

Group/Entity User Guide

Kentucky Medicaid Partner Portal Application

October 2021



KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

OFFICE OF APPLICATION TECHNOLOGY SERVICES

MEDICAID SYSTEMS MANAGEMENT BRANCH

Screenshots contain fictitious data and are included for informational purposes only.

DOCUMENT CONTROL			
Version Control			
Document Title	Group User Guide	Project	KY MPPA
Repository Link / Filename	https://teams.microsoft.com/file/E50C6A5E-B26B-49A9-BC86-08FBB483BCDC?tenantId=d77c7f4d-d767-461f-b625-0628792e9e2a&fileType=docx&objectUrl=https%3A%2F%2Fkymsoffice.sharepoint.com%2Fsites%2FCHFSOATSDDITrainingTeam-MSTeams%2FShared%20Documents%2FMPPA%2FUGGroupEntityUserGuideV2-Draft.docx&baseUrl=https%3A%2F%2Fkymsoffice.sharepoint.com%2Fsites%2FCHFSOATSDDITrainingTeam-MSTeams&serviceName=teams&threadId=19:70b7824fcafc427f91a6eeadd9915ce7@thread.skype&groupId=d8474688-0fe3-4efa-a174-08c0bebde2b2		
Revision History			
Version	Date	Author	Comment
1.0	Unknown	Sam Barber	
2.0	8/2020	Christy Hildebrandt	
3.0	10/	Christy Hildebrandt	Updates to screen shots and materials based on recently enacted CRs.

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Introduction

Kentucky Medicaid Partner Portal Application Introduction

The Kentucky Medicaid Partner Portal Application (KY MPPA) is a web-based application that streamlines and expedites Kentucky Medicaid's process of applying to become a new Medicaid Service Provider as well as allows the user to perform maintenance and revalidations on existing Kentucky Medicaid IDs. KY MPPA supports all phases of a Provider's enrollment in the Kentucky Medicaid program and makes the entire process much more user friendly. Users can submit all required information to the Kentucky Department for Medicaid Services (DMS) electronically and securely, eliminating the need for mailing paper applications.

With KY MPPA, Providers can securely assign or remove designated individuals, known as Credentialing Agents, to manage their Medicaid enrollment and/or maintenance with a few simple clicks. Credentialing Agents can then forward applications to Providers for review, electronic signature, and submission to DMS.

For the Provider, this means that DMS can more efficiently respond to Providers or Credentialing Agents with comments, notifications, and correspondence, including notification of final decisions on enrollment and maintenance items. Visit the KY MPPA website periodically for updated KY MPPA information and access to additional enrollment and training resources.

User Guide Overview

The purpose of this user guide is to deliver general information and guidance for using KY MPPA to enroll as a Medicaid Provider and maintain a Medicaid ID.*

Step-by-step instructions are provided on the following topics:

- Apply to become a new KY Medicaid Service Provider.
- Perform maintenance on your KY Medicaid ID.
- Perform revalidation on your KY Medicaid ID.
- Act on behalf of a Provider as a Credentialing Agent to perform new enrollment or maintenance.

**Two user guides are available; one for Individual Providers and one for Group/Entity Providers to more closely depict the screens and fields each category will view. Credentialing Agents should choose a user guide based on the provider category they are enrolling or maintaining.*

User Guide: Layout

This user guide is specifically designed for Providers or Credentialing Agents to locate information quickly when needed.

Inside this guide you will find the same numbering/naming conventions used in KY MPPA, making it easier to lookup step-by-step instructions when completing an enrollment application. For example, section 1.1 Basic Information in the user guide matches the **1.1 Basic Information** section in KY MPPA.

The opening chapters provide high-level information about KY MPPA benefits, functionality, processes and other general knowledge items.

Subsequent chapters, starting with the new enrollment information, provide in-depth information on the three primary pieces of functionality found in KY MPPA:

- New Enrollment
- Maintenance
- Revalidation

Final chapters include the Table of Figures, Glossary and Additional Reference Materials.

User Guide: Icons

This user guide incorporates **icons** as shown below, to alert users to specific types of information.

The icon descriptions are as follows:

	Key takeaways are essential to using KY MPPA properly and will be included in the Chapter Summaries section. If you need to know just the basics of KY MPPA to get you up and running, remember these takeaways.
	Helpful tips can enhance your use of KY MPPA whenever you see the bullseye.
	The time icon will display when an action is time sensitive.
	Chapter summaries are marked with this icon. Summaries contain highlights and key takeaways from each chapter.
Gray boxes highlight important regulatory or policy information related to KY MPPA processing.	

Kentucky Medicaid KY MPPA Application Benefits

With KY MPPA, users have access to on-line instruction, secure login, data verification, increased accuracy due to field messaging, application fee payment processing, document upload capability, electronic signature, online correspondence and notifications, and streamlined processing.

The online process is intuitive, user-friendly, and easy to manage, with the assistance of these helpful tools. KY MPPA screens display fields and functionality that align specifically with each Individual, Group, or Entity provider category, in combination with the selected provider type.

KY MPPA offers unprecedented benefits to Kentucky providers as follows:

KY MPPA Feature	KY MPPA Benefit
Electronic Application Completion and Submission	<p>KY MPPA's electronic submission and review of new enrollment, maintenance, revalidation, reinstatement, reapplication, or change of ownership (CHOW) applications reduces burden on providers to enroll and maintain KY Medicaid IDs. Benefits of this functionality include:</p> <ul style="list-style-type: none"> • The Provider Dashboard organizes Applications, Medicaid IDs, and Correspondence into easily searchable and sortable content. • Electronic processing and storage of personal information, documentation and correspondence provides security and easy accessibility. • Automated workflow expedites processing times and reduces delays by alerting providers to errors and invalid items that do not meet policy requirements. • Improved storage and retrieval of provider information. • Automated reminders around key tasks (e.g. upcoming revalidation).
Electronic Documentation Submission	<p>KY MPPA's document upload functionality allows users to upload documents and electronically attach them to the application, maintenance, revalidation, reinstatement, reapplication, or CHOW submission. Benefits of this functionality include:</p> <ul style="list-style-type: none"> • Avoidance of delays due to incomplete applications: All documentation must be received before an application can be reviewed. • Eliminates a large part of the effort and time devoted to the transmission and storage of paper documentation, and provides instant access to information.
Electronic DMS Review	<p>DMS uses KY MPPA to review applications submitted by providers for new enrollment and all maintenance of KY Medicaid IDs. Benefits of this functionality include:</p> <ul style="list-style-type: none"> • Reduction of possible errors that previously caused wait times during manual validations.
Electronic DMS Comments, Notifications and Correspondence	<p>DMS uses KY MPPA to respond electronically to providers. Benefits of this functionality include:</p> <ul style="list-style-type: none"> • Comments, notifications and correspondence are sent securely online and provides instant access to all forms of communication.

Contact Center

If you have a policy or technical question about new enrollment or any type of maintenance, including reapplication, reinstatement, revalidation, change of ownership, or voluntary termination of a Kentucky Medicaid ID, you can call the Contact Center to speak to a customer service representative.

The Contact Center is open Monday – Friday 8:00 am EST – 5:00 pm EST, with the exception of state government holidays. Please select the correct extension based on the issue you are reporting:

KY MPPA Contact Center Phone: 877-838-5085 Website: KY MPPA Website Hours: 8:00 am – 5:00 pm		
Description	Phone	Email
Technical support for: <ul style="list-style-type: none"> • KY MPPA Access Issues • KY MPPA Technical issues • Remote Identity Validation Issues • Credentialing Agent Management • 	877-838-5085 Extension 1, 1	medicaidpartnerportal.info@ky.gov
Program or Policy Inquiries. <ul style="list-style-type: none"> • KY MPPA Policy and Procedures 	877-838-5085 Extension 1, 2	

Information that will be requested if calling Contact Center.....

Credentialing Agent

Information requests:

- First/Last Name
- Agency/Organization name
- VIP Token (*as required*)

Linking to Provider Medicaid ID:

- Information request items from above
- Provider Social Security Number (SSN)
- Provider Medicaid ID
- Credentialing Agent email address

Organization Management Application

Invitation:

- Information request items from above
- Group Federal Employer Identification Number (FEIN)
- Group Medicaid ID
- Credentialing Agent email address

Providers

Information requests:

- First/Last Name
- Agency/Organization
- Medicaid ID (*as required*)

Link to Own Medicaid ID (initial account setup):

- Information request items from above
- Provider SSN
- Provider email address

Information that will need to be included if emailing Contact Center.....

- First and Last Name
- Brief description of the issue
- Screen prints

Information needed if emailing about a new Enrollment Application or Maintenance-related action:

- Provider First and Last Name
- NPI
- Application number, Maintenance item number or Revalidation item number
- Organization name



If the Provider does not have a KY Medicaid ID or does not know their Medicaid ID, the Contact Center will only be able to discuss general KY MPPA navigation. They will not be able to provide any specific information regarding application or data.



If the email request for assistance does not include the required information, the email will be returned.

System Requirements

Software Requirements

- VIP Software: This is required for all internal and external users to log on to Kentucky Online Gateway (KOG) and access in the KY MPPA (Partner Portal) application.
- Web Browsers:
 - Internet Explorer (11 or above)
 - Chrome (60.0.3112 or above)
 - Firefox (52 and above)
 - Safari (11 and above)

Hardware Requirements

The following requirements are the same for internal and external users for KY MPPA:

- 800 X 600 resolution or higher

Name	Requirements
Windows	Windows 7 enterprise or above
Processor	Intel core i3 or above, 2.7GHz
RAM	4 GB or above
System Type	32 Bit or above
Screen Resolution	800 X 600 or higher

Links

Below is a listing of links that are useful in finding the KY MPPA website, KY MPPA training, KOG and many more sites.

[KY MPPA Website](#)

[KY MPPA Training Website](#)

[CHFS Department for Medicaid Services](#)

[Kentucky Online Gateway \(KOG\)](#)

[National Plan and Provider Enumeration System \(NPPES\)](#)

[Newsletters and Release Notes](#)

[Provider Type Summaries](#)



Chapter Summary: Introduction

- Kentucky Medicaid Partner Portal Application (KY MPPA) is a web-based application that streamlines and expedites Kentucky Medicaid's process of applying to become a new Medicaid Service Provider.
- KY MPPA supports all phases of a Provider's enrollment and continued participation (application, maintenance, revalidation, renewal, Change of Ownership, etc.) in the Kentucky Medicaid program.
- This User Guide's purpose is to deliver general information and guidance for using the KY MPPA to enroll as a Medicaid Provider and maintain a Medicaid ID.
- The User Guide's layout is designed for Providers or Credentialing Agents to locate information quickly to aid in using the KY MPPA.
- The numbering convention used in the KY MPPA **New Enrollment** screens match the numbering used in the **Table of Contents**, making it easier to find step-by-step instructions for each screen when completing an application.
- The User Guide incorporates icons as shown below, to alert users to specific types of information:
 - The icon descriptions are as follows:



Key takeaways are essential to using KY MPPA properly and will be included in the **Chapter Summaries** section. If you need to know just the basics of Partner Portal to get you up and running, remember these takeaways.



Helpful **tips** can enhance your use of KY MPPA whenever you see the bullseye.



The **time** icon will display when an action is time sensitive.



Chapter summaries are marked with this icon. Summaries contain highlights and key takeaways from each chapter.

Gray boxes highlight important regulatory or policy information related to KY MPPA processing.

- KY MPPA benefits users by providing access to on-line instructions, secure login, data verification, increased accuracy (due to field messaging), application fee payment processing, document upload capability, electronic signature, online correspondence and notifications, and streamlined processing.
- The Contact Center is available Monday – Friday from 8:00 am – 5:00 pm (EST), with the exception of state government holidays. The Contact Center can be reached at 877-838-5085. Extension 1 is for Technical support and Extension 2 is for Program and Policy Inquiries.
- Software and hardware requirements
- Links to valuable websites listed. Sites included are: KY MPPA Website, KY MPPA Training, CHFS Department for Medicaid Services, Kentucky Online Gateway (KOG), National Plan and Provider Enumeration System (NPPES), Newsletter and Release Notes, and Provider Type Summaries.

Roles and Responsibilities

Roles and Responsibilities Introduction

There are four roles an individual can have within KY MPPA. Each role has specific responsibilities in the application, maintenance and revalidation process for Providers.

There is an additional role available for managing a credentialing agent organization or additional credentialing staff outside of KYMPPA called the Organization Administrator. This user will have access to an additional system application called the Organization Management Administrator. This user will have the ability to invite and allow others to be linked or delinked to a Provider with a KY Medicaid ID and work on their behalf. Please reach out to The Contact Center for more information and to see if this role applies to you and your organization.

Role Descriptions

KY MPPA	
Role	Definition
Provider	An individual that assists Medicaid recipients by providing medically necessary services.
Owner*	A person or entity who has a % of possession of equity in the capital, the stock, or the profits of the entity.
Credentialing Agent	A person who works on behalf of a Provider to enter and update the Provider's information.
Credentialing Agent Admin Manager	A designated person within a credentialing organization or a large hospital that will be able to access and perform Administration options.

*A legally authorized Officer or Board Member can fulfill this role within KY MPPA.

Organization Management Application (OMA)	
Role	Definition
Organization Administrator	A designated person that will have the ability to invite and allow others to be linked or delinked to a Provider with a KY Medicaid ID and work on their behalf.
Relationship Manager	Designated Department for Medicaid Services (DMS) staff individual that will assign the initial Organization Administrator in the Organization Management Application (OMA) for each organization.

Responsibilities

Provider Role: Has the ability to create an application for enrollment, perform a maintenance item or revalidation for their data. The Provider has full account access and is the main contact for their information within KY MPPA. The Provider has the ability to review, e-sign and submit a new enrollment, maintenance or revalidation to DMS for approval.

Owner, Officer or Board Member Role: Has the ability to create an application on behalf of an organization for enrollment or perform a maintenance item or revalidation on their behalf. The Owner, Officer or Board Member has full account access and is the main contact for their information within KY MPPA. The Owner, Officer or Board Member has the ability to review, e-sign and submit a new enrollment, maintenance or revalidation to DMS for approval.

Credentialing Agent Role: Has the ability to perform on behalf of a Provider or Owner by starting a new enrollment application or performing a maintenance action or revalidation. The Credentialing Agent Role requires account access, which grants the ability to enter/update information, review items and be the main contact for the Provider's account. The Credentialing Agent with this role can act as a Non-Delegate or as an Authorized Delegate.

- **Non-Delegate:** Performs all duties of a Credentialing Agent. All information entered by the Credentialing Agent into KY MPPA must be sent to the Provider to review, e-sign and submit to DMS for approval. Once the Credentialing Agent role is assigned, the Credentialing Agent is automatically a Non-Delegate.
- **Authorized Delegate:** Performs all duties of a Credentialing Agent. The Credentialing Agent Authorized Delegate has the ability to enter/update information, review items, and also e-sign and submit to DMS for approval on behalf of the Provider.
 - In order to act as an Authorized Delegate, the Credentialing Agent must have an Authorized Delegate Form completed and signed by the Provider. The form will be uploaded into KY MPPA prior to the Credentialing Agent electronically signing and submitting the application/action to DMS.

Credentialing Agent Admin Manager: Has the ability to access Administration options within KY MPPA to manage Credentialing Agent workload (reassign items from one Credentialing Agent to another). The Credentialing Agent Admin Manager role is assigned via an invitation from Organization Management Application (OMA). The Credentialing Agent Admin Manager can perform Credentialing Agent duties if also assigned the Credentialing Agent role.

Roles/Responsibilities within the Organization Management Application (OMA)

Organization Administrator (Org Admin): The initial Org Admin must be assigned by a DMS Relationship Manager. Once assigned, the initial Org Admin will be able to invite other Org Admins to the organization by sending an invitation through OMA.

Providers and Owners (Officer or Board Member) are assigned as Org Admin's for their accounts upon approval of their Medicaid ID by DMS (new enrollment) or linking to their existing Medicaid ID within KY MPPA.

The primary functions of the Org Admin are to:

- Invite Credentialing Agents to join KY MPPA and link to the Group Medicaid ID by sending them an invitation from OMA.
- Delinking/removing Credentialing Agents from their Organization by delinking them within OMA.

Note: The Org Admin cannot perform Credentialing Agent functions without also being assigned the Credentialing Agent role. The Credentialing Agent role is assigned once the Credentialing Agent is linked to a KY Medicaid ID. See the Linking chapter for more on how a Credentialing Agent is linked to a KY Medicaid ID.

A KY MPPA user can have multiple roles. The user can have a Credentialing Agent, Credentialing Agent Admin Manager Role and Org Adm role or any combination of the three roles.

Relationship Manager: A member of the DMS that assigns the initial Organization Administrator for groups. This is the only function of a Relationship Manager.

Linking within KY MPPA

Types of Linking

There are two primary types of linking within KY MPPA. The first type of linking grants access to a Provider's Medicaid ID so a KY MPPA account user can do work on behalf of the Medicaid ID. The second type of linking connects an Individual Medicaid ID to a Group Provider's Medicaid ID for billing purposes.

- Individual Linking Medicaid ID to KY MPPA Account user
 - a) New Enrollment application
 - b) Linking Grid upon 1st or 2nd log into KY MPPA
 - c) Contact Center assistance
- Linking a Medicaid ID to a Medicaid ID
 - a) Linking an Individual Provider Medicaid ID to a Group Medicaid ID
 - b) Linking a Group Medicaid ID to an Individual Medicaid ID

Linking an Individual Provider with their KY Medicaid ID

In order to conduct work on behalf of an individual, group or entity Medicaid ID, the Provider's or CA's KY MPPA account must be linked to the Medicaid ID. **Note:** Once a KY MPPA Account is linked to a group Medicaid ID they will get access to all the individual Medicaid ID's in that group.

- **Enrollment applications** - when an enrollment application for a new KY Medicaid ID is approved, the user who completed the application is linked. (See Figure 1)



Figure 1: Provider KY Medicaid ID Issued (New Enrollment)

- **Linking Grid** - when a Provider or CA logs into KY MPPA for the first or second time a linking grid will appear. Any existing Medicaid ID that has the same email address on file as the email address used to create the KOG account will be listed. Provider/CA will select the Medicaid IDs that they still desire to be linked with.
 - Check the boxes of the IDs that belong to the Provider under the **Mine** column. (Figure 2)
 - If all the Medicaid IDs listed belong to the Individual Provider, *click* the box under **Mine** in the column header. (See Figure 2)
 - If some of the Medicaid IDs belong to the Individual Provider, *select* the ones that apply.
 - If none of the listed Medicaid IDs belong to the Individual Provider, *click* "**None of the Medicaid IDs are mine**" below the association table.

- Select whether linking as the **Provider** or **Credentialing Agent** by *clicking* the box in the appropriate column.
- **Click Submit.**

The screenshot shows the 'KY Medicaid Provider Number Association' screen. It features a table with columns: Mine, Business/Provider Name, Physical Address, Provider Type, Medicaid ID, NPI, Provider/Owner, and Credentialing Agent (CA). Two rows of data are visible, with checkboxes in the 'Mine' column and role selection columns. A callout box explains that users should select 'Mine' for all associated IDs. Another callout explains the role selection process. A third callout points to the 'NONE of the Medicaid IDs are mine' checkbox, stating it should be selected if no IDs belong to the provider. The 'Submit' button is highlighted in red.

Figure 2: KY Medicaid ID – Linking Medicaid ID to KY MPPA Account

The User will then be presented with the Confirm Submit screen. (See Figure 3)

- Confirm selection of the KY Medicaid Provider Numbers and role.
 - **Click Yes** to continue. Selections cannot be deleted once **Yes** is clicked.
 - **Click No** to return to the linking screen.

The screenshot shows a 'Confirm Submit' dialog box overlaid on the linking screen. The dialog box contains the text: 'Are you sure that the selected Medicaid IDs are yours? Upon clicking "Yes", you cannot deselect the previous selections. Please confirm:'. Below the text are two buttons: 'No' (orange) and 'Yes' (blue).

Figure 3: KY Medicaid ID Confirm Submit

Note: If the Individual Provider’s KY Medicaid ID is not associated with the email address used to set up the KY MPPA account, the Individual Provider will only be presented with the **KY Medicaid Provider Number Confirmation** screen. (See Figure 4)

The screenshot shows a web form titled "KY Medicaid Provider Number Confirmation" with a help icon and "* = Required" indicator. Below the title is the subtitle "Introduction to Kentucky Medicaid Provider Enrollment Portal". The main question is "* Do you have any Existing KY Medicaid Provider Number(s)?" with radio buttons for "Yes" and "No". At the bottom of the form are two buttons: "Exit" on the left and "Save & Next" on the right.

Figure 4: KY Medicaid Provider Number Confirm Submit

Answer the question “**Do you have any Existing KY Medicaid Provider Number(s)?**”

- If the Individual Provider does not have an existing Medicaid ID, *click No* and **Save & Next**.
 - The Provider will be directed to the KY MPPA Dashboard.
- If the Individual Provider does have existing KY Medicaid IDs but all were linked on the previous linking screen and no more need to be linked, *click No* and **Save & Next**.
 - The Provider will be directed to the KY MPPA Dashboard.
- If the Individual Provider does have existing Medicaid ID(s) that still need to be linked, *click Yes* and **Save & Next**.
 - The Provider will receive a message instructing them to reach out to the Contact Center for assistance with linking to their KY Medicaid IDs.
 - *Click Next* to continue to the KY MPPA Dashboard.
- **Contact Center Assistance** - if the Provider or CA is not given the opportunity to link to their existing KY Medicaid IDs during account set up, then call the Contact Center 877-838-5085, choose option 1 for Provider Enrollment then option 1 again for Technical Support.

Note: If more than 10 Medicaid IDs need to be linked see below for linking multiple Medicaid IDs.

Linking instructions can be found for linking more than 10 Medicaid IDs at a time on the KY MPPA Training webpage or by calling the Contact Center at 877-838-5085 option 1 for Provider Enrollment, then option 1 again for Technical Support. Completing the authorization letter and spreadsheet then emailing them to MedicaidPartnerPortal.info@ky.gov will be necessary to complete the request.

Linking a Medicaid ID to a Medicaid ID

There are two main ways to achieve Linking a Medicaid ID to a Medicaid ID. Medicaid IDs are linked for the primary purpose of billing. Linking authorizes the Group to bill and receive payments for services rendered on behalf of the Individual Provider Medicaid ID or a Group Medicaid ID.

Linking an Individual Provider Medicaid ID to a Group Medicaid ID – the KY MPPA Account user will initiate the linkage for an Individual Medicaid ID. Because the Individual Provider is signing the application, they are authorizing payment to the Group on their behalf and a copy of the MAP-347 is not required to be uploaded. (See Figure 5)

- Go to the **5.0 Provider Group Linkage** screen
- **Enter Group Medicaid ID**
- **Enter Group FEIN**
- **Select Search**, proceed with next step if Provider is found
- **Select Add**

Dashboard Application Maintenance Correspondence DMS Review Administration Search Reporting 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

Linking to a Group

- If you are not linking to any group, press "Save and Next" to continue
- If you are linking to a group you are authorizing the group to receive payments for your services billed through that group
- Click "Add" if you wish to link to group, "Edit" to change the linkage of a group, "Remove" to delete linkage to a group
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record

Group Medicaid ID Group FEIN

Search Clear

Add

Group Medicaid ID	Group FEIN	Group Name	Group Linkage Effective Date	Action
No records found				

Exit Back Save & Next

Figure 5: Provider Group Linkage

Linking a Group Medicaid ID to an Individual Medicaid ID – If a KY MPPA user from the Group initiates the linkage, they will need to enter the Individual's Medicaid ID and Individual's National Practitioner Identifier (NPI) on the **1.5 Add Group Members**. (See Figure 6)

- **Enter Provider Medicaid ID**
- **Enter Provider NPI**
- **Select Search**
- **Select Add**, if you wish to link the Individual Medicaid ID to the Group Medicaid ID
- **Enter Provider Linkage Effective Date**

Or

If the **Provider's Medicaid ID** *does not* pull up through the Search feature (See Figure 7)

- **Select Add**
- **Enter Provider Medicaid ID**
- **Enter Provider Linkage Effective Date**
- **Select Verify Provider Medicaid ID**
- **Select Add to Grid**

Note: Form MAP-347 will be required on the 8.0 Document Upload screen when an Individual Medicaid ID is linked to a Group Medicaid ID on the Group Medicaid ID file in section 1.5 Add Group Members screen.

Note: If the Group CA performs the linkage on behalf of the group Medicaid ID, then the CA will be linked to the Individual Provider Medicaid ID and can perform work on behalf of the individual Provider.

Add Group Members * = Required

- A group must contain at least one group member
- All members must have an active Provider Medicaid ID to proceed
- Click "Add" if you wish to add group members. "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add record to the grid, "Discard" to not save the record

Provider Medicaid ID Primary NPI

Search Clear

Add

Provider Medicaid ID	NPI	Provider Name	Provider Linkage Effective Date	Action
No records found				

Exit Back Save & Next

Figure 6: Linking Individual Medicaid ID to Group Medicaid ID (1.5 Group Members)

- 1.0 Administrative Information ▶
- 1.1 Basic Information ✓
- 1.2 Tax Information ✓
- 1.3 NPI Information ✓
- 1.4 Taxonomy Information ✓
- 1.5 Add Group Members ✎
- 1.6 Additional Identifiers ⌵
- 1.7 Address Information ⌵
- 1.8 Contact Information ⌵
- 1.9 Language Information ⌵
- 1.10 Bed Data ⌵
- 1.11 Locum Tenens ⌵
- 1.12 Teaching Facility ⌵
- 1.13 Telehealth Information ⌵
- 1.14 NTP Address Information ⌵
- 2.0 Provider Qualifications ▶
- 3.0 Disclosure of Ownership and Control Interest ⌵
- 4.0 Attestations ⌵

Add Group Members
ⓘ ⌵ * = Required

Provider Medicaid ID

Primary NPI

Provider Medicaid ID	NPI	Provider Name	Provider Linkage Effective Date	Action
7100	14	nanji	05/01/2021	<input type="button" value="✎"/> <input type="button" value="✖"/>

First Previous Next Last (Page 1 of 1) Page: 1 ▼

* Provider Medicaid ID

* Provider Linkage Effective Date

Figure 7: Linking Group Medicaid ID to Individual Medicaid ID (1.5 Add Group Members – Expanded)

User Guide

Group User Guide Version 3

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System Navigation

This chapter walks through the basic functionality of the system and helpful navigation tips. Once a user becomes familiar with the layout of the screens and functionality of the system, navigating KY MPPA is intuitive and easy to use.

Kentucky Online Gateway (KOG)

Kentucky Online Gateway (KOG) is Kentucky's secure online gateway for users requesting access to the **KY Medicaid Partner Portal Application (KY MPPA)**. Providers and Credentialing Agents must set up their own personal account in KOG in order to access their information in **KY MPPA**. For more information on setting up a KOG account refer to the KY MPPA Training website, locate the Account setup/Log in title on the right hand side of the page and then select the Job Aid titled: JA_KOG_OnboardingTipSheet.

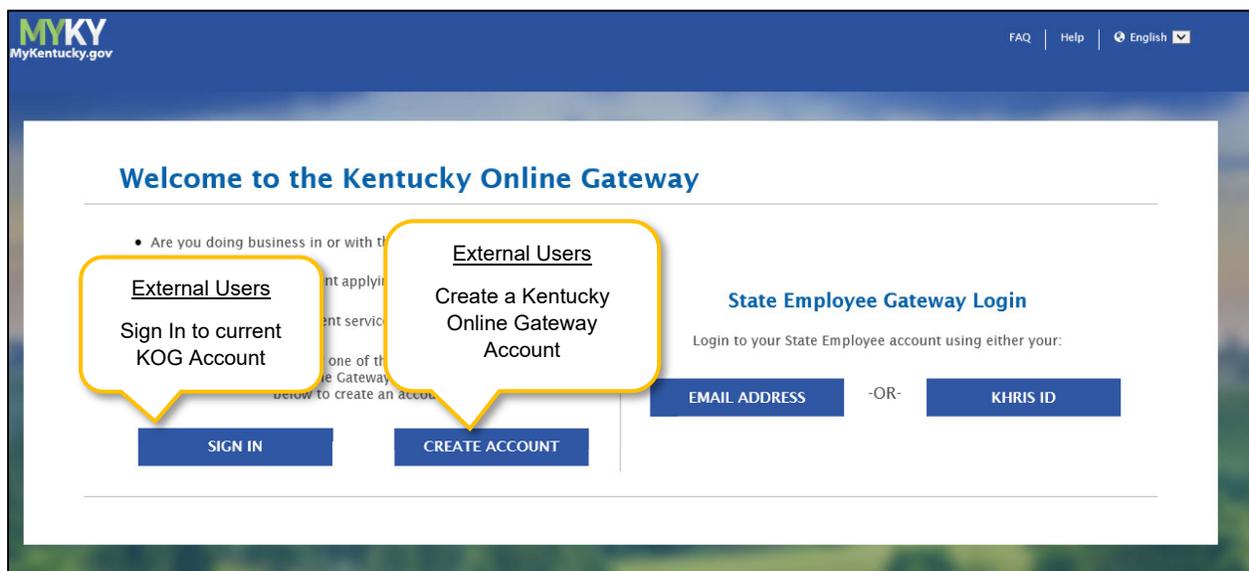


Figure 8: Kentucky Online Gateway Sign In Screen (Create An Account)

External users will use the left side of the KOG Welcome screen

- Select **Sign In** if currently have a KOG account set-up
- If no KOG account has been set up, select **Create Account**

Internal users (State Employees) will use the right side of the KOG screen

- Select **Email Address** to sign in with work email address (example john.smith@ky.gov email address)
- Select **KHRIS ID** to sign in with ID credentials

Enter the **Username** and **Password** for KY MPPA and *click* **Log in.** to proceed to the **My Apps** screen.

Access Kentucky Medicaid Partner Portal Application (KY MPPA)

On the **My Apps** screen, you will see the app tile with the link to launch **KY MPPA (Partner Portal)**.

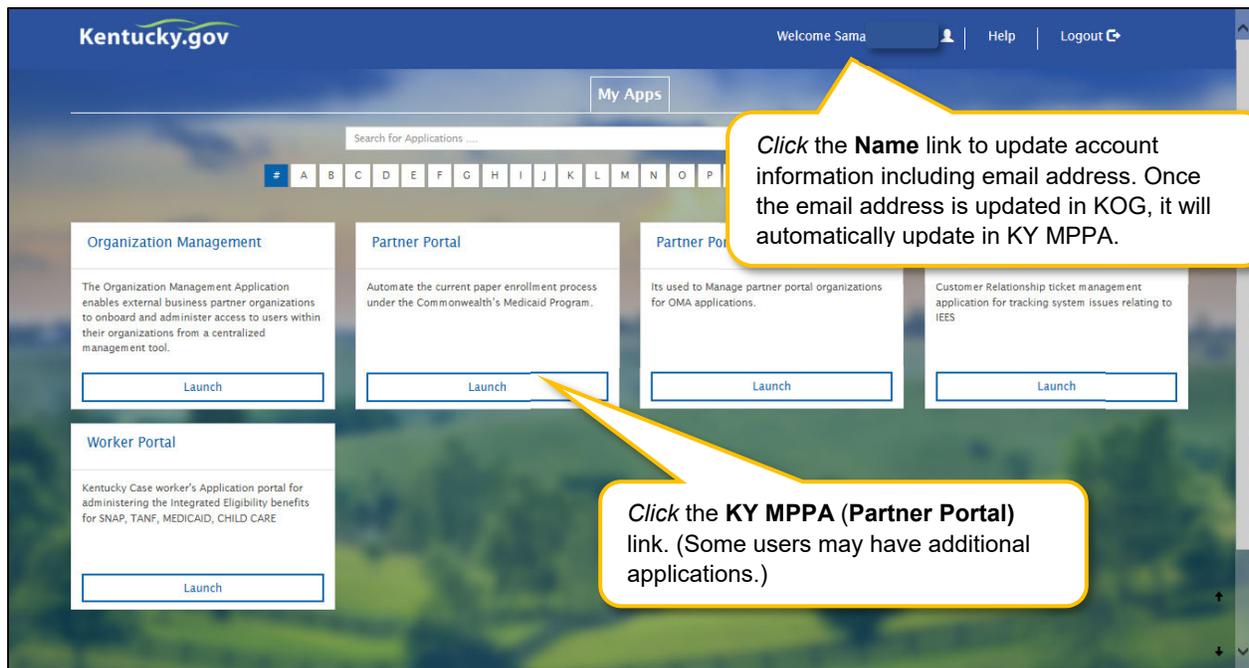


Figure 9: Kentucky Online Gateway (My Apps Screen)

Click the launch button in the KY MPPA (Partner Portal) app tile to proceed to the **Multi-Factor Authentication (MFA) Screen**.

NOTE: From the **KOG Homepage**, you can click the **Name** link to update account information, including updating your email address. KOG and KY MPPA synchronize; updating the email address in KOG will update it in KY MPPA. Once the email is updated, you will use the new email as your username to log in to KOG and access KY MPPA. Multi-Factor Authentication

Multi-Factor Authentication

Multi-Factor Authentication (MFA) is required every time a user logs into KY MPPA. **MFA** is a method of access control; a user is granted access only after successfully entering a security code.

A **VIP Access Token (MFA Credential ID)** must be installed on the desktop and/or mobile phone to generate the security code.

The **VIP Access Token** must be registered before proceeding to the next step.

The screenshot shows the 'Multi-Factor Authentication' page on the Kentucky Online Gateway. At the top, there are navigation links for 'Welcome', 'My Account', 'Sign Out', 'Help', and 'English'. The main content area is titled 'Multi-Factor Authentication' and includes a 'Registered Tokens' table with columns for 'MFA Credential ID', 'MFA Credential Nickname', and 'Credential Type'. One token is listed with ID 'VSST****2135' and nickname 'Indi Laptop'. Below the table is an 'Add / Remove Token' button. The 'Authentication Required' section explains that additional authentication is needed and provides options for authentication methods. A 'Continue' button is visible. A callout bubble points to the 'Continue' button with the text: 'Copy and paste or type in the Security Code from the VIP Access Token into the MFA screen. Click Continue.' Another callout bubble points to a link that says 'I don't have access to my Security Token' with the text: 'Click the "I don't have access to my Security Token" link if the security code is unavailable or lost.' A third callout bubble points to a 'Security Code' field on the MFA screen with the text: 'Make sure the timer has enough time left on the clock to copy and paste the Security Code into the MFA screen.' A fourth callout bubble points to a 'copy' icon on the Security Code field with the text: 'Click to copy the Security Code and paste it into the MFA page.' An inset image shows a mobile device displaying the 'VIP Access' app with a 'Credential ID' of 'VSST 2135' and a 'Security Code' of '213523' with a 25-second timer. The app also features a 'copy' icon and the Symantec logo.

Figure 10: Multi-Factor Authentication Screen

On the **MFA** screen, enter the security code from the **VIP Access Token** installed on your desktop or mobile device.* Copy and paste (or type) the security code from the token by clicking the **copy** icon and paste it into the field on the **MFA** screen.

Note: When the thirty-second timer runs out of time the current security code expires (before entry on the MFA page). If this occurs before beginning entered on the MFA page, a new security code will generate for your use.

**In some cases, users may need help from their IT departments to get administrative rights to install the token. Another option is to install the token on a mobile device. Mobile tokens are recommended for users who work on more than one computer/device.*

Then *click* **Continue** to proceed to the **Terms of Use Screen**.



In some cases, users may need help from their IT department to install the token. Another option is to load the token onto a mobile device.



When the **VIP Access Token** thirty-second timer runs out of time, the current security code expires (before entry on the Multi-Factor Authentication page); a new security code will generate for your use.



Multi-Factor Authentication (MFA) is required every time a user logs into KY MPPA.

Terms of Use

This screen informs the user that the system they are accessing contains U.S. Government information that is restricted to authorized users only. The user will need to *click **Accept*** to continue to the **KY MPPA Welcome** screen. If the user does not wish to accept the terms of agreement, *click **Reject*** to *exit* the system.

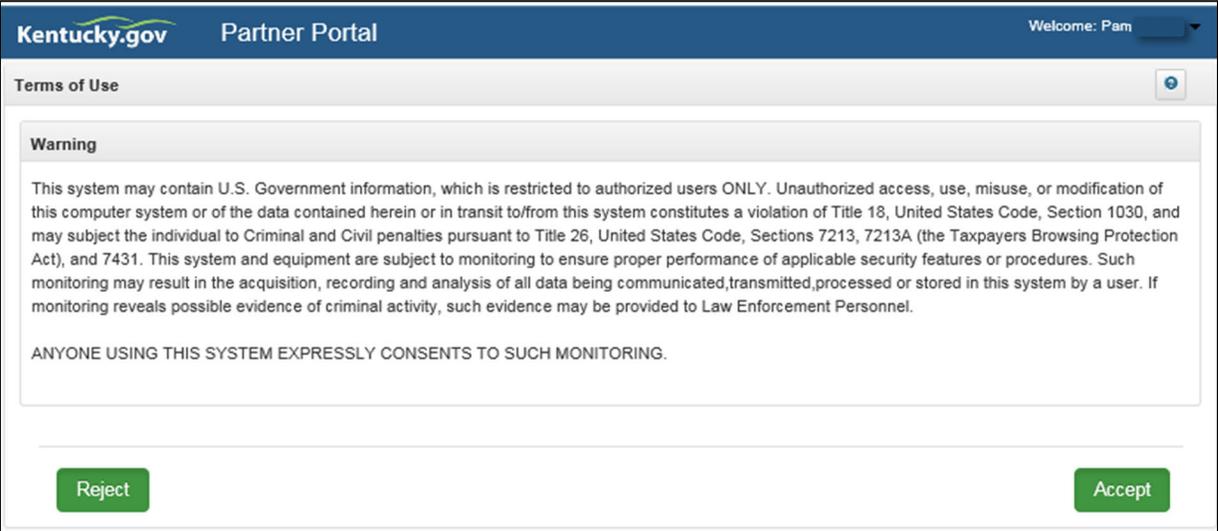


Figure 11: Terms of Use Screen

KY MPPA Welcome Screen

The **Welcome** screen provides links to information that will answer questions that may arise while using KY MPPA. Links to topics such as provider type requirements, necessary documentation, and training materials are available. After visiting the links of your choice, *click* **Next** to continue or *click* **Exit** to *exit* the system.

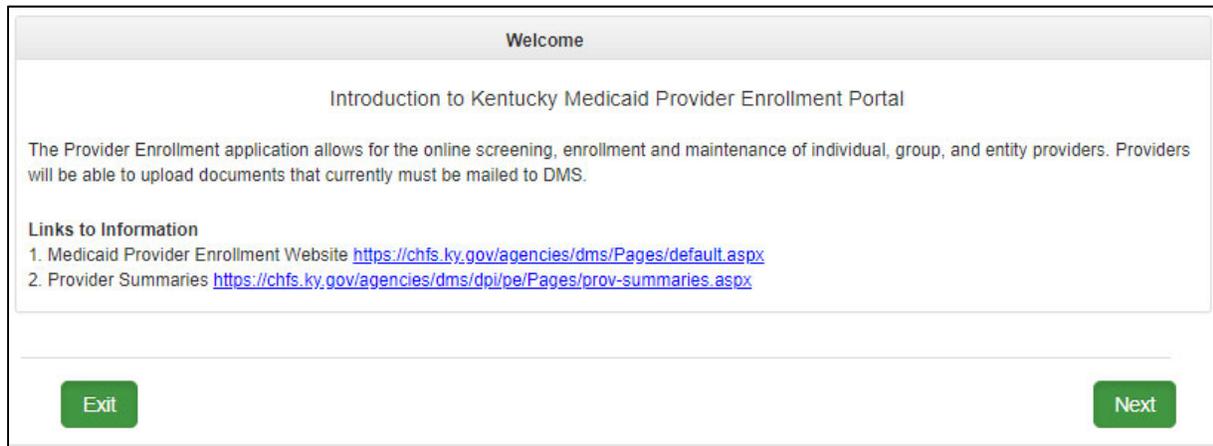


Figure 12: Partner Portal Welcome Screen



Bookmark these links and refer back to them as needed. While this screen will appear each time you log into KY MPPA, you cannot navigate back to this screen during a KY MPPA session.

Kentucky Medicaid Provider Number Confirmation

The Kentucky Online Gateway (KOG) associates Medicaid IDs with the Owner/Officer email address used to set up their personal KOG account. This creates their access to KY MPPA.

If a Group/Entity has an existing KY Medicaid ID Number, this number must be associated with their KOG email address using the KY Medicaid Provider Number Confirmation Screen. *(Some Providers have already had their Medicaid ID associated with their email address.)*

If you need help with your Medicaid Provider Number and email address association, use the **KOG Onboarding Quick Reference Guide** found on the KY MPPA website or call the KY MPPA Contact Center at 877-838-5085 ext. 1, 1.

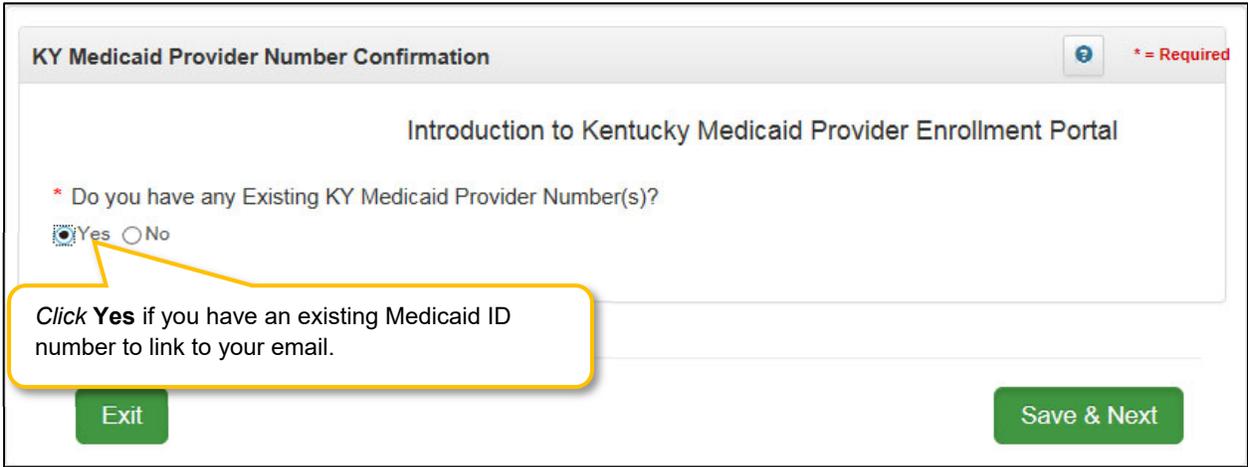


Figure 13: KY Medicaid Provider Number Confirmation

User Menu

Once a user logs into KY MPPA, the **Home Page** will display with the **User Menu**, **Main Menu** and **Dashboard**. The **User Menu** is located in the top-right corner of the screen.



Figure 14: KY MPPA User Menu

Click the arrow to open the drop-down containing the following information:

- **About:** About KY MPPA.
- **Application Help:** Link to training materials.
- **Contact DMS:** Contact Center phone number and email.
- **Sign Out:** Click to sign out of application.

Main Menu

The **Main Menu** is located along the top of KY MPPA's **Home Page**.

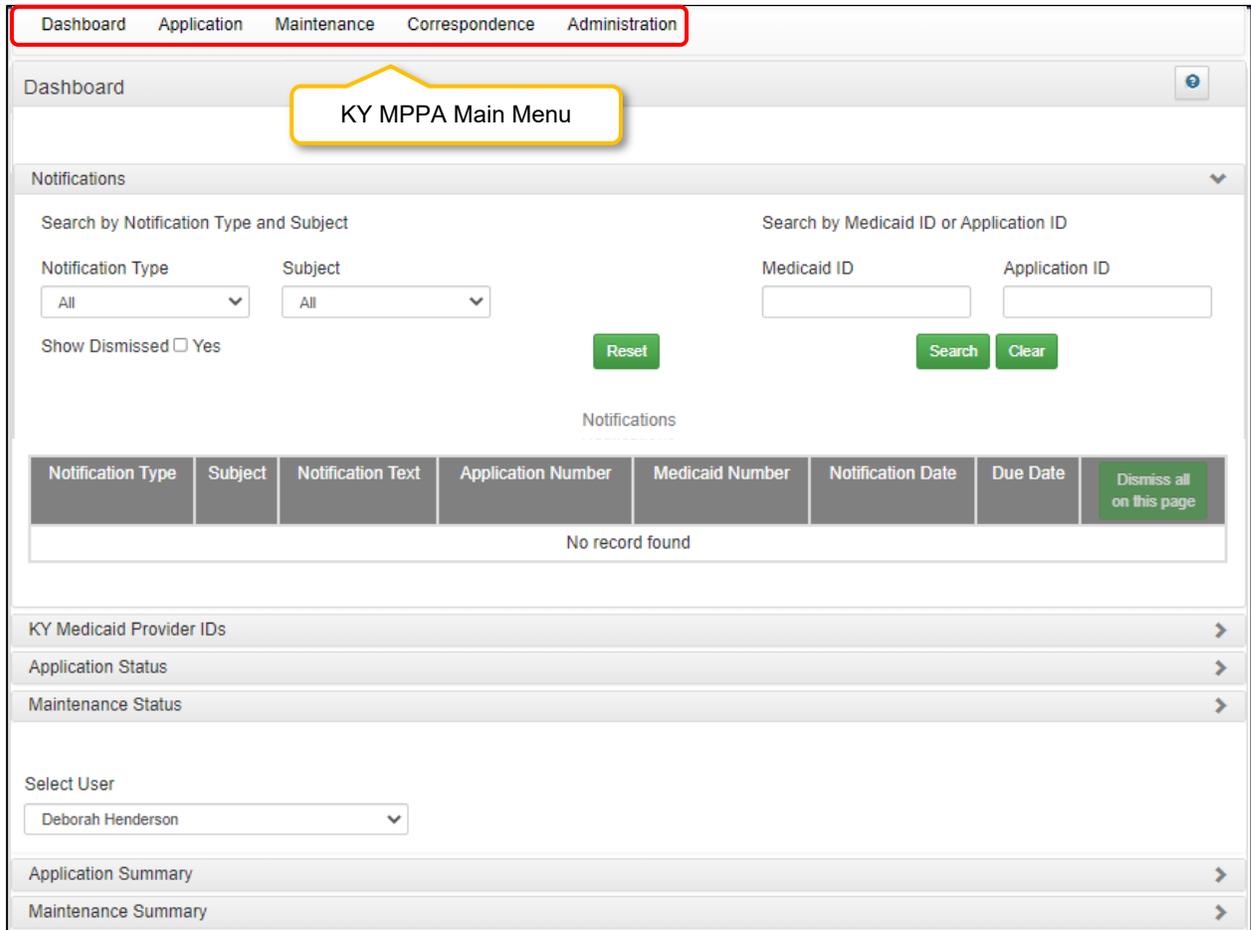


Figure 15: KY MPPA Main Menu

The **Main Menu** contains links to the main functions of KY MPPA. Available menu items are based on the user's role within KY MPPA. Information on each menu function is provided in detail in later sections of the User Guide. An overview of these functions is listed below:

- **Dashboard:** The **Dashboard** is the **Home Page** and first screen users will see once they log into KY MPPA. Find information and notifications about a KY Medicaid ID enrollment, maintenance, or revalidation. The Dashboard's accordion style menu expands sections to display information one section at a time.
- **Application:** *Enter* an on-line application for a **KY Medicaid ID** or a **Change of Ownership (CHOW)**.
- **Maintenance:**
 - *Enter* a **Maintenance** item (update information)
 - *Enter* a **Revalidation** on associated existing **KY Medicaid IDs**
 - *Enter* a **Voluntarily Termination** for a KY Medicaid ID
- **Correspondence:** Read letters received from the Kentucky Department for Medicaid Services.
- **Administration:** CA Admin Manager *only* will have this button. The Administration button allows the CA Admin Manager the option to reassign work between CAs.

Main Dashboard

The **Dashboard** provides a central location where users can expand the following items for more details:

- **Notifications:** Notifications containing information or action items on Applications or KY Medicaid IDs.
- **KY Medicaid Provider IDs:** List of the Provider's KY Medicaid ID(s).
- **Application Status:**
 - *Open* and continue working on a New Enrollment application.
 - *Check* the status of an application submitted to DMS.
- **Maintenance Status:**
 - *Start* or *open* and continue working on a maintenance item (includes revalidations and re-applications).
 - *Check* the status of a maintenance item (includes revalidations and re-applications).

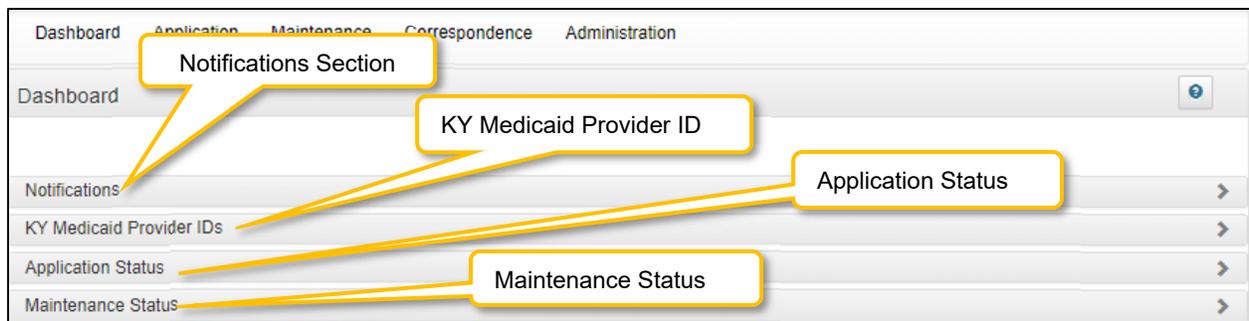


Figure 16: KY MPPA Main Dashboard

Notifications

The **Notifications** screen displays a list of **Informational** or **Actionable Alerts** sent from the KY Department for Medicaid Services in regards to a Provider's Medicaid Provider application or KY Medicaid ID. An email is automatically generated and sent to the Provider (and Credentialing Agent if applicable) each time a **Notification** is added to the grid.

To locate a Notification for a specific Provider (if a CA) or for a specific type of action, sort as desired by *clicking* on any of the column headers in the Notification grid or use the section filters.

- Clicking on the column headers will sort notifications in ascending or descending order. Click to toggle between these views.
- Filter notifications by first selecting the **Notification Type** and then **Subject**.

The screenshot shows the Notifications dashboard with the following elements:

- Notifications Section:** The main heading of the section.
- Search by Notification Type and Subject:** Includes dropdown menus for Notification Type (set to 'All') and Subject (set to 'All').
- Search by Medicaid ID or Application ID:** Includes input fields for Medicaid ID and Application ID, with Search and Clear buttons.
- Show Dismissed:** A checkbox labeled 'Yes'.
- Reset:** A green button to clear filters.
- Table:** A table with columns: Notification Type, Notification Text, Application Number, Medicaid Number, Notification Date, Due Date, and Dismiss all on this page. The table contains three rows of notifications, each with a Dismiss button.

Callouts provide additional instructions:

- Use Notification Type and Subject filters to locate applications.** (Points to the filter dropdowns)
- Use Medicaid ID or Application ID to filter to locate applications.** (Points to the search input fields)
- Click Yes to show the last 60 days of dismissed notifications.** (Points to the 'Show Dismissed' checkbox)

Figure 17: Dashboard Notifications Section

The **Notifications** section displays the following information:

- **Notification Type (drop-down):** Provides the following filter criteria to show only the types of notifications selected:
 - Action Required: Action is required of the user.
 - Informational: Information is provided to the user.
- **Subject (drop-down):** **Notification Type must be selected first.** Allows the user to access a specific notification topic for each Notification Type:
 - Action Required
 - Application Not Accepted for Processing
 - Application Returned
 - CHOW (Change of Ownership)
 - Correspondence

- DHS/INS Notification
 - License Renewal
 - No Claims Notification
 - Re-Application
 - Revalidation
 - Revalidation Application
- Informational
 - Application Abandon
 - Application Approved
 - Application Denied
 - Application Invited
 - Application Submitted
 - Application Withdrawn
 - Maintenance
 - Participation Ended
 - Provider ID End-Dated
 - Provider ID Reinstated
 - Provider ID Terminated (for cause)
 - Provider ID Voluntary Terminated
- **Search by Medicaid ID or Application ID:** Users have the option to enter a Medicaid ID or an Application ID to search by.
- **Show Dismissed*:** Users have the option to **Dismiss** (hide) a notification once it has been read to reduce the number of notifications presented on screen and make it easier to locate notifications for a specific Provider or action.
 - *Click Dismiss* to hide a notification.
 - *Click Yes* to bring back the last 60 days of dismissed notifications. Allows the user to view notifications that were hidden after being dismissed.
 - Leaving this blank allows the user to view only notifications that have not been dismissed.
- **Notification Text:** Explanation of the notification or action to take.
- **Application Number:** KY MPPA assigns an **Application Number** each time the User submits a request to DMS. Each notification relates to a specific Application Number. If you need to call the Contact Center for help, refer to this Application Number when speaking with the representative.
- **Medicaid Number:** KY Medicaid Provider Number (Medicaid ID) will display if assigned.
- **Notification Date:** Date the Notification was generated.
- **Due Date:** Date the user must take action (if applicable).
- **Action: Dismiss** will hide notifications in the list. User can *click Show Dismissed* to view these notifications.

*When a notification is dismissed by a User, the notification will also be removed from the Dashboard of all other users with access to the Medicaid ID. There are two primary situations where this will be encountered:

- A Provider and Credentialing Agent are linked. If the Provider or CA dismisses the notification, the notification will also be removed from the other User's Dashboard.
- In an organization with multiple Credentialing Agents linked to the same Provider(s), when one CA dismisses a notification, the notification will be removed from all CA's Dashboards.

Any User can click **Show Dismissed** to return the notifications to the Dashboard if the notification was dismissed within the past 60 days. Rather than dismissing notifications to clear the dashboard, it is recommended to use the section filters or sorting columns to locate notifications for a specific Provider or related to a specific action.

KY Medicaid Provider IDs

Groups/Entities are assigned a **KY Medicaid ID** when their application is approved. A Group or Entity may have more than one **KY Medicaid ID**. All active and inactive assigned **KY Medicaid ID(s)** are located under the **KY Medicaid Provider IDs** section. Sort by *clicking* on any of the column headers.

Dashboard

Notifications

KY Medicaid Provider IDs

Search by Medicaid ID Status or Provider Type

Search by Medicaid ID

Medicaid ID Status: All

Provider Type: All

Medicaid ID:

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	Action
No records found									

Application Status

Maintenance Status

Figure 18: Dashboard KY Medicaid Provider IDs Section

The **KY Medicaid Provider IDs** section contains the following information for each ID:

- **Medicaid ID:** Assigned Medicaid ID number.
- **Medicaid ID Status:** Current status of the Medicaid ID. Active or Inactive
- **View:** *Click View* to proceed straight to the **9.0 Provider Review** screen to review all the data in the application.
- **Provider Name:** Name of Provider as stated on the application and on licensure.
- **NPI:** Primary **National Provider Identification** number.
- **Taxonomy:** Primary **Taxonomy** number.
- **Medicaid Provider ID Effective Date:** The date the Medicaid ID is active for billing for Medicaid Services.
- **Medicaid Provider ID End Date:** The date the Medicaid ID is end-dated and no longer valid for billing for Medicaid Services.
- **Action:** *Click Start Maintenance* to go to the Maintenance Menu to begin a maintenance item for that Medicaid ID.

Application Status

The status of all New Enrollment applications associated with the user are displayed in the **Application Status** section of the Dashboard. Users can sort as desired, by *clicking* on any of the column headers. The **Application Status** view defaults to show all New Enrollment applications that are in the **'In Progress'** status, and lists the applications in order of oldest to newest.

Change the sort order of **Applications** by *clicking* the **column headers** to switch from ascending to descending or use the page drop-down to switch between pages.

Applications can be filtered by **DMS Status**. Click drop-down arrow to see available options to search by.

Applications can be filtered by **DMS Status**.

Click to **review** the application.

Click to **withdraw** the application permanently. Once selected this action cannot be reversed.

Application ID	Action	Provider Type	NPI	Provider Name	DMS Status	Withdraw
APP10	Review	34 - Home Health	152			Withdraw
APP10	Review		115			Withdraw
CHW10	Review	65 - Physician Group	170	John Inc	In Progress	Withdraw
APP10	Review	06 - Chemical Dependency Treatment Center (CDTC)	152	BRAD	In Progress	Withdraw

Figure 19: Dashboard: Application Status Section

The **Application Status** section provides the following information:

- **Status (drop-down):** The **Application Status** view defaults to show all new enrollment applications that are in the **'In Progress'** status but can be change to show a view of applications in **'All'** statuses. Users can filter by other status types by selecting any of the other selections from the drop-down as follows:
 - **All:** View all Applications associated with the user.
 - **Abandoned:** View only abandoned (not submitted to DMS within a ninety-day period) application.
 - **Approved:** View only applications that are approved by DMS.
 - **In Progress:** Applications not yet submitted to DMS.
 - **Submitted:** View only applications submitted to DMS.
 - **DMS Review In Progress:** View only applications currently in review by DMS.
 - **Denied:** View only applications that are denied.
 - **Return to Provider:** Applications that have been **Returned to Provider** by DMS for corrections or more information. (If an RTP application is not corrected and re-submitted

to DMS within a ninety-day period it will be considered abandoned and a new application will need to be resubmitted.)

- **Waiting on Fingerprint Check:** View only applications that are awaiting the results of a Fingerprint Check.
- **Waiting on a Payment Plan:** View applications that are waiting on a payment plan.
- **Withdrawn:** View only applications that have been withdrawn.
- **Application ID:** A System generated ID number assigned to each application. The assigned ID number is preceded by a 3 letter application identifier (i.e. APP123, MNT123, etc).
 - APP = Application
 - RIN = Reinstatement
 - MNT = Maintenance
 - RAP = Reappointment
 - RVL = Revalidation
 - VOL = Voluntary Termination
- **Action:**
 - **Review:** *Click* to continue working on an Application that is in-progress, or proceed to the Application Summary screen to review a submitted application.
- **Provider Type:** Type of KY Medicaid Provider.
- **NPI:** Primary **National Provider Identifier** number associated with the application.
- **Provider Name:** Provider Name as stated on the application.
- **DMS Status:** Status of the application. *Click* link in grid to see definition of status listed below.
 - In Progress: Applications that have not yet been submitted to DMS.
 - Submitted: Applications that have been submitted to DMS.
 - Withdrawn: Applications that the Provider has withdrawn.
 - DMS Review In Progress: Applications currently in review by DMS.
 - Approved: Application has been approved.
 - Denied: Applications that have been denied.
 - Return to Provider: Applications that have been **Returned to Provider** by DMS for corrections.
 - Abandoned: Application is abandoned. View only.

Withdraw: *Click Withdraw* button to remove the application from review with DMS; stopping the application process. Can be done at any time, even if the application has been submitted to DMS for review. Comment box is optional. Withdrawn applications cannot be restarted. It is recommended that if incorrect information is entered into the application, users first attempt to edit the application before using the **Withdraw** button.



Applications can remain in an **In Progress** status (not submitted to DMS) for up to ninety days from the date of last saved activity by the applicant. After the ninety days, applications are considered abandoned. The application is still available to the Provider in view only mode.

Maintenance Status

The status of all **Maintenance** items associated with the user are displayed in the **Maintenance Status** section of the Dashboard. Users can sort as desired, by *clicking* on any of the column headers. The **Maintenance Status** view defaults to show all **Maintenance** items that are in the 'In Progress' status, and lists the items in order of oldest to newest.

Change the sort order of **Maintenance** items by *clicking* the **column headers** to switch from ascending to descending or use the page drop-down to switch between pages.

The screenshot shows the 'Maintenance Status' section of a dashboard. It includes a filter for 'DMS Status' (set to 'All'), a 'Maintenance ID' search field, and buttons for 'Reset', 'Search', and 'Clear'. Below the filters is a table with columns: Maintenance ID, Action, Provider Type, NPI, Medicaid ID, Provider Name, DMS Status, and Withdraw. The table contains three rows of data. Callouts provide instructions: 'Click to Review the Maintenance Item' points to the 'Review' button; 'Maintenance items can be filtered by DMS Status.' points to the 'DMS Status' dropdown; 'Maintenance ID can be entered, select Search to perform' points to the search field; and 'Click when you want to withdraw the maintenance application permanently. Cannot be reversed.' points to the 'Withdraw' button.

