Status:** Displays the status of the current payment method. For **EFT** it is in pending status until the bank account information is verified. Authorization can take up to 28 days and payment will default to paper check until verification of the EFT payment type is complete.
- **Effective Date:** *Enter* the Effective Date of the bank account.
- **End Date:** *Enter* the End Date of the bank account, if applicable.
- *Click* **Add to Grid** to add the new payment type to the grid.
- *Click* **Save and Next** to save the data.

> Account and routing number information can take up to twenty-eight days to verify. Until authorization of the EFT transaction is approved, the payment type will default to a paper check mailed to the Pay-To address.

Payment Type **Status** Notification:

- An **EFT** or **Check** record will show in a **Pending** status until the payment type updates to an **Active** status after approval and verification is complete.

Payment Type	Routing Number	Account Type	Account Number	Status	Effective Date	Expiration Date
Electronic Funds Transfer (EFT)	05	Checking	543587	Pending		

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

Figure 170: Payment Method Status

- After the next weekly system update runs (typically on Saturdays) following the addition of the new payment type record, three records will show in the grid; *Active, Pending,* and *EFT Pending*. **Note:** *There will be no **Effective Date** displayed until the system updates.*
    - o Active - Payment method is active and claim payments will be paid to the Provider in this format.
    - o Pending - Payment type is waiting for approval.
    - o EFT Pending - EFT information is waiting for verification.
- No further edits or changes can be made to a payment type or bank account information until the **Effective Date** is **Active**. Checks cannot be changed to EFT, or EFT to check, until the pending payment type or bank account instructions go into effect.

Payment Type	Routing Number	Account Type	Account Number	Status	Effective Date	End Date	Action
Electronic Funds Transfer (EFT)	05	Checking	78	Active	6/5/2018	12/31/2299	
Electronic Funds Transfer (EFT)	05	Checking	78	EFT Pending - Paper Checks Issued	5/16/2018	6/4/2018	
Electronic Funds Transfer (EFT)	05	Checking	78	Pending	4/17/2018	5/15/2018	

No changes can be made to account information until the **Pending** EFT instructions become active on the **Effective Date**.

6.0 Account Information
7.0 Fee Payment
8.0 Document Upload
9.0 Provider Review
10.0 Submit

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

Figure 171: Grid Status After DMS Approval

8.0 Maintenance: Document Upload

Maintenance items may require documentation to be uploaded, or users may want to upload supporting documentation. Upload all required and supplemental documentation from this screen. Required documents, based on the provider type, are listed by name in the **Document Type** column of the **Document Upload** grid, and a **Y** is displayed in the **Required** column.

Figure 172: Maintenance: Document Upload Screen

To *upload* required **documents** to the grid, enter data as follows:

- *Click* **Edit** to open the fields in the record to add required documents.

Figure 173: Maintenance: Document Upload Screen Edit

- **Document Type:** Required document names are pre-populated in the **Document Type** column**.** *This field cannot be updated.*
- **Upload File:** *Browse* for the document. *(Document must be available from the user's computer).*
  - *Select* the document from the user's computer that matches the Document Type listed.
- **Document Name**: The document name field will populate with the name of the document as it appears on your computer. *This field can be updated.*
- **Add to Grid:** *Click* **Add to Grid** to add the document to the grid.

To *add* supplemental documents:

- *Click* **Add**.
- **Document Type:** *Select* a document type from the drop-down.
- **Upload File:** *Browse* for the document. *(Document must be available from the user's computer).*
  - *Select* the document from the user's computer that matches the Document Type listed.
- **Document Name**: The document name field will populate with the name of the document as it appears on your computer. *This field can be updated.*
- **Add to Grid:** Click **Add to Grid** to add the document to the grid.

To *delete* newly added **documents** in the grid:

- *Click* the **Delete** icon in the **Action** column.

Note: Pre-existing records cannot be deleted. The **Delete** icon in the **Action** column is only enabled for newly added records.

To save the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

*Return to the **System Navigation: Grids** chapter for help on working with grids.*

On the **8.0 Document Upload** screen, documents that are **required** for each provider type will have a placeholder record in the grid and be marked with a 'Y' in the **Required** column. These document records are **Edited** in the grid, and not **Added**, when uploading documents. Additional supporting documents can be uploaded by *clicking* the **Add** button.

File size for upload cannot exceed 5MB. Allowable file types include: PDF, DOC, DOCX, JPG, JPEG, TXT, RTF, CSV, XLS, XLSX, TIF, TIFF.

9.0 Maintenance: Provider Review

The **Provider Review** screen allows users (Provider and/or Credentialing Agent) to review maintenance items for accuracy and completeness prior to submitting to the Kentucky Department for Medicaid Services.

This screen also displays comments entered by DMS Reviewers who have returned maintenance items for corrections, and allows users to send back comments in response.
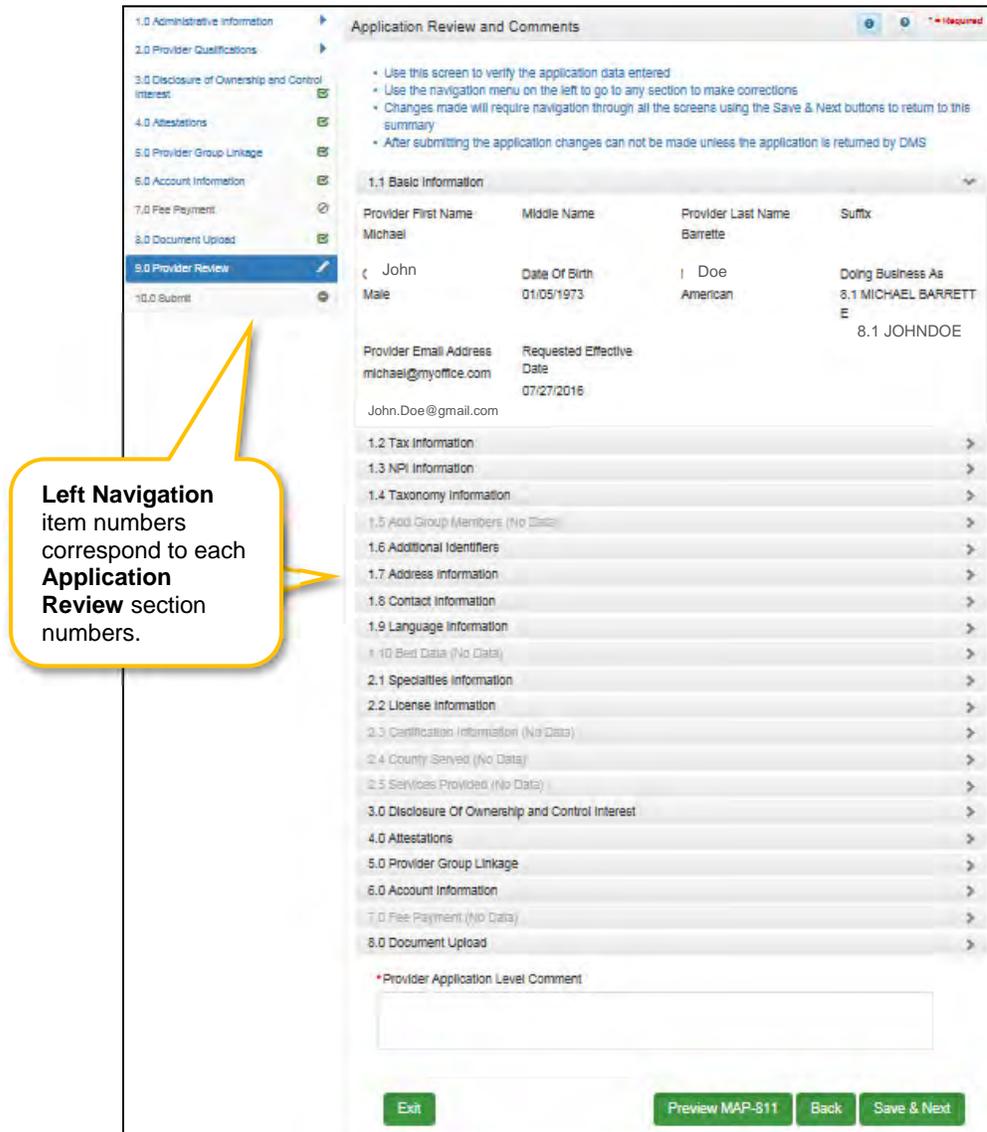
Figure 174: Maintenance: Review Screen

Each **Left Navigation** menu heading corresponds to a section title:

- **Administrative Information** corresponds to all Application Review sections that begin with 1 (1.1, 1.2, 1.3, etc.);
- **2.0 Provider Qualifications** corresponds to all Application Review sections that begin with 2 (2.1, 2.2, 2.3, etc.);

- Continuing as such with **3.0 Disclosure of Ownership and Control** through **8.0 Document Upload**.

Application Review sections: *Click* the **Title** (or **arrow**) of each section within the **Application Review** screen to expand the section for review. **Note:** *Not all sections in the Left Navigation menu are applicable to all provider types and therefore will be unavailable (greyed-out) for selection.*

Figure 175: Maintenance: Provider Review Screen (Open Section)

To *review* the application:

- *Click* the **Title** (or **arrow**) of each section to open and view the information including DMS Reviewer responses entered in the Requested **Comments** box if applicable.
    o Users can respond to comments by using the comment box at the end of the **Provider Review** screen.
    o Comments are specific to the current application and are only accessible by DMS Reviewers, Providers (Users), and Credentialing Agents with approval to access the application.
- To *update* or *modify* information that is incorrect, use the **Left Navigation** menu:
    o *Click* on the section in the Left Navigation menu to navigate to the associated screen.
    o *Enter* the updated information.
        ▪ **Note:** Some changes may affect information or answers in other sections within the *application. Users will be prompted to update screens with dependencies.*
- *Click* **Save & Next** to save changes made

- Click **9.0 Provider Review** in the Left Navigation menu to view the revised information and continue the application review.

