

Department for Medicaid Services Program Integrity Provider Enrollment

Rural Health Clinic Network Meeting
December 6 and 13, 2019

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502-564-1013 x2163

Goals and Objectives

This session's **Goal** is to help you, Providers and Provider representatives to successfully submit electronic applications to KY DMS Provider Enrollment.

Objectives:

As a result of participating in this session, you will know:

- Benefits and Efficiencies of KY MPPA
- How to create an account and submit an application through KY MPPA
- How to work on behalf of a provider
- Where to find KY MPPA learning resources

Electronic Application

KRS 205.532 (3) (e) indicates that: Each provider seeking to be enrolled and screened with the department shall make application via electronic means as determined by the department.



Background

Enrolled Providers

SFY 2017

- 44,643 Providers

SFY 2018

- 52,632 Providers

SFY 2019

- 54,908 Providers

SFY 2019 Work Details

SFY 2019	
Month	Total
July	4602
August	4630
September	4454
October	4321
November	3552
December	3661
January	4754
February	5363
March	6712
April	5586
May	5534
June	5415
Total	69,701

Month	Providers Updated
July	1
Aug	3
Sep	1531
Oct	4294
Nov	20
Dec	4
Jan	3
Feb	9602
March	1370
Apr	63
May	12
June	9418
Total	26321

A Batch Update is an automated update from a file feed



Paper Applications Returned Rate

In general, 40.4% of submitted Applications were returned.

Note – these are applications that were eventually returned to the provider because of corrections needed. In all, greater than 66% of submitted applications contain errors.

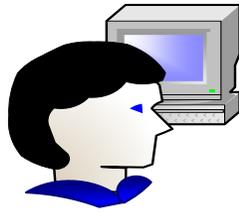
Common Errors

- NPI and Taxonomy combination is not valid in NPPES
- CLIA number is invalid
- Failure to complete required fields
- Incorrect Provider SSN/Tax ID
- Application not signed, or signed by incorrect person
- Typographical errors

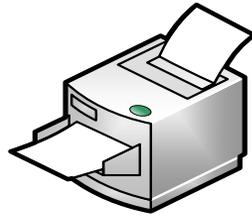
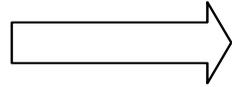
Paper Process General Flow

Paper Process - Provider Steps

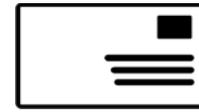
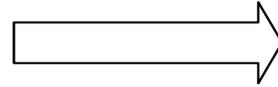
1. Completes
MAP-811



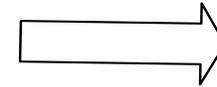
Provider



2. Prints & Signs



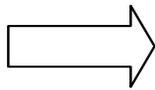
3. SASE Prepared



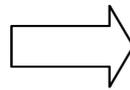
3. Mailed

Paper Process - Medicaid Steps

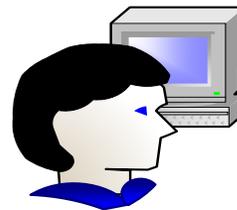
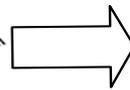
1. Received



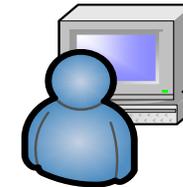
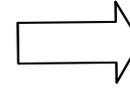
2. Imaged



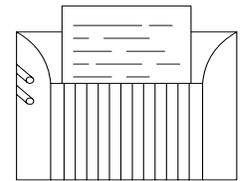
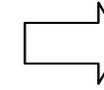
3. Sorted