Maintenance ID	Action	Provider Type	NPI	Medicaid ID	Provider Name	DMS Status	Withdraw
MNT1	Review	55 - Emergency Transportation	180131	71006	UAT	Update Accepted	Withdraw
MNT1	Review	34 - Home Health	155				Withdraw
MNT1	Review	30 - Community Mental Health	15			Progress	Withdraw

Figure 20: Dashboard: Maintenance Status Section

The **Maintenance Status** section provides the following information:

- **DMS Status (drop-down)** Users can filter by different DMS status types by selecting any of the selections from the drop-down as follows:
 - **All:** Maintenance Items associated with the Provider.
 - **Approved:** View only applications that are approved by DMS.
 - **Update Accepted:** Maintenance updates have been approved.
 - **In Progress:** Maintenance updates that have not yet been submitted to DMS.
 - **Submitted:** Maintenance updates that have been submitted to DMS.
 - **DMS Review In Progress:** Maintenance updates currently in review by DMS.
 - **Withdrawn:** Maintenance updates that the Provider has withdrawn.
 - **Update Rejected:** Maintenance updates have been denied.
 - **Denied:** Updated application was denied.
 - **Return to Provider:** Maintenance updates **Returned to Provider** by DMS for corrections.
 - **Withdrawn:** Applicant has withdrawn application

- **Waiting on Payment/Plan:** Waiting on signed financial agreement to have money taken from the financial cycle each week.
 - **Abandon:** Application has not been worked on for 90 days.
- **Maintenance ID:** System generated ID number assigned to each submitted **Maintenance** item
- **Action:** *Click Review* button to open the Application in the Provider Summary screen.
- **Provider Type:** Type of KY Medicaid Provider.
- **NPI:** Primary **National Provider Identifier** number associated with the application.
- **Taxonomy:** Primary **Taxonomy** (specialty such as dentist or general practitioner) associated with the application.
- **Provider Name:** Provider Name as stated on the application.
- **DMS Status:** Maintenance status
 - **All:** Maintenance Items associated with the Provider.
 - **Approved:** View only applications that are approved by DMS.
 - **Update Accepted:** Maintenance updates have been approved.
 - **In Progress:** Maintenance updates that have not yet been submitted to DMS.
 - **Submitted:** Maintenance updates that have been submitted to DMS.
 - **DMS Review In Progress:** Maintenance updates currently in review by DMS.
 - **Update Rejected:** Maintenance updates have been denied.
 - **Denied:** Updated application was denied.
 - **Return to Provider:** Maintenance updates **Returned to Provider** by DMS for corrections.
 - **Withdrawn:** Maintenance updates that the Provider has withdrawn.
 - **Waiting on Payment/Plan:** Waiting on signed financial agreement to have money taken from the financial cycle each week.
 - **Abandon:** Application has not been worked on for 90 days.
- **Withdraw:** *Click Withdraw* button to remove the maintenance update from review with DMS; stopping the review process. Can be done at any time. *Comment box is optional.* **Withdraw** cannot be cancelled. It is recommended that if incorrect information is entered into the application, users first attempt to edit the application before using the **Withdraw** button.

Application Functionality and Navigation

Applicants can apply to become a KY Medicaid Provider using the KY MPPA on-line enrollment application. The first step in starting an application is by selecting **Application** from the top Tool Bar.

Role Selection

Applicants begin the New Enrollment application with **Role Selection** and then *click* **Save & Next** to move to the **Application Screen**.

Figure 21: Role Selection Screen

- A **Confirmation Submit** screen will appear if you selected *I am an Owner, Officer or Board Member enrolling as a Group/Entity*.
- *Click Yes* if you are the Owner, Officer or Board Member.
- *Click No* to return and select if you are not legally authorized to enroll a Group/Entity.

Figure 22: Confirm Submit Screen

Note: A *Credentialing Agent* working on behalf of a *Provider or Owner/Officer/Board Member* must select **“I am a Credentialing Agent”**. On the **10.0 Submit** screen there will be an opportunity to select submit as a *Credentialing Agent* or submit as a *Credentialing Agent* with *Authorized Delegate*.

- Select the **Application Type** of *New Enrollment* or *Change of Ownership* to open the data entry screen

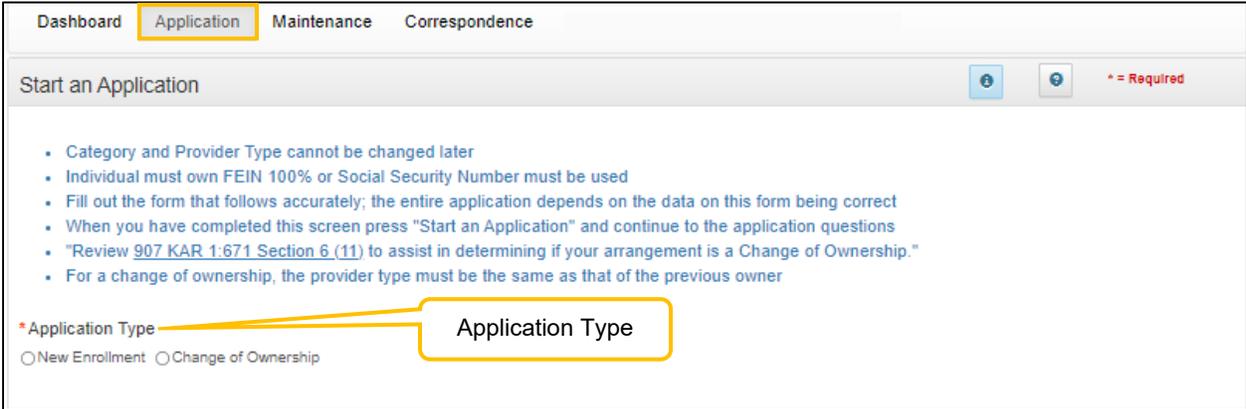


Figure 23: Application Type Screen

Application Screen Layout

The **Application Screen** format provides the user with onscreen instructions, helpful navigation features, and context-sensitive help content, to proceed step-by-step through the application process. The following features are found on most of the screens:

The screenshot shows the 'Application' screen in a web application. At the top, there are navigation tabs: 'Dashboard', 'Application' (highlighted), 'Maintenance', and 'Correspondence'. Below the tabs is an 'Application Header' box containing application details. The main content area is divided into a left navigation pane and a main form area. The left pane lists sections from 1.0 to 9.0, with '1.2 Tax Information' selected. The main form area is titled 'Tax Information - Individual' and contains various input fields and instructions. Callouts point to specific features: 'Arrow icon' points to a right-pointing arrow in the left navigation pane; 'Information icon shows and hides bulleted instructions' points to an information icon in the top right of the form; 'Question mark icon launches the Help window' points to a question mark icon in the top right of the form; 'Left Navigation icons' points to the entire left navigation pane; and 'Comment Box' points to a text input field for 'Tax Structure Comment'.

Application Number	Enrolling As	Provider Type	Provider Name	DBA Name	Medicaid Number
18113	Individual	64 - Physician Individual	John Doe		
	Status	Application Start Date	Effective Date	Application Originator	Application Age
	In Progress	11/21/2016 09:50:15	11/21/2016	Pam Barb	0 Days

1.0 Administrative Information

- 1.1 Basic Information
- 1.2 Tax Information**
- 1.3 NPI Information
- 1.4 Taxonomy Information
- 1.5 Add Group Members
- 1.6 Additional Identifiers
- 1.7 Address Information
- 1.8 Contact 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

Tax Information - Individual

- Enter the following tax information as it is on your IRS Verification Letter (SSN if FEIN)
- Only use the FEIN field if you are 100% owner
- If you have a Restricted Social Security Card check the "DHS INS Valid for Work Only"

* Tax Reporting Type
 FEIN SSN

* Tax Structure * Tax Effective Date Tax Exempt Yes

Tax Structure Comment

* FEIN * Social Security # * Does SSN Card state "Not valid for Employment?" Yes No

DHS INS Valid for Work Only? Yes

Figure 24: Application Screen

Use the navigation features on an **Application** screen as follows:

- **Application Header:** Click the **Application Header** button to show or hide the application summary (grey box), which includes important information such as Application Number (if assigned), Provider Name, Provider Type, along with other application related details.
- **Print MAP-811 Button:** Click the **Print MAP-811** button to print out the current Map 811.
- **Question Mark (icon):** Click the question mark icon to launch a separate **Help** window with detailed instructions applicable to the current screen. The **Help** window includes links to the **Glossary**, **Index** and **Search** functions.
- **Information (icon):** Click the **Information** icon to show or hide the bulleted list of instructions at top of screen. Bulleted lists provide important information applicable to the current screen.

- **Arrow (icon):** Click the **Arrow** icon in the **Left Navigation Menu** to show or hide the application steps within the selected section.
- **Left Navigation Menu (icons):** *Displays* the status of each section, or step within a section, as you progress through the application. **Note:** *If a section is unavailable, it is not applicable to the selected Provider Type.*
- **Comment boxes: Comment** boxes are available for additional information. When entering comments into a comment box:
 - There is a 4,000-character limit for the majority of the comment boxes.
 - To see more text reduce the size of text entered.
 - If you have additional documentation to attach, upload all supporting documents in the 8.0 Document Upload Screen prior to final application submission.
 - Special characters, as referenced in Help, are not allowed; an error message will display after clicking Save & Next. Remove the excluded characters to continue.
- **Save & Next, Exit, and Back Icons:**
 - **Save & Next:** Click the **Save & Next** button before leaving a screen. Any new information entered will be lost if the user does not save before leaving the current screen.
 - **Exit:** Click the **Exit** button to return to the Dashboard.
 - **Back:** Click the **Back** button to return to the previous page.

NOTE: For information on entering a New Enrollment Application, refer to the New Enrollment: Start to Submit Chapter.

Grid Functionality and Navigation

KY MPPA utilizes a grid layout on a majority of screens to collect and display data. Grids provide the ability to sort, view, and easily update information. This section explains how to navigate, add, update, and delete data in a grid.

Grids: Add New Record

Add new information to a grid, one record (row) at a time.

Additional Identifiers ⓘ ⓘ * = Required

- Please click on Add then click on the Identifier type dropdown and enter information for each identifier that applies
- If applicable add all CLIA numbers that are assigned to this provider
- Click "Add" if you wish to add Additional Identifiers, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "A the record"

To add new information to a grid, click the **Add** button to open the data entry fields.

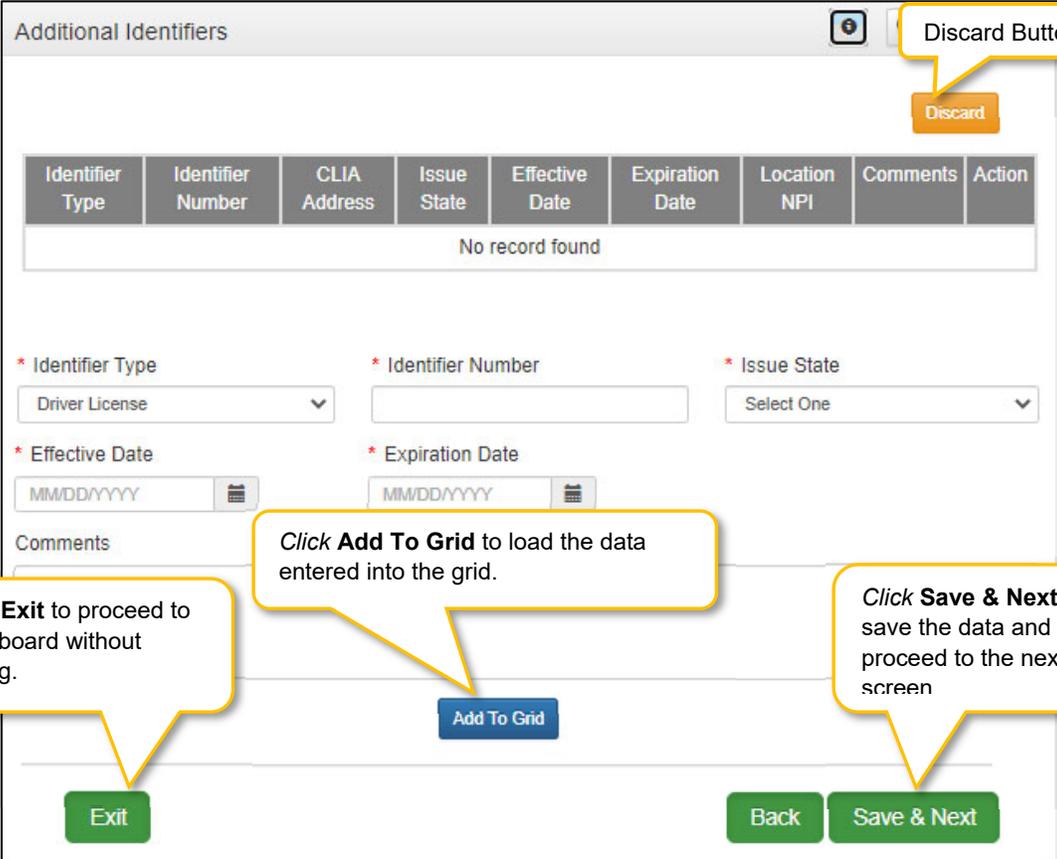
Identifier Type	Identifier Number	CLIA Address	Issue State	Effective Date	Expiration Date	Location NPI	Comments	Action
No record found								

Exit Back Save & Next

Figure 25: Grid (Add New Record)

To add a new record to the grid, complete the following fields:

- Click **Add** to open the fields.
 - Enter the required information in the fields and drop-downs provided.



Additional Identifiers

Identifier Type	Identifier Number	CLIA Address	Issue State	Effective Date	Expiration Date	Location NPI	Comments	Action
No record found								

* Identifier Type:

* Identifier Number:

* Issue State:

* Effective Date:

* Expiration Date:

Comments:

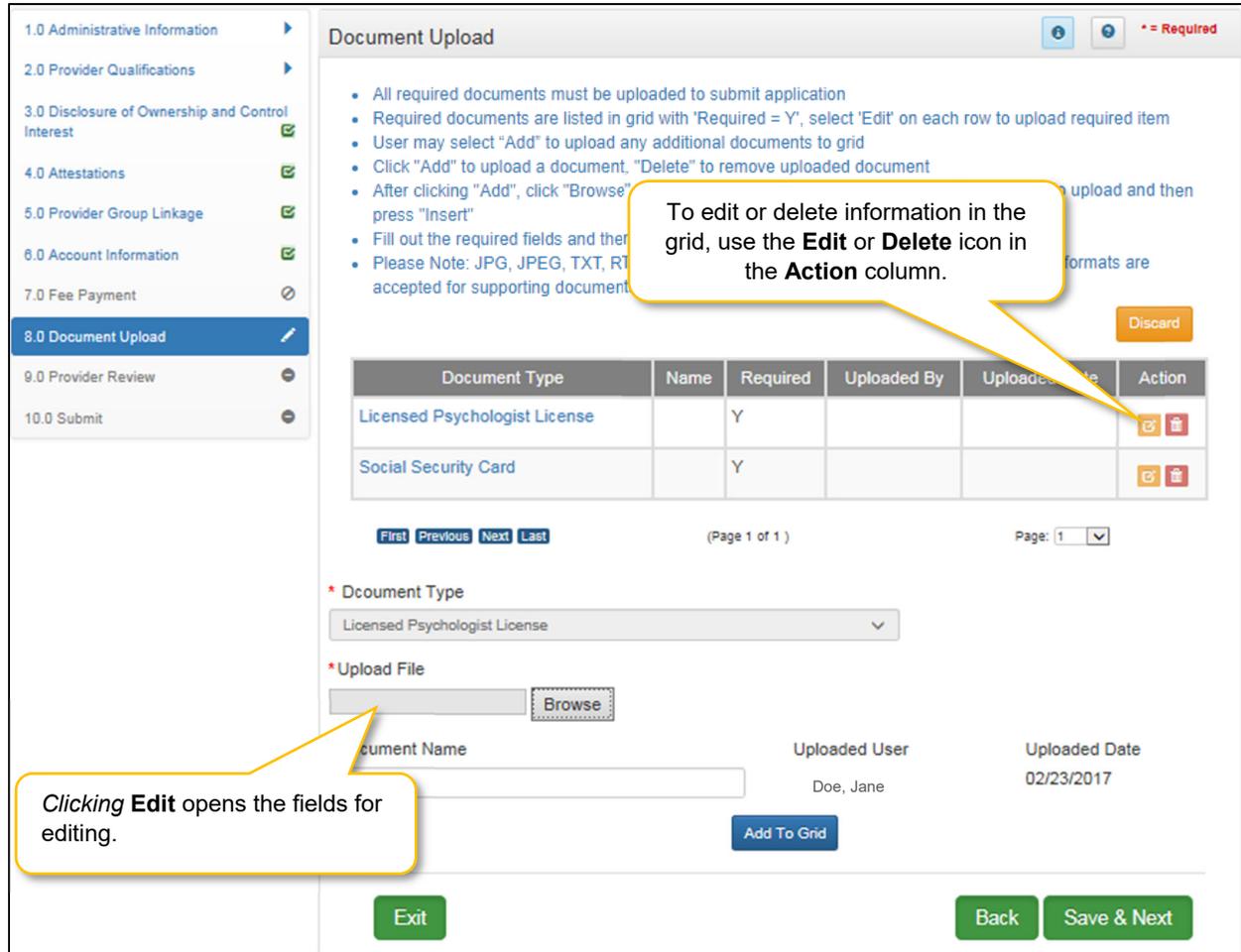
Figure 26: Grid (Data Entry)

- Click **Add To Grid** to save the record in the grid. *Repeat* for each record to be added.
- When all records are added click **Save & Next** to continue to next screen.
- Click **Discard** to cancel an entry without uploading/saving the data.
- **CAUTION:** All new information will be lost if you exit the screen without *clicking Save & Next*.

Note: An exception to these grid instructions applies to the **8.0 Document Upload** grid. Please follow the specific instructions listed in the **8.0 Document Upload** section of this user guide for required documentation.

Grids: Edit or Delete a Record

To *edit* or *delete* existing information in a grid, complete the following steps:



Document Upload * = Required

- 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" to upload and then press "Insert"
- Fill out the required fields and then click "Add To Grid"
- Please Note: JPG, JPEG, TXT, RTF are accepted for supporting documents

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
Licensed Psychologist License		Y			 
Social Security Card		Y			 

First Previous Next Last (Page 1 of 1) Page: 1

* Document Type
 Licensed Psychologist License

* Upload File
 Browse

Document Name: Uploaded User: Doe, Jane Uploaded Date: 02/23/2017

Add To Grid

Exit Back Save & Next

Clicking Edit opens the fields for editing.

To edit or delete information in the grid, use the Edit or Delete icon in the Action column.

Figure 27: Grid (Edit/Delete)

- Click the **Edit** button, in the **Action** column, to update the information in the record. Selecting **Edit** opens the fields for editing.
- Click **Delete**, in the **Action** column, to remove the existing record from the grid.

Note: Due to rules and regulations, some information cannot be deleted, but must end-dated and a new record added.



Depending on rules and regulations, some of the grid functionality may be disabled. For example, you may not be able to delete a record. There are instances information must be end-dated instead of deleted and a new record added.

Grids: Navigate Grid Pages

There are a maximum of five records displayed on a page in the grid. The navigation buttons become active when records exceed one page. To *navigate* between pages of the grid, use the grid navigation buttons to complete the following steps:

- Click **First** to jump to page one.
- Click **Previous** to move back one page.
- Click **Next** to move forward one page.
- Click **Last** to jump to the final page.

Grids: Sort Columns

To *sort* the columns in the grid, complete the following steps:

- Click the **Header** name of a column to sort.
 - *Default* is descending.
 - Click once for ascending.
 - Click twice to return to descending.

Grids: Save or Exit

To *save* the information in the grid or *exit without saving*, complete the following steps:

- Click **Save & Next** to save the information and proceed to the next screen.
- Click **Exit** to return to the Dashboard without saving any data in the grid (unsaved data will be lost).
- Click **Back** to navigate to previous page (**unsaved data will be lost**).

The screenshot shows the 'Document Upload' page. On the left is a navigation menu with items 1.0 through 10.0. The main content area has a title bar with a help icon, a back icon, and a red asterisk indicating required items. Below the title bar is a list of instructions for document uploads. A table displays two rows of document types: 'Licensed Psychologist License' and 'Social Security Card', both marked as 'Required'. Below the table are navigation buttons (First, Previous, Next, Last), a page indicator '(Page 1 of 1)', and a page drop-down menu. Further down are input fields for 'Document Type', 'Upload File', and 'Document Name', along with an 'Add To Grid' button. At the bottom are 'Exit', 'Back', and 'Save & Next' buttons. Three callout boxes provide instructions: one pointing to the table headers, one to the navigation buttons, and one to the page drop-down menu.

Click column **Headers** to sort the grid.

- 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
Licensed Psychologist License		Y			
Social Security Card		Y			

Use the grid navigation buttons to move between the **First, Previous, Next** and **Last** pages.

The navigation buttons become active when records exceed one page.

Use the page drop-down to move to the selected page.

Figure 28: Grid (Navigation)

Error Messages

Error messages alert the users to missing or invalid information during data entry. In these instances, attempting to navigate to the next screen will result in a **field error** or **page error** message.

To fix field errors, return to the highlighted field(s) to correct the information. Once all errors are corrected, the user is able to proceed to the next screen by selecting **Save & Next**.

The screenshot shows a form titled "Basic Information-Group/Entity" with a legend indicating that asterisks denote required fields. The form contains several input fields, some of which are highlighted in red to indicate errors. A yellow callout box points to the "Business Name" field, stating "Asterisks denote required fields." Another yellow callout box points to the "Confirm Communication Email Address" field, which contains the text "john.smith@email.com", stating "Information not completed that is required will be highlighted." The form also includes fields for "Legally Authorized Agent Email Address", "Confirm Legally Authorized Agent Email Address", "Communication Email Address", "Business Structure Type", "Business Ownership Type", "Tier Selection", and dates for "Requested Effective Date" and "Application Received Date". There are "Exit" and "Save & Next" buttons at the bottom.

Figure 29: Error Messages (Field)

Note: Required fields are identified by an asterisk. If required fields are empty when attempting to save and proceed to the next screen, the field will be highlighted and a message will appear asking for the correct information.

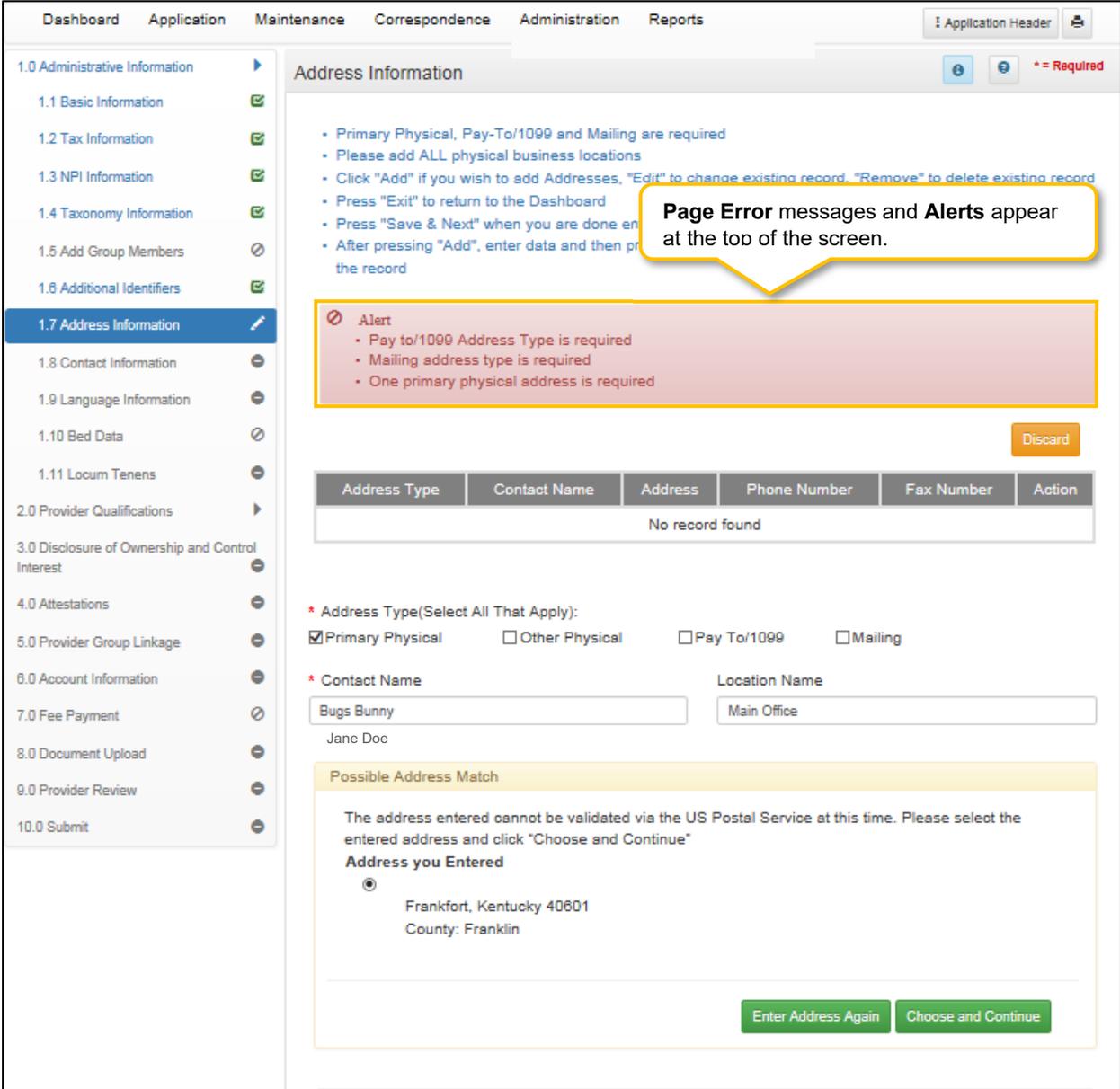


Figure 30: Error Messages on Page

Page Error messages will alert the user of any incorrect or missing information on the page. Once all errors are corrected, the user is able to proceed to the next screen by selecting **Save & Next**.

Maintenance

Users access the **Maintenance** screen to perform updates on their KY Medicaid ID such as license renewals, address or name changes, or new certifications.

The Maintenance screen can be accessed in two ways: *from the Kentucky Medicaid Provider IDs section on the dashboard or from the Maintenance tab on the Main Menu.*

Click **Start Maintenance** to begin a maintenance-related action for the selected KY Medicaid ID. The Provider's Medicaid ID information will be pre-populated on the **Maintenance** screen.

Medicaid Provider ID	Medicaid ID Status	View	Provider Name	NPI	Taxonomy	Medicaid Provider ID Effective Date	Medicaid Provider ID End Date	Action
100526618	Active	View	Daniel, B...	124	225100000X - Physical Therapist	06/07/2018	08/01/2028	Start Maintenance
100526600	Active	View		138	225100000X - Physical Therapist	06/07/2018	08/06/2028	Start Maintenance

Figure 31: KY Medicaid Provider IDs Section

Click **Maintenance** from the **Main Menu** to navigate to the Maintenance screen. Begin by entering the **KY Medicaid ID** and *click Search*.

• Requests for Maintenance must be processed by DMS before a new request can be submitted. In the event additional maintenance items needs to be submitted, withdraw a pending request by going to the dashboard.
 • Choose voluntary termination to end participation with Kentucky Medicaid.
 • Revalidation is only required every five years .Select "Revalidation" to update provider file with Kentucky Medicaid.

* Medicaid ID

[Search](#) [Clear](#)

[Exit](#)

Figure 32: Maintenance Screen

Refer to the Maintenance chapter for further instructions.

Note: *If the Provider is utilizing a Credentialing Agent (CA) to work on their behalf, the Provider and CA must be linked in KY MPPA **prior** to beginning a Maintenance action in order for the CA to have authorization to access the Provider's Medicaid ID data. If the Provider and CA are not linked, the CA will receive an alert message. See the Linking section for more information. See the Maintenance Alert Messages section of the Maintenance chapter for a description of the maintenance-related alert messages.*

Note: *If you receive an alert message or require assistance with linking, contact the KY MPPA Contact Center at 1-877-838-5085, extension 1 or via email at medicaidpartnerportal.info@ky.gov.*

Correspondence

Users access the **Correspondence Screen** to view letters sent from the KY Department for Medicaid Services in regards to the Provider's Application(s) or KY Medicaid ID(s). The Provider (and Credentialing Agent if applicable) will receive an email notification each time a new correspondence is available.

The screenshot shows the 'Correspondence' tab selected in the navigation menu. Below the menu is a 'Search Correspondence' section with the following filters:

- Correspondence Type: All (dropdown)
- Medicaid Provider Number: All (dropdown)
- Process Type: All (dropdown)
- Application Number: (text input)
- From Date: MM/DD/YYYY (calendar icon)
- To Date: MM/DD/YYYY (calendar icon)
- NPI: xxxxxxxxxxxx (text input)

A green 'Filter' button is located below the filters. Below the filters is a table with the following data:

Medicaid Provider Number	Primary NPI	Correspondence Type	Process Type	Application Number	Correspondence Date and Time
	18	Denial Letters	Enrollment	APP8041	12/16/2017 10:02:11 AM
	183	MAP-811	Enrollment	APP8041	12/15/2017 4:02:44 PM
	122!	MAP-811	Enrollment	APP12414	1/8/2020 10:07:43 AM

Figure 33: Correspondence Screen

The **Correspondence** screen displays the following:

- **Correspondence Type (drop-down):**

- **Welcome Letter:** Letter welcoming you as a newly enrolled KY Medicaid Provider.
- **Denial Letters:** Letter explaining reasons for a denied application.
- **Revalidation Approval Letter:** Letter informing user revalidation has been approved.
- **Voluntary Termination Letter:** Letter informs Provider their voluntary termination has been processed and they are no longer a KY Medicaid Provider.
- **Termination for Cause:** Informs Provider of Termination for Cause.
- **Others:** Miscellaneous correspondence.
- **MAP 811:** You can view and/or print a copy of your MAP 811. Correspondence tracks the history of the MAP 811 application, showing any modifications made in each version. You can tell which MAP 811 version to select by looking at the **Iteration Number** column.

Note: It is not necessary to print a copy of the MAP 811 unless you wish to have a hard copy for your records. You will not mail this form into DMS as your application has already been submitted electronically.

- **Process Type:** *Select* from the following:
 - Change of Ownership
 - End Date Medicaid ID
 - Enrollment
 - Maintenance
 - Manage Contracts, NPI, Taxonomy, Identifiers and Revalidation Date
 - Re-application
 - Reinstatement
 - Rescind
 - Revalidation
 - Termination
 - Voluntary Termination
- **Application Number:** System generated application number.
- **Iteration Number:** Number to differentiate original application data (version 1) from updated application data (version 2).
- **Correspondence Date:** Date and time of correspondence.

Administration

Credentialing Agent Admin Manager role will have administration functionality to manage user roles for their organization in the KY MPPA application.

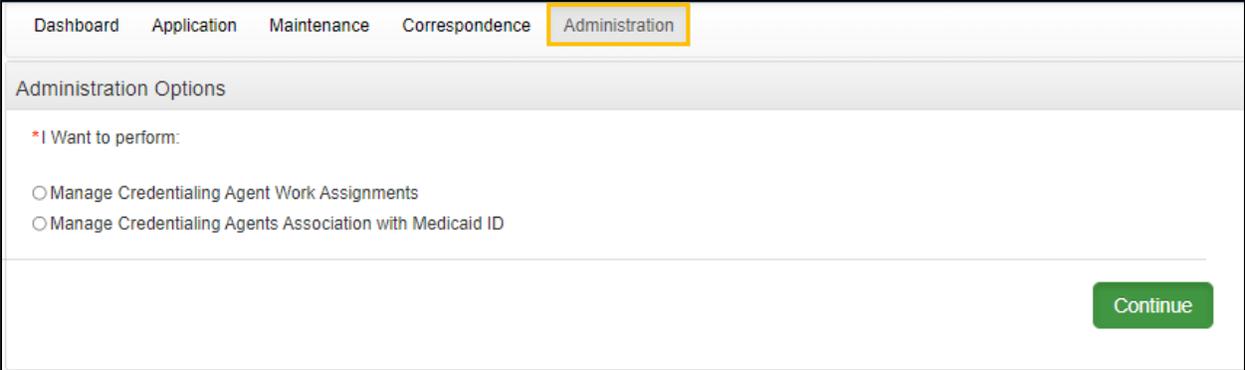


Figure 34: Administration Screen

KY MPPA Help

Each screen within KY MPPA provides **Help** content specific to the current screen. *Clicking* the question mark icon will open a KY MPPA **Help** pop-up window to find answers to questions. *Click* the **Contents**, **Index**, **Search**, or **Glossary** link and then locate and access the needed information.

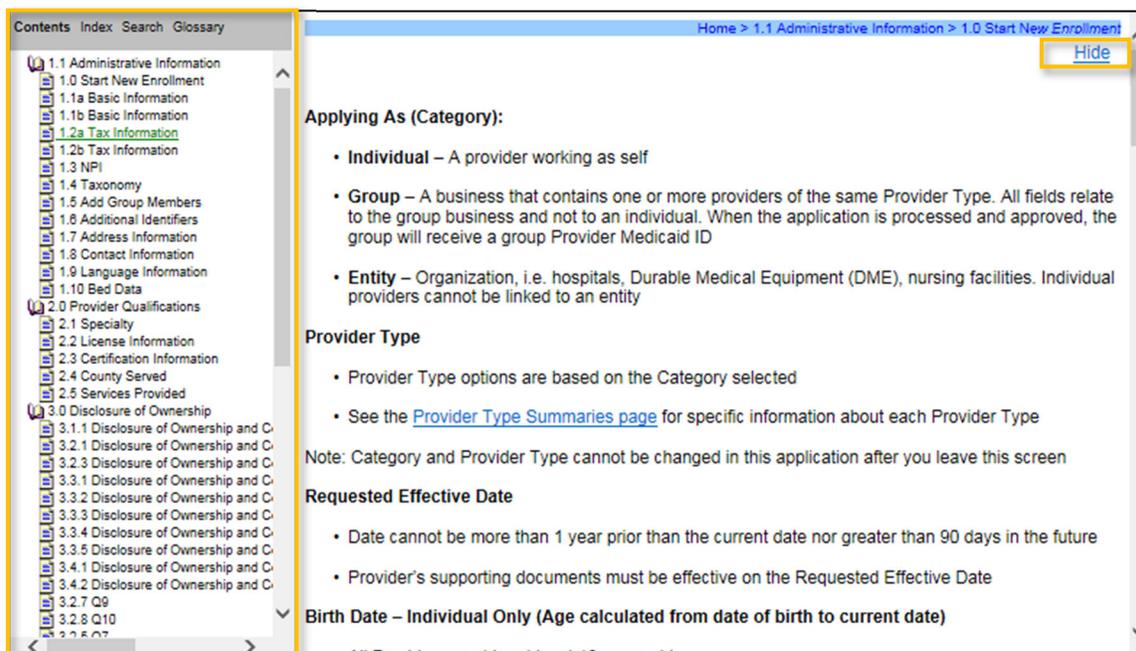


Figure 35: Help Window

To access the **Help Window** information:

- *Click* the question mark icon to open the help window from within KY MPPA.
- *Click* the **Show** link on the KY MPPA **Help** window to open the left-panel with the following choices:
 - Contents - Table of Contents for Help.
 - Index - List of words or terms and the page numbers.
 - Glossary - List of words or terms and their definitions.
 - Search - Redirects the user to the **Help** window with the information.
- *Close* the **Contents**, **Index**, **Search**, and **Glossary** Panel, by *clicking* the **Hide** link.



Chapter Summary: System Navigation

- Users must have a Kentucky Online Gateway (KOG) account to access KY MPPA. Find detailed Quick Reference Guides on how to set up a KOG account, reset passwords, and access KY MPPA on the KY MPPA website.
- Bookmark the links on the KY MPAA Welcome screen and refer back to them as needed. While this screen will appear each time you log into KY MPPA, you cannot navigate back to this screen during a KY MPPA session.
- Multi-Factor Authentication is required every time a user accesses KY MPPA.
- If a user “exits”, goes “back”, or closes a screen without *clicking* the **Save & Next** button, data entered on the screen will be lost.
- Field and page error messages alert users to missing or invalid information.
- Applications can remain in an In Progress status (not submitted to DMS) for up to ninety days from the date of last activity by the applicant. After the ninety days, applications are considered abandoned. The application is still available to the Provider in view only mode.
- Depending on rules and regulations, some of the grid functionality on screens may be disabled. For example, you may not be able to delete a record. There are instances information must be end-dated instead of deleted and a new record added.
- Use the **Help** window to find answers to questions while entering data in the screen.

New Enrollment: Start to Submit

KY MPPA is a web-based application that provides easy-to-follow workflows to use when applying for and managing KY Medicaid IDs. This chapter covers the enrollment process to become a new KY Medicaid Provider. To begin, select the **Application** link found in the **Main Menu** at the top of the screen. This link directs the user to the first page of the **New Enrollment** application, starting with **Role Selection**.

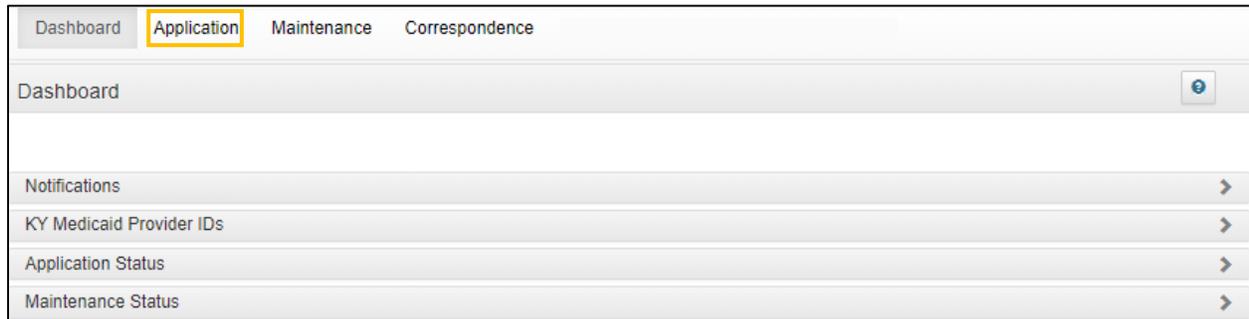


Figure 36: Main Menu: Application

Role Selection Screen

The **Role Selection** and **Application Type** screens are the first screens that need to be completed before starting to fill out the **New Enrollment** application. The screens require entry of [provider type](#), category and basic information in order to determine which fields should appear on the screens.

The **Role Selection** screen is where the user begins.

 A screenshot of the KY MPPA Role Selection screen. The navigation bar at the top shows 'Application' as the active tab. The main heading is 'Role Selection' with a red asterisk and the text '* = Required'. Below the heading, there is a prompt: '*Select one of the three roles below'. There are three radio button options:

- 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
- I am a Credentialing Agent

 At the bottom of the screen, there are two green buttons: 'Exit' on the left and 'Save & Next' on the right.

Figure 37: KY MPPA Role Selection Screen

To complete the **Role Selection** screen, *click* a radio button to select one of the following:

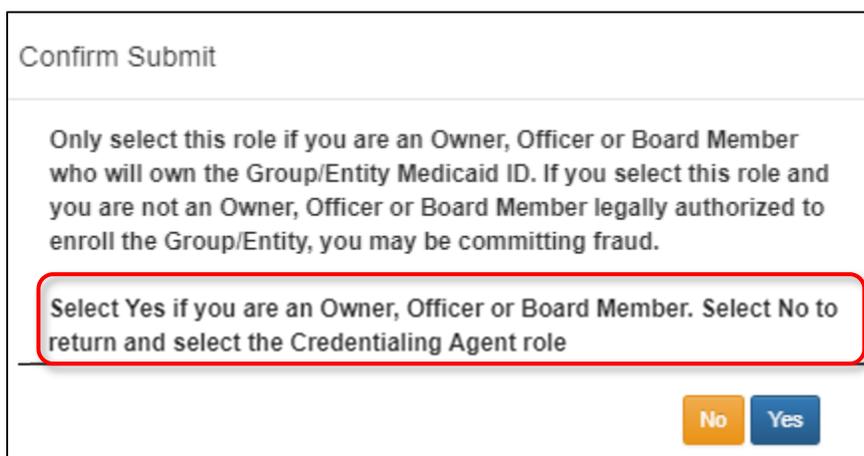
- **Individual:** Person who works for themselves and meets all the requirements to become a Medicaid Service Provider for their provider type.
- **Owner, Officer, or Board Member of a Group or Entity:** Person associated with the Provider who is legally authorized to act on behalf of the Group or Entity.

- **Credentialing Agent:** Assigned by the individual Provider, Group, or Entity to enroll and/or manage its KY Medicaid ID.

Note: A *Credentialing Agent* working on behalf of a *Provider or Owner/Officer/Board Member* must select **“I am a Credentialing Agent”**. On the **10.0 Submit** screen there will be an opportunity to select submit as a Credentialing Agent or submit as a Credentialing Agent with Authorized Delegate.

A **Confirmation Submit** screen will appear if you selected *I am an Officer, Owner or Board Member enrolling as a Group/Entity*.

- Click **Yes** if you are an Owner, Officer or Board Member
- Click **No** to return and select the Credentialing Agent role



Confirm Submit

Only select this role if you are an Owner, Officer or Board Member who will own the Group/Entity Medicaid ID. If you select this role and you are not an Owner, Officer or Board Member legally authorized to enroll the Group/Entity, you may be committing fraud.

Select Yes if you are an Owner, Officer or Board Member. Select No to return and select the Credentialing Agent role

No Yes

Figure 38: Confirm Submit

Application Types: New Enrollment or Change of Ownership (CHOW)

After role selection, the user selects one of the following **Application Types**:

- **New Enrollment:** Start a new application to apply to become a KY Medicaid Provider.
- **Change of Ownership:** Start an application to report a change of ownership to an existing KY Medicaid Provider. Review 907 KAR 1:671 Section 6 (11) to assist in determining if your arrangement is considered a **Change of Ownership**.

Dashboard Application Maintenance Correspondence

Start an Application ? ↺ * = Required

- Category and Provider Type cannot be changed later
- Individual must own FEIN 100% or Social Security Number must be used
- Fill out the form that follows accurately; the entire application depends on the data on this form being correct
- When you have completed this screen press "Start an Application" and continue to the application questions
- "Review [907 KAR 1:671 Section 6 \(11\)](#) to assist in determining if your arrangement is a Change of Ownership."
- For a change of ownership, the provider type must be the same as that of the previous owner.

*Application Type

New Enrollment Change of Ownership

Figure 39: KY MPPA Application Type Screen

To begin, *select* the radio button for the **Application Type**. Select from **New Enrollment** or **Change of Ownership** applications.

Start an Application

Enter required identifying information into the **Start an Application** screen. This identifying information customizes the application for the Provider, and must match the name on documentation, licenses, and certifications.

The screenshot shows the 'Start an Application' form with several callouts:

- Callout 1:** "Select New Enrollment" points to the radio button for "New Enrollment" under "Application Type".
- Callout 2:** "The required fields shown in the **Start an Application** screen are based on the **Provider Type** and the **Category: Individual, Group, or Entity**." points to the "Applying As (Category)" and "Provider Type" fields.
- Callout 3:** "If you are representing a Group/Entity that is part of an MCO **Select the MCO from the list and enter the MCO Identifier**." points to the MCO selection section.

The form includes the following fields and sections:

- Application Type:** Radio buttons for "New Enrollment" (selected) and "Change of Ownership".
- Applying As (Category):** Radio buttons for "Individual", "Group" (selected), and "Entity".
- Provider Type:** A dropdown menu with "Select One" selected.
- Requested Effective Date:** A date input field with a calendar icon.
- Primary NPI:** A text input field with a mask "xxxxxxxx".
- Primary Taxonomy:** A text input field.
- FEIN Number:** A text input field with a mask "xx-xxxxxxx".
- Confirm FEIN Number:** A text input field.
- Is Your Primary Physical Business Location In KY?:** Radio buttons for "Yes" and "No".
- MCO Selection:** A section titled "Select all that apply:" with checkboxes for various MCOs:
 - Aetna Better Health of Kentucky
 - Anthem Blue Cross Blue Shield
 - Humana Healthy Horizons in Kentucky
 - Passport Health Plan by Molina Healthcare
 - UnitedHealthcare Community Plan
 - WellCare of Kentucky
 Below this is the text: "It is the Provider's responsibility to contract with the MCOs."
- MCO Identifier:** A section titled "Select that apply:" with checkboxes for the same MCOs as above.
- Start New Enrollment:** A green button at the bottom right.

Figure 40: New Enrollment: Start a New Enrollment



The easiest method for entering the Provider's **Date of Birth** is to type the date into the field rather than using the drop-down.

Start an Application ? ? * = Required

- Category and Provider Type cannot be changed later
- Individual must own FEIN 100% or Social Security Number must be used
- Fill out the form that follows accurately; the entire application depends on the data on this form being correct
- When you have completed this screen press "Start an Application" and continue to the application questions
- "Review 907 KAR 1:671 Section 6 (11) to assist in determining if your arrangement is a Change of Ownership."
- For Change of Ownership, the FEIN must be the same as that of the previous owner

Select Change of Ownership.

* Application Type
 New Enrollment Change of Ownership

* Applying As (Category) Individual Group Entity

* Provider Type

* Requested Effective Date

* Primary NPI

* Primary Taxonomy

* FEIN Number

* Confirm FEIN Number

* Previous Owner's Medicaid ID

* Is Your Primary Physical Business Location In KY?
 Yes No

Upon receipt of the KY Medicaid ID, I plan on applying to be a participating provider with the following KY Managed Care Organization(s).

Select all that apply:

Aetna Better Health of Kentucky Anthem Blue Cross Blue Shield
 Humana Healthy Horizons in Kentucky Passport Health Plan by Molina Healthcare
 UnitedHealthcare Community Plan WellCare of Kentucky

It is the Provider's responsibility to contract with the MCOs.

Select that apply:

Aetna Better Health of Kentucky Anthem Blue Cross Blue Shield
 Humana Healthy Horizons in Kentucky Passport Health Plan by Molina Healthcare
 UnitedHealthcare Community Plan WellCare of Kentucky

If you are an MCO select the MCO.

The required fields shown in the **Start an Application** screen are based on the **provider type** and the **Category: Individual, Group, or Entiv.**

For **Change of Ownership (CHOW)**, the previous owner's Medicaid ID is required.

Figure 41: New Enrollment: Start a Change of Ownership

To complete the **Start an Application** screen, *enter* data in the fields as follows:

- **Application Type:** Selection carried forward from the previous screen. This selection can be changed before the application is started.
 - New Enrollment: Start a new application to become a KY Medicaid Provider.
 - Change of Ownership: Start an application to report a change of ownership for a current KY Medicaid Provider. Review 907 KAR 1:671 Section 6 (11) to assist in determining if your arrangement is considered a Change of Ownership.
- **Applying As (Category) *:** *Select* the radio button beside the **Category** that describes the Provider as follows:
 - Individual: A category type of enrollment for a KY Medicaid Provider Number. These provider types are for those Providers who work for themselves.

- Group: An organized Group which has within its bounds multiple Providers and services. A Group is one of three category types (others are Individual and Entity). A Group must have at least one individual active Provider.
 - Entity: A health related organization, such as a clinic, hospital, or nursing facility. An Entity is one of three category types (others are Group and Individual) that a user can select for enrollment.
- **Provider Type:** *Select* the service of the Provider. View a full list of Provider Types and descriptions on the KY MPPA website.
- **Requested Effective Date:** Enter the date requesting the KY Medicaid ID become effective.
 - The requested effective date can be up to one year retroactive from, or up to ninety days past, the current date.
 - The provider should ensure all licensure, certifications, and documentation are current and reflect the effective date.
- **Birth Date:** Birth date of Provider.
 - All Individual Providers must be at least 18 years old as calculated from date of birth entered.
 - Chiropractors (PT 85) must be at least 21 years of age calculated from date of birth entered.
- **Primary NPI**:** A National Provider Identifier, or NPI, is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).
 - The Primary NPI should be entered on this screen; additional NPI's (up to 250 total) can be entered on the NPI screen later in the application.
 - All NPI numbers must be listed on the National Plan & Provider Enumeration System (NPPES) website, which is the NPI Registry Public Search, and where KY MPPA validates NPI numbers.
- **Primary Taxonomy**:** Taxonomy codes categorize the type, classification, and/or specialization of health care providers.
 - The Primary Taxonomy associated with the Primary NPI should be entered on this screen; additional Taxonomies (up to 60 total) can be entered on the Taxonomy screen later in the application.
 - All Taxonomies entered must be listed on the National Plan & Provider Enumeration System (NPPES) website.
- **Social Security Number:** Provider's Social Security Number.
- **FEIN Number:** Federal Employer Identification Number. For Individuals, only use the FEIN if they are 100% owner. Otherwise SSN must be used.
- **Previous Owner's Medicaid ID:** For Change of Ownership (CHOW), the previous owner's KY Medicaid ID is required.
- **Is Your Primary Physical Business Location in KY? Yes or No.**
 - If **Yes**, user will answer question, **Do you have a Kentucky Professional License?**
 - If Yes, user will answer question "Are you practicing Telemedicine?"

- **Upon receipt of the KY Medicaid ID, I plan on applying to be a participating provider with the following KY Managed Care Organizations:**
 - Select Yes or No

Note: It is the Provider's responsibility to contract with the MCOs directly.

- **If you are an MCO select the MCO.** User selects the MCO that they are representing and enters the MCO Identifier (7 digits) in the required field.
- **Are you a Subcontractor for the MCO?**
 - If **Yes**, user will be prompted to enter Subcontractor Identifier (7 digits)
 - If **No**, proceed to next step

When certain Provider Types are selected from the drop down menu, an additional question will be provided to determine whether the New Enrollment application is changing the Provider Type of an existing group. This question will be shown for Provider Types PT 03 Behavioral Health Service Organization (BHSO), PT 31 Primary Care, PT 35 Rural Health Clinic, and PT 76 Multi-Therapy Group,

- Are you changing Provider Types?
 - If the New Enrollment application is being submitted to change to the selected Provider Type from a compatible Provider Type with an existing KY Medicaid ID, **select Yes** and **enter** the Medicaid ID(s) of the existing Group(s) changing to the new Provider Type in the provided grid.

Note: *At least one Medicaid ID is required in the grid for the change in Provider Type process. User will receive an Alert message if Yes is selected and no Medicaid ID is added to the grid.*

- **Select Add**
- **Enter the Medicaid ID.** **Note:** *The Medicaid ID will be end-dated when the new application is approved.*
- **Click Add to Grid**
- **Enter the Primary NPI and Primary Taxonomy** of the new Provider Type
- If this is not a change to a Provider Type, select **No**.
 - If No, proceed to the next step.

Note: *Only certain Group or Entity Provider Types can be changed. If the existing Medicaid ID entered in the grid is not compatible, the user will receive the following Alert: "Provider Type can not be modified for this Medicaid Number."*

Start an Application * = Required

- Category and Provider Type cannot be changed later
- Individual must own FEIN 100% or Social Security Number must be used
- Fill out the form that follows accurately; the entire application depends on the data on this form being correct
- When you have completed this screen press "Start an Application" and continue to the application questions
- *Review 907 KAR 1:671 Section 6 (11) to assist in determining if your arrangement is a Change of Ownership.*
- For a change of ownership, the new owner must be the same as that of the previous owner

Select Yes or No

*Application Type
 New Enrollment Change of Ownership

*Applying As (Category)
 Individual Group Employer

*Provider Type
 31 - Primary Care

*Are you changing Provider Types?
 Yes No

At least one Medicaid Number must be entered into the grid. This is the Medicaid ID of the group that is changing their Provider Type.

Existing Medicaid Id list

Medicaid Number	PT	Provider Name	NPI	Effective Date	End Date	Status	Reason	Action
710	65	medical group	120	07/26/2017	12/31/2299	Active	Active	

Medicaid ID
 Add To Grid

(This Medicaid ID will be end-dated when the new application is approved.)

*Primary NPI

*Primary Taxonomy

*FEIN Number

*Confirm FEIN Number

The existing Medicaid ID will be end-dated when the New Enrollment application is approved.

Discard

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Figure 42: New Enrollment: Change of Provider Type

Click the **Start an Application** Start an Application button to save the information and continue to the next screen in the application process.

Messages will alert users if issues are found with the NPI/Taxonomy combinations entered as follows:

- If a New Enrollment application has been started in KY MPPA with the same NPI/Taxonomy combination, a field error will display (*"pending application with same NPI/Taxonomy found"*).
- If the NPI/Taxonomy combination is associated with an existing KY Medicaid ID, either active or inactive, a field error will be displayed (*"a previous enrollment has been found"*).
- If the NPI or NPI/Taxonomy combination is not found, a field error will display.

* In order to change the **Provider Type, Category, or Social Security/FEIN** selection after saving this screen, a user must start a new application.

**NPI and Taxonomy codes are not required for atypical provider types. Atypical provider types use SSN and/or FEIN depending on Category. Atypical provider types are generally not healthcare providers, e.g., transportation or delivery roles.



When entering a Change of Ownership, you will need to enter the KY Medicaid ID of the previous owner.

Review 907 KAR 1:671 Section 6 (11) to assist in determining if your arrangement is considered a Change of Ownership.

Confirm Submit Dialog Box

When a user clicks the **Start an Application** button, a **Confirm Submit** dialog box appears. Confirming the accuracy of the information entered gives the user the opportunity to go back and make changes. If the information is incorrect beyond this point, the user must withdraw this application and start a new one.

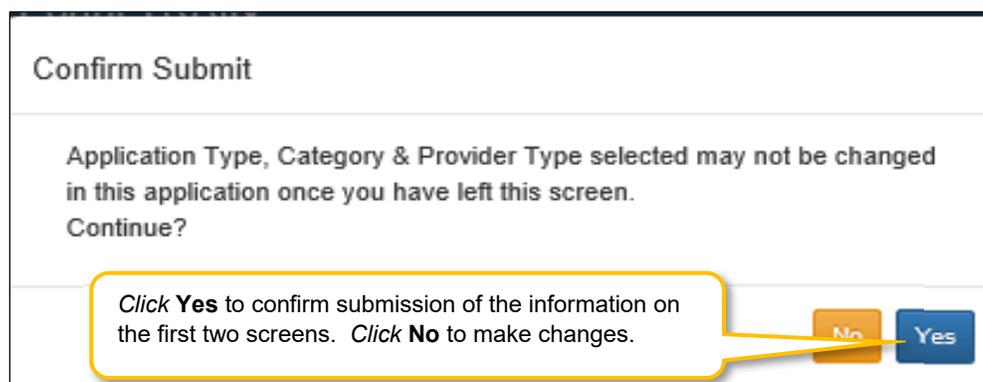


Figure 43: Confirm Submit Dialog Box

Click **Yes** to confirm the information and continue the application. Click **No** to make changes.



Application Type, Category and Provider Type cannot be changed once they have been confirmed and saved by selecting **Start An Application** and after selecting Yes to confirm the submission. If the Application Type, Category and/or Provider Type are incorrect, withdraw the application and start again.

After the **Role Selection** and **Start An Application** screens have been confirmed by clicking **Yes** in the **Confirm Submit** screen, the user begins the **New Enrollment** application starting with the **1.1 Basic Information** screen. The fields on the **New Enrollment** screens are customized to reflect the user's **Category** and **Provider Type**.

1.0 Administrative Information

1.1 Basic Information

The **Basic Information** screen captures key information about the Group or Entity.

Application Number	Enrolling As	Provider Type	Provider Name	DBA Name	Medicaid Number
APP#	Entity	31 - Primary Care			
NPI/FEIN	Status	Application Start Date	Effective Date	Application Originator	Application Age
102	In Progress	08/12/2021 15:51:11	09/01/2021	Dill	0 Days

Basic Information-Group/Entity	
<ul style="list-style-type: none"> Please enter your basic information below The email address used here must be the same as the one used in the Kentucky Online Gateway (KOG) to access your application later If the application is for a Group or Entity enter the Group/Entity email notification address and not the individual's providers address Press "Exit" to return to the Dashboard and keep all validated data entered Press "Next" when you are done entering data and ready to move to next screen For more information, see the help page. Tier 3 cannot enroll together with Tier 2 NTP. Tier 2 NTP 	<p>Populate the data entry fields.</p>
<p>* Business Name</p> <input type="text" value="Sample Physician Group"/>	
<p>Doing Business As</p> <input type="text"/>	
<p>* Legally Authorized Agent Email Address (Owner, Officer or Board Member)</p> <input type="text"/>	<p>* Confirm Legally Authorized Agent Email Address</p> <input type="text"/>
<p>Communication Email Address</p> <input type="text"/>	<p>Confirm Communication Email Address</p> <input type="text"/>
<p>* Business Structure Type</p> <input type="text" value="Profit"/>	<p>* Business Ownership Type</p> <input type="text" value="Public"/>
<p>* Requested Effective Date</p> <input type="text" value="09/01/2021"/>	<p>* Fiscal Year End</p> <input type="text" value="Dec"/>
<p><i>I am enrolling temporarily related to COVID-19 state of emergency</i> <input type="checkbox"/></p>	
<p><input type="button" value="Exit"/> <input type="button" value="Save & Next"/></p>	

Figure 44: Basic Information – Group/Entity

To complete the **Basic Information** screen, *enter* data in the fields as follows:

- **Business Name:** The legal name of the Group or Entity.
- **Doing Business As:** If the Group or Entity conducts business as some other name than its legal name, provide that information in this field.

NOTE: *The name information entered here must match the name on all supporting documentation.*

- **Authorized Agent Email Address:** The contact email address for the authorized agent of the Group or Entity as used in the Kentucky Online Gateway (KOG). This should be an email for an Owner, Officer or Board Member associated with the Group or Entity in the KY Medicaid ID file.
- **Communication Email Address:** Enter a group or organization email address to allow all credentialing team members to receive email notifications about this specific application. This field can also be left blank if no other Credentialing Agents need to receive email notifications regarding this specific application.
- **Business Structure Types:**
 - Non-Profit: A corporation or an association that conducts business for the benefit of the public without shareholders and without a profit motive.
 - Profit: A corporation that conducts business to realize a profit for the benefit of the owners.
- **Business Ownership Type:**
 - Private: Company is owned by private shareholders.
 - Public: Company issues shares for subscription by the public. Can be government owned.
- **Fiscal Year End:** Enter the month that the fiscal year ends.
- **Requested Effective Date:** The date the KY Medicaid ID will be active for the Group or Entity.
 - The requested effective date can be up to one year retroactive from current date or up to ninety days after the current date.
 - Provider should ensure all licensure and certifications are active by the effective date.

To save the information:

- *Click **Save & Next** to save the information and proceed to the next screen.*

1.2 Tax Information

The **Tax Information** screen captures tax structure, and provides tax information for Medicaid payments to the Group or Entity. Enter tax information as it appears on your *IRS Verification Letter SS-4*.

Figure 45: Tax Information – Group/Entity

To complete the **Tax Information** screen, enter data in the fields as follows:

- **Tax Structure:** Select one of the following from the **Tax Structure** drop-down:
 - Corporation
 - Estate/Trust
 - Government/Non-Profit
 - Limited Liability Corporation
 - Partnership
 - Public Service Corporation
 - Sole Proprietor
- **Tax Effective Date:** The tax effective date will pre-populate with the requested effective date and will be a read only field.
- **Tax Exempt:** Defaults to **No**. Select if **Yes** for tax exempt. Tax exemption refers to a monetary exemption, which reduces taxable income.
- **Tax Structure Comment:** This text box allows the Provider to explain or provide any additional information to DMS regarding the Tax Structure. (See Navigation section for comment box rules)
- **FEIN:** Federal Employer Identification Number. For any Medicaid Service Provider that is a Group or Entity, their FEIN will be pre-populated from information provided earlier in the application process.

To save the information:

- Click **Save & Next** to save the information and proceed to the next screen.

1.3 NPI Information

The **NPI Information** screen captures National Plan & Provider Enumeration System (NPPES) information for the Provider. The **NPI** number is a unique ten-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).

There is a limit of thirty NPI numbers that can be listed per Provider. All NPIs must be listed on the *National Plan & Provider Enumeration System* (NPPES) website and linked to the Provider applying for the KY Medicaid ID.

The screenshot displays the 'NPI Information' screen within a web application. The sidebar on the left lists various information categories, with '1.3 NPI Information' selected. The main content area contains instructions for adding and managing NPIs. Below the instructions is a table with one row of data. At the bottom, there are navigation and action buttons.