Figure 176: Maintenance: Provider Review (Provider Level Comment)

- **Provider Application Level Comment:** The **Comment** box can be used to enter additional information or respond to Reviewer comments. Comments are optional.
- **Preview Map 811:** *Click* the **Preview Map 811** button to create a PDF of the application, which can then be printed and/or saved.
- **Save & Next:** *Click* to save the information and proceed to the next screen.

> Utilize the **Left Navigation** menu to return to previous screens to make changes if needed. Changes to information on one screen may have dependencies on other screen(s). Once all updates are completed, and requirements fulfilled, the application can be submitted. KY MPPA may notify the user to return to a previous screen for required updates.

10.0 Maintenance: Submit

The **10.0 Submit** screen allows the completed **Maintenance item** or **Revalidation** to be electronically submitted to the KY Department for Medicaid Services (DMS). Credentialing Agents and Providers will see different views:

- **Credentialing Agents** are able to:
  - o Send an **Action** to the Provider for final review and electronic signature. This item will appear in the Provider's **Dashboard** in the **Maintenance Status** section to be reviewed by the Provider.
- **Credentialing Agents with Authorized Delegate** are able to:
  - o Enter the item and Submit: The Credentialing Agent with Authorized Delegate can review the item, agree to the terms of the provider agreement, e-sign, upload Authorized Delegate form and then *submit* to DMS.
  - o Review/edit the item and Submit: The Credentialing Agent with Authorized Delegate can review the item, make changes as needed, agree to the terms of the provider agreement, e-sign, upload updated Authorized Delegate form and then *submit* to DMS.
  - o Withdraw the item: The Credentialing Agent with Authorized Delegate can withdraw an item, removing the application from the dashboard before or after submitting.
- **Providers** are able to:
  - o Enter the item and Submit: The Provider can review the item, agree to the terms of the provider agreement, e-sign, and then *submit* to DMS.
  - o Review/edit the item and Submit: The Provider can review the item, make changes as needed, agree to the terms of the provider agreement, e-sign, and then *submit* to DMS.
  - o Withdraw the item: The Provider can withdraw an item, removing the application from the dashboard before or after submitting.

Note: *If the Provider does not make an update within ninety days from the date the item is started, the item is considered abandoned. Abandoned items become read-only.*

Once an item is *submitted*, no updates or revisions are permitted unless DMS returns the item for additional information.

Terms of the Provider Agreement

Providers must read and agree to the terms of the **Provider Agreement** before submitting a **Maintenance** item or **Revalidation** to DMS.

Figure 177: Maintenance: Submit (Agree to Terms)

To *agree* to the **Terms of the Provider Agreement**:
- *Click* the **I Agree** checkbox.
  - o **Note:** *Failure to agree to the Terms of the Provider Agreement will result in the item not being submitted to DMS.*
- *Click* **Save & Next** to proceed to the next screen.

Complete the Submit Screen as an Individual Provider:

After agreeing to the terms of the **Provider Agreement** and *clicking* **Save & Next,** Individual Providers will see the **Submit** screen.

Figure 178: Maintenance: Individual Submit Screen (E-sign & Submit)

To c*omplete* the **Submit** screen as an **Individual Provider** enter the following:

- **Name:** *Enter* the name of the Individual Provider. Name must match the name on the application.
- **Title:** Pre-populated with the title of the Individual Provider as entered in **1.0 Start New Enrollment Provider Type** selection, and cannot be changed.
- **Sign Date:** Pre-populated with current date and time; and cannot be changed. This is used as the date and time the application is submitted to DMS.

To **E-sign & Submit** the item:

- **E-sign & Submit:** *Click* the **E-sign & Submit** button to send the item to DMS.
  - After clicking **E-sign & Submit**, the item will display the **Next Steps** screen stating, "From the Dashboard, you may check back in 48 hours to see if the application has been accepted for review."
  - Once an item is *submitted*, no updates or revisions are permitted unless DMS returns the item for additional information.

Back: *Click* **Back** to go to the previous screen without submitting.

Exit: *Click* **Exit** to return to the Dashboard without submitting.

*Note: An application can be withdrawn after submission by clicking the **Withdraw** button on the Provider Dashboard. The application will be viewable but cannot be resubmitted. A new application must be completed.*

To *print* the application or save it to your computer:

- **View Map-811 PDF:** *Click* the **View MAP-811 PDF** button to open a PDF document to save to your computer and/or print.
- The **MAP-811** (contains the Provider Agreement) will be saved in the **Correspondence** screen after the application has been approved.

Complete the Submit Screen as a Credentialing Agent (Non-Delegate):

Credentialing Agent Non-Delegates will utilize the **Submit** screen to send a **Maintenance** item or **Revalidation** to a Provider who can *esign* and *submit* the item to DMS.
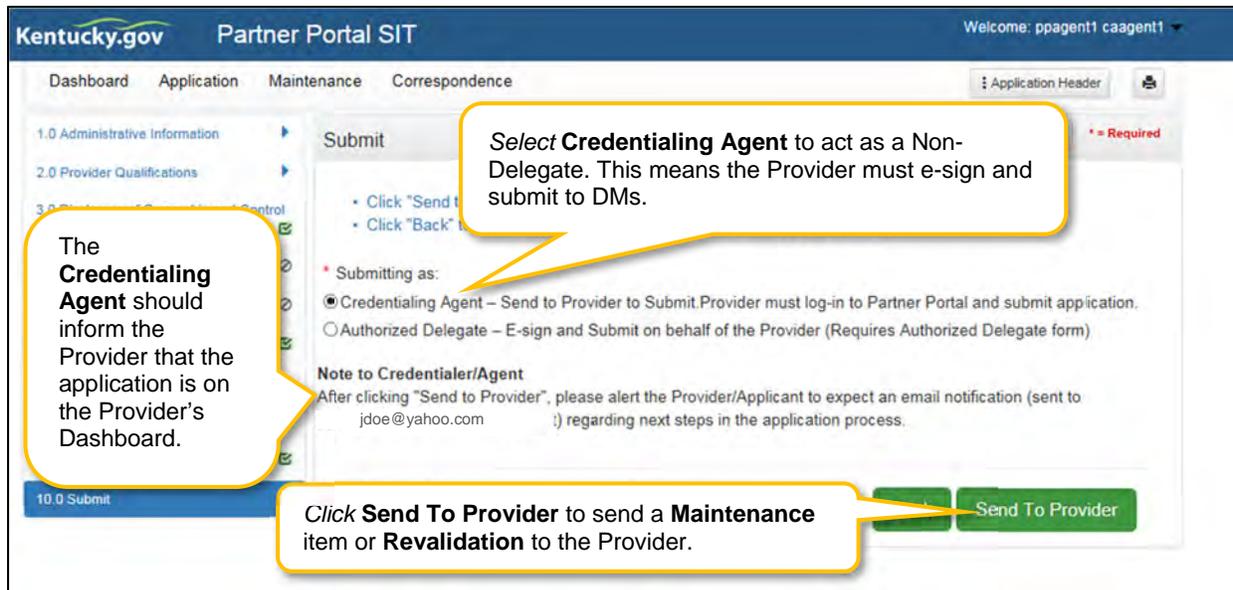
Figure 179: Maintenance: Credential Agent Submit Screen (Send To Provider)

To *complete* the **Submit** screen as a Credentialing Agent:

- **Submitting As**: *Select* **Credentialing Agent** option.
- **Send To Provider:** *Click* the **Send to Provider** button to send the item to the Provider for review and submission.
- The Credentialing Agent should inform the Provider that the action is on the Provider's Dashboard.
  - o Credentialing Agents will receive a notification (in their Dashboard Notifications) when the action has been sent to the Provider.
  - o Credentialing Agents will receive a notification (in their Dashboard Notifications) when the Provider has esigned and submitted the item to DMS.

Back: *Click* **Back** to go to the previous screen without submitting.

Exit: *Click* **Exit** to return to the Dashboard without submitting.

> Credentialing Agents are able to send a Maintenance item or Revalidation to the Provider for final review and electronic signature. The item will appear in the Provider's Dashboard, in the Maintenance Status section, for review and submission to DMS.

> Credentialing Agents will receive a notification in their Dashboard Notifications when the Provider receives, electronically signs, and submits the item to DMS.

Complete the Submit Screen as a Credentialing Agent as Authorized Delegate:

Credentialing Agents with an Authorized Delegate form will utilize the **Submit** screen to send a **Maintenance item** on behalf of the Provider, will be able to *e-sign* and *submit* the item to DMS.

Figure 180: Credential Agent Submit Screen (Authorized Delegate)

To *complete* the **Submit** screen as a Credentialing Agent acting as an Authorized Delegate:

- *Click* the **Authorized Delegate** button to progress to the next screen and to **submit** the action on behalf of the Provider to DMS.

Figure 181: Credential Agent Submit Screen Expanded (Authorized Delegate)

- After selecting Authorized Delegate, the screen will expand asking for either Review or Upload of the Authorized Delegate form.
  - o If there is an Authorized Delegate form on file (file name will be listed), c*lick* on the link to open and review form. Answer question "**Is Form Correct?**"
    - ▪ *Select* **Yes**, if form is still valid.
    - ▪ *Select* **No**, if form is expired or data on the form has changed. User will be required to **Upload** a new Authorized Delegate form.
  - o If there is not an Authorized Delegate form on file (link says "No form found"), *click* on the **Browse** button to retrieve the form and upload the document.
- After Authorized Delegate form is uploaded: *Click* **Esign & Submit.**

Credentialing Agents with Authorized Delegate will have the ability to complete the final review, e-sign and submit item to DMS.