3. Logged &
Assigned



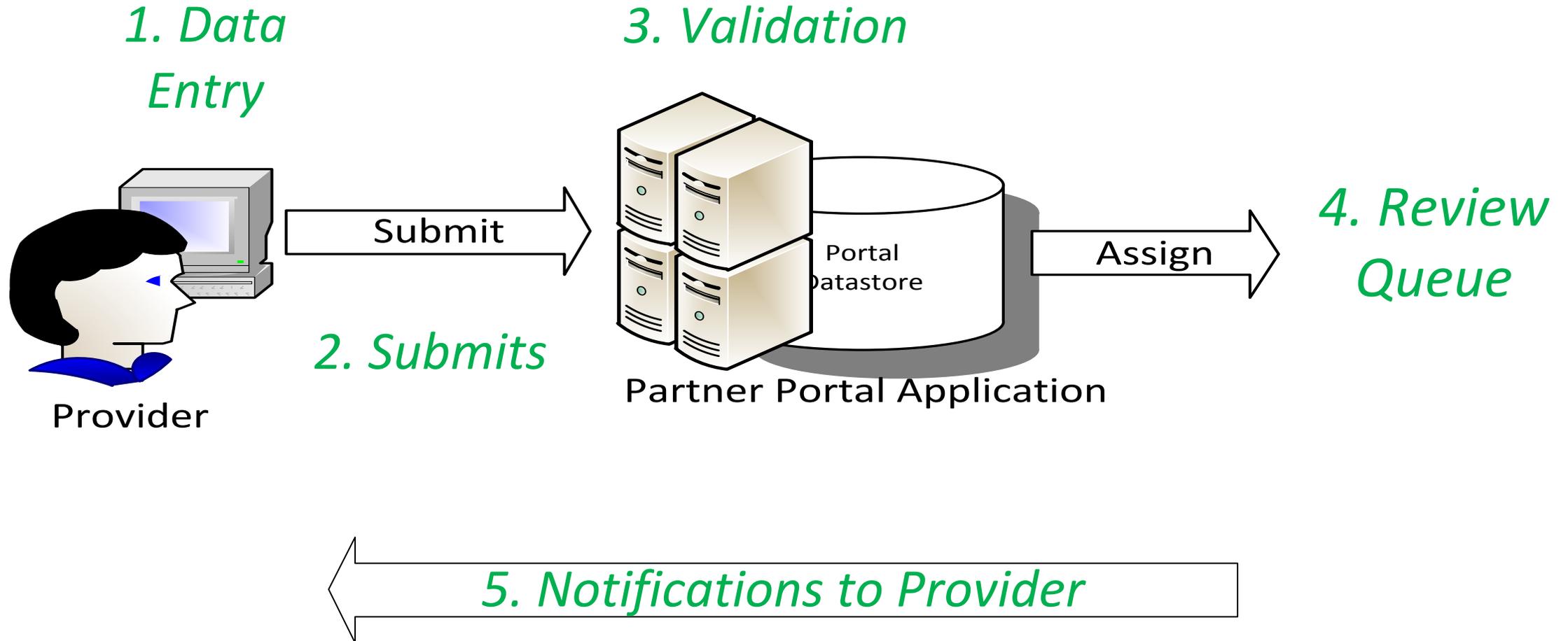
4. Reviewed &
Entered



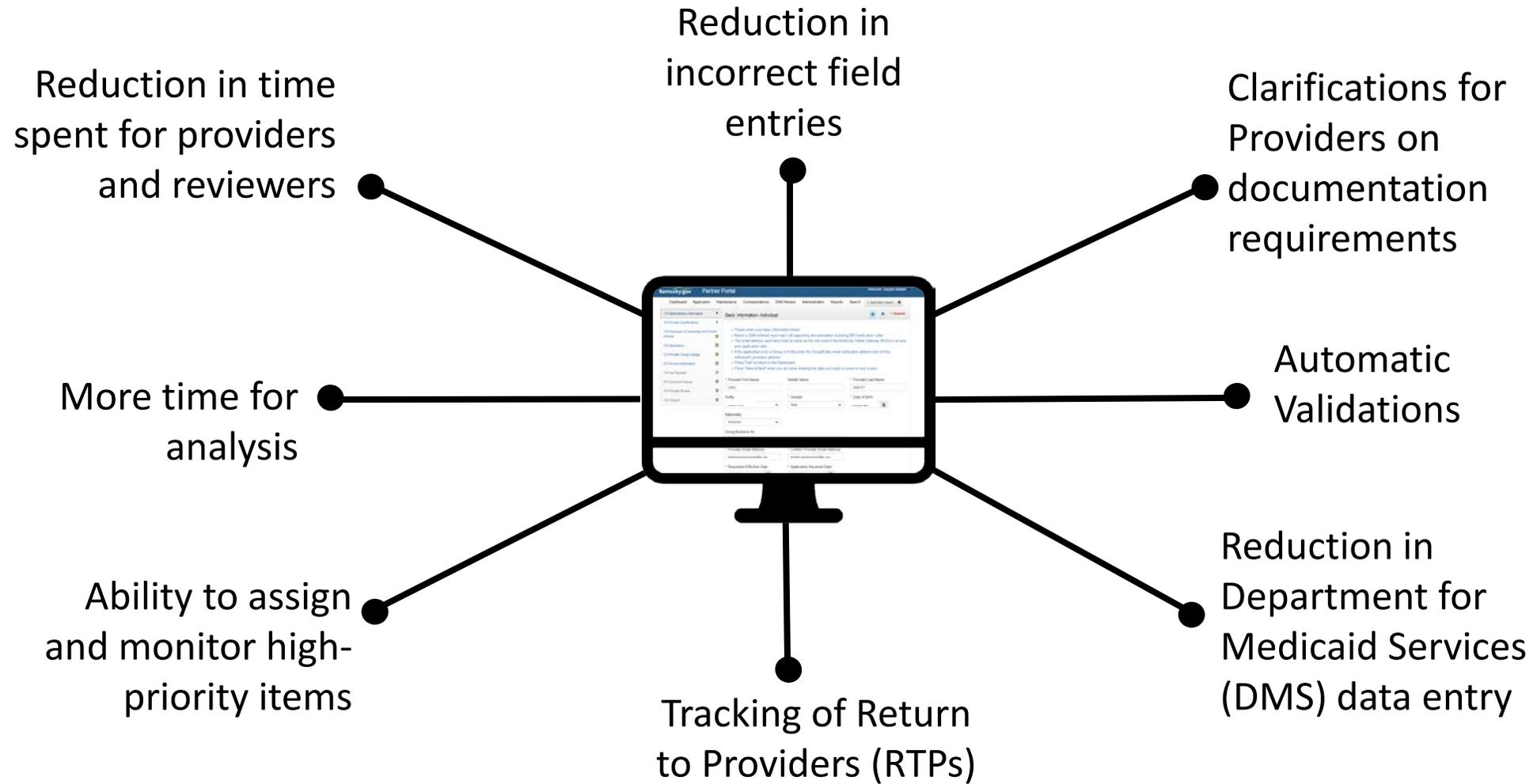
5. Shredded