Instructions:

- Primary NPI is prepopulated
- Limit is 30 NPI's, all NPI's listed for the Provider must be on NPPES
- Click "Add" if you wish to add NPI's, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add record
- After pressing "Add", clicking the "Primary?" checkbox makes the primary checkbox

NPI	Primary?	Action
9999999999	Yes	 

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Buttons: Exit, Back, Save & Next

Callout: Click the **Add** button to open the data entry fields.

Figure 46: NPI Information Screen

To enter the **NPI Information** in the grid, enter data in the fields as follows:

- Click **Add** to open the data entry fields.

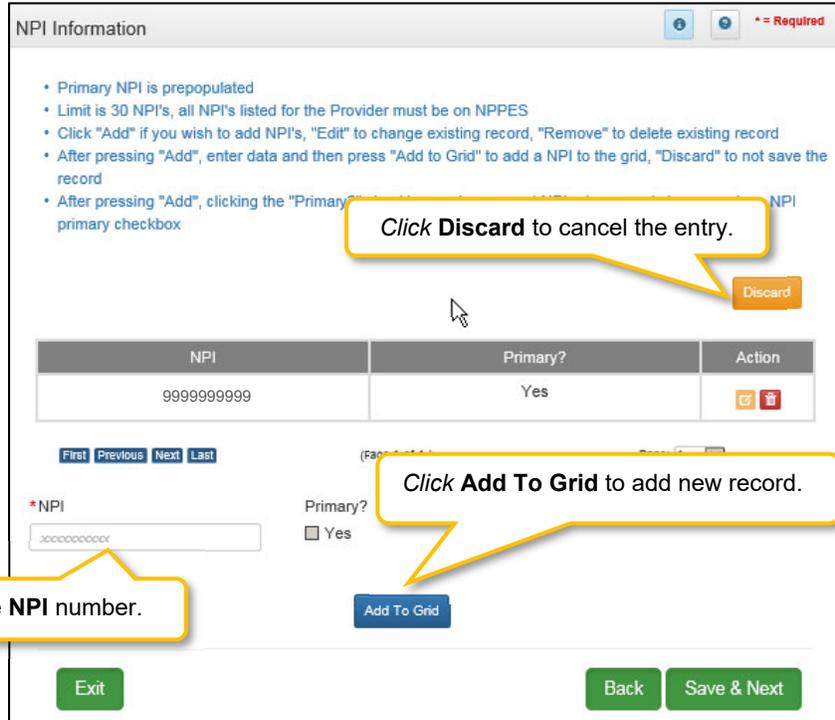


Figure 47: NPI Information Screen (Data Entry Fields)

- **NPI:** Enter the Provider’s NPI number in the grid.
- **Primary:** Click the box if the NPI is the primary NPI. There can only be one primary NPI number. (see instructions below for changing the Primary indicator from one NPI to another)
- Click **Add to Grid** to enter information in the grid.

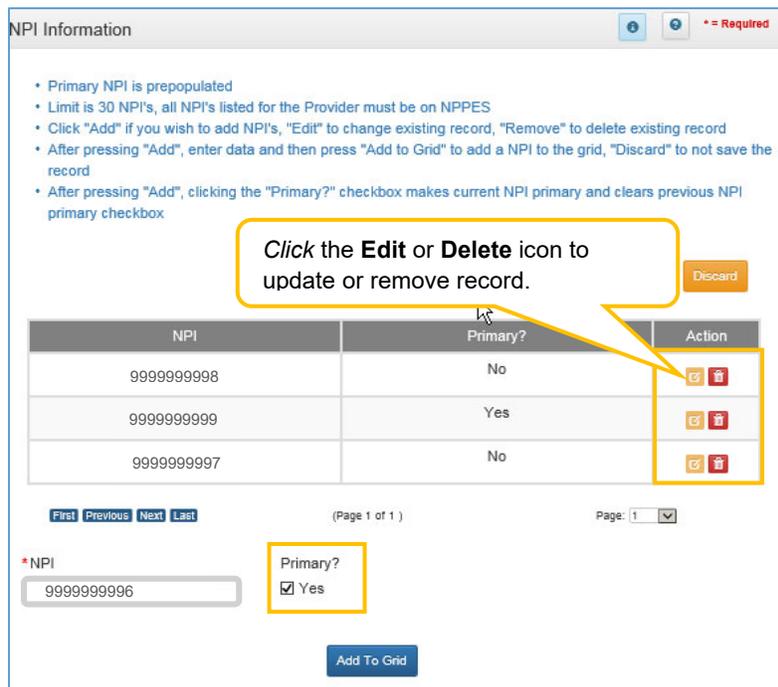


Figure 48: NPI Information Screen (Add NPI)

To *add* additional NPI numbers, use the following steps:

- Click the **Add** icon.
- Enter the **NPI** number.
- Leave **Primary** checkbox blank.
- Click **Add To Grid** to enter the information into the grid.

The screenshot shows the 'NPI Information' screen with a sidebar on the left and a main content area. The sidebar lists various information sections, with '1.3 NPI Information' selected. The main content area includes instructions, a grid of NPI numbers, and a form to add a new NPI. Callouts highlight the 'Edit' icon in the grid and the 'Primary?' checkbox in the form.

Click the Edit icon to update a record.

NPI	Primary?	Action
9999999998	No	
9999999999	Yes	
9999999997	No	

Click the Primary checkbox for the new Primary NPI number.

* NPI: 9999999996
 Primary? Yes
 Add To Grid

Figure 49: NPI Information Screen (Change Primary)

To *change* the **primary** NPI number, use the following steps:

- Click the **Edit** icon in the **Action** column for the **Primary NPI**.
- **Uncheck** the **Primary** checkbox to remove the primary status for that **NPI**.
- Click **Add To Grid** to enter the information into the grid. You must have at least two **NPI** numbers in the grid to change the **Primary NPI** number.
- Click **Edit** in the **Action** column to open the fields for the NPI number you would like to make the new **primary**.
- Click the **Primary** checkbox **Yes**.
- Click **Add To Grid** to enter the record into the grid.



You must have at least two NPI numbers in the grid to change the **Primary NPI** number. There can only be one **Primary NPI** number.

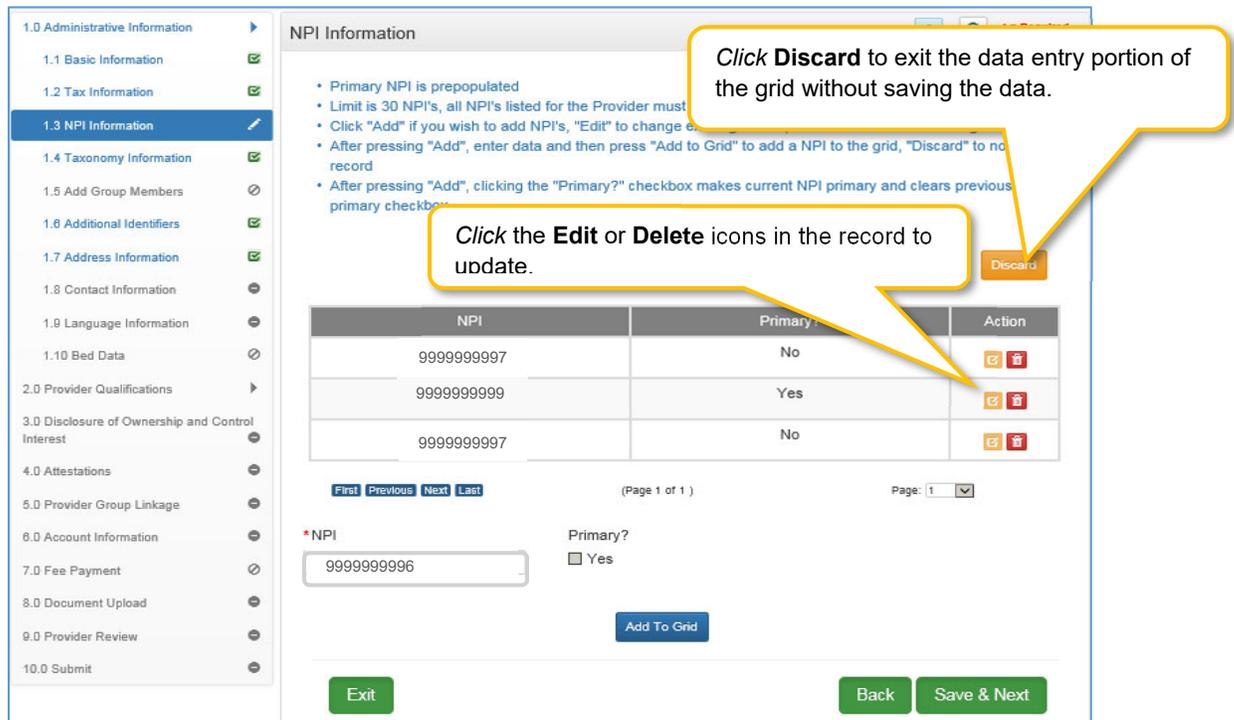


Figure 50: NPI Information Screen (Edit or Delete)

To *edit* or *delete* a record in the grid:

- Click the **Edit** icon in the Action column to open the fields.
 - Make changes as needed and *click* the **Add To Grid** button.
- Click the **Delete** icon to remove the existing record.

Note: Deleting an NPI may require an additional step if an NPI Number is associated with a CLIA Number on the **1.6 Additional Identifiers** screen, and the user tries to delete the NPI number.

- *KY MPPA will display message for user: **Are you sure you want to delete the NPI.***
 - *If the answer is **Yes**, then the user can delete the **NPI** by clicking the **Edit** icon in the **grid**.*
 - *If the deleted **NPI** is associated with a **CLIA Number** on screen **1.6 Additional Information** then **KY MPPA** will display message for user: **Changing NPI(s) may require a change on screen 1.6 Additional Information.***
 - *The user **CANNOT Save & Next** on the **1.6 Additional Information** screen until the **CLIA Number** is updated with an existing **NPI Number** in the **grid**.*

To *discard* the grid information:

- Click **Discard** to exit the data entry portion of the grid. No information will be saved.

To *save* the grid information:

- Click **Save & Next** to save the information and proceed to the next screen.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.

1.4 Taxonomy Information

The **Taxonomy Information** screen captures specialty information for the Provider. The primary NPI and associated taxonomy are pre-populated in the **NPI** and **Taxonomy** fields. The **Taxonomy** number designates the specialty type for a medical Provider.

All Taxonomies must be listed on the *National Plan & Provider Enumeration System (NPPES)* website and linked to the Provider applying for the KY Medicaid ID. The taxonomy number must be associated with the Provider's NPI number on the website. KY MPPA verifies that the NPI/Taxonomy combination entered **does not** already have an active KY Medicaid ID for the same provider type. If an active KY Medicaid ID is found, a different NPI/Taxonomy combination is required in order to submit a new KY Medicaid ID application.

Taxonomy Information * = Required

- Primary NPI and associated taxonomy(ies) are prepopulated
- All taxonomies listed for provider must be on NPPES
- Click "Add" if you wish to add Taxonomies, "Edit" to change existing record, "Delete" to delete existing record
- NPI and NPI Primary Indicator are not editable from this screen
- After pressing "Add", enter data and then press "Add to Grid" to add a Taxonomy to the grid, "Discard" to not save the record
- For Provider Type 03, Tier 2 NTP provider, Taxonomy "281Q"

Add

Taxonomy	Taxonomy Primary	Action
9999999998	Yes	 

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Exit **Back** **Save & Next**

Click **Add** to open the data entry fields.

Figure 51: Taxonomy Information Screen

On the **Taxonomy Information** screen, taxonomies can be updated until the application is submitted for review to DMS. NPIs cannot be updated on this screen, return to 1.3 NPI Information to edit NPIs.



KY MPPA verifies that the NPI/Taxonomy combination entered does not already have an active KY Medicaid ID for the same Provider Type. If an active KY Medicaid ID is found, a different NPI/Taxonomy combination is required in order to submit a new KY Medicaid ID application.

To add **Taxonomy Information**, enter data in the fields as follows:

- Click **Add** to open the fields.

The screenshot shows the 'Taxonomy Information' form. At the top right, there is a red asterisk and the text '* = Required'. Below this is a 'Discard' button. A callout bubble points to it with the text 'Click Discard to cancel the entry.' Below the discard button is a table with three columns: 'Taxonomy', 'Taxonomy Primary', and 'Action'. The table contains one row with the value '999999998' in the 'Taxonomy' column, 'Yes' in the 'Taxonomy Primary' column, and edit/delete icons in the 'Action' column. Below the table are navigation buttons: 'First', 'Previous', 'Next', and 'Last'. To the right of these buttons is a '(Page: 1)' indicator and a dropdown menu. Below the navigation buttons are input fields for '* Taxonomy' (containing '193400000X') and 'Primary' (with a checked 'Yes' checkbox). A callout bubble points to the 'Add To Grid' button with the text 'Click Add to Grid save the information to the grid.' Another callout bubble points to the 'Taxonomy' input field with the text 'Populate the fields.' At the bottom of the form are three buttons: 'Exit', 'Back', and 'Save & Next'.

Figure 52: Taxonomy Information (Add Taxonomy)

- **Taxonomy:** The **Taxonomy** is pre-populated in the **Taxonomy** field based on the entries in the **Start New Enrollment** screen
 - Taxonomy is a 10-digit identification number, which designates the specialty type for a medical provider.
 - There must be at least one Taxonomy number in the grid to proceed to the next screen.
- **Taxonomy Primary:** The **Primary** Taxonomy is pre-populated as **Yes** based on the entries in the **Start New Enrollment** screen

To *edit* or *delete* the **Taxonomy** number:

- Click the **Edit** icon in the **Action** column to open the fields.
- *Enter* a new **Taxonomy** number.
- **Taxonomy Primary?:** Is this the Primary Taxonomy? **Yes**. Leave blank if **No**.
 - The *Primary Taxonomy* is the Provider's specialty for this Medicaid ID.
- **Add To Grid:** Click **Add To Grid** to enter the record into the grid.
- Click the **Delete** icon to delete the existing record.

Click **Discard** if you need to exit the data entry portion of the grid. No information will be saved.

To *save* the information:

- Click **Save & Next** to save the information and proceed to the next screen.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.

1.5 Add Group Members

Group and Entity provider types can add members to their Group by utilizing KY MPPA's **Add Group Members** screen to link Individual Medicaid Providers. At least one actively enrolled Individual Medicaid Provider is required to form a Group.

When a new member is added to the Group, upload of the MAP-347 signed by the new Group member (Individual Provider) will be required on the 8.0 Document Upload screen to authorize payments to be made to the Group on their behalf.

Add Group Members * = Required

- A group must contain at least one group member
- All members must have an active Provider Medicaid ID to proceed
- Click "Add" if you wish to add group members. "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add record to the grid, "Discard" to not save the record

Provider Medicaid ID Primary NPI

Provider Medicaid ID	NPI	Provider Name	Provider Linkage Effective Date	Action
No records found				

Click Add to open the data entry fields.

Figure 53: Add Group Members

The grid captures the following data for each Individual Medicaid Provider to be added:

- **Provider Medicaid ID:** KY Medicaid ID of the Individual Provider.
- **NPI:** National Provider Identification (NPI) number of the Provider. The NPI number is a unique ten-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).
- **Provider Email:** Provider's individual email address. If the Provider has a Kentucky Online Gateway (KOG) account this email should be entered.
- **Provider Name:** Name of the Individual Medicaid Provider.
- **Provider Linkage Effective Date:** Date the Individual Provider becomes active as part of the group.

- **Provider Linkage End Date:** Date the Individual Provider is deactivated and no longer part of the group. This field may be left blank until the Provider ceases association with the Group or Entity.
- **Action:** **Edit** or **Delete** the record.

To **Add Group Members** information to the grid, *enter* data in the fields as follows:

- *Click Add* to open the data entry fields.

The screenshot shows the 'Add Group Members' form. On the left is a navigation menu with sections 1.0 through 3.0. The main form area has a header 'Add Group Members' with a search icon, a refresh icon, and a red asterisk indicating required fields. Below the header are two input fields: 'Provider Medicaid ID' and 'Primary NPI' (containing 'XXXXXXXXXX'). There are 'Search' and 'Clear' buttons. An orange 'Discard' button is on the right. Below is a table with columns: 'Provider Medicaid ID', 'NPI', 'Provider Name', 'Provider Linkage Effective Date', and 'Action'. The table content is 'No records found'. Below the table are two required fields: '* Provider Medicaid ID is required' (with a red border) and '* Provider Linkage Effective Date' (with a date picker). A blue 'Verify Provider Medicaid ID' button is between these fields. A yellow callout box points to this button with the text 'Click Verify Provider Medicaid ID to ensure the Provider is active.' Another yellow callout box points to the input fields with the text 'Enter data in the fields.' At the bottom are 'Exit', 'Add To Grid', 'Back', and 'Save & Next' buttons.

Figure 54: Verify Medicaid Provider ID

- **Provider Medicaid ID:** *Enter* the Individual Provider KY Medicaid ID number.
- **Provider Linkage Effective Date:** *Enter* the date the Individual Provider becomes active in the group.
- **Verify Provider Medicaid ID:** *Click* the **Verify Provider Medicaid ID** button to verify that the KY Medicaid ID is active and on file with the KY Department for Medicaid Services.

After *clicking* the **Verify Provider Medicaid ID** button, *review* the data in the **NPI**, **Provider Email**, and **Provider Name** fields.

Add Group Members

- A group must contain at least one group member
- All members must have an active Provider Medicaid ID to proceed
- Click "Add" if you wish to add group members. "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add record to the grid, "Discard" to not save the record

Provider Medicaid ID

Primary NPI

Provider Medicaid ID	NPI	Provider Name	Provider Linkage Effective Date	Action
No records found				

* Provider Medicaid ID

* Provider Linkage Effective Date

Verify the data in the fields is correct. **Click Add To Grid** to enter the record.

Figure 55: Add Group Members (Add to Grid)

- Click **Add To Grid** once the **Medicaid ID** information is verified to *add* the record to the grid.
- *Repeat* all steps above for each Individual Provider to be associated to the Group or Entity.

To *edit* or *delete* a record in the grid:

- Click the **Edit** icon to update the data in the record. Selecting **Edit** opens the fields for editing.
- Click the **Delete** icon to remove the existing record.

To *save* a record in the grid:

- Click **Save & Next** to proceed to the next screen.

NOTE: The Individual Provider Type must be compatible with the Group Provider Type in order to add the Provider to the Group. Check the Provider Type Summary before attempting to add an Individual to a Group.



At least one actively enrolled Individual Medicaid Provider is required to create a Group.

1.6 Additional Identifiers

The **Additional Identifiers** screen captures identifying information for the Individual, Group or Entity enrolling as a Medicaid Provider. Identifiers such as Medicare number, driver's license number, Drug Enforcement Administration (DEA) number, Clinical Laboratory Improvement Amendments (CLIA) number, or other identifiers not requested in the **2.0 Providers Qualifications** section should be entered here as determined by the applicant's selected Provider Type. *

Note: *Additional Identifier* information added to this screen may require upload of supporting documentation on the **8.0 Document Upload** screen.

* **Additional Identifiers** do not include license or certification information. If an **Additional Identifier** is required, and not entered, an error message will appear. For additional information go to the provider type summaries.

The screenshot shows the 'Additional Identifiers' screen. On the left is a navigation menu with sections 1.0 through 6.0. Section 1.6 'Additional Identifiers' is highlighted. The main area contains instructions: 'Please click on Add then click on the Identifier type dropdown and enter information for each identifier that applies', 'If applicable add all CLIA numbers that are assigned to this provider', 'Click "Add" if you wish to add Additional Identifiers, "Edit" to change existing record, "Remove" to delete existing record', and 'After pressing "Add", enter data and then the record'. Below the instructions is a table with columns: Identifier Type, Identifier Number, CLIA Address, Issue State, Effective Date, Expiration Date, Location NPI, Comments, and Action. Two rows are shown: 'CLIA Number' with value '17' and '123 west', and 'Medicare Number' with value '61'. An 'Add' button is highlighted with a yellow callout box containing the text 'Click Add to open the data entry fields.' At the bottom are 'Exit', 'Back', and 'Save & Next' buttons.

Identifier Type	Identifier Number	CLIA Address	Issue State	Effective Date	Expiration Date	Location NPI	Comments	Action
CLIA Number	17	123 west		02/04/2005	08/03/2019	17		[Edit] [Remove]
Medicare Number	61			06/20/2018				[Edit] [Remove]

Figure 56: Additional Identifiers

To **add Additional Identifiers** to this screen, enter data in the fields as follows:

- **Click Add** to open the fields.

Figure 57: Additional Identifiers (Add Identifier Type)

- **Identifier Type:** Select an **Identifier Type** from the drop-down.
 - Identifiers listed in the **Identifier Type** drop-down are based on Provider Type.
- **Identifier Number:** Enter the number associated with the Identifier.
- **Comments:** Comments may be entered for any **Identifier Type** but are not required.

Click the **Add To Grid** button to enter the record into the grid.

Adding a CLIA Identifier Type

There are additional steps that must be taken when adding a **CLIA Number**. To *add* a **CLIA**, enter data in the fields as follows:

- Click **Add** to open the fields.

Additional Identifiers * = Required

- Please click on Add then click on the Identifier type dropdown and enter information for each identifier that applies
- If applicable add all CLIA numbers that are assigned to this provider
- Click "Add" if you wish to add Additional Identifiers, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add the record

Click Discard to cancel the entry.

Discard

Identifier Type	Identifier Number	CLIA Address	Issue State	Effective Date	Expiration Date	Location NPI	Comments	Action
Medicare Number	324			05/01/2018				 

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* Identifier Type: CLIA Number

* Identifier Number:

* Select Location NPI: 18

* CLIA Address:

Comments:

Click Add to Grid to populate the grid.

Add To Grid

Exit Back Save & Next

Figure 58: Add CLIA Number

- **Identifier Type:** Select the CLIA **Identifier Type** from the drop-down.
 - Identifiers listed in the **Identifier Type** drop-down are based on Provider Type.
- **Identifier Number:** Enter the CLIA number.
- **Select Location NPI:** Check the box(es) next to the **NPI(s)** associated with the CLIA.

Note: If an NPI is added to, or removed from the **1.3 NPI Information** screen, the change will reflect on the **1.6 Additional Identifiers** screen in the **'Select Location NPI'** list. If a CLIA was associated with a deleted NPI, the **CLIA must be edited and a new NPI location must be selected from the 'Select Location NPI' list before the user can proceed to the next screen.**

- **CLIA Address:** Enter the address linked to the corresponding CLIA.
- **Comments:** Comments may be entered for any **Identifier Type** but are not required.

Note: When entering a CLIA, the effective date and expiration date will auto-populate. Multiple CLIA Numbers can be added for a single Medicaid ID.

Click the **Add To Grid** button to enter the record into the grid.

Figure 59: Additional Identifiers (Edit Grid)

To *edit* or *delete* **Additional Identifiers** in the grid:

- Click **Edit** icon to update the information in the record. Selecting **Edit** opens the fields for editing.
- Click **Delete** icon to remove the existing record.

To save the information:

- Click **Save & Next** to save the information and proceed to the next screen.

Note: CLIA information is imported from the original CLIA file and updated every Friday.

Return to the **System Navigation: Grid Layout** chapter for help on working with grids.



Other identifier types may be required as specified in the provider type summaries. Identifiers available in the **Identifier Type** drop-down are based on Provider Type.



Go to the provider type summaries to determine what documentation each Provider Type requires. Not all Provider Types will require **Additional Identifiers**. **Additional Identifiers** do not include license or certification information. If an **Additional Identifier** is required, and not entered, an error message will appear.



Additional Identifier information added to this screen may require upload of supporting documentation on the **8.0 Document Upload** screen.

1.7 Address Information

The **Address Information** screen captures required address information for the Individual, Group or Entity enrolling as a Medicaid Provider. The **Primary Physical**, **Pay-To/1099**, and **Mailing** addresses are required addresses. The **Other Physical** address is used to report any satellite business locations.

Address Information * = Required

- Primary Physical, Pay-To/1099 and Mailing are required
- Please add ALL physical business locations
- "Other Physical" Address Type can have multiple locations, but cannot have duplicate addresses
- Only one "Primary Physical", "Pay To/1099", "Mailing" Address Type permitted
- Click "Add" if you wish to add Addresses, "Edit" to change existing record, "Remove" to delete existing record
- Press "Exit" to return to the Dashboard
- Press "Save & Next" when you are done entering the data and ready to move to next screen
- After pressing "Add", enter data and then press "Add to Grid" to add record to the grid, "Discard" to not save the record
- Please ensure all locations in which they are providing services, in which this Medicaid ID are added. If your organization has multiple facilities, enter each facility as different Service Location (Program Name)

Click **Add** to create a new record to add to the grid.

Address ID	Address Type	Contact Name	Program Name	Address	Phone Number	Fax Number	Action
No record found							

Exit
Back
Save & Next

Figure 60: Address Information Screen

To complete the **Address Information** screen, *enter* data in the fields as follows:

- Click **Add** to open the fields for the address information.

Address Information

Click **Discard** to cancel the entry.

Discard

Address Type	Contact Name	Address	Phone Number	Fax Number	Total Hours Per Week	Action
Pay To/1099	Jane Does	106 W Main St, Georgetown, Kentucky 40324 1321	(502)555-5555			✉ 🗑
Mailing	Jane Does	106 W Main St, Georgetown, Kentucky 40324 1321	(502)555-5555			✉ 🗑

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*** Address Type (Select All That Apply):**

Primary Physical
 Other Physical
 Pay To/1099

*** Contact Name** **Location Name**

Hours of Operation

Total Hours on Monday

Total Hours on Tuesday

Total Hours on Wednesday

Total Hours on Thursday

Total Hours on Friday

Total Hours on Saturday

Total Hours on Sunday

*** Address 1** **Address 2**

*** City** *** State** *** Zip Code** **Zip+4** *** County**

*** Phone Number** **Ext** **Fax Number**

Validate Address

Click **Validate Address** once all fields are populated.

Back
Save & Next

Figure 61: Address Information Screen (Data Entry Fields)

- **Address Type:** To *define* the address type being entered, *check* a box for each associated **Address Type**. *Add* addresses as follows:
 - *Select* one address type and complete the fields one address at a time, OR
 - *Select* any combination of the following three address types (Primary Physical, Pay To/1099, and/or Mailing) simultaneously to populate all selected address types with the same address. *Note: Primary Physical and Other Physical cannot be selected simultaneously as they must have different addresses.*

-
- There are four address types:
 - **Primary Physical:** The main practice location.
 - Only one address can be entered as a primary physical address.
 - A post office box address is not permitted.
 - Hours of Operation needs to be entered for Primary Physical Address only. Total hours per day to be entered.
 - **Other Physical:** (Optional)
 - Satellite locations for the business.
 - A post office box address is not permitted.
 - Other Physical address **should not** be listed as a duplicate of the **Primary Physical** address.
 - **Pay To/1099:** Address where payments, tax and other financial documents should be sent (only one address can be entered as a pay to/1099 address).
 - **Mailing:** General address for other correspondence (only one address can be entered as a mailing address).
 - **Contact Name:** Enter the name to whom the mail should be addressed.
 - **Address 1:** Mailing address line 1.
 - **Address 2:** Mailing address line 2.
 - **City:** City
 - **State:** State
 - **Zip Code:** Zip Code
 - **Zip + 4:** Last 4 digits of Zip Code (if known).
 - **County:** County
 - **Phone Number:** Number to call the Contact person.
 - **Ext:** Phone number extension of the Contact person (if applicable).
 - **Fax Number:** Fax Number
 - **Click Validate Address**, select from address panel:
 - Validate Address: When the user selects the **Validate Address** button, KY MPPA will show error messages for any missing required fields. If data entry is complete, then the address validates against the *United States Postal Service (USPS)*.

* Address Type(Select All That Apply):
 Primary Physical Other Physical Pay To/1099 Mailing

Attention: William Wales Location Name: Main

Please select the address you would like to use below or go back and re-enter the address.

Suggested Post Office Address
 100 W. Main Street
 Anywhere, Kentucky 40324 1321
 County: Scott

Address you Entered
 100 W. Main Street
 Anywhere, Kentucky 40324
 County: Scott

Enter Address Again Choose and Continue

Exit Back Save & Next

Figure 62: Address Information Screen (Address Selection Panel)

- **Address Selection Panel:** The **Address Selection** panel displays after the Post Office validates the address. KY MPPA will display a **Suggested Post Office Address** or the **Address You Entered**. *Select one:*
 - The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*
 - The **Address You Entered** will show the address exactly as it was entered by the user.
- **Enter Address Again:** *Select Enter Address Again* to clear all fields and re-enter an address.
- **Choose and Continue:** *Select Choose and Continue* to use the address selected.

To *edit* or *delete* **Address Information** in the grid:

- Click **Edit** icon to update the information in the record. *Selecting Edit* opens the fields for editing.
- Click **Delete** icon to remove the existing record.

To save the information

- Click **Save & Next** to save the information and proceed to the next screen.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.

1.8 Contact Information

The **Contact Information** screen captures names and locations of personnel to contact for various business purposes.

Contact Information

- Agent of Service and Credentialing Contacts are required
- Credentialing Contact - this individual will be contacted should any information be needed to process application
- Click "Add" if you wish to add Contacts, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Save" to save the record

Click **Add** to open the data entry fields.

Contact Type	First Name	Last Name	Business Name	Mobile Number	Office Phone Number	Ext	Fax Number	Email Address	Action
No records found									

Exit Back Save & Next

Figure 63: Contact Information Screen

A minimum of two types of contacts are required to submit an application:

- **Agent of Service:** Individual to contact in case a summons is necessary.
- **Credentialing Agent:** Individual to contact about information necessary to process the application.

Each contact record must be added one at a time. The same person can be more than one **Contact Type**. There is no limit to the number of contacts.

Note: You cannot enter duplicate contacts, such as two Credentialing Agents with the exact same name and contact information.

To complete the **Contact Information** screen:

- Click **Add** to open the fields for the contact information.

Contact Information * = Required

- Agent of Service and Credentialing Contacts are required
- Credentialing Contact - this individual will be contacted should any information be needed to process application
- Click "Add" if you wish to add Contacts, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add To Grid" to save the record

Click Discard to cancel the entry.

Discard

Contact Type	First Name	Last Name	Business Name	Mobile Number	Office Phone Number	Ext	Fax Number	Email Address	Action
Agent Of Service	Sample	Numberone	John	Doe	(502) 555-1111				
			John	Doe	(502) 555-1111				

Populate the data entry fields or drop-downs.

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Preferred Contact Method: Contact Type:

First Name: Last Name:

Mobile Number: Office Phone Number: Ext:

Fax Number: Email Address:

Add To Grid

Click Add To Grid to populate the grid.

Exit **Back** **Save & Next**

Figure 64: Contact Information (Add)

Enter contact data in the fields as follows:

- **Preferred Contact Method:** Select one from the drop-down list. *Fields displayed when adding Contact Information are based on this selection.*
 - Email
 - Fax Number
 - Mobile Number
 - Office Phone Number
- **Contact Type:**
 - **Accountant or CPA:** Individual who provides accounting services.

- **Administrator:** Office Administrator.
- **Agent of Service:** Individual to contact in case a summons is necessary.
- **Assistant Administrator:** Assistant Office Administrator.
- **Controller:** Office Controller.
- **Credentialing Contact:** Individual to contact about information necessary to process the application.
- **First Name:** First name of contact.
- **Last Name:** Last name of contact.
- **Business Name:** Name of the business.
- **Mobile Number:** Cell phone number.
- **Phone Number:** Office phone number.
- **Ext:** Office phone number extension.
- **Fax Number:** Office fax number.
- **Email:** Email address.

Click **Add To Grid** to add the record to the grid.

To *edit* or *delete* **Contact Information** in the grid:

- Click the **Edit** icon to update the information in the record. Selecting **Edit** opens the fields for editing.
- Click the **Delete** icon to remove the existing record.

To *save* the information:

- Once information has been added to the grid, *click* **Save & Next** to save the information and proceed to the next screen.

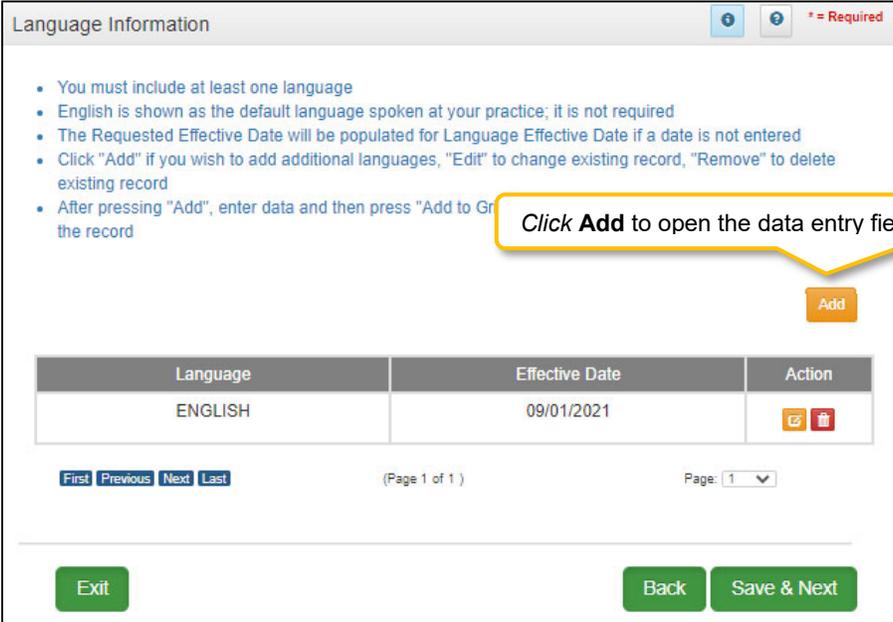
*Return to the **System Navigation: Grid Layout** chapter for help on working with grids.*



A minimum of two types of contacts are required: an Agent of Service and a Credentialing Agent.

1.9 Language Information

The **Language Information** screen captures the languages spoken at the practice. At least one language is required. English is the default but is not a required language. Add additional languages to the grid as needed.



Language Information

- You must include at least one language
- English is shown as the default language spoken at your practice; it is not required
- The Requested Effective Date will be populated for Language Effective Date if a date is not entered
- Click "Add" if you wish to add additional languages, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to save the record

Add

Language	Effective Date	Action
ENGLISH	09/01/2021	 

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Exit **Back** **Save & Next**

Click Add to open the data entry fields.

Figure 65: Language Information (Add/Edit)

To complete the **Language Information** screen, enter data in the fields as follows:

- Click **Add** to open the fields for the language information.

Language Information

Click **Discard** to cancel the entry.

Language	Effective Date	Action
ENGLISH	09/01/2021	

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* Language
Select One

* Effective Date
MM/DD/YYYY

Add To Grid

Click **Add To Grid** to add a record to the grid.

Back Save & Next

Figure 66: Language Information (Add/Edit)

- **Language** (drop-down): Contains list of languages. Add languages one at a time.
- **Effective Date**: Date the language will be active.

Click **Add To Grid** to add a new record to grid.

To *edit* or *delete* **Language Information** in the grid:

- Select **Edit** icon to update the information in the record. Selecting **Edit** opens the fields for editing.
- Select **Delete** icon to remove the existing record.

To *save* the information: Click **Save & Next** to save the information and proceed to the next screen.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.



At least one language is required. English is the default but is not a required language.

1.10 Bed Data

For provider types that require bed data, the **Bed Data** screen captures information to ensure that Medicaid recipients are housed properly and collects information for proper billing and reporting purposes.

Note: For provider types required to have bed data, at least one Medicaid record must be entered.

Note: Bed Data requirements vary by provider type. Based on provider type, users will see one of two screen layouts included in this section. (see below)

Bed Information * = Required

- Click "Add" if you wish to add Bed Data records, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add record to the grid, "Discard" to not save the record
- For Provider Types 03, 06, 26, 30: If your organization is providing residential services and have multiple residential licensed programs at the same location, please enter a Bed record for each residential licensed program with Bed Effective date and End-date same as License

Click Add to open the data entry fields.

Add

Bed Type	Certified Beds	Bed Effective Date	Bed End Date	Certified for Medicaid	Certified for Medicare	Certified for Either	Action
No records found							

Exit
Back
Save & Next

Figure 67: Bed Data Screen (Provider Type 1)

To add **Bed Data** to this screen, enter data in the fields as follows:

- Click **Add** to open the fields.

Click **Discard** to cancel the entry.
Required

Bed Information
Discard

Bed Type	Certified Beds	Bed Effective Date	Bed End Date	Certified for Medicaid	Certified for Medicare	Certified for Either	Action
No records found							

* Bed Type Certified Beds

* Bed Effective Date Bed End Date

Certified for Medicaid Certified for Medicare Certified for Either

Add To Grid

Click **Add To Grid** to populate the grid.

Exit

Back

Save & Next

Figure 68: Bed Data Screen (Add Provider Type 1)

- **Bed Type:** Select a **Bed Type** from the drop-down. *The list of bed type selections available is based on provider type.*
 - If bed type **'Other'** is selected, a description is required.
- **Certified Beds:** Total number of certified beds. (Certified by Office of Inspector General (OIG). OIG creates a Medicaid/Medicare Certification and Transmittal Letter (CNT). Includes all three: Certified for Medicaid, Certified for Medicare, and Certified for Either.)
- **Bed Effective Date:** Defaults to **Requested Effective Date**.
- **Bed End Date:** Match the OIG certification end date. (Not a required field).
- **Certified for Medicaid:** Number of beds certified for Medicaid recipient use.
- **Certified for Medicare:** Number of beds certified for Medicare recipient use.
- **Certified for Either:** Number of beds certified for either Medicaid or Medicare recipient use.

Bed Information Required

*Click **Add** to open the data entry fields.*

Add

Bed Type	Certified Beds	Bed Effective Date	Bed End Date	Certified for Medicaid	Certified for Medicare	Certified for Either	Action
Psych Hospital	25	9/1/2021	12/31/2299	10	10	5	 

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Exit
Back **Save & Next**

Figure 69: Bed Data Screen (Provider Type 2)

To *add* **Bed Data**, enter data in the fields as follows:

- *Click **Add*** to open the fields.

Click **Discard** to cancel the entry.

Discard

Bed Type	Certified Beds	Beds / Rooms	Bed Effective Date	Bed End Date	Prefix	Suffix	From Room Number	To Room Number	Certified for Medicaid	Certified for Medicare
Brain Injury			3/23/2017						1	
NF (Medicare/Medicaid) - Titles 18 & 19			3/23/2017							

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Click **Add To Grid** to populate the grid.

Figure 70: Bed Data Screen (Add Provider Type 2)

- **Bed Type:** Select a **Bed Type** from the drop-down. The list of bed type selections available is based on provider type.
 - If bed type **'Other'** is selected, a description is required.
- **Certified Beds:** Total number of certified beds. (Certified by Office of Inspector General (OIG). OIG creates a Medicaid/Medicare Certification and Transmittal Letter (CNT). Includes all three: Certified for Medicaid, Certified for Medicare, and Certified for Either.)
- **Bed Effective Date:** Defaults to **Requested Effective Date**.
- **Bed End Date:** OIG certification end date. (Not a required field).
- **Rooms Prefix:** Location identifier; for example West Wing, East Wing
- **From Room Number:** Range of rooms (All rooms within the range must have same number of beds per room). Enter the first room number.

- **To Room Number:** Range of rooms (All rooms within the range must have same number of beds per room). Enter the last room number.
- **Rooms Suffix:** Bed number within each room; For example 1a, 1b up to four characters.
- **Total Rooms:** Total number of rooms within the range.
- **Beds per Room:** Number of beds within a room.
- **Certified for Medicaid:** Number of beds certified for Medicaid recipient use.
- **Certified for Medicare:** Number of beds certified for Medicare recipient use.
- **Certified for Either:** Number of beds certified for either Medicaid or Medicare recipient use.

To *edit* or *delete* **Bed Data** in the grid:

- Click **Edit** to update the information in the record. Selecting **Edit** opens the fields for editing.
- Click **Delete** to remove the existing record. **Note:** *Once Bed Data is approved by DMS, no Bed Data record can be deleted; record must be **End Dated** and new Bed Data record entered.*
- Click **Save & Next** to save the information and proceed to the next screen.

Return to the *System Navigation: Grid Layout* Chapter for help on working with grids.



For Provider types required to have bed data, at least one Medicaid bed must be entered.

1.11 Locum Tenens

Locum Tenens is not applicable for Group Providers.

1.12 Teaching Facility

Teaching Facility refers to a hospital engaged in an approved GME residency program in medicine, osteopathy, dentistry, or podiatry. Screen requires a Yes or No response. If not sure of status or organization does not participate in such a program, select “No”.

Teaching Facility



* = Required

- A Teaching Facility refers to a hospital engaged in an approved GME residency program in medicine, osteopathy, dentistry, or podiatry. If you are not sure of your status or do not participate in such a program, please select “No”.
- Click “Add”, enter data and then click “Add to Grid” to add record to the grid. Click “Discard” to not save the record.
- Click “Edit” to change existing record and “Remove” to delete existing record.
- Click “Save & Next” when you have entered all the data and ready to move to next screen.
- Click “Back” to return to the previous screen.
- Click “Exit” to return to the Dashboard.

Add

Teaching Facility	Effective Date	Expiration Date	Action
No	04/27/2021	12/31/2299	 

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Exit
Back
Save & Next

Figure 71: Teaching Facility

To *add* **Teaching Facility** information, enter data in the fields as follows:

- Click **Add** to open the fields.
- Teaching Facility:** *Select Yes or No*
- Effective Date:** *Enter date Teaching Facility status began*
- Expiration Date:** *Enter date Teaching Facility status ended or is expected to end*
- Click **Add To Grid**

To *edit* or *delete* **Teaching Facility** data in the grid:

- Click **Edit** to update the information in the record. Selecting **Edit** opens the fields for editing.
- Click **Delete** to remove the existing record. **Note:** *Once Teaching Facility data is approved by DMS, no Teaching Facility record can be deleted; record must be **End Dated** and new Teaching Facility record entered.*
- Click **Save & Next** to save the information and proceed to the next screen.

Figure 72: Teaching Facility (Add)

Figure 73: Teaching Facility (Completed Grid)

1.13 Telehealth Information

Telehealth Information is not available for groups.



Section Summary: New Enrollment: Start to Submit

- The **Role Selection** and **Application Type** screens are the first screens that need to be completed before starting to fill out the **New Enrollment** application. The screens require entry of provider type, category and basic information in order to determine which fields should appear on the screens.
- When entering a Change of Ownership, you will need to enter the KY Medicaid ID of the previous owner. Review 907 KAR 1:671 Section 6 (11) to assist in determining if your arrangement is considered a Change of Ownership.
- The Role Selection and Start An Application screens cannot be changed once they have been confirmed and saved by selecting Start An Application and after selecting Yes to confirm the submission.
- You must have at least two NPI numbers in the grid to change the Primary NPI number. There can only be one Primary NPI number.
- KY MPPA verifies that the NPI/Taxonomy combination entered does not already have an active KY Medicaid ID for the same Provider Type. If an active KY Medicaid ID is found, a different NPI/Taxonomy combination is required in order to submit a new KY Medicaid ID application.
- At least one actively enrolled Individual Medicaid Provider is required to create a Group.
- Other identifier types may be required as specified in the provider type summaries. Identifiers available in the Identifier Type drop-down are based on provider type.
- Pre-existing Additional Identifier records cannot be deleted. They must be end dated by entering an expiration date and new Additional Identifier records added.
- A minimum of two types of contacts are required: Agent of Service and Credentialing Agent.
- At least one language is required. English is the default but is not a required language.
- For provider types required to have bed data, at least one Medicaid bed must be entered.

2.0 Provider Qualifications

2.1 Specialties Information

The **Specialties Information** screen captures the Provider's specialties. One specialty must always be marked as the primary specialty. A Provider can change their primary or add additional specialties in the system. Some provider types have a default specialty, which cannot be changed.

Specialties Information

- You must make one specialty your primary specialty if selecting more than one
- If your provider type is 64 - Physician Individual - General Practitioner can not be changed except for "Primary"
- Click "Add" if you wish to add specialties, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the record

Click **Add** to open the data entry fields.

Specialty Type	Primary	Effective Date	Expiration Date	Action
003 - BHSO Without Residential Services	Yes	09/01/2021		

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Exit Back Save & Next

Figure 74: Specialties Information

To add **Specialty Types**, enter data in the fields as follows:

- Click **Add** to open the fields.

Specialties Information Required

Discard

	Primary	Effective Date	Expiration Date	Action
003 - BNSO with Residential Services	Yes	09/01/2021		

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* Specialty Type Primary?
 Select One Yes

* Effective Date Expiration Date
 09/01/2021 MM/DD/YYYY

Add To Grid

Click Add To Grid to populate the grid.

Exit Back Save & Next

Figure 75: Specialties Information (Add)

- **Specialty Type:** Select a specialty from the **Specialty Type** drop-down.
- **Primary:** Check the box if the specialty is primary. There can only be one primary specialty type.
- **Effective Date:** Enter the date that the specialty licensing or certification will be active for the Provider.
- **Expiration Date:** Enter the date that the specialty licensing or certification expires.
- **Add To Grid:** Click **Add To Grid** to populate the grid with the record.

To edit or delete **Specialties Information** in the grid:

- Click **Edit** icon to update the information in the record. *Selecting Edit* opens the fields for editing.
- Click **Delete** icon to remove the existing record.
- Click **Save & Next** to save the information and proceed to the next screen.

Return to the *System Navigation: Grid Layout* Chapter for help on working with grids.



Some provider types have a default specialty, which cannot be changed. The **Add** button will not be displayed for those provider types.

2.2 License Information

The **License Information** screen captures a list of licenses held by the Provider. The name on the license must match the Provider's name entered in KY MPPA.

Note: Upload of the actual license document is required on the **8.0 Document Upload** screen. If a Provider Type does not require a license, an exemption letter can be uploaded in place of a license.

License Information

- The name on the license should match the Provider Name
- If License Number is less than 4 digits, add zeroes (0) to the front of license number to total 4 digits
- Click "Add" if you wish to add Licenses, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record
- If exempt for licensure for Provider Type 66, then at the 8.0 Document Upload screen, please upload personal letter citing the statute reason for exemption noted in the Provider Type 66 Summary.
- For Provider Types 03, 06, 26, 30: If your organization is providing residential services and have multiple residential licensed programs at the same location, please upload a separate license for each program with Bed Effective date and End-date same as

Click **Add** to open the data entry fields.

Physical Address	License Type	Issue State	License Number	Name	License Designation	License Effective Date	License Expiration Date	Action
No record found								

Exit Back Save & Next

Figure 76: License Information

To **add License Information** to this screen, enter data in the fields as follows:

- Click **Add** to open the fields.

License Information

Click **Discard** to cancel the entry.

Discard

Physical Address	License Type	Issue State	License Number	Name	License Designation	License Effective Date	License Expiration Date	Action
No record found								

* Physical Address
 ADR01 - Primary Office - 100 Main Street, Fr

* License Type: Health Board * Issue State: Kentucky

* License Number: 123456

Provider Name: Entity Sample * License Designation: Permanent

* License Effective Date: MM/DD/YYYY * License Expiration Date: 08/31/2025

Do, Jane

Add To Grid

Click **Add To Grid** to populate the grid.

Exit Back Save & Next

Figure 77: License Information (Add License)

- **License Type:** Select the type of license from the drop-down (based on provider type).
- **Issue State:** Select the name of the state that issued the license to the Provider.
- **License Number:** Enter the license number.*
- **Name:** The individual's name is pre-populated from the **Provider Name** on **1.1 Basic Information** screen.
- **License Designation:** Select the designation of the license from the drop-down
 - Permanent
 - Temporary
 - Residency
 - Faculty
 - Fellowship
 - Interim (only available to Provider Type 79 – Speech Language Pathologist)
 - Training
 - Institutional Practice
 - Practice Limited

Note: Only license designation that apply to the current Provider Type will Display

- **License Effective Date:** *Enter* the effective date of the license.
- **License Expiration Date:** *Enter* the expiration date of the license (expiration date cannot be prior to the **Requested Effective Date** as entered in 1.0 Administration Information).
- *Click* **Add To Grid** to populate the grid.
- **Repeat** for each license as applicable.

* *The minimum length of a license is four alpha/numeric characters and the maximum is twenty. If the License number is fewer than four characters, add zeroes to the front of the license number to total four digits.*

License Information * = Required

Click the **Edit** or **Delete** icons in the **Action** column to *update* or *delete* the information in the grid.

Physical Address	License Type	Issue State	License Number	Name	License Designation	Effective Date	License Expiration	Action
ADR01 - Primary Office - 100 Main Street, Frankfort, 40601	Health Board	Kentucky	123456	Entity Sample	Permanent	08/01/2021	08/31/2025	 

First Previous Next Last
(Page 1 of 1)
Page: 1

Exit
Doe, Jane
Back Save & Next

Figure 78: License Information (Edit or Delete)

To *edit* or *delete* **License Information** in the grid:

- *Click* the **Edit** icon to update the information in the record. Selecting **Edit** opens the fields for editing.
- *Click* the **Delete** icon to remove the existing record.
- *Click* **Save & Next** to save the information and proceed to the next screen.



The minimum length of a license is four alpha/numeric characters and the maximum is twenty. If the license number is fewer than four characters, add zeroes to the front of the number to bring the total to four characters.



Upload of the actual license document is required on the 8.0 Document Upload screen.

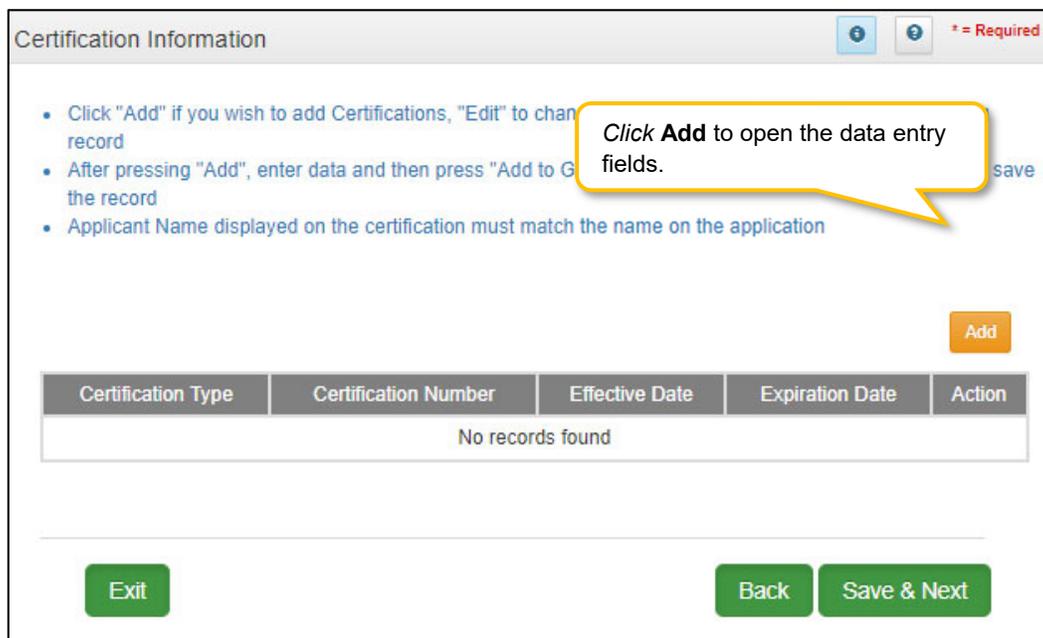
2.3 Certification Information

The **Certification Information** screen allows users to *add* the Provider's Certifications. Some provider types will have certifications instead of licenses.

Note: *Upload of the actual certification document is required, a prompt will be received on the **8.0 Document Upload** screen.*

To *add* new **Certification Information**, enter data in the fields as follows:

- **Certification Type (drop-down):** *Select the Certification Type from drop-down list.*
- **Certification Number:** *Enter the certification number.*
- **Effective Date:** *Enter date that the certification becomes active. **Note:** Effective Date cannot be after Expiration Date.*
- **Expiration Date:** *Enter date that the certification expires. **Note:** Expiration Date cannot be prior to Effective Date. Optional for new certificates.*



Certification Information * = Required

- Click "Add" if you wish to add Certifications, "Edit" to change record
- After pressing "Add", enter data and then press "Add to G" the record
- Applicant Name displayed on the certification must match the name on the application

save

Add

Certification Type	Certification Number	Effective Date	Expiration Date	Action
No records found				

Exit Back **Save & Next**

Figure 79: Certification Information Screen (Add)

To *edit* or *delete* **Certification** information in the grid:

- Click the **Edit icon** to update the information in the record. Selecting **Edit** opens the fields for editing.
- Click the **Delete** icon to remove the existing record.

To *save* the information:

- Click **Save & Next** to save the information and proceed to the next screen.

To *end date* **Certification Information** in the grid:

The screenshot shows the 'Certification Information' form. At the top right, there is a 'Discard' button with a callout: 'Click **Discard** to cancel the entry.' Below the header is a table with columns: Address, ASAM Level, Certification Number, Effective Date, Expiration Date, and Action. The table currently displays 'No records found'. Below the table are form fields: '* Certification Type' (a dropdown menu), 'Certification Number' (a text input), '* Effective Date' (a date picker showing 08/13/2021), and '* Expiration Date' (a date picker showing MM/DD/YYYY). Below these fields is an 'Add To Grid' button with a callout: 'Click **Add To Grid** to populate the grid.' At the bottom right are 'Back' and 'Save & Next' buttons.

Figure 80: Certification Information Screen (Add, Edit or Delete)

Return to the System Navigation: *Grid Layout* chapter for help on working with grids.



Name on certification must match the Provider or DBA name.



Upload of certification document(s) is required on the [8.0 Document Upload](#) screen.

2.4 County Served

The **County Served** screen allows specific Provider types to enter locations of service. Please refer to Provider Type Summary for specific information related to that Provider Type.

Medicaid Waiver Providers will be required on the 8.0 Document Upload screen to upload all regulatory approvals required under the Commonwealth of Kentucky’s statutes. (ABI Certification Letter, SCL Statement of Services to be Provided, Food Establishment Permit (PT-48), etc.). These uploads will enable the Division of Community Alternative (DCA) Staff and Department of Medicaid Services-Division of Provider Integrity (DMS-DPI) Staff to verify the enrolling Provider has complied with all Federal and State Statutory requirements before the Provider is approved as a Medicaid Waiver Service Provider.

To *add* a new **County**, enter data in the fields as follows:

- **Organization Subtype (drop-down):** Select the **Organization Subtype** from drop-down list.
- **Add:** Select **add** to open the data entry fields to continue.
- **Address (drop-down):** Select **address** from drop-down list.
- **Handicap Accessible:** Select **Yes** if address location is handicap accessible.
- **Effective Date:** Fill in **Effective Date**, start date.
- **Expiration Date:** Fill in **Expiration Date**, ending date.
- **KY Counties Served (drop-down):** Select the **Counties** being served from drop-down list.

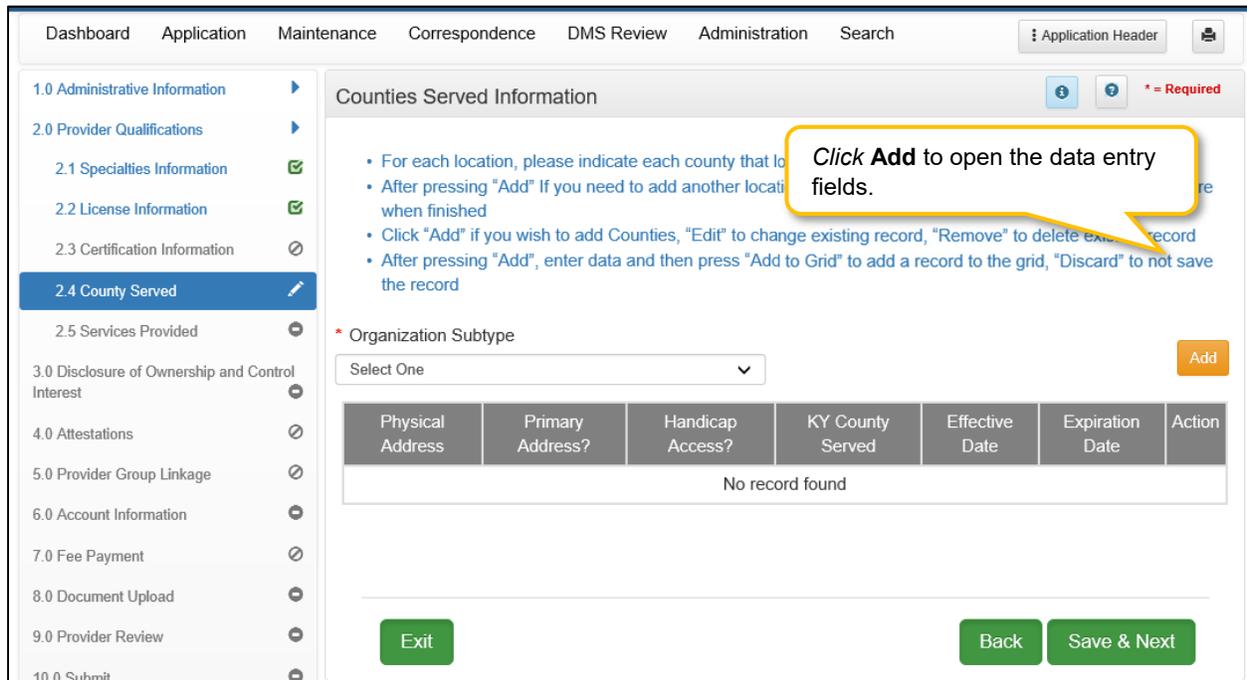


Figure 81: County Served Screen (Add)

To save the information:

- Click **Save & Next** to save the information and proceed to the next screen.

The screenshot shows a web application interface for managing 'County Served' information. The top navigation bar includes 'Dashboard', 'Application', 'Maintenance', 'Correspondence', 'DMS Review', 'Administration', and 'Search'. The main content area is titled 'County Served Information' and features a table with columns: 'Physical Address', 'Primary Address?', 'Handicap Access?', 'KY County Served', 'Effective Date', 'Expiration Date', and 'Action'. The table currently displays 'No record found'. Below the table, there are several form fields: 'Organization Subtype' (a dropdown menu with 'Private Provider Agency' selected), '* Address' (text input with '100 entucky, 40601'), 'Handicap Access?' (checkbox checked 'Yes'), '* Effective Date' (calendar icon with '11/01/2019'), '* Expiration Date' (calendar icon with 'MM/DD/YYYY'), and '* KY Counties Served' (checkbox list with 'Franklin' selected). A left sidebar contains a navigation menu with items like '2.1 Specialties Information', '2.2 License Information', '2.3 Certification Information', '2.4 County Served', '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', and '10.0 Submit'. At the bottom, there are buttons for 'Add To Grid', 'Back', and 'Save & Next'. A 'Discard' button is also visible near the top right. Callouts provide instructions: 'Populate the Organization Subtype from the drop-down.', 'Click Discard to cancel the entry.', 'Populate the address field from the drop-down.', 'Fill in Effective Date and Expiration Date of service', and 'Click Add To Grid to populate the grid.'

Figure 82: County Served Screen (Add, Edit or Delete)

2.5 Services Provided

The **Provided Services** screen allows specific Provider types to designate services provided for each location.

- Acquired Brain Injury (ABI) waiver
- Home and Community Based (HCB) waiver
- Model II waiver (MIIW)
- Michelle P. waiver (MPW)
- Supports for Community Living (SCL) waiver
- Kentucky Transitions waiver

To *add* a new **Service**, enter data in the fields as follows:

- **Address (drop-down):** Select the **Address** from drop-down list.
- **County (drop-down):** Select the **County** from the drop-down list.
- **Waiver Program (drop-down):** Select **Waiver Program** from drop-down list.
- **Service (drop-down):** Select **Service** from the drop-down list..
- **Effective Date:** Fill in **Effective Date**, start date.
- **Expiration Date:** Fill in **Expiration Date**, ending date.
- **Add to Grid:** Select **Add to Grid** to save information.

