

Credentialing Chronicles: *The Enchanted Path to Provider Enrollment*



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The purpose of this session is to educate credentialing and billing staff on the importance and process of submitting required documentation for credentialing and Medicaid Portal enrollment. Discussion will detail an explanation of credentialing and enrollment, required processes, and what to expect after submission.

TIMELINE

STEP 1

Onboarding of new employee- gather all credentialing documents

STEP 2

Completing Payor Applications and submitting Medicaid Portal Enrollment

STEP 3

Submitting Payor Applications

STEP 4

Continuous follow up until provider is loaded PAR at all health plans

STEP 5

Communication to front desk that provider can see patients, and to the biller of the provider's effective date

CAQH

- Review of CAQH and the importance, what to document, when to update
- How to navigate CAQH [CAQH ProView - Sign In](#)
- Reminder to clinics to grant access to all health plans in CAQH so they can access providers

Important CAQH updates:

- Ensure the providers CAQH stays up to date and attested
- Practice **Tax ID** must be included
- Practice listed in **work history** for provider *(No gap in work history greater than 6 months unexplained from date of degree/education forward)
- **Hospital affiliation.** Practitioners must provide how they will handle and admit if needed
- Include office hours for practice Tax ID
- Complete provider **Specialty** section
- Complete provider **Board Certification** section.
- CAQH must have all required information in order to proceed to health plan enrollment

DMS Medicaid Partner Portal

- Overview of DMS Medicaid Partner Portal
- Initial Application
- Linking existing providers
- Revalidations
- Licensure Updates
- DEA Updates
- HRSA NOA (Notice of Award) Updates

Documents needed for New Provider Application

- Completed MAP 811
- MAP 347
- Copy of social security card
- Copy of providers licensure
- Copy of providers DEA (if applicable)
- If provider has had previous malpractice issues-all documents correlating to that incident must be included

Provider Linkage

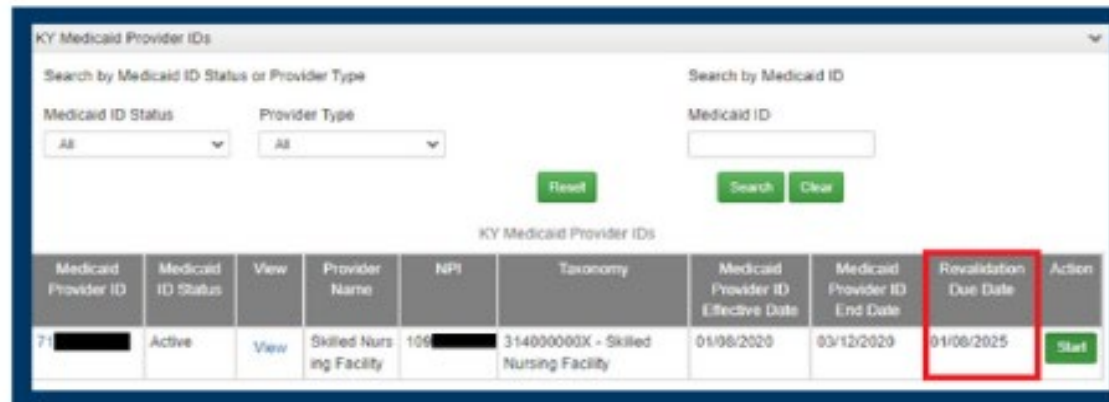
- In order to link a provider with an existing Medicaid ID the following documentation is needed:
 - MAP 347 for each group Medicaid ID the provider needs
 - MAP 529-this updates the providers credentialing contact information, Primary address, Mailing address, and Pay to address

KY Medicaid Revalidation

If your revalidation was due during the Public Health Emergency (PHE) and you have not yet done so, we encourage you to complete and submit your revalidation (RVL). Submitting your RVL now will allow KY DMS to review and process your RVL in accordance with Federal guidance in a timely manner.

WHERE TO FIND REVALIDATION DUE DATE:

The revalidation date can be found on your dashboard under KY Medicaid provider IDs.



The screenshot shows a web interface for managing KY Medicaid Provider IDs. It includes search filters for Medicaid ID Status and Provider Type, and a search box for Medicaid ID. Below the search area is a table with the following columns: Medicaid Provider ID, Medicaid ID Status, View, Provider Name, NPI, Taxonomy, Medicaid Provider ID Effective Date, Medicaid Provider ID End Date, Revalidation Due Date, and Action. A red box highlights the 'Revalidation Due Date' column, which shows '01/08/2025' for the first entry.