Kentucky Medicaid Partner Portal Application (KY MPPA)

KY MPPA General Process Flow

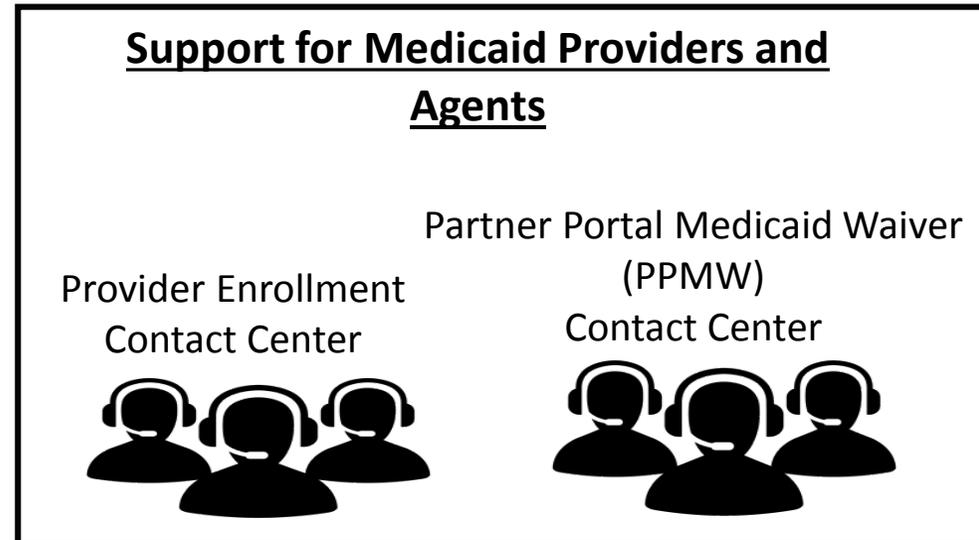
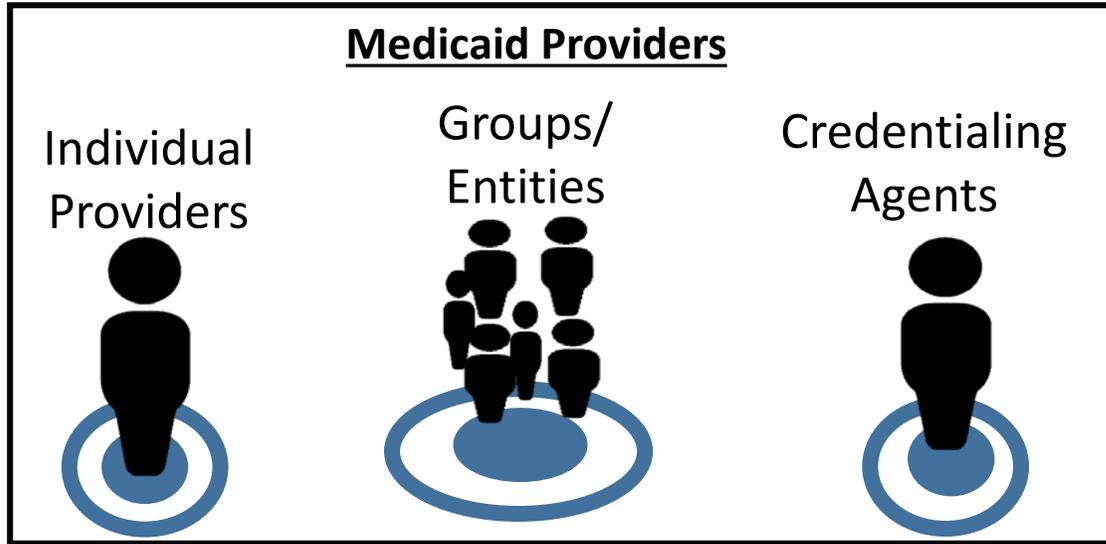