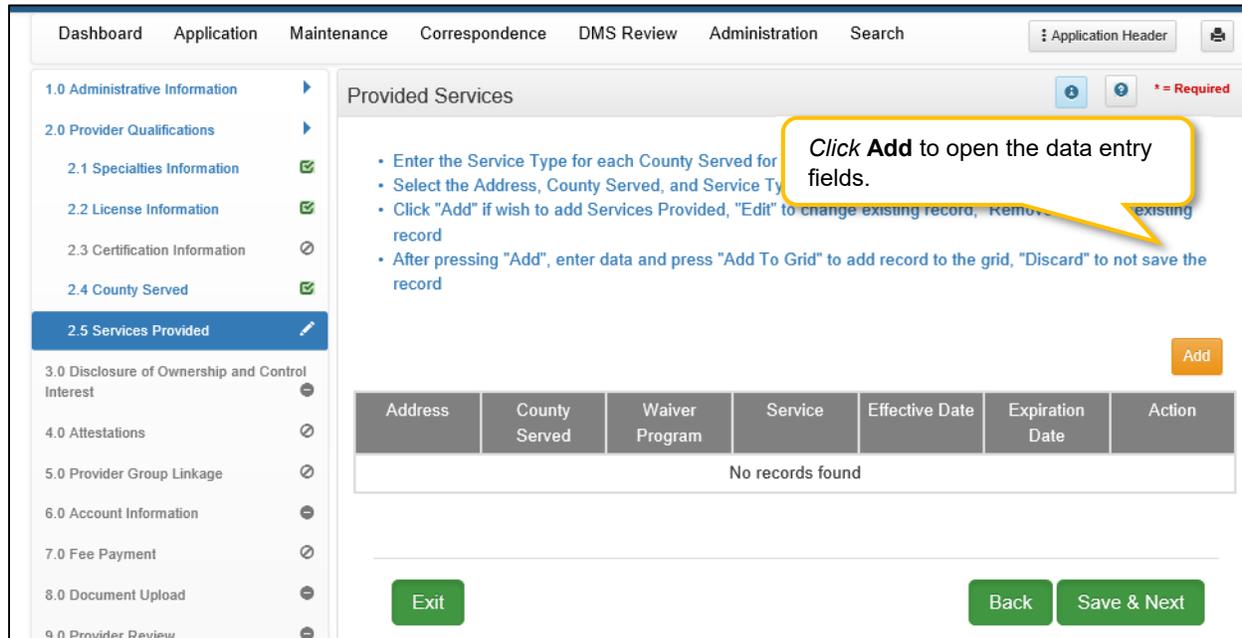


Figure 83: Services Provided Screen (Add)

To *edit* or *delete* **Services** information in the grid:

- Click the **Edit** icon to update the information in the record. Selecting **Edit** opens the fields for editing.
- Click the **Delete** icon to remove the existing record.

To *save* the information:

- Click **Save & Next** to save the information and proceed to the next screen.

The screenshot shows the 'Services' form in a web application. The form includes several dropdown menus and date fields. Callouts provide instructions for each field:

- Address:** Populate the Address from the drop-down.
- County Served:** Populate the County from the drop-down.
- Waiver Program:** Populate Waiver Program from the drop-down.
- Service:** Select Service being offered.
- Effective Date and Expiration Date:** Fill in Effective Date and Expiration Date.
- Discard:** Click Discard to cancel the entry.

The form also features a grid with columns: Address, County Served, Waiver Program, Service, Effective Date, Expiration Date, and Action. The grid currently displays 'No records found'. At the bottom, there are buttons for 'Exit', 'Back', 'Save & Next', and 'Add To Grid'.

Figure 84: Services Provided Screen (Add, Edit, Delete)



Section Summary: Provider Qualifications

- Some Individual Providers will not be required to enter specialty types.
- Some provider types have a default specialty, which cannot be changed. The Add button will not be displayed for those provider types.
- The minimum length of a license is four alpha/numeric characters and the maximum is twenty. If the license number is fewer than four characters, add zeroes to the front of the number to bring the total to four characters.
- Upload of the actual license document is required on the 8.0 Document Upload screen.
- Name on certification must match the Provider or DBA name.
- Upload of the certification document is required on the 8.0 Document Upload screen.
- Pre-existing certificate records cannot be deleted, they must be end dated. A new certificate can be added as a new record.
- Screens 2.6, 2.7, 2.8, 2.9 and 2.10 do not apply to Groups or Entities.

3.0 Disclosure of Ownership & Control Interest

The **Disclosure of Ownership & Control Interest** section of KY MPPA presents a series of questions used to determine who has an ownership and controlling interest in a Provider's business. This section of the user guide contains details on questions required for the Group/Entity provider category.

Note: *There are a total of twenty-two Disclosure of Ownership & Control Interest questions. Individual Provider categories answer eleven questions while Group/Entity Provider categories have twenty-two. Some questions are based on answers of previous questions and may not be applicable.*

Group/Entity Provider category will see **Question 1** as their first question; Individual Provider category will see **Question 4** as their first question; not all question numbers will appear to all users. See the table below for a listing of questions applicable to your Provider category:

Provider Type	Question Numbers
Individual	4, 6, 8a (if Q6 answer is yes), 11,12,13,14,15,16, 17, 8c (if Q17 answer is yes)
Group/Entity	1, 2a (if Q1 answer is yes), 2b (if Q1 answer is yes), 2c (if Q1 answer is yes), 3, 4, 5, 6, 6b (if Q6 answer is yes), 8a (if Q6 answer is yes), 7 (if Q6 answer is yes), 8b (if Q6 answer is yes), 9,10,11,12,13,14,15,16,17, 8c (if Q17 answer is yes)

Figure 85: Table of Disclosure of Ownership & Control Questions

Disclosure of Ownership & Control Interest (Question 1)

Disclosure of Ownership & Control Interest Question: If there has been a change in ownership, enter the previous provider number and their effective date(s).

Disclosure of Ownership & Control Interest Question 1

- Click "Save & Next" to proceed, "Back" to return to the previous screen, or "Exit" to return to the Dashboard
- Items below are disabled because New Enrollment/Individual was selected

If there has been a change in ownership, enter the previous provider number and their effective date(s):

Check if Not Applicable (N/A)

1 2 3 4 5

Exit Disclosure Question Navigation Back Save & Next

Figure 86: Disclosure of Ownership & Control Interest Question 1

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

If the question applies, *add* the information requested.

- **Previous KY Medicaid Provider #:** Pre-populated with the previous KY Medicaid Provider Number that was collected earlier and cannot be changed.
- **Effective Start Date:** If known, *enter* the **Effective Start Date** for the previous KY Medicaid Provider Number. This field is optional and can be left blank if necessary.
- **Effective End Date:** If the previous KY Medicaid Provider ID is active, then the **Effective Start Date** of the new KY Medicaid Provider ID and **Effective End Date** of the previous KY Medicaid Provider ID will be determined by the Department for Medicaid Services.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions, use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Change of Ownership (CHOW) Applications

If there has been a change in ownership, the previous Provider information is required. Once the new KY Medicaid ID is approved, the previous KY Medicaid ID will be end-dated one day prior to the approved Effective Date on the new enrollment application.

*If the Provider has both **Durable Medical Equipment (DME)** and **Pharmacy KY Medicaid IDs** then two separate **Change of Ownership** applications must be submitted.*



If the Provider has both Durable Medical Equipment (DME) and Pharmacy KY Medicaid IDs then two separate **Change of Ownership** applications must be submitted.



If the previous KY Medicaid Provider ID is active, then the **Effective Start Date** of the new KY Medicaid Provider ID and **Effective End Date** of the previous KY Medicaid Provider ID will be determined by the Department for Medicaid Services.

Disclosure of Ownership & Control Interest (Question 2a)

Question: If you completed question #1, describe the relationship between the owner disclosing information on this form and the previous Medicaid owner.

Figure 87: Disclosure of Ownership & Control Interest Question 2a

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- Once questions are answered you may return to any previously answered question – *Click* the question number to navigate back to a previously answered question.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.
- *Click* **Back** button to return to the previous question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Disclosure of Ownership & Control Interest (Question 2b)

Question: If you completed question #1, describe the relationship between the corporate boards of the disclosing provider and previous corporate boards of the Medicaid Provider.

Figure 88: Disclosure of Ownership & Control Interest Question 2b

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- Once questions are answered you may return to any previously answered question – *Click* the question number to navigate back to a previously answered question.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.
- *Click* **Back** button to return to the previous question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Disclosure of Ownership & Control Interest (Question 2c)

Question: Why did a change of ownership occur?

Disclosure of Ownership & Control Interest Question 2c * = Required

- Click "Save & Next" to proceed, "Back" to return to the previous screen, or "Exit" to return to the Dashboard
- Items below are disabled because New Enrollment/Individual was selected

Why did a change of ownership occur?

Check if Not Applicable (N/A)

|< << 2 3 4 5 6 >> >|

Exit Back Save & Next

Figure 89: Disclosure of Ownership & Control Interest Question 2c

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- Once questions are answered you may return to any previously answered question – *Click* the question number to navigate back to a previously answered question.

To *save* the information:

- Click* **Save & Next** to save the information and proceed to the next screen.
- Click* **Back** button to return to the previous question.
- CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Disclosure of Ownership & Control Interest (Question 3)

Disclosure of Ownership & Control Interest Question: If you anticipate any change of ownership, management company or control within the year, state anticipated date of change and nature of the change.

Disclosure of Ownership & Control Interest Question 3

- If the question below applies, you must enter the information requested
- If Not Applicable, the checkbox for N/A must be selected
- When finished click "Save & Next" to proceed, "Back" to return to the previous screen, or "Exit" to return to the Dashboard

If you anticipate any change of ownership, management company or control within the year, state anticipated date of change and nature of the change.

Check if Not Applicable (N/A)

*Date
MM/DD/YYYY

*Nature Of Change

Navigation: |< < 3 4 5 6 7 > >|

Buttons: Exit, Back, Save & Next

Figure 90: Disclosure of Ownership & Control Interest Question 3

If the question applies, *enter* the information requested.

- **Date:** If the Provider anticipates any change of ownership, management company or control within the year, state the anticipated date of change.
 - A notification of the anticipated Change of Ownership is displayed on the Provider's Dashboard 30 days prior to the anticipated date.
- **Nature of Change:** Explain what type of change is occurring with the business.

If it does not apply, *click* the **Check if Not Applicable** checkbox, then *click* **Save & Next** to proceed.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- Once questions are answered, you may return to any previously answered question – *Click* the question number to navigate back to a previously answered question.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.
- *Click* **Back** button to return to the previous question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries

Disclosure of Ownership & Control Interest (Question 4)

Disclosure of Ownership & Control Interest Question: If you anticipate filing for bankruptcy within the year, enter the anticipated date of filing.

Disclosure of Ownership & Control Interest Question 4

- If the question below applies, you must enter the information requested
- If Not Applicable, the checkbox for N/A must be selected
- Filing Date cannot be greater than two years from the Requested Effective Date
- When finished click "Save & Next" to proceed, "Back" to return to the previous screen, or "Exit" to return to the Dashboard

If you anticipate filing for bankruptcy within the year, enter anticipated date of filing.

Check if Not Applicable (N/A)

*Filing Date

MM/DD/YYYY

6

Disclosure Question Navigation

Exit Back Save & Next

Figure 91: Disclosure of Ownership & Control Interest Question 4

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

If the question applies, *add* the information requested.

- **Filing Date** cannot be greater than one year from the **Requested Effective Date**.
 - If the Provider anticipates filing for bankruptcy within the year, enter the anticipated date of filing.
 - This information displays on the Provider's **Dashboard** 30 days prior to the anticipated filing date as notification of an upcoming bankruptcy.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.



Filing Date cannot be greater than one year from the **Requested Effective Date**.

Disclosure of Ownership & Control Interest (Question 5)

Question: If this facility is a subsidiary of a parent corporation, enter corporate FEIN.

Disclosure of Ownership & Control Interest Question 5

- If the question below applies, you must enter the information requested
- If Not Applicable, the checkbox for N/A must be selected
- When finished click "Save & Next" to proceed, "Back" to return to the previous screen, or "Exit" to return to the Dashboard

If this facility is a subsidiary of a parent corporation, enter corporate FEIN:

Check if Not Applicable (N/A)

* Location United States Out Of Country

* FEIN * Parent Corporation Name

* Address 1 Address 2

* City * State * Zip Code Zip+4 County

Click **Validate Address** to validate the address entered against the US Post Office database.

Figure 92: Disclosure of Ownership & Control Interest Question 5

If the question applies, *enter* the information requested.

- **FEIN:** Federal Employer Identification Number
- **Parent Corporation Name:** Name of Parent Corporation
- **Address 1:** Address Line 1
- **Address 2:** Address Line 2
- **City:** City
- **State:** State
- **Zip Code:** Zip Code
- **Zip+4:** Zip+4
- **County:** County

If it does not apply, *click* the **Check if Not Applicable** checkbox, then *click* **Save & Next** to proceed to the next question.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- Once questions are answered, you may return to any previously answered question – *Click* the question number to navigate back to a previously answered question.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.
- *Click* **Back** button to return to the previous question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Disclosure of Ownership & Control Interest (Question 6)

Disclosure of Ownership & Control Interest Question: List name, date of birth, SSN/FEIN, and address of each person or entity that owns 5% or more direct or indirect ownership or controlling interest in the applicant Provider (N/A unacceptable) If you are applying as an individual, list your information.

Disclosure of Ownership & Control Interest Question 6

- One active record is required
- Click "Add" to enter Individual/Entity owner information or No One Owns 5% or More
- Click "Discard" if you wish to clear the data entry fields
- Click "Edit" to change existing record
- Click "Delete" to remove existing record
- Click "Add to Grid" to add record to the grid
- Click "Save & Next" to proceed, "Back" to return to previous screen, or "Exit"

List name, date of birth, SSN/FEIN, and address of each person or entity that owns 5% or more direct or indirect ownership or controlling interest in the applicant provider (N/A not acceptable) If you are applying as an individual, list your information.

Add

Name	Date of Birth	SSN/TIN	FEIN	Address	Action
No record found					

1 2 3 4 5 6 7 8 9 10 > >> |<

Exit Back Save & Next

Must have one active record required in grid.

Select Add to open data entry fields.

Figure 93: Disclosure of Ownership & Control Interest Question 6

Persons with ownership interests should meet the following requirements:

- Has an ownership interest totaling 5% or more in a disclosing entity.
- Has an indirect ownership interest equal to 5% or more in a disclosing entity; has a combination of direct and indirect ownership interests equal to 5% or more in a disclosing entity.
- Has a combination of direct and indirect ownership interests equal to 5% or more in a disclosing entity.
- Owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5% of the value of the property or assets of the disclosing entity.
- Is an officer or director of a disclosing entity that is organized as a corporation? Or,
- Is a partner in a disclosing entity that is organized as a partnership?

Disclosure of Ownership & Control Interest data entry:

If the question applies, *enter* the information requested.

Disclosure of Ownership & Control Interest Question 6 * = Required

List name, date of birth, SSN/FEIN, and address of each person or entity having an ownership or indirect ownership or controlling interest in the applicant provider (N/A not acceptable) If you are adding as

Click **Discard** to cancel the entry.

Select **Owner Type**. If no one owns 5% or more, select **No One Owns 5% or More** to complete the grid.

SSN/ITIN	FEIN	Address	Action
No record found			

* Owner Type Individual Entity No One Owns 5% or More * Location United States Out Of Country

* First Name Middle Name * Last Name

* SSN/ITIN * Date of Birth

* Address 1 Address 2

* City * State * Zip Code Zip+4 County

Validate Address

Click **Validate Address** to validate the address entered against the US Post Office database.

Exit Back Save & Next

Figure 94: Disclosure of Ownership & Control Interest Question 6 (Add Record)

- **Owner Type:** Select **Individual** or **Entity** or **No One Owns 5% or More**
- **Location:** Select **United States** or **Out of Country**
- **First Name:** First Name
- **Middle Name:** Middle Initial
- **Last Name:** Last Name
- **SSN/ITIN:** Social Security Number or International Tax ID Number
- **FEIN (Personal):** FEIN number
- **Date of Birth:** Birth date of Provider, *OR*,
- **Entity:** Business name of Entity
- **FEIN-Entity:** Entity FEIN number
- **Address 1:** Address Line 1

- **Address 2:** Address Line 2
- **City:** City
- **State:** State
- **Zip Code:** Zip code
- **Zip + 4:** Zip code + 4 digits
- **County:** County

Note: Click **Validate Address** to validate the address entered against the US Post Office database. If **Out of Country** is selected **Validate Address** is not required.

Figure 95: Disclosure of Ownership & Control Interest Question 6 (No One Owns 5% or More)

Note: If owner type is **No one Owns 5% or More**, make this selection under owner type.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- Once questions are answered you may return to any previously answered question – *Click* the question number to navigate back to a previously answered question.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.
- *Click* **Back** button to return to the previous question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Disclosure of Ownership & Control Interest (Question 6b)

Disclosure of Ownership & Control Interest Question: **If a Corporate Entity is disclosed in Question #6, the Business Locations of the Corporate Entity must be disclosed.

Disclosure of Ownership & Control Interest Question 6b

- If the question below applies, you must enter the information requested
- Click "Edit" to change existing record; "Remove" to delete existing record
- Click "Discard" if you wish to clear the data entry fields
- Click "Add to Grid" to add a record to the grid
- Check the second box to upload location information using excel template instead of entering into the grid
- The excel template provided is the only upload that will meet requirements

****IF A CORPORATE ENTITY IS DISCLOSED IN QUESTION #6, THE BUSINESS LOCATIONS OF THE CORPORATE ENTITY MUST BE DISCLOSED.**

Check if Not Applicable (N/A)

Select checkbox to upload Excel spreadsheet with business location information

[Click here to download the business location template](#)

Add

Entity Name	Location DBA Name	Address	Is Upload Using Template	Action
No records found				

Navigation: |< < 7 8 9 10 11 > >|

Disclosure Question Navigation

Exit Back Save & Next

Figure 96: Disclosure of Ownership & Control Interest Question 6b

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application. **Note:** *This question only applies if an **Entity** was entered in the previous Question 6.*

If the question does apply, the business locations need to be added to the grid. The information can be entered manually or with the **Business Location Template**. Fields to be entered are as follows:

- **Entity Name:** Entity name is required. The entity name must be an exact match to the name entered in Question 6 and cannot be changed.
- **Address:** Physical Address of Entity
 - P.O. Box is not permitted.
- **Is Upload Using Template:** Will auto-populate **Yes** or **No** based on whether user uploaded the template with location information or entered the information manually.

- **Action:**

- Click **Edit** to update the information in the record. Selecting **Edit** opens the fields for editing.
- Click **Delete** to remove a record.

The **Business Location Template** is available for use if there are multiple locations making it easier to complete and upload the template.

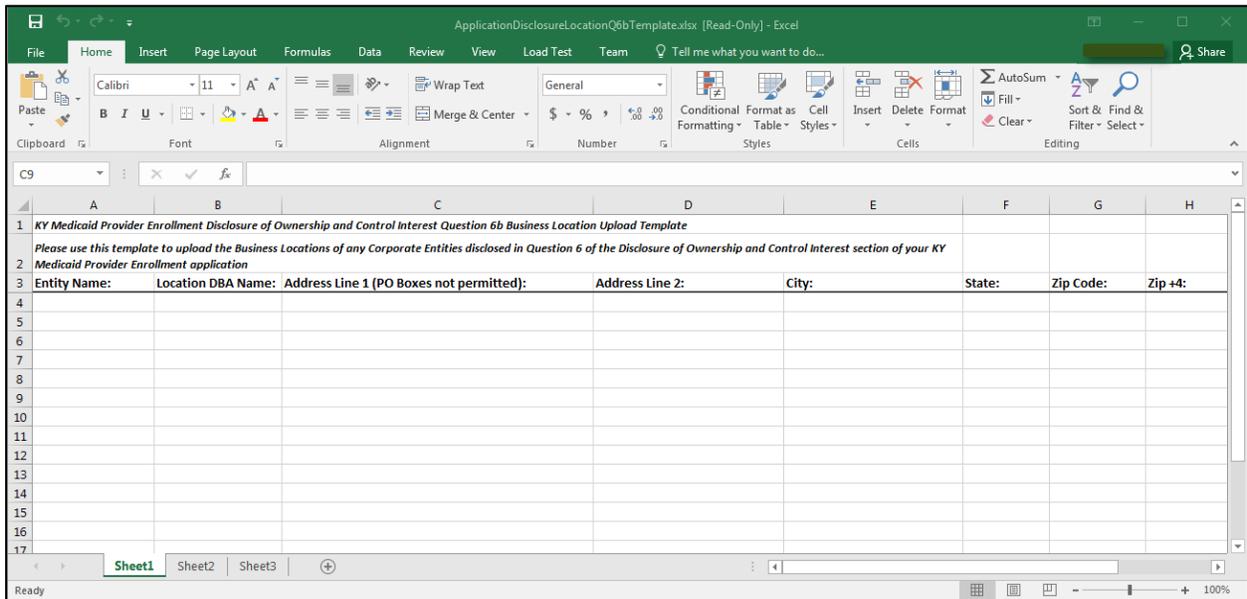


Figure 97: Business Location Template

To *complete* and *upload* the **Business Location Template**, follow the instructions:

- *Download* the Business Location Template by clicking the download [link](#). Complete the template with the location information. **Note:** The **Entity Name** must be an exact match to the name entered in Question 6.
- Save the completed **Business Location Template** document on your computer.

Disclosure of Ownership & Control Interest Question 6b * = Required

****IF A CORPORATE ENTITY IS DISCLOSED IN QUESTION #6, THE BUSINESS LOCATIONS OF THE CORPORATE ENTITY MUST BE DISCLOSED.**

Check if Not Applicable (N/A)
 Select checkbox to upload Excel spreadsheet with business location information

[Click here to download the business location template](#)

Add Additional Spreadsheet Replace All

* Upload File

* Document Name

Entity Name	Location DBA Name	Address	Is Upload Using Template	Action
No records found				

Click the 'Select checkbox to upload excel spreadsheet with business location information'.

Figure 98: Business Location Template (Upload)

- *Download* the **Business Location Template** by clicking the link.
- *Click* on the checkbox **Select checkbox to upload an Excel spreadsheet with business location information** to upload the document.
- *Browse* to find and *upload* the completed **Business Location** document.
- The grid populates with all the information from the template. Edit records as necessary. **Entity Name** cannot be changed.

To *complete* the grid manually follow the instructions below:

Disclosure of Ownership & Control Interest Question 6b

**IF A CORPORATE ENTITY IS DISCLOSED IN QUESTION #6, THE BUSINESS LOCATIONS OF THE CORPORATE ENTITY MUST BE DISCLOSED.

Check if Not Applicable (N/A)
 Select checkbox to upload Excel spreadsheet with business locations

[Click here to download the business location template](#)

Discard

Entity Name	Location DBA Name	Address	Is Upload Using Template	Action
No records found				

Fill in Data Fields

* Entity Name: Select One
 Location DBA Name: [Text Field]

* Address 1: [Text Field] Address 2: [Text Field]

* City: City * State: Kentucky * Zip Code: xxxxxx Zip+4: xxxxx

Validate Address

Click **Validate Address** to validate the address entered against the US Post Office database.

Exit Back Save & Next

Figure 99: Disclosure of Ownership & Control Question 6b (Add)

Click **Add** to open the fields:

- **Entity Name:** Entity name is required. The entity name must be an exact match to the name entered in Question 6 and cannot be changed.
- **Location DBA Name: Doing Business As Name**
- **Address 1:** Address Line 1 (Physical Address)
 - P.O. Box is not permitted.
- **Address 2:** Address Line 2
- **City:** City
- **State:** State
- **Zip Code:** Zip Code
- **Zip +4:** Zip +4

- **Validate Address:** When the user *clicks* the **Validate Address** button, an error message will appear for any required fields that are incomplete. If data entry is complete, then the address validates against the *United States Postal Service (USPS)*.

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

Disclosure of Ownership & Control Interest Question 6b

**IF A CORPORATE ENTITY IS DISCLOSED IN QUESTION #6, THE BUSINESS LOCATIONS OF THE CORPORATE ENTITY MUST BE DISCLOSED.

Check if Not Applicable (N/A)

Select checkbox to upload Excel spreadsheet with business location information

[Click here to download the business location template](#)

Discard

Entity Name	Location DBA Name	Address	Is Upload Using Template	Action
No records found				

* Entity Name: Corporation ABC

Location DBA Name

Possible Address Match

We could not find your address exactly as you entered, but found one that is similar. Please select the address you would like to use below or go back and re-enter the address.

Suggested Post Office Address

100, Kentucky 40507 1836
County: Fayette

Address You Entered

100, Anywhere, Kentucky 40507

Enter Address Again Choose and Continue

Disclosure Question Navigation

Exit Back Save & Next

Figure 100: Address Information Screen (Address Selection Panel)

- **Address Selection Panel:** The **Address Selection** panel displays after the Post Office validates the address. A **Suggested Post Office Address** will display (if applicable) in addition to the **Address You Entered**. *Select one:*
 - The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*

- The **Address You Entered** will show the address exactly as it was entered by the user.
- **Enter Address Again:** *Click Enter Address Again* to clear all fields and re-enter an address.
- **Choose and Continue:** *Click Choose and Continue* to use the address selected and continue to the next question.

To *edit* or *delete* **Address Information** in the grid:

- *Click Edit* icon to update the information in the record. *Selecting Edit* opens the fields for editing.
- *Click Delete* icon to remove a record. **Note:** *In some cases, existing records may not be edited or deleted.*

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- Once questions are answered you may return to any previously answered question. *Click* the question number to navigate back to a previously answered question.

To *save* the information:

- *Click Save & Next* to save the information and proceed to the next screen.
- *Click Back* button to return to the previous question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.



This question (6b) only applies if you entered an **Entity** in the previous Question 6. The **Entity Name** must be an exact match to Question 6.

Disclosure of Ownership & Control Interest (Question 7)

Disclosure of Ownership & Control Interest Question: List Officers' and board members' information of disclosing entity. *The entire first name is required. Initials are not accepted.

Disclosure of Ownership & Control Interest Question 7

- If the question below applies, you must enter the information requested
- If Not Applicable, the checkbox for N/A must be selected
- "SSN" is highly recommended to expedite the processing of this application
- Click "Add" if you wish to add officers or board members, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add" to add a record, click "Discard" to n

List officers' and board m information of disclosing entity. *The entire first name is require is are not accepted.

Check if Not Applicable (N/A)

Add

Name	Title	SSN/TIN	Address	Action
No records found				

11

Disclosure Question Navigation

Exit Back Save & Next

Figure 101: Disclosure of Ownership & Control Interest Question 7

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

If the question applies, *enter* the information requested. *Click* **Add** to add records to the grid.

To *complete* the grid manually follow the instructions below:

Disclosure of Ownership & Control Interest Question 7 ** Required

List officers' and board members' information. **Click Discard to cancel the entry.** * Required. Initials are not accepted.

Check if Not Applicable (N/A) **Discard**

Name	Title	SSN/ITIN	Address	Action
No records found				

* Location United States Out Of Country

* First Name Middle Name * Last Name

SSN/ITIN Title

* Address 1 Address 2

State * Zip Code Zip+4 County

Validate Address

10 11 12 13

Exit Disclosure Question Navigation Back Save & Next

Figure 102: Officers' and board members' information of disclosing entity (Data Entry)

Click **Add** to open the data entry fields:

- **Location:** Select **United States** or **Out of Country**.
- **Name:** Enter the officer or board member's first, (middle if applicable) and last name.
 - Initials are not accepted in these fields. The entire first name is required.
- **SSN/ITIN:** Enter Social Security Number or International Tax ID Number.
 - SSN or ITIN is not a required field, but is highly recommended.
- **Title:** Select title from the drop-down.
- **Address 1:** Address Line 1 (Physical Address)
 - P.O. Box is not permitted.
- **Address 2:** Address Line 2
- **City:** City
- **State:** will automatically default to Kentucky, but is editable by selecting another state from the drop-down box
- **Zip Code:** 5 digit zip code

- **Zip +4:** additional 4 digits of the zip code (if known)
- **County:** select county
- **Validate Address:** When the user *clicks* the **Validate Address** button, an error message will appear for any required fields that are incomplete. If data entry is complete, then the address validates against the *United States Postal Service (USPS)*.
- **Choose and Continue:** *Click Choose and Continue* to use the address selected and continue to the next question.

Note: An *Out of Country* address does not require validation.

Disclosure of Ownership & Control Interest Question 7

List officers' and board members' information of disclosing entity. *The entire first name is required. Initials are not accepted.

Check if Not Applicable (N/A) Discard

Name	Title	SSN/TIN	Address	Action
No records found				

* Location United States Out Of Country

* First Name Middle Name * Last Name

SSN/TIN Title

Possible Address Match

We could not find your address exactly as you entered, but found one that is similar. Please select the address you would like to use below or go back and re-enter the address.

Suggested Post Office Address

220 Harrodsburg, Kentucky 40330 1541 County: Mercer

Address You Entered

220 Harrodsburg, Kentucky 40330

Choose address suggested by the United States Post office or address entered by user.

Click Enter Address Again to re-enter address or Choose and Continue to use the address selected by the radio button.

Figure 103: Disclosure of Ownership & Control Interest (Validate Address Address) Question 7

- **Address Selection Panel:** The **Address Selection** panel displays after the United States Postal Service validates the address. KY MPPA will display a **Suggested Post Office Address** (if applicable) and the **Address You Entered**. *Select one:*
 - The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*
 - The **Address You Entered** will show the address exactly as it was entered by the user.
- **Enter Address Again:** *Click Enter Address Again* button to clear all fields and re-enter an address.
- **Choose and Continue:** *Click Choose and Continue* to populate the grid.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries

Disclosure of Ownership & Control Interest (Question 8a)

Disclosure of Ownership & Control Interest Question: If any individuals listed in question #6 are related to each other as spouse, parent, child, or sibling (including step or adoptive relationships), provide the following information:

Disclosure of Ownership & Control Interest Question 8a * = Required

- If the question below applies, you must enter the information requested
- Click "Add" if you wish to add a record, "Edit" to change existing record, "Remove" to delete existing record
- Select individuals from Name and Related To dropdown menus and select relationship from Relationship dropdown menu
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record

If any individuals listed in questions #6 are related to each other as spouse, parent, child, or sibling (including step or adoptive relationships), provide the following information:

Check if Not Applicable (N/A)

|< < 8 9 10 11 12 > >|

Disclosure Question Navigation

Exit
Back
Save & Next

Figure 104: Disclosure of Ownership & Control Interest Question 8a

If the question applies, *enter* the information requested. To *add* a record, *click* the **Add** button and *enter* data in the fields as follows:

Disclosure of Ownership & Control Interest Question 8a * = Required

- If the question below applies, you must enter the information requested
- Click "Add" if you wish to add a record, "Edit" to change existing record, "Remove" to delete existing record
- Select individuals from Name and Related To dropdown menus and select relationship from Relationship dropdown menu
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record

If any individuals listed in questions #6 are related to you (including step or adoptive relationships), provide the following information:

Check if Not Applicable (N/A) **Discard**

Name	Related To	Relationship	Action
No records found			

* Name: * Related To: * Relationship:

Add To Grid

10 11 12 > >|

Click Add To Grid to add the record.

Exit **Back** **Save & Next**

Figure 105: Disclosure of Ownership & Control Interest Question 8a (Add Record)

Click **Add** to complete the following fields:

- **Name:** Select name from the drop-down.
- **Related To:** Select name from the drop-down.
- **Relationship:** Select relationship.
- **Action:**
 - **Edit:** Click to **Edit** the record.
 - **Delete:** Click to **Delete** the record.

If the question does not apply, click the **Check if Not Applicable** checkbox, then click **Save & Next** to proceed to the next question.

To *navigate* between questions, use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- Once questions are answered, you may return to any previously answered question – Click the question number to navigate back to a previously answered question.

To save the information:

- Click **Save & Next** to save the information and proceed to the next screen.
- Click **Back** button to return to the previous question.

- **Select Choose and Continue** to use the address selected. This will populate the grid with the address entered.
- **Repeat** as needed for each Officer and Board Member.

To *edit* or *delete* **Address Information** in the grid:

- *Click* the **Edit** icon to update the information in the record. *Selecting Edit* opens the fields for editing.
- *Click* the **Delete** icon to remove an existing record.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.

Disclosure of Ownership & Control Interest (Question 8b)

Disclosure of Ownership & Control Interest Question: If any individuals listed in question #7 are related to each other as spouse, parent, child, or sibling (including step or adoptive relationships), provide the following information:

Disclosure of Ownership & Control Interest Question 8b

- If the question below applies, you must enter the information requested
- Click "Add" if you wish to add a record, "Edit" to change existing record, "Remove" to delete existing record
- Select individuals from Name and Related To dropdown menus and select relationship from Relationship dropdown menu
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record

If any individuals listed in question #7 are related to each other as spouse, parent, child, or sibling (including step or adoptive relationships), provide the following information:

Check if Not Applicable (N/A)

10 11 12 13 14

Exit Disclosure Question Navigation Back Save & Next

Figure 106: Disclosure of Ownership & Control Question 8b

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

Disclosure of Ownership & Control Interest Question 8b * = Required

- If the question below applies, you must enter the information requested
- Click "Add" if you wish to add a record, "Edit" to change existing record, "Remove" to delete existing record
- Select individuals from Name and Related To dropdown menus and select relationship from Relationship dropdown menu
- After pressing "Add", enter data and then press "Add to Grid" to add the record to the grid. Press "Discard" to not save the record

If any individuals listed in question #7 are related to each other as spouse, parent, child, or sibling (including step or adoptive relationships), provide the following information:

Check if Not Applicable (N/A)

Related To	Relationship	Action
No records found		

* Name * Related To * Relationship

Add To Grid

10 11 12 13 14

Exit **Back** **Save & Next**

Figure 107: Disclosure of Ownership & Control (Add Record)

If the question applies, *click Add* to open the following fields for entry:

- **Name:** *Select* the individual's name from the drop-down.
- **Related To:** *Select* the name of the related individual from the drop-down.
- **Relationship:** *Select* the relationship between the individuals from the drop-down.
- **Add To Grid:** *Select Add To Grid* to save the related individuals to the Grid.
- **Repeat** as needed for all related individuals.

To *edit* or *delete Relationship Information* in the grid:

- *Click* the **Edit** icon to update the information in the record. *Selecting Edit* opens the fields for editing.
- *Click* the **Delete** icon to remove an existing record.

To *save* the information:

- *Click Save & Next* to save the information and proceed to the next screen.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.

- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.

Disclosure of Ownership & Control Interest (Question 9)

Disclosure of Ownership & Control Interest Question: If this facility employs a management company, please provide the following information:

Disclosure of Ownership & Control Interest Question 9

- If the question below applies, you must enter the information requested
- If Not Applicable, the checkbox for N/A must be selected
- When finished click "Save & Next" to proceed, "Back" to return to the previous screen, or "Exit" to return to the Dashboard

If this facility employs a management company, please provide following information:

Check if Not Applicable (N/A)

* Company Name

* Address 1

Address 2

* City

* State

* Zip Code

Zip+4

Validate Address

Exit

Back

Save & Next

Disclosure Question Navigation

11 12 13 14 15

Select Not Applicable or fill in data entry fields

Click Validate Address to validate the address entered against the US Post Office database.

Figure 108: Disclosure of Ownership & Control Interest Question 9

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

If the question applies, *add* the information requested.

- **Company Name:** Name of the management company
- **Address 1:** Address Line 1
- **Address 2:** Address Line 2
- **City:** City
- **State:** State
- **Zip:** Zip Code
- **Zip+4:** Zip + 4

- **Validate Address:** When the user *clicks* the **Validate Address** button, KY MPPA will show an error message for any missing required fields. If data entry is complete, then the address validates against the *United States Postal Service (USPS)*.

The screenshot shows a web form titled "Disclosure of Ownership & Control Interest Question 9". It includes a checkbox for "Check if Not Applicable (N/A)", a required field for "Company Name" with the value "Sample Ownership", and a "Possible Address Match" section. This section contains a message: "We could not find your address exactly as you entered, but found one that is similar. Please select the address you would like to use below or go back and re-enter the address." Below this are two options: "Suggested Post Office Address" (106, Georgetown, Kentucky 40324 1321, County: Scott) and "Address You Entered" (106, Georgetown, Kentucky 40324). A green "Enter Address Again" button is located below the address options. At the bottom of the form are "Exit", "Back", and "Save & Next" buttons. A navigation bar shows page numbers 11, 12, 13 (selected), 14, 15.

Choose address suggested by the United States Post Office or address entered by user.

Click Enter Address Again to re-enter address or Save & Next to proceed with the address selected by the radio button.

Figure 109: Disclosure of Ownership & Control Interest Question 9 (Address Selection Panel)

- **Address Selection Panel:** The **Address Selection** panel displays after the USPS validates the address. KY MPPA will display a **Suggested Post Office Address** (if applicable) and the **Address You Entered**. *Select one:*
 - The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*
 - The **Address You Entered** will show the address exactly as it was entered by the user.
- **Enter Address Again:** *Click Enter Address Again* button to clear all fields and re-enter an address.
- **Choose and Continue:** *Click Choose and Continue* to use the address selected. This will populate the grid with the address entered.

To save the information:

- *Click Save & Next* to save the information and proceed to the next screen.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Disclosure of Ownership & Control Interest (Question 10)

Disclosure of Ownership & Control Interest Question: List the name of any other disclosing entity in which an owner of the disclosing entity has an ownership or control interest.

Disclosure of Ownership & Control Interest Question 10

- If the question below applies, you must enter the information requested
- Click "Add" if you wish to add Disclosing Entities, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record

List the name of any other disclosing entity in which an owner of the disclosing entity has an ownership or control interest.

Check if Not Applicable (N/A)

Select checkbox to upload Excel spreadsheet with ownership information

[Click here to download the Ownership Upload template](#)

Add

Provider Number	Address	Is Upload Using Template	Action
No records found			

Navigation: |< < 12 13 14 15 16 > >|

Disclosure Question Navigation

Exit **Back** **Save & Next**

Figure 110: Disclosure of Ownership & Control Interest Question 10

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

If the question does apply, the business locations need to be added to the grid. The information can be entered manually or with the **Ownership Upload Template**.

Fields to be entered are as follows:

- Company Name:** Name of any other disclosing entity in which an owner has an ownership or control interest.
- Provider Number:** Medicaid or Medicare Provider Number from any state.
- Address:** Company Address
- Is Upload Using Template:** Will auto-populate **Yes** or **No** based on whether user uploaded the template with location information or entered the information manually.

- **Action:**
 - *Click **Edit*** to update the information in the record. Selecting **Edit** opens the fields for editing.
 - *Click **Delete*** to remove a record.

The **Ownership Upload Template** is available for use if there are multiple owners making it easier to complete and upload the template.

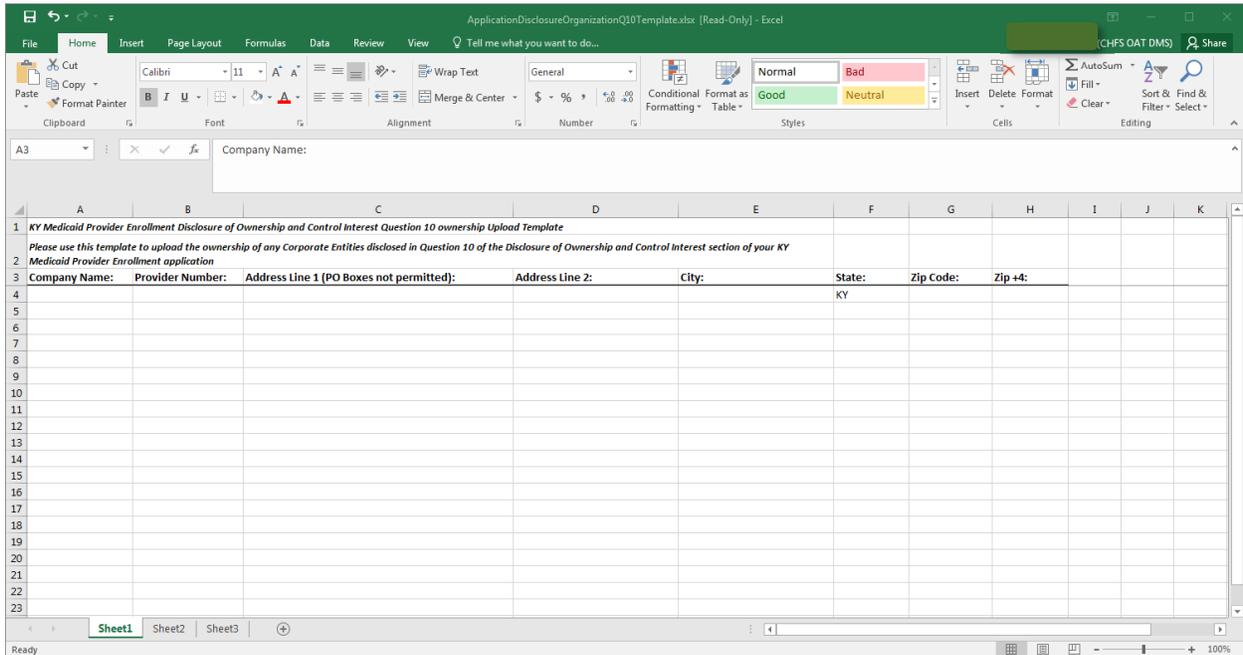


Figure 111: Ownership Upload Template

To *complete and upload* the **Ownership Upload Template**, follow the instructions:

Disclosure of Ownership & Control Interest Question 10 * = Required

List the name of any other disclosure of ownership or control interest.

Click the 'Select checkbox to upload excel spreadsheet with ownership information'.

Check if Not Applicable (N/A)
 Select checkbox to upload Excel spreadsheet with ownership information

[Click here to download the Ownership Upload template](#)

Add

Company Name	Provider Number	Address	Is Upload Using Template	Action
Sample ABC Company	123345678910	103 Main Street, Perryville, Kentucky, 40468 US	No	 

First Previous Next Last
(Page 1 of 1)
Page: 1

« ◀ 12 13 14 15 16 ▶ »

Exit
Back
Save & Next

Figure 112: Business Location Template (Upload)

- *Download* the **Ownership Upload Template** by clicking the download [link](#). Complete the template with the ownership information.
- *Save* the completed **Ownership Upload Template** document on your computer.
- *Click* on the checkbox '**Select checkbox to upload an Excel spreadsheet with ownership update information**' to upload the document.
- *Browse* to find and *upload* the completed **Ownership Update** document.
- The grid populates with all the information from the template. Edit records as necessary.

To enter the information manually follow the instructions below:

Disclosure of Ownership & Control Interest Question 10 ? ? * = Required

List the name of any other disclosing entity in which an owner of the disclosing entity has an ownership or control interest.

Check if Not Applicable (N/A)
 Select checkbox to upload Excel spreadsheet with ownership information

[Click here to download the Ownership Upload template](#)

Discard

Company Name	Provider Number	Address	Is Upload Using Template	Action
Sample ABC Company	123345678910	Perryville, Kentucky, 40468 US	No	+ -

First
Previous
Next
Last
(Page 1 of 1)
Page:

* Company Name

* Address 1

* City

Provider Number

Address 2

* State

* Zip Code

Validate Address

12
13
14
15
16
»
»|

Exit
Back
Save & Next

Enter the ownership information in the fields.

Click **Validate Address** to validate the address entered against the US Post Office database.

Figure 113: Disclosure of Ownership & Control Interest Question 10 (Validate Address)

Click **Add** to open the following fields for entry:

- **Company Name:** Name of any other disclosing entity in which an owner has an ownership or control interest.
- **Provider Number:** Medicaid or Medicare Provider Number from any state.
- **Address 1:** Address Line 1
- **Address 2:** Address Line 2
- **City:** City

- **State:** State
- **Zip:** Zip Code
- **Zip+4:** Zip + 4
- **Validate Address:** When the user selects the **Validate Address** button, KY MPPA will show error messages for any missing required fields. If data entry is complete, then the address validates against the *United States Postal Service (USPS)*.

Disclosure of Ownership & Control Interest Question 10 * = Required

List the name of any other disclosing entity in which an owner of the disclosing entity has an ownership or control interest.

Check if Not Applicable (N/A)
 Select checkbox to upload Excel spreadsheet with ownership information

[Click here to download the Ownership Upload template](#)

Discard

Company Name	Provider Number	Address	Is Upload Using Template	Action
Sample ABC Company	123345678910	, Kentucky, 404	No	 

[First](#) [Previous](#) [Next](#) [Last](#) (Page 1 of 1) Page: 1

* Company Name: Provider Number:

Possible Address Match

We could not find your address exactly as you entered, but found one that is similar. Please select the address you would like to use below or go back and re-enter the address.

Suggested Post Office Address

Georgetown, Kentucky 40324 1321
County: Scott

Address You Entered

Georgetown, Kentucky 40324

Choose address suggested by the United States Postal Service or address entered by user.

Click **Enter Address Again** to re-enter address or **Choose and Continue** to proceed.

Figure 114: Disclosure of Ownership & Control Interest Question 10 (Address Selection Panel)

- **Address Selection Panel:** The **Address Selection** panel displays after the Post Office validates the address. KY MPPA will display a **Suggested Post Office Address** (if applicable) or the **Address You Entered**. *Select one:*

-
- The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*
 - The **Address You Entered** will show the address exactly as it was entered by the user.
 - **Enter Address Again:** *Select Enter Address Again* to clear all fields and re-enter an address.
 - **Choose and Continue:** *Select Choose and Continue* to use the address selected.
 - **Repeat** as needed for each disclosing entity.

To save the information:

- *Click Save & Next* to save the information and proceed to the next screen.
- *Click Back* button to return to the previous question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries

Return to the System Navigation: Grid Layout Chapter for help on working with grids.

Disclosure of Ownership & Control Interest (Question 11)

Disclosure of Ownership & Control Interest Question: List the names and addresses of all other Kentucky Medicaid Providers with which your health service and/or facility engages in a significant business transaction and/or a series of transactions that during any one fiscal year exceed the lesser of \$25,000 or 5% of your total operating expense.

Disclosure of Ownership & Control Interest Question 11
? ? * = Required

- If the question below applies, you must enter the information requested
- Click "Add" if you wish to add Additional Identifiers, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record
- Name or Business Name is required, one or the other must be filled out to proceed

List the names and addresses of all other Kentucky Medicaid providers with which your health service and/or facility engages in a significant business transaction and/or a series of transactions that during any one (1) fiscal year exceed the lesser of \$25,000 or 5% of your total operating expense.

Check if Not Applicable (N/A)

Name	Address	Action
No record found		

|< < 13 14 15 16 17 > >|

Disclosure Question Navigation

Exit
Back
Save & Next

Figure 115: Disclosure of Ownership & Control Interest Question 11

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

Disclosure of Ownership & Control Interest Question 11 * = Required

List the names and addresses of all other Kentucky Medical and/or facility engages in a significant business transaction and/or a series of transactions during any one (1) fiscal year exceed the lesser of \$25,000 or 5% of your total operating expense.

Check if Not Applicable (N/A)

Name	Address	Action
No record found		

* First Name Middle Name * Last Name

OR

* Provider Business Name

* Address 1 Address 2

* City * State * Zip Code Zip+4

[Validate Address](#)

*Click **Validate Address** to validate the address entered against the US Post Office database.*

14 15 16 17 > >|

[Exit](#)
[Back](#)
[Save & Next](#)

*Click **Discard** to cancel the entry.*

[Discard](#)

Figure 116: Disclosure of Ownership & Control Interest (Add Record)

If the question applies, *enter* the data in the fields as follows:

- **First Name:** Owner's First Name
 - **Middle Name:** Owner's Middle Name
 - **Last Name:** Owner's Last Name
- OR
- **Provider Business Name:** Name of Provider's Business
 - **Address 1:** Address Line 1
 - **Address 2:** Address Line 2
 - **City:** City
 - **State:** State
 - **Zip Code:** Zip code
 - **Zip+4:** Zip + 4

- Validate Address:** When the user *clicks* the **Validate Address** button, KY MPPA will show an error message for any missing required fields. If data entry is complete, then the address validates against the *United States Postal Service (USPS)*.

Disclosure of Ownership & Control Interest Question 11 * = Required

List the names and addresses of all other Kentucky Medicaid providers and/or facility engages in a significant business transaction and/or a series of transactions that in any one (1) fiscal year exceed the lesser of \$25,000 or 5% of your total operating expense.

Check if Not Applicable (N/A)

Discard

Name	Address	Action
No record found		

*First Name Middle Name *Last Name

OR

* Provider Business Name

Possible Address Match

We could not find your address exactly as you entered, but found one that is similar. Please select the address you would like to use below or go back and re-enter the address.

Suggested Post Office Address

[Address], Kentucky 40601
County: _____

As You Entered

[Address], Kentucky 40601

Click **Discard** to cancel the entry.

Choose address suggested by the United States Post Office or address entered by user.

Click **Enter Address Again** to re-enter address or **Choose and Continue** to use the address selected by the radio button.

Figure 117: Address Information Screen (Address Selection Panel)

- **Address Selection Panel:** The **Address Selection** panel displays after the Post Office validates the address. KY MPPA will display a **Suggested Post Office Address** (if applicable) and the **Address You Entered**. *Select one:*
 - The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*
 - The **Address You Entered** will show the address exactly as it was entered by the user.
- **Enter Address Again:** *Click Enter Address Again* to clear all fields and re-enter an address.
- **Choose and Continue:** *Click Choose and Continue* to use the address selected.

To *edit* or *delete* **Address Information** in the grid:

- *Click* the **Edit** icon to update the information in the record. *Selecting Edit* opens the fields for editing.
- *Click* the **Delete** icon to remove an existing record.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.

Disclosure of Ownership & Control Interest (Question 12)

Disclosure of Ownership & Control Interest Question: List any significant business transactions between this Provider and any wholly owned supplier, or between this Provider and any subcontractor, during the previous 5-year period.

Disclosure of Ownership & Control Interest Question 12

- If the question below applies, you must enter the information requested
- Click "Add" if you wish to add a record, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add" , enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record
- Name or Business Name is required, one or the other must be filled out to proceed

List any significant business transactions between this provider and any wholly owned supplier, or between this provider and any subcontractor, during the previous 5-year period.

Check if Not Applicable (N/A)

Name	Address	Action
No record found		

Click Add to open the fields.

Disclosure Question Navigation

Exit Back Save & Next

Figure 118: Disclosure of Ownership & Control Interest Question 12

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

Disclosure of Ownership & Control Interest Question 12 * = Required

- If the question below applies, you must enter the information requested
- Click "Add" if you wish to add a record, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record
- Name or Business Name is required, one or the other must be filled out to proceed

List any significant business transactions between this provider and any wholly owned supplier, or between this provider and any subcontractor, during the previous 5-year period.

Check if Not Applicable (N/A) Discard

Name	Address	Action
No record found		

*First Name Middle Name *Last Name

OR

*Provider Business Name

*Address 1 Address 2

*City *State *Zip Code Zip+4

*Click **Validate Address** to validate the address entered against the US Post Office database.*

|< < 3 4 5 6 7 > >|

Figure 119: Disclosure of Ownership & Control Interest Question 12 (Add Record)

- **First Name:** First Name
- **Middle Name:** Middle Name
- **Last Name:** Last Name
- OR
- **Provider Business Name:** Name of Provider's business
- **Address 1:** Address Line 1
- **Address 2:** Address Line 2
- **City:** City
- **State:** State
- **Zip:** Zip Code
- **Zip+4:** Zip + 4
- **Validate Address:** Click the **Validate Address** button to *validate* the address entered against the US Post Office database.

Disclosure of Ownership & Control Interest Question 12 [-] [+] * = Required

- If the question below applies, you must enter the information requested
- Click "Add" if you wish to add a record, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record
- Name or Business Name is required, one or the other must be filled out to proceed

List any significant business transactions between this provider and any wholly owned supplier, or between this provider and any subcontractor, during the previous 5-year period.

Check if Not Applicable (N/A) Discard

Name	Address	Action
No record found		

*First Name Middle Name *Last Name

OR

* Provider Business Name

Possible Address Match

We could not find your address exactly as you entered, but found one that is similar. Please select the address you would like to use below or go back and re-enter the address.

Suggested Post Office Address
 , Kentucky 40801
 County:

Address you Entered
 , Kentucky 40381

Choose address suggested by the United States Post office or address entered by user.

Click **Enter Address Again** to re-enter address or **Choose and Continue** to use the address selected by the radio button.

Figure 120: Disclosure of Ownership & Control Interest Question 12 (Address Selection Panel)

- **Address Selection Panel:** The **Address Selection** panel displays after the Post Office validates the address. Partner Portal will display a **Suggested Post Office Address** (if applicable) or the **Address You Entered**. *Select one:*
 - The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*

- The **Address You Entered** will show the address exactly as it was entered by the user.
- **Enter Address Again:** *Select Enter Address Again* to clear all fields and re-enter an address.
- **Choose and Continue:** *Select Choose and Continue* to use the address selected.
- **Repeat** as needed for each transaction.

To *edit* or *delete* **Address Information** in the grid:

- *Click* the **Edit** icon to update the information in the record. *Selecting Edit* opens the fields for editing.
- *Click* the **Delete** icon to remove an existing record.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.

Disclosure of Ownership & Control Interest (Question 13)

Disclosure of Ownership & Control Interest Question: List the name, SSN, and address of any immediate family member who is authorized under Kentucky Law or any other states' professional boards to prescribe drugs, medicine, medical devices, or medical equipment in accordance with [KRS 205.8477](#).

Disclosure of Ownership & Control Interest Question 13

- If the question below applies, you must enter the information requested
- Click "Add" if you wish to add a record, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record

List the name, SSN, and address of any immediate family member who is authorized under Kentucky Law or any other states' professional boards to prescribe drugs, medicine, medical devices, or medical equipment in accordance with [KRS 205.8477](#).

Check if Not Applicable (N/A)

Name	SSN	Credential	DOB	Address	Action
No records found					

Navigation: |< < 15 16 17 18 19 > >|

Disclosure Question Navigation

Buttons: Exit, Back, Save & Next

Callout: Click **Add** to open the data entry fields.

Figure 121: Disclosure of Ownership & Control Interest Question 13

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

If the question applies, *enter* the information requested. *Click* **Add** to add records to the grid.

Disclosure of Ownership & Control Interest Question 13 * = Required

List the name, SSN, and address of any immediate family member who is authorized under Kentucky Law or any other states' professional boards to prescribe drugs, medicine, medical devices, or medical equipment in accordance with [KRS 205.8477](#).

Check if Not Applicable (N/A)

Name	SSN	Credential	DOB	Address	A
No records found					

Discard

Click Discard to cancel the entry.

* First Name Middle Name * Last Name

SSN Date of Birth

* Credential (M.D., etc)

* Address 1 Address 2

* City * State * Zip Code Zip+4

Validate Address

Click Validate Address to validate the address entered against the US Post Office database.

18 19 > >|

Figure 122: Disclosure of Ownership & Control Interest Question 13 (Add Record)

- **First Name:** First Name
- **Middle Name:** Middle Name
- **Last Name:** Last Name
- **SSN:** Social Security Number
- **DOB:** Date of Birth
- **Credential (M.D. etc.):** Credentials of family members
- **Address 1:** Address Line 1
- **Address 2:** Address Line 2
- **City:** City
- **State:** State
- **Zip:** Zip Code

- **Zip+4:** Zip Code + 4
- **Validate Address:** When the user *clicks* the **Validate Address** button, KY MPPA will show an error message for any missing required fields. If data entry is complete, then the address validates against the *United States Postal Service (USPS)*.

Figure 123: Disclosure of Ownership & Control Interest Question 13 (Select Address)

- **Address Selection Panel:** The **Address Selection** panel displays after the Post Office validates the address. KY MPPA will display a **Suggested Post Office Address** (if applicable) or the **Address You Entered**. *Select one:*
 - The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address*

to use, but either address can be selected. Not all valid addresses will return a suggested post office address.

- The **Address You Entered** will show the address exactly as it was entered by the user.
- **Enter Address Again:** *Select Enter Address Again* to clear all fields and re-enter an address.
- **Choose and Continue:** *Select Choose and Continue* to use the address selected.
- **Repeat** the steps above for each applicable family member.

To *edit* or *delete* **Address Information** in the grid:

- Click the **Edit** icon to update the information in the record. *Selecting Edit* opens the fields for editing.
- Click the **Delete** icon to remove an existing record.

To *save* the information:

- Click **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.

Disclosure Question 13 requires the Provider to list the name, SSN, and address of any immediate family member who is authorized under Kentucky Law or any other states' professional boards to prescribe drugs, medicine, medical devices, or medical equipment in accordance with [KRS 205.8477](#).

Disclosure of Ownership & Control Interest (Question 14)

Disclosure of Ownership & Control Interest Question: List the name of any individuals or organizations having direct or indirect ownership or controlling interest of 5% or more, who has been convicted of a criminal offense related to the involvement of such persons, or organizations in any program established under Title XVIII (Medicare), or Title XIX (Medicaid), or Title XX (Social Services Block Grants) of the Social Security Act or any criminal offense in this state or any other state, since the inception of those programs. If individual or organization is associated with a KY Medicaid Provider number(s), please indicate below.

Disclosure of Ownership & Control Interest Question 14

- If the question below applies, you must enter the information requested
- Click "Add" if you wish to add a record, "Edit" to change existing record, "Remove" to delete existing record
- Separate entries are required if the Provider has multiple Kentucky Medicaid Provider Numbers
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record
- Name Or Business Name is required; one or the other must be filled out to proceed

List the name of any individuals or organizations having direct or indirect ownership or controlling interest of 5% or more, who has been convicted of a criminal offense related to the involvement of such persons, or organizations in any program established under Title XVIII (Medicare), or Title XIX (Medicaid), or Title XX (Social Services Block Grants) of the Social Security Act or any criminal offense in this state, since the inception of those programs. If individual or organization is associated with a KY Medicaid Provider number(s), please indicate below.

Check if Not Applicable (N/A)

Name	KY Medicaid Provider Number	Action
No records found		

Disclosure Question Navigation

Figure 124: Disclosure of Ownership & Control Interest Question 14

Individuals or organizations having direct or indirect ownership is determined as follows:

- **Indirect Ownership Interest:** Ownership interest in an entity that has ownership interest in the disclosing entity. This term includes ownership interest in any entity that has an indirect ownership interest in the disclosing entity.
- **Ownership interest:** Possession of equity in the capital, stock, or profits of the disclosing entity.
- **Person with an ownership or control interest:** Person or corporation that:
 - Has an ownership interest totaling 5% or more in a disclosing entity;
 - Has an indirect ownership interest equal to 5% or more in a disclosing entity;
 - Has a combination of direct and indirect ownership interests equal to 5% or more in a disclosing entity;

- Owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5% of the value of the property or assets of the disclosing entity;
- An officer or director of a disclosing entity organized as a corporation; or,
- A partner in a disclosing entity organized as a partnership.

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

Disclosure of Ownership & Control Interest Question 14 * = Required

List the name of any individuals or organizations having direct or indirect ownership or controlling interest of 5% or more, who has been convicted of a criminal offense related to the involvement of such persons, or organizations in any program established under Title XVIII (Medicare), or Title XIX (Medicaid), or Title XX (Social Services Block Grants) of the Social Security Act or any similar program established by any state, since the inception of those programs. If individual or organization name is not known, enter provider number(s), please indicate below.

Click **Discard** to cancel the entry.

Check if Not Applicable (N/A) **Discard**

Name	KY Medicaid Provider Number	Action
No records found		

*First Name Middle Name *Last Name

OR

*Business Name

KY Medicaid Provider Number

Add To Grid

Click **Add To Grid** to validate the address entered against the US Post Office database.

Figure 125: Disclosure of Ownership & Control Interest Question 14 (Add Record)

If the question applies, *enter* the information requested. *Click* **Add** to add records to the grid.

- **First Name:** First Name
- **Middle Name:** Middle Name
- **Last Name:** Last Name, **OR**, **Business Name:** Name of Provider’s Business
- **KY Medicaid Provider Number:** Optional field, enter the KY Medicaid Provider Number of the person/organization if applicable.
- **Add To Grid:** *Click* the **Add To Grid** button to *add* the record.

To *edit* or *delete* **Address Information** in the grid:

- Click the **Edit** icon to update the information in the record. *Selecting Edit* opens the fields for editing.
- Click the **Delete** icon to remove an existing record.

To *save* the information:

- Click **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.

Disclosure of Ownership & Control Interest (Question 15)

Disclosure of Ownership & Control Interest Question: List the name of any agent and/or managing employee of the disclosing entity who has been convicted of a criminal offense related to the involvement in any program established under Title XVIII (Medicare), XIX (Medicaid), or XX (Social Services Block Grants), or XXI (State Children’s Health Insurance Program) of the Social Security Act or any criminal offense in this state or any other state since the inception of those programs. If individual or organization is associated with a KY Medicaid Provider number(s), indicate below.

Disclosure of Ownership & Control Interest Question 15 * = Required

- If the question below applies, you must enter the information requested
- Click "Add" if you wish to add a record, "Edit" to change existing record, "Remove" to delete existing record
- Separate entries are required if the Provider has multiple Kentucky Medicaid Provider Numbers
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record

List the name of any agent and/or managing employee of the disclosing entity who has been convicted of a criminal offense related to the involvement in any program established under Title XVIII, XIX, or XX, or XXI of the Social Security Act or any criminal offense in this state or any other state since the inception of those programs. If individual or organization is associated with a KY Medicaid provider number(s), indicate below.

