Reapplication & Reinstatement

Medicaid Providers can reinstate or reapply for their Medicaid ID in the Maintenance tab of Partner Portal.

- **Reinstatement:** Use this option if a Provider is terminated for cause by DMS. If the Reinstatement is approved, the Provider will be reissued their original Medicaid ID.
- **Reapplication:** Use this option if the user's Medicaid ID status has been End Dated more than 365 days in the past. Once the Reapplication is approved, the Provider will be reissued their original Medicaid ID.

Reinstatement and Reapplication

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

Dashboard Application Maintenance Correspondence	Search
Maintenance	0 • - Required
 Requests for Maintenance must be processed by DMS before a new request submitted, withdraw a perding request by going to the dashboard. 	t can be submitted. In the event additional maintenance items needs t
 Choose Voluntary Termination to end participation with Kentucky Medicaid 	
 Revalidation is only required every five years. Select "Revalidation" to undate 	e provider file with Kentucky Medicaid
Revaluation is only required every live years. Select revaluation to update	
 Select Reapplication (RAP) to reapply for a Medicaid ID that has been End D Select Reinstatement (RIN) to reinstate a Medicaid ID that was Terminated b 	Dated over a year by Kentucky Medicaid
Select Reapplication (RAP) to reapply for a Medicaid ID that has been End L Select Reinstatement (RIN) to reinstate a Medicaid ID that was Terminated b	Dated over a year by Kentucky Medicaid
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Select Reapplication (RAP) to reapply for a Medicaid ID that has been End E Select Reinstatement (RIN) to reinstate a Medicaid ID that has been End E Medicaid ID Search Clear	Dated over a year by Kentucky Medicaid

2. Enter the Medicaid ID and click Search.

Kentucky.gov Par	tner Portal SIT				Welcome: Deborah Henderson
Dashboard Application	Maintenance Correspondence	DMS Review Ad	ministration	Search	
Maintenance					e e e e e e
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3. Review the prepopulated information and select Reinstatement or Reapplication under the "I want to perform" section. Enter the Effective Date. Click Continue.

Dashboard Application M	laintenance Correspondence Dr	US Review Administration	Search	Kentucky.gov Partne	r Portal SIT		Welcome: Deborah Hende	
aintenance			0 0 ** Repited	Dashboard Application M	aintenance Correspondence		Search	
Requests for Maintenance in submitted, withdraw a pendi Choose Voluntary Terminatio Revalidation is only required Select Resplactant (RAR) Select Reinstatement (RR) Medicaid ID 2100117610	ust be processed by DMS before a ner- eg record by going to the disabloard in to and participation with Keehucky to every free years. Select Revaluation to record to a Medicaid ID that has be to reinstate a Medicaid ID that was Terr Search Daw	w request can be submitted. In the edicaid to update provider file with Kent en End Duted over a year minated by Kentucky Medicaid	e event additional maintenance items needs to be xky Medicaid	Maintenance Reports for Maintenance in submittio, viel/dura a portu Oncose Viularity Terminato Benatization is only regular State Resplatations (RM) State Resplatations (unt be processed by DMS before a n g request by going to the dashboard no end participation with Kenkuch y newryf fwr yaars. Select "Revaldious o reapply for a Medicaid ID that has to nemstate a Medicaid ID that was Te	ew request can be submitted. Redicaid ' to update provider file with K wen End Dated over a year minated by Kentucky Medicai	P P P P P P	
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Beaton, William 1972507382			213E00000K - Pediatriat	Beater, Willam	Provider Name NP1 Baston Wilson 107567302		213E00000X - Pediamet	
Primary Physical Address		Revalidation Date	Primary Physical Address	Primary Physical Address				
6707 38th Ave North, Frankfort, Ke	ntucky, 40801		03/08/2026	8707 38th Ave North, Frankfort, Kar	tucky, 40801		03/09/2026	
Adicaid ID Effective Date	Medicaid ID End Date	Status	Status Reason	Medicaid ID Effective Date	Medicaid ID End Date	Status	Status Reason	
12/01/2021	02/05/2021	Terminated	Term by Medicaid	02/01/2021	02/06/2021	Terrirated	Term by Medicaid	
I Want to Perform: Maintenance Revalidation Voluntary Termination Reinstatement Reapplication Intent to bill			Requested Effective Date ImitO000000	I Want to Perform: Maintenance Mexistenance Mexistenance Mexistenance Mexistenance Mexistenance Mexistenance Mexistenance Mexistenance Mexistenance			*Requested Effective Date enovables	
			Contrue				Ger	