KY MPPA Benefits

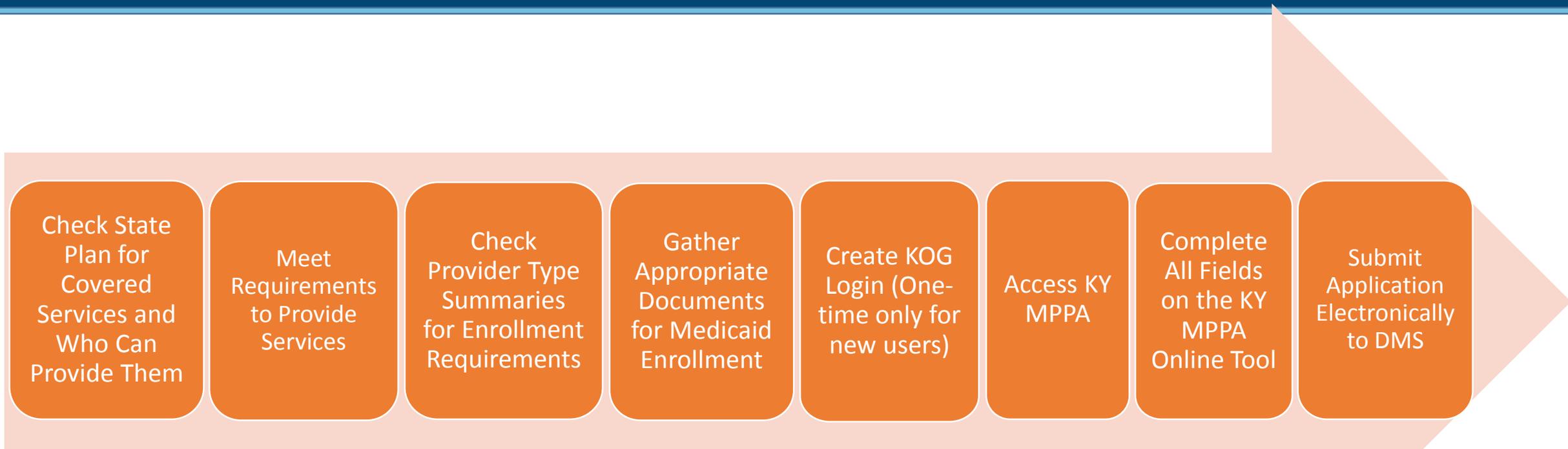


And many more....

Users



Users Process Flow



This is New Enrollment. Maintenance, Revalidation and Change of Ownership follow a similar flow, but the user will edit or add data, rather than input all new data

Following the submission of the electronic application, all correspondence will be submitted and received electronically using KY MPPA tool



Completing an Enrollment Application using

KY Medicaid Partner Portal Application (MPPA)

Identity Management

Kentucky Online Gateway Welcome Kate Hackett | My Account | Sign Out | Help | English

Multi-Factor Authentication

Registered Tokens

MFA Credential ID	MFA Credential Nickname	Credential Type
VSST****3537	Kate's Laptop	Soft

[Add / Remove Token](#)

Authentication Required

Based on your security profile, this Login transaction requires additional authentication.
Please choose a method for authenticating this transaction.



Enter the six-digit security code from your VIP credential

[Continue](#) [I don't have access to my device](#)



Identity Management

Citizen (or) Business Partner Gateway Log In

Login with your Kentucky Online Gateway Account.

 Username or Email Address [Forgot Username?](#)

 Password [Forgot/Reset Password?](#)

Log In

[Resend Account Verification Email](#)

WARNING

This website is the property of the Commonwealth of Kentucky. This is to notify you that you are only authorized to use this site, or any information accessed through this site, for its intended purpose. Unauthorized access or disclosure of personal and confidential information may be punishable by fines under state and federal law. Unauthorized access to this website or access in excess of your authorization may also be criminally punishable. The Commonwealth of Kentucky follows applicable federal and state guidelines to protect the information from misuse or unauthorized access.

Don't already have a Kentucky Online Gateway Citizen Account?

Create An Account

[Click here to select user account type](#)

Identity Management

Terms of Use

Warning

This system may contain U.S. Government information, which is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant to Title 28, United States Code, Sections 7213, 7213A (the Taxpayers Browsing Protection Act), and 7431. This system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel.

ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING.

