

Authorized Delegate Submission Process

This document provides the steps necessary for a Credentialing Agent to act as an Authorized Delegate for a Provider or for multiple Providers.

Overview

There are three paths to submit New Enrollment applications or Maintenance/Revalidation actions within KY MPPA. These include:

1. The Provider will complete the application, electronically sign and submit to the Department for Medicaid Services (DMS).
2. A Credentialing Agent (CA) will complete the application and send it to the Provider. The Provider will electronically sign and submit. The Credentialing Agent is acting as a *non-delegate*.
3. A Credentialing Agent will complete all the actions for the Provider as an **Authorized Delegate**. The CA will complete the application, electronically sign and submit to DMS.

This document describes Option 3 where the Credentialing Agent acts as an Authorized Delegate.

Steps to Complete an Application/Action as an Authorized Delegate

There are several steps required for a Credentialing Agent to act as an Authorized Delegate to complete, sign and submit a New Enrollment application or Maintenance-related action for a Provider.



Figure 1: Credentialing Agent as Authorized Delegate Submission Path

Steps are as follows:

- The Provider must complete and sign the Authorized Delegate Form
- The Credentialing Agent must upload the completed Authorized Delegate Form on the Section 10.0 Submit screen
- The Credentialing Agent will electronically sign and submit to DMS
- The Provider is not required to have a KY MPPA account (*but they are encouraged to have an account in order to have access to their Medicaid ID data*)

Completing the Authorized Delegate Form

Each Provider who will be using a Credentialing Agent as an Authorized Delegate must complete the Authorized Delegate form. The form will:

- Allow the Provider to authorize a single Credentialing Agent to work on their behalf or multiple Credentialing Agents who work for a credentialing agency or entity (e.g. hospital, group).
- Provide the Provider with the scope of the authorization and Medicaid rules, regulations and policies (via reference).
- Provide information to DMS to identify the Provider (NPI and SSN/FEIN).
- Provide a legal signature acknowledging Provider's understanding and acceptance of terms and authorizing the CA to perform all actions on the behalf of the Provider.

The Authorized Delegate Form can be accessed from the KY MPPA web page at:

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

To complete the **Authorized Delegate Form**:

- Enter the **Provider name** authorizing the delegation (*legal name of the Provider that will match submitted Provider documents*).
- Enter the **name** of the individual **Credentialing Agent** or the **name** of the credentialing agency or credentialing group.

KY Department for Medicaid Services
Division of Program Integrity / Provider Licensing and Certification

KY Medicaid Partner Portal Application - Authorized Delegate Form

I, [redacted], [redacted] in leg
Medicaid Provider Number and t... ble t
as outlined in 42 USC Section 1320... 205, 907 KAR 1:671, or 907
responsibility to routinely review... Kentucky Medicaid Provider file fo
Kentucky Medicaid Partner Portal Application (KY MPPA) account.

I, [redacted], hereby authorize [redacted] (individual, group, entity),
or their duly appointed designee, when completing Kentucky Department for Medicaid Services (KY
DMS) Provider Enrollment information (new, revalidation, and maintenance information to be updated)
and electronically submitting to KY DMS:

Figure 2: Authorized Delegate Form – Identify Provider and Credentialing Agent

- **Provider** reads the authorization form and ensures understanding of the Medicaid rules, regulations and policies.
- **Provider** completes the identifying information. Full SSN or FEIN must be provided.

- **Provider signs** the form. See Figure 3.
- **Provider sends** Authorized Delegate Form to Credentialing Agent.

The effective date of this delegation shall run to the date of the (next) Revalidation of my Kentucky Medicaid Provider information, on file with KY DMS Provider Licensing and Certification, no longer than 5 years from date of my enrollment, or until revoked by myself, the Provider, Owner, Officer or Board member, or at a time of a change of information that requires being updated with KY DMS, i.e., name change.

To revoke this delegation, I acknowledge that I must go into (or create an account with) the Kentucky Online Gateway (KOG), and de-link the credentialing agent and/or Authorized Delegate, thereby prohibiting the credentialing agent and/or Authorized Delegate from performing updates to my KY Medicaid information.

