KY MPPA utilizes screens with information required to submit a Provider enrollment or maintenance application. Each screen is organized around key data required to meet information requirements of the State of Kentucky and the Department for Medicaid Services. This overview of the screens within KY MPPA also includes short descriptions of the fields/data.

KY MPPA List of Screens with Topics

Screen Number	Title	Additional Information
	Start An Application	Will enter: • Application Type • Applying As *(Category – Individual, Group, Entity)* • Provider Type • Requested Effective Date • Date of Birth • Primary NPI/Primary Taxonomy • SSN or FEIN
1.1	Basic Information	Will enter: • Provider/Group/Entity Name • Provider Email • Communication Email
1.2	Tax Information	• Tax Reporting Type • Tax Structure
1.3	NPI Information	• Verify Primary NPI entered • Add others as necessary
1.4	Taxonomy Information	• Verify Primary Taxonomy entered • Add others as necessary

1.5	Add Group Members	• *Individual Provider*: Not used
		• *Group/Entity Providers*: Needed to link
		   o Individual Provider Medicaid IDs to be added
		   o Provider Linkage Date

1.6	Additional Identifiers	• Required for certain Provider Types. Check Provider Type Summaries.
1.7	Address Information	Required • Physical address • Pay-to/1099 address • Mailing address

1.8	Contact Information	Required • Agent of Service • Credentialing Contact
1.9	Language	• One language required
1.10	Bed Data	• Required for certain Provider Types. See Provider Type Summaries.
1.11	Locum Tenens	• Only for Provider Types 64 • Can only be added in Maintenance • Period of 60 days or less
1.12	Teaching Facility	• Requirement for Provider Types 01 (Hospital) and PT 02 (Psychiatric Hospital) • Screen includes a Yes/No question to indicate if the facility is a Teaching Facility • Grid includes fields for Effective Date and Expiration Date
1.13	Telehealth	• Screen includes Yes/No question to indicate if the Provider practices telehealth. If not sure, select No. • Details from previous application will be listed in grid. • For migrated records, blank grid will be populated • Grid includes fields for 'Telehealth Indicator (Yes or No), Effective Date, Expiration Date, Action Buttons'
1.14	NTP Address Information	• Only required for PT 03 Tier 2-Outpatient SUD if Yes is answered to question, "Are you a licensed Narcotic Treatment Program (NTP)"?
2.1	Specialties Information	• Default specialty is pre-populated and noted as primary, but may be changed. Not all PTs have default. • Others can be added as necessary
2.2	License Information	• If license required, must have one in grid • Cannot delete pre-existing license, must end-date
2.3	Certification Information	• Required for certain Provider Types in lieu of a license. Review Provider Type Summaries.
2.4	County Served	• Required for certain Provider Types. See Provider Type Summaries.
2.5	Services Provided	• Required for certain Provider Types. See Provider Type Summaries.
2.6	Supervisor Details	• Required for certain Provider Types. See Provider Type Summaries.
3.0	Disclosure of Ownership and Control Interest	• Answer questions and provide comments as necessary

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4.0	Attestations	• *Individual Provider Types*: Required • *Group/Entity Provider Types*: Not required

5.0	Linking to a Group	• *Individual Providers*: Needed to link
		  o Group Medicaid ID
		  o Group FEIN
		  o Group Linkage Date
		• *Group/Entity Providers*: Not used

6.0	Bank Account Information	• Can choose Check or EFT • Need Routing # and Account # for EFT
7.0	Fee Payment	• Is required for Entity PTs only. Review Provider Type Summaries.
8.0	Document Upload	• Required documents for Provider Type are pre-populated • Edit table to upload documents • User may add additional documents as needed
9.0	Provider Review	• Can review data entered in each section • Can add comments for DMS
10.0	Submit	• *Credentialing Agent*: Can Send to Provider as CA non-delegate or perform all tasks to include eSign and Submit as an Authorized Delegate • *Provider*: Will accept Terms of Agreement, eSign and Submit (when Provider performs all actions or with CA non-delegate)

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