MAP 811 can be printed for the Credentialing Agents or Providers files. Paper application if submitting electronically is NOT to be mailed in for processing.

> **Chapter Summary: Maintenance**

- If a Provider is using a Credentialing Agent, the Provider and CA must be linked prior to beginning the maintenance action or the CA will receive an alert message that they are not authorized to access the Provider's Medicaid ID data.

- Update all allowable tax information fields to match what appears on your IRS Verification Letter SS-4.

- Pre-existing NPIs cannot be deleted. They can only be end dated and new NPIs can be added.

- You must have at least two NPI numbers in the grid to change the Primary NPI number. There can only be one Primary NPI number.

- Existing Taxonomies cannot be deleted. They can only be end dated.

- At least one actively enrolled Individual Medicaid Provider is required to create a Group.

- Other identifier types may be required as specified in the provider type summaries. Identifiers available in the Identifier Type drop-down are based on provider type.

- Pre-existing Additional Identifier records cannot be deleted, they must be end dated, by entering an expiration date, and new Additional Identifier records added.

- The Primary Physical, Pay-To/1099, and Mailing addresses are required addresses. The Other Physical address are optional.

- A minimum of two types of contacts are required. Agent of Service and Credentialing Agent.

- At least one language is required. English is the default but is not a required language.

- An existing language cannot be deleted, it must be end dated.

- Some individual Providers will not be required to enter a specialty type. Some provider types have a default specialty type, which cannot be removed; however, the primary indicator can be changed to a different specialty.

- License information added to this screen will require upload of supporting documentation on the 8.0 Document Upload screen. Existing license information cannot be deleted.

- Name on certification must match the Provider or DBA name. Pre-existing certificate records cannot be deleted, they must be expired. A new certificate can be added as a new record.

- Refer to the Disclosure of Ownership & Control Interest questions in the New Enrollment: Start to Submit Chapter for instruction on editing or updating the Disclosure of Ownership Maintenance questions. Some questions will require an end date to the existing response and a new record added to indicate a change.

- Account number information can take up to twenty-eight days to verify. Until authorization of the EFT transaction is approved, the payment type will default to check mailed to the Pay-To address.

- Switching payment types between EFT and checking can be done as often as necessary.

- Application Fee Payments are done during Revalidation only. Users must select the Revalidation radio button on the Maintenance menu.

- On the 8.0 Document Upload screen, documents that are required for each provider type will have a placeholder record in the grid and be marked with a 'Y' in the Required column. These document records are Edited in the grid, and not Added, when uploading documents. Additional supporting documents can be uploaded by clicking the Add button.

- File size for upload cannot exceed 5MB. Allowable file types include: PDF, DOC, DOCX, JPG, JPEG, TXT, RTF, CSV, , XLS, XLSX, TIF, TIFF.

- Utilize the Left Navigation menu to return to previous screens to make changes if needed. Changes to information on one screen may have dependencies on other screen(s). Once all updates are completed, and requirements fulfilled, the application can be submitted. KY MPPA may notify the user to return to a previous screen for required updates.

- Credentialing Agents (non-delegate) are able to send a Maintenance item or Revalidation to the Provider for final review and electronic signature. The item will appear in the Provider's Dashboard in the Maintenance Status section for review and submission to DMS.

  o Credentialing Agents will receive a notification in their Dashboard Notifications when the Provider receives, electronically signs, and submits the item to DMS.

- Credentialing Agents acting as an Authorized Delegate will be able to electronically sign and submit the action to DMS. CA must have an Authorized Delegate Form to have this functionality.

VII.   REVALIDATION

Medicaid Providers are required by Federal regulation to revalidate the information on their Kentucky Medicaid ID once every five years. The Provider should ensure that the information is complete and accurate during the Revalidation.

KY MPPA alerts Providers to the Revalidation due date with sixty- and thirty-day notifications on their Dashboard.

Note: *If the Provider is utilizing a Credentialing Agent (CA) to work on their behalf, the Provider and CA must be linked in KY MPPA **prior** to beginning a Revalidation action in order for the CA to have authorization to access the Provider's Medicaid ID data. If the Provider and CA are not linked, the CA will receive an alert message. See the Linking section for more information. See the Maintenance Alert Messages section in the Maintenance chapter for a description of the maintenance-related alert messages.*

Note: *If you receive an alert message or require assistance with linking, contact the KY MPPA Contact Center at 1-877-838-5085 or via email at medicaidpartnerportal.info@ky.gov.*

Medicaid ID Screen

There are two ways to begin a Revalidation – from the Kentucky Medicaid Provider IDs section on the dashboard or from the Maintenance tab on the Main Menu.

Option 1: Click on **Start Maintenance** in the **Kentucky Medicaid Provider IDs** section on the dashboard for the Kentucky Medicaid ID to be updated. The Provider's information will be pre-populated on the Medicaid ID screen.
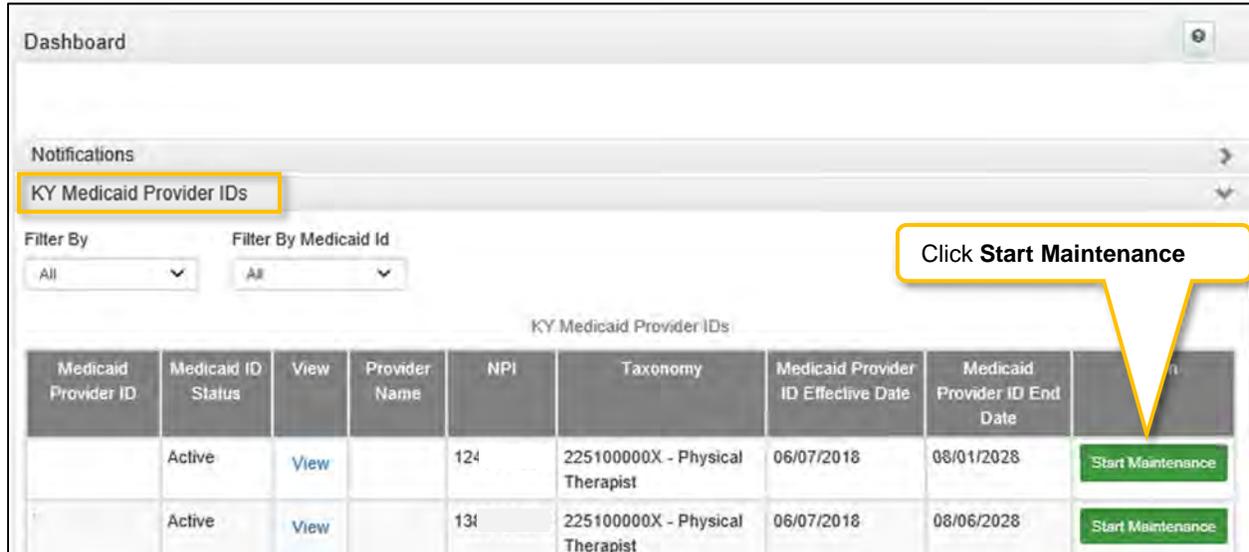
Figure 182: Maintenance: Start Maintenance Button from Dashboard

Option 2: Click on **Maintenance** in the **Main Menu** to start a Revalidation on a Kentucky Medicaid ID. The **Maintenance** screen will require the user to enter the KY Medicaid ID to be revalidated. For security purposes, entering a valid Medicaid ID will only return applications associated with the user (Provider or Credentialing Agent).

- *Enter* the **Medicaid ID** to be revalidated into the **Medicaid ID** field.
- *Click* **Search**. KY MPPA locates the Provider's information based on the Medicaid ID entered.

Figure 183: Revalidation: Enter Medicaid ID

- *Click* **Clear** to remove the KY Medicaid ID.
- *Click* **Exit** to return to the Dashboard.

Figure 184: Revalidation: Select Maintenance Type

- Review the information retrieved to ensure the correct Medicaid Provider is shown prior to starting a Revalidation.
- *Click* **Revalidation** radio button.
- *Enter* the current date for the **Requested Effective Date**.
- *Click* **Continue** to continue with the Revalidation request.
- *Click* the **Yes** button to **Confirm Continue** and proceed to next screen.

Figure 185: Maintenance: Maintenance Confirmation Screen

Revalidation Process

The **Revalidation** screens mirror the **Maintenance** screens. Users must *review every screen*, in the order presented, and ensure the information is complete and accurate every time they do a revalidation. As each screen is reviewed, the user can *update* the information, or *click* **Save & Next,** to proceed to the next screen. Users will be prompted to *upload* all supporting documentation on the 8.0 Document Upload screen.

A **Revalidation** can be **Approved, Denied,** or **Returned To Provider** for more information. If an application is returned to the Provider, a notification is generated indicating the Provider or Credentialing Agent will need to *review* and *resubmit* the updated Revalidation within five business days. This Notification is visible on the KY MPPA Dashboard and an email is sent to the Provider/Credentialing agent.

When DMS approves the Revalidation request:

- The Medicaid ID remains the same.
- KY MPPA generates a **Revalidation Welcome Letter**, which can be found in the Correspondence screen.
- A new five-year revalidation date is calculated.

Note: *If revalidation is not submitted by close of business on the due date, KY MPPA will end date the Medicaid ID contract. An end date notification will be generated.*

For details on how to navigate and complete a Revalidation, refer to the comparable screens in the Maintenance Chapter of this user guide.

	Chapter Summary: Revalidation

- Medicaid Providers are required by Federal regulation to revalidate the information on their Kentucky Medicaid ID once every five years.

- KY MPPA alerts Providers to the Revalidation due date with sixty- and thirty-day notifications on their Dashboard.

