

Authorized Delegate

Authorized Delegates are Kentucky Medicaid Partner Portal Application (KYMPPA) users who have obtained written permission from the Provider, Group or Entity to submit information to DMS (Department for Medicaid Services) on their behalf. With this permission the Provider, Officer, Owner or Board Member is **not** required to create a KYMPPA account to review, E-sign and submit information to DMS. Any Partner Portal user who works on behalf of a Provider, Group or Entity can be an Authorized Delegate.

To become an Authorized Delegate the user must have a Partner Portal account in their own name and with their own email address. They must also have an Authorized Delegate form signed by the Provider, Officer, Owner or Board Member of the Group or Entity.

The Authorized Delegate must also:

- Be linked to an existing Medicaid ID with the Credentialing Agent role.
 - To be linked to the Medicaid ID please call the Partner Portal Technical Support Staff.
- Start new enrollment applications by selecting 'I am a Credentialing Agent' and only listing their email address in the Communication Email Address field on the 1.1 Basic Information screen.
- Choose the 'Authorized Delegate' option on the 10.0 Submit page when submitting any item to DMS.
- Upload a copy of the Authorized Delegate form on the 10.0 Submit page.

The screenshot shows the 'Role Selection' screen in the Partner Portal TRAIN. The page title is 'Kentucky.gov Partner Portal TRAIN' and the user is logged in as 'Provider1 Train1'. The navigation menu includes 'Dashboard', 'Application', 'Maintenance', 'Correspondence', and 'Administration'. The 'Role Selection' section is circled in red and contains the instruction 'Select one of the three roles below'. Three radio button options are listed: 'I am a Provider enrolling as an Individual', 'I am an Owner, Officer or Board Member who is legally authorized to enroll a Group/Entity', and 'I am a Credentialing Agent'. The 'I am a Credentialing Agent' option is highlighted with a yellow box. At the bottom of the form, there are 'Exit' and 'Save & Next' buttons.

We a new application is started the user should select 'I am a Credentialing Agent'. Authorized Delegate will be selected on the 10.0 Submit screen.

Authorized Delegate

Completing the Authorized Delegate form:

Provider, Group, Entity Officer
Owner or Board Member name

KY Department for Medicaid Services
Division of Program Integrity / Provider Licensing and Certification
KY Medicaid Partner Portal Application - Authorized Delegate Form

Provider, Group,
Entity Officer
Owner or Board
Member name

I, _____, understand and acknowledge that I am legally responsible for my Kentucky Medicaid Provider Number and to be in compliance with all applicable Medicaid Rules and Regulations as outlined in 42 USC Section 1320a-7b, KRS 205, 907 KAR 1:671, or 907 KAR 1:672. It is my responsibility to review on a routine basis my Kentucky Medicaid Provider file for accuracy, which will require a Kentucky Medicaid Partner Portal Application (KY MPPA) account.

I, _____, hereby authorize _____ (individual, group, entity), or their duly appointed designee, when completing Kentucky Department for Medicaid Services (KY DMS) Provider Enrollment information (new, revalidation, and maintenance information to be updated) and electronically submitting to KY DMS:

- To act as a proxy agent for me in the preparation, signature, and submission of New Enrollment, Maintenance information, and Revalidations. This proxy includes creating a user account into the internet-based systems of the KKY DMS, Kentucky Medicaid Partner Portal Application (KY MPPA).
- To release my signature electronically, or electronically sign, all KY MPPA applications and only KY MPPA applications necessary for enrollment and updates to required information for KY Medicaid Provider Licensing and Certification.

This proxy applies only to KY DMS Provider Licensing and Certification activities as outlined above.

Initial Submission: The initial submission of this form requires signature to be within 30 days of submission of a Maintenance, Revalidation or new Enrollment. The effective date of this delegation shall run until the next Revalidation date of my Kentucky Medicaid Provider information, on file with KY DMS Provider Licensing and Certification. This time period shall be no longer than 5 years from date of my enrollment, or until revoked by myself, the Provider, Owner, Officer or Board member, or at a time of a change of information that requires being updated with KY DMS, i.e., name change.

Revoking Delegation: To revoke this delegation, I acknowledge that I must go into (or create an account with) the Kentucky Online Gateway (KOG), and de-link the credentialing agent and/or Authorized Delegate, thereby prohibiting the credentialing agent and/or Authorized Delegate from performing updates to my KY Medicaid information.

Credentialing
Agent or
Credentialing
Organization
Name

Complete this
side for
Individual
Provider
Medicaid ID's
only.

Individual Provider <small>(Complete this column if submitting with an Individual Provider Enrollment, Revalidation or Maintenance)</small>	Group or Entity <small>(Complete this column if submitting with a Group or Entity Enrollment, Revalidation or Maintenance)</small>
Provider Name <u>Printed</u> :	Owner/Officer or Board Member Name <u>Printed</u> :
Individual Provider NPI:	Group NPI:
Social Security Number:	Social Security Number: N/A to Group/Entity
Federal Tax Identification Number: N/A to an Individual Provider	Group Federal Tax Identification Number:
Individual Provider Signature:	Group Owner/Officer or Board Member Signature:
Date Signed:	Date Signed:

Complete
this side for
Group or
Entity
Medicaid
ID's only.

Authorized Delegate Form
October 2019, Version 2.0

Form and Signature requirements:

The initial submission of this form requires signature to be within 30 days of submission of a Maintenance, Revalidation or New Enrollment.

The effective date of this delegation shall be no longer than 5 years from date of the enrollment, or until revoked by the Authorized Delegate, the Provider, Owner, Officer or Board member, or at a time of a change of information that requires being updated with KY DMS, i.e., name change.

Authorized Delegate

Submitting as an Authorized Delegate:

- On the 10.0 Submit screen select 'Authorized Delegate'.
- If this is the first time submitting an Authorized Delegate form select 'No Form Found'.
- Browse files on your computer to locate the file and upload it to Partner Portal then complete the E-signature page.

The screenshot shows the 'Submit' page in the Partner Portal. The left sidebar lists steps from 1.0 to 10.0. Step 10.0 'Submit' is selected. The main content area shows instructions for submitting as an Authorized Delegate. A red circle highlights the 'No form found' link. A yellow callout box explains that if no form has been uploaded, this message will appear and the user must upload the form.

You can access the Authorized Delegate form here: [Authorized Delegate Form](#)