Provider/Owner/Officer or Board Member Printed Name:	Provider NPI:
<input type="text"/>	<input type="text"/>
Social Security Number (Individual Provider)	<input type="text"/>
Federal Tax Identification Number (Group/Entity Provider)	<input type="text"/>
Provider/Owner/Officer or Board Member Signature	Signature Date:
<input type="text"/>	<input type="text"/>

Figure 3: Authorized Delegate Form – Identifiable Information and Signature

Authorized Delegate Submission

Once the Credentialing Agent has completed the New Enrollment application or Maintenance-related action (*maintenance, revalidation, reinstatement, re-application, voluntary termination*) for the Provider, they will electronically sign and submit the application/action for the Provider as an Authorized Delegate. This selection is made on the **10.0 Submit** screen.

Note: *The Credentialing Agent must be linked to the Provider within KY MPPA in order to begin a maintenance-related action. They do not need to be linked to begin a New Enrollment application.*

Figure 4: Submit Screen – ‘Submitting As’ Selection

Steps to e-Sign and Submit:

1. Select submitting as **Credentiaing Agent** or **Authorized Delegate** (see Figure 4)
 - If **Credentiaing Agent** is selected, the CA will click on **Send to Provider** (see Figure 5)
 - If **Authorized Delegate** is selected, the CA will be prompted to *upload or verify* the **Authorized Delegate Form** completed by the Provider (see Figures 7 and 8)

Kentucky.gov Partner Portal

Welcome

Dashboard Application Maintenance Correspondence

1.0 Administrative Information

2.0 Provider Qualifications

3.0 Disclosure of Ownership and Control Interest

4.0 Attestations

5.0 Provider Group Linkage

6.0 Account Information

7.0 Fee Payment

8.0 Document Upload

9.0 Provider Review

Submit

• Click "Send to Provider" to send application to Provider for review and submission

• Click "Back" to return to previous screen or "Exit" to return to Dashboard

* Submitting as:

Credentiaing Agent – Send to Provider to Submit.Provider must log-in to Partner Portal and submit application.

Authorized Delegate – E-sign and Submit on behalf of the Provider (Requires Authorized Delegate form)

Note to Credentiaing Agent

After clicking "Send to Provider", please alert the Provider/Applicant to expect an email notification (sent to ppagent1.caagent1@keups.net) regarding next steps in the application process.

Back Send To Provider

Recommend notifying the Provider to expect an email notification about their application/action

Figure 5: Submit Screen – ‘Submitting As’ Credentiaing Agent

Note: Click on the link (“Click here to download Template-KY DMS Partner Portal Authorized Delegate form”) to download the template for the Authorized Delegate Form if one has not been completed by the Provider (see Figure 6).

Kentucky.gov Partner Portal

Welcome

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9.0 Provider Review

10.0 Submit

Submit

• Click on link to view the current Authorized Delegate form

• If form is correct, Select "Yes" which will allow user to click on "E-Sign & Submit"

• If form is not correct, Select "No" and upload a correct Authorized Delegate form

• If no form was found, upload a signed Authorized Delegate form

* Submitting as:

Credentiaing Agent – Send to Provider to Submit.Provider must log-in to Partner Portal and submit application.

Authorized Delegate – E-sign and Submit on behalf of the Provider (Requires Authorized Delegate form)

Click on link to review form: No form found

[Click here to download Template-KY DMS Partner Portal Authorized Delegate Letter](#)

Upload the completed Authorized Delegate form and Click on E-sign & Submit

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

Figure 6: Submit Screen – ‘Submitting As’ Authorized Delegate

2. *Upload* an initial Authorized Delegate form or *review* the currently uploaded Authorized Delegate form
 - First time upload: If no form has previously been uploaded, the CA will see **“No form found”** and the CA will be required to upload the completed Authorized Delegate Form for the first time as an Authorized Delegate for a given Provider Provider (see Figure 7)

