

Kentucky Medicaid Partner Portal Application (KY MPPA) Webinar

Navigation & Functionality

Welcome to the Kentucky Medicaid Partner Portal (KY MPPA)



Introductions

Lead Facilitator

Support Facilitator

Agenda

- Objectives
- KY MPPA Overview & Rollout Strategy
- KY MPPA Dashboard
- Application Prefixes & Statuses
- Application Tab
- Maintenance Tab
- Submitting as a Credentialing Agent
- Correspondence Tab
- KY MPPA Resources, Training and Next Steps
- Questions

Today's Objectives

- Provide a refresher of the rollout strategy and roles within KY MPPA
- Describe the areas of the KY MPPA Dashboard
- Demonstrate how to start New Enrollment Applications and Maintenance-Related Actions within KY MPPA
- Understand how to submit an application or maintenance action as a Credentialing Agent
- Understand how to filter and sort information within KY MPPA
- Describe KY MPPA resources, training and next steps



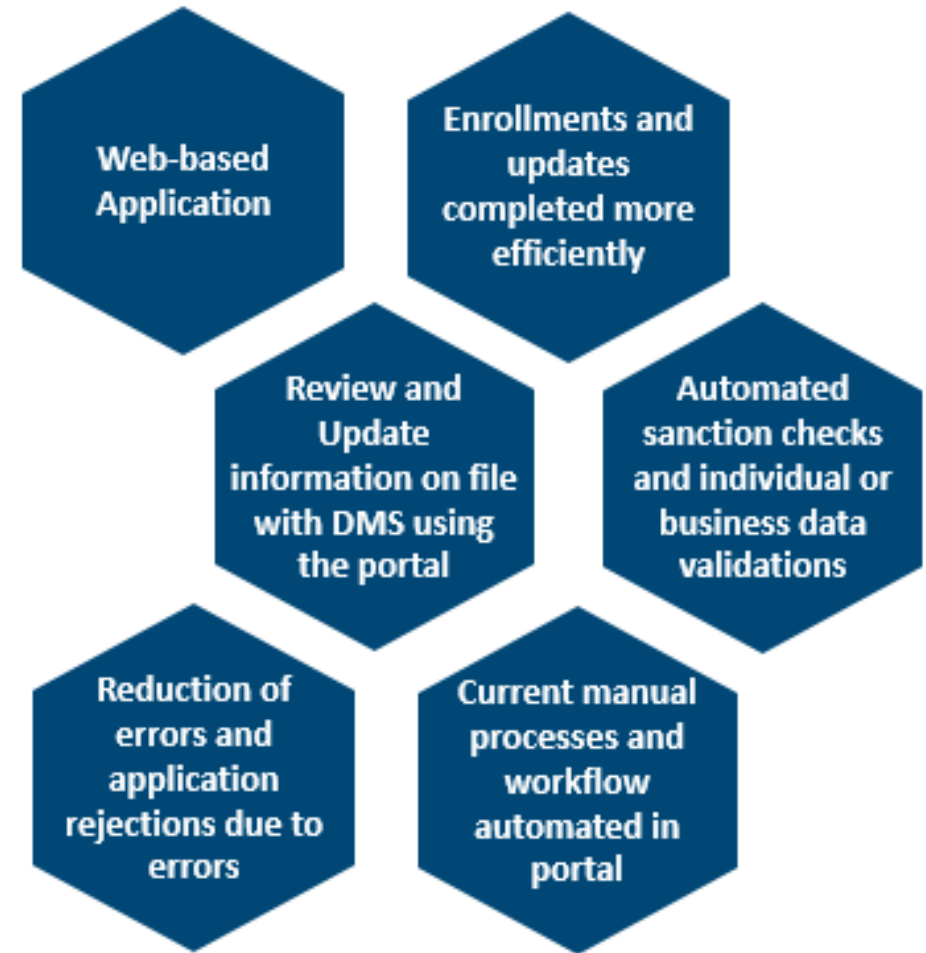
Poll 1



KY MPPA Overview

