

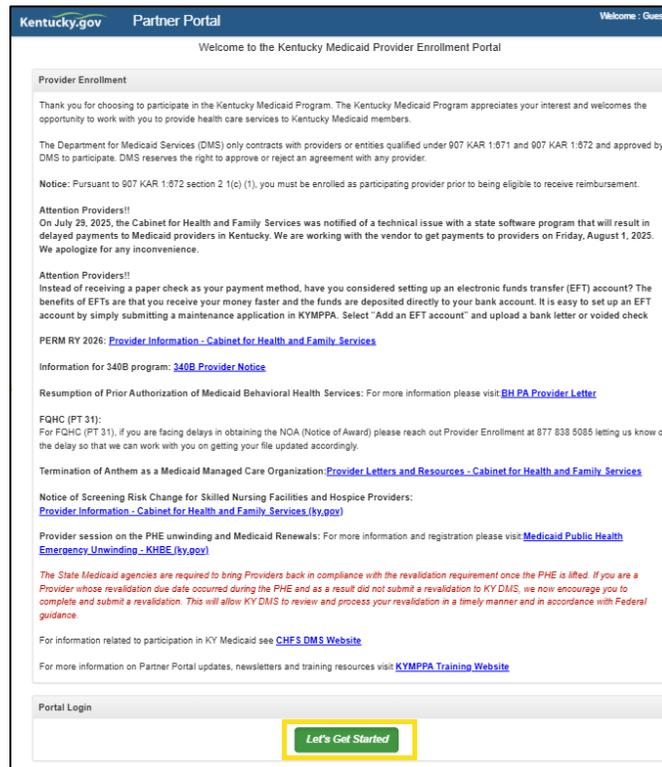
How to Create a Partner Portal Account

You will need a Partner Portal account to apply for, maintain, revalidate, or terminate a Kentucky Medicaid Provider ID. The steps for creating a Partner Portal Account are outlined below.

- Visit the Partner Portal website, click “Let’s Get Started”
- Create a KYID account.
- Activate the account by entering the one-time passcode provided.
- Register a MFA Method.
- Complete Remote Identity Proofing.
- Launch the Partner Portal application.

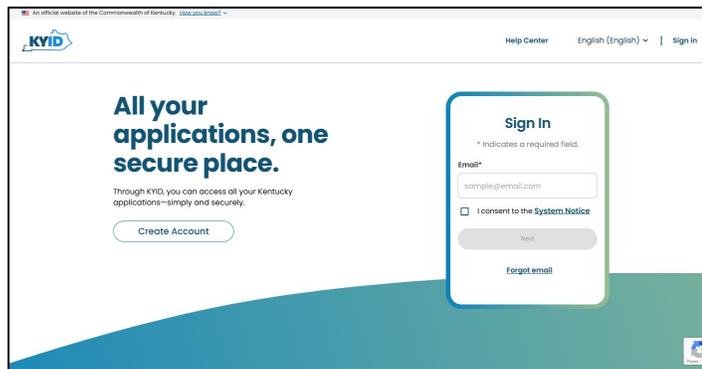
Creating a Partner Portal Account

1. Visit the [Partner Portal Medicaid Systems](#) website.
2. Scroll to the bottom of the page and click ‘Let’s Get Started’.

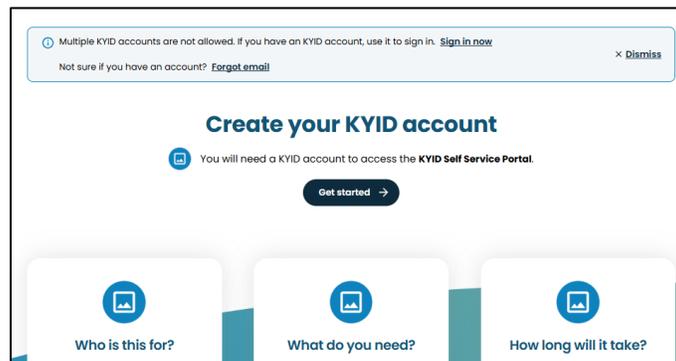


For further assistance with navigation, invitations, or account creation please contact the Partner Portal Technical Support Center at 877-838-5085. Select option 1 and option 1, again, to speak with a customer service representative.

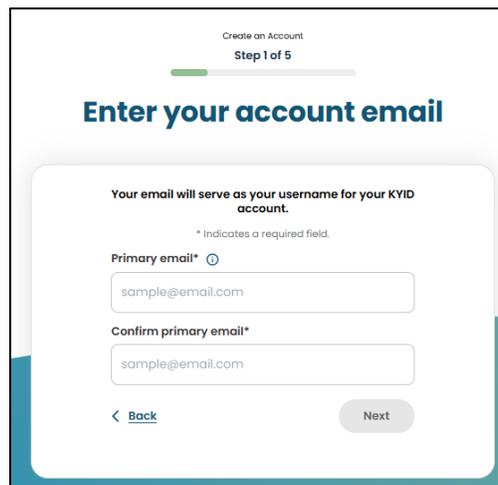
3. You will be directed to the KYID login screen, click Create Account.