Check if Not Applicable (N/A)

Name	KY Medicaid Provider Number	Action
No records found		

Click Add to open the fields.

Figure 126: Disclosure of Ownership & Control Interest Question 15

An agent or managing employee for a Provider is determined as follows:

- **Agent:** Person given the authority to act on behalf of a Provider.
- **Managing Employee:** General Manager, Business Manager, Administrator, Director or other individual who exercises operational or managerial control over or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

If the question applies, *enter* the information requested. *Click* the **Add** button to open the fields.

Disclosure of Ownership & Control Interest Question 15 * = Required

List the name of any agent and/or managing employee of the disclosing entity who has been convicted of a criminal offense related to the involvement in any program of the Social Security Act or any criminal offense in this state or any other state or territory of the United States or any program of the Social Security Act or any criminal offense in this state or any other state or territory of the United States. If individual or organization is associated with a KY Medicaid Provider Number, please enter the KY Medicaid Provider Number below.

Check if Not Applicable (N/A)

Discard

Name	KY Medicaid Provider Number	Action
No records found		

*First Name Middle Name *Last Name

KY Medicaid Provider Number

Add To Grid

|< < 17 18 19 20 21 > >|

Disclosure Question Navigation

Exit

Back **Save & Next**

Figure 127: Disclosure of Ownership and Control Interest (Add Record)

Enter data in the fields as follows:

- **First Name:** First Name
- **Middle Name:** Middle Name
- **Last Name:** Last Name
- **KY Medicaid Provider Number:** Enter the **KY Medicaid Provider Number** of the person if applicable. (Optional field)
- **Add To Grid:** Click the **Add To Grid** button to add the record

If the question does not apply, click the **Check if Not Applicable** checkbox, then click **Save & Next** to continue with the application.

To navigate between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- Once questions are answered, you may return to any previously answered question – Click the question number to navigate back to a previously answered question.

To save the information:

- Click **Save & Next** to save the information and proceed to the next screen.
- Click **Back** button to return to the previous question.

Disclosure of Ownership & Control Interest (Question 16)

Disclosure of Ownership & Control Interest Question: List the name, title, SSN, and business address of all managing employees below as defined in 42 CFR 455.101 and pursuant to 42 CFR 455.104(b)(4).

Disclosure of Ownership & Control Interest Question 16

- If the question below applies, you must enter the information requested
- Click "Add" if you wish to add a record, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record

List the name, title, SSN, and business address of all managing employees below as defined in 42 CFR 455.101.

[Click here to open 42 CFR 455.101](#)

Check if Not Applicable (N/A)

Name	Title	SSN/ITIN	DOB	Address	Action
No records found					

Navigation: |< < 18 19 20 21 22 > >|

Buttons: Exit, Back, Save & Next

Callout: Click **Add** to open the data entry fields.

Callout: Disclosure Question Navigation

Figure 128: Disclosure of Ownership & Control Interest Question 16

The definition of a **Managing Employee** for a Provider is a general manager, business manager, administrator, director or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

If the question applies, *enter* the information requested. *Click* **Add** to add records to the grid.

Disclosure of Ownership & Control Interest Question 16 * = Required

List the name, title, SSN, and business address of all managing employees. 42 CFR 455.101.

[Click here to open 42 CFR 455.101](#)

Check if Not Applicable (N/A) **Discard**

Name	Title	SSN/ITIN	DOB	Address	Action
No records found					

* Location United States Out Of Country

* First Name Middle Name * Last Name

* SSN/ITIN * Title * Date of Birth

* Address 1 Address 2

* City * State * Zip Code Zip+4 County

Validate Address

< 18 19 20 21 22 > >|

Exit **Back** **Save & Next**

Click **Discard** to cancel the entry.

Click **Validate Address** to validate the address entered against the US Post Office database.

Figure 129: Disclosure of Ownership & Control Interest (Add Record)

Enter the following information for each managing employee:

- **Location:** *Select United States or Out of Country*
- **First Name:** First Name
- **Middle Name:** Middle Name
- **Last Name:** Last Name
- **SSN/ITIN:** Social Security Number or International Tax Identification Number
- **Title:** Title
- **DOB:** Date of Birth
- **Address 1:** Address Line 1
- **Address 2:** Address Line 2
- **City:** City
- **State:** State
- **Zip Code:** Zip Code

- **Zip+4:** Zip+4
- **County:** County
- **Validate Address:** When the user *clicks* the **Validate Address** button, KY MPPA will show an error message for any missing required fields. If data entry is complete, then the address validates against the *United States Postal Service (USPS)*.

Note: For Out of Country addresses validation is not required.

Disclosure of Ownership & Control Interest Question 16 * = Required

List the name, title, SSN, and business address of all managing employees below as defined in 42 CFR 455.101.

[Click here to open 42 CFR 455.101](#)

Check if Not Applicable (N/A) Discard

Name	Title	SSN/ITIN	DOB	Address	Action
Name, Sample	Director	444	04/01/1969	700 in, Kentucky, 40 601 3410	 

(Page 1 of 1)
Page: 1

* Location United States Out Of Country

* First Name Middle Name * Last Name

* SSN/ITIN * Title * Date of Birth

Possible Address Match

We could not find your address exactly as you entered, but found one that is similar. Please select the address you would like to use below or go back and re-enter the address.

Suggested Post Office Address

700
in, Kentucky 40601 3410
County: Franklin

Address You Entered

700
in, Kentucky 40601

Choose address suggested by the United States Post office or address entered by user. For **Out of Country** addresses validation is not required.

Click **Enter Address Again** to re-enter address or **Choose and Continue** to use the address selected by the radio button.

Figure 130: Address Information Screen (Address Selection Panel)

- **Address Selection Panel:** The **Address Selection** panel displays after the USPS validates the address. KY MPPA will display a **Suggested Post Office Address** (if applicable) and the **Address You Entered**. *Select* one:

- The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*
- The **Address You Entered** will show the address exactly as it was entered by the user.
- **Enter Address Again:** *Click Enter Address Again* button to re-enter the address.
- **Choose and Continue:** *Click Choose and Continue* to use the address selected. This will populate the grid with the address entered.
- **Repeat** as needed for each Managing Employee.

To *edit* or *delete* **Address Information** in the grid:

- *Click* the **Edit** icon to update the information in the record. *Selecting Edit* opens the fields for editing.
- *Click* the **Delete** icon to remove an existing record.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.

Disclosure Question 16 requires the Provider to list the name, title, SSN, and business address of all managing employees as defined in 42 CFR 455.101 and pursuant to 42 CFR 455.104(b)(4).

Disclosure of Ownership & Control Interest (Question 17)

Disclosure of Ownership & Control Interest Question: List name, address, SSN, FEIN, of each person with an ownership or control interest in any SUBCONTRACTOR in which the Provider applicant has direct or indirect ownership of 5% or more.

Disclosure of Ownership & Control Interest Question 17

- If the question below applies, you must enter the information requested
- Click "Add" if you wish to add a record, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record

List name, address, SSN, FEIN, of each person
SUBCONTRACTOR in which the provider applicant has direct or indirect ownership of 5% or more.

Check if Not Applicable (N/A)

Name	SSN	FEIN	Address	Action
No records found				

Navigation: |< < 18 19 20 21 22 > >|

Disclosure Question Navigation

Buttons: Exit, Back, Save & Next

Figure 131: Disclosure of Ownership & Control Interest Question 17

Terminology:

- **Disclosing Entity:** The entity that is requesting Medicaid enrollment.
- **Subcontractor:** Individual, Agency, or Organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients, OR an Individual, Agency or Organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or lease of real property) to obtain space, supplies, equipment or services provided under the Medical agreement.
- **Ownership Interest:** Ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity.
- **Indirect Ownership Interest:** Possession of equity in the capital, the stock, or the profits of the disclosing entity.
- **Person with an ownership or control interest:** Person or corporation that:
 - has an ownership interest totaling 5% or more in a disclosing entity;
 - has a combination of direct and indirect ownership interests equal to 5% or more in a disclosing entity;

- o owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5% of the value of the property or assets of the disclosing entity;
- o is an officer or director of a disclosing entity that is organized as a corporation; or
- o is a partner in a disclosing entity that is organized as a partnership.

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

If the question applies, *enter* the information requested. *Click* **Add** to add records to the grid.

Disclosure of Ownership & Control Interest Question 17 * = Required

List name, address, SSN, FEIN, of each person with an ownership or control interest in a SUBCONTRACTOR in which the provider applicant has direct or indirect ownership of 5% or more.

Check if Not Applicable (N/A)

Name	SSN	FEIN	Address	Action
No records found				

* First Name Middle Name * Last Name

* SSN/ITIN

OR

* Business Name * FEIN

* Address 1 Address 2

* City * State * Zip Code Zip+4

*Click **Validate Address** to validate the address entered against the US Post Office database.*

Figure 132: Disclosure of Ownership & Control Interest (Add Record)

To *add* a record, *click* the **Add** button and enter data in the fields as follows:

- **First Name:** First Name
- **Middle Name:** Middle Name
- **Last Name:** Last Name
- **SSN:** Social Security Number
- **FEIN:** Federal Employer Identification Number
- **Address 1:** Address Line 1
- **Address 2:** Address Line 2
- **City:** City
- **State:** *Select* state from drop-down.
- **Zip Code:** Zip Code
- **Zip+4:** Zip + 4
- **Validate Address:** When the user *clicks* the **Validate Address** button, KY MPPA will show an error message for any missing required fields. If data entry is complete, then the address validates against the *United States Postal Service (USPS)*.

Disclosure of Ownership & Control Interest Question 17 * = Required

List name, address, SSN, FEIN, of each person with an ownership or control interest in any SUBCONTRACTOR in which the provider applicant has direct or indirect ownership of 5% or more.

Check if Not Applicable (N/A) Discard

Name	SSN	FEIN	Address	Action
No records found				

* First Name Middle Name * Last Name

* SSN/ITIN

OR

* Business Name * FEIN

Choose address suggested by the United States Post Office or address entered by user.

We could not find your address exactly as you entered, but found one that is similar. Please select the address you would like to use below or go back and re-enter the address.

Suggested Post Office Address

700
Kentucky 40601 3410
County: Franklin

Address You Entered

700
Kentucky 40601

*Click Enter Address Again to re-enter address or **Choose and Continue** to use the address selected by the radio button.*

Figure 133: Disclosure of Ownership & Control Interest Question 17 (Address Selection Panel)

- **Address Selection Panel:** The **Address Selection** panel displays after the USPS validates the address. KY MPPA will display a **Suggested Post Office Address** (if applicable) and the **Address You Entered**. *Select one:*
 - The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*
 - The **Address You Entered** will show the address exactly as it was entered by the user.
- **Enter Address Again:** *Click Enter Address Again* button to clear all fields and re-enter an address.
- **Choose and Continue:** *Click Choose and Continue* to use the address selected. This will populate the grid with the address entered.
- **Repeat** as needed for each Officer and Board Member.

To *edit* or *delete* **Address Information** in the grid:

- *Click* the **Edit** icon to update the information in the record. *Selecting Edit* opens the fields for editing.
- *Click* the **Delete** icon to remove an existing record.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.

Disclosure of Ownership & Control Interest (Question 8c)

Disclosure of Ownership & Control Interest Question: If any individuals listed in Question 17 are related to each other as spouse, parent, child, or sibling (including step or adoptive relationships), provide the following information:

Disclosure of Ownership & Control Interest Question 8c

- If the question below applies, you must enter the information requested
- Click "Add" if you wish to add a record, "Edit" to change existing record, "Remove" to delete existing record
- Select individuals from Name and Related To dropdown menus and select relationship from Relationship dropdown menu
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record

If any individuals listed in question 17 are related to each other as spouse, parent, child, or sibling (including step or adoptive relationships), provide the following information...

Check if Not Applicable (N/A)

Name	Related To	Relationship	Action
No records found			

Navigation: |< < 18 19 20 21 22 > >|

Disclosure Question Navigation

Buttons: Exit, Back, Save & Next, Add

Figure 134: Disclosure of Ownership & Control Interest Question 8C

If the question does not apply, *click* the **Check if Not Applicable (N/A)** checkbox, then *click* **Save & Next** to continue with the application.

Disclosure of Ownership & Control Interest Question 8c Required

If any individuals listed in question 17 are related to each other as spouse, parent, child, or step (including step or adoptive relationships), provide the following information:

Check if Not Applicable (N/A)

Name	Related To	Relationship	Action
No records found			

* Name * Related To * Relationship

Navigation: |< < 18 19 20 21 22 > >|

Buttons:

Figure 135: Disclosure of Ownership & Control Interest Question 8c (Add Record)

If the question applies, *click* the **Add** button and *enter* data in the fields as follows:

- **Name:** *Select* name of individual from drop-down.
- **Related To:** *Select* name of individual from drop-down.
- **Relationship:** *Select* type of relationship from drop-down.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.

To *navigate* between questions use the **Disclosure Question Navigation** as follows:

- You must answer the questions as they are presented to you. You may not skip ahead to an unanswered question.
- You may return to any previously answered question by *clicking* on the question number (bottom of screen), or *click* the **Back** button, to navigate to a previously answered question.
- **CAUTION:** Navigating away from a screen without selecting **Save & Next** will result in the loss of any unsaved entries.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.

4.0 Attestations

Attestations are not applicable to Groups or Entities.

5.0 Linking to a Group

The **Linking to a Group** screen is not applicable to Groups or Entities. This screen allows individual Providers to link to a group. Groups that want to link to an individual Provider can perform this action on the 1.5 screen.

6.0 Account Information

KY MPPA collects and securely stores bank account information to process claims payments sent to Groups and Entities. Groups can have payments processed by **Check** or **Electronic Funds Transfer (EFT)**.

Bank Account Information

The following rules apply for **Bank Account Information**:

- For **Group** bank account enter the group's banking information
- **EFT** must be U. S. only (in country).
- **Payee Address** (Pay-To/1099 Contact Information) address for checks must be U. S. only (in country).
- **EFT** routing numbers must be verified. EFT routing numbers unable to be verified will result in a payment by paper check.
- After the **KY Medicaid ID** is approved, users can edit the bank account information by utilizing the **Account Information** maintenance screens in KY MPPA.

Bank Account Information

- For Individual applicant enter the individual's banking information
- For group applicant enter the group's banking information
- No "Out of Country" EFT accounts are allowed
- If the routing number for your bank is not verifiable, the system will issue a check
- Payee Address for
- You can enter a va
- Please allow a min
- be issued during th

Select the **Payment Type** (Check or EFT) from the drop-down.

* Payment Type
Electronic Funds Transfer (EFT)

* Routing Number
Get Bank Details

Bank Name: Jane Doe Bank Address:
Payee Name: 100 E. Main St, Anywhere, Kentucky 41234-5678
Sample Physician Group 100 Main Street, Anywhere, Kentucky, 40324

* Account Type: Select One * Status: Pending

* Account Number * Re-Type Account Number

Exit Back Save & Next

Figure 136: Bank Account Information Screen (EFT)

Electronic Funds Transfer (EFT)

If Provider is requesting payment by **EFT**, *enter* the following data:

- Routing Number: Enter Routing Number. The Routing Number is a nine-digit code used to identify a particular bank. It is located on the check beside the account number.
- Get Bank Details: Click the **Get Bank Details** button. KY MPPA will display the **Bank Name** and **Address** to verify the correct routing number has been entered. Verification of the Account Number and Routing Number can take up to twenty-eight days.
- Until the EFT verification is returned, or if the routing number cannot be verified, the payment type will default to a paper check. (User will be able to edit the routing number in **Maintenance** after defaulting to check once the KY Medicaid ID is granted.)
- Payee Name: Pre-populated from the basic information screen and cannot be changed; return to **1.0 Basic Information** to edit.
- Payee Address: Pre-populated from the **Pay-To/1099 Address** and cannot be changed on this screen; return to **1.7 Address Information** to edit.
- Account Type: *Select* the account type:
 - Checking Account
 - Savings Account
- Status: Displays the status of the current payment method. For **EFT**, it is in pending status until the bank account information is verified. Payment will default to paper check until verification of the EFT payment type is complete.
- Account Number: Enter the bank account number.
- Re-Type Account Number: *Re-enter* the bank account number.

To *save* the information:

- Click **Save & Next** to save the information and proceed to the next screen.



Routing number information can take up to twenty-eight days to verify. Until authorization of the EFT transaction is approved, or if the routing number information cannot be verified, the payment type will default to check.

Bank Account Information * = Required

- For Individual applicant enter the individual's banking information
- For group applicant enter the group's banking information
- No "Out of Country" EFT accounts are allowed
- If the routing number for your bank is not verifiable, the system will issue a check
- Payee Address for check cannot be "Out of Country"
- You can enter a valid routing number via maintenance after approval as a Medicaid Provider
- Please allow a minimum of 2 weeks for checks to be issued during this time

For Check, confirm payment information is correct.
Status is **Active** for payment type **Check**.

* Payment Type
Check

* Routing Number
 Get Bank Details

Bank Name: Bank Address:

Payee Name: Payee Address:

Sample Physician Group 100 Main Street, Anywhere, Kentucky, 40324

* Account Type
Select One

* Status
Pending

* Account Number * Re-Type Account Number

Exit Back Save & Next

Figure 137: Bank Account Information (Add Check)

To **add account information** to this screen, enter data in the fields as follows:

Payment Type: *Select* the payment type from drop-down:

- **Check:** If the Provider is requesting payment by check, then confirm the following information is accurate:
 - Billing Department/Check Payable To: Pre-populated from the basic information screen and cannot be changed on this screen; return to **1.1 Basic Information** to edit.
 - Address: Pre-populated from the **Pay-To/1099 Address** and cannot be changed; return to **1.7 Address Information** to edit.
 - Status: Displays the status of the current payment method. For checks, it is in active status immediately and claims will be paid by paper check.
 - *Click **Save & Next*** to continue.

Bank Account Information ? ? * = Required

- For Individual applicant enter the individual's banking information
- For group applicant enter the group's banking information
- No "Out of Country" EFT accounts are allowed
- If the routing number for your bank is not verifiable, the system will issue a check
- Payee Address for check cannot be "Out of Country"
- You can enter a valid routing number via maintenance after approval as a Medicaid Provider
- Please allow a minimum of 20 days for initial set up, or maintenance, of EFT Payment Type; paper checks will be issued during this time

* Payment Type
Check

Billing Department/Check Payable To
Sample Physician Group

* Status
Active

Address:
100 Main Street, Anywhere, Kentucky, 40324

Exit Back Save & Next

Figure 138: Bank Account Information (Check)

7.0 Fee Payment

Certain Provider types require a **Fee Payment**, per regulation 42 CFR 455.460. An online payment option is available by *clicking* the **Pay Application Fee Online** button on the Application Fee Payment screen. Generally, the application fee applies to institutional providers as defined by Centers for Medicare and Medicaid Services (CMS) and not to individual professionals, such as physicians.

Application Fee Payment * = Required

- Your provider type requires an application fee per "42 CFR 455.460"
- Cash and checks are not accepted
- If you have paid Medicare or another state's Medicaid agency, you will be required to upload proof
- Review of your application can not begin until proof of payment or payment is received
- Payments are processed through Kentucky Interactive
- A Processing Fee (Portal Administration Fee) will be added to the Application Fee for the Total Amount Due.

Application Fee	\$XXX.XX
Portal Administration Fee	\$XXX.XX
Total Amount Due	\$XXX.XX

I will pay with a credit/debit card Pay Application Fee Online

I have already paid an application fee to Medicare or another state's Medicaid agency

Exit
Back
Save & Next

Figure 139: Application Fee Payment

To complete the **Fee Payment** screen, do the following:

Select one of the following radio buttons:

- I will pay with a credit/debit card.
 - Click the **Pay Application Fee Online** button to make the payment and follow the steps.
 - *Cash and checks are not accepted.*
- I have already paid an application fee to Medicare or another state's Medicaid Agency.
 - If you have paid another state's Medicaid agency, you will be prompted to *upload* proof on the 8.0 Document Upload screen.

Select **Save & Next** to save the information entered on this screen and proceed to the next screen.

Regulation 42 CFR 455.460 provides information on application fee payment. For additional information, *visit the Kentucky Department for Medicaid Services provider type summaries.*

8.0 Document Upload

The **Document Upload** screen is where all documents are uploaded when applying for, maintaining, or revalidating a Medicaid ID. Documentation is securely uploaded and stored with the Provider's information.

Required documents, based on provider type, are listed by name in the **Document Type** column of the **Document Upload** grid, and a **Y** is displayed in the **Required** column. *Upload all required, supporting, or supplemental documentation in the 8.0 Document Upload screen.*

The screenshot shows the 'Document Upload' interface. At the top, there are instructions: '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', and 'User may select "Add" to upload any additional documents to grid'. Below the instructions is a table with columns: Document Type, Name, Required, Uploaded By, Uploaded Date, and Action. The table contains four rows of required documents. Callouts explain that documents required for a Medicaid ID appear in the Document Type column, a Y appears in the Required column for required documentation, and the Add button is used to add new documentation to the grid.

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
Accreditation Letter	HRSA Health Resources and Services Administration - 12345	Y			
IRS Letter of Verification of FEIN or Official IRS documentation stating FEIN	FEIN Verification	Y			
Proof of Application Fee payment	Proof of Application Fee payment	Y			
MAP-347	MAP-347 - 710	Y			

Navigation: First Previous Next Last (Page 1 of 1) Page: 1

Buttons: Exit Back Save & Next

Figure 140: Document Upload Screen

The grid contains the following information:

- **Document Type:** Required documents for the provider type show as pre-populated in the **Document Type** field. *Click* the **Document Type** link to see a description of the document. *Click* the **Edit** button to upload the corresponding documentation.
- **Name:** The **Name** field populates once the document is uploaded by *editing* the record. The name of the document appears in the record as a hyperlink. *Click* the **Name** link to view or print the document.
- **Required:** Displays a **Y** if the document is required.
- **Uploaded By:** The name of the logged on user is displayed once the document is uploaded.
- **Uploaded Date:** System generated date displays when the document is uploaded.

- **Action:**
 - Click **Edit** to update the document in the record. *Clicking Edit* opens the fields for editing.
 - Click **Delete** to remove documents.

Document Upload

Once the Provider uploads documents to the grid, the **Name of Uploaded By** and **Uploaded Date** columns populate.

Click **Discard** to cancel an entry.

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
Accreditation Letter	HRSA Health Resources and Services Administration - 12345	Y			
IRS Letter of Verification of FEIN or Official IRS documentation stating FEIN	FEIN Verification	Y			
Proof of Application Fee payment	Proof of Application Fee payment	Y			
MAP-347	MAP-347 - 710	Y			

Click **Edit** to add a required document.

First Previous Next Last (Page 1 of 1) Page: 1

* Document Type
Accreditation Letter

* Upload File
Browse

* Document Name
HRSA Health Resources and Services Administration - 12

Uploaded User
Doe, Jane

Uploaded Date
08/19/2021

Add To Grid

Exit Back Save & Next

Figure 141: Document Upload Screen Edit

To *add* documents to this screen, enter data in the grid as follows:

- To *add* required documents
 - Click **Edit** to open the fields to add required documents to the record. *Clicking Edit* opens the fields for data entry.
- **Document Type:** (drop-down) *Select* the type of document from the drop-down.
 - This field is pre-populated with the required document name and cannot be changed.
 - Click the **Edit** button in the **Action** column to upload the corresponding documentation.
 - Additional supporting documents can be uploaded to the grid by *clicking* the **Add** button.

- **Upload File:** Browse for the document. (*Document must be available on the computer*). Maximum file size is 5 MB. Allowable file types are PDF, ODC, DOCX, JPG, JPEG, TXT, RTF, CSV, XLS, XLSX, TIF, TIFF.
 - Select the document and follow instructions to upload.
- **Document Name:** The name of the source document populates the **Name** field. This *field can be updated*.
 - **Add to Grid:** Click **Add To Grid** to add the document to the grid.

To *add* additional/supplemental documents to the grid:

- **Click Add.**
- **Document Type:** Select a document type from the drop-down.
- **Upload File:** Browse for the document. (*Document must be available on the computer*). Maximum file size is 5 MB. Allowable file types are PDF, DOC, DOCX, JPG, JPEG, TXT, RTF, CSV, XLS, XLSX, TIF, TIFF
 - Select the document and follow instructions to upload.
- **Document Name:** The name of the source document populates the **Name** field. This *field can be updated*.
- **Add to Grid:** Click **Add To Grid** to add the document to the grid.

Note: Document Type instructions for the following users:

- West Virginia Provider Types 78 must upload the RN license as **'Other'** license type and APRN license as **'Health Board'** license type. If both are on the same form, it is required to upload in both license types.
- West Virginia Provider Type 74 must upload both the Advanced Practice Nurse license as **'Health Board'** license type and a National Certification as **'Other'** license type.
- Indiana Provider Types 78 must upload the RN license as **'Other'** license type and APRN license as **'Health Board'** license type. If both are on the same form, it is required to upload in both license types.
- Indiana Provider Type 74 must upload both the *Advanced Practice Nurse* or *RN* license as **'Health Board'** license type and a National Certification as **'Other'** license type.

Note: Locum Tenens documentation must be uploaded as a Maintenance item. A New Enrollment application must be submitted and a Medicaid ID issued before the Locum Tenens can be addressed.

Note: *Print* entire application with attached documents from the **Provider Review** screen. *View* or *print* individual documents from the **Name** link.

To *edit* or *delete* documents in the grid:

- Click **Edit** to update the information in the record. *Clicking Edit* opens the fields for editing.
- Click **Delete** to remove documents.

To *save* the information:

- Click **Save & Next** to save the information and proceed to the next screen.

Return to the System Navigation: Grid Layout chapter for help on working with grids.



On the **8.0 Document Upload** screen, documents that are **required** for each provider type will have a placeholder record in the grid and be marked with a 'Y' in the **Required** column. These document records are **edited** in the grid, and not **Added**, when uploading documents. Additional supporting documents can be uploaded by *clicking* the **Add** button.



File size for upload cannot exceed 5MB. Allowable file types include: PDF, DOC, DOCX, JPG, JPEG, TXT, RTF, CSV, XLS, XLSX, TIF, TIFF.

9.0 Provider Review

The **Application Review and Comments** screen allows the user (Provider and/or Credentialing Agent) to review the application for accuracy and completeness prior to submitting to The Kentucky Department for Medicaid Services.

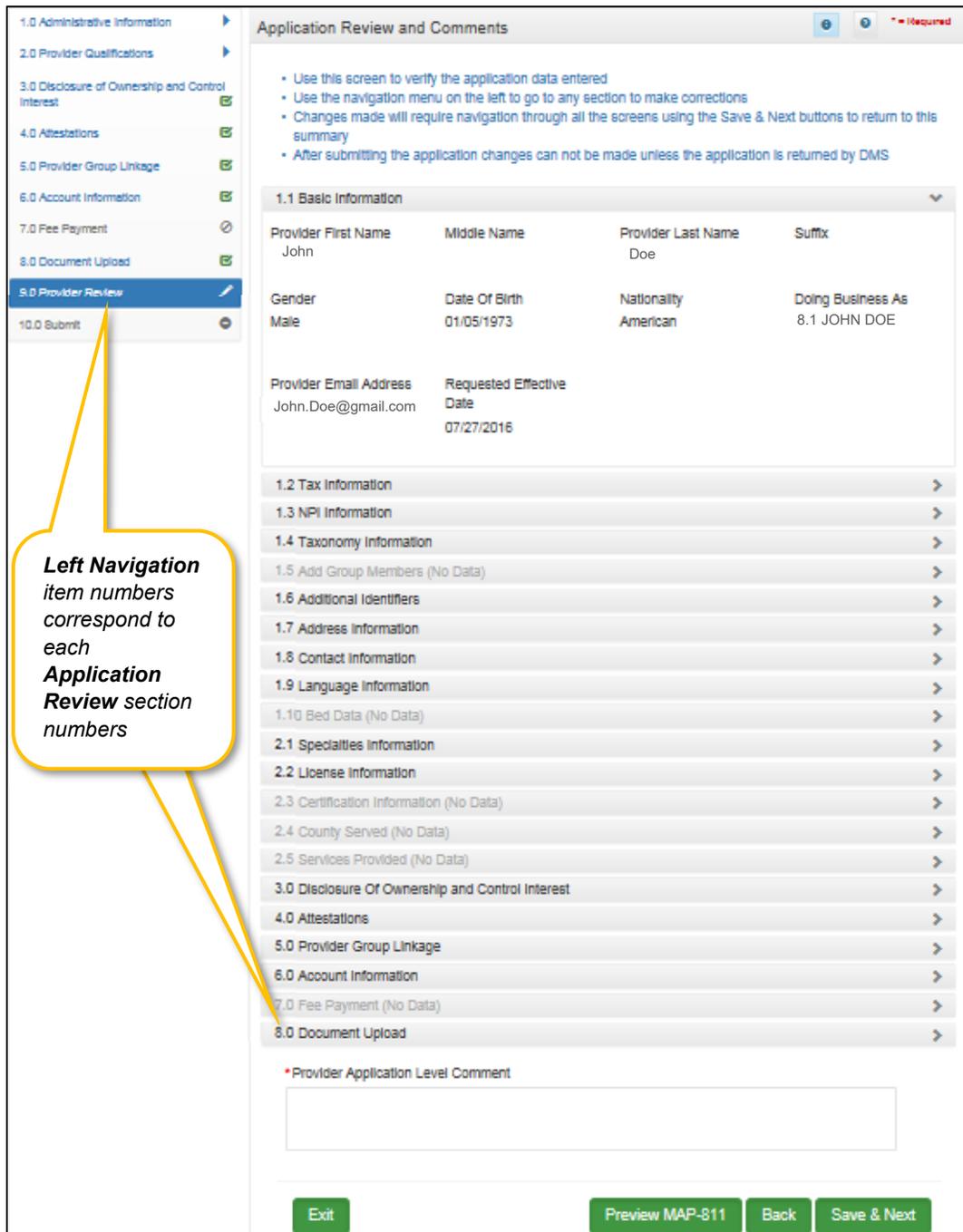


Figure 142: Provider Review Screen

Each **Left Navigation** heading corresponds to an **Application Review** section title:

- 1.0 Administrative Information corresponds to all Application Review sections that begin with 1 (1.1, 1.2, 1.3, etc.);
- 2.0 Provider Qualifications corresponds to all Application Review sections that begin with 2 (2.1, 2.2, 2.3, etc.);
- And continues through 8.0 Document Upload.

Application Review sections that are not required for that Provider Type are grayed out and not accessible.

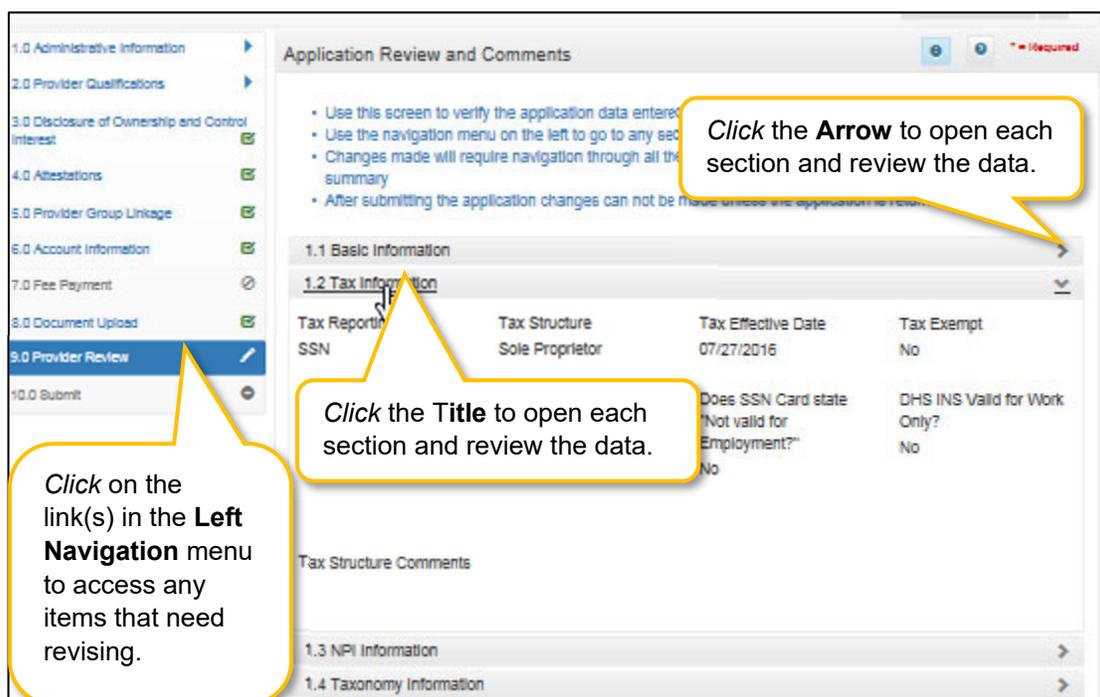


Figure 143: Provider Review Screen (Open Section)

To review the application:

- Click the **title** or the **arrow** to open each section and view the application responses.
- To *modify* any responses use the **Left Navigation** menu:
 - Click on the section in the Left Navigation menu to *navigate* to the associated screen
 - Enter the correct response(s)
 - **Note:** some changes may affect other sections (questions) within the application
 - **Save & Next** to save the changes
 - Click **9.0 Provider Review** in the Left Navigation menu to view the revised response and continue the application review
- **Provider Application Level Comment:** Comments are optional.
- **Preview Map 811:** Click the **Preview Map 811** button to create a PDF of the application, which can then be printed and/or saved at the user's discretion.
- Click **Save & Next** to save the information and proceed to the next screen.



If changes need to be made to information entered on previous screens, use the **Left Navigation** menu. If the change affects other areas, KY MPPA will notify the user of necessary updates before the application can be submitted.

10.0 Submit

The **10.0 Submit** screen allows the completed **New Enrollment Application** to be electronically submitted to the KY Department for Medicaid Services (DMS). Credentialing Agents and Providers will see different views:

- **Credentialing Agents** are able to:
 - Send an **Application to the Provider** for final review and electronic signature. This item will appear in the Provider's **Dashboard** in the **Application Status** section to be reviewed by the Provider.
- **Credentialing Agents with a signed Authorized Delegate form** are able to:
 - Enter the application and Submit: A Credentialing Agent with a Provider signed Authorized Delegate form can review the item, agree to the terms of the provider agreement, e-sign, upload Authorized Delegate form in **Section 8.0 Document Upload** and then *submit* to DMS.
 - Review/edit the item and Submit: A Credentialing Agent with a Provider signed Authorized Delegate form can review the item, make changes as needed, agree to the terms of the provider agreement, e-sign, upload updated Authorized Delegate form and then *submit* to DMS.
 - Withdraw the item: A Credentialing Agent with a Provider signed Authorized Delegate form can withdraw an item, removing the application from the dashboard before or after submitting.
- **Providers** are able to:
 - Enter the application and Submit: The Provider can review the item, agree to the terms of the provider agreement, e-sign, and then *submit* to DMS.
 - Review/edit the item and Submit: The Provider can review the item, make changes as needed, agree to the terms of the provider agreement, e-sign, and then *submit* to DMS.
 - Withdraw the item: The Provider can withdraw an item, removing the application from the dashboard before or after submitting.

Note: *If the Provider does not make an update within ninety days from the date the item is started, the item is considered abandoned. Abandoned items become read-only.*

Once an item is *submitted*, no updates or revisions are permitted unless DMS returns the item for additional information.

Terms of the Provider Agreement

Providers must read and agree to the terms of the Provider Agreement before submitting a **New Enrollment Application** to DMS.

Submit

- Please read the Medicaid Rules, Regulations, Policy and 42USC 1320a-7b
- After reviewing Terms of Agreement, select the "I agree" checkbox followed by "Save & Next"
- Click "Back" to return to previous screen or "Exit" to return to Dashboard

In order to be enrolled as a Provider in the Kentucky Medicaid Program, you must agree to the terms of the Provider Agreement. Scroll to read and agree to these terms. If you do not agree to these terms your enrollment will not be accepted.

MEDICAID RULES, REGULATIONS, POLICY AND 42 USC 1320a-7b

1. Scope of Agreement:
This provider agreement sets forth the rights, responsibilities, terms and conditions governing the provider's participation in the Kentucky Medicaid Program and KCHIP and supplements those terms and conditions imposed by these programs.

Provided:
Provide covered services to Medicaid and KCHIP recipients in accordance with state laws, regulations, policies and procedures relating to the provision of services to Title XIX, Title VI, the approved Waiver for Kentucky and policies and procedures of the Department for Medicaid Services applicable to provider and recipients

I Agree Agreement Date 2/27/2017 9:43:52 AM

Exit Back Save & Next

Providers must read the Terms of the Provider Agreement and click the I Agree box before clicking Save & Next.

Figure 144: Submit (Agree to Terms)

To agree to the **Terms of the Provider Agreement**:

- Click the **I Agree** checkbox.
 - **Note:** Failure to agree to the Terms of the Provider Agreement will result in the item not being submitted to DMS.
- Click **Save & Next** to proceed to the next screen.

Complete the Submit screen as a Group/Entity

After agreeing to the **Terms of the Provider Agreement** and *clicking Save & Next*, Group or Entity Providers will see the **Submit** screen.

The screenshot shows the 'Submit' screen for a Group/Entity. At the top, there is a table with application details:

Application Number	Enrolling As	Provider Type	Provider Name	DBA Name	Medicaid Number
APP2	Group	65 - Physician Group	jan2 doe2		
NPI/FEIN	Status	Application Start Date	Application Originator	Application Age	
9999999996	Return To Provider	05/25/2017 10:39:12	05/01/2017		19 Days

Below the table is a sidebar with steps 1.0 through 10.0. Step 10.0 'Submit' is highlighted. The main form area has two callouts:

- Callout 1:** "Enter the name of the Owner if applicable, otherwise, enter the name of the Legally Authorized Agent, Officer, or Board Member." This points to the 'Name' field.
- Callout 2:** "Click Esign & Submit to send the item to DMS. Once submitted the item is locked for editing." This points to the 'Esign & Submit' button.

The form includes a 'Title' dropdown menu with options: Select One, Board Member, Legally Authorized Agent, Officer, and Owner. At the bottom, there are buttons for 'Exit', 'View MAP-811 PDF', 'Back', and 'Esign & Submit'.

Figure 145: Group/Entity Submit Screen (Esign & Submit)

To *complete* the **Submit** screen as a Group or Entity Provider enter the following:

- **Name:** *Enter* the name of the Owner if applicable, otherwise, enter the name of the Legally Authorized Agent, Officer, or Board Member.
- **Title:** *Select* from the drop-down the title of the Owner, Legally Authorized Agent, Officer, or Board Member.
 - If Legally Authorized Agent is selected, the user will be directed to return to the 8.0 Document Upload screen to upload a Legally Authorized Agent authorization document. Once the document is uploaded, the user will return to the 10.0 Submit screen and electronically sign and submit the maintenance action.
- **Sign Date:** Pre-populated with current date and time; cannot be changed. This is used as the date and time the application is submitted to DMS.

To **E-sign & Submit** the item:

- **E-sign & Submit:** *Click* the **Esign & Submit** button to send the item to DMS.
 - After *clicking Esign & Submit*, the item will display the **Next Steps** screen stating, "From the Dashboard, you may check back in 48 hours to see if the application has been accepted for review".
 - Once an item is *submitted*, no updates or revisions are permitted unless DMS returns the item for additional information.
- **Back:** *Click Back* to go to the previous screen without submitting.
- **Exit:** *Click Exit* to return to the Dashboard without submitting.

Note: *An application can be withdrawn after submission by clicking the **Withdraw** button on the Provider Dashboard. The application will be viewable but cannot be resubmitted. A new application must be completed.*

To *print* the application or save it to your computer:

- **View Map-811 PDF:** *Click the **View MAP-811 PDF** button to open a PDF document to save to your computer and/or print.*
- The **MAP-811** (containing the Provider Agreement) will be saved in the **Correspondence** screen after the application has been approved.

Complete the Submit Screen as a Credentialing Agent (Non-Delegate)

Credentialing Agent Non-Delegates will utilize the **Submit** screen to send a **New Enrollment Application** to the Provider who can then *e-sign* and *submit* the application to DMS.

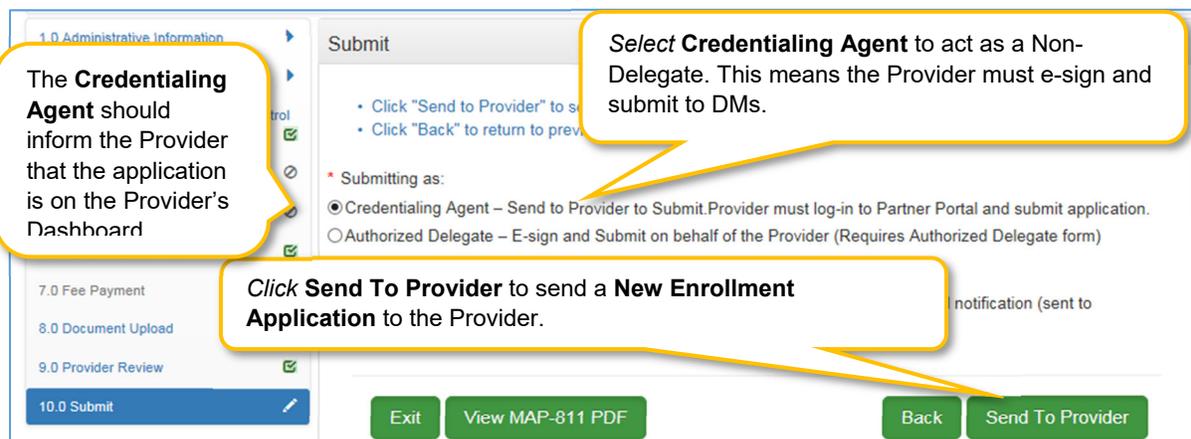


Figure 146: Credential Agent Submit Screen (Send To Provider)

To *complete* the **Submit** screen as a Credentialing Agent:

- **Submitting As:** *Select Credentialing Agent* option.
- **Send To Provider:** *Click the Send to Provider* button to send the item to the Provider for review and submission.
- The Credentialing Agent should inform the Provider that the application is on the Provider's Dashboard.
 - Credentialing Agents will receive a notification (in their Dashboard Notifications) when the application has been sent to the Provider.
 - Credentialing Agents will receive a notification (in their Dashboard Notifications) when the Provider has e-signed and submitted the item to DMS.
- **Back:** *Click Back* to go to the previous screen without submitting.
- **Exit:** *Click Exit* to return to the Dashboard without submitting.



Credentialing Agent Non-Delegates are able to send a New Enrollment Application [to the Provider](#) for final review and electronic signature. The item will appear in the Provider's Dashboard in the Application Status section for review and submission to DMS.



Credentialing Agents will receive a notification in their Dashboard Notifications when the Provider receives, electronically signs, and submits the item to DMS.



MAP 811 can be printed for the Credentialing Agents or Providers files. Paper application if submitting electronically is NOT to be mailed in for processing.

Complete the Submit screen as a Credentialing Agent as Authorized Delegate

Credentialing Agents with an Authorized Delegate form will utilize the **Submit** screen to send a **New Enrollment Application** on behalf of the Provider, will be able to *e-sign* and *submit* the item to DMS.

Click **Authorized Delegate** to submit a **New Enrollment Application** to DMS on behalf of the Provider.

The screenshot shows a web interface for submitting an application. On the left is a sidebar with a list of steps: 4.0 Attestations, 5.0 Provider Group Linkage, 6.0 Account Information, and 7.0 Fee Payment. The main content area has a title 'Credentialing Agent – Send to Provider to Submit. Provider must log-in to Partner Portal and submit application.' and a subtitle 'Authorized Delegate – E-sign and Submit on behalf of the Provider (Requires Authorized Delegate form)'. Below this are three buttons: 'Exit', 'View MAP-811 PDF', and 'Back'. A red asterisk icon with the text '* - Required' is in the top right corner.

Figure 147: Credential Agent Submit Screen (Authorized Delegate)

To *complete* the **Submit** screen as a Credentialing Agent as an Authorized Delegate:

- Click the **Authorized Delegate** button to progress to the next screen and to **submit** the application on behalf of the Provider to DMS.

The screenshot shows the expanded 'Submit' screen. The sidebar now includes '10.0 Submit' which is highlighted. The main content area has a section 'Submitting as:' with two radio buttons: 'Credentialing Agent' and 'Authorized'. The 'Authorized' option is selected. A callout box points to the 'Authorized' option with the text 'Authorized Delegate form on file link'. Below this is a link: 'Click on link to review form: No form found' and another link: 'Click here to download Template-KY DMS Partner Portal Authorized Delegate Form'. There is a section for 'Upload File' with a 'Browse' button. Below that is a table with columns 'Document Name', 'Uploaded User', and 'Uploaded Date'. The 'Uploaded User' column shows 'Train15, CA15' and the 'Uploaded Date' column shows '02/11/2019'. At the bottom are buttons for 'Exit', 'View MAP-811 PDF', 'Back', and 'Esign & Submit'.

Figure 148: Credential Agent Submit Screen Expanded (Authorized Delegate)

- After selecting Authorized Delegate, the screen will expand asking for either Review or Upload of the Authorized Delegate form.
 - If there is an Authorized Delegate form on file (file name will be listed), *click* on the link to open and review form. Answer question **“Is Form Correct?”**
 - **Select Yes**, if form is still valid.
 - **Select No**, if form is expired or data on the form has changed. User will be required to **Upload** a new Authorized Delegate form.
 - If there is not an Authorized Delegate form on file (link says “No form found”), *click* on the **Browse** button to retrieve the form and upload the document.
- After Authorized Delegate form is uploaded: *Click Esign & Submit*



Credentialing Agents with Authorized Delegate will have the ability to complete the final review, e-sign and submit item to DMS.



MAP 811 can be printed for the Credentialing Agents or Providers files. Paper application if submitting electronically is NOT to be mailed in for processing.



Chapter Summary: New Enrollment: Start to Submit

- KY MPPA verifies that the NPI/Taxonomy combination entered does not already have an active KY Medicaid ID for the same provider type. If an active KY Medicaid ID is found, a different NPI/Taxonomy combination is required in order to submit a new KY Medicaid ID application.
- KY MPPA fully validates the application when the user clicks the Submit button. If the user finds they need to make changes to information entered after checking the 9.0 Review screen, they can go back to previous screens using the Left Navigation menu and make changes.
- If the change in information affects dependent information on other screens, when the user clicks Submit again, KY MPPA will notify the user of other necessary updates before the application can be submitted.
- If a user withdraws an application, it will remain viewable, however, it cannot be resubmitted.
- At least one actively enrolled Individual Medicaid Provider is required to create a Group.
- If the NPPES website is down, KY MPPA will display a message and the user cannot proceed with their application until NPPES is available for validation.
- When linking or delinking a Provider from the Group, the user will be prompted to upload a MAP-347 form on the 8.0 Document Upload screen.
- Routing number information can take up to twenty-one days to verify. Until authorization of the EFT transaction is approved, or if the routing number information cannot be verified, the payment type will default to check.
- On the 8.0 Document Upload screen, documents that are required for each provider type will have a placeholder record in the grid and be marked with a 'Y' in the Required column. These document records are edited in the grid, and not Added, when uploading documents. Additional supporting documents can be uploaded by clicking the Add button.
- File size for upload cannot exceed 5MB. Allowable file types include: PDF, DOC, DOCX, JPG, JPEG, TXT, RTF, CSV, XLS, XLSX, TIF, TIFF.
- Credentialing Agents are able to send a New Enrollment Application to the Provider for final review and electronic signature. The item will appear in the Provider's Dashboard in the Application Status section for review and submission to DMS.
- Credentialing Agents will receive a notification in their Dashboard Notifications when the Provider receives, electronically signs, and submits the item to DMS.
- Credentialing Agents (non-delegate) are able to send an Enrollment Application, Maintenance item or Revalidation to the Provider for final review and electronic signature. The item will appear in the Provider's Dashboard in the Maintenance Status section for review and submission to DMS.

- Credentialing Agents will receive a notification in their Dashboard Notifications when the Provider receives, electronically signs, and submits the item to DMS.
- Credentialing Agents acting as an Authorized Delegate will be able to electronically sign and submit the action to DMS.

1.0 Maintenance

Information for a Kentucky Medicaid ID needs to be current. This includes items such as name changes, address changes, additional certifications, updated licenses, date changes, etc.

Note: *If the Provider is utilizing a Credentialing Agent (CA) to work on their behalf, the Provider and CA must be linked in KY MPPA **prior** to beginning a Maintenance action in order for the CA to have authorization to access the Provider's Medicaid ID data. If the Provider and CA are not linked, the CA will receive an alert message. See the Linking section for more information. See the Maintenance Alert Messages section for a description of the maintenance-related alert messages.*

Note: *If you receive an alert message or require assistance with linking, contact the KY MPPA Contact Center at 1-877-838-5085, extension 1 or via email at medicaidpartnerportal.info@ky.gov.*



There are 7 prescriber Provider types that will not be required to complete every screen when performing a maintenance to update licensure. Those Provider types are: PT60 (Dentists), PT64 (Physicians), PT74 (Certified Registered Nurse Anesthetists), PT77 (Optometrists), PT78 (ARNP), PT85 (Chiropractors) and PT95 (Physician Assistants)

There are two ways to begin a maintenance action – from the Kentucky Medicaid Provider IDs section on the dashboard or from the Maintenance tab on the Main Menu.

Option 1: Click on **Start Maintenance** in the **Kentucky Medicaid Provider IDs** section on the dashboard for the Kentucky Medicaid ID to be updated. The Provider's information will be pre-populated on the Medicaid ID screen.

The screenshot shows a dashboard interface with a 'KY Medicaid Provider IDs' section. A callout box points to a green 'Start Maintenance' button in the 'Action' column of a table. The table contains three rows of provider data.

Medicaid Provider ID	Medicaid ID Status	View	Provider Name	NPI	Taxonomy	Medicaid Provider ID Effective Date	Medicaid Provider ID End Date	Action
100526800	Active	View	Barner, B...	1241	225100000X - Physical Therapist	06/07/2018	08/01/2028	Start Maintenance
100526800	Active	View		1361	225100000X - Physical Therapist	06/07/2018	08/06/2028	Start Maintenance
100526800	Active	View	Clark, Mar...	1871	101YP2500X - Counselor-Professional	06/07/2018	08/01/2028	Start Maintenance

Figure 149: Maintenance: Start Maintenance Button from Dashboard

Option 2: Click on **Maintenance** in the **Main Menu** to start maintenance on a Kentucky Medicaid ID. To start the **Maintenance** process, enter the **Medicaid ID** into the **Medicaid ID** field and *click* **Search**.

Dashboard Application **Maintenance** Correspondence

Maintenance ⓘ Ⓕ * = Required

- Requests for Maintenance must be processed by DMS before a new request can be submitted. In the event additional maintenance items needs to be submitted, withdraw a pending request by going to the dashboard
- Choose Voluntary Termination to end participation with Kentucky Medicaid
- Revalidation is only required every five years. Select "Revalidation" to update provider file with Kentucky Medicaid

* Medicaid ID

Search Clear

Enter the **Medicaid ID**

Exit

Figure 150: Maintenance: Initial Maintenance Screen

- *Click* **Clear** to remove the KY Medicaid ID.
- *Click* **Exit** to return to the Dashboard.

Select Maintenance Type

KY MPPA will locate the Provider information based on the KY Medicaid ID entered.

Dashboard Application **Maintenance** Correspondence

Maintenance Info Refresh * = Required

- Requests for Maintenance must be processed by DMS before a request is submitted, withdraw a pending request by going to the dashboard
- Choose Voluntary Termination to end participation with Kentucky Medicaid
- Revalidation is only required every five years. Select "Revalidation" to revalidate your file with Kentucky Medicaid

* Medicaid ID

Provider Name NPI Taxonomy

Primary Physical Address Revalidation Date

Medicaid ID Effective Date Medicaid ID End Date Status Status Reason

* I Want to Perform:

Maintenance
 Revalidation
 Voluntary Termination
 Reinstatement
 Reapplication

* Requested Effective Date

Figure 151: Maintenance: Select Performance Type

Messages will alert users if issues are found with the KY Medicaid ID entered as follows:

- If the KY Medicaid ID is not found an **Alert** will display.
- If the KY Medicaid ID already has a Maintenance started, an **Alert** will display.
- If the Credentialing Agent is not linked to the Provider's KY Medicaid ID, an **Alert** will display.

Review the information retrieved to ensure the correct KY Medicaid ID has been entered.

To enter a **Maintenance** item, *select* the type of maintenance to perform:

- **I want to Perform** (drop-down):
 - **Maintenance:** Update items such as licensure, certifications, name changes, address changes, etc.

- **Revalidation:** Revalidation is required every five years. Review the information on file with DMS for accuracy and update any missing or inaccurate information.
 - **Voluntary Termination:** Voluntarily terminate the Medicaid ID.
 - **Reinstatement:** If a Provider is terminated for cause, and they reapply, they will receive their old Medicaid ID number back regardless of whether it is greater than or less than one year.
 - **Re-applicant:** If a Provider self-end-dates and they reapply, they will receive their old Medicaid ID number back regardless of whether it is greater than or less than one year.
- **Requested Effective Date:**
 - Enter the date you would like the maintenance items to take effect for the selected KY Medicaid ID. (Voluntary Termination date must be greater than Medicaid ID Effective Date)
 - Requested Effective Date must be today's date or future date (no more than 90 days).

Note: Users must view every screen the first time they enter a Maintenance for DMS review. The next time a Maintenance is performed, users can use the Left Navigation menu to navigate to a specific section with the required change and submit the request to DMS for review.

- Click **Continue** to continue with the Maintenance request.
- Click **Exit** to return to the **Main Menu**.
- **Confirm Continue:** Click the **Yes** or **No** button to proceed to next screen.

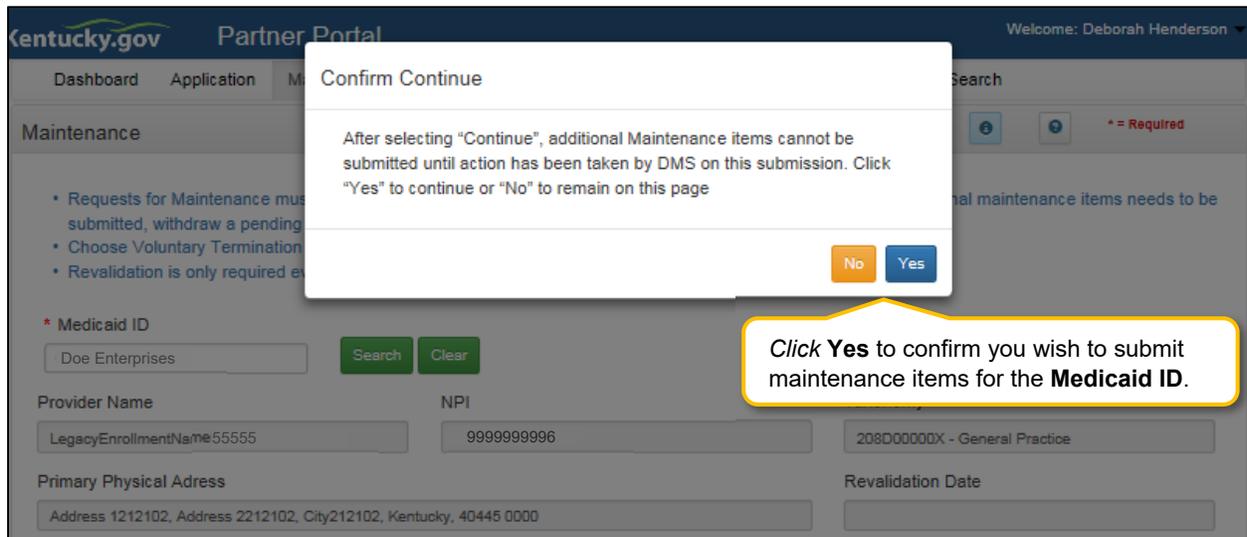


Figure 152: Maintenance: Confirmation Screen

Once you have verified the Medicaid ID, click **Continue** to proceed to the next screen.

- Click **Exit** to exit Maintenance.
- Click **Yes** to proceed to next screen.

Note: You may see a Maintenance item already in process. If necessary, click the **Withdraw** button on the Dashboard to withdraw the Maintenance item from review with DMS; stopping the maintenance process. This can be done at any time prior to the completion of DMS' review. Comment box is optional.

1.0 Maintenance Administrative Information

1.1 Maintenance: Basic Information

The **Basic Information** screen captures key information about the Provider. Utilize Maintenance to update information in the application by editing any of the permitted fields (not grayed out) on the screen.

Note: The Authorized Agent email information cannot be changed in KY MPPA. Users must login to the Kentucky Online Gateway (KOG) screen (Administration menu) to change an email address. Email changes made in KOG will synchronize with KY MPPA.

The screenshot displays the 'Basic Information-Group/Entity' maintenance screen. On the left is a navigation menu with sections 1.0 through 10.0. The main area contains a list of instructions and several input fields. A yellow callout box highlights the 'Authorized Agent Email Address' field, which is grayed out, with the text 'Grayed out fields cannot be changed in Maintenance.' Other fields include 'Business Name' (Doe Enterprises), 'Doing Business' (IRSName123456), 'Communication Email Address' (john.smith@email.com), 'Business Structure Type' (Non-Profit), 'Business Ownership Type' (Private), 'Fiscal Year End' (Feb), and 'Requested Effective Date' (04/18/2018). Buttons for 'Exit' and 'Save & Next' are at the bottom.

Figure 153: Maintenance: Basic Information Maintenance Screen

Many of the KY MPPA screens are pre-populated with information currently on file with the KY Department for Medicaid Services. To update the **Basic Information** maintenance screen, *enter* data in the fields as needed:

- **Business Name:** The legal name of the Group or Entity.
- **Doing Business As:** If the Group or Entity conducts business as some other name than its legal name, provide that information in this field.
- **Authorized Agent Email Address:** Email information cannot be changed in KY MPPA. Users must log in to the Kentucky Online Gateway (KOG) screen in the Administration menu to change an email address. Email changes in KOG will synchronize with KY MPPA. This is the email address associated with the KOG account log in for the KY MPPA account.
- **Communication Email Address:** If blank, enter a group or organization email address to allow all credentialing team members to receive email notifications about this specific application. This field can also be left blank if no other Credentialing Agents need to receive email notifications regarding this specific application. This email address can be updated during Maintenance.
- **Business Structure Type:**
 - Non-Profit: A corporation or an association that conducts business for the benefit of the general public without shareholders and without a profit motive.
 - Profit: A corporation that conducts business to realize a profit for the benefit of the owners.
- **Business Ownership Type:**
 - Private: Company is owned by private shareholders.
 - Public: Company issues shares for subscription by the public. Can be government owned.
- **Requested Effective Date:** Date the user would like the KY Medicaid ID to become active.
 - User may request an effective date up to one year retroactive from current date or up to ninety days after the current date.
 - Provider should ensure all licensure and certifications are active by the effective date.

To save the information:

- Click **Save & Next** to save the information and proceed to the next screen.



Authorized Agent's email address cannot be changed in KY MPPA. Users must login to the **Kentucky Online Gateway (KOG) screen** and access the **Administration** menu to make the change.

1.2 Maintenance: Tax Information

The **Tax Information** maintenance screen allows the user to change their **Tax** and **DHS/INS** Information.

Note:

- The **Tax Information** entered during enrollment cannot be changed. The existing record must be **End Dated** and a new record added. (Requires a document upload on the 8.0 Document Upload screen).
- The **DHS/INS Effective Date** entered during enrollment cannot be changed. The **DHS/INS End Date** can be extended by editing the existing record. (Requires a document upload on the 8.0 Document Upload screen).

