

# How to Apply for a Medicaid Provider ID

To participate in Kentucky Medicaid, Providers must submit a New Enrollment application. Providers will be issued a Kentucky Medicaid ID number once the application is approved. If the user is unsure whether they have an active Medicaid ID, they can contact the Partner Portal Technical Support Center.

## Information Required for a New Enrollment

- **Provider Type Category**
  - Users apply as an Individual, Group or Entity Provider.
- **Provider Type**
  - If you are unsure of the Provider Type, see the Provider Type Summaries.
- **Primary National Provider Identifier (NPI) and Taxonomy, if applicable**
  - This should match the information on the National Plan and Provider Enumeration System (NPPES).
  - Additional NPIs can be added on the 1.3 NPI screen.
  - Additional Taxonomies can be added on the 1.4 Taxonomy screen.
- **Identifying information such as Social Security Number (SSN) or Federal Employer Identification Number and Date of Birth.**
- **Supporting documentation such as licenses, SSN card, certification letters**
- **Authorized Delegate Form**
  - For Credentialing Agents (CA) submitting an Application on behalf of a Provider.

## Start an Application – New Enrollment

1. To begin, click on the Application tab in Partner Portal. Then, identify who is completing the application. Credentialing Agents and Legally Authorized Agents can utilize the Authorized Delegate form to submit applications on behalf of Providers, Groups, or Entities.

Dashboard Application Maintenance Correspondence Administration

**Role Selection** \* Required

Select one of the three roles below

I am a Provider enrolling as an Individual

I am an Owner, Officer or Board Member enrolling on behalf of a Group or Entity

I am a Credentialing Agent or Legally Authorized Agent

Exit Save & Next

1

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.

## 2. Select New Enrollment.

Dashboard Application Maintenance Correspondence DMS Review Administration Search

Start an Application

- 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
- The recommended Taxonomy Code for Provider Type 16 is "261QC1500X Ambulatory Health".
- Individual Provider Types of 60, 64, 74, 77, 78, 80 & 95 should enter their Individual NPI in the "Primary NPI field.
- The recommended Taxonomy Code for Provider Type 19 is "251T00000X PACE Provider Organization".

\*Application Type  
 New Enrollment  Change of Ownership

## 3. Enter required information.

\*Applying As (Category)  
 Individual  Group  Entity

\*Provider Type  
 Select One

\*Requested Effective Date  
 MM/DD/YYYY

\*Date of Birth  
 MM/DD/YYYY

\*Social Security #  
 XXX-XX-XXXX

\*Primary NPI  
 XXXXXXXXXX

\*Primary Taxonomy

\*Confirm Social Security #  
 XXX-XX-XXXX

\* 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.

Start New Enrollment

- Applying As (Category)
  - Individual: A person who works for themselves and meets all the requirements to become a Medicaid Service Provider for their Provider Type.
  - Group: An organized group that has within its bounds multiple Providers and services.
  - Entity: A health-related organization, such as a clinic, hospital, or nursing facility.
- Provider Type
  - Each Provider Type has its own specific requirements.
  - Requirements are listed on the Provider Type summary.
- Primary NPI & Primary Taxonomy
  - Must match information listed in NPPES.

- If NPPES reflects incorrect information, the information will need to be updated via NPPES.
  - Requested Effective Date
    - Date the user is requesting for the Medicaid ID to be effective.
    - Dates can be 365 days in the past and 90 days in the future.
  - Managed Care Organization (MCO) Selection
    - This does not contract the Provider with an MCO. If a Provider would like to participate with a Kentucky MCO, the Provider must apply directly to the MCO.
4. Select Start New Enrollment.
- Applying As (Category) and Provider Type cannot be updated or edited.
  - If the user entered Applying As (Category) and Provider Type information incorrectly, the application must be withdrawn, and a new application must be started.
5. Complete the steps of the application. Depending on the Provider Type, the user may not see all screens of the application.
- The application is intuitive and will only direct users to complete the screens required for their Provider Type.

Below are several examples of screens that apply to most Provider Types. For detailed instructions on how to complete each screen, refer to the Individual and Group/Entity User Guides.

### Screen 1.1 Basic Information

The screenshot shows a web form titled "Basic Information- Individual". It contains several input fields and dropdown menus. Annotations with arrows point to specific fields:

- An arrow points to the "Provider Email Address" field, which contains "anne.smith@gmail.com". A callout box says "Email address used by Provider only".
- Another arrow points to the "Confirm Provider Email Address" field, which also contains "anne.smith@gmail.com".
- A third arrow points to the "Communication Email Address" field, which contains "john.smith@email.com". A callout box says "Email address used to communicate any updates to KY MPPA Application".
- A fourth arrow points to the "Confirm Communication Email Address" field, which also contains "john.smith@email.com".

