

Completing a Revalidation

Revalidations are required to be completed every 5 years. Before a Revalidation can be started:

- User must be linked to a Medicaid ID.
 - To link to a Medicaid ID, call 877-838-5085 - Option 1, Option 1
- Every screen must be reviewed in the order presented.
- Review each screen, add new information and update existing information to ensure the Medicaid ID file is accurate.

Document Upload

All required documents must be uploaded to submit application

- Required documents are listed in grid with "Required = Y"; select "Edit" on each row to upload required item
- User may select "Add" to upload any additional documents to grid
- Click "Add" to upload a document, "Delete" to remove uploaded document
- After clicking "Add", click "Browse" and use "Insert File" popup to locate each file you wish to upload and then press "Insert"
- Fill out the required fields and then Click "Add to Grid" when you are ready to upload each file
- Please Note: JPG, JPEG, TXT, RTF, CSV, DOC, DOCX, XLS, XLSX, TIF, TIFF and PDF file formats are accepted for supporting documents uploads and the file size is limited to 5 MB

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
Social Security Card	Social Security Card	Y			 
Physician License	Physician License - 18709383	Y			 

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Exit Back Save & Next

The Revalidation date can be found on the dashboard under KY Medicaid Provider IDs.

Dashboard

Notifications

KY Medicaid Provider IDs

Search by Medicaid ID Status or Provider Type

Medicaid ID Status: All Provider Type: All

Search by Medicaid ID

Medicaid ID: 1234567890

Reset Search Clear

Medicaid Provider ID	Medicaid ID Status	View	Provider Name	NPI	Taxonomy	Medicaid Provider ID Effective Date	Medicaid Provider ID End Date	Revalidation Due Date
1234567890	Active	View	Test, Test	987654321	207Q00000X	1/1/2019	4/15/2023	1/15/2024

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

The screenshot shows the 'Maintenance' tab selected in the Partner Portal SIT. The page header includes 'Kentucky.gov Partner Portal SIT' and 'Welcome: Deborah Henderson'. The navigation menu has 'Dashboard', 'Application', 'Maintenance' (highlighted), and 'Correspondence'. A search bar is present. The main content area contains instructions for maintenance requests and a search form for the Medicaid ID. The search form has a text input field, a 'Search' button, and a 'Clear' button. An 'Exit' button is at the bottom left.

2. Enter the Medicaid ID and click Search.

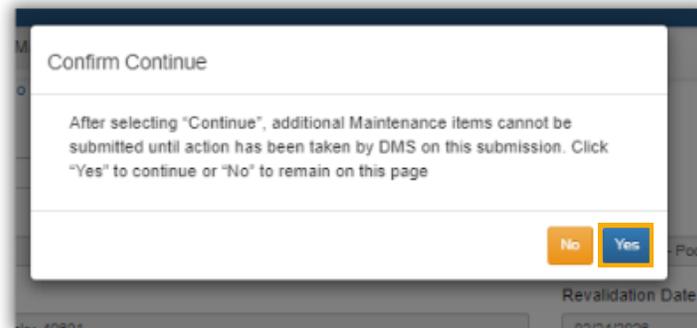
This screenshot shows the same 'Maintenance' tab as the previous one, but with the Medicaid ID '7100716880' entered into the search field. The 'Search' button is highlighted with a yellow box, indicating it should be clicked.

3. Review the prepopulated information and select Revalidation under the "I want to perform" section. Enter the effective date of the Revalidation. Click continue.

This screenshot shows the 'Maintenance' tab with prepopulated information. The Medicaid ID is '7100716880'. The provider information includes: Provider Name: Aker, John; NPI: 1079891200; Taxonomy: 213E30102X - Podiatry-Foot & Ankle Surgery; Primary Physical Address: 8000 Highway 88, Frankfort, Kentucky, 40601; Revalidation Date: 02/24/2026. The 'Medicaid ID Effective Date' is 02/01/2021 and the 'Medicaid ID End Date' is 04/01/2027. The 'Status' is 'Active' and the 'Status Reason' is 'Active'. In the 'I want to perform' section, 'Revalidation' is selected with a radio button. The 'Requested Effective Date' is set to MM/YYYY. The 'Continue' button is highlighted in yellow at the bottom right.

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4. Click Yes to start the revalidation.



5. Review and save each screen.

6. If any changes have been made during the Revalidation item, navigate to the 8.0 Document Upload screen to upload required documents.

- Required documents will be marked with a "Y"
- For assistance on how to upload required documents, please see the [Uploading Documents Job Aid](#).

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7. When all information has been updated, navigate to the 10.0 Submit screen.
8. Review and Agree to the Terms of Agreement and Electronically Sign the Revalidation.
 - Authorized Delegates and Legally Authorized Agents are required to submit additional documentation before submitting to DMS.

Kentucky.gov Partner Portal

Welcome:

Dashboard Application Maintenance Correspondence DMS Review Administration Search | Application Header

1.0 Administrative Information
2.0 Provider Qualifications
3.0 Disclosure of Ownership and Control Interest
4.0 Attestations
5.0 Provider Group Linkage
6.0 Account Information
7.0 Fee Payment
8.0 Document Upload
9.0 Provider Review
10.0 Submit

Submit

- Enter Name as it appears on the application
- For Group or Entity with an Individual owner, owner's signature is required via e-sign
- For Group or Entity with no Individual owner, an officer or board member's signature listed in the application is required via esign
- For Individual providers, the Title is prepopulated based on Enrollment
- For Group or Entity only, select Title from dropdown
- Sign Date is default of today's date
- Click "Esign & Submit" to submit maintenance for approval, "Back" to previous screen or "Exit" to return to Dashboard

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 *Title Sign Date
| Podiatrist 7/24/2023 3:12:06 PM

Exit View MAP-811 PDF Back Esign & Submit

For more information on performing Maintenance for a specific task, refer to the Job Aids found on the [Training Resources Web Page](#).