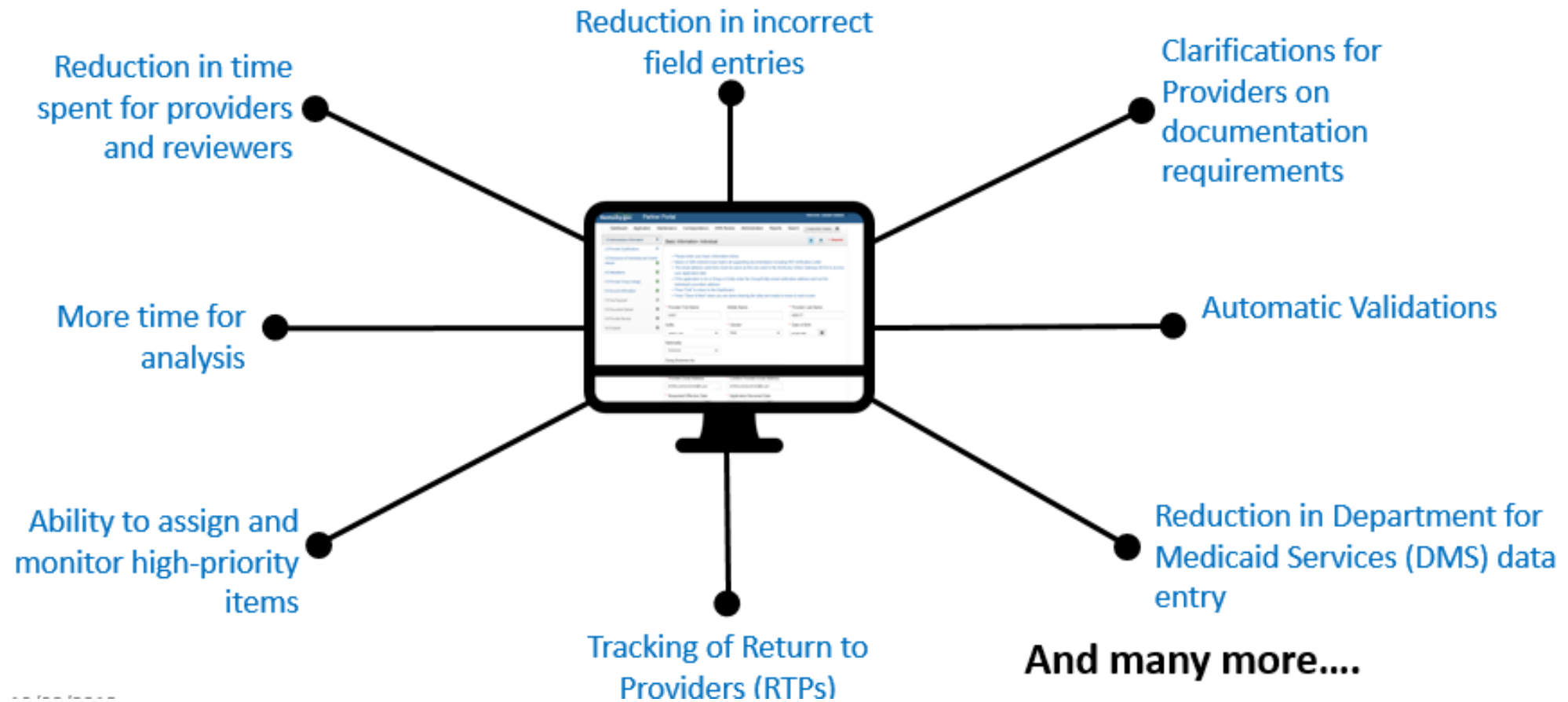
What is the Kentucky Medicaid Partner Portal Application?

The Kentucky Medicaid Partner Portal Application (KY MPPA) is an initiative of the Cabinet for Health and Family Services (CHFS) to streamline and automate the current paper enrollment process under the Commonwealth's Medicaid Program.



KY MPPA Benefits

KY MPPA provides many benefits compared to paper applications for both providers and reviewers



KY MPPA Extended Pilot – Rollout Strategy and Expectations

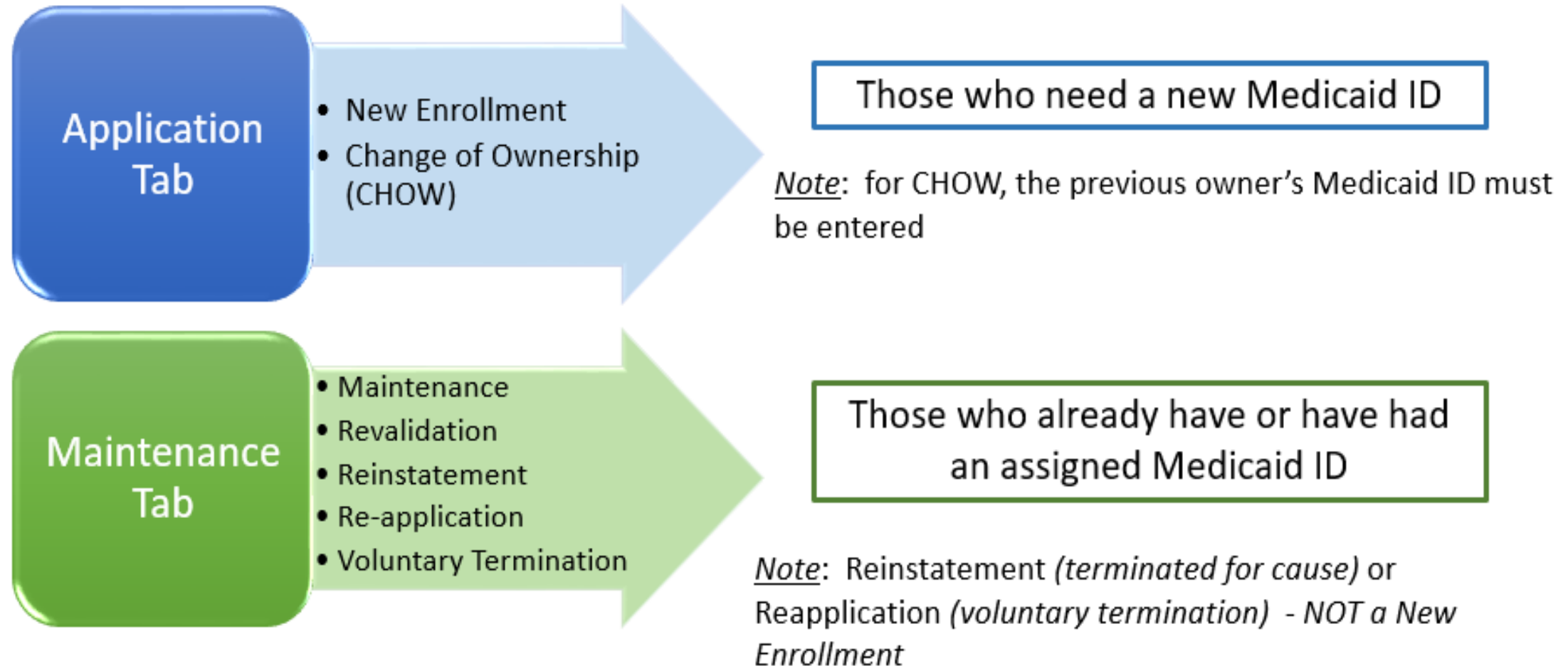
Extended Pilot Rollout Strategy



Expectations for Extended Pilot Participants

- Attend all training sessions and “get the word out” to teams
- Complete all new enrollment, maintenance actions, and revalidations through KY MPPA during Extended Pilot period
- Participate in Participant questionnaires as they become available
- Provide feedback on the KY MPPA system (*functionality, training materials, support system*)
- Identify recommendations for future enhancements