The screenshot displays the 'Tax Information - Group/Entity' maintenance screen. On the left is a sidebar with navigation options: 1.0 Administrative Information (1.1 Basic Information, 1.2 Tax Information, 1.3 NPI Information, 1.4 Taxonomy Information, 1.5 Add Group Members, 1.6 Additional Identifiers, 1.7 Address Information, 1.8 Contact Information, 1.9 Language Information, 1.10 Bed Data, 1.11 Locum Tenens), 2.0 Provider Qualifications, and 2.1 Disclosure of Ownership and Control. The main content area has a title bar with a search icon, a refresh icon, and a red asterisk indicating required fields. Below the title bar are instructions: 'To change information, edit the allowable field(s)', 'Enter the following tax information as it is on your IRS Verification Letter', and 'User must proceed to screen 8.1 to "Upload Documents" and then proceed to screen 10.0 to "Submit" Maintenance item once all items have been updated'. An 'Add' button is located to the right of these instructions. Below the instructions is a table titled 'Tax Information' with the following data:

Tax Structure	Tax Effective Date	Tax End Date	Tax Exempt	FEIN	Action
	04/01/1995	12/31/2299	No	610	 

Below the table are navigation buttons: 'First', 'Previous', 'Next', 'Last', and '(Page 1 of 1)'. At the bottom left is an 'Exit' button. At the bottom right are 'Save' and 'Save & Print' buttons. Two callouts are present: one pointing to the 'Add' button with the text 'Click Add to open the data entry fields.', and another pointing to the 'Edit' icon in the table with the text 'Click Edit icon to open the data entry fields for editing the record.'

Figure 154: Maintenance: Tax Information

To update **Tax Information**, enter data in the fields as follows: (Grayed out fields cannot be changed in Maintenance when editing a record.)

- Click the **Edit** icon to open the fields for editing.
- **Tax Information** cannot be deleted. Users must add an end date to the existing record, then add a new record with the updated information.

Edit Current Tax Information Record

Tax Information - Group/Entity

- To change information, edit the allowable field(s)
- Enter the following tax information as it is on your IRS Verification Letter
- User must proceed to screen 8.1 to "Upload Documents" Maintenance item once all items have been updated for

Click **Discard** to cancel the entry.

Tax Information

Tax Structure	Tax Effective Date	Tax End Date	Tax Exempt	FEIN	Action
Government/Non-Profit	07/01/2015		No	35	

First Previous Next Last (Page 1 of 1) Page: 1

* Tax Structure: Government/Non-Profit * Tax Effective Date: 07/01/2015 Tax End Date: MM/DD/YYYY

Tax Exempt: Yes

Tax Structure Comment:

FEIN: 35

Add To Grid

Click **Add to Grid** to populate the grid.

Grayed out fields cannot be changed.

Exit Back Save & Next

Figure 155: Maintenance: Tax Information (Edit)

- Tax Structure:** Select one of the following from the **Tax Structure** drop-down:
 - Corporation
 - Estate/Trust
 - Government/Non-Profit
 - Limited Liability Corporation
 - Partnership
 - Public Service Corporation
 - Sole Proprietor
- Tax Effective Date:** This field will be pre-populated with the **Requested Effective Date** entered during enrollment. When a maintenance item is approved by DMS, the Tax Effective Date will automatically change to the date DMS approves in the update.
- Tax End Date:** If the current Tax Information is no longer valid, an end date must be added.
 - A new record will need to be added with the updated information (see **Add New Tax Information Record** on the following page).
- Tax Exempt:** Refers to a monetary exemption, which reduces taxable income. Defaults to **No**. **Not check marked.**
 - Click the box to indicate tax exempt status.

- **Tax Structure Comment:** Allows the user to explain or provide additional information to DMS regarding the Tax Structure. (See Navigation section for comment box rules)
- **FEIN:** Group or Entity Federal Employer Identification Number.
 - If the current FEIN is no longer valid, an end date must be added.
 - A new record will need to be added with the updated information (see **Add New Tax Information Record** on the following page).
 - *Effective and/or End Dates for one record cannot overlap the dates of another record.*
- **Action:**
 - Edit: *Click* to edit the record
 - Delete: *Click* to delete a record.

*Click **Add To Grid** button to add the record to the grid.*

Add New Tax Information Record

Tax Information - Group/Entity * = Required

- To change information, edit the allowable field(s)
- Enter the following tax information as it is on your IRS Verification Letter
- User must proceed to screen 8.1 to "Upload Documents" and then proceed to screen 10.0 to "Submit" Maintenance item once all items have been updated for DMS

Tax Information Discard

Tax Structure	Tax Effective Date	Tax End Date	Tax Exempt	FEIN	Action
	04/01/1995	12/31/2299	No	61	

First Previous Next Last (Page 1 of 1) Page: 1

* Tax Structure: Select One
 * Tax Effective Date: 05/31/2017
 Tax End Date: MM/DD/YYYY
 Tax Exempt: Yes
 Tax Structure Comment:
 * FEIN: xxx-xxxxxxx

Add To Grid

Click Add to Grid to populate the grid.

Exit Back Save & Next

Figure 156: Maintenance: Tax Information (Add)

Click the **Add** button to *add* a new record as follows:

- Tax Structure:** Select one of the following from the **Tax Structure** drop-down:
 - Corporation
 - Estate/Trust
 - Government/Non-Profit
 - Limited Liability Corporation
 - Partnership
 - Public Service Corporation
 - Sole Proprietor
- Tax Effective Date:** This field will be pre-populated with the **Requested Effective Date** entered during enrollment. When a maintenance item is approved by DMS, the Tax Effective Date will automatically change to the date DMS approves in the update.
- Tax End Date:** When adding a new record, the **Tax End Date** is not required. *(This field can be edited if the record requires an end date.)*

- **Tax Exempt:** Refers to a monetary exemption, which reduces taxable income. Defaults to **No. Not check marked.**
 - *Click* the box to indicate tax exempt status.
- **Tax Structure Comment:** Allows the Provider to explain or provide additional information to DMS regarding the Tax Structure. (See Navigation section for comment box rules)
- **FEIN:** Group or Entity Federal Employer Identification Number.
- **Action:**
 - Edit: *Click* to edit the record
 - Delete: Click to delete a record.

Click **Add To Grid** button to add the record to the grid.

To *save* the information:

- *Click* **Save & Next** to save the information and proceed to the next screen.



Update all allowable tax information fields to match what appears on your IRS Verification Letter SS-4.

1.3 Maintenance: NPI Information

The **NPI Information** maintenance screen allows users to *add* new or *end date* existing NPIs for the Provider.

The **NPI** number is a unique ten-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).

KY MPPA verifies the **NPI** number and **NPI/Taxonomy** combination associated with the Provider against the *National Plan & Provider Enumeration System (NPPES)* website.

Note: If the **NPPES** website is down, KY MPPA will display a message alerting the user that they cannot proceed with their application until NPPES is available for validation.

Rules for **NPI Information** are as follows:

- Up to 250 **NPI** numbers can be added for each Provider.
- **NPI** numbers cannot be deleted. They must be end dated if they are no longer in use.
- **Effective Date:**
 - Pre-populated with date entered during enrollment.
- **End Date:**
 - Current or future date.
- Users may end date more than one **NPI**; however, it is a required to have at least one active primary **NPI** number at all times.

Figure 157: Maintenance: NPI Information Screen

To *edit* an **NPI** record and *enter* an *end date*, click the **Edit** icon in the **Action** column to open the fields:

NPI Information * = Required

- To End Date a NPI, select edit in the grid;
- To add additional NPI, select Add; enter information and select "Add to Grid"
- If NPI entered is Primary, select the checkbox; selecting a new NPI as Primary clears the previous Primary indicator
- Limit of 30 NPI's; all NPI's listed for the provider must be on NPPES
- User must be able to use vertical menu to navigate to the next item needing changed after selection of "Save & Next"
- User must proceed to screen 8.1 to "Upload Documents " and then proceed to screen 10.0 to "Submit" Maintenance item once all items have been updated for DMS

[Discard](#)

NPI	Primary	Effective Date	End Date	Action
9999999996	Yes	07/01/2015		 

First Previous Next Last (Page 1 of 1) Page: 1

* NPI Primary Yes

* Effective Date End Date

[Add To Grid](#)

[Back](#) [Save & Next](#)

Enter the **End Date for the record.**

Click **Add To Grid to update the record.**

Figure 158: Maintenance: NPI Information Screen (Edit)

- **NPI:** Pre-populated and cannot be changed.
- **Primary:** Click the Primary indicator if the **NPI** is the primary. There can only be one primary **NPI** number. (see instructions below for changing the **Primary** indicator from one NPI to another)
- **Effective Date:** Pre-populated and cannot be changed.
- **End Date:** Enter the date the **NPI** is no longer valid.
- **Add To Grid:** Click **Add To Grid** to update the record in the grid.

The screenshot shows the 'NPI Information' screen with a sidebar on the left containing a list of sections from 1.0 to 10.0. The main content area is titled 'NPI Information' and includes a list of instructions, a table, and form fields. Callouts provide specific instructions for each field and button.

Instructions:

- To End Date a NPI, select edit in the grid;
- To add additional NPI, select Add; enter information and select "Add to Grid"
- If NPI entered is Primary, select the checkbox; selecting a new NPI as Primary clears the previous Primary indicator
- Limit of 30 NPI's; all NPI's listed for the provider must be on NPPES
- User must be able to use vertical menu to navigate to the next item needing changed after selection of "Save & Next"
- User must proceed to screen 8.1 to "Upload Documents" once all items have been updated for

Table:

NPI	Primary	Effective Date	End Date	Action
999999998	Yes	01/29/2015		

Form Fields:

- NPI:** * NPI (999999998) - Callout: *Enter the NPI number.*
- Primary:** Yes - Callout: *Click Yes, if NPI is Primary.*
- Effective Date:** * Effective Date (06/29/2017) - Callout: *Enter the Effective Date and if applicable, the End Date.*
- End Date:** End Date (12/31/2299)

Buttons:

- Discard:** Callout: *Click Discard to cancel the entry.*
- Add To Grid:** Callout: *Click Add To Grid to add new record.*
- Exit:**
- Save & Next:**

Figure 159: Maintenance: NPI Information Screen (Add)

To *add* additional **NPI numbers**, enter data in the fields as follows:

Click **Add** to open the data entry fields.

- **NPI:** *Enter* the Provider's NPI number in the grid.
- **Primary:** *Click* the box if the NPI is the primary NPI. There can only be one primary **NPI** number. (see instructions below for changing the Primary indicator from one NPI to another)
- **Effective Date:** *Enter* the Effective Date.
- **End Date:** *Enter* the End Date. (Optional)
- *Click Add to Grid* to enter information in the grid.

The screenshot displays the 'NPI Information' screen. On the left is a sidebar with a tree view of maintenance categories, with '1.3 NPI Information' selected. The main area contains instructions for NPI management. Below the instructions is a table with columns for NPI, Primary, End Date, and Action. The table shows two rows: one with NPI 999999998 (Primary: No, End Date: 12/31/2017) and another with NPI 1578 (Primary: Yes, End Date: 01/29/2015). Below the table is a form for editing an NPI, with fields for NPI (999999996), Primary (checkbox checked 'Yes'), Effective Date (01/29/2015), and End Date (06/12/2017). At the bottom are buttons for 'Exit', 'Add To Grid', 'Back', and 'Save & Next'. Callout boxes with yellow borders provide specific instructions for each key element.

Figure 160: Maintenance: NPI Information Screen (Change Primary)

To *change* the **Primary** NPI number, use the following steps:

FIRST: The **Primary** indicator must be removed from an existing NPI prior to designating a different NPI as Primary.

- Remove the **Primary** indicator from the existing NPI as follows:
 - Click the **Edit** icon in the **Action** column for the NPI that is the current primary.
 - **Primary:** *Uncheck* the **Primary** checkbox to remove the primary status for that NPI.
 - **End Date:** If this NPI is no longer valid, *enter* the End Date. If the NPI is still valid, do not populate the End Date.
 - Click **Add To Grid** to add the changes into the grid.

NEXT: Determine which of the following is needed to designate a NPI as **Primary**; instructions are included:

- An NPI already listed in the grid needs to be the new Primary:
 - Click **Edit** in the **Action** column to open the fields for the NPI number that is the new Primary.
 - **NPI:** Pre-populated.
 - **Primary:** Click the **Yes** checkbox to populate the Primary indicator.
 - **Effective Date:** Pre-populated.

- **End Date:** Leave blank.
- **Click Add To Grid** to enter the record into the grid.

To save the grid information:

- **Click Save & Next** to save the information and proceed to the next screen.

Return to the System Navigation: Grid Layout for help on working with grids.



If the **NPPES** website is down, KY MPPA will display a message and the user cannot proceed with their application until **NPPES** is available for validation.



Pre-existing NPIs cannot be deleted. They can only be end dated and new NPIs can be added.



You must have at least two NPI numbers in the grid to change the **Primary NPI** number. There can only be one **Primary NPI** number.

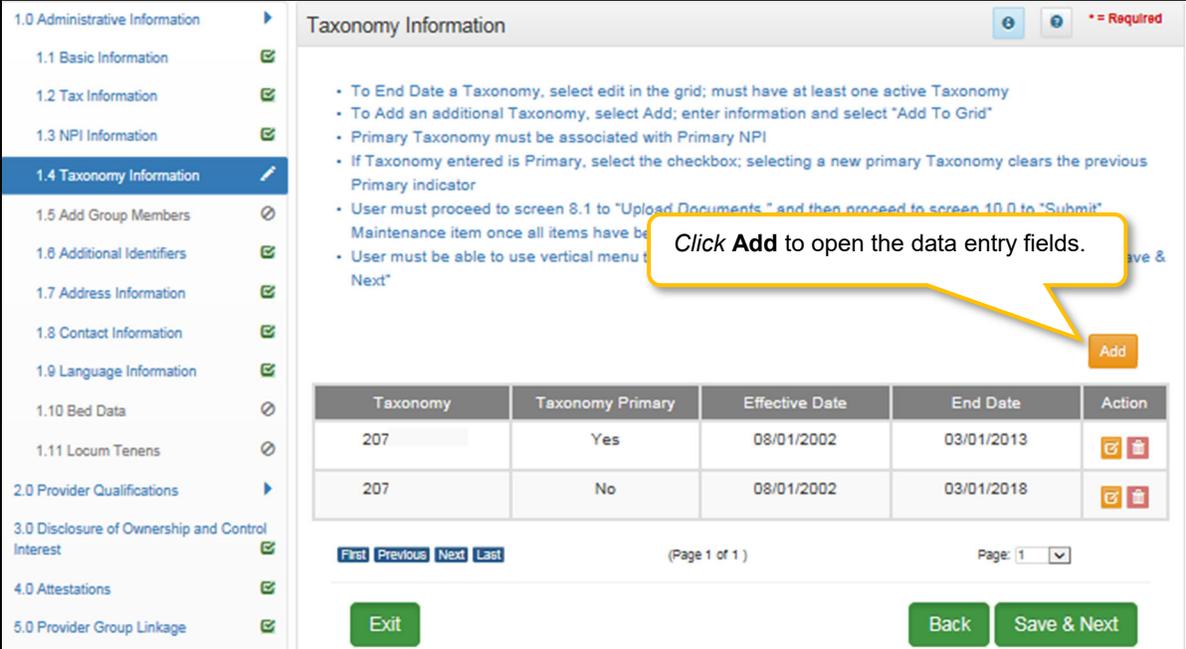
1.4 Maintenance: Taxonomy Information

The **Taxonomy Information Maintenance** screen allows a Provider to add a new Taxonomy or end date an existing Taxonomy. KY MPPA verifies **NPIs** and **Taxonomies** against *National Plan & Provider Enumeration System (NPPES)*.

Note: If NPPES is down, KY MPPA will display a message alerting the user they cannot proceed with their application until NPPES is available for validation.

The rules for Taxonomies are as follows:

- Displayed Taxonomies cannot be deleted; only end dated and a new Taxonomy added.
- To *end date* a **Taxonomy**, select the **Edit** icon in the grid where there is at least one active **Taxonomy**. **Note:** *There must always be at least one active Taxonomy.*
- **Effective Date** must be today's date or future date.
- **End Date** cannot be a prior date.
- When *adding* or *editing* an NPI/Taxonomy, the combination will be verified in **NPPES** when the **Save & Next** button is clicked. All **NPI** and **Taxonomy** numbers must be registered in **NPPES**.



Taxonomy Information * = Required

- To End Date a Taxonomy, select edit in the grid; must have at least one active Taxonomy
- To Add an additional Taxonomy, select Add; enter information and select "Add To Grid"
- Primary Taxonomy must be associated with Primary NPI
- If Taxonomy entered is Primary, select the checkbox; selecting a new primary Taxonomy clears the previous Primary indicator
- User must proceed to screen 8.1 to "Upload Documents," and then proceed to screen 10.0 to "Submit" Maintenance item once all items have been added
- User must be able to use vertical menu to "Save & Next"

Taxonomy	Taxonomy Primary	Effective Date	End Date	Action
207	Yes	08/01/2002	03/01/2013	 
207	No	08/01/2002	03/01/2018	 

First Previous Next Last (Page 1 of 1) Page: 1

Exit Back Save & Next

Click Add to open the data entry fields.

Figure 161: Maintenance: Taxonomy Information Screen

To *add* new or *edit* an existing **Taxonomy**, follow the steps below:

Taxonomy Information * = Required

- To End Date a Taxonomy, select edit in the grid; must have at least one active Taxonomy
- To Add an additional Taxonomy, select Add; enter information and select "Add To Grid"
- Primary Taxonomy must be associated with Primary NPI
- If Taxonomy entered is Primary, select the checkbox; selecting a new primary Taxonomy clears the previous Primary indicator
- User must proceed to screen 8.1 to "Upload Documents " and then proceed to screen 10.0 to "Submit" Maintenance item once all items have been updated for DMS
- User must be able to use vertical menu to navigate to "Next"

Taxonomy	Taxonomy Primary	Effective Date	End Date	Action
20	Yes	08/01/2002	03/01/2013	
20	No	08/01/2002	03/01/2018	

First Previous Next Last (Page 1 of 1) Page: 1

* Taxonomy

Primary Yes

* Effective Date

End Date

Add To Grid

Back Save & Next

Figure 162: Maintenance: Taxonomy Information (Add or Edit)

- Click **Add** to open the fields.
- **Taxonomy:**
 - 10-digit identification number.
 - There must be at least one **Taxonomy** entered to proceed to the next screen.
 - **NPI's** and **Taxonomies** will be verified in **NPPES**.
 - If the **NPPES** database is down, the user will receive an error message and cannot proceed until **NPPES** is able to complete the verification.
 - If the **NPI** or **Taxonomy** was recently submitted to **NPPES**, the Provider must wait until the information is available on the NPPES website to proceed with their application.
- **Primary:** Is this the Primary Taxonomy? **Yes** or **No**?
 - A Primary Taxonomy is required.
 - To change Primary from one Taxonomy to another:
 - *Edit* the record of the current primary and uncheck the primary indicator.
 - Then *add* a new Taxonomy and check the primary indicator for that record.
- **Effective Date:** *Enter the Taxonomy Effective Date.*
 - A requested **Effective Date** must be today's date or future date.

- **End Date:** The **Taxonomy End Date** is optional.
- **Add To Grid:** *Click Add To Grid* to enter the record into the grid.

To *edit* a **Taxonomy** record in the grid, *click* the **Edit** icon in the **Action** column to open the fields and complete the following:

- **Taxonomy:** Pre-populated from enrollment and cannot be changed.
- **Primary:** Is this the Primary Taxonomy? **Yes** or **No**?
 - **Note:** Primary Taxonomy can be switched to another Taxonomy (*instructions above*).
- **Effective Date:** Pre-populated from enrollment and cannot be changed.
- **End Date:** *Enter* the **Taxonomy End Date**.
- **Add To Grid:** *Click Add To Grid* to *update* the record in the grid.

Click Discard to *cancel* the data entry. No information will be saved.

To save the information:

- *Click Save & Next* to save the information and proceed to the next screen.

Return to the *System Navigation: Grids* for help on working with grids.



If the **NPPES** website is down, KY MPPA will display a message. The user cannot proceed with the application until **NPPES** is available for validation.



Existing Taxonomies cannot be deleted. They can only be end dated.



KY MPPA verifies that the NPI/Taxonomy combination entered does not already have an active KY Medicaid ID for the same Provider. If an active KY Medicaid ID is found, a different NPI/Taxonomy combination is required in order to submit a new KY Medicaid ID application.

1.5 Maintenance: Add Group Members

Group and Entity provider types can add additional members to their Group by choosing to link Individual Providers utilizing KY MPPA's **Add Group Members** screen..

The **Add Group Members** screen captures all the Provider information necessary to link them to the group. There needs to be at least one group member to create a Group. KY MPPA verifies the **NPI** number entered for the new member against the *National Plan & Provider Enumeration System (NPPES)* website to ensure that it is associated with the Provider.

Note: If the **NPPES** website is down, KY MPPA will display a message and the user cannot proceed with their application until **NPPES** is available for validation.

Group Member rules are as follows:

- Linkage date cannot be greater than one year prior when adding a new member.
- When linking to a Group that is located in a different state from the Primary location, a new license is required for the state the Group is located in and requires the upload of new license.
- Overlapping dates are not allowed for the same member.
- Group members cannot be deleted; they can only be end dated which will delink them from the Group.

The screenshot displays the 'Add Group Members' screen. On the left is a sidebar with a list of menu items: 1.0 Administrative Information, 1.1 Basic Information, 1.2 Tax Information, 1.3 NPI Information, 1.4 Taxonomy Information, 1.5 Add Group Members (highlighted), 1.6 Additional Identifiers, 1.7 Address Information, 1.8 Contact Information, 1.9 Language Information, 1.10 Bed Data, 1.11 Locum Tenens, 2.0 Provider Qualifications, 3.0 Disclosure of Ownership and Control Interest, and 4.0 Attestations. The main content area is titled 'Add Group Members' and contains instructions: 'To change information, edit to End Date the allowable field(s) and to link or de-link a provider(s) from or to the group', 'Any changes made to the Group Linking or De-linking requires MAP 247 upload for each member', and 'User must proceed to screen 8.1 to "Upload D Maintenance item once all items have been up'. Below the instructions is a table with the following columns: Provider Medicaid ID, NPI, Provider Email, Provider Name, Provider Linkage Effective Date, Provider Linkage End Date, and Action. The first row contains the values: 60I, 18, and icons for edit and delete. At the bottom of the table are navigation buttons: First, Previous, Next, Last, (Page 1 of 1), and Page: 1. At the bottom of the screen are three buttons: Exit, Back, and Save & Next. A yellow callout box with a speech bubble points to the 'Add' button and contains the text: 'Click Add button to open data entry fields.'

Figure 163: Maintenance: Add Group Members Screen

To *add* new **Group Members** information in the grid, enter data in the fields as follows:

- **Click Add** to open the data entry fields.

The screenshot displays the 'Add Group Members' screen. On the left is a sidebar with a tree view of sections: 1.0 Administrative Information (with sub-sections 1.1-1.11), 2.0 Provider Qualifications, 3.0 Disclosure of Ownership and Control Interest, 4.0 Attestations, 5.0 Provider, 6.0 Account, 7.0 Fee Paym, 8.0 Document Upload, 9.0 Provider Review, and 10.0 Submit. The '1.5 Add Group Members' section is selected and highlighted in blue. The main area is titled 'Add Group Members' and contains a list of instructions: 'To change information, edit to End Date the allowable group', 'Any changes made to the Group Linking or Delinking', and 'User must proceed to screen 8.1 to Upload Document Maintenance item once all items have been updated'. Below the instructions is a 'Discard' button. A table with the following columns is shown: Provider Medicaid ID, NPI, Provider Email, Provider Name, Provider Linkage Effective Date, Provider Linkage End Date, and Action. The first row contains: 60, 181, John.Doe@gmail.com, entName67601, 08/04/2015, and icons for edit and delete. Below the table are navigation buttons: First, Previous, Next, Last. Below the table are three form fields: '* Provider Medicaid ID' (with value 710), '* Provider Linkage Effective Date' (with value 06/15/2017), and 'Provider Linkage End Date' (with a date picker). Below these fields are three buttons: 'Verify Provider Medicaid ID', 'Add To Grid', and 'Exit'. At the bottom right are 'Back' and 'Save & Next' buttons. Three callout boxes provide instructions: one pointing to the 'Discard' button, one pointing to the 'Add To Grid' button, and one pointing to the 'Verify Provider Medicaid ID' button.

Figure 164: Maintenance: Add Group Members Screen (Add)

- **Provider Medicaid ID:** Enter the Individual Provider's KY Medicaid ID number.
- **Provider Linkage Effective Date:** Enter the date the Individual Provider will become active in the group.
- **Provider Linkage End Date:** Enter the Provider Linkage End Date, if applicable. This will delink the Provider from the Group.
- **Verify Provider Medicaid ID:** Click the **Verify Provider Medicaid ID** button to verify that the KY Medicaid ID is active and on file with the KY Department for Medicaid Services. **Note:** If the **NPPES** website is down, KY MPPA will display a message and the user cannot proceed with their application until **NPPES** is available for validation.
- After clicking the **Verify Provider Medicaid ID** button, review the data in the **NPI**, **Provider Email**, and **Provider Name** fields.
- Click the **Discard** button to remove the entire entry or click **Add To Grid** once the **Medicaid ID** information is verified to *add* the record to the grid.
- Repeat all steps above for each Individual Provider to be associated to the Group or Entity.

1.0 Administrative Information

1.1 Basic Information

1.2 Tax Information

1.3 NPI Information

1.4 Taxonomy Information

1.5 Add Group Members

1.6 Additional Identifiers

1.7 Address Information

1.8 Contact Information

1.9 Language Information

1.10 Bed Data

1.11 Locum Tenens

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 Submittal

Add Group Members

• To change information, edit to End group

• Any changes made to the Group Linkage

• User must proceed to screen 8.1 to Maintenance item once all items have been updated for DMS

Click the **Edit** icon to add an end date for the Group member.

Provider Medicaid ID	NPI	Provider Email	Provider Name	Provider Linkage Effective Date	Provider Linkage End Date	Action
60	181	John.Doe@gmail.com	LegacyEnrollmentName67601	08/04/2015		 

First Previous Next Last (Page 1 of Page: 1)

* Provider Medicaid ID: 710

* Provider Linkage Effective Date: 06/15/2017

Provider Linkage End Date: MM/DD/YYYY

Verify Provider Medicaid ID

Add To Grid

Exit Back Save & Next

Figure 165: Maintenance: Add Group Members (Edit)

To *edit* group member information in the grid:

- Click the **Edit** icon to end date the Group Member in the record. Click **Edit** to open fields for editing.
 - Existing Group members cannot be deleted from the grid. They must be end dated.

Note: When linking or delinking a provider from the Group, the user will be prompted to upload a MAP-347 form on the **8.0 Document Upload** screen.

To *save* the information:

- Click **Save & Next** to save the information and proceed to the next screen.

Return to the *System Navigation: Grid Layout* Chapter for help on working with grids.



At least one actively enrolled Individual Medicaid Provider is required.



If the **NPPES** website is down, KY MPPA will display a message and the user cannot proceed with their application until **NPPES** is available for validation.



When linking or delinking a provider from the Group, the user will be prompted to upload a MAP-347 form on the **8.0 Document Upload** screen.

1.6 Maintenance: Additional Identifiers

The **Additional Identifiers** maintenance screen allows users to *add* or *end date* identifying information such as the Medicare number, driver's license number, Drug Enforcement Administration (DEA) number, or Clinical Laboratory Improvement Amendments (CLIA) number.

Pre-existing **Additional Identifier** records cannot be deleted, they must be *end dated*, by adding an expiration date, and new **Additional Identifier** records can be added with a new effective date. Required **Additional Identifiers** should be entered based on the applicant's provider type. *

Note: **Additional Identifier** information added to this screen may require upload of supporting documentation on the 8.0 Document Upload screen.

* **Additional Identifiers** do not include license or certification information. If an **Additional Identifier** is required and not entered, an error message will appear. For additional information on required documentation go to the provider type summaries.

The screenshot shows the 'Additional Identifiers' maintenance screen. On the left is a navigation menu with sections 1.0 through 6.0. Section 1.6 'Additional Identifiers' is selected. The main area contains instructions and a grid of records. A callout box highlights the 'Edit' icon in the 'Action' column of a record.

Additional Identifiers *

- To change information, edit the allowable field(s)
- Any change to Identifiers require a document upload
- Click "Add" if you wish to add Additional Identifiers, "Edit" to change existing record, "Delete" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid", to add record to grid, "Discard" to not save the record
- Click "Save & Next" to save the record and proceed to the next screen
- User must proceed to the "Dashboard" screen after saving the record

Identifier Type	Identifier Number	Issue State	Effective Date	Expired Date	Comments	Action
Other Identifiers	45		06/16/2017		Other Identifier	

Navigation: First Previous Next Last (Page 1 of 1) Page: 1

Buttons: Exit, Back, Save & Next, Add

Figure 166: Maintenance: Additional Identifiers (Edit Grid)

To *edit* **Additional Identifiers**, enter the data as follows:

- Click **Edit** in the **Action** column to *end date* an existing **Additional Identifier** record by entering an **Expired Date** in the record.
- Pre-existing **Additional Identifiers** cannot be deleted, they must be *expired* and a new **Additional Identifier** can be added with a new date.

- The **Delete** icon in the **Action** column is disabled with the exception of new entries.

CLIA Additional Identifier Type Maintenance

Additional steps must be taken when adding or editing a CLIA Number. To *add* or *edit* a **CLIA**, enter data in the fields as follows:

- Click **Add** to open the fields.

Additional Identifiers * = Required

- To change information, edit the allowable field(s)
- Any change to Identifiers require a document upload
- Click "Add" if you wish to add Additional Identifiers, "Edit" to change existing record, "Delete" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid", to add record to grid, "Discard" to not save the record
- Click "Save & Next" to proceed, "Back" to return to previous screen and "Exit" to return to the Dashboard
- User must proceed to screen 8.0 to "Upload Documents Maintenance" item once all items have been updated for

Discard

Identifier Type	Identifier Number	CLIA Address	Issue State	Effective Date	Expiration Date	Location NPI	Comments	Action
CLIA Number	26			02/09/1999	08/08/2019			
DEA Number	BT			02/22/2012	03/31/2015			
Medicare Number	26			07/01/1996	12/31/2299			

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* Identifier Type: CLIA Number * Identifier Number: * Select Location NPI: 1700

* CLIA Address:

Comments:

Add To Grid

Exit **Back** **Save & Next**

Figure 167: Maintenance: Add/Edit CLIA Number

- Identifier Type:** Select the CLIA Identifier Type from the drop-down.
 - Identifiers listed in the **Identifier Type** drop-down are based on the Provider Type selected.
- Identifier Number:** Enter the CLIA number.
- Select Location NPI:** Check the box(es) next to the **NPI(s)** associated with the CLIA.

Note: If an NPI is added to, or end dated on the **1.3 NPI Information** screen, the change will reflect on the **1.6 Additional Identifiers** screen in the **'Select Location NPI'** list. If a CLIA was associated with a new NPI or an end dated NPI, **the CLIA must be edited and a new NPI location must be selected from the 'Select Location NPI' list before the user can proceed to the next screen.**

Note: When an NPI is end dated on the **1.3 NPI Information** screen and the CLIA associated address had already been saved in the **'NPI Location'** field, the address will be removed from the grid leaving the field blank. **The CLIA must be edited, and a new NPI location selected from the 'Select Location NPI' list, before the user can proceed to the next screen.**

- **CLIA Address:** Enter the address linked to the corresponding CLIA.
- **Comments:** Comments may be entered for any **Identifier Type** but are not required.

Note: When adding a new CLIA, the effective date and expiration date will auto-populate. Multiple CLIA Numbers can be added for a single Medicaid ID.

Note: Additional Identifier Information added to this screen may require upload on the **8.0 Document Upload** screen.

Click the **Add To Grid** button to add new CLIA **Additional Identifier** records to the grid.

Note: Existing CLIA numbers cannot be edited or deleted in KY MPPA. Information is imported from the original CLIA file and updated every Friday.



Other identifier types may be required as specified in the provider type summaries. Identifiers available in the **Identifier Type** drop-down are based on Provider Type.



Go to the provider type summaries to determine what documentation each Provider Type requires. Not all Provider Types will require **Additional Identifiers**. **Additional Identifiers** do not include license or certification information. If an **Additional Identifier** is required, and not entered, an error message will appear.



Additional Identifier information added to this screen may require upload of supporting documentation on the **8.0 Document Upload** screen.



Existing CLIA Numbers cannot be edited or deleted in KY MPPA. Information is imported from the original CLIA file and updated every Friday.



Pre-existing **Additional Identifier records** cannot be deleted, they must be *end dated*, by entering an expiration date, and new **Additional Identifier** records added.

1.7 Maintenance: Address Information

The **Address Information** maintenance screen captures and allows updates to address information for the Individual, Group, or Entity Medicaid Provider. The **Primary Physical**, **Pay-To/1099**, and **Mailing** addresses are required addresses. The **Other Physical** address is used to document any satellite locations. In maintenance, addresses may be added, edited, and deleted.

The screenshot displays the 'Address Information' maintenance screen. On the left is a sidebar with a list of menu items, including '1.7 Address Information' which is currently selected. The main content area features a title bar with an information icon, a refresh icon, and a red asterisk indicating required fields. Below the title bar is a list of instructions for users. A table lists existing address records with columns for Address Type, Contact Name, Address, Phone, Fax Number, and Action. The table contains three rows: 'Primary Physical' (Harrodswood rd), 'Pay To/1099' (Jon Doe), and 'Mailing' (Jon Doe). Each row has edit and delete icons in the Action column. At the bottom of the screen are buttons for 'Exit', 'Back', and 'Save & Next'. Two callout boxes provide instructions: one pointing to the 'Add' button and another pointing to the 'Edit' icon in the table.

Address Type	Contact Name	Address	Phone	Fax Number	Action
Primary Physical	Harrodswood rd				[Edit] [Delete]
Pay To/1099	Jon Doe				[Edit] [Delete]
Mailing	Jon Doe				[Edit] [Delete]

Figure 168: Maintenance: Address Information Screen

To *add* additional **Address Information**, *enter* data in the fields as follows:

- *Click Add* to open the fields for the address information.

Address Information * = Required

[Discard](#)

Address Type	Contact Name	Address	Phone Number	Fax Number	Total Hours Per Week	Action
Pay To/1099	Jane Does	106 W Main St, Georgetown, Kentucky 40324 1321	(502)555- 3335			
Mailing	Jane Does	106 W Main St, Georgetown, Kentucky 40324 1321	(502)555- 3335			

Click Discard to cancel the entry.

Populate the fields and drop-downs.

*Check the box to define the **Address Type** being entered.*

* Address Type(Select All That Apply):
 Primary Physical Other Physical Pay To/1099 Mailing

* Contact Name Location Name

Hours of Operation

Total Hours on Monday Total Hours on Tuesday Total Hours on Wednesday

Total Hours on Thursday Total Hours on Friday Total Hours on Saturday

Total Hours on Sunday

* Address 1 Address 2

* City * State * Zip Code Zip+4 * County

Fax Number

[Validate Address](#)

[Exit](#) [Back](#) [Save & Next](#)

Click Validate Address once all fields are populated.

Figure 169: Maintenance: Address Information Screen (Add)

- **Address Type:** Define the address type being entered by *checking* a box for each address type entered. Add addresses as follows:
 - Select one **Address Type** and complete the fields one address at a time, OR

- *Select* any combination of the following three **Address Types** (Primary Physical, Pay To/1099, and/or Mailing) simultaneously, to populate all selected address types with the same address. *Note: **Primary Physical** and **Other Physical** cannot be selected simultaneously as they must have different addresses.*
- There are four address types:
 - **Primary Physical:** The main practice location.
 - Only one address can be entered as a primary physical address.
 - A post office box address is not permitted.
 - Hours of Operation needs to be entered for Primary Physical Address only. Total hours per day to be entered.
 - **Other Physical:** (Optional)
 - Satellite locations for the business. Can enter multiple satellite locations.
 - A post office box address is not permitted.
 - Other Physical address cannot be a duplicate of the **Primary Physical** address.
 - **Pay-To/1099:** Address where payments, tax and other financial documents should be sent (only one address can be entered as a pay to/1099 address).
 - **Mailing:** General address for other correspondence (only one address can be entered as a mailing address).
- **Contact Name:** Name to whom the mail should be addressed
- **Address 1:** Mailing address line 1
- **Address 2:** Mailing address line 2
- **City:** City
- **State:** State
- **Zip Code:** Zip Code
- **Zip + 4:** Last 4 digits of Zip Code (if known)
- **County:** County
- **Phone Number:** Number to call the Contact person
- **Ext:** Phone number extension of the Contact person (if applicable)
- **Fax Number:** Fax Number
- **Click Validate Address**, select from address panel
 - **Validate Address:** When the user selects the **Validate Address** button, KY MPPA will show error messages for any missing required fields. If data entry is complete, then the address validates against the *United States Postal Service (USPS)*.

1.0 Administrative Information

- 1.1 Basic Information
- 1.2 Tax Information
- 1.3 NPI Information
- 1.4 Taxonomy Information
- 1.5 Add Group Members
- 1.6 Additional Identifiers
- 1.7 Address Information**
- 1.8 Contact Information
- 1.9 Language Information
- 1.10 Bed Data

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

Address Information

- Primary Physical, Pay-To/1099, and Mailing are required
- Please add ALL physical business locations
- Click "Add" if you wish to add Addresses, "Edit" to change existing record, "Remove" to delete existing record
- Press "Exit" to return to the Dashboard
- Press "Save & Next" when you are done entering the data and ready to move to next screen
- After pressing "Add", enter data and then press "Add to Grid" to add record to the grid, "Discard" to not save the record

Discard

Address Type	Contact Name	Address	Phone Number	Fax Number	Action
No record found					

*** Address Type (Select All That Apply):**

Primary Physical Other Physical Pay To/1099 Mailing

Attention: John Doe Location Name: Main

Possible Address Match

We could not find your address exactly as you entered, but found one that is similar. Please select the address you would like to use below or go back and re-enter the address.

Suggested Post Office Address

100 W. Main Street
Anywhere, Kentucky 40324 1321

Address you Entered

100 W. Main Street
Anywhere, Kentucky 40324
County: Scott

Enter Address Again **Choose and Continue**

Choose address suggested by the United States Post Office or address entered by user.

*Click **Enter Address Again** to re-enter address or **Choose and Continue** to use the address selected by the radio button.*

Figure 170: Maintenance: Address Information Screen (Address Selection Panel)

- Address Selection Panel:** The **Address Selection** panel displays after the Post Office validates the address. KY MPPA will display a **Suggested Post Office Address** or the **Address You Entered**. *Select one:*
 - The **Suggested Post Office Address** may contain updated or corrected address information such as the 4-digit zip code extension or county. *This is the preferred address to use, but either address can be selected. Not all valid addresses will return a suggested post office address.*
 - The **Address You Entered** will show the address exactly as it was entered by the user.
- Enter Address Again:** *Select **Enter Address Again** to clear all fields and re-enter an address.*
- Choose and Continue:** *Select **Choose and Continue** to use the address selected.*

To *edit* or *delete* **Address Information** in the grid:

- Click **Edit** icon to update the information in the record. *Selecting Edit* opens the fields for editing.
- Click **Delete** icon to remove the existing record.

To *save* the information

- Click **Save & Next** to save the information proceed to the next screen.

Return to the System Navigation: Grid Layout chapter for help on working with grids.



The **Primary Physical**, **Pay-To/1099**, and **Mailing** addresses are required. The **Other Physical** address is optional.

1.8 Maintenance: Contact Information

The **Contact Information** maintenance screen allows users to *add*, *edit*, or *delete* contact information. The following contact information is required:

- **Agent of Service:** Individual First and Last Names or Business Name to contact in case a summons is necessary.
- **Credentialing Agent:** Individual to contact about information necessary to process the application.

Contact records must be added one at a time. However, the same person can be more than one **Contact Type**. There is no limit to the number of contacts.

Note: You cannot enter duplicate contacts, such as two Credentialing Agents with the exact same name and contact information.

Contact Information * = Required

- To change information, edit the allowable field(s)
- Agent of Service and Credentialing Contacts are required
- Credentialing Contact – this individual will be contacted should a Maintenance item
- User must proceed to screen 8.1 to "Upload Documents " and the Maintenance item once all items have been updated for DMS

Click Add to open the data entry fields.

Contact Type	First Name	Last Name	Business Name	Mobile Number	Office Phone Number	Ext	Fax Number	Email Address	Action
Agent Of Service	Jane	Doe		(333) 44	(444) 55		(222) 33	Jane.Doe@gmail.com	
Agent Of Service	John	Doe		(666) 55	(444) 33		(444) 33	John.Doe@gmail.com	

[First](#) [Previous](#) [Next](#) [Last](#)
(Page 1 of 1)
Page:

[Exit](#)
[Back](#)
[Save & Next](#)

Figure 171: Maintenance: Contact Information

To **edit** or **add Contact Information**, enter data in the fields as follows:

- **Click the Edit icon** to update the information in the record. Selecting **Edit** opens the record fields for editing.
- **Click Add button** to add new contact record. Selecting **Add** opens fields to add new record.

Contact Information * = Required

- To change information, edit the allowable field(s)
- Agent of Service and Credentialing Contacts are required
- Credentialing Contact – this individual will be contacted should any information be needed to process the Maintenance item
- User must proceed to screen 8.1 to "Upload Document" once all items have been updated

Discard

Contact Type	First Name	Last Name	Business Name	Mobile Number	Office Phone Number	Ext	Fax Number	Email Address	Action
Agent Of Service	John	Doe		(333) 44 4-5555	(444) 55 5-8888		(222) 33 3-4444	John.Doe@email.com	
Agent Of Service	Jane	Doe		(888) 55 5-4444	(444) 33 3-4445		(444) 33 3-4444		

First Previous Next Last

Preferred Contact Method: Contact Type:

First Name: Last Name:

OR

Business Name:

Mobile Number: Office Phone Number: Ext:

Fax Number: Email Address:

Add To Grid

Exit **Back** **Save & Next**

Figure 172: Maintenance: Contact Information (Add/Edit)

- **Preferred Contact Method:** Required fields are displayed when a selection of Preferred Contact Method is chosen
 - Email
 - Fax Number
 - Mobile Number
 - Office Phone Number

- **Contact Type:**
 - **Accountant or CPA:** Individual who provides accounting services.
 - **Administrator:** Office Administrator.
 - **Agent of Service:** Individual First and Last Names or Business Name In Case of Summons
 - **Assistant Administrator:** Assistant Office Administrator.
 - **Controller:** Office Controller.
 - **Credentialing Contact:** Individual to contact about information necessary to process the application. **Note:** *An entry for both **Agent of Service** and **Credentialing Contact** information is required.*
- **First Name:** First name.
- **Last Name:** Last name.
- **Business Name:** Name of the business.
- **Mobile Number:** Mobile phone number.
- **Office Phone Number:** Office phone number.
- **Ext:** Office phone number extension.
- **Fax Number:** Office fax number.
- **Email:** Email address.
- **Add To Grid:** *Click **Add To Grid** to add the record to the grid.*

*Click **Discard** to cancel the data entry without saving.*

To *delete* **Contact Information** in the grid:

- *Click the **Delete** icon to remove the existing record.*

To *save* the information:

- Once information has been added to the grid, *click **Save & Next** to save the information and proceed to the next screen.*

*Return to the **System Navigation: Grid Layout** Chapter for help on working with grids.*



A minimum of two types of contacts are required. Agent of Service and Credentialing Agent.

1.9 Maintenance: Language Information

The **Language Information** maintenance screen allows the user to add a new language, or edit to end date a language no longer spoken at the location. At least one language is required. English is the default but is not a required language.

Note: *If a language is no longer in use, it cannot be deleted and must be end dated.*

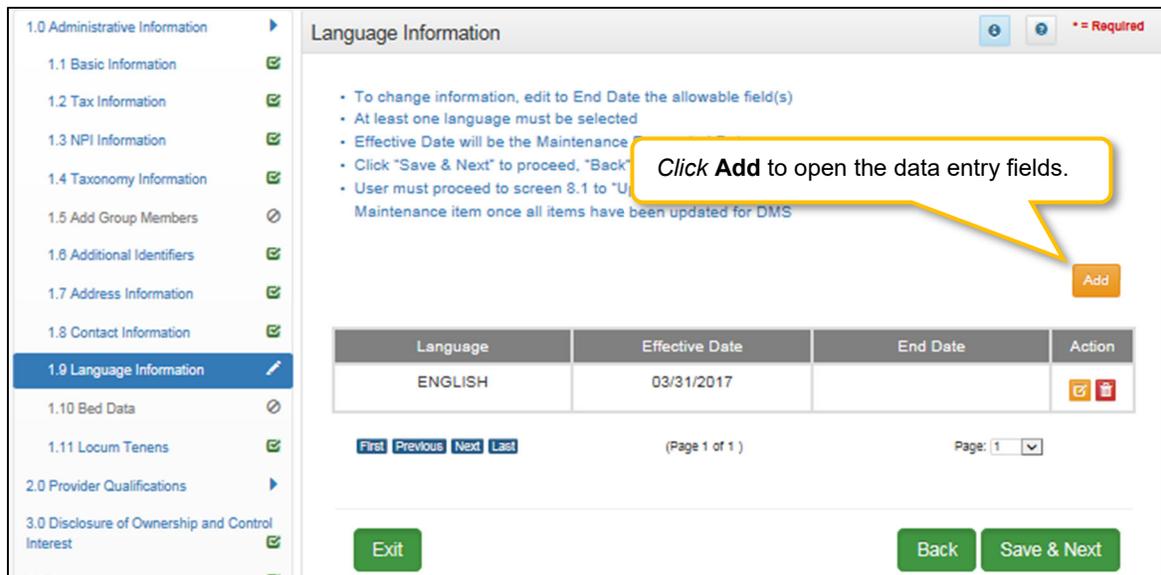


Figure 173: Maintenance: Language Information

To *end date* a language, *select Edit* and enter data as follows:

- Click the Edit icon to end date an existing language.
- The End Date field will default with today's date. The date can be changed.
- Click Add To Grid to add the update record to the grid.

Note: Languages entered during enrollment cannot be deleted in maintenance; they must be end dated.

To *add* a new language, enter the following data:

- *Click Add* to open the fields.

Language Information * = Required

- To change information, edit to End Date the allowable field(s)
- At least one language must be selected
- Effective Date will be the Maintenance Requested Date
- Click "Save & Next" to proceed, "Back" to return
- User must proceed to screen 8.1 to "Upload" Maintenance item once all items have been updated for DMS

Language	Effective Date	End Date	Action
ENGLISH	03/31/2017		

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* Language
 Select One

* Effective Date
 MM/DD/YYYY

End Date
 MM/DD/YYYY

Add To Grid

Exit Back Save & Next

Click Discard to cancel the entry.

Click Add To Grid to add a record to the grid.

Figure 174: Maintenance: Language Information Screen (Add)

- **Language:** (drop-down) Select from a list of languages. Add languages one at a time.
- **Effective Date:** Date the language will be active.
- **End Date:** Enter end date. (Optional)
- **Add To Grid:** Click to add a new record to grid.

To save the information:

- Click **Save & Next** to save the information and proceed to the next screen.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.



At least one language is required. English is the default but is not a required language.



An existing language cannot be deleted, it must be end dated.

1.10 Maintenance: Bed Data

For provider types that require bed data, the **Bed Data** screen captures information to ensure that Medicaid recipients are housed properly and collects information for proper billing and reporting purposes.

During maintenance, bed data records cannot be deleted, users must end date the record and add a new record with the updated information.

When an updated bed data maintenance record is approved, all bed data records will update with the Date of Survey. When new records are added, all existing and new records will have same **Effective Date** and **End Date** once the maintenance record is approved.

Note: All records will print on the Bed Data letter with the updated effective and end dates.

Note: Bed Data requirements vary by provider type. Based on provider type, users will see one of two screen layouts included in this section

The screenshot shows the 'Bed Information' screen. On the left is a navigation menu with items like '1.0 Administrative Information', '1.1 Basic Information', etc., with '1.10 Bed Data' highlighted. The main content area has a title 'Bed Information' and a list of instructions:

- To add information, select Add, enter required information, use the Effective Date from the Certification and Transmittal form from OIG date of the survey
- To change information, select Edit within the grid on the line item you wish to change. To End Date the selection, enter the date prior to the Effective Date of the Certification and Transmittal form from OIG
- Kentucky DMS requires that at least one bed must be certified for Medicaid/Medicare
- Click "Save & Next" to proceed, "Back" to return to previous screen, and "Exit" to return to the Dashboard
- User must proceed to screen 8.0 to "Upload Documents" and then proceed to screen 10.0 to "Submit" Maintenance item once all items have been up
- If your organization is providing residential services, please enter a Bed record for each licensed pr

 Below the instructions is a table with the following data:

Bed Type	Certified Beds	Beds / Rooms	Bed Effective Date	Bed End Date	Prefix	Suffix	From Room Number	To Room Number	Certified for Medicaid	Certified for Medicare
NF (Medicare/Medicaid) - Titles 18 & 19	55	1	1/1/2021	1/31/2027			1	55	55	5

 At the bottom of the table are navigation buttons: 'First', 'Previous', 'Next', 'Last', and '(Page 1 of 1)'. Below the table are buttons for 'Exit', 'Back', and 'Save & Next'. A yellow callout bubble points to the 'Add' button with the text 'Click Add to open the data entry fields.'

Figure 175 Maintenance: Bed Data Screen (Provider Type 1)

To **add Bed Data** to this screen, *enter* data in the fields as follows:

- **Click Add** to open the fields.

Bed Information = Required

Bed Type	Certified Beds	Beds / Rooms	Bed Effective Date	Bed End Date	Prefix	Suffix	From Room Number	To Room Number	Certified for Medicaid	Certified for Medicare	Certified for Either
NF (Medicare/Medicaid) - Titles 18 & 19	55	1	1/1/2021	1/31/2027			1	55	55		5

First Previous Next Last (Page 1 of 1) Page: 1

*Bed Type: NF/Medicaid - Title 19
 Certified Beds:
 *Bed Effective Date: 08/29/2021
 Bed End Date: MM/DD/YYYY
 Rooms Prefix:
 From Room Number:
 To Room Number:
 Rooms Suffix:
 Total Rooms:
 Beds Per Room:
 Certified for Medicaid:
 Certified for Medicare:
 Certified for Either:

Add To Grid

Exit Back Save & Next

Figure 176: Maintenance: Bed Data Screen (Add/Provider Type 1)

- **Bed Type:** Select a **Bed Type** from the drop-down. *The list of bed type selections available is based on provider type.*
 - If bed type **'Other'** is selected, a description is required.
- **Certified Beds:** Total number of certified beds. (Certified by Office of Inspector General (OIG). OIG creates a Medicaid/Medicare Certification and Transmittal Letter (CNT). Includes all three: Certified for Medicaid, Certified for Medicare, and Certified for Either.)
- **Bed Effective Date:** Enter the **Date of Survey**.
- **Bed End Date:** Match the OIG certification end date. (Not a required field).
- **Certified for Medicaid:** Number of beds certified for Medicaid recipients use.
- **Certified for Medicare:** Number of beds certified for Medicare recipients use.
- **Certified for Either:** Number of beds certified for either Medicaid or Medicare recipients use.

Bed Information * = Required

- To add information, select Add, enter required information, use the Effective Date from the Certification and Transmittal form from OIG date of the survey
- To change information, select Edit within the grid on the line item you wish to change. To End Date the selection, enter the date prior to the Effective Date of the Certification and Transmittal form from OIG
- Kentucky DMS requires that at least one bed must be certified for Medicaid/Medicare
- Click "Save & Next" to proceed, "Back" to return to previous screen, and "Exit" to return to the Dashboard
- User must proceed to screen 8.0 to "Upload Documents" and then proceed to screen 10.0 to "Submit" Maintenance item once all items have been updated for DMS
- If your organization is providing residential services and have multiple licensed programs at the same location, please enter a Bed record for each licensed program.

Bed Type	Certified Beds	Beds / Rooms	Bed Effective Date	Bed End Date	Prefix	Suffix	From Room Number	To Room Number	Certified for Medicaid	Certified for Medicare	Certified for Either	Action
NF (Medicare/Medicaid) - Titles 18 & 19	55	1	1/1/2021	1/31/2027			1	55	55	55	55	 

Navigation: [First](#) [Previous](#) [Next](#) [Last](#) (Page 1 of 1) Page:

Buttons: [Exit](#) [Back](#) [Save & Next](#)

*Click **Edit** to open the record for editing.*

Figure 177: Maintenance: Bed Data Screen (Provider Type 2)

To *Edit Bed Data*, update data in the fields as needed:

- *Click **Edit*** to open the fields.

Bed Information ** Required

[Discard](#)

Bed Type	Certified Beds	Beds / Rooms	Bed Effective Date	Bed End Date	Prefix	Suffix	From Room Number	To Room Number	Certified for Medicaid	Certified for Medicare
NF (Medicare/Medicaid) - Titles 18 & 19	55	1	1/1/2021	1/31/2027			1	55	55	55

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***Bed Type** Certified Beds

***Bed Effective Date** Bed End Date

Rooms Prefix From Room Number

To Room Number Rooms Suffix

Total Rooms Beds Per Room

Certified for Medicaid Certified for Medicare Certified for Either

[Add To Grid](#)

[Exit](#)
[Back](#)
[Save & Next](#)

Figure 178: Maintenance: Bed Data Screen (Add/Provider Type 2)

- **Bed Type:** Select a Bed Type from the dropdown. The list of bed type selections available is based on provider type.
 - If bed type **'Other'** is selected, a description is required.
- **Certified Beds:** Total number of certified beds. (Certified by Office of Inspector General (OIG). OIG creates a Medicaid/Medicare Certification and Transmittal Letter (CNT). Includes all three: Certified for Medicaid, Certified for Medicare, and Certified for Either.)
- **Bed Effective Date: Enter Date of Survey.**
- **Bed End Date:** OIG certification end date. (Not a required field).
- **Rooms Prefix:** Location identifier; for example West Wing, East Wing
- **From Room Number:** Range of rooms (All rooms within the range must have same number of beds per room). Enter the first room number.
- **To Room Number:** Range of rooms (All rooms within the range must have same number of beds per room). Enter the last room number.
- **Rooms Suffix:** Bed number within each room; For example 1a, 1b up to four characters.

- **Total Rooms:** Total number of rooms within the range.
- **Beds per Room:** Number of beds within a room.
- **Certified for Medicaid:** Number of beds certified for Medicaid recipients use.
- **Certified for Medicare:** Number of beds certified for Medicare recipients use.
- **Certified for Either:** Number of beds certified for either Medicaid or Medicare recipients use.

To *edit* **Bed Data**, enter data in the fields as follows:

- Click **Edit** to update information in the record. Selecting **Edit** opens the fields for editing. Use **Edit** to **End Date** a bed data record. **Note:** *Bed Data Records must be **End Dated** and a new record added with updated information.*
- Click **Save & Next** to save the information and proceed to the next screen.

Return to the System Navigation: Grid Layout Chapter for help on working with grids.



Bed Data records CANNOT be deleted. They must be **end dated** by editing the record and a new record with updated information must be added.

1.11 Maintenance: Locum Tenens

Locum Tenens is not applicable for Group Providers. For more information refer to the Individual User Guide.

1.12 Maintenance: Teaching Facility

Teaching Facility refers to a hospital engaged in an approved GME residency program in medicine, osteopathy, dentistry, or podiatry.

Screen requires a Yes or No response. If not sure of status or organization does not participate in such a program, select "No".

During maintenance, Teaching Facility records cannot be deleted, users must end date the active record and add a new record with the updated information. Records cannot have overlapping dates.

The screenshot shows the 'Teaching Facility' screen. At the top, there are two help icons and a red asterisk indicating required fields. Below the title, there are instructions for users. A yellow callout box points to the 'Add' button and the 'Edit' icon in the table, providing instructions: 'Click **Add** to open the data entry fields. Click **Edit** to update an existing record.'

The instructions list the following steps:

- A Teaching Facility refers to a hospital engaged in an approved GME residency program in medicine, osteopathy, dentistry, or podiatry. If you are not sure of your status or do not participate in such a program, please select "No".
- Click "Add", enter data and then click "Add to Grid" to add record to the grid. Click "Discard" to not save the record.
- Click "Edit" to change existing record and "Remove" to delete a record.
- Click "Save & Next" when you have entered all information.
- Click "Back" to return to the previous screen.
- Click "Exit" to return to the Dashboard.

The table below shows one record:

Teaching Facility	Effective Date	Expiration Date	Action
Yes	06/03/2019	12/31/2299	 

At the bottom of the screen, there are navigation buttons: 'Exit', 'Back', and 'Save & Next'. The page number is '(Page 1 of 1)' and the page selector is 'Page: 1'.

Figure 179: Teaching Facility Screen

To *change Teaching Facility* information:

- Click **Edit** to open active record

The screenshot shows the 'Teaching Facility' screen with a sidebar on the left containing navigation options from 1.0 to 8.0. The main content area includes instructions, a table, and data entry fields. A callout box highlights the 'Edit' icon in the table.

Teaching Facility

- A Teaching Facility refers to a hospital engaged in an approved GME residency program in medicine, osteopathy, dentistry, or podiatry. If you are not sure of your status or do not participate in such a program, please select "No".
- Click "Add", enter data and then click "Add to Grid" to add record to the grid. Click "Discard" to not save the record.
- Click "Edit" to change existing record and "Remove" to delete existing record.
- Click "Save & Next" when you have entered all the data and ready to move to next screen.
- Click "Back" to return to the previous screen.
- Click "Exit" to return to the Data Entry screen.

Teaching Facility	Effective Date	Expiration Date	Action
No	06/03/2019	12/31/2299	

Discard

First Previous Next Last (Page 1 of 1) Page: 1

*Teaching Facility
 Yes No

*Effective Date: 06/03/2019 Expiration Date: 12/31/2299

Add To Grid

Exit Back Save & Next

Figure 180: Teaching Facility Screen: Data Entry

- **End Date:** Enter Expiration Date for existing record
- Click Add to Grid

To add new status to **Teaching Facility**:

- Click Add to open data fields
- **Teaching Facility:** Select Yes or No (new status)
- **Effective Date:** Enter date new Teaching Facility status began
- **Expiration Date:** Enter date Teaching Facility status ended or is expected to end
- Click Add To Grid

Click **Save & Next** to save the information and proceed to the next screen.

1.13 Maintenance: Telehealth Information

Telehealth Information is not available for groups. For more information refer to the Individual User Guide.

2.0 Maintenance: Provider Qualifications

2.1 Maintenance: Specialties Information

The **Specialties Information** maintenance screen allows users to *add* or *edit* (end date) the Provider's specialties. One specialty must always be designated as the Primary. A Provider can change their primary specialty or add additional specialties.

Note: Some provider types have a default specialty type, which cannot be removed; however, the primary indicator can be changed to another specialty.

The screenshot displays the 'Specialties Information' maintenance screen. On the left is a sidebar with navigation options from 1.0 to 10.0. The main content area includes a title bar, instructions, a table of specialties, and action buttons. Callouts provide additional context:

- Callout 1:** General Practitioner is the default for PT 64 and not the primary specialty for this physician.
- Callout 2:** Click Add to open the data entry fields.
- Callout 3:** Click Edit to update information in the record.

Specialty Type	Primary	Effective Date	Expiration Date	Action
030 - Nursing Facility	Yes	01/01/2021	01/31/2027	[Edit] [Delete]

Figure 181: Maintenance: Specialties Information

To *edit* **Specialties Information** (end date or change **Primary** indicator):

- Click **Edit** in the **Action** column to *open* the fields.
- *End date* an existing record by entering an **Expiration Date**.
 - The **Expiration Date** field will default to the **Requested Maintenance Date** but it can be changed.
- *Remove* the primary indicator by *deselecting* the **Primary Indicator**.
- *Select* the **Primary Indicator** for the new primary specialty.
 - **Note:** There must be one primary specialty in the grid.
- Click **Add To Grid** to update the information in the grid.

1.0 Administrative Information

2.0 Provider Qualifications

2.1 Specialties Information

2.2 License Information

2.3 Certification Information

2.4 County Served

2.5 Services Provided

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

Specialties Information

Click **Discard** to cancel the entry.

Specialty Type	Primary	Effective Date	Expiration Date	Action
030 - Nursing Facility	Yes	01/01/2021	01/31/2027	

Primary indicator

* Specialty Type: 030 - Nursing Facility

Primary? Yes

* Effective Date: 01/01/2021

Expiration Date: 01/31/2027

Click **Add To Grid** to populate the grid.

Exit Back Save & Next Discard

Figure 182: Maintenance: Specialties Information (Edit)

To *add* additional **Specialty Types**, enter data in the fields as follows:

- Click **Add** to open the fields.
- **Specialty Type:** Select a specialty from the **Specialty Type** drop-down list.
- **Primary:** Click the indicator if the specialty type is the primary. There can only be one primary specialty type.
- **Effective Date:** Enter the date that the specialty will be active for the Provider.
- **Expiration Date:** Enter the date that the specialty expires.
- **Add To Grid:** Click **Add To Grid** to populate the grid with the record.

To *save* the information:

- Click **Save & Next** to save the information and proceed to the next screen.