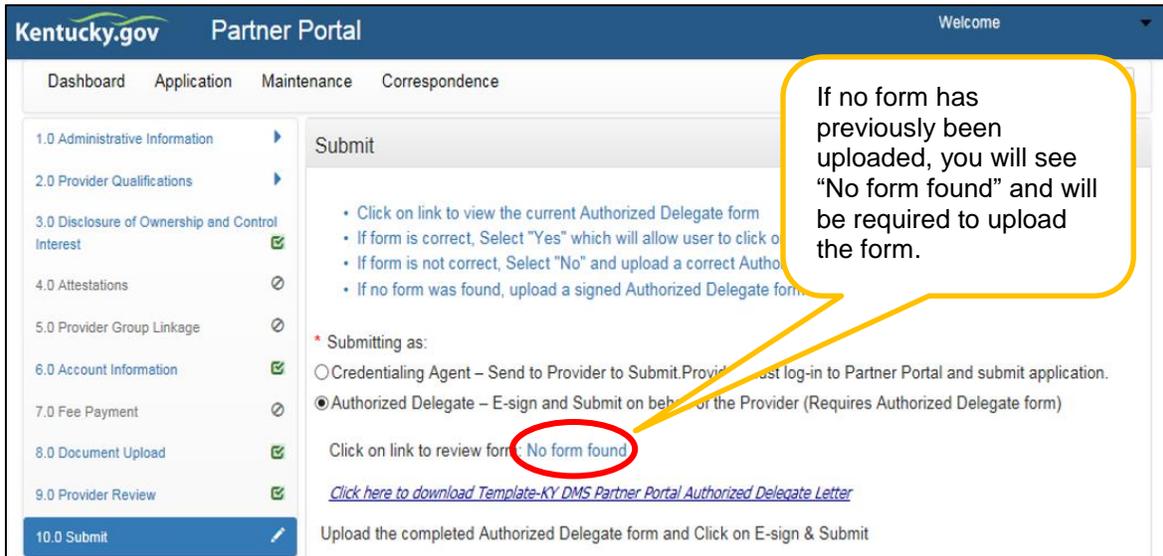


Figure 7: Submit Screen – Uploading Initial Authorized Delegate Form

- Second or subsequent actions for the given Provider as Authorized Delegate: *Click* on the **link** to the right of “Click on link to review form” to *review* the correctness of the form already uploaded to KY MPPA (see Figure 8)
 - If the form is current and correct, select **Yes**. Proceed to Step 4.
 - If the form needs to be updated, select **No** to upload the new form

Note: *The Authorized Delegate form is valid for a period of five years or until the next revalidation. A new version of the Authorized Delegate form must be uploaded at Revalidation or when key information on the form is changed (e.g. Provider, name, Credentialing Agent name, credentialing organization name change, etc.).*

Note: *Authorized Delegate form upload file size can be no greater than 2 MB.*

Kentucky.gov Partner Portal SIT Welcome: ppagent3 caagent3

Dashboard Application Maintenance Correspondence

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9.0 Provider Review
10.0 Submit

Submit

- Click on link to view the current Authorized Delegate form
- If form is correct, Select "Yes" which will allow user to click on link to review form
- If form is not correct, Select "No" and upload a correct Authorized Delegate form
- If no form was found, upload a signed Authorized Delegate form

* Submitting as:
 Credentiating Agent – Send to Provider to Submit. Provider must log-in to Partner Portal and submit application.
 Authorized Delegate – E-sign and Submit on behalf of the Provider (Requires Authorized Delegate form)

Click on link to review form: [Authorized Delegate Letter ppagent3](#)

[Click here to download Template-KY DMS Partner Portal Authorized Delegate Letter](#)

* Is Form Correct
 Yes No

Exit View MAP-811 PDF Back

Figure 8: Submit Screen – Verify Authorized Delegate Form

Kentucky.gov Partner Portal Welcome:

Dashboard Application Maintenance Correspondence

Application Number	Enrolling As	Provider Type	Provider Name	DBA Name	Medicaid Number
APP2759	Group	61 - Dental Group	DENTAL ASSOCIATES		
NPI/FEIN	Status	Application Start Date	Effective Date	Application Originator	Application Age
1255598496	In Progress	10/23/2018 08:43:30	10/23/2018	ppagent1 caagent1	0 Days

Submit

* Submitting as:
 Credentiating Agent – Send to Provider to Submit. Provider must log-in to Partner Portal and submit application.
 Authorized Delegate – E-sign and Submit on behalf of the Provider (Requires Authorized Delegate form)

Click on link to review form: [No form found](#)

[Click here to download Template-KY DMS Partner Portal Authorized Delegate Letter](#)

Upload the completed Authorized Delegate form and Click on E-sign & Submit

* Upload File
 C:\Users\gary.sacks\Documents\1_Test Docs\Authorized De...

