## **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.
  - $\circ~$  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.

Required document     User may select "A     Click "Add" to uploc     After clicking "Add",     press "Inset"     Fill out the required     Please Note: JPG,     accepted for suppo	is are listed in grid with 'Required dd' to upload any additional docu da document, "Delete" to remov, click "Browse" and use "Insert F fields and then Click "Add to Grid JPEG, TXT, RTF, CSV, DOC, DO tring documents uploads and the	= Y', select ments to gri e uploaded ile" popup to d" when ou a CX, XLS, XI file size is li	'Edit' on each r d document o locate each fil are ready to upi LSX, TIF, TIFF a mited to 5 MB	ow to upload requ e you wish to uplo oad each file and PDF file form:	aired item bad and ther ats are Add
Document Type	Name	Required	Uploaded By	Uploaded Date	Action
Social Security Card	Social Security Card	Y			6
Physician License	Physician License - 18709383	Y			6
First Previous Next	(Page 1 of	1)		Page: 1 V	

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

Notifications								
KY Medicaid Pr	ovider IDs							
Search by Mer	ficaid ID Status	or Provi	der Type			Search by Med	icaid ID	
Medicaid ID S	tatus	Provid	er Type			Medicaid ID		
Al	~	All		~		123456789	10	
					Reset	Search	Clear	
				KY	Medicaid Provider IDs			
Medicaid Provider ID	Medicaid ID Status	View	Provider Name	NPI	Taxonomy	Medicaid Provider ID Effective Date	Medicaid Provider ID End Date	Revalidation Due Date
1224547000	Active	View	Test,	9876543	207Q00000X	1/1/2019	4/15/2023	1/15/2024



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

Dashboard Application Maintenance Correspondence	Search
Maintenance	0 0 *- Required
<ul> <li>Requests for Maintenance must be processed by DMS before a new reques submitted, whidraw a pending request by joing to the dashbard</li> <li>Choose Voluntary Termination to end participation with Kentucky Medicaid</li> <li>Revalidation is only required every five years. Select Tervalidation' to update</li> <li>Select Resplication (FAP) to reapyly for a Medicaid D that has been End</li> <li>Select Reinstatement (RIN) to reinstate a Medicaid D that was Terminated to</li> </ul>	pt can be submitted. In the event additional maintenance items needs to be te provider file with Kentucky Medicaid Dated over a year by Kentucky Medicaid
*Medicaid ID Search Clear	

2. Enter the Medicaid ID and click Search.

Dashboard App	lication	Maintenance	Correspondence	Search			
Maintenance					0	0	* = Required
Choose Volunt     Revalidation is     Select Reappli     Select Reinstal	ary Termin only requi tation (RA ement (RI	ation to end part red every five ye P) to reapply for N) to reinstate a	icipation with Kentucky Medicaid vars. Select "Revalidation" to update p a Medicaid ID that has been End Dat Medicaid ID that was Terminated by H	rovider file with Kentucky Medicaid ed over a year Kentucky Medicaid			

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

entucky.gov Partn	er Portal SIT		The state					
Dashboard Application M	laintenance Correspondence		Search					
Maintenance			0 0 ** Repared					
Requests for Maintenance m submitted, withdraw a pendir Choose Voluntary Terminals Revaldation is only required Select Reapplication (RAP) 1 Select Reinstatement (RIN) 1 *Medicaid ID	wit be processed by DMS before a ne- ng request by going to the dashboard in to end participation with Kentucky M every frue years. Select "Revuldation" to reapply for a Medicaid ID that has be to reinstate a Medicaid ID that was Terr	w request can be submitt edicaid to update provider file w en End Dated over a yes minated by Kentucky Mer	ted. In the event additional maintenance items needs to t th Kentucky Medicaid dicaid					
7100716880	Search Clear							
Provider Name	NPI		Taxonomy					
Aker, John	1679651208		213ES0103X - Podiatrist-Foot & Ankle Surgery					
Primary Physical Address			Revalidation Date					
6000 Highway 98, Frankfort, Kentu	sky. 40001		02/24/2026					
Medicaid ID Effective Date	Medicaid ID End Date	Status	Status Reason					
02/01/2021	04/01/2027	Adive	Adive					
I Want to Perform:			*Requested Effective Date					
Maintenance     Revalidation								
O Voluntary Termination								
Reinstatement								
Reapplication								
Uniterni to bill								
			Contin					



