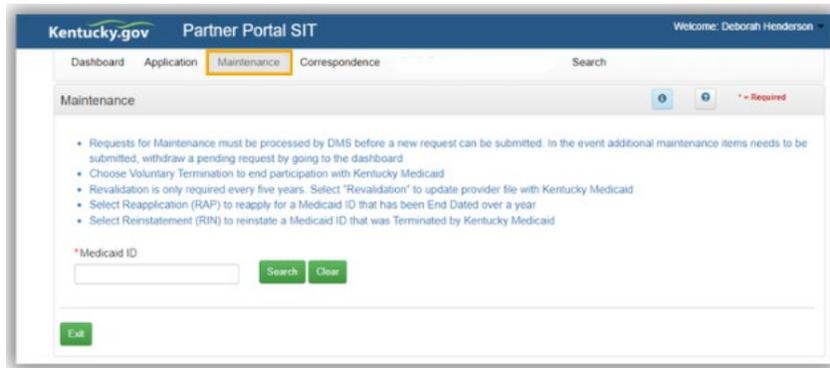


# Voluntary Termination

When a Kentucky (KY) Medicaid Provider no longer wishes to participate in the KY Medicaid program, they must complete a Voluntary Termination. Authorized Delegates can complete a Voluntary Termination; however, they must send it to a Provider for the Department of Medicaid Services (DMS) submission. Only a Provider can submit a Voluntary Termination to DMS.

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



2. Enter the Medicaid ID and click Search.



3. Review the prepopulated information and select Voluntary Termination under the “I want to perform” section. Enter the Effective Date.
4. Click Continue. If an error message is displayed, call the Partner Portal Support Center at 877-838-5085, then select Option 1, and Option 1 again to speak with a customer service representative and be linked to the Medicaid ID.

Kentucky.gov Partner Portal SIT

Welcome: Deborah Henderson

Dashboard Application Maintenance Correspondence Search

Maintenance

- Requests for Maintenance must be processed by DMS before a new request can be submitted. In the event additional maintenance items need 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 (RIK) to reinstate a Medicaid ID that was Terminated by Kentucky Medicaid

\*Medicaid ID: 7100717810 [Search] [Clear]

Provider Name: Beaton, Wilam [NPI: 197207382] [Taxonomy: 2138000001 - Podiatrist]

Primary Physical Address: 8707 38th Ave North, Frankfort, Kentucky, 40601 [Revalidation Date: 03/09/2028]

Medicaid ID Effective Date: 02/01/2021 [Medicaid ID End Date: 02/09/2021] [Status: Terminated] [Status Reason: Term by Medicaid]

\* I Want to Perform:

- Maintenance
- Revalidation
- Voluntary Termination
- Reinstatement
- Reapplication
- Intent to bill

\* Requested Effective Date: 07/24/2023

[Exit] [Continue]

5. Click Yes to start the Voluntary Termination.

Confirm Continue

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

[No] [Yes]

Revalidation Date

6. Review the prepopulated information and select Reason Code. Enter the name in the Electronic Signature box and click E-Sign & Submit.

## Credentialing Agent Screen

- Use this screen to voluntarily end a KY Medicaid ID
- Effective Date is pre-populated from Maintenance Menu
- Reapplication will be required to resume Medicaid participation
- Provider clicks on E-sign & Submit, Credentialing Agent clicks on "Send to Provider"
- Click "Exit" to return to Dashboard without submitting the termination

\*KY Medicaid ID to be Terminated:  Medicaid ID Effective Date: 07/01/2022 Medicaid ID End Date: 08/31/2025

\*Select Reason Code:  \*Termination Effective Date:

Comments:

**Application Invite Provider Details**

**Note to Credentialing Agent**  
After clicking "Send to Provider", please alert the Provider/Applicant to expect an email notification (sent to

## Provider Screen

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Dashboard Application Maintenance Correspondence Search Application Header

Voluntary Termination   \*\* Required

- Use this screen to voluntarily end a KY Medicaid ID
- Effective Date is pre-populated from Maintenance Menu
- Reapplication will be required to resume Medicaid participation
- Provider clicks on E-sign & Submit, Credentialing Agent clicks on "Send to Provider"
- Click "Exit" to return to Dashboard without submitting the termination

\*KY Medicaid ID to be Terminated:  Medicaid ID Effective Date: 02/01/2021 Medicaid ID End Date: 04/01/2027

\*Select Reason Code:  \*Termination Effective Date:

Retired  
Voluntary Termination

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:  Sign Date: 7/25/2023 10:55:35 AM

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.