4. Click Get Started to create a new account.

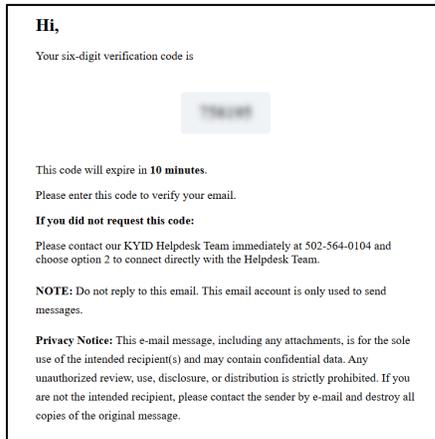


5. Enter your e-mail address twice to verify it. The email address entered will become your KYID account username. Click Next.



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

6. You will be prompted to enter a one-time passcode. This passcode is sent to the e-mail address you entered on the previous screen and will expire in 10 minutes. If the passcode has expired, click Resend verification code. You also have the option to enter a different e-mail address.



7. After entering the passcode, you will be prompted to enter your personal information. Complete the required fields and click Next.

Chance of Verification based on profile completion
The more information you provide us with, the higher your chances will be for successful verification.

Profile progress:
Chance of verification: Low

Basic information

*Indicates a required field.

The following information reflects your personal profile as maintained in our system. Any changes made below will be reflected in your personal profile once verification is successful.

| | |
|----------------------|---|
| Legal first name* | Legal middle name |
| <input type="text"/> | <input type="text"/> |
| Legal last name* | Suffix |
| <input type="text"/> | <input type="text"/> |
| Gender* | Date of birth* <small>📅</small> |
| <input type="text"/> | Month Name, Date, Year <small>📅</small> |

Social Security Number (SSN) / Individual Taxpayer Identification Number (ITIN)

Home address

I don't have address

| | |
|--------------------------------|---------------------------|
| Address 1* | Address 2 |
| <input type="text"/> | <input type="text"/> |
| City* | State* |
| <input type="text"/> | Kentucky <small>📄</small> |
| Zip/postal code* | Zip/postal code extension |
| <input type="text"/> | <input type="text"/> |
| Country* | County |
| United States <small>📄</small> | <input type="text"/> |

Contact

| | |
|---|---|
| Primary email | Mobile Number |
| <input type="text" value="sample@email.com"/> | <input type="text" value="XXX-XXX-XXXX"/> |

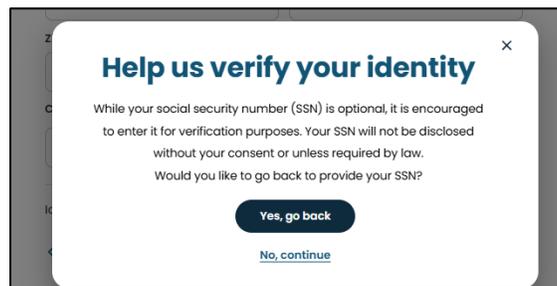
By checking this box, I certify that I understand that, in requesting these services, my identity may be verified through other sources. Any information collected by the Cabinet for Health and Family Services (CHFS) may be used to verify my identity in accordance with 15 U.S.C. § 1681b(a)(3)(D). I understand that my information will be used solely to verify my identity and to prevent fraudulent transactions in connection with my request to create an account to access public services or benefits.

To prevent fraud and verify my identity or my wireless device, I authorize my wireless carrier to use or disclose information about my account and wireless device, if available, to CHFS or its service provider for the duration of my business relationship. See the [CHFS Privacy Policy](#) for details on how your data is treated.

I have read, understand, and agree to the above terms and conditions

[< Back](#) Next

- You will receive a message requesting that you complete the social security number field, this is recommended but not required.



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

9. A backup security method is required. The preferred security method is a mobile phone number. Enter and confirm your mobile number. If you prefer to use an e-mail address as a backup security method, click Skip this step. You will be prompted to enter a backup e-mail address.

× Exit create an account

Create an Account
Step 3 of 5

Provide your mobile number

janedoe@...com

Providing your mobile number adds an extra layer of security to your account. It allows us to help you to regain access if you lose access to your email or password.

Country code
(+1) United States

Mobile number
(xxx) xxx-xxxx

Confirm mobile number
(xxx) xxx-xxxx

How would you like to receive the verification code?

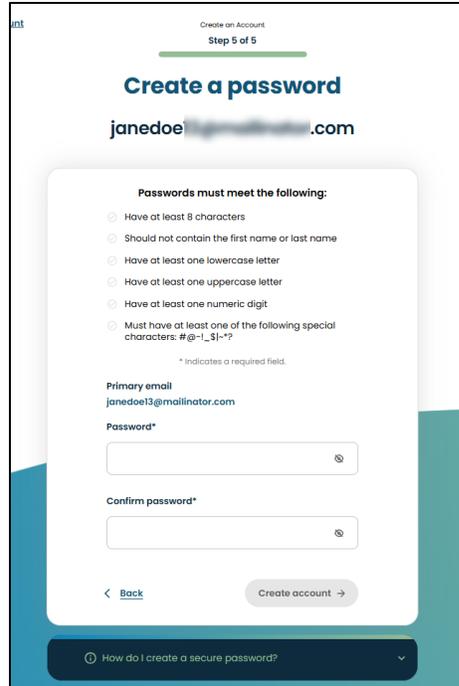
Text Message
You will receive a passcode via text message to your phone