Other fields include: Provider First Name, Middle Name, Provider Last Name, Suffix, Gender, Date of Birth, Doing Business As, SSN, Requested Effective Date (07/19/2023), and Application Received Date (07/19/2023). Buttons for "Exit" and "Save & Next" are at the bottom.

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### Screens 1.3 NPI Information and 1.4 Taxonomy Information

- This information is prepopulated from the first screen of the application and is validated against NPPEs.
- Additional NPIs can be entered on the 1.3 NPI Information screen, and additional Taxonomies can be entered on the 1.4 Taxonomy screen.
- The information entered on this screen should match what is listed on the NPPEs website ([NPPEs NPI Registry](#)).

**NPI Information**

- Primary NPI is prepopulated
- Limit is 250 NPI's 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 a NPI to the grid, "Discard" to not save the record
- After pressing "Add", clicking the "Primary" checkbox makes current NPI primary and clears previous NPI primary checkbox
- Individual NPI should be noted as Primary for Individual Provider Types of 60, 64, 74, 77, 78, 80 & 95

NPI	Primary	Action
7894561230	Yes	[Edit] [Remove]

Buttons: Exit, Back, Save & Next

**Taxonomy Information**

- 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 "261QM2800X Clinic/Methadone" is required.
- The recommended Taxonomy Code for Provider Type 16 is "261QC1500X Ambulatory Health".

Taxonomy	Taxonomy Primary	Action
78E4M6M230	Yes	[Edit] [Remove]

Buttons: Exit, Back, Save & Next

### Screen 1.7 Address Information

- Three addresses are required (Primary, Physical, Pay To/1099). For additional assistance with address requirements, contact the Partner Portal Technical Support Center.

**Address Information**

- 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, including names and addresses associated with this Medicaid ID are added. If your organization has multiple facilities at the same location, add each facility as different Service Location (Program Name)
- Certain provider types are not allowed to have "Other Physical" address(es) if you are NOT able to "Add or Edit" an existing "Other Physical" address; a new enrollment is required for that address; please review Help Contents for additional details
- During maintenance if you received a red restricted symbol when trying to Edit "Other Physical" address(es) please contact the Call Center and request removal of additional locations
- Please list all the CLIA Addresses in 1.7 Address Information if CLIA(s) are being added to 1.15 CLIA Information.

Address Type	Contact Name	Address	Phone Number	Fax Number	Total Hours Per Week	Action
Primary Physical	Anne Smith	1583 Partner Way, Lexington, Kentucky 40502	(523)674-9292		0	[Edit] [Remove]
Pay To/1099	Anne Smith	1583 Partner Way, Lexington, Kentucky 40502	(523)674-9292			[Edit] [Remove]
Mailing	Anne Smith	1583 Partner Way, Lexington, Kentucky 40502	(523)674-9292			[Edit] [Remove]

Buttons: Exit, Back, Save & Next

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## Screen 8.0 Document Upload

- Documents required for upload are marked with “Y”  
**Please ensure each document is uploaded in line with its requirement!**
  - For example, for the Social Security Card Document Type requirement, the only document uploaded should be a Social Security Card.
- For a complete list of documents required for the Application, refer to the Provider Type Summary.

The screenshot shows a web interface titled "Document Upload". At the top, there is a red asterisk icon and the text "= Required". Below this, a yellow box highlights a message: "All required documents must be uploaded to submit application". This is followed by a list of instructions: "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'", and "Fill out the required fields and then Click 'Add to Grid' when ou are ready to upload each file". A note at the bottom states: "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".

Below the instructions is a table with the following data:

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", "Last", and a page indicator "(Page 1 of 1)". A "Page" dropdown menu is set to "1". At the bottom of the screen, there are three buttons: "Exit", "Back", and "Save & Next".

6. Submit on the 10.0 Screen.
  - Review and agree to the Terms of Agreement and electronically sign the Application.
    - Providers, Owners, Officers and Board Members are able to E-sign and Submit the application directly to DMS.
    - If submitting as an Authorized Delegate or Legally Authorized Agent, additional documentation is required. Once the documentation has been uploaded, click E-sign and Submit to send the application to DMS.
    - If submitting without Authorized Delegate permissions, the application must be sent to the Provider for review and approval before it can be submitted to DMS. This means the Provider will have to create an account to review the application. To send the application to the Provider for review, select the Credentialing Agent option and then click Send to Provider.