Functions of KY MPPA



Navigating KY MPPA

Dashboard Application Maintenance Correspondence

- ⓘ About
- ❓ Application Help
- ☎ Contact DMS
- 🚪 Sign Out

Dashboard

Notifications



KY Medicaid Provider IDs



Application Status



Maintenance Status



Application Summary



Maintenance Summary



Notifications

Partner Portal

Welcome: Katie Blackburn ▾

Dashboard

Application

Maintenance

Correspondence

Notifications ▾

Notification Type

Subject

Show Dismissed

☐ Yes


Notifications

Notification Type	Subject	Notification Text	Application Number	Medicaid Number	Notification Date	Due Date	Action
Informational	Application Submitted	An application to become a Kentucky Medicaid Provider has been successfully submitted to the Kentucky Department for Medicaid Services for review.	APP	71	8/16/2017 11:02:48 AM		<div>Dismiss</div>
Action Required	Correspondence	You have correspondence. Please go to the correspondence menu to review.	APP	71	8/18/2017 2:40:18 PM		<div>Dismiss</div>

Poll 2



KY Medicaid Provider IDs

 Partner Portal Welcome: Katie Blackburn ▾

[Dashboard](#) [Application](#) [Maintenance](#) [Correspondence](#)

Dashboard Go To My Dashboard

Notifications ▸

KY Medicaid Provider IDs ▾

Filter By
All ▾

Filter By Medicaid Id
All ▾

KY Medicaid Provider IDs


Medicaid Provider ID	Medicaid ID Status	View	Provider Name	NPI	Taxonomy	Medicaid Provider ID Effective Date	Medicaid Provider ID End Date	Action
71	Active	View	Doe, John	16	2086S0120X - Surgery-Pediatric Surgery	07/12/2018	03/03/2019	Start Maintenance

[First](#) [Previous](#) [Next](#) [Last](#)

(Page 1 of 1)

Page: 1 ▾

Application Status

 Partner Portal Welcome: Katie Blackburn ▾

[Dashboard](#) [Application](#) [Maintenance](#) [Correspondence](#)

Dashboard

[Go To My Dashboard](#)

Notifications

▸

KY Medicaid Provider IDs

▸

Application Status

▾

Status
All ▾

Application Status


Application ID	Action	Provider Type	NPI	Taxonomy	Provider Name	Status	Withdraw
APP	Review	64 - Physician Individual	16	2086S0120X-Surgery-Pediatric Surgery	Doe, John	Approved	Withdraw

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Maintenance Status

 Partner Portal Welcome: Katie Blackburn ▾

Dashboard Application Maintenance Correspondence DMS Review Administration Search

Dashboard

[Go To My Dashboard](#)

Notifications ▸

KY Medicaid Provider IDs ▸

Application Status ▸

Maintenance Status ▾

Status

All ▾

Maintenance Status

Maintenance ID	Action	Provider Type	NPI	Taxonomy	Medicaid ID	Provider Name	Status	Withdraw
RVL	Review	64 - Physician Individual	16	207Q00000X-Family Medicine	71	Doe, John	Update Accepted	Withdraw

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KY MPPA Application Prefixes

Application Prefix	Application Type	Application Status Dashboard Location
APP	New Enrollment	Application Status
CHW	Change of Ownership (CHOW)	Application Status
MNT	Maintenance	Maintenance Status
RVL	Revalidation	Maintenance Status
RIN	Reinstatement	Maintenance Status
RAP	Reapplication	Maintenance Status
VTR	Voluntary Termination	Maintenance Status

Poll 3




KY MPPA Application Statuses

Application Status	Definition	Provider/Credentialing Agent View
In Progress	Application is in progress by Provider or Credentialing Agent. Application has not been submitted to DMS for review.	Application can be edited by application owner.
Submitted	Application has been submitted to DMS.	Read only
DMS Review In Progress	Application is being reviewed by DMS staff. Application will either be Approved, Denied or Returned to Provider.	Read only
Approved	DMS has approved the application.	Read only
Denied	DMS has denied the application. The application cannot be restarted.	Read only
Return to Provider (RTP)	DMS has returned the application to the provider for more information, clarification or corrections. Provider can re-submit to DMS once changes have been made.	Application can be edited by application owner.
Withdrawn	Provider/CA has removed the application from the enrollment or maintenance process. This application cannot be restarted.	Read only
Abandoned	The system will automatically remove applications that have not been touched within 90 days. This applies to New Enrollment Applications, Maintenance Items & applications that have been RTPd	Read only

Poll 4



 Partner Portal

✓ Welcome: Katie Blackburn ▾

✓ Dashboard

Application

Maintenance

Correspondence

Dashboard

Notifications

KY Medicaid Provider IDs

Application Status

Maintenance Status

Application Summary

Maintenance Summary

ⓘ About

🔗 Application Help

📞 Contact DMS

🚪 Sign Out

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Start an Application



* = Required

- Category and Provider Type cannot be changed later
- Individual must own FEIN 100% or Social Security Number must be used
- Fill out the form that follows accurately; the entire application depends on the data on this form being correct
- When you have completed this screen press "Start an Application" and continue to the application questions
- "Review 907 KAR 1:671 Section 6 (11) to assist in determining if your arrangement is a Change of Ownership."
- For a change of ownership, the provider type must be the same as that of the previous owner