- There are two ways to ways to begin a Revalidations – from the Kentucky Medicaid Provider IDs section on the Dashboard or from the Maintenance tab on the Main Menu.

- The Revalidation screens mirror the Maintenance screens.

- Users must *review every screen*, in the order presented, and ensure the information is complete and accurate every time they do a revalidation. As each screen is reviewed, the user can *update* the information, or *click* **Save & Next,** to proceed to the next screen. Users will be prompted to *upload* all supporting documentation on the 8.0 Document Upload screen.

- A **Revalidation** can be **Approved, Denied,** or **Returned To Provider** for more information. If an application is returned to the Provider, a notification is generated indicating the Provider or Credentialing Agent will need to *review* and *resubmit* the updated Revalidation within five business days. This Notification is visible on the KY MPPA Dashboard and an email is sent to the Provider/Credentialing agent.

- If revalidation is not submitted by close of business on the due date, then KY MPPA will end date the Medicaid ID contract. And end date notification will be generated.

VIII.   CHANGE OF OWNERSHIP (CHOW)

Change of Ownership is not applicable for Individual Providers. Only Groups or Entities can enter an application for a **Change of Ownership**.

IX. VOLUNTARY TERMINATION

Medicaid Provider's can voluntarily terminate their Medicaid ID. To perform a voluntary termination on a Kentucky Medicaid ID, use the **Maintenance** link from the **Main Menu** to access the **Maintenance** screen. The **Maintenance** screen requires the user to enter the KY Medicaid ID to be terminated.

Note: *The Maintenance ID screen can also be accessed from the Kentucky Medicaid Provider IDs section on the Dashboard by clicking on the Start Maintenance button for the desired KY Medicaid ID. The Provider's data will be pre-populated on the Medicaid ID screen.*

Medicaid ID Screen

To start a **Voluntary Termination**, enter the **Medicaid ID** into the **Medicaid ID** field and *click* **Search**.

Note: *For security purposes, entering a valid KY Medicaid ID will only return an ID associated with the user.*

Note: *A Voluntary Termination action can only be completed* by the Provider. A Credentialing Agent cannot complete this action on behalf of the Provider. When the Voluntary termination is submitted the Provider must log into their own KY MPPA account to submit the Voluntary termination.

Note: *A Credentialing Agent should not start a Voluntary Termination to disassociate an Individual Provider from their Group. Please end date the Providers link to the Group in section 1.5 or 5.0 on either the Group or Individual Providers Medicaid ID.*

Figure 186: Voluntary Termination: Initial Maintenance Screen

Select Maintenance Type

KY MPPA locates the Provider's information based on the Medicaid ID entered.

Figure 187: Voluntary Termination: Select Maintenance Type

- *Review* the information retrieved to ensure the correct Medicaid Provider is shown prior to starting a **Voluntary Termination**.
- *Select* **Voluntary Termination** from the **'I Want to Perform'** list**.**
- **Requested Effective Date**: Set the date you would like the maintenance item to take effect for the selected KY Medicaid ID. (Voluntary Termination date must be greater than Medicaid ID Effective Date)
- Click **Continue** to continue with the **Voluntary Termination** request.
- Click **Exit** to return to the **Main Menu**.
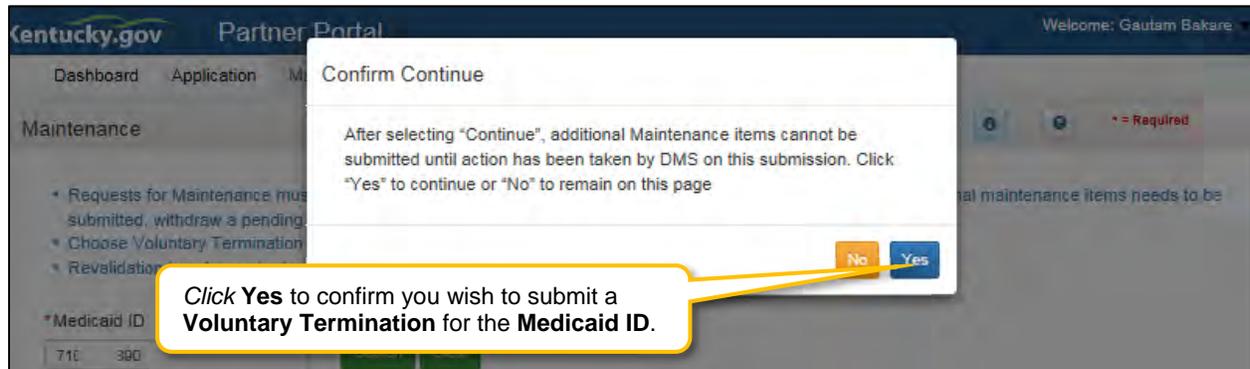
Figure 188: Voluntary Termination: Maintenance Conformation Screen

Once you have verified the KY Medicaid ID is correct*:*
- *Click* **Continue** to proceed to the Voluntary Termination Screen.
- *Click* **Exit** to exit Voluntary Termination.
- *Click* the **Yes** or **No** button to continue. Once you submit a Voluntary Termination the KY Medicaid ID will be terminated and the only way to become a Medicaid Provider is to submit a reapplication.

Voluntary Termination Process

Once you click **Continue** to proceed you will advance to the **Voluntary Termination** screen.

Figure 189: Voluntary Termination Screen

To complete the **Voluntary Termination** screen*, enter* the following information:

- **Select Reason**: (drop-down)
    - o Retired: (Individual Only) *Select* if Individual is retiring.
    - o Voluntary Termination

- **Termination Effective Date**: Pre-populated from previous screen. Termination Effective date cannot be earlier than the Effective Date. Can be changed.
- **Comments:** (Optional)
- **Name**: Enter name of Provider.
- **Title**: Pre-populated title.
- **Sign Date**: System generated current date and time.

A **Voluntary Termination** becomes effective on the effective date entered. If the Voluntary Termination Effective Date is the current date, the termination is effective immediately. If the date is in the future, the Provider can bill up until the Voluntary Termination Effective Date.

Note: *KY MPPA will end date the Medicaid ID, NPI, Taxonomy and Medicaid Contracts the same business day of the effective voluntary termination date. A voluntary termination letter and email will be generated for the Provider.*

Note: *If a KY Medicaid ID is voluntarily terminated, the user must submit a reapplication if they wish to resume Medicaid participation.*

> If a KY Medicaid ID is voluntarily terminated, the user must submit a new application if they wish to resume Medicaid participation.

	Chapter Summary: Voluntary Termination

- Medicaid providers can voluntarily terminate their Medicaid ID.

- Voluntary termination on a KY Medicaid ID is started on the Maintenance tab.

- A voluntary termination becomes effective on the effective date entered. If the effective date is the current date, the termination is effective immediately.

- If the voluntary termination date is in the future, the Provider can bill up until the **Voluntary Termination Effective Date.**

- KY MPPA will end date the Medicaid ID, NPI, Taxonomy and Medicaid Contracts the same business day of the effective voluntary termination date.

- A voluntary termination letter and email will be generated for the Provider.

- If a KY Medicaid ID is voluntarily terminated, the user must submit a reapplication if they wish to resume Medicaid participation.

X.   REINSTATEMENT AND REAPPLICATION

Medicaid Providers can reinstate or reapply for their Medicaid ID in the Maintenance tab of KY MPPA. To determine which you should do review the following:

- **Reinstatement:** If a Provider is terminated for cause, and they reapply, they receive their old Medicaid ID number back regardless of greater than or less than one year.
- **Reapplication:** If a Provider self end-dated and they reapply, they receive their old Medicaid ID number back regardless of greater than or less than one year.

Note: *If the Provider is utilizing a Credentialing Agent (CA) to work on their behalf, the Provider and CA must be linked in KY MPPA **prior** to beginning a Maintenance action in order for the CA to have authorization to access the Provider's Medicaid ID data. If the Provider and CA are not linked, the CA will receive an alert message. See the Linking section for more information. See the Maintenance Alert Messages section in the Maintenance chapter for a description of the maintenance-related alert messages.*

Note: *If you receive an alert message or require assistance with linking, contact the KY MPPA Contact Center at 1-877-838-5085, extension 1 or via email at medicaidpartnerportal.info@ky.gov.*

Medicaid ID Screen

To start a **Reinstatement** or a **Reapplication**, enter the **KY Medicaid ID** into the **Medicaid ID** field and *click* **Search**.

Note: *The Medicaid ID screen can be accessed from the Kentucky Medicaid Provider IDs section on the Dashboard or from the Maintenance tab in the Main Menu.*

XI. RETURN TO PROVIDER (RTP)

A. Application Life Cycle

An application life cycle is the process that a new enrollment application or maintenance-related action will undergo when submitted to the Department for Medicaid Services (DMS). The process the application or action will go through is a series of validation checks and reviews. The factors that determine the level of review or validation checks vary by Provider Type and specific Provider circumstances.

There are three possible outcomes that will come from the DMS review: Approved, Denied or Return to Provider (RTP).