Voice call
You will receive a passcode via voice call to your phone

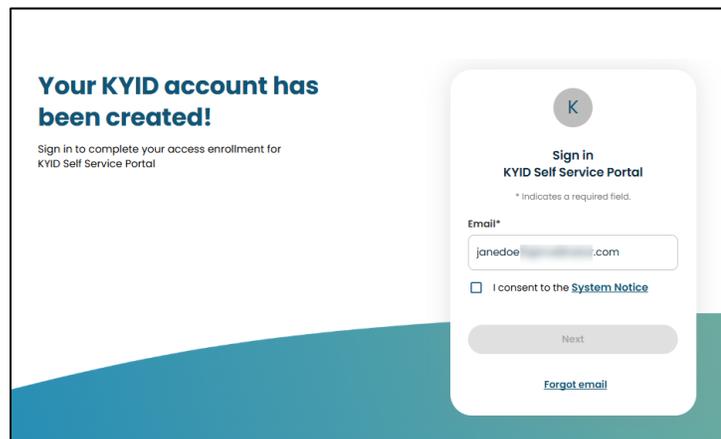
[Skip this step](#)

< Back Next

10. Once you've selected a backup security method, you will receive a one-time passcode at the mobile number or e-mail address you entered on the previous screen. The one-time passcode expires in 5 minutes.
11. You will be prompted to create a password for your account.



12. After the password is created you will be automatically signed out, receive a confirmation email and be prompted to log in again.



13. After logging in again you will be required to register a Multi-Factor Authentication (MFA) method. For full instructions on registering your preferred method please refer to the KY ID Help Page.

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

14. Next, you will complete Remote Identity Proofing. This is solely to avoid fraudulent transactions in your name. No personal information is stored. Entering a social security number is recommended but not required and the address entered should be a Home Address.

Chance of Verification based on profile completion
 The more information you provide us with, the higher your chances will be for successful verification.

Profile progress:
 Chance of verification: 100%

Basic information
 *Indicates a required field.
 The following information reflects your personal profile as maintained in our system. Any changes made below will be reflected in your personal profile once verification is successful.

Legal first name* Legal middle name
 [Text Input] [Text Input]

Legal last name* Suffix
 [Text Input] [Dropdown]

Gender* Date of birth*
 [Dropdown] [Month Name, Date, Year]

Social Security Number (SSN) / Individual Taxpayer Identification Number (ITAN)
 [Text Input: XXX-XX-XXXX]

Home address
 I don't have address

Address 1* Address 2
 [Text Input] [Text Input]

City* State*
 [Text Input] [Dropdown: Kentucky]

Zip/postal code* Zip/postal code extension
 [Text Input] [Text Input]

Country* County
 [Dropdown: United States] [Dropdown]

Contact

Primary email Mobile Number
 [Text Input: sample@email.com] [Text Input: XXX-XXX-XXXX]

By checking this box, I certify that I understand that, in requesting these services, my identity may be verified through other sources. Any information collected by the Cabinet for Health and Family Services (CHFS) may be used to verify my identity in accordance with 15 U.S.C. § 1681b(a)(3)(D). I understand that my information will be used solely to verify my identity and to prevent fraudulent transactions in connection with my request to create an account to access public services or benefits.

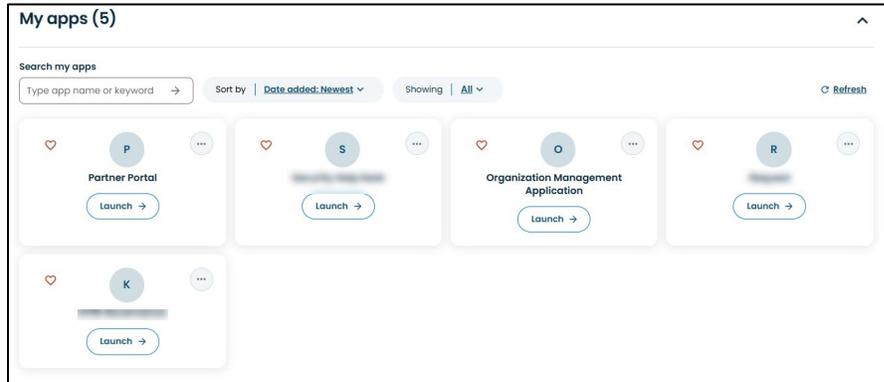
To prevent fraud and verify my identity or my wireless device, I authorize my wireless carrier to use or disclose information about my account and wireless device, if available, to CHFS or its service provider for the duration of my business relationship. See the [CHFS Privacy Policy](#) for details on how your data is treated.

I have read, understand, and agree to the above terms and conditions

< [Back](#) [Next](#)

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

15. After Remote Identity Proofing has been completed you will land on the KYID Dashboard where you can launch the Partner Portal application.



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