* Application Type

☒ New Enrollment ☐ Change of Ownership

* Applying As (Category)

☐ Individual ☐ Group ☐ Entity

* Provider Type

Select One

* Requested Effective Date

MM/DD/YYYY

* Date of Birth

MM/DD/YYYY

* Primary NPI

XXXXXXXXXX

* Primary Taxonomy

* Social Security

XXX-XX-XXXX

* Confirm Social Security

XXX-XX-XXXX

FEIN Number

XX-XXXXXXX

Confirm FEIN Number

XX-XXXXXXX

* Is Your Primary Physical Business Location In KY?

☐ Yes ☐ No

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

Select all that apply:

- ☐ Aetna Better Health of Kentucky ☐ Anthem ☐ Humana CareSource
☐ Passport Health Plan ☐ Wellcare of Kentucky

It is the Provider's responsibility to contract with the MCOs.

If you are an MCO select the MCO.

Select that apply:

- ☐ Aetna Better Health of Kentucky ☐ Anthem ☐ Humana CareSource ☐ Passport Health Plan
☐ WellCare of Kentucky

Start New Enrollment

Confirm Submit

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

No

Yes

Poll 5



1.0 Administrative Information ▶

2.0 Provider Qualifications ▶

3.0 Disclosure of Ownership and Control Interest ☒

4.0 Attestations ☐

5.0 Provider Group Linkage ☐

6.0 Account Information ☒

7.0 Fee Payment ☐

8.0 Document Upload ☐

9.0 Provider Review ☐

10.0 Submit ☐

Bank Account Information ? * = Required

- For Individual applicant enter the individual's banking information
- For group applicant enter the group's banking information
- No "Out of Country" EFT accounts are allowed
- If the routing number for your bank is not verifiable, the system will issue a check
- Payee Address for check cannot be "Out of Country"
- You can enter a valid routing number via maintenance after approval as a Medicaid Provider
- Please allow a minimum of 20 days for initial set up, or maintenance, of EFT Payment Type; paper checks will be issued during this time

* Payment Type

Electronic Funds Transfer (EFT) ▼

* Routing Number

Get Bank Details

Bank Name:

Bank Address:

Payee Name:

Payee Address:

childrens hospital

11111, 11111, Kentucky, 11111

* Account Type

Select One ▼

* Status

Pending ▼

* Account Number

* Re-Type Account Number

Exit

Back

Save & Next

[Dashboard](#) [Application](#) [Maintenance](#) [Correspondence](#)

⋮ Application Header

**Application Number**

APP

Enrolling As

Individual

Provider Type

64 - Physician Individual

Provider Name**DBA Name****Medicaid Number****NPI/FEIN****Status**

In Progress

Application Start Date

10/05/2018 13:11:55

Effective Date

08/09/2018

Application Originator**Application Age**

25 Days

Poll 6



NPI Information



* = Required

- Primary NPI is prepopulated
- Limit is 30 NPI's, all NPI's listed for the Provider must be on NPPES
- Click "Add" if you wish to add NPI's, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a NPI to the grid, "Discard" to not save the record
- After pressing "Add", clicking the "Primary" checkbox makes current NPI primary and clears previous NPI primary checkbox

Add

NPI	Primary	Action
16:	Yes	 

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Exit

Back

Save & Next

NPI Information

* = Required

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- Limit is 30 NPI's, all NPI's listed for the Provider must be on NPPES
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- After pressing "Add", clicking the "Primary" checkbox makes current NPI primary and clears previous NPI primary checkbox

Discard

NPI	Primary	Action
16	Yes	<div></div> <div></div>
16	No	<div></div> <div></div>

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* NPI

16

x

Primary

☒ Yes

Add To Grid







Exit

Back

Save & Next

Document Upload

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

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
Specialty Certification	Specialty Certification	On-Base			 
Physician License	Physician License - 20951	On-Base			 
Social Security Card	Social Security Card	On-Base			 

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Exit





Back

Save & Next

Document Upload

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

Discard

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
Specialty Certification	Specialty Certification	On-Base			 
Physician License	Physician License - 20951	On-Base			 
Social Security Card	Social Security Card	On-Base			 

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* Document Type

Specialty Certification

* Upload File

Browse

* Document Name

Specialty Certification

Uploaded User

Gyrce, Paul

Uploaded Date

10/31/2018

Add To Grid

Exit

Back

Save & Next

Poll 7



New Enrollment System Alerts & Errors

***Application Type**
☒ New Enrollment ☐ Change of Ownership

***Applying As (Category)**
☒ Individual ☐ Group ☐ Entity

***Date of Birth**
01/01/1985

***Provider Type**
64 - Physician Individual

***Requested Effective Date**
01/19/2018

***Primary NPI** The NPI entered was not found on NPPES. See HELP for additional information.
13

***Primary Taxonomy** The NPI and Taxonomy entered combination was not found on NPPES. See HELP for additional information.
208D00000X

Alert
• There is an existing Medicaid Id with this Information. Please call the KY MPPA Contact Center at 877-838-5085 extension 2.