- Approved: Provider *(and CA if utilized)* will receive an approval email notification. In addition, the Provider *(and CA)* will receive a notification in the Notifications section of their KY MPPA dashboard and will be able to access the Welcome Letter in the Correspondence section of the dashboard.
- Denied: Provider *(and CA if utilized)* will receive a denial email notification. In addition, the Provider *(and CA)* will receive a notification in the Notifications section of their KY MPPA dashboard and will be able to access the Denial Letter in the Correspondence section of the dashboard.
- Return to Provider (RTP): Application or action will be returned to the Provider *(or CA if utilized)* for clarifications or corrections. The Provider and CA will receive an email notification and an Action Required notification in the Notifications section of their KY MPPA dashboard. (Figure 190)
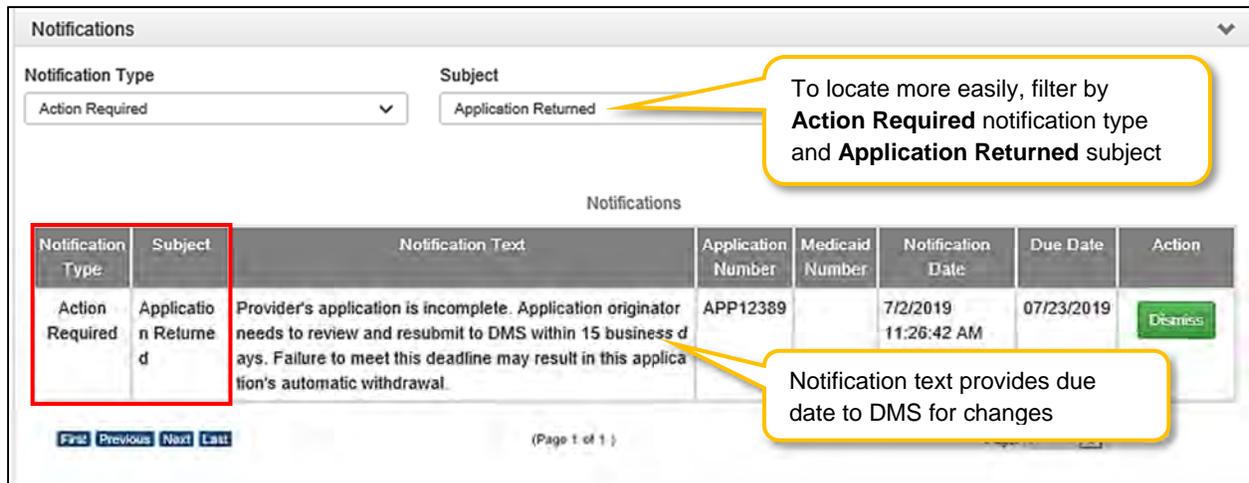
Figure 190: Action Required Notification – Application Returned

B. Responding to a Return to Provider from DMS

When notified of an RTP, the application or action originator (Provider or CA) will navigate to the appropriate status section of the dashboard to locate the item.

- For a *New Enrollment application*, access the **Application Status** section.
- For a *Maintenance-related action*, access the **Maintenance Status** section.
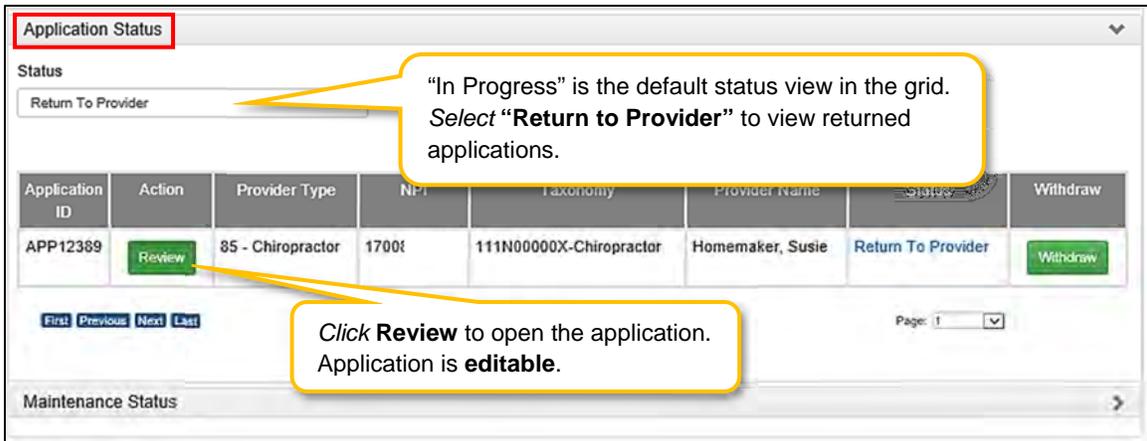
Figure 191: Application Status/Maintenance Status Sections – Click Review Button to Open

Review DMS Comments

To open the application/action, *click* the **Review** button (Figure 191). An **editable** version of the application/action will open.

- Using the left navigation menu, *click* on **9.0 Provider Review** to open an accordion style menu (Figure 192).
- Identify sections of the application/action requiring additional clarification/explanation or corrections by locating the **green comment boxes**. Green comment boxes indicate a comment was made by DMS.
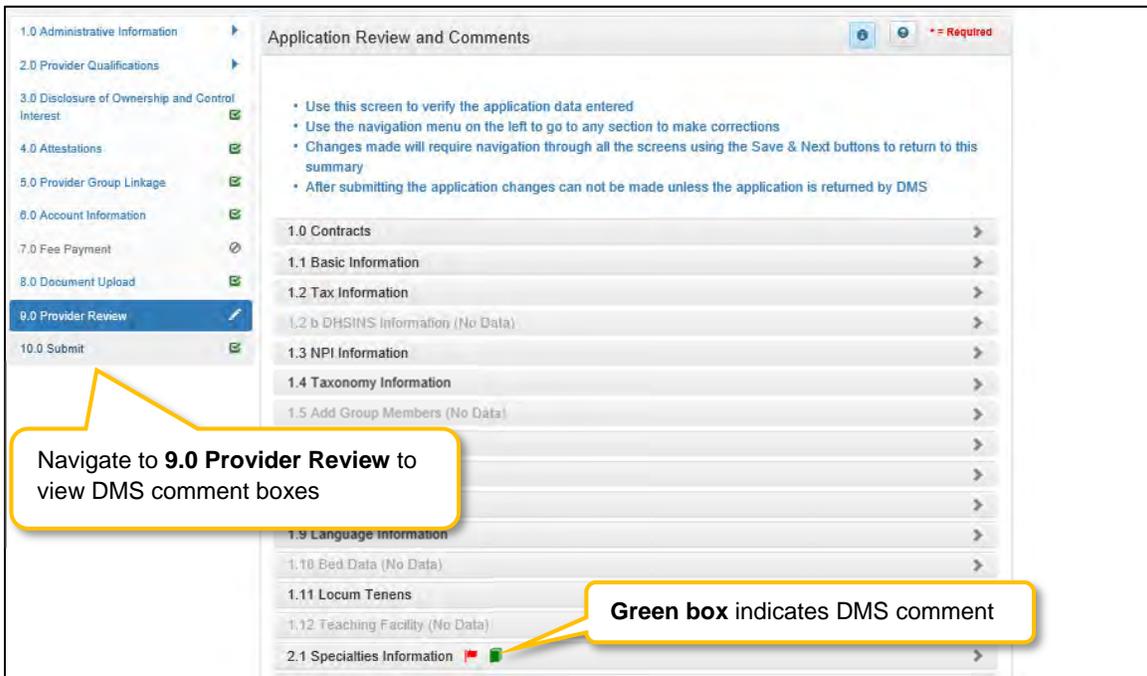
Figure 192: 9.0 Provider Review Section – Locate DMS Comment Boxes

- *Click* the section title or right-facing arrow to expand the indicated section (Figure 193).

- Users will now be able to see comments left by DMS Reviewers.

Figure 193: 9.0 Provider Review Section – DMS Section Comment

Depending upon the comments left by the DMS Reviewers, users may need to take one or all of the following actions:

- Provide additional information.
- Edit or update submitted information.
- Reply to a comment to provide clarification or additional explanation.

Updating or Adding Information

To update or provide additional information, users will need to navigate to the section to be updated using the **Left Navigation** menu (Figure 193).

- *Click* on the section title to expand selections.
- *Click* on the title of the screen to be updated.

Figure 194: Update or Add Information

- *Update or add* information (Figure 194).
- *Click* **Save & Next.** If Save & Next is not clicked, changes will not be saved and will not be submitted to DMS.
    - o Once information is changed, the user will see a **Red Flag** for that section in the **9.0 Provider Review** section (Figure 192).
- *Repeat* for additional updates or additions on other screens.
- Once all changes have been made, *navigate* back to **9.0 Provider Review** section.

Note: *Changes in one section may change information entered into a subsequent section. For example, if the name is changed on the 1.1 Basic Information screen, the name will also be updated on the 2.2 License Information screen (Figure 195).*

Figure 195: Other Screens Updated

Replying to a DMS Comment

Users can reply to a DMS comment to provide an update or clarification.

- C*lick* the **Reply** icon to open the Comments reply text box.
- *Type* a response to the DMS request for clarification or additional explanation or to provide an update on changes made.
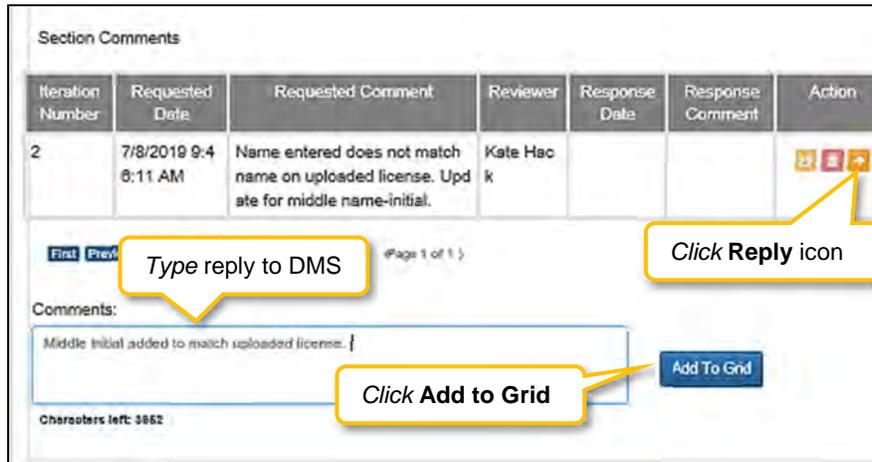
Figure 196: Reply to DMS Comment – Type Reply and Add to Grid

- *Click* **Add to Grid** to save the response (Figure 196).
- Comment reply will now be visible in the Comment grid (Figure 197).