* Document Name: Uploaded User: caagent1, ppagent1 Uploaded Date: 10/23/2018

Exit View MAP-811 PDF Back **Esign & Submit**

Figure 9: Submit Screen – Upload Authorized Delegate Form and Submit

3. To upload the Authorized Delegate Form, *click* **Browse** to locate the signed form on your computer and *select* the document to upload. **Document Name**, **Uploaded User** and **Uploaded Date** will be populated once the Authorized Delegate Form is *uploaded by the CA* (see Figure 9)
4. Once the form has been uploaded or verified, *click* the **Esign & Submit** button (see Figure 9)
5. *Read* information on **Confirmation** screen to include application/item number and next steps (see Figure 10)
6. *Click* **Return to Dashboard** to navigate to the Dashboard to verify the application/action has been submitted or to begin a new action (see Figure 10)

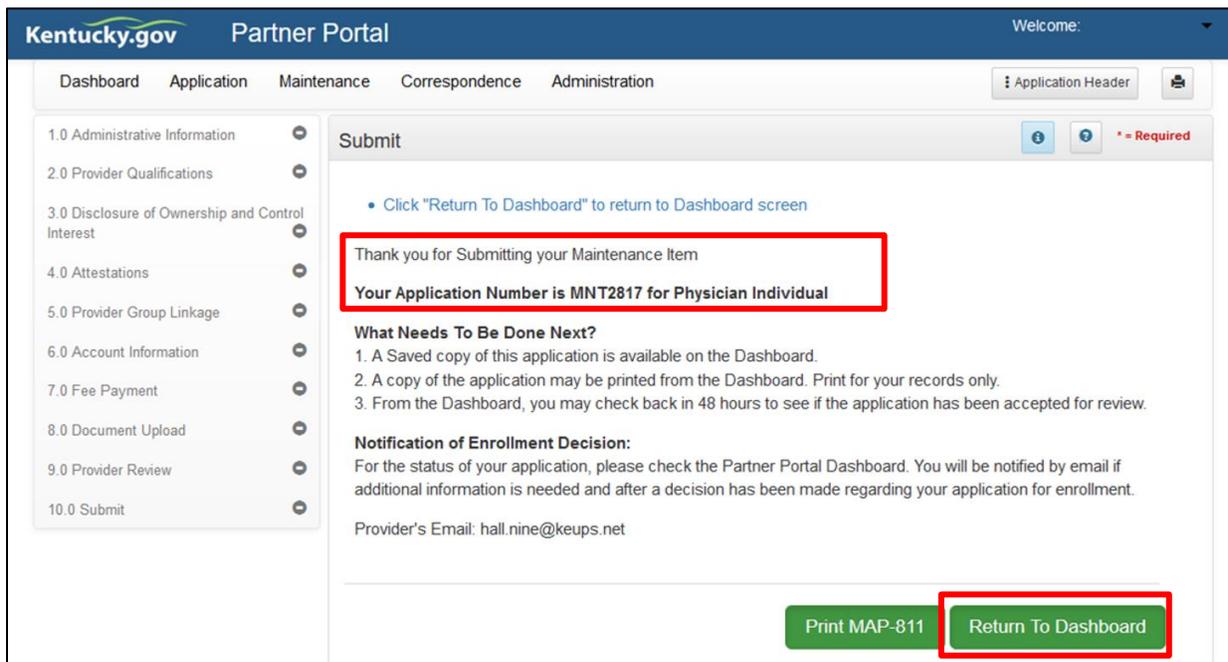


Figure 10: Submit Screen – Confirmation Screen

7. If desired, *verify* application/action was **Submitted** (see Figure 11)
 - **Application Status:** New Enrollment applications and Change of Ownership
 - **Maintenance Status:** Maintenance-related actions. Maintenance-related actions include:
 - Maintenance
 - Revalidation
 - Reinstatement
 - Re-application
 - Voluntary Termination

Application Status: New Enrollment and CHOW
Maintenance Status: Maintenance, Revalidation, Reinstatement, Re-application, Voluntary Termination

Status: (select from dropdown menu)
In Progress until sent to DMS
Submitted once sent to DMS
DMS Review In Progress when DMS is reviewing

Maintenance ID	Action	Provider Type	NPI	Taxonomy	Medicaid ID	Provider Name	Status	Withdraw
MNT11336	Review	81 - Licensed Professional Clinical Counselor	1871831156	101YP2500X-Counselor -Professional			In Progress	Withdraw

Figure 11: Dashboard – Application Status and Maintenance Status Sections

Note: The application/action will only be in the **Submitted** status for a short time until it is assigned to DMS for their review where it will be moved to the **DMS Review In Progress** status.