Medicaid Provider ID	Medicaid ID Status	View	Provider Name	NPI	Taxonomy	Medicaid Provider ID Effective Date	Medicaid Provider ID End Date	Revalidation Due Date	Action
71 [REDACTED]	Active	View	Skilled Nursing Facility	106 [REDACTED]	314000000X - Skilled Nursing Facility	01/08/2020	03/12/2020	01/08/2025	Start

Documents needed for Provider Revalidation

- Completed MAP 900
- Copy of social security card
- Copy of providers licensure
- Copy of providers DEA (if applicable)
- If the provider has had previous malpractice issues-all documents correlating to that incident will need to be uploaded as well

Documents needed for provider updates

- Provider changes-surname, address, or credentialing contact
 - MAP 529
- DEA Updates
 - Copy of DEA
- Licensure Updates
 - Copy of licensure

FQHC NOA (Notice of Award)

Award Number [redacted] **Support Year** [redacted] **CFDA number for program** [redacted] **Authorizing Legislation** [redacted]

1. DATE ISSUED: 09/16/2011
 2. PROGRAM CFDA: 93.926
 3. SUPERSEDES AWARD NOTICE dated: [redacted] Award Number: [redacted]
 4a. AWARD NO: [redacted] 4b. GRANT NO: [redacted] 5. FORMER GRANT NO.: [redacted]
 6. PROJECT PERIOD: FROM: 05/01/2009 THROUGH: 05/31/2014 Approved Project and Budget period dates
 7. BUDGET PERIOD: FROM: 05/01/2011 THROUGH: 05/31/2012
 8. TITLE OF PROJECT (OR PROGRAM): Healthy Start Initiative-Eliminating Racial/Ethnic Disparities
 9. GRANTEE NAME AND ADDRESS: [redacted] Awardee and Project Director Contact Info
 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) [redacted]
 11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation
 a. Salaries and Wages: \$73,217.00
 b. Fringe Benefits: \$4,000.00
 c. Total Personnel Costs: \$119,981.00
 d. Consultant Costs: \$0.00
 e. Equipment: \$0.00
 f. Supplies: \$2,694.00
 g. Travel: \$6,840.00
 h. Construction/Alteration and Renovation: \$0.00
 i. Other: \$118,980.00
 j. Consortium/Contractual Costs: \$475,000.00
 k. Trainee Related Expenses: \$0.00
 l. Trainee Stipends: \$0.00
 m. Trainee Tuition and Fees: \$0.00
 n. Trainee Travel: \$0.00
 o. TOTAL DIRECT COSTS: \$723,495.00
 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$28,505.00
 q. TOTAL APPROVED BUDGET: \$750,000.00
 i. Less Non-Federal Share: \$0.00
 ii. Federal Share: \$750,000.00
 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:
 a. Authorized Financial Assistance This Period: \$750,000.00
 b. Less Unobligated Balance from Prior Budget Periods: \$0.00
 i. Additional Authority: \$0.00
 ii. Offset: \$120,655.00
 c. Unawarded Balance of Current Year's Funds: \$0.00
 d. Less Cumulative Prior Awards(s) This Budget Period: \$0.00
 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION: \$629,345.00
 13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
04	\$750,000.00
05	\$750,000.00

 14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)
 a. Amount of Direct Assistance: \$0.00
 b. Less Unawarded Balance of Current Year's Funds: \$0.00
 c. Less Cumulative Prior Awards(s) This Budget Period: \$0.00
 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION: \$0.00
 15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
 A-Addition B-Deduction C-Cost Sharing or Matching D-Other [A]
 Estimated Program Income: \$0.00
 16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
 a. The grant program regulation cited above. b. The grant program regulation cited above. c. The award notice including terms and conditions. If any, noted below under REMARKS. d. 45 CFR Part 74.44 of 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.
 REMARKS: (Other Terms and Conditions Attached) [X] Yes [] No
 Electronically signed by [redacted] Grants Management Officer on: 06/16/2011
 17. OBJ. CLASS: 41 18. CRS-EIN: [redacted] 19. FUTURE RECOMMENDED FUNDING: \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
11	93.926	H46 [redacted]	\$629,345.00	\$0.00	N/A	N/A