Return to the System Navigation: *Grid Layout* chapter for help on working with grids.



Some individual Providers will not be required to enter a specialty type.



Some provider types have a default specialty type, which cannot be removed; however, the primary indicator can be changed to a different specialty.

2.2 Maintenance: License Information

The **License Information** maintenance screen allows users to *add* or *edit* (to *end date*) the Provider's License.

Pre-existing license information cannot be deleted, the record must be end dated (expired) and a new record added, with one exception being when a license is extended. If a license is extended the **Expiration Date** in the record can be edited.

Note: Upload of the actual license document is required on the **8.0 Document Upload** screen. If a Provider Type does not require a license, an exemption letter can be uploaded in place of a license.

License Information * = Required

- To change information, edit the allowable field(s)
- The name on the license should match the Provider's Name
- If License Number is less than 4 digits, add zeroes (0) to the front of license number to total 4 digits
- Click "Add" if you wish to add Licenses, "Edit" to change or End Date an existing record
- User must proceed to screen 8.0 to "Upload Documents " and then proceed to screen 10.0 to "Submit" Maintenance item once all items have been updated for DMS
- If exempt for licensure for Provider Type 66, then at the 8.0 Document Upload screen, please upload personal letter citing the statute reason for exemption noted in the Provider Type 66 Summary.

Add

License Type	Issue State	License Number	Name	License Designation	License Effective Date	License Expiration Date	Action
Health Board	Kentucky	561	Doe, John	Permanent	01/01/2021	01/31/2027	 

Click the **Edit icon in the **Action** column to *update* the information in the grid.**

Final Previous Next Last

Exit **Back** **Save & Next**

Figure 183: Maintenance: License Information (Edit)

To *end date* **License Information** in the grid:

- Click the **Edit** icon to open the fields.
- Enter a date in the **License Expiration Date** field to end date the license information.
Note: Existing **License information** records cannot be deleted.
- Click **Add to Grid** to add the updated information to the grid.

Note: If a license is required, user must always have one active license in the grid with an expiration date in the future.



There are 7 prescriber Provider types that will not be required to complete every screen when performing a maintenance to update licensure. Those Provider types are: PT60 (Dentists), PT64 (Physicians), PT74 (Certified Registered Nurse Anesthetists), PT77 (Optometrists), PT78 (ARNP), PT85 (Chiropractors) and PT95 (Physician Assistants)

Figure 184: Maintenance: License Information (Add)

To *edit* an existing **License Information** record, update the data in the fields as follows:

- Click **Edit** to open the fields and enter the data.

Figure 185: Maintenance: License Information (Edit)

- **License Type:** *Select* the license type from the drop-down list.
- **Issue State:** Name of the state who issued the license for the Provider.
- **License Number:** *Enter* the license number.
Note: *If the license number is less than 4 digits, add zeroes (0) to the front of license number to total 4-digits.*
- **Name: Individual- Name on License** will be pre-populated from the **Provider Name** entered on the **1.1 Basic Information** screen.
- **License Designation:** *Select* type of license.
- **License Effective Date:** *Enter* the effective date of the license.
- **License Expiration Date:** *Enter* the expiration date of the license

To save the information:

- Click **Save & Next** to save the information and proceed to the next screen.

Return to the System Navigation: Grid Layout chapter for help on working with grids.



License information added to this screen will require upload of supporting documentation on the **8.0 Document Upload** screen.



Existing license information cannot be deleted.



If the license number is less than 4 digits, add zeroes (0) to the front of the license number to total 4-digits.

2.3 Maintenance: Certification Information

The **Certification Information** maintenance screen allows users to *add* or *edit* (to *end date*) the Provider's Certifications.

Some provider types will have certifications instead of licenses. If certifications are required, the user will be prompted to upload supporting documentation on the 8.1 Document Upload screen.

Certification Information * = Required

- To change an existing record, select **Edit** and enter the **End Date**
- To add a Certification, select **"Add"**, complete the **required fields** and then **"Add to Grid"**
- Certifications added require an upload
- Provider Name displayed on the Certification m
- User must proceed to screen 8.0 to "Upload D

Maintenance item once all items have been updated for OMS

Add

Certification Type	Certification Number	Effective Date	Expiration Date	Action
OT - OTHER	6765767	01/01/2021	01/31/2027	

[First](#) [Previous](#) [Next](#) [Last](#)
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Page: 1

Exit
Back **Save & Next**

Click Add to open the data entry fields.

Figure 186: Maintenance: Certification Information Screen (Add)

To *end date* **Certification Information** in the grid:

- Click the **Edit** icon to open the fields.
- Enter* a date in the **Expiration Date** field to end date the certification information.
- The **Requested Maintenance Date** will default in the **Expiration Date** field. The date can be changed.
- Click **Add to Grid** to add the updated information to the grid.

Note: *If a certification is required, user must always have one active certification in the grid with an expiration date in the future.*

The screenshot shows the 'Certification Information' screen in edit mode. On the left is a navigation menu with items 1.0 through 10.0. The main area contains a table with one row of certification data. Below the table are navigation buttons (First, Previous, Next, Last) and a 'Page: 1' dropdown. The form fields include a 'Certification Type' dropdown, 'Certification Number', 'Effective Date', and 'Expiration Date' date pickers. At the bottom are 'Exit', 'Add To Grid', 'Back', and 'Save & Next' buttons. Three callouts are present: one pointing to the 'Discard' button, one pointing to the form fields, and one pointing to the 'Add To Grid' button.

Certification Type	Certification Number	Effective Date	Expiration Date	Action
OT - OTHER	6765767	01/01/2021	01/31/2027	

Figure 187: Maintenance: Certification Information Screen (Edit)

To *edit* current **Certification Information**, edit data in the fields as follows:

- Click **Edit** to open the fields.
- **Certification Type (drop-down)**: Select the **Certification Type** from drop-down list.
- **Certification Number**: Enter the certification number.
- **Effective Date**: Enter date that the certification becomes active.
Note: Effective Date cannot be after Expiration Date.
- **Expiration Date**: Enter date that the certification expires.
Note: Expiration Date cannot be prior to Effective Date. Optional for new certificates.

To save the information:

- Click **Save & Next** to save the information and proceed to the next screen.

Return to the System Navigation: *Grid Layout* chapter for help on working with grids.



Name on certification must match the Provider or DBA name.



Pre-existing certificate records cannot be deleted, they must be marked *expired*, before a new certificate can be added as a new record.



Upload of certification document(s) is required on the [8.0 Document Upload](#) screen.

2.4 Maintenance: County Served

The **County Served** screen is required for Providers enrolling as service Providers under one of the six Home and Community Based Waiver programs in Kentucky.

Medicaid Waiver Providers will be required on the 8.0 Document Upload screen to upload all regulatory approvals required under the Commonwealth of Kentucky's statutes. (ABI Certification Letter, SCL Statement of Services to be Provided, Food Establishment Permit (PT-48), etc.). These uploads will enable the Division of Community Alternative (DCA) Staff and Department of Medicaid Services-Division of Provider Integrity (DMS-DPI) Staff to verify the enrolling Provider has complied with all Federal and State Statutory requirements before the Provider is approved as a Medicaid Waiver Service Provider.

Counties Served Information * = Required

- For each location, please indicate each county that location serves
- After pressing "Add" if you need to add another location, press the "Add/ Edit Address" button and return here when finished
- Click "Add" if you wish to add Counties, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record

* Organization Subtype
Community Mental Health Center Add

Physical Address	Primary Address?	Handicap Access?	KY County Served	Effective Date	Expiration Date	Action
,LARGO , Kentucky - 57575	Yes	No	Adair	04/27/2021	04/03/2030	Edit Delete

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Exit Back Save & Next

Figure 188: Counties Served Information Screen (Add)

To *edit* **Counties Served Information** in the grid:

- Click the **Edit** icon to open up the data entry screen.
- Address (drop-down):** Select the **Address** from drop-down list.
- Handicap Access:** Select Yes if there is Handicap Access.
- KY Counties Served:** Select All or Individual Counties. **Note:** More than one county can be selected.
- Effective Date:** Enter date that the County(s) start being served. **Note:** *Effective Date cannot be after Expiration Date.*
- Expiration Date:** Enter date that the County(s) no longer are being served. **Note:** *Expiration Date cannot be prior to Effective Date. Optional for new certificates.*
- Add to Grid:** Select **Add to Grid** for information to be added into the grid. **Note:** A line will be added to the grid for each County selected.

- **Save & Next:** Once grid is complete *select Save and Next* to continue to next section.

Counties Served Information * = Required

* Organization Subtype
Community Mental Health Center Discard

Physical Address	Primary Address?	Handicap Access?	KY County Served	Effective Date	Expiration Date	Action
8254 118TH A tucky - 57575	Yes	No	Adair	04/27/2021	04/03/2030	

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* Address
8254 118TH AVENUE NORTH ,SUITE 100 ,LARGO ,Kentucky ,57575

Handicap Access?
 Yes

* Effective Date
04/27/2021

* KY Counties Served
 Select All
 Adair
 Allen
 Anderson

* Expiration Date
04/03/2030

Select All
 Adair
 Allen
 Anderson

Add To Grid

Back **Save & Next**

Select Address from the drop-down options

Counties will prepopulate for selection once address has been selected.

Select Add to Grid to save information into the grid.

Figure 189: Counties Served Information (Data Entry/Edit)

2.5 Services Provided

Services Provided screen is for Providers who participate with one of the Kentucky's six Home and Community Based Waiver Programs in Kentucky:

- Acquired Brain Injury (ABI) waiver
- Home and Community Based (HCB) waiver
- Model II waiver (MIIW)
- Michelle P. waiver (MPW)
- Supports for Community Living (SCL) waiver
- Kentucky Transitions waiver

The screenshot displays the 'Provided Services' screen. On the left is a sidebar with navigation items: 1.0 Administrative Information, 2.0 Provider Qualifications, 2.1 Specialties Information, 2.2 License Information, 2.3 Certification Information, 2.4 County Served, 2.5 Services Provided (highlighted), 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, and 10.0 Submit. The main content area is titled 'Provided Services' and includes instructions: 'Enter the Service Type for each County Served for each Address', 'Select the Address, County Served, and Service Type and enter Effective Date for each combination', 'Click "Add" if wish to add Services Provided, "Edit" to change existing record, "Remove" to delete existing record', and 'After pressing "Add", enter data and press "Add To Grid" to add record to the grid, "Discard" to not save the record'. Below the instructions is a table with columns: Address, County Served, Waiver Program, Service, Effective Date, Exp. Date, and Action. The table contains one record: Address: ,LARGO , Kentucky - 57575; County Served: Adair; Waiver Program: Model II Waiver; Service: Respiratory Therapist - 410; Effective Date: 06/16/2021; Exp. Date: 07/01/2025. The Action column has 'Edit' and 'Remove' icons. An 'Add' button is in the top right. At the bottom are 'Exit', 'Back', and 'Save & Next' buttons. A callout box says 'Select Edit to open the Data Entry Screen'.

Address	County Served	Waiver Program	Service	Effective Date	Exp. Date	Action
,LARGO , Kentucky - 57575	Adair	Model II Waiver	Respiratory Therapist - 410	06/16/2021	07/01/2025	

Figure 190: Provided Services Information Screen (Edit)

To *edit* **Provided Services Information** in the grid:

- *Click* the **Edit icon** to open up the data entry screen.

To *edit* current **Provided Services Information**, update the data in the fields as follows:

- **Address (drop-down):** *Select* the **Address** from drop-down list. **Note:** Addresses will be pre-populated from the 1.7 Address Information screen.
- **County Served:** *Select* **County Served** from the drop-down list.
- **Waiver Program:** *Select* **Waiver Program** from the drop-down list.
- **Service:** *Select* **Service(s)** from the available list. **Note:** Service(s) list will not show until Waiver Program has been selected.

- **Effective Date:** Enter date that the Service(s) started. **Note:** *Effective Date cannot be after Expiration Date.*
- **Expiration Date:** Enter date that the Service(s) is no longer being offered. **Note:** *Expiration Date cannot be prior to Effective Date.*
- **Add to Grid:** Select **Add to Grid** for information to be added into the grid. **Note:** A line will be added to the grid for each Service selected.
- **Save & Next:** Once grid is complete select **Save and Next** to continue to next section.

The screenshot shows the 'Provided Services' data entry screen. The left sidebar contains a navigation menu with sections 1.0 through 6.0. The main area is titled 'Provided Services' and includes a 'Discard' button and a table header with columns: Address, County Served, Effective Date, Expiration Date, and Action. Below the header are form fields for:

- Address:** A dropdown menu with the selected value 'LARGO, Kentucky - 57575'. Callout: 'Select Address from the drop-down options.'
- County Served:** A dropdown menu with the selected value 'Adair'. Callout: 'Select Counties Served from drop-down options.'
- Waiver Program:** A dropdown menu with the selected value 'Model II Waiver'. Callout: 'Select Waiver Program from the drop-down options.'
- Service:** A list of services with checkboxes: 'Select All', 'Registered Nurse - 552', 'Licensed Practical Nurse - 559', and 'Respiratory Therapist - 410'. Callout: 'Select Service from the options listed. Services will pre-populate when the Waiver Program is selected.'
- Effective Date:** A date field with the value '06/16/2021'.
- Expiration Date:** A date field with the placeholder 'MM/DD/YYYY'.

 At the bottom of the form are buttons for 'Exit', 'Add To', 'Back', and 'Save & Next'. A red asterisk icon indicates required fields.

Figure 191: Provided Services Information Screen (Data Entry)

3.0 Maintenance: Disclosure of Ownership & Control Interest

The **Disclosure of Ownership & Control Interest** maintenance section of KY MPPA allows users to review and update the **Disclosure of Ownership** questions used to determine who has ownership and controlling interest in a Provider's business.

When performing the initial maintenance on a KY Medicaid ID, the entire application must be reviewed, screen by screen, including all Disclosure of Ownership questions. Review the question and the original answer, make any corrections if needed, then *select Save & Next* to move on to the next question.

Subsequent maintenance (after the initial maintenance is completed) can be submitted as needed, utilizing the Left Vertical Menu and Disclosure of Ownership navigation grid to open the specific question(s) that need updates. If any questions have dependencies, those screens must be reviewed and updated as well.

Some maintenance questions require users to end date existing responses and add new records when making a change.

Note: Refer to the **Disclosure of Ownership & Control Interest** questions in the *New Enrollment: Start to Submit Chapter* for instruction on editing or updating the Disclosure of Ownership Maintenance questions. Some questions will require an end date to the existing response and a new record added to indicate a change.

The table below provides a listing of Disclosure and Ownership questions based on type of Provider:

Provider Type	Question numbers display in the following sequence
Individual	4, 6, 8a (if Q6 answer is yes), 11, 12, 13, 14, 15, 16, 17, 8c (if Q17 answer is yes), 18
Group/Entity	1, 2a (if Q1 answer is yes), 2b (if Q1 answer is yes), 2c (if Q1 answer is yes), 3, 4, 5, 6, 6b (if Q6 answer is yes), 8a (if Q6 answer is yes), 7 (if Q6 answer is yes), 8b (if Q6 answer is yes), 9, 10, 11, 12, 13, 14, 15, 16, 17, 8c (if Q17 answer is yes), 18

Figure 192: Table of Disclosure of Ownership & Control Interest Questions

Disclosure & Ownership Questions (User must review each question during initial maintenance.)

Question 1: If there has been a change in ownership, enter the previous provider number and their effective date(s).

For Question 1 the following applies:

- No edits to the question are allowed.

Question 2a: If you completed question #1, describe the relationship between the owner disclosing information on this form and the previous Medicaid owner.

For Question 2a the following applies:

- No edits to the question are allowed.

Question 2b: If you completed question #1, describe the relationship between the corporate boards of disclosing provider and previous corporate boards of Medicaid provider.

For Question 2b the following applies:

- No edits to the question are allowed.

Question 2c: Why did a change of ownership occur?

For Question 2c the following applies:

- No edits to the question are allowed.

Question 3: If you anticipate any change of ownership, Management Company, or control within the year, state anticipated date of change and nature of the change.

For Question 3 the following applies:

- User is able to edit the date.
- If date is changed, then date cannot be a previous date and cannot be greater than 1 year in advance from current date.

Question 4: If you anticipate filing for bankruptcy within the year, enter the anticipated date of filing.

For Question 4 the following applies:

- If an anticipated filing date is entered, notification will be sent to the Provider's Dashboard thirty days prior.

Question 5: If this facility is a subsidiary of a parent corporation, enter corporate FEIN.

For Question 5 the following applies:

- Existing records can be edited, added, or deleted.

Question 6: List name, date of birth, SSN/FEIN, and address of each person or entity that owns 5% or more direct or indirect ownership or controlling interest in the applicant provider (N/A not acceptable).

For Question 6 the following applies:

- If a person or entity no longer owns 5%, the record must be edited and end dated. The record cannot be deleted from the grid.
- New person or entity owning 5% or more direct or indirect ownership or controlling interest can be added.

- Same SSN, ITIN, or FEIN cannot be entered more than once.

Question 6b: **If a Corporate Entity is disclosed in Question #6, the Business Locations of the Corporate Entity must be disclosed.

For Question 6b the following applies:

- Existing records can be edited, added, or deleted.

Question 8a: If any individuals listed in question #6 are related to each other as spouse, parent, child, or sibling (including step or adoptive relationships), provide the following information.

For Question 8a the following applies:

- Existing records can be edited, added, or deleted.

Question 7: List officers' and board members' information of disclosing entity. The entire first name is required. Initials are not accepted.

For Question 7 the following applies:

- Existing records can be edited, added, or deleted.

Question 8b: If any individuals listed in question #7 are related to each other as spouse, parent, child, or sibling (including step or adoptive relationships), provide the following information.

For Question 8b the following applies:

- Existing records can be edited, added, or deleted.

Question 9: If this facility employs a management company, please provide the following information.

For Question 9 the following applies:

- Existing records can be edited, added, or deleted.

Question 10: List the name of any other disclosing entity in which an owner of the disclosing entity has an ownership or control interest.

For Question 10 the following applies:

- Existing records can be edited, added, or deleted.

Question 11: List the names and addresses of all other Kentucky Medicaid providers with which your health service and/or facility engages in a significant business transaction and/or a series of transactions that during any one (1) fiscal year exceed the lesser of \$25,000 or 5% of your total operating expense.

For Question 11 the following applies:

- Existing records can be edited, added, or deleted.

Question 12: List any significant business transactions between this provider and any wholly owned supplier, or between this provider and any subcontractor, during the previous 5-year period.

For Question 12 the following applies:

- Existing records can be edited, added, or deleted.

Question 13: List the name, SSN, and address of any immediate family member who is authorized under Kentucky Law or any other states' professional boards to prescribe drugs, medicine, medical devices, or medical equipment in accordance with KRS 205.8477.

For Question 13 the following applies:

- Existing records can be edited, added, or deleted.
- SSN is recommended for the processing of Maintenance records.

Question 14: List the name of any individuals or organizations having direct or indirect ownership or controlling interest of 5% or more, who has been convicted of a criminal offense related to the involvement of such persons, or organizations in any program established under Title XVIII (Medicare), or Title XIX (Medicaid), or Title XX (Social Services Block Grants) of the Social Security Act or any criminal offense in this state or any other state, since the inception of those programs. If individual or organization is associated with a KY Medicaid provider number(s), please indicate below.

For Question 14 the following applies:

- Existing records can be edited, added, or deleted.

Question 15: List the name of any agent and/or managing employee of the disclosing entity who has been convicted of a criminal offense related to the involvement in any program established under Title XVIII (Medicare), XIX (Medicaid), or XX (Social Services Block Grants), or XXI (State Children's Health

Insurance Program) of the Social Security Act or any criminal offense in this state or any other state since the inception of those programs. If individual or organization is associated with a KY Medicaid provider number(s), indicate below.

For Question 15 the following applies:

- Existing records can be edited, added, or deleted.

Question 16: List the name, title, SSN, and business address of all managing employees below as defined in 42 CFR 455.101 and pursuant to 42 CFR 455.104(b)(4).

For Question 16 the following applies:

- Existing records cannot be deleted, they must be end dated, with the exception of new records.
- User can edit Name, Address, and End Date fields.

Question 17: List name, address, SSN, FEIN, of each person with an ownership or control interest in any SUBCONTRACTOR in which the provider applicant has direct or indirect ownership of 5% or more.

For Question 17 the following applies:

- Existing records can be edited, added, or deleted.

Question 8c: If any individuals listed in question 17 are related to each other as spouse, parent, child, or sibling (including step or adoptive relationships), provide the following information.

For Question 8c the following applies:

- Existing records can be edited, added, or deleted.

Question 18: DMS will report all monies paid to you to the IRS. Please indicate which number you use for tax reporting. If enrolled as an individual and you do not own a FEIN, please complete SSN only.

Note: *This question only appears during **Maintenance**. Users use this screen to confirm their SSN or FEIN number is correct.*

Maintenance: Disclosure of Ownership & Control Interest (Question 18)

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

Disclosure of Ownership & Control Interest Question 18

- If changes are needed to Tax Reporting return to screen 1.2a for Individual or 1.2b for Group/Entity to edit the allowable field(s)
- Click "Save & Next" to proceed, "Back" to return to previous screen, and "Exit" to return to the Dashboard
- User must proceed to screen 8.1 to "Upload Documents " and then proceed to screen 10.0 to "Submit" Maintenance item once all items have been updated for DMS

DMS will report all monies paid to you to the IRS. Please indicate which number you use for tax reporting. If enrolled as an individual and you do not own a FEIN, please complete SSN only.

SSN

FEIN

19 20 21 22 23

Exit Back Save & Next

Disclosure Questions Navigation

Figure 193: Maintenance: Disclosure of Ownership & Control Interest Question 18

- Click **Save & Next** if no changes are necessary. Both the SSN and FEIN fields are read-only and cannot be changed on this screen.
- If changes are needed for tax reporting purposes update the allowable fields in the **1.2 Tax Information** screen.

To *save* the information:

- Click **Save & Next** to save the information and proceed to the next screen.
- Click **Back** button to return to the previous question.



Refer to the **Disclosure of Ownership & Control Interest** questions in the New Enrollment: Start to Submit Chapter for instruction on editing or updating the Disclosure of Ownership Maintenance questions. Some questions will require an end date to the existing response and a new record added to indicate a change.

4.0 Maintenance: Attestations

Attestation Questions are not applicable for Groups or Entities.

5.0 Maintenance: Linking to a Group

Linking to a Group is not applicable for Groups or Entities.

6.0 Maintenance: Account Information

Groups and Entities can switch the payment type for processing payments between **Check** and **Electronic Funds Transfer (EFT)** utilizing the **Account Information** maintenance screen. Name and address information is auto-populated from previously entered information. To update name or address, follow instructions as shown below:

- For a **name change**, enter new information in the **1.1 Basic Information** screen. **Note:** *Account Information uses the **Business Name or DBA** to populate the name.* (Navigate to the screen using the Left-Navigation Menu.)
- For an **address change**, enter new information in the **1.7 Address Information** screen. **Note:** *Account Information uses the **Pay-To/1099 Address Information** to populate the address.* (Navigate to the screen using the Left-Navigation Menu.)
- Switch the payment type between **EFT** and **Check**, on the **6.0 Account Information** screen as instructed in this section.

Note: *New information should be verified. Once all updates have been entered, ensure it displays correctly in the **6.0 Account Information** screen.*

The following rules apply for **Account Information**:

- For **Group** bank account enter the group's banking information
- **EFT** must be U. S. only (in country).
- **Payee Address** (Pay-To/1099 Contact Information) address for checks must be U. S. only (in country).
- **EFT** routing numbers must be verified. EFT routing numbers unable to be verified will result in a payment by paper check.

Payment Types can be changed as often as necessary. The **Active** payment type must be **End Dated** and a new record added with the new payment type. There can only be one payment type active at a time.

Note: ***End Date** must be dated today's date. New record cannot be same date as end date of previous record.*

Bank Account Information

Figure 194: Maintenance: Bank Account Information

To *edit* a **Payment Type**, edit data in the fields as follows:

Figure 195: Maintenance: Edit to End Date Existing Payment Type

- Click **Edit** to open the fields and edit the **Active** payment type record.
- Enter an **End Date** for the **Active** payment type record. **Note:** The current payment type must be **End Dated** first before a new payment type record can be added.
- Click **Add to Grid**.



Switching payment types between EFT and checking can be done as often as necessary. For EFT payment types, authorization can take up to 28 days. Changes can only be made on an **Active** payment type.

To *edit* a payment type, *click* the **Edit** button and update the data fields as follows:

- **Select Payment Type** from the drop-down.

Payment Type	Routing Number	Account Type	Account Number	Status	Effective Date	End Date	Action
Check				Active	10/8/1988	12/31/2299	[Edit] [Discard]

*Payment Type:

Provider Name: _____

Billing Department/Check Payable To: _____
 Lexington, KY 40440

*Effective Date:

End Date:

Figure 196: Maintenance: Payment Type (Check)

To *edit* the **Payment Type** for **check**, confirm the data in the fields are correct:

- **Billing Department/Check Payable To:** Pre-populated from the **1.1 Basic Information** screen and cannot be changed in this screen; return to **1.1 Basic Information** to edit.
- **Address:** Pre-populated from the **Pay-To/1099 Address** and cannot be changed in this screen; return to **1.7 Address Information** to edit.
- **Status:** Displays the status of the current payment type. The status is active for checks immediately and claims will be paid by paper check.

- **Effective Date:** Enter the date the payment type should be active.
- **End Date:** Optional field.
- **Click Add to Grid.**
- **Click Save & Next** to continue.

The screenshot shows the 'Bank Account Information' form. At the top, there is a red alert box that reads: 'Alert: Overlapping date segments exist for Account Information'. Below the alert is a 'Show All' checkbox and a 'Discard' button. A table displays the account information with the following columns: Payment Type, Routing Number, Account Type, Account Number, Status, Effective Date, End Date, and Action. The 'Effective Date' field in the table is highlighted with a red box and contains the value '4/1/2021'. Below the table are navigation buttons: 'First', 'Previous', 'Next', and 'Last'. The form fields include:

- *Payment Type: Electronic Funds Transfer (EFT)
- *Routing Number: 083
- Bank Name: PNC BANK, KENTUCKY, INC.
- Bank Address: MANAGER, ACH OPERATIONS, PITTSBURGH, PA, 15219-0000
- Payee Name: HOSPITAL CORPORATION
- Payee Address: 100 Main Street, Frankfort, KY 40601
- *Account Type: Checking
- *Status: Pending
- *Account Number: 1234
- *Re-Type Account Number: 123
- *Effective Date: 07/01/2020
- End Date: MM/DD/YYYY

 At the bottom of the form are buttons for 'Exit', 'Add To Grid', 'Back', and 'Save & Next'.

Figure 197: Maintenance: Payment Types with Dates Overlapping (Error Message)



Effective Dates cannot overlap. One date must end before the next one can begin.

The screenshot shows the 'Bank Account Information' screen. On the left is a navigation menu with items 1.0 through 10.0. The main area contains a list of instructions, a table of payment records, and an 'Add' button. Two callouts are present: one pointing to the 'Add' button and another pointing to the 'Edit' icon in the table's action column.

Callout 1: Select **Add** to add a new record of payment during a Maintenance action.

Callout 2: Select **Edit** to edit an existing record.

Payment Type	Routing Number	Account Type	Account Number	Status	Effective Date	End Date	Action
Electronic Funds Transfer (EFT)	083	Checking	1234	Pending	7/9/2021		 
Check							

Figure 198: Maintenance: Bank Account Information Screen (Add/Edit EFT)



To add a new payment refer to the New Enrollment section of this User Guide.

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

Bank Account Information

Show All Discard

Payment Type	Routing Number	Account Type	Account Number	Status	Effective Date	End Date	Action
Electronic Funds Transfer (EFT)	083	Checking	123	Pending	7/9/2021		
Check				Active	4/1/2021	7/7/2021	

First Page: 1

*Payment Type

*Routing Number
 Get Bank Details

Bank Name: PNC BANK, KENTUCKY, INC. Bank Address: MANAGER, ACH OPERATIONS, PITTSBURGH, PA, 15219-0000

Payee Name: ABC HOSPITAL CORPORATION Payee Address: 100 Main Street, Frankfort, KY 40601

*Account Type

*Status

*Account Number

*Re-Type Account Number

*Effective Date

End Date

Add To Grid

Exit
Back
Save & Next

Complete all fields marked with a red *.

Select **Get Bank Details** to verify Routing Number is correct.

Select **Add to Grid** to save information into above grid.

Figure 199: Maintenance: Bank Account Information Screen (Edit EFT)

To *edit* the **Payment Type** for **EFT**, update the data in the fields as necessary:

- **Routing Number:** Enter the bank **Routing Number**. The **Routing Number** is a nine-digit code used to identify a particular bank. It is located on the check beside the account number.
- **Get Bank Details:** *Click* the **Get Bank Details** button. KY MPPA will display the **Bank Name** and **Address** after clicking **Get Bank Details** to verify the correct routing number has been entered. Users cannot proceed with changing to EFT if the bank routing number cannot be verified.
- **Payee Name:** Pre-populated from the **1.1 Basic Information** screen and cannot be changed in this screen; return to **1.1 Basic Information** to edit.
- **Payee Address:** Pre-populated from the **Pay-To/1099 Address** and cannot be changed in this screen; return to **1.7 Address Information** to edit.

- **Account Type:** *Select* the account type:
 - Checking Account
 - Savings Account
- **Account Number:** *Enter* the account number.
- **Re-Type Account Number:** *Re-enter* the account number.
- **Status:** Displays the status of the current payment method. For **EFT** it is in pending status until the bank account information is verified. Authorization can take up to 28 days and payment will default to paper check until verification of the EFT payment type is complete.
- **Effective Date:** *Enter* the Effective Date of the bank account.
- **End Date:** *Enter* the End Date of the bank account, if applicable.
- *Click Add to Grid* to add the new payment type to the grid.
- *Click Save and Next* to save the data.



Account and routing number information can take up to twenty-eight days to verify. Until authorization of the EFT transaction is approved, the payment type will default to a paper check mailed to the Pay-To address.



Only one form of payment can be effective at a time. If a previous record is no longer valid it must be end dated and the new record must be set to be effective 1 day after the ending of the old form of payment.

Payment Type Status Notification:

- An **EFT** or **Check** record will show in a **Pending** status until the payment type updates to an **Active** status after approval and verification is complete.

Payment Type	Routing Number	Account Type	Account Number	Status	Effective Date	Expiration Date
Electronic Funds Transfer (EFT)	051	Checking	54	Pending		

Page: 1

Figure 200: Payment Method Status

- After the next weekly system update (typically on Saturdays), three records will show in the grid; **Active**, **Pending**, and **EFT Pending**. There will be no **Effective Date** shown until the system updates.
 - Active - Payment method is active and claim payments will be paid to the Provider in this format.
 - Pending - Payment type is waiting for approval.
 - EFT Pending - EFT information is waiting for verification.
- No changes can be made to payment type or bank account information until the **Effective Date** of the payment type (EFT or Check) is **Active**. Checks cannot be changed to EFT, or EFT to check, until the pending payment type or bank account instructions go into effect.

Maintenance item once all items have been updated for DMS.

No changes can be made to account information until the **Pending EFT** instructions become active on the **Effective Date**.

Payment Type	Routing Number	Account Type	Account Number	Status	Effective Date	End Date	Action
Electronic Funds Transfer (EFT)	051	Checking	783	Active	6/5/2018	12/31/2299	
Electronic Funds Transfer (EFT)	051	Checking	78	EFT Pending - Paper Checks Issued	5/16/2018	6/4/2018	
Electronic Funds Transfer (EFT)	051	Checking	783	Pending	4/17/2018	5/15/2018	

Page: 1

Figure 201: Grid Status After DMS Approval

7.0 Maintenance: Fee Payment (Revalidation Only)

Certain Provider types require an enrollment and revalidation application **Fee**, per regulation 42 CFR 455.460, an online payment option is available by *clicking* the **Pay Application Fee Online** button on the **Application Fee Payment** screen. Generally, the application fee applies to institutional providers as defined by Centers for Medicare and Medicaid Services (CMS) and not to individual professionals, such as physicians. CMS sets the application fee amount, which may be adjusted annually.

Note: *Payment can only be made during a Revalidation.*

Figure 202: Maintenance: Application Fee Payment

To submit a **Fee Payment**, *select* one of the following radio buttons:

- I will pay with a credit/debit card or Automated Clearing House (ACH) Electronic Check.
 - *Click* the **Pay Application Fee Online** button to make the payment and follow the steps to make the payment on the following screen.
 - *Cash and checks are not accepted.*
- I have already paid an application fee to Medicare or another state's Medicaid Agency.
 - If the user has paid another state's Medicaid agency, they will be prompted to *upload* proof on the 8.0 Document Upload screen.

To save the information:

- *Click* **Save & Next** to save the information entered on this screen, and proceed to the next screen.

Check to see if your provider type requires a **Fee Payment**, per regulation 42 CFR 455.460.



Application Fee Payments are done during Revalidation only. Users must *select* the Revalidation radio button on the Maintenance menu.

8.0 Maintenance: Document Upload

Maintenance items may require documentation to be uploaded, or users may want to upload supporting documentation. Upload all required and supplemental documentation from this screen. Required documents, based on the provider type, are listed by name in the **Document Type** column of the **Document Upload** grid, and a **Y** is displayed in the **Required** column.

The screenshot shows the 'Document Upload' interface. On the left is a navigation menu with sections: 1.0 Administrative Information, 2.0 Provider Qualifications, 3.0 Disclosure of Ownership and Control Interest, 9.0 Provider Review, and 10.0 Submit. The main area contains instructions and a table. Callouts provide the following information:

- Documents required for your provider type appear in the **Document Type** column as well as any other uploaded documentation.
- A **Y** appears in the **Required** column for required documentation.
- Select the **Edit** button under the Action column to upload the required document.
- Once the Provider uploads documents to the grid, the **Name**, **Uploaded By** and **Uploaded Date** columns populate.

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
IRS Letter of Verification of FEIN or Official IRS documentation stating FEIN	FEIN Verification	Y			
Nursing Facility License	Nursing Facility License - 756	Y			
Specialty Certification	Nursing Facility	Y			
OIG Letter of Bed Changes	OIG Letter of Bed Changes	Y			
IRS Letter of Verification of FEIN or Official IRS documentation stating FEIN	FEIN Verification	N	Jane Doe	12/11/2020	

Figure 203: Maintenance: Document Upload Screen

To *upload* required **documents** to the grid, enter data as follows:

- Click Edit to open the fields in the record to add required documents.

Once the Provider uploads documents to the grid, the **Name**, **Uploaded By** and **Uploaded Date** columns populate.

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
IRS Letter of Verification of FEIN or Official IRS documentation stating FEIN	FEIN Verification	Y		04/12/2021	
MAP-347	MAP-347 - 710	Y	Jane Doe	04/12/2021	
Voided check or Bank Letter	Voided check or Bank Letter	Y		04/12/2021	

Click **Edit** to upload a required document.

Click **Browse** to locate document to *upload*.

Click **Add to Grid** to add the document to the grid.

Exit Back Save & Next

Figure 204: Maintenance: Document Upload Screen Edit

- **Document Type:** Required document names are pre-populated in the **Document Type** column. *This field cannot be updated.*
- **Upload File:** *Browse* for the document. (*Document must be available from the user's computer*).
 - *Select* the document from the user's computer that matches the Document Type listed.
- **Document Name:** The document name field will populate with the name of the document as it appears on your computer. *This field can be updated.*
- **Add to Grid:** *Click Add to Grid* to add the document to the grid.

To *add* supplemental documents:

- *Click Add.*
- **Document Type:** *Select* a document type from the drop-down.
- **Upload File:** *Browse* for the document. (*Document must be available from the user's computer*).
 - *Select* the document from the user's computer that matches the Document Type listed.
- **Document Name:** The document name field will populate with the name of the document as it appears on your computer. *This field can be updated.*
- **Add to Grid:** *Click Add to Grid* to add the document to the grid.

To *delete* newly added **documents** in the grid:

- Click the **Delete** icon in the **Action** column.

Note: *Pre-existing records cannot be deleted. The **Delete** icon in the **Action** column is only enabled for newly added records.*

To save the information:

- Click **Save & Next** to save the information and proceed to the next screen.

Return to the System Navigation: Grids chapter for help on working with grids.



On the **8.0 Document Upload** screen, documents that are **required** for each provider type will have a placeholder record in the grid and be marked with a 'Y' in the **Required** column. These document records are **Edited** in the grid, and not **Added**, when uploading documents. Additional supporting documents can be uploaded by *clicking* the **Add** button.



File size for upload cannot exceed 5MB. Allowable file types include: PDF, DOC, DOCX, JPG, JPEG, TXT, RTF, CSV, , XLS, XLSX, TIF, TIFF.

9.0 Maintenance: Provider Review

The **Provider Review** screen allows users (Provider and/or Credentialing Agent) to review maintenance items for accuracy and completeness prior to submitting to the Kentucky Department for Medicaid Services.

This screen also displays comments entered by DMS Reviewers who have returned maintenance items for corrections, and allows users to send back comments in response.

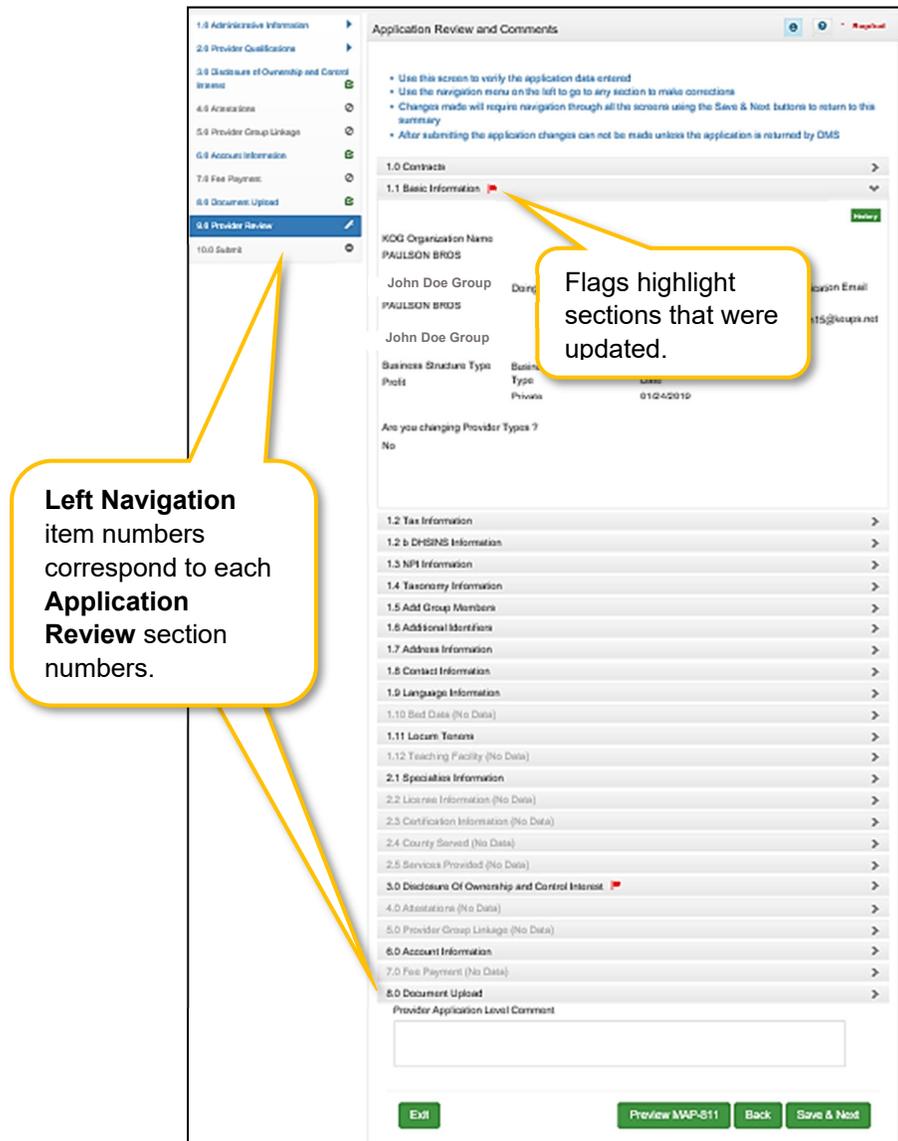


Figure 205: Maintenance: Provider Review Screen

Each **Left Navigation** menu heading corresponds to a section title:

- **1.0 Administrative Information** corresponds to all Application Review sections that begin with 1 (1.1, 1.2, 1.3, etc.);

- **2.0 Provider Qualifications** corresponds to all Application Review sections that begin with 2 (2.1, 2.2, 2.3, etc.);
- Continuing as such with **3.0 Disclosure of Ownership and Control** through **8.0 Document Upload**.

Application Review sections: Click the **Title** (or **arrow**) of each section within the **Application Review** screen to expand the section for review. **Note:** *Not all sections in the Left Navigation menu are applicable to all provider types and therefore will be unavailable (grayed-out) for selection.*

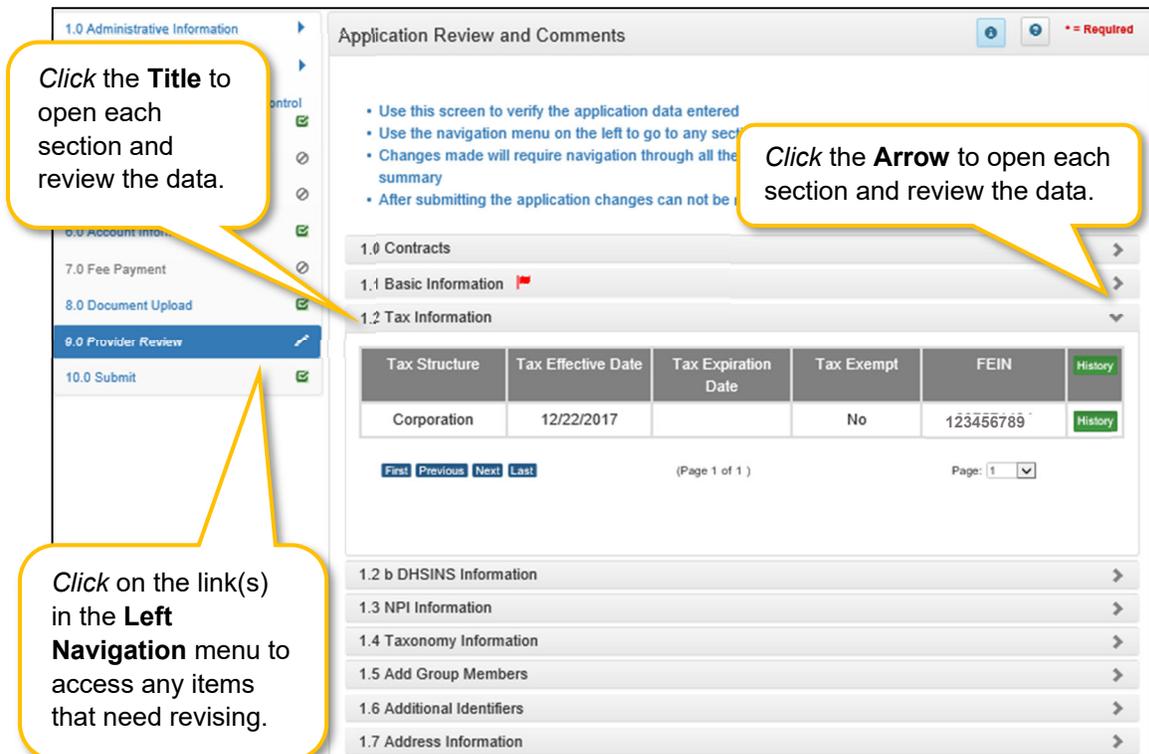


Figure 206: Maintenance: Provider Review Screen (Open Section)

To review the application:

- Click the **Title** (or **arrow**) of each section to open and view the information including DMS Reviewer responses entered in the **Comments** box if applicable.
 - Users can respond to comments by using the comment box at the end of the **Provider Review** screen.
 - Comments are specific to the current application and are only accessible by DMS Reviewers, Providers (Users), and Credentialing Agents with approval to access the application.
- To *update* or *modify* information that is incorrect, use the **Left Navigation** menu:
 - Click on the section in the Left Navigation menu to navigate to the associated screen.
 - Enter the updated information.

Note: Some changes may affect information or answers in other sections within the application. Users will be prompted to update screens with dependencies.

- Click **9.0 Provider Review** in the Left Navigation menu to view the revised information and continue the application review.

License Type	License Number	Name	License Designation	License Effective Date	License Expiration Date	History
Prescriber	666666669999 9999	Doe, John	Permanent	03/08/2017	03/17/2021	History
Prescriber	1234	Doe, John	Fellowship	03/03/2017	03/31/2017	History

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Page: ▼

2.3 Certification Information (No Data) >

2.4 County Served (No Data) >

2.5 Services Provided (No Data) >

3.0 Disclosure Of Ownership and Control Interest >

4.0 Attestations >

5.0 Provider Group Linkage >

6.0 Account Information >

7.0 Fee Payment (No Data) >

8.0 Document Upload >

Enter comments intended for the application Reviewer. Comments can explain, respond, or add additional information about the application or maintenance item. Comments are limited to 2000 characters.

Provider Application Level Comment

Uploaded additional license.

Characters left: 3972

Click to preview in PDF format or print the MAP-811.

Exit
Preview MAP-811
Back
Save & Next

Figure 207: Maintenance: Provider Review Screen (Provider Level Comment)

- **Provider Application Level Comment:** The **Comment** box can be used to enter additional information or respond to Reviewer comments. Comments are optional. If entered, comments are limited to 2000 characters.
- **Preview Map 811:** Click the **Preview Map 811** button to create a PDF of the application, which can then be printed and/or saved. Do not mail a copy to Department for Medicaid Services if submitted through KY MPPA.

- **Save & Next:** *Click* to save the information and proceed to the next screen.



Utilize the **Left Navigation** menu to return to previous screens to make changes if needed. Changes to information on one screen may have dependencies on other screen(s). Once all updates are completed, and requirements fulfilled, the application can be submitted. KY MPPA may notify the user to return to a previous screen for required updates.

10.0 Maintenance: Submit

The **10.0 Submit** screen allows the completed **Maintenance item** or **Revalidation** to be electronically submitted to the KY Department for Medicaid Services (DMS). Credentialing Agents and Providers will see different views:

- **Credentialing Agents** are able to:
 - Send an **Action to the Provider** for final review and electronic signature. This item will appear in the Provider's **Dashboard** in the **Maintenance Status** section to be reviewed by the Provider.
- **Credentialing Agents with a signed Authorized Delegate form** are able to:
 - Enter the action and Submit: The Credentialing Agent with a signed Authorized Delegate form can review the item, agree to the terms of the provider agreement, e-sign, upload Authorized Delegate form and then *submit* to DMS.
 - Review/edit the item and Submit: The Credentialing Agent with a signed Authorized Delegate form can review the item, make changes as needed, agree to the terms of the provider agreement, e-sign, upload updated Authorized Delegate form and then *submit* to DMS.
 - Withdraw the item: The Credentialing Agent with a signed Authorized Delegate form can withdraw an item, removing the application from the dashboard before or after submitting.
- **Providers** are able to:
 - Enter the item and Submit: The Provider can review the item, agree to the terms of the provider agreement, e-sign, and then *submit* to DMS.
 - Review/edit the item and Submit: The Provider can review the item, make changes as needed, agree to the terms of the provider agreement, e-sign, and then *submit* to DMS.
 - Withdraw the item: The Provider can withdraw an item, removing the application from the dashboard before or after submitting.

Note: *If the Provider does not make an update within ninety days from the date the item is started, the item is considered abandoned. Abandoned items become read-only.*

Once an item is *submitted*, no updates or revisions are permitted unless DMS returns the item for additional information.

The screenshot shows a 'Submit' screen with a sidebar on the left containing steps 1.0 through 9.0. Step 9.0, 'Provider Review', is highlighted. The main content area has a title bar 'Submit' with a help icon and a red asterisk indicating a required field. Below the title bar are instructions: 'Please read the Medicaid Rules, Regulations, Policy and 42USC 1320a-7b', 'After reviewing Terms of Agreement, Select the "I Agree" checkbox', and 'Click "Save & Next" to continue to next screen, "Back" to return to previous screen, and "Exit" to return to Dashboard'. A message states: 'You must agree to the terms of the Provider Agreement in order for this Maintenance item(s) to be submitted.' A scrollable box titled 'MEDICAID RULES, REGULATIONS, POLICY AND 42USC 1320a-7b' contains three sections: '1. Scope of Agreement:', '2. Medical Services to be Provided:', and '3. Assurances:'. Below the scrollable box is an 'I Agree' checkbox and an 'Agreement Date 7/7/2021 4:11:47 PM'. At the bottom are three buttons: 'Exit', 'Back', and 'Save & Next'. A yellow callout box points to the 'I Agree' checkbox and the 'Save & Next' button.

Terms of Agreement must be read and *click* the **I Agree** box before *clicking* **Save & Next**.

Figure 208: Maintenance: Submit (Agree to Terms)

To agree to the **Terms of Agreement**:

- Click the **I Agree** checkbox.
 - **Note:** Failure to agree to the **Terms of Agreement** will result in the item not being submitted to DMS.
- Click **Save & Next** to proceed to the next screen.

Complete the Submit screen as a Group/Entity:

After agreeing to the terms of the Provider Agreement and *clicking Save & Next*, Group or Entity Providers will see the **Submit** screen.

Figure 209: Maintenance: Group/Entity Submit Screen (Esign & Submit)

To *complete* the **Submit** screen as a Group or Entity Provider enter the following:

- **Name:** *Enter* the name of the Owner if applicable, otherwise, enter the name of the Legally Authorized Agent, Officer, or Board Member.
- **Title:** *Select* from the drop-down the title of the Owner, Legally Authorized Agent, Officer, or Board Member.
 - If Legally Authorized Agent is selected, the user will be directed to return to the 8.0 Document Upload screen to upload a Legally Authorized Agent authorization document. Once the document is uploaded, the user will return to the 10.0 Submit screen and electronically sign and submit the maintenance action.
- **Sign Date:** Pre-populated with current date and time and cannot be changed. This is used as the date and time the application is submitted to DMS.

To **E-sign & Submit** the item:

- **E-sign & Submit:** *Click* the **E-sign & Submit** button to send the item to DMS.
 - After *clicking E-sign & Submit*, the item will display the **Next Steps** screen stating, “*From the Dashboard, you may check back in 48 hours to see if the application has been accepted for review.*”
 - Once an item is *submitted*, no updates or revisions are permitted unless DMS returns the item for additional information.
- **Back:** *Click Back* to go to the previous screen without submitting.

- **Exit:** Click **Exit** to return to the Dashboard without submitting.

Note: An action can be withdrawn after submission by clicking the **Withdraw** button on the Provider Dashboard. The application will be viewable but cannot be resubmitted. A new item must be completed.

To *print* the action or save it to your computer:

- **View Map-811 PDF:** Click the **View MAP-811 PDF** button to open a PDF document to save to your computer and/or print. Do not mail a copy to Department for Medicaid Services if submitted through KY MPPA.
- The **MAP-811** (contains the Provider Agreement) will be saved in the **Correspondence** screen after the application has been approved.

Complete the Submit screen as a Legally Authorized Agent:

A **Legally Authorized Agent** will utilize the **Submit** screen to send a **Maintenance Item** or **Revalidation** to DMS. Upon this title selection the Authorized Agent will be prompted to upload a copy of the document that legally binds them to sign on behalf of the group. The Provider who can then *e-sign* and *submit* the item to DMS.

The screenshot shows the 'Submit' screen with the following elements:

- Left Navigation:** 1.0 Administrative Information, 2.0 Provider Qualifications, 3.0 Disclosure of Ownership and Control Interest (checked), 4.0 Attestations, 5.0 Provider Group Linkage, 6.0 Account Information (checked), 7.0 Fee Payment, 8.0 Document Upload (checked).
- Instructions:**
 - 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 e-sign
 - 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
- Signature Section:**
 - *Electronic Signature: First Last Name (input field)
 - *Title: Legally Authorized Agent (dropdown menu)
 - Sign Date: 7/7/2021 4:12:51 PM
- Additional Options:**
 - Upload Document that authorizes agent to legally bind the Group or Entity
- Buttons:** Exit, View MAP-811 PDF, Back, Esign & Submit

Callouts in the image:

- A yellow callout box points to the 'Legally Authorized Agent' title dropdown with the text: "Select Legally Authorized Agent if applicable."
- A yellow callout box points to the 'Upload Document' checkbox with the text: "Legally Authorized Agent must upload documentation of being certified to be able to sign on behalf of the Group or Entity."

Figure 210: Maintenance: Authorized Agent Submit Screen

To *complete* the **Submit** screen as a Credentialing Agent Non-Delegate enter the following:

- **Submitting As:** Select **Credentialing Agent** option.
- **Send To Provider:** Click the **Send to Provider** button to send the item to the Provider for review and submission.
- The **Credentialing Agent** should inform the Provider that the item is on the Provider's Dashboard.
 - Credentialing Agents will receive a notification (in their Dashboard Notifications) when the item has been sent to the Provider.

- Credentialing Agents will receive a notification (in their Dashboard Notifications) when the Provider has esigned and submitted the item to DMS.
- **Back:** *Click Back* to go to the previous screen without submitting.
- **Exit:** *Click Exit* to return to the Dashboard without submitting.



Legally Authorized Agents are able to sign and submit directly to DMS on behalf of the Group or Entity once the legal documentation of authorization is uploaded.



MAP 811 can be printed for reference purposes only. Paper application, if submitting electronically, is NOT to be mailed in for processing.



Chapter Summary: Maintenance

- If a Provider is using a Credentialing Agent, the Provider and CA must be linked prior to beginning the maintenance action or the CA will receive an alert message that they are not authorized to access the Provider's Medicaid ID data.
- Email information cannot be changed in KY MPPA. Users must login to the Kentucky Online Gateway (KOG) screen and access the Administration menu to make the change.
- Update all allowable tax information fields to match what appears on your IRS Verification Letter SS-4.
- If the NPPES website is down, KY MPPA will display a message and the user cannot proceed with their application until NPPES is available for validation.
- Pre-existing NPIs cannot be deleted. They can only be end dated and new NPIs can be added.
- You must have at least two NPI numbers in the grid to change the Primary NPI number. There can only be one Primary NPI number.
- Existing Taxonomies cannot be deleted. They can only be end dated.
- At least one actively enrolled Individual Medicaid Provider is required to create a Group.
- When linking or delinking a provider from the Group, the user will be prompted to upload a MAP-347 form on the 8.0 Document Upload screen.
- Other identifier types may be required as specified in the provider type summaries. Identifiers available in the Identifier Type drop-down are based on provider type.
- Pre-existing Additional Identifier records cannot be deleted, they must be end dated, by entering an expiration date, and new Additional Identifier records added.
- The Primary Physical, Pay-To/1099, and Mailing addresses are required addresses. The Other Physical address are optional.
- A minimum of two types of contacts are required. Agent of Service and Credentialing Agent.
- At least one language is required. English is the default but is not a required language.
- An existing language cannot be deleted, it must be end dated.
- Bed Data records CANNOT be deleted. They must be end dated by editing the record and a new record with updated information must be added.
- Some individual Providers will not be required to enter a specialty type. Some provider types have a default specialty type, which cannot be removed; however, the primary indicator can be changed to a different specialty.

- License information added to License information screen will require upload of supporting documentation on the 8.0 Document Upload screen. Existing license information cannot be deleted.
- If the license number is less than 4 digits, add zeroes (0) to the front of the license number to total 4-digits.
- Name on certification must match the Provider or DBA name. Pre-existing certificate records cannot be deleted, they must be expired. A new certificate can be added as a new record.
- Certification information added to the Certification screen will require upload of supporting documentation on the 8.0 Document Upload screen.
- Refer to the Disclosure of Ownership & Control Interest questions in the New Enrollment: Start to Submit Chapter for instruction on editing or updating the Disclosure of Ownership Maintenance questions. Some questions will require an end date to the existing response and a new record added to indicate a change.
- Account number information can take up to twenty-one days to verify. Until authorization of the EFT transaction is approved, the payment type will default to check mailed to the Pay-To address.
- Updated information should be verified, once all updates have been entered, to be sure it displays correctly in the 6.0 Account Information screen.
- Switching payment types between EFT and checking can be done as often as necessary.
- Application Fee Payments are done during Revalidation only. Users must select the Revalidation radio button on the Maintenance menu.
- On the 8.0 Document Upload screen, documents that are required for each provider type will have a placeholder record in the grid and be marked with a 'Y' in the Required column. These document records are Edited in the grid, and not Added, when uploading documents. Additional supporting documents can be uploaded by clicking the Add button.
- File size for upload cannot exceed 5MB. Allowable file types include: PDF, DOC, DOCX, JPG, JPEG, TXT, RTF, CSV, , XLS, XLSX, TIF, TIFF.
- Utilize the Left Navigation menu to return to previous screens to make changes if needed. Changes to information on one screen may have dependencies on other screen(s). Once all updates are completed, and requirements fulfilled, the application can be submitted. KY MPPA may notify the user to return to a previous screen for required updates.
- Legally Authorized Agents will be able to electronically sign and submit the Maintenance action to DMS after required documentation has been uploaded.

Revalidation

Medicaid Providers are required by Federal regulation to revalidate the information on their Kentucky Medicaid ID once every five years. The Provider should ensure that the information is complete and accurate during the Revalidation.

KY MPPA alerts Providers to the Revalidation due date with sixty and thirty day notifications on their Dashboard.

Note: *If the Provider is utilizing a Credentialing Agent (CA) to work on their behalf, the Provider and CA must be linked in KY MPPA **prior** to beginning a Revalidation action in order for the CA to have authorization to access the Provider's Medicaid ID data. If the Provider and CA are not linked, the CA will receive an alert message. See the Linking section for more information. See the Maintenance Alert Messages section in the Maintenance chapter for a description of the maintenance-related alert messages.*

Note: *If you receive an alert message or require assistance with linking, contact the KY MPPA Contact Center at 1-877-838-5085, extension 1 or via email at medicaidpartnerportal.info@ky.gov.*

Medicaid ID Screen

There are two ways to begin a Revalidation – from the Kentucky Medicaid Provider IDs section on the dashboard or from the Maintenance tab on the Main Menu.

Option 1: Click on **Start Maintenance** in the **Kentucky Medicaid Provider IDs** section on the dashboard for the Kentucky Medicaid ID to be updated. The Provider’s information will be pre-populated on the Medicaid ID screen.

The screenshot shows a dashboard with a navigation bar at the top containing 'Dashboard', 'Application', 'Maintenance', and 'Correspondence'. Below the navigation bar is a 'Dashboard' header with a refresh icon. A 'Notifications' section is visible, with 'KY Medicaid Provider IDs' highlighted in a yellow box. Below this, there are two filter dropdown menus, both set to 'All'. The main content area is titled 'KY Medicaid Provider IDs' and contains a table with the following data:

Medicaid Provider ID	Medicaid ID Status	View	Provider Name	NPI	Taxonomy	Medicaid Provider ID Effective Date	Medicaid Provider ID End Date	Action
7100	Active	View	Jane Doe	13	207Q00000X - Family Medicine	03/25/2019	05/14/2024	Start Maintenance
7100	Active	View	Jane Doe	13	207W00000X - Ophthalmology	01/01/2018	01/31/2020	Start Maintenance

At the bottom of the table, there are navigation links: 'First', 'Previous', 'Next', and 'Last'. Below the table, it says '(Page 1 of 1)' and 'Page: 1' with a dropdown arrow. A yellow callout box with the text 'Click Start Maintenance' points to the 'Start Maintenance' button in the first row of the table.

Figure 211: Maintenance: Start Maintenance Button from Dashboard

Option 2: Click on **Maintenance** in the **Main Menu** to start a Revalidation on a Kentucky Medicaid ID. The **Maintenance** screen will require the user to enter the KY Medicaid ID to be revalidated. For security purposes, entering a valid Medicaid ID will only return applications associated with the user (Provider or Credentialing Agent).

- Enter the **Medicaid ID** associated with the application into the **Medicaid ID** field.
- Click **Search**. KY MPPA locates the Provider's information based on the Medicaid ID entered.

Dashboard Application **Maintenance** Correspondence

Maintenance ⓘ Ⓕ * = Required

- Requests for Maintenance must be processed by DMS before a new request can be submitted. In the event additional maintenance items needs to be submitted, withdraw a pending request by going to the dashboard
- Choose Voluntary Termination to end participation with Kentucky Medicaid
- Revalidation is only required every five years. Select "Revalidation" to update provider file with Kentucky Medicaid

* Medicaid ID

Enter the **Medicaid ID** for the application.