***Application Type**
☒ New Enrollment ☐ Change of Ownership

***Applying As (Category)**
☒ Individual ☐ Group ☐ Entity

***Date of Birth**
01/14/1983

***Provider Type**
78 - Advanced Practice Registered Nurse (APRN)

***Requested Effective Date**
03/07/2018

***Primary NPI**
18

***Primary Taxonomy**
35

***Social Security #**
40

***Confirm Social Security #**
40

FEIN Number
XX-XXXXXXX

Confirm FEIN Number
XX-XXXXXXX

✓ Dashboard ✓ Application **Maintenance** Correspondence

ⓘ About ✓
? Application Help
☎ Contact DMS
🚪 Sign Out

Dashboard

Notifications >
KY Medicaid Provider IDs >
Application Status >
Maintenance Status >
Application Summary >
Maintenance Summary >

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Maintenance



* = Required

- Requests for Maintenance must be processed by DMS before a new request can be submitted. In the event additional maintenance items needs to be submitted, withdraw a pending request by going to the dashboard
- Choose Voluntary Termination to end participation with Kentucky Medicaid
- Revalidation is only required every five years. Select "Revalidation" to update provider file with Kentucky Medicaid

* Medicaid ID

* Medicaid ID			
<input type="text" value="71"/>	<input type="button" value="Search"/>	<input type="button" value="Clear"/>	
Provider Name	NPI	Taxonomy	
<input type="text" value="John Doe"/>	<input type="text" value="181"/>	<input type="text" value="207Q00000X - Family Medicine"/>	
Primary Physical Address		Revalidation Date	
<input type="text" value="2112 Blakemore Ln"/>		<input type="text" value="10/03/2022"/>	
Medicaid ID Effective Date	Medicaid ID End Date	Status	Status Reason
<input type="text" value="10/03/2017"/>	<input type="text" value="12/31/2017"/>	<input type="text" value="Active"/>	<input type="text" value="Active"/>

* I Want to Perform:	* Requested Effective Date
<input type="radio"/> Maintenance	<input type="text" value="MM/DD/YYYY"/> <input type="button" value="Calendar"/>
<input type="radio"/> Revalidation	
<input type="radio"/> Voluntary Termination	
<input type="radio"/> Reinstatement	
<input type="radio"/> Revalidation	
<div><input type="button" value="Exit"/></div> <div><input type="button" value="Continue"/></div>	

Maintenance System Alerts & Errors

Kentucky.gov Partner Portal J Welcome: CA5 Train5

Dashboard Application Maintenance Correspondence

Maintenance ⓘ ⓘ * = Required

- Requests for Maintenance must be processed by DMS before a new request can be submitted. In the event additional maintenance items needs to be submitted, withdraw a pending request by going to the dashboard
- Choose Voluntary Termination to end participation with Kentucky Medicaid
- Revalidation is only required every five years. Select "Revalidation" to update provider file with Kentucky Medicaid

ⓘ Alert:

- You are not authorized to perform maintenance on Medicaid Id: 71 . Please verify the Medicaid ID.

*Medicaid ID

7..... Search Clear

Exit

Kentucky.gov Partner Portal Welcome: Amanda Hall

Dashboard Application Maintenance Correspondence DMS Review Administration Search

Maintenance ⓘ ⓘ * = Required

- Requests for Maintenance must be processed by DMS before a new request can be submitted. In the event additional maintenance items needs to be submitted, withdraw a pending request by going to the dashboard
- Choose Voluntary Termination to end participation with Kentucky Medicaid
- Revalidation is only required every five years. Select "Revalidation" to update provider file with Kentucky Medicaid

ⓘ Alert:

- A Maintenance item is currently in process for Medicaid ID : 71 . Only one set of Maintenance can be in process at a time.

*Medicaid ID

7..... Search Clear

Poll 8



Before Starting an Application:

Information

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

Documentation

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

Submitting as a Credentialing Agent:

- Can submit as a Credentialing Agent (non-delegate) or Authorized Delegate
- Will make selection on the **10.0 Submit** screen

Kentucky.gov Partner Portal SIT

Welcome: ppagent1 caagent1

Dashboard Application Maintenance Correspondence

Application Header

1.0 Administrative Information

2.0 Provider Qualifications

3.0 Disclosure of Ownership and Control Interest

4.0 Attestations

5.0 Provider Group Linkage

6.0 Account Information

7.0 Fee Payment

8.0 Document Upload

9.0 Provider Review

10.0 Submit

Submit

* Submitting as:

☐ Credentialing 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)

Exit View MAP-811 PDF Back

Credentialing Agent (non-delegate):

- Verify Provider information and click **Send to Provider**

The screenshot displays the 'Submit' page of the Kentucky.gov Credentialing Agent portal. The top navigation bar includes 'Dashboard', 'Application', 'Maintenance', and 'Correspondence'. The left sidebar lists steps from 1.0 to 10.0, with '10.0 Submit' highlighted. The main content area is titled 'Submit' and contains instructions: 'Click "Send to Provider" to send application to Provider for review and submission' and 'Click "Back" to return to previous screen or "Exit" to return to Dashboard'. A red box highlights the 'Submitting as:' section, which has two radio button options: 'Credentialing Agent – Send to Provider to Submit. Provider must log-in to Partner Portal and submit application.' (selected) and 'Authorized Delegate – E-sign and Submit on behalf of the Provider (Requires Authorized Delegate form)'. Below this is a 'Note to Credentialed/Agent' stating that after clicking 'Send to Provider', an email notification will be sent to ppagent1.caagent1@keups.net. At the bottom, there are four buttons: 'Exit', 'View MAP-811 PDF', 'Back', and 'Send To Provider'. The 'Send To Provider' button is highlighted with a red box.