4. Click Yes to start the Reinstatement or Reapplication.





5. Review, update, and save each screen.



6. Supporting documentation must be uploaded to complete the application. For more information on document upload, review the <u>Uploading Documents</u> <u>Job Aid</u>.

Dashboard Application M	aintenance Corresponde	nce		Search	I Applicatio	Header 🛛 🔿	
Administrative Information	Document Upload				0	O ··· Required	
Provider Qualifications							
Disclosure of Ownership and Control lerest	All required docu Required docum	ments must be uploaded to ents are listed in grid with 1	submit applic Required = Y',	ation select 'Edit' on each	row to upload re	quired item	
Attestations	User may select Click "Add" to up	"Add" to upload any additio	nal documents	to grid			
	After clicking "Ad	 After clicking "Add", click "Browse" and use "Insert File" popul to locate each file you wish to upload and then 					
Provider Group Linkage	press "Insert"						
Account Information	 Fill out the require Please Note: JP 	ed fields and then Click "Ar 3 JPEG_TXT_RTF_CSV_E	to Grid" whe	in ou are ready to up LS_XLSX_TIF_TIFF	and PDF file for	mats are	
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Document Upload	2						
Denvides Devices	Alert Required do	coments must be unloaded					
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	Social Security Card	Social Security Card	Y	Henderson, Deborah	03/09/2021	6	
	Podiatrist License	Podiatrist License - 76467567	Y	Henderson, Deborah	03/09/2021		
	Social Security Card	Social Security Card	Y	Henderson, Deborah	03/09/2021	6	
	Podiatrist License	Podiatrist License - 76467567	Y	Henderson, Deborah	03/09/2021	6	
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	First Previous Net	2 642	(Page 1 of 2)		Page: 1	•	
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7. Review and Agree to the Terms of Agreement. Electronically sign the Reinstatement or Reapplication.

• Authorized Delegates and Legally Authorized Agents are required to submit additional documentation before submitting to DMS.

Publicator Appreadors mai	intenance Correspondence	Search	1 100	cation Header
1.0 Administrative Information	Submit		0	• *- Required
2.0 Provider Qualifications				
3.0 Disclosure of Oumership and Control	Enter Name as it appears on	the application		
Interest B	 For Group or Entity with an Ir 	ndividual owner, owner's signature is re	equired via e-sign	
4.0 Attestations	For Group or Entity with no la required via origin	ndividual owner, an officer or board me	ember's signature listed	in the application is
	For Individual providers, the	Title is prepopulated based on Enrollm	ient	
5.0 Provider Group Linkage	For Group or Entity only, sele	ect Title from dropdown		
6.0 Account Information	 Sign Date is default of today 	's date		
7.0 Fee Payment	Click "Esign & Submit" to sut Dashboard	omit maintenance for approval, "Back"	to previous screen or "E	ext" to return to
10 Decement Unload				
	By entering the name below, I	am indicating I have reviewed the K	Y Medicaid Rules, Reg	ulations, Policy
9.0 Provider Review	and 42 USC 1320a.7b, and it is the information I have provide	my intent to electronically sign the	application and repres	sent that all of
10.0 Submit 🖊		a is use, complete, and accurate.		
	Electronic Signature	Title	Sign Date	
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	Exit View MAP-81	L PDF	Back Esi	an & Submit
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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.