Note: *Comment responses will be submitted to DMS staff once the application or action has been resubmitted for processing (electronically signed and resubmitted). The responses are not submitted automatically in real time when added to the grid.*
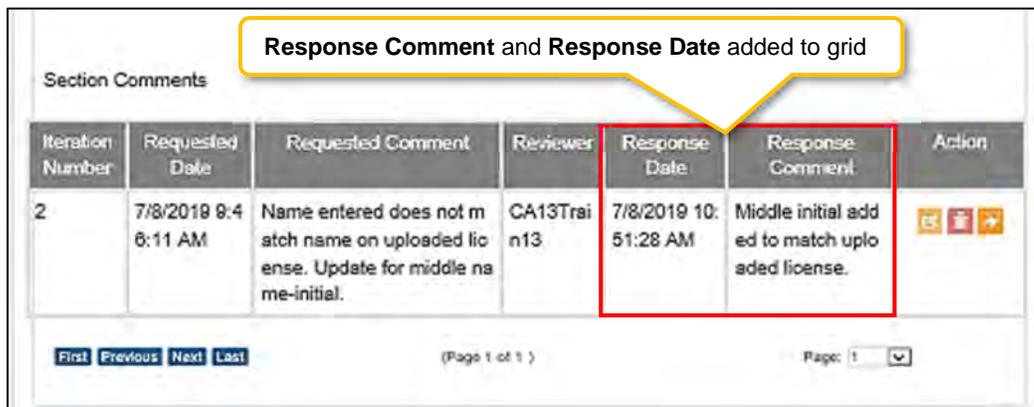
Figure 197: Reply to DMS Comment – Reply Added to Grid

- *Repeat* to reply to additional DMS comments.
- *Click* **Save & Next** on the **9.0 Provider Review** screen to save all comment replies (Figure 198).

Note: *If user navigates from the **9.0 Provider Review** page before clicking **Save & Next**, all comment replies will be lost even if added to the Comment grid within a section on the 9.0 Provider Review page.*
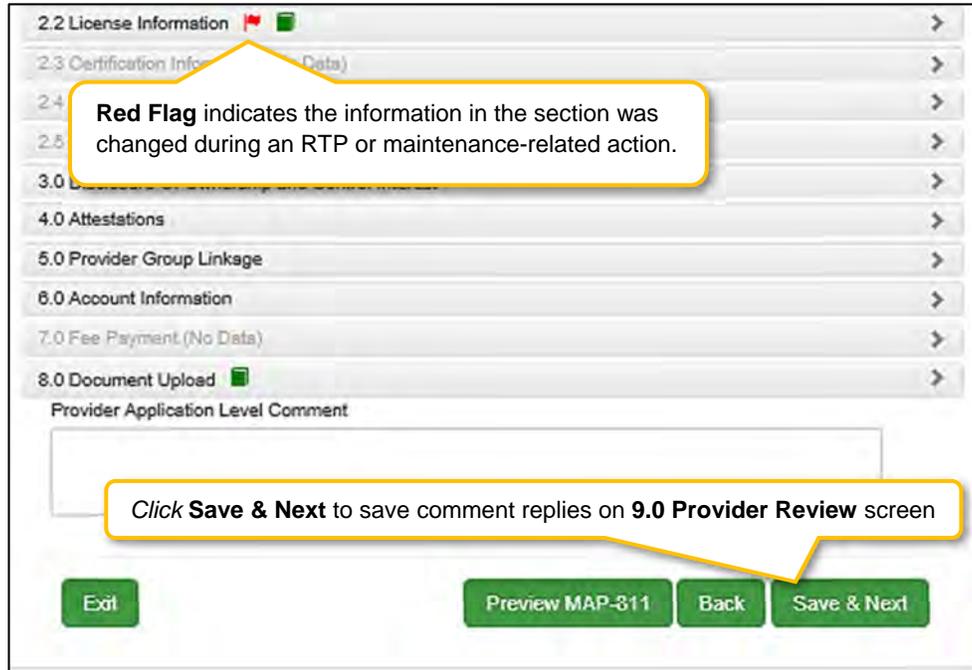
Figure 198: Reply to DMS Comment – Reply Added to Grid

Resubmitting to DMS

All applications or actions returned for clarifications or corrections **must be resubmitted** to DMS within the timeframe specified in the **Action Required** notification or the application/action may be withdrawn.

- Proceed to the **10.0 Submit** screen to resubmit the application or action to DMS with updated information and comment responses.

C. Automatic Return to Provider

Upon submission of an application or maintenance action to DMS, KY MPPA performs a series of automatic validations. If the application or action fails one of these automatic validations, the application/action will be returned automatically to the user before being routed to DMS. This allows the user the opportunity to correct the application/action before beginning the DMS review process.

The Provider *(and CA if utilized)* will receive an email and an **Action Required** notification in the Notifications section of their KY MPPA dashboard (Figure 199).

- **Notification Subject**: Application Not Accepted for Processing.
- **Notification Text**: Provides additional clarification regarding the failed validation and actions to take to rectify the issue.

The user will need to correct any issues prior to resubmitting the application or action to DMS from the **10.0 Submit** screen.

Note: *For an Automatic RTP, green comment boxes will not be visible to indicate the sections to be corrected because the application or action has not been submitted and reviewed by DMS. The notification will be the primary source of information to identify the issue and actions to be taken.*
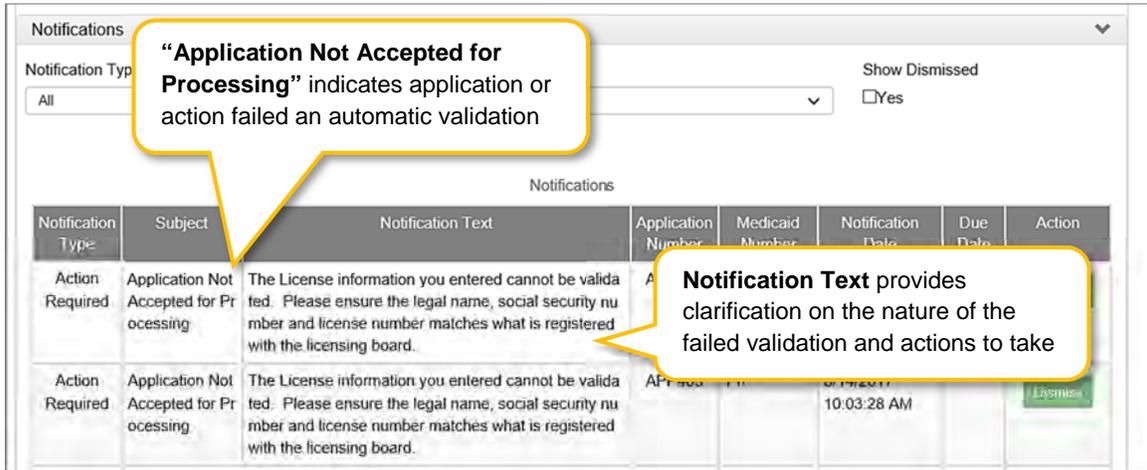
Figure 199: Automatic RTP Notification

D. **History and Iterations**

Users can track changes made to an application or action by viewing the **History**.

- *Navigate* to the **9.0 Provider Review** screen.
- *Expand* the area of the application/action by *clicking* on the section title or right-facing arrow.
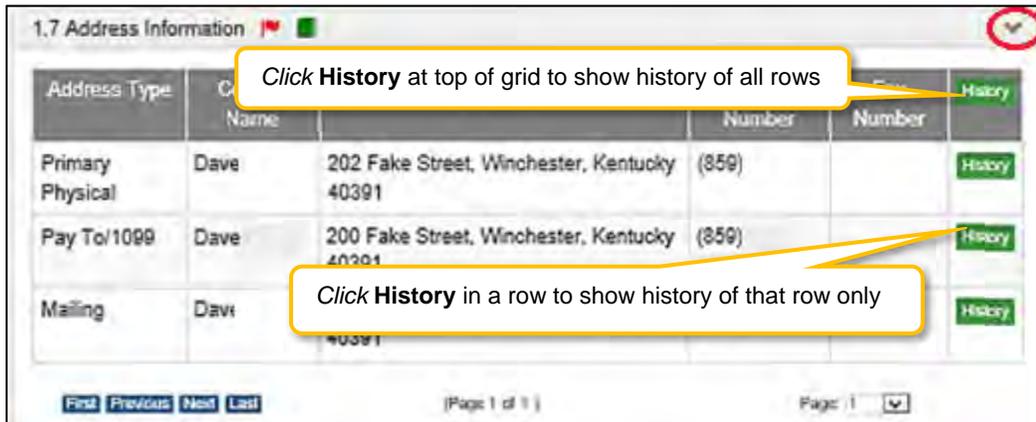
Figure 200: History Button

- *Click* the **History** button (Figure 200).
  - o The **History** button at the top of the grid will show the history of all rows in the grid *(Figure 200 for example)*.
  - o The **History** button for an individual row will show the history of that row only *(Figure 200 for an example)*.
- *Click* the **Hide** button to collapse the History table.