Kentucky.gov

Welcome: ppagent1 caagent1

Dashboard Application Maintenance Correspondence

Application Header

1.0 Administrative Information

2.0 Provider Qualifications

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Note to Credentialed/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.

Exit View MAP-811 PDF Back Send To Provider

Provider will need an account to:

- Review
- Electronically sign
- Submit to DMS

Authorized Delegate:

Kentucky.gov Welcome: ppagent1 caagent1

Dashboard Application Maintenance Correspondence

Application Header

Submit * = Required

- 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:

☐ Credentialing 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

* Document Name	Uploaded User	Uploaded Date
<input type="text"/>	caagent1, ppagent1	10/23/2018

First time CA is Authorized Delegate for Provider

- Upload Authorized Delegate Form
- Esign & Submit

Note: Each CA must upload the Provider's Authorized Delegate Form the first time they work as Authorized Delegate for that Provider

Authorized Delegate:

Kentucky.gov Welcome: ppagent3 caagent3

Dashboard Application Maintenance Correspondence

Application Header

1.0 Administrative Information
2.0 Provider Qualifications
3.0 Disclosure of Ownership and Control Interest
4.0 Attestations
5.0 Provider Group Linkage
6.0 Account Information
7.0 Fee Payment
8.0 Document Upload
9.0 Provider Review
10.0 Submit

Submit

- 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:

☐ Credentialing 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

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

* Upload File

* Document Name

Uploaded User: caagent3, ppagent3

Uploaded Date: 11/09/2018

Second or subsequent time CA is Authorized Delegate for Provider

- Verify form is correct
 - If Yes, click Esign & Submit
 - If No, upload updated form then click Esign & Submit

Authorized Delegate: *Uploading Form*

CA	Provider	Time Supporting Provider	Action Performed	Date of Action	Provider & Form Date	Action on Form (Upload/Verify)
CA1	Provider1	1 st time	New Enrollment application	1/31/19	P1, 1/30/19	Upload

Authorized Delegate Form:

- Valid for 5 years or until Revalidation
 - *For Revalidation, form must be signed within 30 days of Revalidation*
- Recommend each CA have a copy of the signed form for each Provider (e.g. SharePoint)
 - When form with new date is completed, the previous form should be deleted by all CAs (e.g. SharePoint) and updated form distributed

Poll 8b



- ✓ Dashboard
- ✓ Application
- ✓ Maintenance
- Correspondence

- ✓ About
- Application Help
- Contact DMS
- Sign Out

Dashboard

- Notifications >
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- Application Status >
- Maintenance Status >
- Application Summary >
- Maintenance Summary >

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Search Correspondence

Correspondence Type

All ▾

Medicaid Provider Number

All ▾

Process Type

All ▾

Application Number

From Date

MM/DD/YYYY



To Date

MM/DD/YYYY

[Filter](#)



Medicaid Provider Number	Correspondence Type	Process Type	Application Number	Iteration Number	Correspondence Date
710	MAP-811	Revalidation	RVL	2	9/12/2018 12:55:15 PM
710	Welcome Letters	Revalidation	RVL	2	9/18/2018 2:09:32 PM

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Return to Provider Status

5.0 Provider Group Linkage



Group Medicaid ID	Group FEIN	Group Name	PCP Specialist	Primary Specialty	Secondary Specialty	Group Linkage Effective Date	Group Linkage Expiration Date	History
		Hospital Based Medical Services of Tennessee-I PC				04/11/2017	12/31/2299	History

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Section Comments
Add

Iteration Number	Requested Date	Requested Comment	Reviewer	Response Date	Response Comment	Action
2	5/29/2018 11:51:08 AM	We can only link a group going back 1 year from the date the MAP347 was received. This 347 was received 4-11-2018, so we can only give an effective date of 4-11-2017.				  

