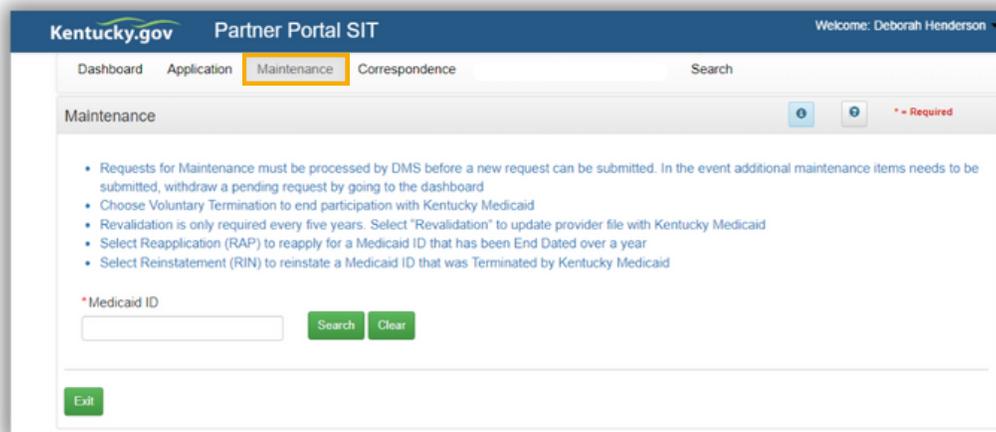


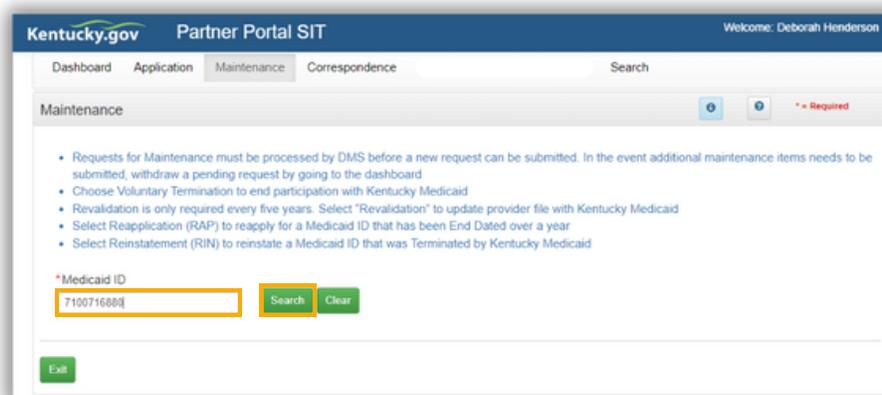
Voluntary Termination

If a KY Medicaid Provider no longer wishes to participate in the KY Medicaid program, a Voluntary Termination is required. Authorized Delegates can create a Voluntary Termination but would have to send it to a Provider to be submitted to DMS; only a Provider can submit a Voluntary Termination to DMS.

1. Log into Partner Portal. Once on the Dashboard, click the Maintenance Tab.



2. Enter the Medicaid ID and click Search.



Voluntary Termination

3. Review the prepopulated information and select Voluntary Termination under the "I want to perform" section. Enter the Effective Date. Click Continue. If an error message is displayed, call the Technical Support Center at 877-838-5085 and select Option 1, then Option 1 again to speak with a customer service representative and be linked to the Medicaid ID.

The screenshot shows the 'Maintenance' section of the Kentucky.gov Partner Portal SIT. The page includes a navigation bar with 'Dashboard', 'Application', 'Maintenance', and 'Correspondence'. The 'Maintenance' section contains a list of instructions and a form with the following fields:

- Medicaid ID:** 7100717910
- Provider Name:** Beaton, William
- NPI:** 1972507382
- Taxonomy:** 213E00000K - Podiatrist
- Primary Physical Address:** 8707 38th Ave North, Frankfort, Kentucky, 40601
- Revalidation Date:** 03/08/2026
- Medicaid ID Effective Date:** 02/01/2021
- Medicaid ID End Date:** 02/05/2021
- Status:** Terminated
- Status Reason:** Term by Medicaid
- I Want to Perform:** Voluntary Termination
- Requested Effective Date:** 07/04/2023

Buttons for 'Exit' and 'Continue' are visible at the bottom of the form.

4. Click Yes to start the Voluntary Termination.

The screenshot shows a 'Confirm Continue' dialog box with the following text:

After selecting "Continue", additional Maintenance items cannot be submitted until action has been taken by DMS on this submission. Click "Yes" to continue or "No" to remain on this page

Buttons for 'No' and 'Yes' are visible at the bottom right of the dialog box.

Voluntary Termination

5. Review the prepopulated information and select Reason Code. Enter name in the Electronic Signature box and click Esign & Submit .

CA screen

• Use this screen to voluntarily end a KY Medicaid ID
• Effective Date is pre-populated from Maintenance Menu
• Reapplication will be required to resume Medicaid participation
• Provider clicks on E-sign & Submit; Credentialing Agent clicks on "Send to Provider"
• Click "Exit" to return to Dashboard without submitting the termination

*KY Medicaid ID to be Terminated: [Text Box] Medicaid ID Effective Date: 07/01/2022 Medicaid ID End Date: 08/31/2025

*Select Reason Code: [Dropdown Menu] *Termination Effective Date: 10/23/2023

Comments: [Text Area]

Application Invite Provider Details

Note to Credentialer/Agent
After clicking "Send to Provider", please alert the Provider/Applicant to expect an email notification (sent to [Email Address] regarding next steps in the application process.

Exit Send To Provider

Provider screen

Kentucky.gov Partner Portal SIT Welcome: Deborah Henderson

Dashboard Application Maintenance Correspondence Search Application Header

Voluntary Termination

• Use this screen to voluntarily end a KY Medicaid ID
• Effective Date is pre-populated from Maintenance Menu
• Reapplication will be required to resume Medicaid participation
• Provider clicks on E-sign & Submit; Credentialing Agent clicks on "Send to Provider"
• Click "Exit" to return to Dashboard without submitting the termination

*KY Medicaid ID to be Terminated: 7100717750 Medicaid ID Effective Date: 02/01/2021 Medicaid ID End Date: 04/01/2027

*Select Reason Code: [Dropdown Menu] *Termination Effective Date: 07/25/2023

Select One
Retired
Voluntary Termination

By entering the name below, I am indicating I have reviewed the KY Medicaid Rules, Regulations, Policy and 42 USC 1320a.7b, and it is my intent to electronically sign the application and represent that all of the information I have provided is true, complete, and accurate.

*Electronic Signature: [Text Box] *Title: Podiatrist Sign Date: 7/25/2023 10:55:35 AM

Exit Esign & Submit