Figure 201: History Table for Entire Grid

The **History** table for the entire grid includes:
- **Action**: Lists action taken
  - Row Added *(green shading)*
  - Row Edited *(yellow shading)*
  - Row Deleted *(red shading)*
- **Iteration**: Identifies the number of times the record has been added/updated or deleted
- **Grid Specific Columns:** Lists information specific to the individual screen or grid
- **Modified User:** Identifies who made the change
- **Modified Date:** Identifies the date the change was made

The **History** table for an individual row reflects each change made to the information originally submitted in the row. Columns include:
- **Field Name:** Name of the modified data entry field
- **Old Data:** Previous information entered in the field
- **Change To:** New information entered in the field
- **Modified User:** Identifies who made the change
- **Modified Date:** Identifies the date the change was made

Figure 202: History Table for One Row

- **Iteration number** listed in **History** table for a specific row indicates the number of times the application or action has been RTP'd by DMS

Figure 203: Reinstatement or Reapplication

- *Review* the information retrieved to ensure the correct Medicaid Provider is shown prior to starting a Maintenance item.
- *Select* **Reinstatement or Reapplication** from the **'I Want to Perform'** list**.**
- **Requested Effective Date**: Set the date you would like the maintenance item to take effect for the selected KY Medicaid ID.
- Click **Continue** to begin the Reinstatement or Reapplication action.

Click **Exit** to return to the **Main Menu**.

For details on how to navigate and complete a Reinstatement or Reapplication, refer to the comparable screens in the Maintenance Chapter of this user guide.

	Chapter Summary: Reinstatement and Reapplication

- KY Medicaid Providers can reinstate and reapply for their Medicaid ID through the Maintenance tab.

- Reinstatement is for Providers who have been terminated for cause. They reapply to receive their old Medicaid ID number back regardless of greater than or less than one year.

- Reapplication is for Providers that self end-dated and they reapply. They receive their old Medicaid ID number back regardless of greater than or less than one year.

XII.   TABLE OF FIGURES

XIII. GLOSSARY

Term:	Acronym	Definition:
1099 Contact		The Individual responsible for the tax documents of a Provider.
ACH Routing Number	**ACH**	A nine-digit number found on the bottom left of a check. This number uniquely identifies a banking institution. You must provide the ACH routing number if you wish make payments or collect funds electronically with DMS.
Actionable Alert		When the Department of Medicaid Services (DMS) requires a timely response on the part of the Provider, DMS will notify the Provider by sending a message through the Partner Portal Application.
Agent of Service		Person that a Provider has designated to receive service of legal documents for that individual or organization, and legally able to act on behalf of that Provider.
American Society of Addiction Medicine Number	**ASAM**	A number assigned to physicians who specialize in addiction. Physicians must meet specific criteria in order to obtain an ASAM Number.
Applicant		Individual, Group, or Entity applying to be a Medicaid Service Provider.
Application Status		The Provider's current stage of an application to be a Medicaid Service Provider. This information is maintained in the dashboard of the Partner Portal Application. Possible statuses are In Progress, Submitted, In Review, Denied, RTP-Corrections (Return to provider for corrections), or Withdrawn
Approval		The formal action of DMS granting a Provider the ability to be a Medicaid Service Provider. A KY Medicaid ID is issued at this point.
Attestations		For Individual Providers Only: Attestations are a series of questions Providers must answer regarding potential legal or disciplinary actions taken against the Provider that could affect their ability to be approved as a Medicaid Service Provider.
Atypical Provider		Atypical provider types use SSN and/or FEIN depending on Provider Category. This type of provider does not have an NPI or Taxonomy. Atypical provider types are generally not healthcare providers but usually providers of other services such as patient transportation.
Bed Data		The number of beds maintained and staffed for inpatients of a healthcare facility during a defined reporting period.
Bed Type		The classification of a staffed bed in a healthcare facility. For example, pediatric, ICU, or Medicare and Medicaid.
Board of Certification/Accreditation	**BOC**	An independent organization offering credentials for professionals and suppliers of comprehensive orthotic and prosthetic devices and equipment.
Cabinet for Health and Family Services	**CHFS**	The state agency that administers Kentucky Health Information Exchange (KHIE) and other public programs and services, including departments for Public Health, Medicaid Services and Community Based Services.
Centers for Medicare and Medicaid Services	**CMS**	The federal agency of the Department of Health and Human Services that administers several programs including the Electronic Health Record Incentive program.
Certification	**Cert**	Proof that an accreditation organization's requirements for proficiency have been met.

Term:	Acronym	Definition:
Change of Ownership	CHOW	Determined by criteria detailed in 907 KAR 1:671 Section 6(11). A MAP-811 for a Change of Ownership (CHOW) is required, and a new Provider Medicaid ID number will be issued. This would not apply to individual Providers.
Clinical Laboratory Improvement Amendments	CLIA	CLIA numbers (indicating certification) are required of all Providers offering laboratory services per Federal regulations. Laboratories are assigned a unique number (CLIA number) that must be included with all lab charges.
Code of Federal Regulations	CFR	To assure Provider and recipient Medicaid compliance, these federal guidelines are incorporated into Kentucky code.
Community Mental Health Centers	CMHC	Provide a comprehensive range of accessible coordinated, direct or indirect mental health services through Kentucky's 14 regional boards. These boards are private, nonprofit organizations serving residents of designated multicounty regions.
Contract		An agreement intended to be enforceable by law. The agreement between a Provider and the Commonwealth to work together to assist Medicaid recipients in the State of Kentucky.
Correspondence		Correspondence usually comes from the Partner Portal and contains official communication by the Department of Medicaid Services that mirrors the requirements of a Medicaid Service Provider ID set by the Centers for Medicare and Medicaid Services (CMS). Correspondence contains official documents such as a welcome letter, denial of an application, termination letters, and history of applications. Providers may also receive correspondence manually in rare circumstances.
Council for Affordable Quality Healthcare Number	CAQH	Participating providers are assigned a specific identification number for reporting purposes. The CAQH programs purpose is to simplify data collection between providers, health plans, and networks in the US. This helps reduce the amount of paperwork and frustration involved in provider enrollment. The program relies heavily on the collaboration of providers and commercial health insurance carriers.
Credentialing Agent	CA	An individual who works on behalf of a Provider to submit and update the Providers information
Credentialing Agent Authorized Delegate		An authorized Individual who works on behalf of a Provider to enter, update, sign and submit Provider's information. Authorized Delegate form completed by Provider must be uploaded in system by Credentialing Agent Authorized Delegate.
Credentialing Contact		The individual designated to receive any updates or information regarding Medicaid enrollment. This person is recognized as the contact for a particular individual provider, provider group, or entity who can perform various functions to enter and update the provider's information.
Dashboard		The "landing page" for a Partner Portal user, through which all options for navigating the application are available.
Denial		The end action of not issuing a Provider a Medicaid ID number as a result of submission of information that is outside acceptable parameters for Medicaid Service Providers.
Department for Medicaid Services	DMS	The Commonwealth internal organization responsible for managing all facets of the Medicaid program in Kentucky.
Disclosing Entity		The Provider that is submitting information and requesting Medicaid enrollment.

Term:	Acronym	Definition:
Doing Business As	**DBA**	A term that refers to an alternate operating name for a company as opposed to the legal name.
Drug Enforcement Administration Number	**DEA**	A number assigned to a health care provider allowing them to write prescriptions for controlled substances.
Effective Date	**Eff Date**	The first date a Provider is able to bill for Medicaid services.
Electronic Funds Transfer	**EFT**	Electronic Funds Transfer is the electronic transfer of money from one bank account to another within a single financial institution or across multiple institutions, through computer-based systems and without the direct intervention of bank staff. One method the state uses to pay Medicaid Providers.
Electronic Signature	**E-sign**	The federally recognized legally binding electronic method of signing documents online.
End Date		Last date for which a Provider is able to bill for Medicaid services. This usually is a result of inaction on the Provider's part, such as failure to submit revalidation.
Enrollment Fee/Application Fee		The fee required of some entities for participation with Medicare/Medicaid. For Partner Portal, those Provider Types are 01, 12, 30, 31, 34-37, 39, 44, 55, 86, 90, and 91.
Entity		A health-related organization, such as a clinic, hospital, or nursing facility. An Entity is one of three category types (others are Group and Individual) that a user can select for enrollment.
Faculty License	**FL**	A Medical License issued to physicians who have been accepted to a faculty position with one of the teaching institutions in Kentucky and do not meet all of the statutory requirements. An applicant holding this license is limited to the institution and its affiliated hospitals. KRS 311.571
Federal Employer Identification Numbers	**FEIN**	Federal Employer Identification Numbers are used for tax administration only.
Federal National Identification Numbers	**FNIN**	Federal National Identification Numbers are used for taxation for applicants who are not US Citizens, but are permanent residents, or temporary working residents.
Fellowship Training License	**FT**	Also referred to as a Fellowship Training License. A Medical License issued to physicians who have been accepted into a Kentucky fellowship training program or have graduated from a medical school located outside of the United States or Canada. Foreign Medical Graduates (FMG) must be certified in their home country in the specialty of their fellowship and in good standing in the country where they normally practice. This license is restricted to the Kentucky Fellowship Program and a DEA license cannot be obtained with this license type. The license is issued for a period of one year and can only be renewed for one year. KRS 311.571.
Fiscal Year End Date	**FYE**	Fiscal Year End Date is the completion of a one-year or 12-month accounting period for a business based on the company's tax period and not necessarily the calendar year.
Group		An organized Group which has within its bounds multiple Providers and services. A Group is one of three category types. (Others are Individual and Entity).
Identifiers		Additional documentation for licensure or certifications. Examples are a state ID/Driver's License or CLIA number.

