

Responding to a Return to Provider

What is a Return to Provider (RTP)?

- An application that needs more information before it can be processed.
 - Applications can be returned by DMS or systematically.
 - Most applications that are returned will require the user to update information entered in Partner Portal.
 - Sometimes DMS will ask for clarification by leaving a comment. In this case, the user should reply to the comment to clarify the information.
 - It is not required to respond to or to reply to a DMS comment in order to resubmit the application to DMS.

How does the user know if their application has been returned?

- User will receive Application e-mail notification and Dashboard notification.
 - On the 1.0 Basic Information Screen, the person named on the communication e-mail should be the application originator and/or the Officer/Owner/Board Member

How does the user know what information to update?

- DMS will leave comments; some comments will ask the user to update information on a screen.
- The user will then have to navigate to that screen to update that information.
 - DMS may also ask questions to clarify information, in that instance, the user will reply to a DMS comment.
 - Detailed steps for correcting and updating information as well as replying to a DMS comment can be found below.

What happens if the application is automatically returned?

- The application did not pass initial verifications, and the user needs to fix what is in Partner Portal or update the external source that Partner Portal uses to validate the application, such as SSN, CLIA, NPPES, licensing board.
- It is important to note that in this case, DMS has not reviewed the application. Review the notification text to determine what information needs to be corrected.

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Correcting Applications Returned by DMS

Items that have been returned by DMS can be found on the Dashboard.

- The item will be in Return to Provider status and can be edited.

Please note that failure to correct an application will result in the user's application being returned to them until the corrections are made.

Follow the steps below to correct an application and resubmit to DMS:

Action Required	Application Returned	Provider's application is incomplete. Application originator needs to review and resubmit to DMS within 15 business days. Failure to meet this deadline may result in this application's automatic withdrawal.	APP	6/2/2023 11:24:53 AM	06/23/2023	Dismiss
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1. Go to Application or Maintenance status, then select Review.

APP12363	Review	65 - Physician Group	Smith Medical Group	In Progress	Withdraw
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2. On the 9.0 Provider Review Screen, the user will see green boxes next to the sections where DMS left a comment. Click on the section to expand and see DMS Comments.

1.6 Additional Identifiers	Green boxes indicate DMS has left a comment in this section
1.7 Address Information	
1.8 Contact Information	
1.9 Language Information	
1.10 Bed Data (No Data)	
1.11 Locum Tenens (No Data)	
1.12 Teaching Facility (No Data)	
1.13 Telehealth Information (No Data)	
1.14 NTP Address Information (No Data)	
1.15 CLIA Information	
2.1 Specialties Information	
2.2 License Information	

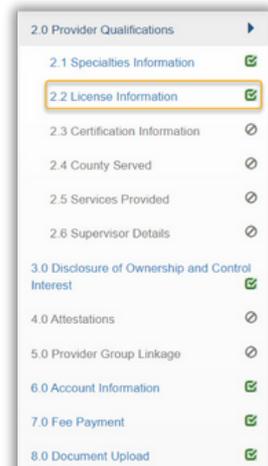
License Type	Issue State	License Number	Name	License Designation	License Effective Date	License Expiration Date	History
Health Board	Pennsylvania			Permanent	08/15/2021	08/15/2023	History

Section Comments

Iteration Number	Requested Date	Requested Comment	Reviewer	Response Date	Response Comment	Action
5	6/2/2023 11:16:06 AM	2.2 The effective date must match the license. 08-15-2022	Judea Clark			

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- After reviewing the comment, make any necessary updates to the user's application per DMS comments using the Navigation Menu to select the screen that needs to be updated.



- User will be taken to the screen to be updated. Once all updates are complete, **user must select Add to Grid before selecting Save & Next to save all changes and updates.**

- If user leaves a screen without clicking Save & Next, the information will not save!

The screenshot shows a form for updating license information. At the top is a table with the following data:

License Type	Issue State	License Number	Name	License Designation	License Effective Date	License Expiration Date	Action
Health Board	Pennsylvania			Permanent	08/15/2021	08/15/2023	 

Below the table are navigation buttons: First, Previous, Next, Last. (Page 1 of 1) Page: 1

The form fields are:

- License Type: Health Board (dropdown)
- Issue State: Pennsylvania (dropdown)
- License Number: (empty text field)
- Provider Name: Smith, Anne (text field)
- License Designation: Permanent (dropdown)
- License Effective Date: 08/15/2022 (calendar icon)
- License Expiration Date: 08/15/2023 (calendar icon)

Annotations:

- A yellow box highlights the 'License Effective Date' field in the table above, with an arrow pointing to the 'License Effective Date' field in the form below.
- A yellow box highlights the 'License Effective Date' field in the form, with a callout box containing the text: "Per DMS comments, the license effective date must match the license date of 08/15/2022".
- A yellow box highlights the 'Add To Grid' button.

At the bottom are three buttons: Exit, Back, and Save & Next.

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- To make additional updates, click on the corresponding section of the Navigation Menu and follow the aforementioned steps.
 - The user can always navigate back to the 9.0 Provider Review menu to look at DMS comments.
- Once all updates have been made, navigate to the 10.0 Submit screen and resubmit the application to DMS.
 - If all of DMS' questions are answered, the application will be processed. If DMS requires additional information, they will return the application again.

The screenshot shows the 'Submit' screen with a navigation menu on the left. The '10.0 Submit' menu item is highlighted. The main content area contains instructions for signing, a declaration, and input fields for 'Electronic Signature', 'Title', and 'Sign Date'. The 'Esign & Submit' button is highlighted with a red box.

Submit * = Required

- Enter your Name, Select Title from dropdown (Group and Entity only), Date will pre-populate with current date
- Click "E-Sign & Submit" to submit application for approval, "Back" to previous screen or "Exit" to return to the Dashboard
- If Group or Entity has an individual owner, the owner's signature is required
- If Group or Entity has no individual owner, an officer or board member's signature is required

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

The screenshot shows the 'Submit' screen with a navigation menu on the left. The '10.0 Submit' menu item is highlighted. The main content area contains a 'Submitting as' section with two radio button options: 'Credentialed Agent' and 'Authorized Delegate'. The 'Exit' and 'View MAP-811 PDF' buttons are visible.

Submit * = Required

* Submitting as:

Credentialed Agent – Send to Provider to Submit. Provider must log-in to Partner Portal and submit application.

Authorized Delegate – E-sign and Submit on behalf of the Provider (Requires Authorized Delegate form)

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Responding to DMS Comments

Sometimes DMS will ask for clarification by leaving a comment. In this case, the user should reply to the comment to clarify the information.

- Responding to a DMS comment does not update the application; rather, the user must update the information on the screen to update the application.

1. To reply to DMS comments, click Respond to open the Comments reply box.

Iteration Number	Requested Date	Requested Comment	Reviewer	Response Date	Response Comment	Action
2	6/21/2023 1:22:22 AM	6.0 Must upload a voided check that the bank has printed in formation, or upload a bank letter from the bank with the information on it.				
3	8/14/2023 10:01:16 AM	6.0 We cannot use a counter check to approve the EFT so we will need a bank letter uploaded.				

2. Type a response to the DMS comment request for clarification or additional information.
3. Click Add to Grid to save the response.
4. Repeat steps 1-3 to reply to additional DMS comments.
5. Click Save & Next on the 9.0 Provider Review screen to save all comment replies.
 - **If the user navigates away from the 9.0 Provider Review screen before clicking Save & Next, all comment replies will be lost.**
6. Once all required information has been correctly updated, navigate to 10.0 Submit screen to resubmit the application to DMS by stated deadline.