Figure 212: Revalidation: Enter Medicaid ID

- Click **Clear** to remove the KY Medicaid ID.
- Click **Exit** to return to the Dashboard.

The screenshot shows a web application interface with a navigation bar at the top containing 'Dashboard', 'Application', 'Maintenance' (highlighted), and 'Correspondence'. Below the navigation bar is a 'Maintenance' header with a search icon, a refresh icon, and a red asterisk indicating required fields. A list of instructions follows:

- Requests for Maintenance must be processed by DMS before a new request can be submitted. In the event additional maintenance items needs to be submitted, withdraw a pending request by going to the dashboard
- Choose Voluntary Termination to end participation with Kentucky Medicaid
- Revalidation is only required every five years. Select "Revalidation" to update provider file with Kentucky Medicaid

 The form contains several input fields:

- *Medicaid ID: A text box containing '330' with 'Search' and 'Clear' buttons. A callout bubble points to this field with the text 'Review and verify the retrieved information.'
- Provider Name: A text box containing 'LegacyEnrollmentName'.
- NPI: A text box containing '1417'.
- Taxonomy: A text box containing '251X00000X - Supports Brokerage'.
- Primary Physical Address: A text box containing 'Address 1438165, Address 2438165, City438165, Kentucky, 42067 0000'.
- Revalidation Date: An empty text box.
- MedicaidID Effective Date: A text box containing '11/30/2008'.
- MedicaidID End Date: A text box containing '12/31/2299'.
- * I Want to Perform: A group of radio buttons with options:
 - Maintenance
 - Revalidation
 - Voluntary Termination
 A callout bubble points to the 'Revalidation' radio button with the text 'Click Revalidation radio button.'
- * Requested Effective Date: A date picker field showing 'MM/DD/YYYY' with a calendar icon. A callout bubble points to this field with the text 'Enter the Requested Effective Date.'

 At the bottom of the form are two buttons: 'Exit' on the left and 'Continue' on the right.

Figure 213: Revalidation: Select Maintenance Type

- Review the information retrieved to ensure the correct Medicaid Provider is shown prior to starting a Revalidation.
- Click **Revalidation** radio button.
- Enter the current date for the **Requested Effective Date**.
- Click **Continue** to continue with the **Revalidation** request.

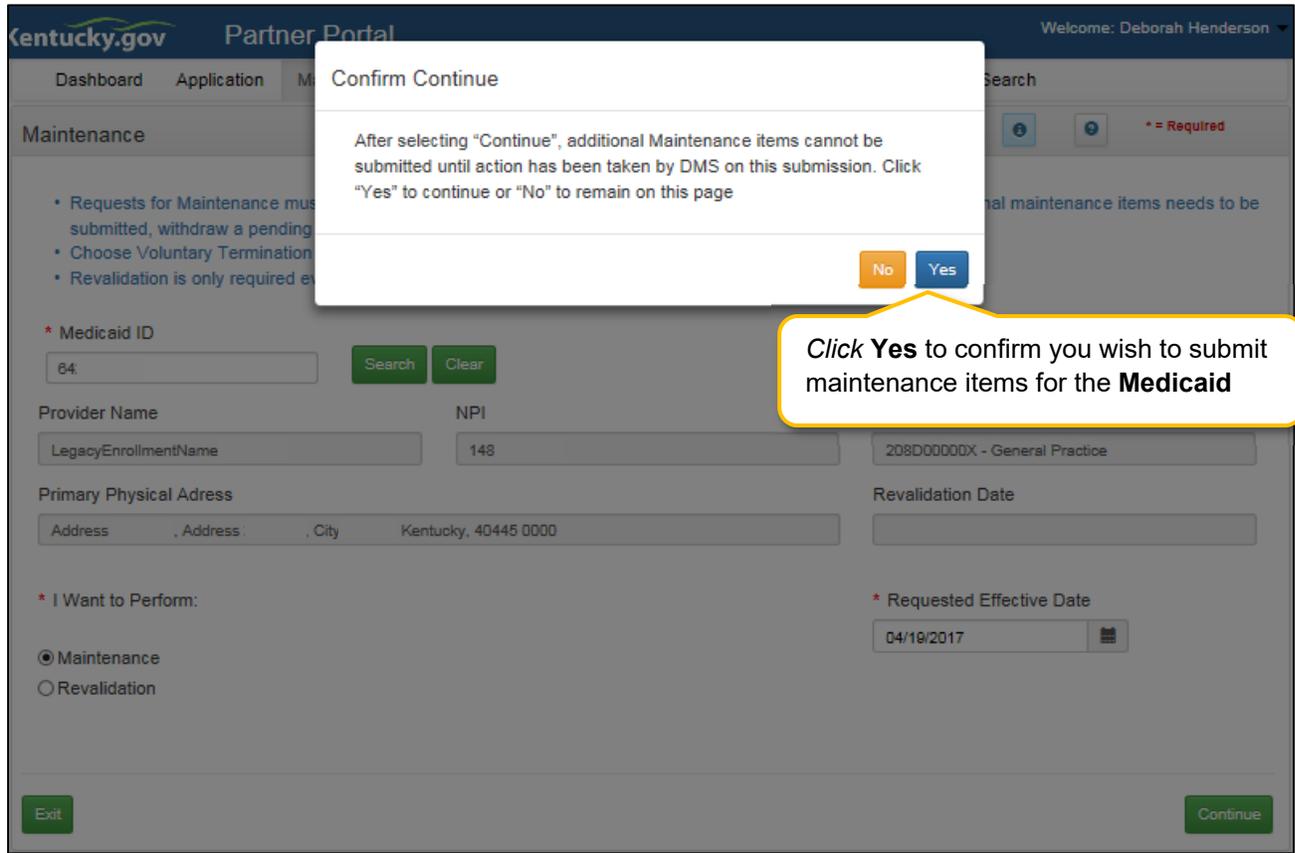


Figure 214: Revalidation: Conformation Screen

Click the **Yes** button to **Confirm Continue** and proceed to next screen.

Revalidation Process

The **Revalidation** screens mirror the **Maintenance** screens. Users must *review every screen*, in the order presented, and ensure the information is complete and accurate every time they do a revalidation. As each screen is reviewed, the user can *update* the information, or *click Save & Next*, to proceed to the next screen. Users will be prompted to *upload* all supporting documentation on the **8.0 Document Upload** screen.

A **Revalidation** can be **Approved, Denied, or Returned To Provider** for more information. If an application is returned to the Provider, a notification is generated indicating the Provider or Credentialing Agent will need to *review* and *resubmit* the updated Revalidation within five business days. This Notification is visible on the KY MPPA Dashboard and an email is sent to the Provider/Credentialing agent.

For details on how to navigate and complete a Revalidation, refer to the comparable screens in the Maintenance Chapter of this user guide.

Note: *If revalidation is not submitted by close of business on the due date, then KY MPPA will end date the Medicaid ID contract. An end date notification will be generated.*

When DMS approves the Revalidation request:

- The Medicaid ID remains the same.
- KY MPPA generates a **Revalidation Welcome Letter**, which can be found in the Correspondence screen.
- A new five-year revalidation date is calculated.



Chapter Summary: Revalidation

- Medicaid Providers are required by Federal regulation to revalidate the information on their Kentucky Medicaid ID once every five years.
- KY MPPA alerts Providers to the Revalidation due date with sixty and thirty day notifications on their Dashboard.
- There are two ways to begin a Revalidations – from Kentucky Medicaid Provider IDs section on the dashboard or from the Maintenance tab on the Main Menu.
- The Revalidation screens mirror the Maintenance screens.
- Users must *review every screen*, in the order presented, and ensure the information is complete and accurate every time they do a revalidation. As each screen is reviewed, the user can *update* the information, or *click Save & Next*, to proceed to the next screen. Users will be prompted to *upload* all supporting documentation on the [8.0 Document Upload](#) screen.
- A **Revalidation** can be **Approved**, **Denied**, or **Returned To Provider** for more information. If an application is returned to the Provider, a notification is generated indicating the Provider or Credentialing Agent will need to *review* and *resubmit* the updated Revalidation within five business days. This Notification is visible on the KY MPPA Dashboard and an email is sent to the Provider/Credentialing agent.
- If revalidation is not submitted by close of business on the due date, then KY MPPA will end date the Medicaid ID contract. And end date notification will be generated.

Change of Ownership (CHOW)

Groups or Entities can start an application to report a change of ownership for an existing KY Medicaid Provider. **Individual Providers cannot submit a Change of Ownership application.** Review 907 KAR 1:671 Section 6 (11) to assist in determining if your arrangement is considered a Change of Ownership (CHOW). For a **CHOW**, the provider type must be the same as that of the previous owner.

Start a CHOW

In the **Start an Application** screen, the user selects Change of Ownership from the following list of Application Types:

- **New Enrollment:** Start a new application to apply to become a KY Medicaid Provider.
 - For details on how to complete **New Enrollment** screens, refer to the Start to Submit Chapter of this user guide.
- **Change of Ownership:** Start an application to report a change of ownership to an existing KY Medicaid Provider.

The screenshot shows a web application interface with a navigation bar at the top containing 'Dashboard', 'Application' (highlighted with a yellow box), 'Maintenance', and 'Correspondence'. Below the navigation bar is a header for 'Start an Application' with a blue information icon, a blue refresh icon, and a red asterisk followed by the text '* = Required'. The main content area contains a list of instructions:

- Category and Provider Type cannot be changed later
- Individual must own FEIN 100% or Social Security Number must be used
- Fill out the form that follows accurately; the entire application depends on the data on this form being correct
- When you have completed this screen press "Start an Application" and continue to the application questions
- "Review [907 KAR 1:671 Section 6 \(11\)](#) to assist in determining if your arrangement is a Change of Ownership."
- For a change of ownership, the provider type must be the same as that of the previous owner.

At the bottom of the form, there is a section titled '* Application Type' (highlighted with a yellow box) containing two radio button options: 'New Enrollment' and 'Change of Ownership'.

Figure 215: Change of Ownership Application Type

Select an Application Type

Select Change of Ownership.

The screenshot shows a web form titled "Start an Application" with a navigation bar at the top containing "Dashboard", "Application", "Maintenance", and "Correspondence". A callout box with a yellow border and pointer contains the text: "Applying as an Individual is not permitted when the Application Type selected is Change of Ownership." The form includes the following fields and sections:

- * Application Type:** Radio buttons for "New Enrollment" and "Change of Ownership" (selected).
- * Applying As (Category):** Radio buttons for "Individual", "Group", and "Entity".
- Provider Type:** A dropdown menu currently showing "Select One".
- * Requested Effective Date:** A date input field with a calendar icon, showing "MM/DD/YYYY".
- * Primary NPI:** A text input field with a placeholder "xxxxxxxx".
- * Primary Taxonomy:** A text input field.
- * FEIN Number:** A text input field with a placeholder "xx-xxxxxx".
- * Confirm FEIN Number:** A text input field with a placeholder "xx-xxxxxx".
- * Previous Owner's Medicaid ID:** A text input field.
- * Is Your Primary Physical Business Location In KY?:** Radio buttons for "Yes" and "No".
- Text:** "Upon receipt of the KY Medicaid ID, I plan on applying to be a participating provider with the following KY Managed Care Organization(s)."
- Text:** "If you are an MCO select the MCO."
- Select all that apply:** Checkboxes for "Aetna Better Health of Kentucky", "Anthem", "Humana CareSource", "Passport Health Plan", and "Wellcare of Kentucky".
- Text:** "It is the Provider's responsibility to contract with the MCOs."
- Select that apply:** Checkboxes for "Aetna Better Health of Kentucky", "Anthem", "Humana CareSource", "Passport Health Plan", and "WellCare of Kentucky".
- Start New Enrollment:** A green button at the bottom right.

Figure 216: Change of Ownership (Add)

Change of Ownership Application

- For a **Change of Ownership** the previous owner's Medicaid ID is required. To complete the **Change of Ownership** screen, enter data in the following fields:
- **Application Type: Change of Ownership** is pre-populated from the previous screen. This selection can only be changed before the **Start an Application** button is selected.
 - New Enrollment: Start a new application to become a KY Medicaid Provider.
 - Change of Ownership: Start an application to report a change of ownership for a current KY Medicaid Provider.
- **Applying As (Category):** *Select* the radio button beside the Group or Entity **Category** that describes the Provider as follows:
 - Individual: Selection is not available as it is not applicable for a Change of Ownership.
 - Group: An organized Group which has within its bounds multiple Providers and services. A Group must have at least one active individual Medicaid Provider.
 - Entity: A health related organization, such as a clinic, hospital, or nursing facility.
- **Provider Type:** *Select* the service of the Provider. View a full list of provider types and descriptions on the KY MPPA website.
- **Requested Effective Date:** Enter the requested effective date (starting date) for the **Change of Ownership** to become effective.
 - Users may request an effective date retroactive up to one year, or up to ninety days in the future, from the current date.
 - The Provider should ensure all licensure, certifications, and documentation are current and active as of the requested effective date.
- **Primary NPI:** A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). The Primary NPI should be entered on this screen; additional NPI's can be entered on the NPI screen later in the application. All NPI numbers must be listed on the National Plan & Provider Enumeration System (NPPES) website, which is the NPI Registry Public Search, and where KY MPPA validates NPI numbers.
- **Primary Taxonomy:** Taxonomy codes categorize the specialization of health care providers. The Primary Taxonomy associated with the Primary NPI should be entered on this screen; additional Taxonomies can be entered on the Taxonomy screen later in the application. All Taxonomies entered must be listed on the National Plan & Provider Enumeration System (NPPES) website.
- **FEIN Number:** Federal Employer ID Number.
- **Previous Owner's Medicaid ID:** For **Change of Ownership (CHOW)**, the previous owner's Kentucky Medicaid ID is required.
- **Is Your Primary Physical Business Location in KY?** *Select Yes*, or **No**.
 - If **Yes**, user will answer the follow-up question: **Do you have a Kentucky Professional License?** *Select Yes*, or **No**.
 - If **Yes**, user will answer the follow-up question: **Are you practicing Telemedicine?** *Select Yes*, or **No**.
- **Will You Be Contracting With a KY Managed Care Organization (MCO)?** *Select Yes*, or **No**.
 - If **Yes**, user must select the appropriate MCO with which they are contracted by *clicking* the checkbox; multiple selections are permitted.

Click the **Start an Application** button to save the information and continue to the next screen in the application process. To continue entering a **Change of Ownership**, refer to the Start to Submit Chapter of this user guide.



When entering a Change of Ownership, you are required to enter the KY Medicaid ID number of the previous owner.

Review 907 KAR 1:671 Section 6 (11) to assist in determining if your arrangement is considered a Change of Ownership. Individual Providers cannot enter a Change of Ownership (CHOW).



Chapter Summary: Change of Ownership

- Groups or Entities can report a Change of Ownership for an existing KY Medicaid Provider. Individual Providers cannot submit a Change of Ownership.
- *Change of Ownership* is selected on the Application screen as the application type.
- Previous owner's Medicaid ID is required to complete Change of Ownership application.
- Review 907 KAR 1:671 Section 6(11) to assist in determining if your arrangement is considered a Change of Ownership.

Voluntary Termination

Medicaid Providers can voluntarily terminate their Medicaid ID. To perform a voluntary termination on a KY Medicaid ID, use the **Maintenance** link from the **Main Menu** to access the **Maintenance** screen. The **Maintenance** screen requires the user to enter the KY Medicaid ID to be terminated.

Note: *The Maintenance ID screen can also be accessed from the Kentucky Medicaid Provider IDs section on the dashboard by clicking on the Start Maintenance button for the desired KY Medicaid ID. The Provider's data will be pre-populated on the Medicaid ID screen.*

Medicaid ID Screen

To start a **Voluntary Termination**, enter the **KY Medicaid ID** into the **Medicaid ID** field and *click Search*.

Note: *For security purposes, entering a valid KY Medicaid ID will only return an ID associated with the user.*

Note: *A Voluntary Termination action can only be completed by the Provider. A Credentialing Agent cannot complete this action on behalf of the Provider.*

Dashboard Application **Maintenance** Correspondence

Maintenance ⓘ Ⓐ * = Required

- Requests for Maintenance must be processed by DMS before a new request can be submitted. In the event additional maintenance items needs to be submitted, withdraw a pending request by going to the dashboard
- Choose Voluntary Termination to end participation with Kentucky Medicaid
- Revalidation is only required every five years. Select "Revalidation" to update provider file with Kentucky Medicaid

* Medicaid ID

Search Clear

Exit Enter the **Medicaid ID** for the application.

Figure 217: Voluntary Termination: Initial Maintenance Screen

Select Maintenance Type

KY MPPA locates the Provider's information based on the Medicaid ID entered.

Dashboard Application **Maintenance** Correspondence

Maintenance Info Refresh * = Required

- Requests for Maintenance must be processed by DMS before a new request can be submitted. In the event additional maintenance items needs to be submitted, withdraw a pending request by going to the dashboard
- Choose Voluntary Termination to end participation with Kentucky Medicaid
- Revalidation is only required every five years. Select "Revalidation" to update provider file with Kentucky Medicaid

* Medicaid ID

Provider Name NPI Taxonomy

Primary Physical Address Revalidation Date

* I Want to Perform:

Maintenance
 Revalidation
 Voluntary Termination

* Requested Effective Date

Figure 218: Voluntary Termination: Select Maintenance Type

Review the information retrieved to ensure the correct Medicaid Provider is shown prior to starting a **Voluntary Termination**.

Select **Voluntary Termination** from the "I Want to Perform" list.

- **I want to Perform** (drop-down):
 - **Maintenance:** Update items such as licensure, certifications, name changes, address changes, etc.
 - **Revalidation:** Revalidation is required every five years (or less) from the date a KY Medicaid ID is approved. Revalidate all information on file with DMS as being accurate.
 - **Voluntary Termination:** Voluntarily terminate the KY Medicaid ID for the Provider.
- **Requested Effective Date:** Set the date you would like the **Voluntary Termination** to take effect for the selected KY Medicaid ID.

Click **Continue** to continue with the **Voluntary Termination** request.

Click **Exit** to return to the **Main Menu**.

The screenshot shows the 'Confirm Continue' dialog box with the following text: "After selecting 'Continue', additional Maintenance items cannot be submitted until action has been taken by DMS on this submission. Click 'Yes' to continue or 'No' to remain on this page". Below the dialog box, the 'Voluntary Termination' form is visible, including fields for Medicaid ID (710), Provider Name (John Doe), NPI (122), Primary Physical Address (100 Main Street, Anywhere, Kentucky, 40601 9230), Medicaid ID Effective Date (07/01/2015), Medicaid ID End Date (12/31/2299), and Requested Effective Date (08/21/2017). The 'Voluntary Termination' radio button is selected. The 'Exit' and 'Continue' buttons are at the bottom of the form.

Figure 219: Voluntary Termination Confirmation Screen

Once you have verified the Medicaid ID is correct:

- Click **Continue** to proceed to the Voluntary Termination Screen.
- Click **Exit** to exit Voluntary Termination.
- Click the **Yes** or **No** button to continue. Once you submit a Voluntary Termination, the Medicaid ID will be terminated and the only way to become a Medicaid Provider is to submit a new enrollment application.

Voluntary Termination Process

Once you *click Continue* to proceed you will advance to the **Voluntary Termination** screen.

Figure 220: Voluntary Termination Screen

To complete the **Voluntary Termination** screen, *enter* the following information:

- **Select Reason:** (drop-down)
 - Retired: (Individual Only) *Select* if Individual is retiring.
 - Voluntary Termination
- Termination Effective Date: Pre-populated from previous screen. Termination Effective Date cannot be earlier than Effective Date. Can be changed.
- Comments: (Optional)
- Name: Enter name of Provider.
- Title: Pre-populated title.
- Sign Date: System generated current date and time.

A **Voluntary Termination** becomes effective on the effective date entered. If the **Voluntary Termination Effective Date** is the current date, the termination is effective immediately. If the date is in the future, the Provider can bill up until the **Voluntary Termination Effective Date**.

Note: KY MPPA will end date the Medicaid ID, NPI, Taxonomy and Medicaid Contracts the same business day of the effective voluntary termination date. A voluntary termination letter and email will be generated for the Provider.

Note: If a KY Medicaid ID is voluntarily terminated, the user must submit a new application if they wish to resume Medicaid participation.



Chapter Summary: Voluntary Termination

- Medicaid providers can voluntarily terminate their Medicaid ID.
- Voluntary termination on a KY Medicaid ID is started on the Maintenance link.
- A voluntary termination becomes effective on the effective date entered. If the effective date is the current date, the termination is effective immediately.
- If the voluntary termination date is in the future, the Provider can bill up until the **Voluntary Termination Effective Date**.
- KY MPPA will end date the Medicaid ID, NPI, Taxonomy and Medicaid Contracts the same business day of the effective voluntary termination date.
- A voluntary termination letter and email will be generated for the Provider.
- If a KY Medicaid ID is voluntarily terminated, the user must submit a new application if they wish to resume Medicaid participation.



If a KY Medicaid ID is voluntarily terminated, the user must submit a new application if they wish to resume Medicaid participation.

Reinstatement and Reapplication

Medicaid Providers can reinstate or reapply for their Medicaid ID in the Maintenance tab of KY MPPA. To determine which you should do review the following:

- **Reinstatement:** If a Provider is terminated for cause, and they reapply, they receive their old Medicaid ID number back regardless of greater than or less than one year.
- **Reapplication:** If a Provider self end-dated and they reapply, they receive their old Medicaid ID number back regardless of greater than or less than one year.

Note: *If the Provider is utilizing a Credentialing Agent (CA) to work on their behalf, the Provider and CA must be linked in KY MPPA **prior** to beginning a Maintenance action in order for the CA to have authorization to access the Provider's Medicaid ID data. If the Provider and CA are not linked, the CA will receive an alert message. See the Linking section for more information. See the Maintenance Alert Messages section in the Maintenance chapter for a description of the maintenance-related alert messages.*

Note: *If you receive an alert message or require assistance with linking, contact the KY MPPA Contact Center at 1-877-838-5085, extension 1 or via email at medicaidpartnerportal.info@ky.gov.*

Medicaid ID Screen

To start a **Reinstatement** or a **Reapplication**, enter the **KY Medicaid ID** into the **Medicaid ID** field and click **Search**.

Note: *The Medicaid ID screen can be accessed from the Kentucky Medicaid Provider IDs section on the dashboard or from the Maintenance tab in the Main Menu.*

Dashboard
Application
Maintenance
Correspondence

Maintenance
* = Required

- Requests for Maintenance must be processed by DMS before a new request can be submitted. In the event additional maintenance items needs to be submitted, withdraw a pending request by going to the dashboard
- Choose Voluntary Termination to end participation with Kentucky Medicaid
- Revalidation is only required every five years. Select "Revalidation" to update provider file with Kentucky Medicaid

*** Medicaid ID**

Provider Name	NPI	Taxonomy
<input type="text" value="John Doe"/>	<input type="text" value="777777777"/>	<input type="text" value="1223G0001X - Dentist-General Practice"/>

Primary Physical Address	Revalidation Date
<input type="text" value="100 Main St., Anywhere, KY 40333"/>	<input type="text" value="09/15/2022"/>

Medicaid ID Effective Date	Medicaid ID End Date	Status	Status Reason
<input type="text" value="04/03/2014"/>	<input type="text" value="03/02/2018"/>	<input type="text" value="Active"/>	<input type="text" value="Active"/>

*** I Want to Perform:**

Maintenance
 Revalidation
 Voluntary Termination
 Reinstatement
 Reapplication

*** Requested Effective Date**

Figure 221: Reinstatement or Reapplication

Review the information retrieved to ensure the correct Medicaid Provider is shown prior to starting a Maintenance item.

For details on how to navigate and complete a Revalidation, refer to the comparable screens in the Maintenance Chapter of this user guide.



Chapter Summary: Reinstatement and Reapplication

- KY Medicaid Groups and Entities can reinstate and reapply for their Medicaid ID through the Maintenance tab.
- Reinstatement is for a Group or Entity who have been terminated for cause. They reapply to receive their old Medicaid ID number back regardless of greater than or less than one year.
- Reapplication is for a Group or Entity that self end-dated and they reapply. They receive their old Medicaid ID number back regardless of greater than or less than one year.

Return to Provider (RTP)

Application Life Cycle

An application life cycle is the process that a new enrollment application or maintenance-related action will undergo when submitted to the Department for Medicaid Services (DMS). The process the application or action will go through is a series of validation checks and reviews. The factors that determine the level of review or validation checks vary by Provider Type and specific Provider circumstances.

There are three possible outcomes that will come from the DMS review: Approved, Denied or Return to Provider (RTP).

- **Approved:** Provider (*and CA if utilized*) will receive an approval email notification. In addition, the Provider (*and CA*) will receive a notification in the Notifications section of their KY MPPA dashboard and will be able to access the Welcome Letter in the Correspondence section of the dashboard.
- **Denied:** Provider (*and CA if utilized*) will receive a denial email notification. In addition, the Provider (*and CA*) will receive a notification in the Notifications section of their KY MPPA dashboard and will be able to access the Denial Letter in the Correspondence section of the dashboard.
- **Return to Provider (RTP):** Application or action will be returned to the Provider (*or CA if utilized*) for clarifications or corrections. The Provider and CA will receive an email notification and an Action Required notification in the Notifications section of their KY MPPA dashboard. (Figure 1)

Notifications

Notification Type: Action Required
Subject: Application Returned

Notification Type	Subject	Notification Text	Application Number	Medicaid Number	Notification Date	Due Date	Action
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.	APP12389		7/2/2019 11:26:42 AM	07/23/2019	Dismiss

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Figure 222: Action Required Notification – Application Returned

Responding to a Return to Provider from DMS

When notified of an RTP, the application or action originator (Provider or CA) will navigate to the appropriate status section of the dashboard to locate the item.

- For a *New Enrollment application*, access the **Application Status** section.
- For a *Maintenance-related action*, access the **Maintenance Status** section.

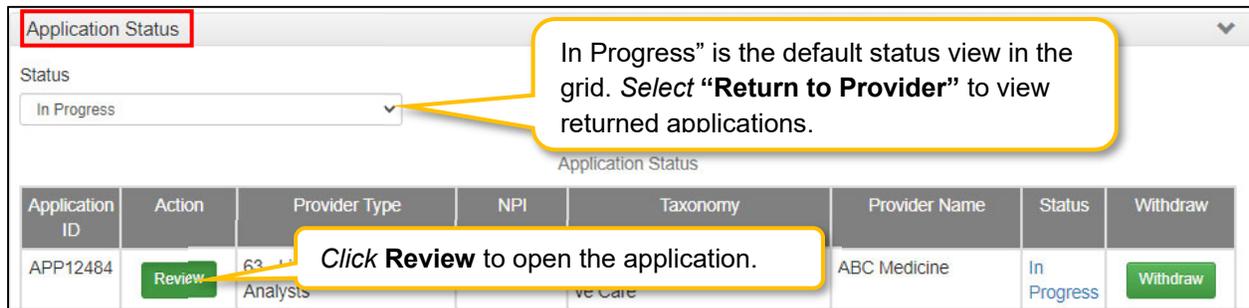


Figure 223: Application Status/Maintenance Status Sections – Click Review Button to Open

Review DMS Comments

To open the application/action, *click* the **Review** button (Figure 2). An **editable** version of the application/action will open.

- Using the left navigation menu, *click* on **9.0 Provider Review** to open an accordion style menu (Figure 3).
- Identify sections of the application/action requiring additional clarification/explanation or corrections by locating the **green comment boxes**. Green comment boxes indicate a comment was made by DMS.

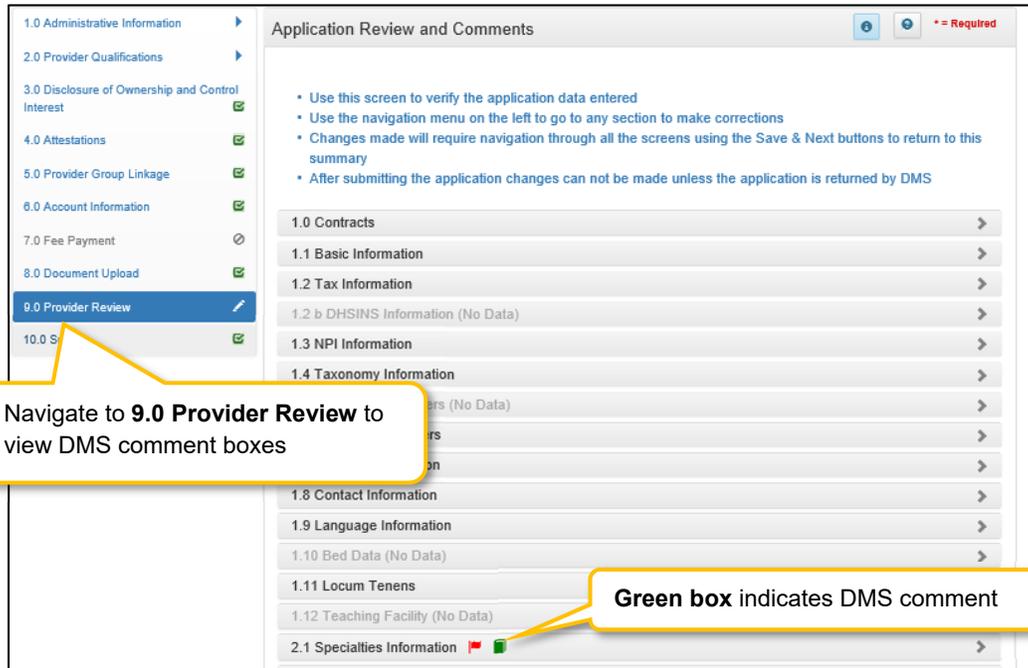


Figure 224: 9.0 Provider Review Section – Locate DMS Comment Boxes

- Click the section title or right-facing arrow to expand the indicated section (Figure 4).
- Users will now be able to see comments left by DMS Reviewers.

Application Review and Comments

1.0 Administrative Information

- 1.1 Basic Information
- 1.2 Tax Information
- 1.3 NPI Information
- 1.4 Taxonomy Information
- 1.5 Add Group Members
- 1.6 Additional Identifiers
- 1.7 Address Information
- 1.8 Contact Information
- 1.9 Language Information
- 1.10 Bed Data
- 1.11 Locum Tenens
- 1.12 Teaching Facility
- 1.13 Telehealth Information
- 1.14 NTP Address 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

1.0 Contracts

1.1 Basic Information

History

Provider First Name Middle Name Provider Last Name Suffix
Susie Q Homemaker

Gender Date Of Birth Doing Business As SSN
03/01/1985 159-75-3854

Provider Email Address Communication Email Requested Effective Date
ps.net i@keu Address 06/27/2019

Are you changing Provider Types ?
No

Section Comments

Iteration Number	Requested Date	Requested Comment	Reviewer	Response Date	Response Comment	Action
2	7/8/2019 9:46:11 AM	Name entered does not match name on uploaded license. Update for middle name-initial.	Kate	7/8/2019 10:57:38 AM	Middle initial added to match name o	

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Figure 225: 9.0 Provider Review Section – DMS Section Comment

Depending upon the comments left by the DMS Reviewers, users may need to take one or all of the following actions:

- Provide additional information.
- Edit or update submitted information.
- Reply to a comment to provide clarification or additional explanation.

Updating or Adding Information

To update or provide additional information, users will need to navigate to the section to be updated using the **Left Navigation** menu (Figure 4).

- *Click* on the section title to expand selections.
- *Click* on the title of the screen to be updated.

Figure 226: Update or Add Information

- Update or add information (Figure 5).
- Click **Save & Next**. If Save & Next is not clicked, changes will not be saved and will not be submitted to DMS.
 - Once information is changed, the user will see a **Red Flag** for that section in the **9.0 Provider Review** section (Figure 9).
- Repeat for additional updates or additions on other screens.
- Once all changes have been made, navigate back to **9.0 Provider Review** section.

Note: Changes in one section may change information entered into a subsequent section. For example, if the name is changed on the 1.1 Basic Information screen, the name will also be updated on the 2.2 License Information screen (Figure 6).

License Type	Issue State	License Number	Name	License Designation	License Effective Date	License Expiration Date	Action
Health Board	Kentucky	582936	Homemaker, Susie, Q	Permanent	01/03/2019	01/03/2029	[Edit] [Delete]

Figure 227: Other Screens Updated

Replying to a DMS Comment

Users can reply to a DMS comment to provide an update or clarification.

- Click the **Reply** icon to open the Comments reply text box.
- Type a response to the DMS request for clarification or additional explanation or to provide an update on changes made.

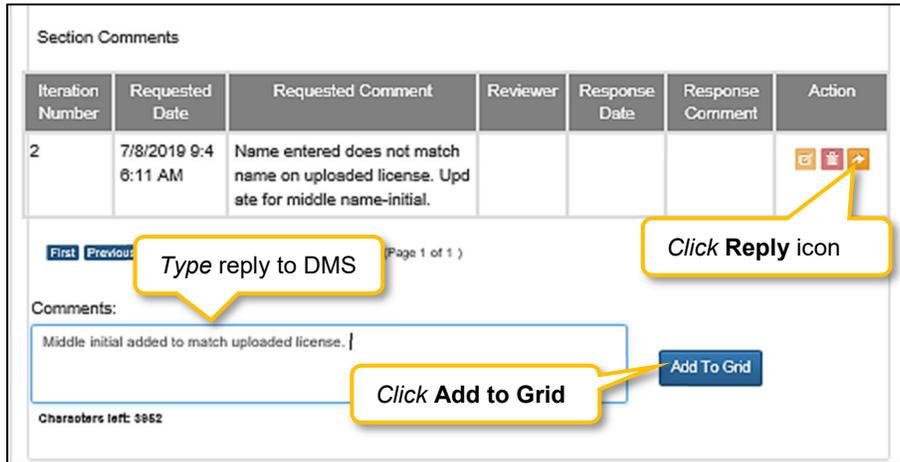


Figure 228: Reply to DMS Comment – Type Reply and Add to Grid

- Click **Add to Grid** to save the response (Figure 7).
- Comment reply will now be visible in the Comment grid (Figure 8).

Note: Comment responses will be submitted to DMS staff once the application or action has been resubmitted for processing (electronically signed and resubmitted). The responses are not submitted automatically in real time when added to the grid.

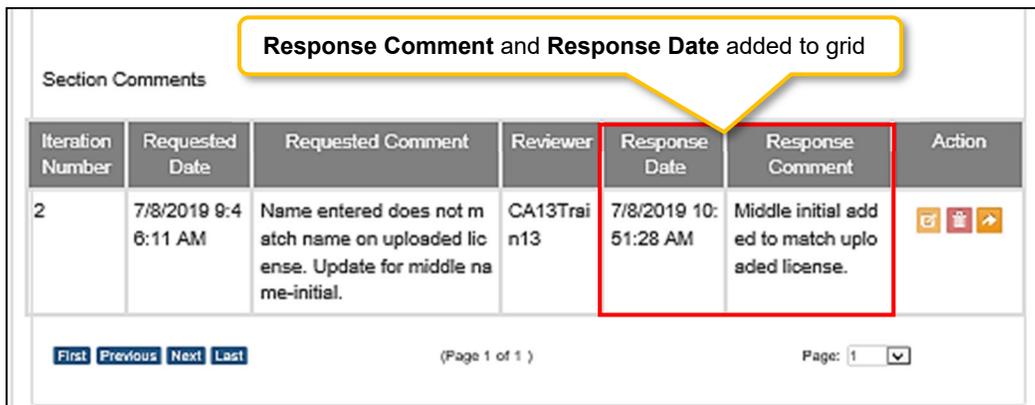


Figure 229: Reply to DMS Comment – Reply Added to Grid

- Repeat to reply to additional DMS comments.

- Click **Save & Next** on the **9.0 Provider Review** screen to save all comment replies (Figure 9).

Note: If user navigates from the **9.0 Provider Review** page before clicking **Save & Next**, all comment replies will be lost even if added to the Comment grid within a section on the 9.0 Provider Review page.

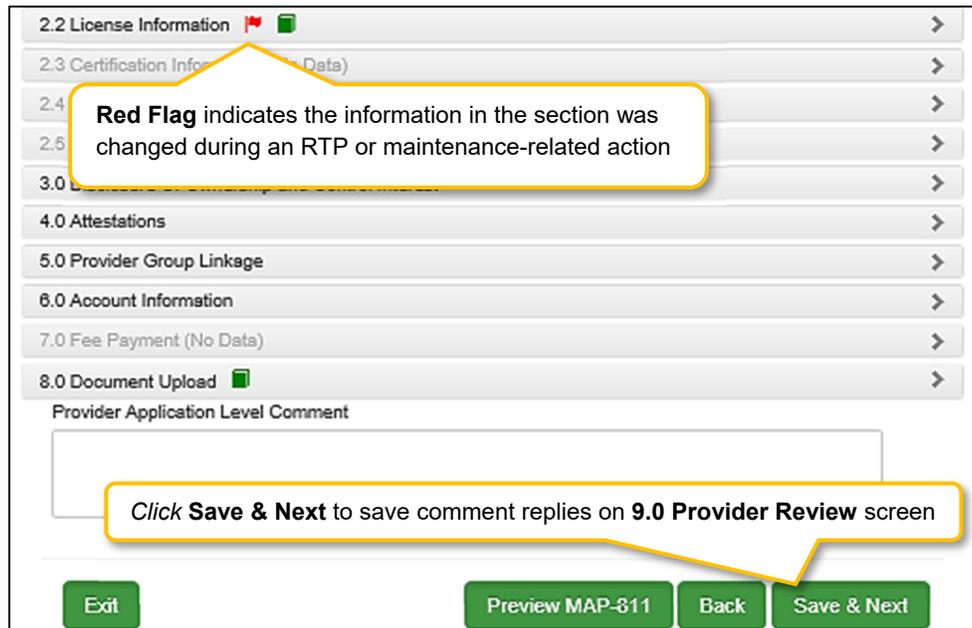


Figure 230: Reply to DMS Comment – Reply Added to Grid

Resubmitting to DMS

All applications or actions returned for clarifications or corrections **must be resubmitted** to DMS within the timeframe specified in the **Action Required** notification or the application/action may be withdrawn.

- Proceed to the **10.0 Submit** screen to resubmit the application or action to DMS with updated information and comment responses.

Automatic Return to Provider

Upon submission of an application or maintenance action to DMS, KY MPPA performs a series of automatic validations. If the application or action fails one of these automatic validations, the application/action will be returned automatically to the user before being routed to DMS. This allows the user the opportunity to correct the application/action before beginning the DMS review process.

The Provider (*and CA if utilized*) will receive an email and an **Action Required** notification in the Notifications section of their KY MPPA dashboard (Figure 10).

- **Notification Subject:** Application Not Accepted for Processing.

- **Notification Text:** Provides additional clarification regarding the failed validation and actions to take to rectify the issue.

The user will need to correct any issues prior to resubmitting the application or action to DMS from the **10.0 Submit** screen.

Note: For an Automatic RTP, green comment boxes will not be visible to indicate the sections to be corrected because the application or action has not been submitted and reviewed by DMS. The notification will be the primary source of information to identify the issue and actions to be taken.

The screenshot shows a 'Notifications' window with a search filter set to 'All' and a 'Show Dismissed' checkbox. Below is a table with the following data:

Notification Type	Subject	Notification Text	Application	Medicaid	Notification	Due	Action
Action Required	Application Not Accepted for Processing	The License information you entered cannot be validated. Please ensure the legal name, social security number and license number matches what is registered with the licensing board.					Dismiss
Action Required	Application Not Accepted for Processing	The License information you entered cannot be validated. Please ensure the legal name, social security number and license number matches what is registered with the licensing board.	APP403	7100475510	8/14/2017 10:03:28 AM		Dismiss

Figure 231: Automatic RTP Notification

History and Iterations

Users can track changes made to an application or action by viewing the **History**.

- Navigate to the **9.0 Provider Review** screen.
- Expand the area of the application/action by clicking on the section title or right-facing arrow.

The screenshot shows a grid titled '1.7 Address Information' with a right-facing arrow icon in the top right corner. The grid has columns for 'Address Type', 'Name', 'Address', 'Number', and 'History'. The data rows are:

Address Type	Name	Address	Number	History
Primary Physical	Dave	202 Fake Street, Winchester, Kentucky 40391	-	History
Pay To/1099	Dave			History
Mailing	Dave	200 Fake Street, Winchester, Kentucky 40391		History

Figure 232: History Button

- Click the **History** button (Figure 11).
 - The **History** button at the top of the grid will show the history of all rows in the grid (Figure 12 for example).
 - The **History** button for an individual row will show the history of that row only (Figure 13 for an example).
- Click the **Hide** button to collapse the History table (Figure 12).

Action	Iteration	Address Type	Contact Name	Address	Phone Number	Fax Number	Modified User	Modified Date
Row Added	1	Mailing	Dave R	200 Fake Street, Winchester, Kentucky 40391				6/27/2019 9:04:27 AM
Row Added	1	Pay To/1099	Dave R	200 Fake Street, Winchester, Kentucky 40391				6/27/2019 9:04:27 AM
Row Added	1	Primary Physical	Dave R	200 Fake Street, Winchester, Kentucky 40391				6/27/2019 9:04:26 AM
Row Added	1	Primary Physical	Dave R	200 Fake Street, Winchester, Kentucky 40391				6/27/2019 9:04:26 AM
Row Edited	3	Primary Physical	Dave R	202 Fake Street, Winchester, Kentucky 40391				7/8/2019 10:55:59 AM

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Figure 233: History Table for Entire Grid

The **History** table for the entire grid includes:

- **Action:** Lists action taken
 - Row Added (*green shading*)
 - Row Edited (*yellow shading*)
 - Row Deleted (*red shading*)
- **Iteration:** Identifies the number of times the record has been added/updated or deleted
- **Grid Specific Columns:** Lists information specific to the individual screen or grid
- **Modified User:** Identifies who made the change
- **Modified Date:** Identifies the date the change was made

The **History** table for an individual row reflects each change made to the information originally submitted in the row. Columns include:

- **Field Name:** Name of the modified data entry field
- **Old Data:** Previous information entered in the field
- **Change To:** New information entered in the field
- **Modified User:** Identifies who made the change
- **Modified Date:** Identifies the date the change was made

Iteration 2

Field Name	Old Data	Changed To	Modified User	Modified Date
Address 1	200 Fake Street	202 Fake Street	CA13, Train13	Jul 8 2019 10:55AM
Updated Date	Jun 27 2019 9:04AM	Jul 8 2019 10:55AM	CA13, Train13	Jul 8 2019 10:55AM

Changes made in second RTP

Iteration 1

Field Name	Old Data	Changed To	Modified User	Modified Date
No records found				

No changes made in first RTP

Figure 234: History Table for One Row

- **Iteration number** listed in **History** table for a specific row indicates the number of times the application or action has been RTP'd by DMS

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Glossary		
Term:	Acronym	Definition:
1099 Contact		The Individual responsible for the tax documents of a Provider.
ACH Routing Number	ACH	A nine-digit number found on the bottom left of a check. This number uniquely identifies a banking institution. You must provide the ACH routing number if you wish make payments or collect funds electronically with DMS.
Actionable Alert		When the Department for Medicaid Services (DMS) requires a timely response on the part of the Provider, DMS will notify the Provider by sending a message through the Partner Portal Application.
Agent of Service		Person that a Provider has designated to receive service of legal documents for that individual or organization, and legally able to act on behalf of that Provider.
American Society of Addiction Medicine Number	ASAM	A number assigned to physicians who specialize in addiction. Physicians must meet specific criteria in order to obtain an ASAM Number.
Applicant		Individual, Group, or Entity applying to be a Medicaid Service Provider.
Application	APP	Applications in KY MPPA are given the acronym APP followed by a 3 digit number. The application number is used to refer to the application.
Application Status		The Provider's current stage of an application to be a Medicaid Service Provider. This information is maintained in the dashboard of the Partner Portal Application. Possible statuses are In Progress, Submitted, In Review, Denied, RTP-Corrections (Return to provider for corrections), or Withdrawn
Approval		The formal action of DMS granting a Provider the ability to be a Medicaid Service Provider. A KY Medicaid ID is issued at this point.
Attestations		For Individual Providers Only: Attestations are a series of questions Providers must answer regarding potential legal or disciplinary actions taken against the Provider that could affect their ability to be approved as a Medicaid Service Provider.
Atypical Provider		Atypical Provider types use SSN and/or FEIN depending on Provider Category. This type of provider does not have an NPI or Taxonomy. Atypical provider types are generally not healthcare providers but usually providers of other services such as patient transportation.
Bed Data		The number of beds maintained and staffed for inpatients of a healthcare facility during a defined reporting period.
Bed Type		The classification of a staffed bed in a healthcare facility. For example, pediatric, ICU, or Medicare and Medicaid.
Board of Certification/Accreditation	BOC	An independent organization offering credentials for professionals and suppliers of comprehensive orthotic and prosthetic devices and equipment.

Term:	Acronym	Definition:
Cabinet for Health and Family Services	CHFS	The state agency that administers Kentucky Health Information Exchange (KHIE) and other public programs and services, including departments for Public Health, Medicaid Services and Community Based Services.
Centers for Medicare and Medicaid Services	CMS	The federal agency of the Department of Health and Human Services that administers several programs including the Electronic Health Record Incentive program.
Certification	Cert	Proof that an accreditation organization's requirements for proficiency have been met.
Change of Ownership	CHOW	Determined by criteria detailed in 907 KAR 1:671 Section 6(11). A MAP-811 for a Change of Ownership (CHOW) is required, and a new Provider Medicaid ID number will be issued. This would not apply to individual Providers.
Clinical Laboratory Improvement Amendments	CLIA	CLIA numbers (indicating certification) are required of all Providers offering laboratory services per Federal regulations. Laboratories are assigned a unique number (CLIA number) that must be included with all lab charges.
Code of Federal Regulations	CFR	To assure Provider and recipient Medicaid compliance, these federal guidelines are incorporated into Kentucky code.
Community Mental Health Centers	CMHC	Provide a comprehensive range of accessible coordinated, direct or indirect mental health services through Kentucky's 14 regional boards. These boards are private, nonprofit organizations serving residents of designated multicounty regions.
Contract		An agreement intended to be enforceable by law. The agreement between a Provider and the Commonwealth to work together to assist Medicaid recipients in the State of Kentucky.
Correspondence		Correspondence usually comes from the Partner Portal and contains official communication by the Department for Medicaid Services that mirrors the requirements of a Medicaid Service Provider ID set by the Centers for Medicare and Medicaid Services (CMS). Correspondence contains official documents such as a welcome letter, denial of an application, termination letters, and history of applications. Providers may also receive correspondence manually in rare circumstances.
Council for Affordable Quality Healthcare Number	CAQH	Participating providers are assigned a specific identification number for reporting purposes. The CAQH programs purpose is to simplify data collection between providers, health plans, and networks in the US. This helps reduce the amount of paperwork and frustration involved in provider enrollment. The program relies heavily on the collaboration of providers and commercial health insurance carriers.
Credentialing Agent	CA	An individual who works on behalf of a Provider to submit and update the Providers information
Credentialing Agent Authorized Delegate		An authorized Individual who works on behalf of a Provider to enter, update, sign and submit Provider's information. Authorized Delegate

Term:	Acronym	Definition:
		form completed by Provider must be uploaded in system by Credentialing Agent Authorized Delegate.
Credentialing Contact		The individual designated to receive any updates or information regarding Medicaid enrollment. This person is recognized as the contact for a particular individual provider, provider group, or entity who can perform various functions to enter and update the provider's information.
Dashboard		The "landing page" for a Partner Portal user, through which all options for navigating the application are available.
Denial		The end action of not issuing a Provider a Medicaid ID number as a result of submission of information that is outside acceptable parameters for Medicaid Service Providers.
Department for Medicaid Services	DMS	The Commonwealth internal organization responsible for managing all facets of the Medicaid program in Kentucky.
Disclosing Entity		The Provider that is submitting information and requesting Medicaid enrollment.
Doing Business As	DBA	A term that refers to an alternate operating name for a company as opposed to the legal name.
Drug Enforcement Administration Number	DEA	A number assigned to a health care provider allowing them to write prescriptions for controlled substances.
Effective Date	Eff Date	The first date a Provider is able to bill for Medicaid services. Effective date is also referred to for other purposes such as Licensure, Certification, Insurance, etc.
Electronic Funds Transfer	EFT	Electronic Funds Transfer is the electronic transfer of money from one bank account to another within a single financial institution or across multiple institutions, through computer-based systems and without the direct intervention of bank staff. One method the state uses to pay Medicaid Providers.
Electronic Signature	E-sign	The federally recognized legally binding electronic method of signing documents online.
End Date		Last date for which a Provider is able to bill for Medicaid services. This usually is a result of inaction on the Provider's part, such as failure to submit revalidation. End date can also be referred to for other purposes such as Licensure, Certification, Insurance, etc.
Enrollment Fee/Application Fee		The fee required of some entities for participation with Medicare/Medicaid. For Partner Portal, those Provider Types are 01, 12, 30, 31, 34-37, 39, 44, 55, 86, 90, and 91.
Entity		A health related organization, such as a clinic, hospital, or nursing facility. An Entity is one of three category types (others are Group and Individual) that a user can select for enrollment.

Term:	Acronym	Definition:
Faculty License	FL	A Medical License issued to physicians who have been accepted to a faculty position with one of the teaching institutions in Kentucky and do not meet all of the statutory requirements. An applicant holding this license is limited to the institution and its affiliated hospitals. KRS 311.571
Federal Employer Identification Numbers	FEIN	Federal Employer Identification Numbers are used for tax administration only.
Federal National Identification Numbers	FNIN	Federal National Identification Numbers are used for taxation for applicants who are not US Citizens, but are permanent residents, or temporary working residents.
Fellowship Training License	FT	Also referred to as a Fellowship Training License. A Medical License issued to physicians who have been accepted into a Kentucky fellowship training program or have graduated from a medical school located outside of the United States or Canada. Foreign Medical Graduates (FMG) must be certified in their home country in the specialty of their fellowship and in good standing in the country where they normally practice. This license is restricted to the Kentucky Fellowship Program and a DEA license cannot be obtained with this license type. The license is issued for a period of one year and can only be renewed for one year. KRS 311.571.
Fiscal Year End Date	FYE	Fiscal Year End Date is the completion of a one-year or 12-month accounting period for a business based on the company's tax period and not necessarily the calendar year.
Group		An organized Group which has within its bounds multiple Providers and services. A Group is one of three category types (others are Individual and Entity).
Identifiers		Additional documentation for licensure or certifications. Examples are a state ID/Driver's License or CLIA number.
Indirect Ownership Interest		Ownership interest in an entity applying for a Medicaid ID. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity.
Individual		Individual is a category type of enrollment for a KY Medicaid Provider Number. These Provider Types are for those providers who work for themselves. A person that can meet all the requirements to become a Medicaid Service Provider for their Provider Type.
Informational Alert		A message sent by DMS through Partner Portal to a Provider for the purpose of imparting information.
Institutional Practice Limited	IP	A Medical License issued to a physician entering an accredited residency training program in Kentucky. This license limits medical practice to the parameters of a training program in Kentucky. This license is issued on an academic calendar year, July 1 to June 30, and renewable annually while in training. An applicant must have completed one year of accredited postgraduate training and Parts 1 and 2 of the USMLE or COMLEX. KRS 311.571

Term:	Acronym	Definition:
Joint Commission on Accreditation of Healthcare Organizations	JCAHO	The Joint Commission on Accreditation of Healthcare Organizations is a U.S.-based nonprofit that accredits more than 21,000 health care organizations and programs in the United States.
Kentucky Administrative Regulation	KAR	Kentucky Administrative Regulation. The whole set of state regulations for each department, branch, and board in the Commonwealth.
Kentucky Board of Medical Licensure	KBML	Kentucky Board of Medical Licensure is responsible for protecting the public by ensuring that only qualified medical and osteopathic physicians are licensed, and initiating disciplinary action when violations of the Medical Practice Act occur.
Kentucky Board of Nursing	KBN	The Kentucky Board of Nursing is an agency of the Commonwealth of Kentucky, governed by the Nurse Practice Act. It is responsible for protecting public health and welfare by developing and enforcing state laws governing the safe practice of nursing.
Kentucky Online Gateway	KOG	The Kentucky Online Gateway is the behind-the-scenes platform that grants internal and external users access to various applications for Commonwealth of Kentucky technology, including Partner Portal.
Legally Authorized Delegate		An authorized agent or authorized company representative is a person who is a principal executive officer or other corporate officer with signatory powers as per the company's by-laws or per a vote of the directors if the company is a corporation; a general partner or proprietor if the company is a partnership or sole proprietorship respectively; or a duly authorized representative, the individual designated on the permit application or permit cover page, if such representative is responsible for the overall operation of the facility and has the authority to sign contracts, permits, permit applications, monitoring results and other documents in the company's name and otherwise bind the company.
Limited Liability Corporation	LLC	A limited liability company (LLC) is a corporate structure whereby the members of the company cannot be held personally liable for the company's debts or liabilities. Limited liability companies are essentially hybrid entities that combine the characteristics of a corporation and a partnership or sole proprietorship. (For official information go to www.irs.gov)
Locum Tenens	LT	Per regulation 42 CFR § 411.351, a physician who temporarily replaces another physician in their practice. Requires approval.
Managed Care Organization	MCO	A medical insurance group that provides health services for a fixed annual fee.
Managing Employee		A general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.
Maintenance	MNT	Maintenance actions in KY MPPA are given the acronym MNT followed by a 3 digit number code.

Term:	Acronym	Definition:
Medicaid ID	MCD	A unique ID number assigned to approved Medicaid Providers which is used for the purpose of billing for services rendered.
Medicaid Waiver Management Application	MWMA	The Medicaid Waiver Management Application is a web-based case management system used by Medicaid Waiver Providers and administrative staff.
National Association Board of Pharmacy	NABP	An independent association that assists its member boards for the purpose of protecting public health.
National Plan and Provider Enumerator System	NPES	A system developed by CMS to improve the efficiency and effectiveness of the electronic transmission of health information. Each Provider is assigned a single unique NPI.
National Provider Identifier	NPI	A National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). Limit is two hundred fifty (250) NPI numbers. All NPI numbers must be listed on the National Plan and Provider Enumeration System website (NPES), which is the NPI Registry Public Search, and Partner Portal validates against the NPES website.
Non-Profit Organization		An organization or service that does not intend to make a profit. (For official information go to www.irs.gov)
Narcotic Treatment Program	NTP	A Narcotic Treatment Program is any system of treatment provided for chronic opiate like drug dependent individuals. A NTP administers narcotic drugs under Provider's orders either for detoxification purposes or for maintenance treatment in a rehabilitative context.
Notification	NTF	An alert sent by the Department of Medicaid Services to the dashboard of a Partner Portal user. These notifications could be about actions the user needs to take regarding an application for Enrollment, Maintenance, or Revalidation of a Kentucky Medicaid Service Provider ID. Notifications could also provide the user information such as system outages.
Other Disclosing Entity		Any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVIII, or XX of the Act. This includes: <ul style="list-style-type: none"> • Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (Title XVIII) • Any Medicare intermediary or carrier • Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under Title V or Title XX or the Act.

Term:	Acronym	Definition:
Ownership Interest		Possession of equity in the capital, the stock, or the profits of the disclosing entity.
Partner Portal	KY MPPA or PP	The electronic application that automates Medicaid Provider communication, enrollment, validations, and maintenance. It will enable Providers to enter and manage Medicaid enrollments, and Program Integrity staff to review, validate, and access reports on enrollments.
Person with an ownership or control interest		<p>A person or corporation that:</p> <ul style="list-style-type: none"> • Has an ownership interest totaling 5% or more in a disclosing entity • Has an indirect ownership interest equal to 5% or more in a disclosing entity • Has a combination of direct and indirect ownership interests equal to 5% or more in a disclosing entity • Owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5% of the value of the property or assets of the disclosing entity • Is an officer or director of a disclosing entity that is organized as a corporation; or • Is a partner in a disclosing entity that is organized as a partnership
Primary Care Center	PCC	The new concept of providing comprehensive acute and chronic medical care in the same environment, with maintenance in continuity of care and physician-patient relationship. In Partner Portal, can be found under Group/Entity.
Primary NPI		A National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). Limit is two hundred fifty (250) NPI numbers. All NPI numbers must be listed on the <i>National Plan and Provider Enumeration System</i> website (NPPES), which is the NPI Registry Public Search, and Partner Portal validates against the NPPES website. Primary NPI is the first NPI number entered by the Provider.
Primary Physical Address		The “bricks and mortar” location of a Provider. A Provider may have more than one physical service address, but Primary is considered the main site.
Primary Taxonomy		Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers. The Code Set consists of three sections: Individuals, Groups of Individuals, and Non-Individuals. All Taxonomies must be listed on the NPPES website. Primary Taxonomy is the Taxonomy tied to the Primary NPI.
Private Ownership		A property, company or industry owned and funded by an individual or group of individuals. (For official information go to www.irs.gov)

Term:	Acronym	Definition:
Profit Organization		An organization or service that exists to make a profit. (For official information go to www.irs.gov)
Provider		An individual, group, or entity that assists Medicaid recipients by providing medically necessary services.
Provider Agreement		The contractual agreement between DMS and a Medicaid Provider.
Provider Type		The classification for a Medicaid Service Provider. For example, an individual physician is Provider Type 64. The classification of 'Provider type' is also known as a Provider specialty or taxonomy.
Psychiatric Residential Treatment Facilities	PRTF	Provide a less medically intensive program of treatment than a psychiatric hospital, or psychiatric unit of a general hospital.
Public Ownership		A property, company or industry owned and funded by the government. (For official information go to www.irs.gov)
Reinstatement	RIN	Restoration of a Provider's Medicaid ID number and ability to bill for services following a lapse in those privileges of less than a year. Reinstatement happens after corrected or updated information is received, reviewed, and approved by a DMS reviewer.
Remote Identity Proofing	RIDP	Remote Identity Proofing is the process for identity verification in the Kentucky Online Gateway. The user answers out-of-wallet security questions to confirm who they are.
Requested Effective Date	Req Eff Date	Petition for a specific first date a Provider is able to bill for Medicaid services. Cannot be more than one year prior or 90 days in the future from the date the enrollment was submitted.
Revalidation	RVL	The maintenance process of updating, reviewing, and reapproving a Provider. This is required within 5 years after the approval of the Provider's Medicaid Service ID.
Risk Review		The review of activities, background, and other areas for a Provider, to help ensure client safety and avoid Medicaid fraud.
Rural Health Clinic	RHC	A Rural Health Clinic is a public, non-profit, or for-profit healthcare facility providing primary care services for Medicaid and Medicare patients in rural underserved communities.
Significant Business Transaction		Any business transaction or series of transactions that, during any one fiscal year, exceeds the lesser of \$25,000 or 5% of applicant's operating expense.
Sole Proprietor		An individual who is the exclusive owner of a business, entitled to keep all profits after tax has been paid but also liable for all losses.
Specialty Type		Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers. The Code Set consists of three sections: Individuals, Groups of Individuals, and Non-Individuals.
Subcontractor		An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients, or an individual, agency or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or

Term:	Acronym	Definition:
		lease of real property) to obtain space, supplies, equipment or services provided under the Medicaid agreement.
Substance Use Disorder	SUD	A behavioral health service organization is an entity that is classified as a Provider Type 03 or 66. SUD organizations treat psychiatric or addiction disorders
Tax Exempt		A monetary exemption which reduces taxable income. An exemption must have a valid tax exempt certification from the IRS. (For official information go to www.irs.gov)
Taxonomy		Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers. The Code Set consists of three sections: Individuals, Groups of Individuals, and Non-Individuals. All Taxonomies must be listed on the NPPES website.
Telehealth		Telehealth is the use of communications technologies to extend healthcare resources by overcoming the barriers of time and distance.
Telemedicine		The diagnosis and treatment of patients using medical information, as x-rays or television pictures, transmitted over long distances, especially by satellite.
Temporary Permit	TP	A permit issued to an applicant who meets statutory requirements for a regular license. Applicants must have a completed application on file with the Governing Board.
Termination		Discontinuation of Medicaid ID for a specific reason. There are two types of termination: Voluntary and Involuntary
Voluntary Termination	VOL	Providers can voluntarily terminate their Medicaid ID by filing for a a Voluntary Termination .
Withdraw		The action of a Provider removing a started enrollment from the enrollment process. That specific enrollment may not be re-opened or re-submitted, but the information (such as NPI and Taxonomy combinations) may be used in a different enrollment application by that Provider.
X Drug Enforcement Administration Number	X DEA	A number assigned to a health care provider allowing them to write prescriptions for controlled substances related to medications used to combat addiction.