Reject

Accept

Open KY MPPA

Click **Launch** on the Partner Portal tile on your KOG Landing Page

The screenshot displays the Kentucky.gov KOG Landing Page. At the top left is the "Kentucky.gov" logo. In the center, it says "TRG". On the top right, there is a user greeting "Welcome CA8 Train8" with a profile icon, a language selector "English", and links for "Help" and "Logout". Below the header, there are two tabs: "My Apps" and "All Apps". A search bar is present with the text "Search for Applications" and a "Search" button. Below the search bar is a navigation menu with letters A through Z. The main content area features two application tiles. The left tile is titled "Organization Management Application" and has a description "To Manage External application(HBE) User and roles" with a "Launch" button. The right tile is titled "Partner Portal" and has a description "CHFS DMS Partner Portal" with a "Launch" button. A red rectangular box highlights the "Launch" button on the "Partner Portal" tile, and a red arrow points to it from the right.

KY MPPA Dashboard

Kentucky.gov Partner Portal Welcome: Kate Hackett

Dashboard Application Maintenance Correspondence DMS Review Administration Search

Dashboard

Notifications >

KY Medicaid Provider IDs ▾

Filter By Medicaid Id

KY Medicaid Provider IDs

Medicaid Provider ID	Medicaid ID Status	View	Provider Name	NPI	Taxonomy	Medicaid Provider ID Effective Date	Medicaid Provider ID End Date	Action
No records found								

Application Status >

Maintenance Status >

Select User

Application Summary >

Maintenance Summary >

New Enrollment

Select Role

- Provider Enrolling as Individual
- Owner/Officer/Board Member Enrolling Group/Entity
- Credentialing Agent

Role Selection ℹ * = Required

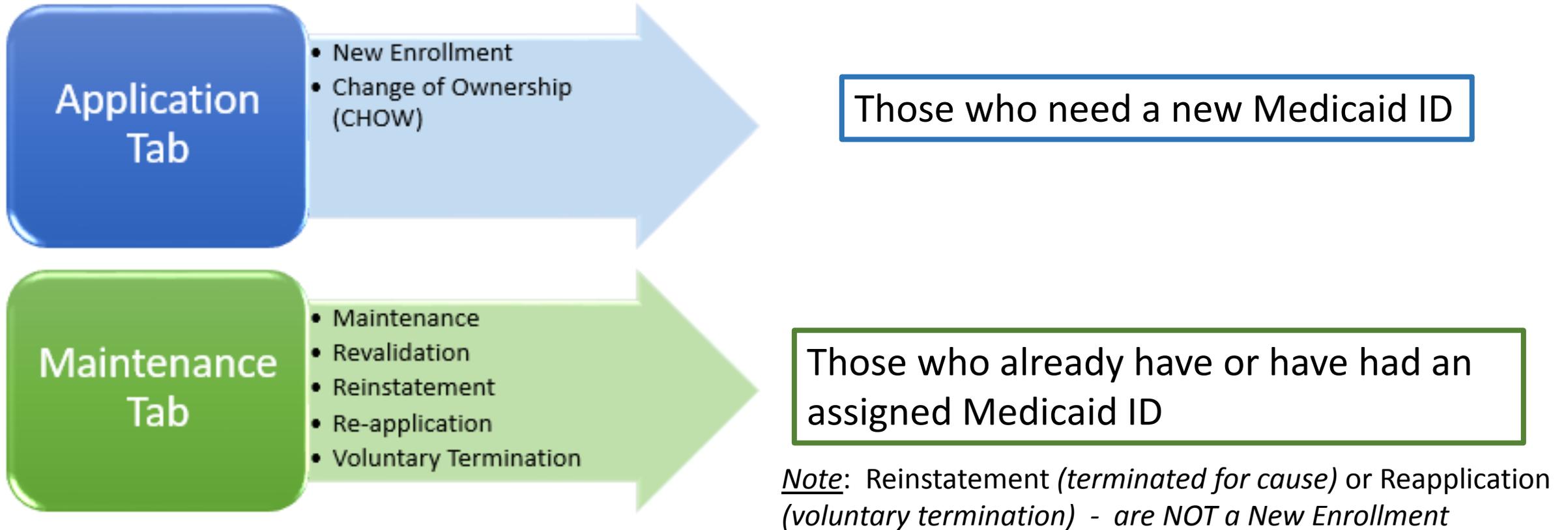
* Select one of the three roles below:

I am a Provider enrolling as an Individual

I am an Owner, Officer or Board Member who is legally authorized to enroll a Group/Entity

I am a Credentialing Agent

Functions of KY MPPA



****Navigation and Functionality Webinar** walks users through basic functionality, how to start an application/maintenance & how to navigate the system

Navigation Menu

The image displays a navigation menu on the left and a corresponding form on the right. The navigation menu lists various sections, with '1.1 Basic Information' highlighted in blue. The form, titled 'Basic Information- Individual', contains several fields and instructions. A line connects the '1.1 Basic Information' menu item to the form.