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Poll 9



Automatic Return to Provider

Notifications

Notification Type

All

Subject

All

Show Dismissed

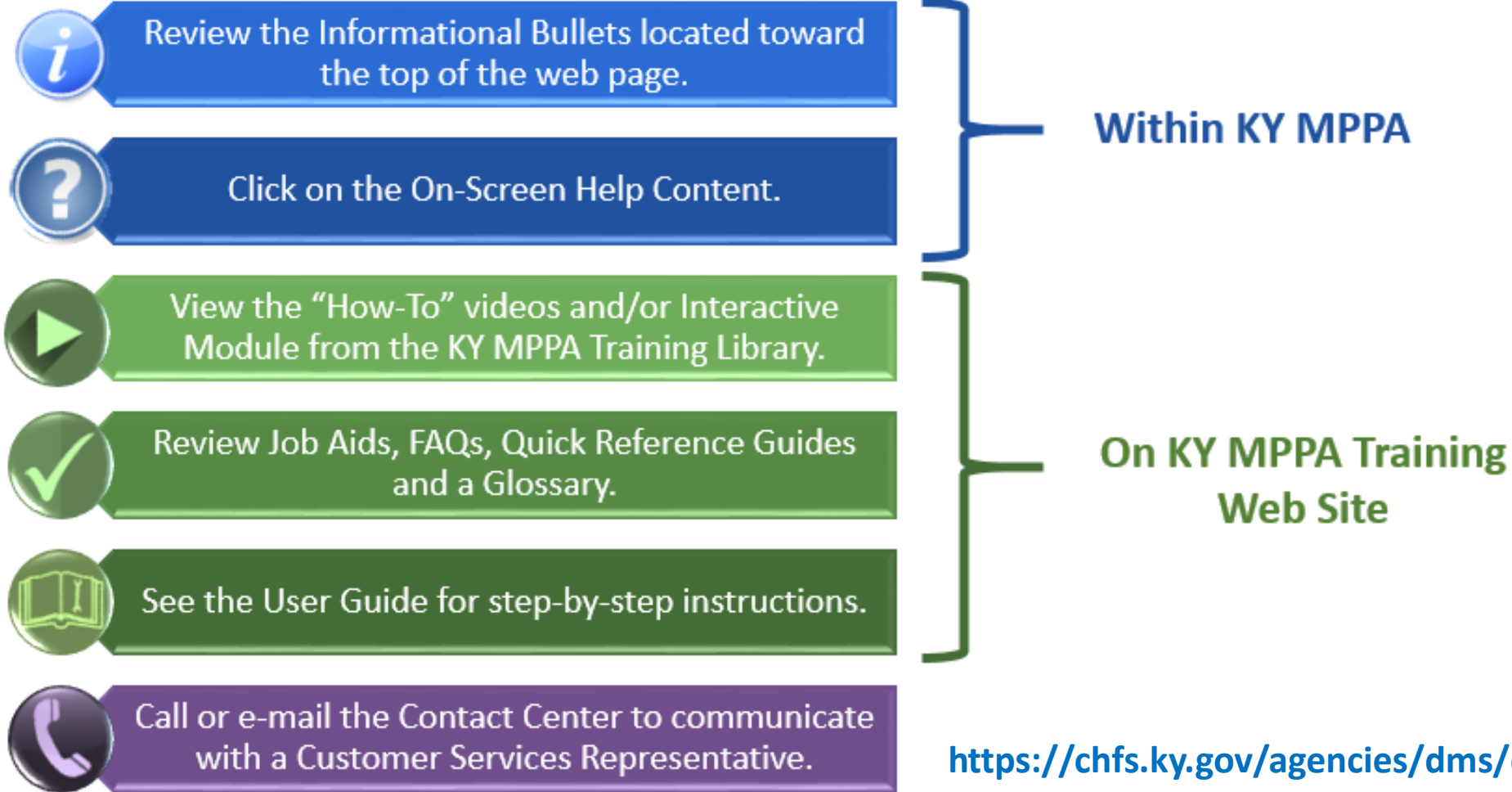
☐ Yes

Notifications

Notification Type	Subject	Notification Text	Application Number	Medicaid Number	Notification Date	Due Date	Action
Action Required	Application Not Accepted for Processing	The License information you entered cannot be validated. Please ensure the legal name, social security number and license number matches what is registered with the licensing board.	APP	71	8/9/2017 2:49:25 PM		<div>Dismiss</div>
Action Required	Application Not Accepted for Processing	The License information you entered cannot be validated. Please ensure the legal name, social security number and license number matches what is registered with the licensing board.	APP	71	8/14/2017 10:03:28 AM		<div>Dismiss</div>

KY MPPA Resources

Resources



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



Review the Informational Bullets located toward the top of the web page.



Click on the On-Screen Help Content.



View the "How-To" videos and/or Interactive Module on the KY MPPA Training Library.



Review the Success Pack for Job Aids and Quick Reference Guides.



See the User Guide for step-by-step instructions.



Call or e-mail the Contact Center to communicate with a Customer Services Representative.

Start an Application

- Category and Provider Type can
- Individual must own FEIN 100%
- Fill out the form that follows acc
- When you have completed this s
- "Review 907 KAR 1:671 Section
- For a change of ownership, the provider type must be the same as that of the previous owner



Informational Bullets are screen specific instructions on how to complete the required fields.



Users can find definitions, more detailed instructions and other useful information in the On-Screen Help Content. To access the On-Screen Help Content, click on the question mark icon towards the top right hand corner of the screen.



Review the Informational Bullets located toward the top of the web page.



Click on the On-Screen Help Content.



View the “How-To” videos and/or Interactive Module on the KY MPPA Training Library.



Review the Job Aids, FAQs, Quick Reference Guides and Glossary.



See the User Guide for step-by-step instructions.



Call or e-mail the Contact Center to communicate with a Customer Services Representative.



View the quick “How-To” videos to learn more about a specific KY MPPA functionality. The Interactive Module allows users to learn about the features KY MPPA at their own pace.



Job Aids, Quick Reference Guides, Frequently Asked Questions and a Glossary that allow users to quickly find information related to KY MPPA.



The User Guide gives detailed instructions on each part of the system. Use the interactive Table of Contents to help navigate the User Guide.



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Review Job Aids, FAQs, Quick Reference Guides and a Glossary.



See the User Guide for step-by-step instructions.



Call or e-mail the Contact Center to communicate with a Customer Services Representative.

To speak with a live representative, users can call the Contact Center Monday-Friday, from 8:00am-5:00pm. Users can also communicate with a live representative via e-mail.



If e-mailing the Contact Center, make sure to include as much information as possible and screenshots.

For more information on steps you can take prior to calling the Contact Center, see the “Preparing to Call the Contact Center” Quick Reference Guide.

Poll 10



KY MPPA Contact Center

KY MPPA Contact Center
Phone: 877-838-5085
Website: KY MPPA Website



Description	Phone	Email
Technical support for: <ul style="list-style-type: none">• KY MPPA technical issues• Remote identity validation• Credentialing Agent management• Access issues	Extension 1	medicaidpartnerportal.info@ky.gov
Program or policy inquiries. Status and help with paper applications.	Extension 2	

Preparing to Reach Out to the Contact Center

Information you will need.....

