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.

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Dashboard Application	Maintenance	Correspondence		Search			
Maintenance					0	Θ	* - Required
Requests for Maintenance submitted, withdraw a pe Choose Voluntary Termin Revalidation is only requ Select Reapplication (RA Select Reinstatement (R	ce must be processe ending request by go nation to end particip ired every five years NP) to reapply for a N IN) to reinstate a Me	d by DMS before a new reque- ing to the dashboard ation with Kentucky Medicaid . Select "Revalidation" to upda fedicaid ID that has been End dicaid ID that was Terminated	st can be submitted. Ite provider file with I Dated over a year by Kentucky Medica	In the event additio Kentucky Medicaid	nal main	tenance	items needs to be
*Medicaid ID	Search	Clear					
Exit							

2. Enter the Medicaid ID and click Search.

entucky.gov Par	Welcome: Deborah H	Welcome: Deborah Henderso			
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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.

entucky.gov Part	ner Portal SIT			Weicome: Deborah Henderso
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Provider Name	NPI		Taxonomy	
Beaton, William	197250738	1	213E00000X - Podiat	ist
Primary Physical Address			Revalidation Date	
6707 38th Ave North, Frankfort, I	Gentucky, 40801		03/09/2026	
Medicaid ID Effective Date	Medicaid ID End Date	Status	Status F	leason
02/01/2021	02/05/2021	Terminated	Term b	y Medicaid
• I Want to Perform:			*Requested Effective	Date
			07/24/2023	10
Maintenance				
Revalidation Voluntary Termination				
O Reinstatement				
Reapplication				
Intent to bill				
Ext				Continue

4. Click Yes to start the Voluntary Termination.





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

 Reapplication will be required Provider clicks on E-sign & Su 	to resume Medicaid participation bmit; Credentialing Agent clicks on	"Send	to Provider"	
Click "Exit" to return to Dashbo KY Medicaid ID to be Terminated	Medicaid ID Effective Date 07/01/2022	tion	Medicaid ID End Date 08/31/2025	
Select Reason Code	*Termination Effective Date			
Select One Comments	10/23/2023			
pplication Invite Provider Deta	ils			
lote to Credentialer/Agent	lease alert the Provider/Applicant t	o expe	ct an email notification (sent to	(@gmail.com) regarding next step:

Provider screen

Dashboard Application Ma	intenance Correspondence	ce Correspondence Search			I Application Header		4
oluntary Termination				0	0	* - Required	
Use this screen to voluntarily e Effective Date is pre-populate Reapplication will be required 1 Provider clicks on E-sign & Su Click "Exit" to return to Dashbo "KY Medicaid ID to be Terminated	end a KY Medicaid ID I from Maintenance Menu to resume Medicaid participation bmit, Credentialing Agent Cicks on "S and without submitting the termination Medicaid ID Effective Date	end to Provider" 1 Medicaid ID End Date	2				
7100717750	02/01/2021	04/01/2027					
*Select Reason Code	Termination Effective Date						
Select One	07/25/2023						
Select One Retired Voluntary Termination							
By entering the name below, I ar and 42 USC 1320a.7b, and it is n information I have provided is tr	m indicating I have reviewed the K's ny intent to electronically sign the is ue, complete, and accurate.	' Medicaid Rules, Regulatio application and represent ti	ns, Policy hat all of the				
*Electronic Signature	* Title	Sign Date					
	Podiatrist	✓ 7/25/2023 10.55:35 A	М				



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.