Navigation Menu:

- 1.0 Administrative Information
- 1.1 Basic Information**
- 1.2 Tax Information
- 1.3 NPI Information
- 1.4 Taxonomy Information
- 1.5 Add Group Members
- 1.6 Additional Identifiers
- 1.7 Address Information
- 1.8 Contact Information
- 1.9 Language Information
- 1.10 Bed Data
- 1.11 Locum Tenens
- 1.12 Teaching Facility
- 2.0 Provider Qualifications

Basic Information- Individual Form:

- Instructions:**
 - Please enter your basic information below
 - Name or DBA entered must match all supporting documentation including IRS Verification Letter
 - The email address used here must be same as the one used in the Kentucky Online Gateway (KOG) to access your application later
 - If the application is for a Group or Entity enter the Group/Entity email notification address and not the individual's providers address
 - Press "Exit" to return to the Dashboard
 - Press "Save & Next" when you are done entering the data and ready to move to next screen
- Fields:**
 - Provider First Name: John
 - Middle Name: [Empty]
 - Provider Last Name: Doe
 - Suffix: Select One
 - Gender: Male
 - Date of Birth: 01/01/1965
 - Doing Business As: [Empty]
 - Provider Email Address: john.smith@email.com
 - Confirm Provider Email Address: john.smith@email.com
 - Communication Email Address: john.smith@email.com
 - Confirm Communication Email Address: john.smith@email.com
 - Requested Effective Date: [Empty]

Footer: Policies Security Disclaimer Accessibility Privacy Release Number :- R3.0.29.0 Copyright ©2019 Commonwealth of Kentucky

Sample Validation – Routing Number

- EFT – Bank Routing Numbers

Alert

- Bank not found. Verify routing number entered is correct or change Payment to Check and update EFT in Maintenance after Medicaid ID is received.

* Payment Type
Electronic Funds Transfer (EFT) ▼

* Routing Number
47647453 × [Get Bank Details](#)

Bank Name: Bank Address:

Payee Name: Doe, John Payee Address: 9000 Red Deer Cir, Louisville, Kentucky, 40220 6742

* Account Type
Checking ▼

* Status
Pending ▼

* Account Number
53634784578497459

* Re-Type Account Number
53634784578497459

[Exit](#) [Back](#) [Save & Next](#)

Documents Upload

Provider Uploads Electronic Copy of Required Documents

Add

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
Ophthalmic Dispensers/Optician License	Ophthalmic Dispensers/Optician License - L6582534	Y	Doe, John	01/16/2019	 
Social Security Card	Social Security Card	Y	Doe, John	01/16/2019	 
Voided check or Bank Letter	Voided check or Bank Letter	Y	Doe, John	01/16/2019	 

[First](#) [Previous](#) [Next](#) [Last](#)

(Page 1 of 1)

Page: 1

Exit

Back

Save & Next

Provider or Credentialing Agent Review of Information

Dashboard Application Maintenance Correspondence Administration 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 ⌵

Application Review and Comments

• Use this screen to verify the application data entered
• Use the navigation menu on the left to go to any section to make corrections
• Changes made will require navigation through all the screens using the Save & Next buttons to return to this summary
• After submitting the application changes can not be made unless the application is returned by DMS

1.0 Contracts >

1.1 Basic Information ▾

Provider First Name	Middle Name	Provider Last Name	Suffix
John		Doe	
Gender	Date Of Birth	Doing Business As	
Male	01/01/1965		
Provider Email Address	Communication Email Address	Requested Effective Date	
aj@gmail.com		01/16/2019	

Are you changing Provider Types ?
No

1.2 Tax Information >

Provider or Credentialing Agent Review of Information

1.4 Taxonomy Information	>
1.5 Add Group Members (No Data)	>
1.6 Additional Identifiers	>
1.7 Address Information	>
1.8 Contact Information	>
1.9 Language Information	>
1.10 Bed Data (No Data)	>
1.11 Locum Tenens (No Data)	>
1.12 Teaching Facility (No Data)	>
2.1 Specialties Information	>
2.2 License Information	>
2.3 Certification Information (No Data)	>
2.4 County Served (No Data)	>
2.5 Services Provided (No Data)	>
3.0 Disclosure Of Ownership and Control Interest	>
4.0 Attestations	>
5.0 Provider Group Linkage	>
6.0 Account Information	>
7.0 Fee Payment (No Data)	>
8.0 Document Upload	>

Provider Application Level Comment

Application Submitted

Characters left: 3575

[Exit](#) [Preview MAP-811](#) [Back](#) [Save & Next](#)

Submit – Terms and Conditions

Dashboard Application Maintenance Correspondence Administration

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

*** = Required**

- Please read the Medicaid Rules, Regulations, Policy and 42USC 1320a-7b
- After reviewing Terms of Agreement, select the "I agree" checkbox followed by "Save & Next"
- Click "Back" to return to previous screen or "Exit" to return to Dashboard

In order to be enrolled as a Provider in the Kentucky Medicaid Program, you must agree to the terms of the Provider Agreement. Scroll to read and agree to these terms. If you do not agree to these terms your enrollment will not be accepted.

