TEAM **KENTUCKY.**
CABINET FOR HEALTH
AND FAMILY SERVICES

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.

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.

3. Enter required information.

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

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- o If NPPES reflects incorrect information, the information will need to be updated via NPPES.
- Requested Effective Date
  - o Date the user is requesting for the Medicaid ID to be effective.
  - o Dates can be 365 days in the past and 90 days in the future.
- Managed Care Organization (MCO) Selection
  - o 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

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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).

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.

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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!
  - o 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.

6. Submit on the 10.0 Screen.
- Review and agree to the Terms of Agreement and electronically sign the Application.
  - o Providers, Owners, Officers and Board Members are able to E-sign and Submit the application directly to DMS.
  - o 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.
  - o 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.

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