

How to Update Information on a Medicaid File (Maintenance)

Updating information on an existing Medicaid file can be completed by performing Maintenance (MNT) in Partner Portal. The following are common items that require maintenance:

- License
- Address
- Uploading Documents
- Updating Payment Method
- Contact Information
- Specialties Information

Performing Maintenance in Partner Portal

1. From the Partner Portal Dashboard, locate the Maintenance Tab on the menu bar at the top of the screen.
 - Maintenance can also be started from the Dashboard by selecting "KY Medicaid Provider IDs" from the accordion menu, locating the Medicaid ID, and clicking "Start".

The screenshot shows the 'Partner Portal' interface on the 'Kentucky.gov' website. The 'Maintenance' tab is highlighted in the top navigation bar. Below the navigation bar, there is a 'Dashboard' section and a 'Notifications' section. The 'Notifications' section contains search filters for 'Notification Type' and 'Subject', both set to 'All'. There are also search fields for 'Medicaid ID' and 'Application ID', and buttons for 'Reset', 'Search', and 'Clear'. A 'Show Dismissed' checkbox is also present.

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. Enter the Medicaid ID and click "Search".

Maintenance

- 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

* Medicaid ID

Search Clear

Exit

3. Review the prepopulated information and select "Maintenance" under the "I Want to Perform" section. Enter the effective date of the Maintenance. Click "Continue".

* Medicaid ID

Search Clear

Provider Name NPI Taxonomy

Primary Physical Address Revalidation Date

05/10/2028

Medicaid ID Effective Date Medicaid ID End Date Status Status Reason

05/01/2023 12/31/2023 Active Active

* I Want to Perform:

Maintenance

Revalidation

Voluntary Termination

Reinstatement

Reapplication

Intent to bill

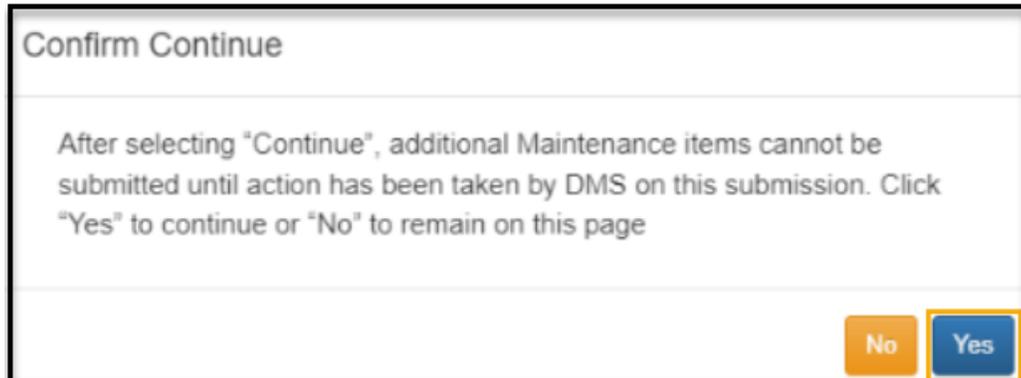
* Requested Effective Date

MM/DD/YYYY

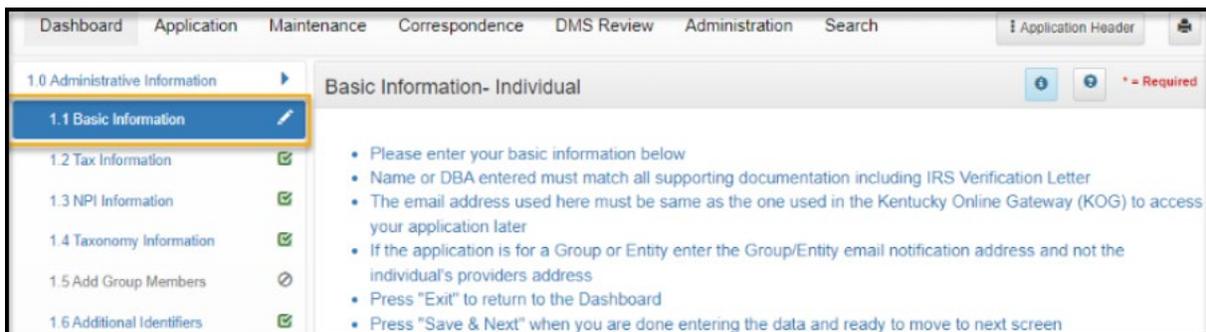
Exit Continue

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4. A Confirm Continue pop up box will appear. To continue with the Maintenance, click "Yes". If users receive an error message after clicking "Yes," they may have another Maintenance in progress or are not linked to the Medicaid ID. If this occurs, please call the Contact Center.



5. After Clicking continue, users will be navigated to the 1.1 Basic Information screen where updates can be made.
 - When performing Maintenance for the first time, users will need to navigate through each screen. For subsequent Maintenance actions, users can navigate directly to their desired screen.



6. If any changes have been made during the Maintenance item, 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 Maintenance.
- 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 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: Pediatrist
Sign Date: 7/24/2023 3:12:06 PM

[Exit](#) [View MAP-811 PDF](#) [Back](#) [Esign & Submit](#)

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