MEDICAID RULES, REGULATIONS, POLICY AND 42USC 1320a-7b

- 1. Scope of Agreement:**

This provider agreement sets forth the rights, responsibilities, terms and conditions governing the provider's participation in the Kentucky Medicaid Program and KCHIP and supplements those terms and conditions imposed by these programs.
- 2. Medical Services to be Provided:**

The provider agrees to provide covered services to Medicaid and KCHIP recipients in accordance with all applicable federal and state laws, regulations, policies and procedures relating to the provision of medical services according to Title XIX, Title VI, the approved Waiver for Kentucky and policies and procedures duly adopted by the Department for Medicaid Services applicable to provider and recipients of Title XIX services.
- 3. Assurances:**

I Agree Agreement Date 1/16/2019 2:37:47 PM

Exit Back Save & Next

Submitting Application Using Authorized Delegate

Credentialing agents submitting on behalf of providers

Paths to submit New Enrollment, Maintenance/Revalidation actions within KY MPPA include:

- 1. Provider** completes application, electronically signing and submitting to DMS
- 2. CA completes** application process, sending to Provider electronically; **Provider signs and submits** electronically. CA acts as a *non-delegate*.
- 3. CA completes all actions** for the Provider as an ***Authorized Delegate***, completing application, electronically signing and submitting to DMS.

Authorized Delegate Form

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

Submit

- Click on link to view the current Authorized Delegate form
- If form is correct, Select "Yes" which will allow user to click on "E-Sign & Submit"
- If form is not correct, Select "No" and upload a correct Authorized Delegate form
- If no form was found, upload a signed Authorized Delegate form

* Submitting as:

Credentialing Agent – Send to Provider to Submit. Provider must log-in to Partner Portal and submit application.

Authorized Delegate – E-sign and Submit on behalf of the Provider (Requires Authorized Delegate form)

Click on link to review form: [No form found](#)

[Click here to download Template-KY DMS Partner Portal Authorized Delegate Letter](#)

10.0 Submit

Upload the completed Authorized Delegate form and Click on E-sign & Submit

Click on the link to download the form template if not already completed by the Provider

Authorized Delegate Form

KY Department for Medicaid Services
Division of Program Integrity / Provider Licensing and Certification
KY Medicaid Partner Portal Application - Authorized Delegate Form

I, _____, understand and acknowledge that _____ Kentucky Medicaid Provider Number _____ with all applicable _____ as outlined in 42 USC Section 1320a _____ or 907 KAR 1:67 _____ in a routine basis my Kentucky Medicaid Partner Portal Application (KY MPPA) _____

Enter the Provider Legal Name

Enter the name of the Credentialing Agent or credentialing agency or group

I, _____, hereby authorize _____ (individual, group, entity), or their duly appointed designee, when completing Kentucky Department for Medicaid Services (KY DMS) Provider Enrollment information (new, revalidation, and maintenance information to be updated) and electronically submitting to KY DMS:

1. To act as a proxy agent for me in the preparation, signature, and submission of New Enrollment, Maintenance information, and Revalidations. This proxy includes creating a user account into the internet-based systems of the KKY DMS, Kentucky Medicaid Partner Portal Application (KY MPPA).
2. To release my signature electronically, or electronically sign, all KY MPPA applications and only KY MPPA applications necessary for enrollment and updates to required information for KY Medicaid Provider Licensing and Certification.

Authorized Delegate Form - Continued

- **Provider sends** Authorized Delegate Form to Credentialing Agent.

Complete this column if enrolling an individual **Provider**

Complete this column if enrolling a Group or Entity **Provider**

Individual Provider (Complete this column if submitting with an Individual Provider Enrollment, Revalidation or Maintenance)	Group or Entity (Complete this column if submitting with a Group or Entity Enrollment, Revalidation or Maintenance)
Provider Name <u>Printed</u> :	Owner/Officer or Board Member Name <u>Printed</u> :
Individual Provider NPI:	Group NPI:
Social Security Number:	Social Security Number: N/A to Group/Entity
Federal Tax Identification Number: N/A to an Individual Provider	Group Federal Tax Identification Number:
Individual Provider Signature:	Group Owner/Officer or Board Member Signature:
Date Signed:	Date Signed:

Submit Summary

Dashboard Application Maintenance Correspondence Administration

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

• Click "Return To Dashboard" to return to the dashboard.

Thank you for Submitting your application to the Kentucky Medicaid Provider Portal.

Your Application Number is APP3331 for Optician

What Needs To Be Done Next?

1. A Saved copy of this application is available on the Dashboard.
2. A copy of the application may be printed from the Dashboard. Print for your records only.
3. From the Dashboard, you may check back in 48 hours to see if the application has been accepted for review.

Notification of Enrollment Decision:

For the status of your application, please check the Partner Portal Dashboard. You will be notified by email if additional information is needed and after a decision has been made regarding your application for enrollment.

