

Completing a Revalidation

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

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

The screenshot shows a web interface titled "Document Upload". At the top right, there are icons for help and a legend indicating that an asterisk (*) denotes a required field. Below the title, a yellow box highlights a key instruction: "All required documents must be uploaded to submit application". A list of instructions follows, detailing how to use the "Add" button, how to upload files, and the accepted file formats (JPG, JPEG, TXT, RTF, CSV, DOC, DOCX, XLS, XLSX, TIF, TIFF, PDF) and size limit (5 MB). Below the instructions is an "Add" button. A table displays the current state of document uploads:

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

At the bottom of the table, there are navigation buttons: "First", "Previous", "Next", and "Last". Below the table, it shows "(Page 1 of 1)" and "Page: 1" with a dropdown arrow. At the very bottom, there are three large green buttons: "Exit", "Back", and "Save & Next".

For further assistance with navigation, invitations, or account creation please contact the Partner Portal Technical Support Center at 877-838-5085. Select option 1 and option 1, again, to speak with a customer service representative.

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

The screenshot shows a dashboard titled "Dashboard" with a "Notifications" section. Below that is a section for "KY Medicaid Provider IDs" with search filters for "Medicaid ID Status" (set to "All"), "Provider Type" (set to "All"), and "Medicaid ID" (set to "1234567890"). There are "Reset", "Search", and "Clear" buttons. Below the search filters is a table titled "KY Medicaid Provider IDs" 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	Revalidation Due Date
1234567890	Active	View	Test, Test	987654321	207Q00000X	1/1/2019	4/15/2023	1/15/2024

How to Complete a Revalidation

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

The screenshot shows the "Kentucky.gov Partner Portal" interface. The "Maintenance" tab is highlighted in the navigation menu. The main content area displays instructions for maintenance requests:

- 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
- Select Reapplication (RAP) to reapply for a Medicaid ID that has been End Dated over a year
- Select Reinstatement (RIN) to reinstate a Medicaid ID that was Terminated by Kentucky Medicaid

Below the instructions is a search field for "Medicaid ID" with "Search" and "Clear" buttons, and an "Exit" button at the bottom left.

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2. Enter the Medicaid ID and click Search.

The screenshot shows the 'Maintenance' section of the Partner Portal. At the top, there are navigation tabs: Dashboard, Application, Maintenance (selected), and Correspondence. A search bar is located on the right. Below the tabs, there are two icons (a blue 'i' and a red 'x') and a red asterisk indicating required fields. The main content area contains a list of instructions:

- 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
- Select Reapplication (RAP) to reapply for a Medicaid ID that has been End Dated over a year
- Select Reinstatement (RIN) to reinstate a Medicaid ID that was Terminated by Kentucky Medicaid

Below the instructions, there is a form with a label '* Medicaid ID' and an input field. To the right of the input field are 'Search' and 'Clear' buttons. At the bottom left, there is an 'Exit' button.

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

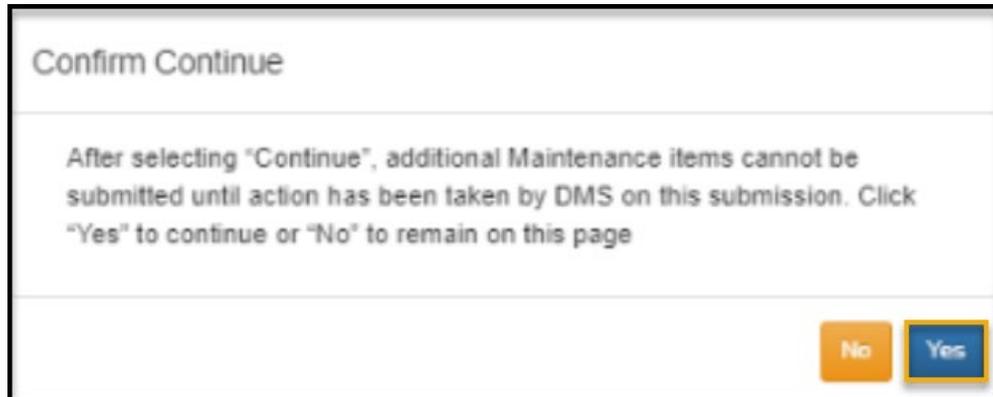
The screenshot shows the 'Maintenance' section of the Partner Portal with a form. The form contains the following fields:

- * Medicaid ID: [Input field]
- Provider Name: [Input field]
- NPI: [Input field]
- Taxonomy: [Input field]
- Primary Physical Address: [Input field]
- Revalidation Date: 02/24/2026
- Medicaid ID Effective Date: [Input field]
- Medicaid ID End Date: 04/01/2027
- Status: Active
- Status Reason: Active
- * I Want to Perform:
 - Maintenance
 - Revalidation
 - Voluntary Termination
 - Reinstatement
 - Reapplication
 - Intent to bill
- * Requested Effective Date: MM/DD/YYYY [Input field]

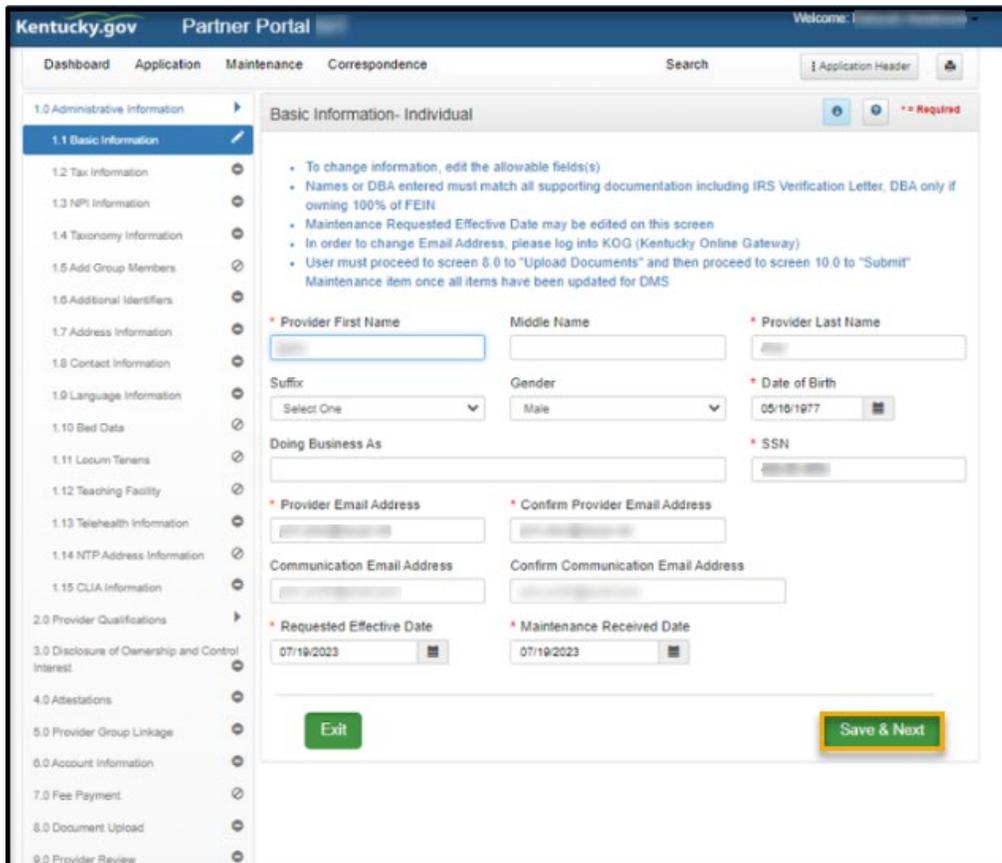
At the bottom left, there is an 'Exit' button, and at the bottom right, there is a 'Continue' button.

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4. Click Yes to start the revalidation.



5. Review and save each screen.



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6. If any changes have been made during the Revalidation. Navigate to the 8.0 Document Upload screen to upload required documents.
 - Required documents will be marked with a “Y”.
7. When all information has been updated, navigate to the 10.0 Submit screen.
8. Review and Agree to the Terms of Agreement and Electronically Sign the Revalidation.
 - Authorized Delegates and Legally Authorized Agents are required to submit additional documentation before submitting to DMS.

Kentucky.gov Partner Portal Welcome:

Dashboard Application Maintenance Correspondence DMS Review Administration Search Application Header

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

Submit

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

By entering the name below, I am indicating I have reviewed the KY Medicaid Rules, Regulations, Policy and 42 USC 1320a.7b, and it is my intent to electronically sign the application and represent that all of the information I have provided is true, complete, and accurate.

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

Exit View MAP-811 PDF Back Esign & Submit

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