Term:	Acronym	Definition:
Indirect Ownership Interest		Ownership interest in an entity applying for a Medicaid ID. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity.
Individual		Individual is a category type of enrollment for a KY Medicaid Provider Number. These Provider Types are for those providers who work for themselves. A person that can meet all the requirements to become a Medicaid Service Provider for their Provider Type.
Informational Alert		A message sent by DMS through Partner Portal to a Provider for the purpose of imparting information.
Institutional Practice Limited	IP	A Medical License issued to a physician entering an accredited residency training program in Kentucky. This license limits medical practice to the parameters of a training program in Kentucky. This license is issued on an academic calendar year, July 1 to June 30, and renewable annually while in training. An applicant must have completed one year of accredited postgraduate training and Parts 1 and 2 of the USMLE or COMLEX. KRS 311.571
Joint Commission on Accreditation of Healthcare Organizations	JCAHO	The Joint Commission on Accreditation of Healthcare Organizations is a U.S.-based nonprofit that accredits more than 21,000 health care organizations and programs in the United States.
Kentucky Administrative Regulation	KAR	Kentucky Administrative Regulation. The whole set of state regulations for each department, branch, and board in the Commonwealth.
Kentucky Board of Medical Licensure	KBML	Kentucky Board of Medical Licensure is responsible for protecting the public by ensuring that only qualified medical and osteopathic physicians are licensed, and initiating disciplinary action when violations of the Medical Practice Act occur.
Kentucky Board of Nursing	KBN	The Kentucky Board of Nursing is an agency of the Commonwealth of Kentucky, governed by the Nurse Practice Act. It is responsible for protecting public health and welfare by developing and enforcing state laws governing the safe practice of nursing.
Kentucky Online Gateway	KOG	The Kentucky Online Gateway is the behind-the-scenes platform that grants internal and external users access to various applications for Commonwealth of Kentucky technology, including Partner Portal.
Legally Authorized Delegate		An authorized agent or authorized company representative is a person who is a principal executive officer or other corporate officer with signatory powers as per the company's by-laws or per a vote of the directors if the company is a corporation; a general partner or proprietor if the company is a partnership or sole proprietorship respectively; or a duly authorized representative, the individual designated on the permit application or permit cover page, if such representative is responsible for the overall operation of the facility and has the authority to sign contracts, permits, permit applications, monitoring results and other documents in the company's name and otherwise bind the company.
Limited Liability Corporation	LLC	A limited liability company (LLC) is a corporate structure whereby the members of the company cannot be held personally liable for the company's debts or liabilities. Limited liability companies are essentially hybrid entities that combine the characteristics of a corporation and a partnership or sole proprietorship. (For official information go to www.irs.gov)

Term:	Acronym	Definition:
Locum Tenens	**LT**	Per regulation 42 CFR § 411.351, A physician who temporarily replaces another physician in their practice. Requires approval.
Managed Care Organization	**MCO**	A medical insurance group that provides health services for a fixed annual fee.
Managing Employee		A general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.
Medicaid ID	**MCD**	A unique ID number assigned to approved Medicaid Providers which is used for the purpose of billing for services rendered.
Medicaid Waiver Management Application	**MWMA**	The Medicaid Waiver Management Application is a web-based case management system used by Medicaid Waiver Providers and administrative staff.
Narcotic Treatment Program	**NTP**	A Narcotic Treatment Program is any system of treatment provided for chronic opiate like drug dependent individuals. A NTP administers narcotic drugs under Provider's orders either for detoxification purposes or for maintenance treatment in a rehabilitative context.
National Association Board of Pharmacy	**NABP**	An independent association that assists its member boards for the purpose of protecting public health.
National Plan and Provider Enumerator System	**NPPES**	A system developed by CMS to improve the efficiency and effectiveness of the electronic transmission of health information. Each Provider is assigned a single unique NPI.
National Provider Identifier	**NPI**	A National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). Limit is thirty (30) NPI numbers. All NPI numbers must be listed on the National Plan and Provider Enumeration System website (NPPES), which is the NPI Registry Public Search, and Partner Portal validates against the NPPES website.
Non-Profit Organization		An organization or service that does not intend to make a profit. (For official information go to www.irs.gov)
Notification		An alert sent by the Department of Medicaid Services to the dashboard of a Partner Portal user. These notifications could be about actions the user needs to take regarding an application for Enrollment, Maintenance, or Revalidation of a Kentucky Medicaid Service Provider ID. Notifications could also provide the user information such as system outages.
Other Disclosing Entity		Any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVIII, or XX of the Act. This includes: • Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (Title XVIII) • Any Medicare intermediary or carrier • Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of,

Term:	Acronym	Definition:
		health-related services for which it claims payment under any plan or program established under Title V or Title XX or the Act.
Ownership Interest		Possession of equity in the capital, the stock, or the profits of the disclosing entity.
Partner Portal	**KY MPPA or PP**	The electronic application that automates Medicaid Provider communication, enrollment, validations, and maintenance. It will enable Providers to enter and manage Medicaid enrollments, and Program Integrity staff to review, validate, and access reports on enrollments.
Person with an ownership or control interest		A person or corporation that: • Has an ownership interest totaling 5% or more in a disclosing entity • Has an indirect ownership interest equal to 5% or more in a disclosing entity • Has a combination of direct and indirect ownership interests equal to 5% or more in a disclosing entity • Owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5% of the value of the property or assets of the disclosing entity • Is an officer or director of a disclosing entity that is organized as a corporation; or • Is a partner in a disclosing entity that is organized as a partnership
Primary Care Center	**PCC**	The new concept of providing comprehensive acute and chronic medical care in the same environment, with maintenance in continuity of care and physician-patient relationship. In Partner Portal, can be found under Group/Entity.
Primary NPI		A National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). Limit is thirty (30) NPI numbers. All NPI numbers must be listed on the *National Plan and Provider Enumeration System* website (NPPES), which is the NPI Registry Public Search, and Partner Portal validates against the NPPES website. Primary NPI is the first NPI number entered by the Provider.
Primary Physical Address		The "bricks and mortar" location of a Provider. A Provider may have more than one physical service address, but Primary is considered the main site.
Primary Taxonomy		Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers. The Code Set consists of three sections: Individuals, Groups of Individuals, and Non-Individuals. All Taxonomies must be listed on the NPPES website. Primary Taxonomy is the Taxonomy tied to the Primary NPI.
Private Ownership		A property, company or industry owned and funded by an individual or group of individuals. (For official information go to www.irs.gov)
Profit Organization		An organization or service that exists to make a profit. (For official information go to www.irs.gov)
Provider		An individual, group, or entity that assists Medicaid recipients by providing medically necessary services.
Provider Agreement		The contractual agreement between DMS and a Medicaid Provider.

Term:	Acronym	Definition:
Provider Type		The classification for a Medicaid Service Provider. For example, an individual physician is Provider Type 64. The classification of 'Provider type' is also known as a Provider specialty or taxonomy.
Psychiatric Residential Treatment Facilities	PRTF	Provide a less medically intensive program of treatment than a psychiatric hospital, or psychiatric unit of a general hospital.
Public Ownership		A property, company or industry owned and funded by the government. (For official information go to www.irs.gov)
Reinstatement	RIN	Restoration of a Provider's Medicaid ID number and ability to bill for services following a lapse in those privileges of less than a year. Reinstatement happens after corrected or updated information is received, reviewed, and approved by a DMS reviewer.
Remote Identity Proofing	RIDP	Remote Identity Proofing is the process for identity verification in the Kentucky Online Gateway. The user answers out-of-wallet security questions to confirm who they are.
Requested Effective Date	Req Eff Date	Petition for a specific first date a Provider is able to bill for Medicaid services. Cannot be more than one year prior or 90 days in the future from the date the enrollment was submitted.
Revalidation	RVL	The maintenance process of updating, reviewing, and reapproving a Provider. This is required within 5 years after the approval of the Provider's Medicaid Service ID.
Risk Review		The review of activities, background, and other areas for a Provider, to help ensure client safety and avoid Medicaid fraud.
Rural Health Clinic	RHC	A Rural Health Clinic is a public, non-profit, or for-profit healthcare facility providing primary care services for Medicaid and Medicare patients in rural underserved communities.
Significant Business Transaction		Any business transaction or series of transactions that, during any one fiscal year, exceeds the lesser of $25,000 or 5% of applicant's operating expense.
Sole Proprietor		An individual who is the exclusive owner of a business, entitled to keep all profits after tax has been paid but also liable for all losses.
Specialty Type		Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers. The Code Set consists of three sections: Individuals, Groups of Individuals, and Non-Individuals.
Subcontractor		An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients, or an individual, agency or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or lease of real property) to obtain space, supplies, equipment or services provided under the Medicaid agreement.
Substance Use Disorder	SUD	A behavioral health service organization is an entity that is classified as a Provider Type 03 or 66. SUD organizations treat psychiatric or addiction disorders
Tax Exempt		A monetary exemption which reduces taxable income. An exemption must have a valid tax-exempt certification from the IRS. (For official information go to www.irs.gov)

Term:	Acronym	Definition:
Taxonomy		Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers. The Code Set consists of three sections: Individuals, Groups of Individuals, and Non-Individuals. All Taxonomies must be listed on the NPPES website.
Telehealth		Telehealth is the use of communications technologies to extend healthcare resources by overcoming the barriers of time and distance.
Telemedicine		The diagnosis and treatment of patients using medical information, as x-rays or television pictures, transmitted over long distances, especially by satellite.
Temporary Permit	**TP**	A permit issued to an applicant who meets statutory requirements for a regular license. Applicants must have a completed application on file with the Governing Board.
Termination		Discontinuation of Medicaid ID for a specific reason. There are two types of termination: Voluntary and Involuntary
Withdraw		The action of a Provider removing a started enrollment from the enrollment process. That specific enrollment may not be re-opened or re-submitted, but the information (such as NPI and Taxonomy combinations) may be used in a different enrollment application by that Provider.
X Drug Enforcement Administration Number	**X DEA**	A number assigned to a health care provider allowing them to write prescriptions for controlled substances related to medications used to combat addiction.