Provider's Email: aj@gmail.com

Print MAP-811 Return To Dashboard

Note Application Number

Validation, Screening, Verification and Review Process (Efficiencies)



KY MPPA Enrollment Automation

- Automation of MAP-811
- Validations
- Correspondence/Notifications (No More Physical Mail)
- Provider Maintenance
- Auto Queue Assignments
- DMS Review
- Reporting

Validations

- Validation runs immediately upon Application Submit
- Runs every time application is submitted (new or re-submit)
- Application returned should validation fails

Validation List	Category
NPI / Taxonomy combination in NPPES	Auto
NPI / Taxonomy Combination in KY MPPA	Auto
Death Master	Auto
CLIA	Auto
KY Board of Nursing (PT 74 , 78)	Auto

Notifications

Dashboard - Provides Informational Notices

- Application Submissions
- Applications Returned, Approved or Denied
- License Expiration (30 day)
- Revalidation Due (60 and 30 day)

Email Notifications



Notifications - Continued

Dashboard

[Go To My Dashboard](#)

Notifications

Notification Type: All Subject: All Show Dismissed: Yes

Notifications

Notification Type	Subject	Notification Text	Application Number	Medicaid Number	Notification Date	Due Date	Action
Action Required	Correspondence	You have correspondence. Please go to the correspondence menu to review.	MNT130669	7100387010	7/30/2019 3:12:36 PM		Dismiss
Action Required	Correspondence	You have correspondence. Please go to the correspondence menu to review.	MNT136516	7100487240	10/1/2019 9:03:20 AM		Dismiss
Action Required	Application Returned	Provider's application is incomplete. Application originator needs to review and resubmit to DMS within 15 business days. Failure to meet this deadline may result in this application's automatic withdrawal.	MNT146397	7100387010	11/13/2019 2:35:09 PM	12/04/2019	Dismiss

Correspondence

Dashboard - Provides Electronic Access to Letters

- Welcome Letter, Medicaid ID issued
- Welcome/Bed Letter, Nursing Facilities and Hospitals
- Completed MAP-811 and -900, printable
- Revalidation
- Other Letters



KY MPPA Contact Centers: Support

KY MPPA Contact Center
Phone: 877-838-5085
Website: [KY MPPA Website](#)
Monday – Friday 8 am – 5 pm (EST)



Description	Extension	Email
Technical support for: <ul style="list-style-type: none">• KY MPPA technical issues• Remote identity validation• Credentialing Agent management• Access issues	Extension 1	medicaid.partnerportal.info@ky.gov
Program or policy inquiries Application status and assistance	Extension 2	

KY MPPA: Support

Online Materials



Web Help

Page specific help within application



DMS Website

<https://chfs.ky.gov/agencies/dms/Pages/default.aspx>

Provider Enrollment

<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/default.aspx>

Provider Type Summaries

<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/prov-summaries.aspx>



Webinars

Interactive Getting Started webinars will be offered every other week throughout late Spring / Summer 2019

<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx>

KY MPPA Training

<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/pptrain.aspx>

Organization Administrator

<https://chfs.ky.gov/agencies/dms/dpi/pe/Documents/SetUpRequestLetter.pdf>

Reference Materials



User Guides

- Step-by-step instructions
- Individual Provider Guide and Group/Entity Guide (DMS Website)



Quick Reference Guides

- Short 1-2 page instructions
- Covers specific functions
- Packaged in Success Packs
- Topic specific, How-To Videos

KY MPPA: Support

Medicaid Partner Portal Training

New Authorized Delegate form

The KY MPPA Authorized Delegate form has changed. Effective Dec. 1, 2019, DMS will accept only the new Authorized Delegate Form. See Additional Information on this page to download the form. Previously submitted or approved Authorized Delegate Forms are valid until their expiration date **as long as all information is current and correct.**

KY MPPA Web Address Changed

The KY MPPA website address changed Sept. 7, 2019.

Users who access the new KY MPPA site through KOG will be directed to the new location. Users who access KY MPPA through the Let's Get Started link will need to be update their bookmark/favorite/shortcut. Go to KY MPPA

[ENROLLMENT - REVALIDATION - MAINTENANCE](#)

Training Media

Filter training video by topic. Video series can be viewed in order according to Video Number.

Select a category

Select a media topic

SEARCH

KY MPPA Web Pages

[KY MPPA Home Page](#)

[KY MPPA Newsletters and Release Notes](#)

Training Documents

Filter training documents by topic.

Select a category

Select a topic

SEARCH

Helpful Links

- [Provider Enrollment](#)
- [Subscribe to CHFS email updates](#)
- [Webinar Training Catalog](#)
- [Register for KY MPPA Account](#)

Additional Information

- [Authorized Delegate Form](#) 
- [Organization Administrator Set Up Request Letter Template](#) 