- Credentialing Agent
 - Information requests: First/Last Name, Agency/Organization Name, and VIP Credential ID (*as required*)
 - Linking to Provider Medicaid ID: information request items *plus* Provider SSN, Provider Medicaid ID and Credentialing Agent email address
 - Organization Management Application invitation: information request items *plus* Group FEIN, Group Medicaid ID, Credentialing Agent email address
- Providers
 - Information requests: First/Last Name, Agency/Organization, Medicaid ID (*as required*)
 - Link to Own Medicaid ID (*initial account setup*): Information above *plus* Provider SSN and Provider email address

Note: if the Provider does not have a 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 your application or data.

Preparing to Reach Out to the Contact Center

- When you call or email the Contact Center, they will need to collect certain information in order to set up a Service Ticket in the system:
 - Caller First and Last Name
 - Brief description of the issue
 - Screen prints
 - If calling or emailing about a New Enrollment application or Maintenance-related action:
 - Provider First and Last Name
 - NPI
 - Medicaid ID (*do not send via email*)
 - Application number, Maintenance item number or Revalidation item number
 - Organization name
 - VIP Credential ID (last 4 digits) (*not required for email*)

Note: If the Provider or CA are having issues setting up their account, signing on to KY MPPA or navigating within KY MPPA, we recommend they **call** the Contact Center

Note: If the email request for assistance does not include the required information, the email will be returned

Handouts

- [Request Medicaid ID from DMS](#)
- [Contact Center Assistance](#)
- [Preparing to Call the KY MPPA Contact Center](#)
- [Minimum System Requirements](#)
- [Provider and Credentialing Agent Sign On to KY MPPA](#)
 - *For VIP Token instructions*
- [Provider and Credentialing Agent Initial Medicaid ID Linkage](#)
- [How to Update Personal Information in KOG to Sync with KY MPPA](#)
 - *For resetting KOG email address*
- [Authorized Delegate Form](#)
- *Plus Session Specific handouts*



In the Session
Handouts area

KY MPPA Training and Next Steps

Webinar Training Series

- Complete Webinar Series
 - Series consists of 4 different Webinars
 - Overview and Roles
 - Account Set-up and Sign-on
 - Navigation/Functionality
 - Linking Providers and Credentialing Agents
 - 1.5 – 2 hour training sessions
 - Each webinar will be offered multiple times
- Register for webinars using:
 - Link in the Web Links pod of each webinar
 - Link on the KY MPPA web page
- Registration Requirements
 - Must register 48 hours in advance of webinar
 - If less than ten participants sign-up 24 hours in advance, webinar will be cancelled
 - If cancelled, an email notification will be sent to anyone previously registered



Webinar Training Series

Webinar	Webinar Description	Audience
KY MPPA Overview & Roles	An overview of KY MPPA and description of the available roles.	Open to all Pilot Participants
Account Set-Up and Sign On	A walkthrough of the KY MPPA onboarding process.	Open to all Pilot Participants
Navigation & Functionality	Information on basic functionality, how to start an application & how to navigate the system.	Open to all Pilot Participants
Linking Providers and Credentialing Agents using OMA	Information on how to send KY MPPA invitations to Credentialing Agents using the Organization Management Application.	Providers, Organization Administrators & Credentialing Agent Leads

Next Steps – Each Provider/CA

After This Webinar:

- Attend all webinars in series
- Sign up for the [Listserv](#) to receive updates and news
- Access training materials (*Job Aids, User Guides, Videos*)
- Bookmark [KY MPPA](#) and [KY MPPA Training Resources](#) web pages



After Rollout for Your Provider Type

- Set up KY MPPA account
 - CA encourage Provider to set up account (*even if acting as Authorized Delegate*) so Providers can receive notifications
- Access KY MPPA to complete one of the following:
 - Existing Provider**
 - Verify Provider data (*if Provider has an existing Medicaid ID*)
 - Note: *CA cannot update Provider email; Provider must update email in KOG (to receive notifications/view their Medicaid ID data)*
 - Complete Maintenance or Revalidation as needed
 - New Provider**
 - Complete New Enrollment Application

Next Steps – Provider/Organization

- Talk to your IT Department if you do not have rights to download software onto your computer (VIP Token)
 - Can also load VIP Token software onto a mobile device
 - See [*Provider and Credentialing Agent Sign On to KY MPPA job aid*](#) for more details
- Request Provider Medicaid ID(s) from DMS if you don't know it or have access to it
 - See the [*Request an Existing Medicaid ID from DMS job aid*](#)
- Have Providers sign the [Authorized Delegate Form](#) if CAs will be acting as Authorized Delegates
 - Do **not** fax form to DMS – CA will upload the form into KY MPPA when they prepare a New Enrollment application or perform Maintenance/Revalidation
 - Authorized Delegate Form for Revalidation must have been signed within 30 days prior to Revalidation

Next Steps – Provider/Organization

- Identify your Organization Administrators (Org Admin) and email required information to program.integrity@ky.gov
 - Email Subject Line: DMS Relationship Manager Organization Administrator Set Up Request
 - Attach [Organization Administrator Set Up Request Letter](#) (*access letter template on web page*)
 - Required Information:
 - Name, email and phone number of Org Admin to be invited
 - Group FEIN(s)
 - Group Organization name(s)
 - Form must be completed on company letterhead and be signed by an Owner or Officer or Board Member for the FEIN
 - If the Org Admin will manage multiple FEINs but there is one Owner, Officer or Board Member for all requested FEINs, submit the form signed by that individual
 - If the Org Admin will support multiple FEINs from different organizations with different Owners Officer or Board Members, a separate form must be submitted for the FEIN associated with each Owner, Officer or Board Member

Questions/Discussion