## 4. Click Yes to start the revalidation.



5. Review and save each screen.

ntucky.gov Parti	ner Porta	1311										
Dashboard Application	Maintenance	Correspon	dence				Search		E Applic	ation He	ader	۵
1.0 Administrative Information	Basi	: Information	n- Individu	lal					θ	0		quired
1.1 Basic Information	1											
1.2 Tax Information	• •	To change info	ormation, ed	dit the a	llowable fields(s)							
1.3 NPI Information	•	Names or DB/ owning 100%	of FEIN	iust ma	tch all supporting d	Socumenta	tion includi	ng IRS Ver	ification	Letter,	DBA o	niy if
1.4 Taxonomy Information	• :	Maintenance A	Requested I	Effectiv	e Date may be edit	Date may be edited on this screen						
1.5 Add Group Members	0 ·	User must proceed to screen 8.0 Maintenance item once all items			to "Upload Docum	ed to scree	n 10.0 t	o "Subr	mit"			
1.6 Additional Identifiers	•	Maintenance i	tem once a	a nems	nave been update	d for DIVIS						
17 Address Information	o Pro	ider First Nam	ne		Middle Name			<ul> <li>Provid</li> </ul>	er Last I	lame		
	(John							Aker				
1.8 Contact Information	Suffix				Gender			• Date o	f Birth			
1.9 Language Information	Sele	ct One		~	Male		~	05/16/1	977	=		
1.10 Bed Data	Ø Deine	Purchase Ar										
1.11 Locum Tenens	Ø	Dusiness As						490.45	4554			
1.12 Teaching Facility	0											
1.13 Telehealth Information	• Pro	ider Email Add	dress		Confirm Provider Email Address							
1.14 NTP Address Information	() John	aver@xeups.net	6		four aven@veutos.vet							
1.14 N/P Address mormation	Com	unication Ema	ail Address		Confirm Communication Email Address							
1.15 CLIA Information	john	smith@email.co	m		john.smith@email.com							
2.0 Provider Qualifications	* Req	uested Effectiv	ve Date		* Maintenance R	Received D	ate					
3.0 Disclosure of Ownership and Con	trol 07/1	A/2023	=		07/19/2023		<b>11</b>					
menest	-											
4.0 Attestations	•	_										
5.0 Provider Group Linkage	•	Exit							S	ave &	Next	
5.0 Account Information	•											
7.0 Fee Payment	0											
8.0 Document Upload	•											
0.0 Desider Design	0											

- 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 <u>Uploading Documents Job Aid</u>.



## **Completing a Revalidation**

- 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.

1.0 Administrative Information	Submit	0 0 *= Required
2.0 Provider Qualifications		
2.0 Disclosure of Oursership and Control	Enter Name as it appears on the application	
Interest	For Group or Entity with an Individual owner, owner's signature is required v	ia e-sign
10 Attestations	<ul> <li>For Group or Entity with no Individual owner, an officer or board member's signal</li> </ul>	ignature listed in the application is
4.0 Patestations	required via esign     Eor Individual providers, the Title is prepopulated based on Enrollment	
5.0 Provider Group Linkage	For Group or Entity only, select Title from dropdown	
6.0 Account Information	Sign Date is default of today's date	
7.0 Eao Darmont	Click "Esign & Submit" to submit maintenance for approval, "Back" to previo	us screen or "Exit" to return to
r.o ree Payment	Dashboard	
8.0 Document Upload	By entering the name below, I am indicating I have reviewed the KY Medica	aid Rules, Regulations, Policy
9.0 Provider Review	and 42 USC 1320a.7b, and it is my intent to electronically sign the applicat	ion and represent that all of
10.0 Submit	the information I have provided is true, complete, and accurate.	
	*Electronic Signature *Title S	ign Date
	Podiatrist v 7/	/24/2023 3:12:06 PM
	Exit View MAP-811 PDF	Back Esign & Submit
	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 <u>Training Resources Web Page</u>.



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.