1. ISSUE DATE: MM/DD/YYYY
 2. FQHC DESIGNATION NO.:
 3. SUPERSEDES NOTICE NO.:
 4. COVERED PERIOD: From: 1/1/2022 Through: 12/31/2022
 5. NOTICE TYPE: Renewal
 6. ENTITY NAME AND ADDRESS:
 7. EXECUTIVE DIRECTOR:
 8. GRANT NUMBER:
 9. THIS ACTION IS BASED ON THE INFORMATION SUBMITTED TO, AND AS APPROVED BY HRSA, AS REQUIRED UNDER 42 CFR PART 405.2434 FOR THE ABOVE TITLED ENTITY AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
 a. The authorizing program legislation cited above;
 b. The program regulation cited above; and
 c. HRSA's FQHC-related policies and procedures.
 In the event there are conflicting or otherwise inconsistent policies applicable to the program, the above order of precedence shall prevail.
 10. Remarks:
 The check box (X) in the supersedes field indicates that this notice supersedes any and all active FQHC and renewal notices and all future FQHC notices prior to this notice.
 Electronically signed by Tonya Bowers, Deputy Associate Administrator for Primary Health Care on: 02/22/22 11:56:20 PM
 A printer version document only. This document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks in the FQHC folder. If you need more information, please contact the HRSA Helpline at 877-974-8PHC (2742) weekdays from 8:00 AM to 5:00 PM ET.

1. Date Issued: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION
 2. Supersedes Designation Notice Dated: N/A
 3. Designation Notice NO.:
 4. LAL Number:
 5. Former LAL Number: N/A
 6. Designation Period: From: 3/1/2021 Through: 2/28/2024
 7. Annual Certification Period: From: 3/1/2022 Through: 2/28/2023
 8. Title of Project (or Program): Health Center Program Look-Alike
 9. Entity Name and Address:
 10. Project Director:
 11. THIS ACTION IS BASED ON THE INFORMATION SUBMITTED TO, AND AS APPROVED BY HRSA, AS REQUIRED UNDER 42 CFR PART 405.2434 FOR THE ABOVE TITLED ENTITY AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
 a. The authorizing program legislation cited above;
 b. The program regulation cited above; and
 c. HRSA look-alike policies and procedures.
 In the event there are conflicting or otherwise inconsistent policies applicable to the program, the above order of precedence shall prevail.
 12. REMARKS: (Other Terms and Conditions Attached) [X] Yes [] No
 Electronically signed by Tonya Bowers, on behalf of the Deputy Associate Administrator on: 3/9/2022 3:19:54 PM



Why is my provider/group inactive with Medicaid?

The following occurrences can cause your provider or group to become inactive with Medicaid and fall off of the state file:

- Expired Licensure
- Expired FQHC Notice of Award
- Revalidations*

Maintenance ? ? * = Required

- 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

*Medicaid ID

Provider Name NPI Taxonomy

Primary Physical Address **Revalidation Date**

Medicaid ID Effective Date **Medicaid ID End Date** Status Status Reason

* I Want to Perform:

Maintenance
 Revalidation
 Voluntary Termination
 Reinstatement
 Reapplication
 Intent to bill

* Requested Effective Date



Medicaid Partner Portal Reference Sheet

Medicaid Documents

- MAP 811-New provider application
- MAP 900-Revalidation Form
- MAP 529-Address change request form
- MAP 347-Group linkage form

DMS Provider enrollment – 1-877-838-5085

(extension 2, then 1 then 1)

Medicaidpartnerportal.info@ky.gov

[Partner Portal \(ky.gov\)](https://www.ky.gov)



Plan for Streamline



PLANNING

Be aware of hiring
and when new
employees will
start



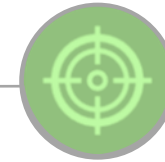
COMMUNICATION

With your
provider, with
your front desk
worker, with biller



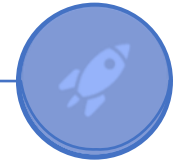
ORGANIZATION

Organize health
plan applications
and PSVs, ensure
you have ALL
documents before
submitting



STRATEGY

Submit provider
applications and
Medicaid Portal
enrollment,
follow up weekly



LAUNCH

Release claims
and have provider
begin seeing
patients

Don't forget

You cannot request your provider's effective date

- Providers effective dates are granted once an application is complete* and all PSVs and contracts have been collected by the health plan. While you can choose your effective date with the Medicaid Partner Portal, most MCOs will not honor that same date.

Claims will not pay prior to provider's effective date

- Claims prior to a provider's effective date will deny-it is imperative to communicate with the front office, HR, and your biller to ensure everyone knows when a provider is starting, when they can see patients, and when claims can be released to be paid.

Open Discussion

Best
Stephanie Hall

Credentialing Manager

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