Credentialing Chronicles: *The Enchanted Path to Provider Enrollment*

Stephanie Hall, CCHCS, CRHCS

Credentialing Manager

Kentucky Primary Care Association

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	STEP 2	STEP 3	STEP 4	STEP 5
Onboarding of new employee-gather all credentialing documents	**Completing Payor Applications and submitting Medicaid Portal Enrollment**	**Submitting Payor Applications**	**Continuous follow up until provider is loaded PAR at all health plans**	**Communication to front desk that provider can see patients, and to the biller of the provider's effective date**

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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
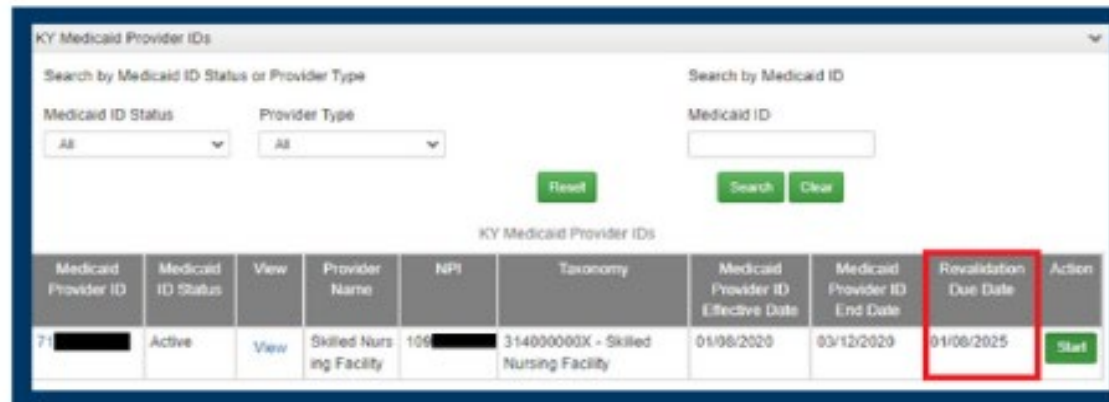
- In order to link a provider with an existing Medicaid ID the following documentation is needed:

  -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.

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)

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*

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)

Plan for Streamline

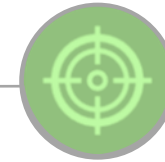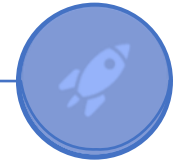| PLANNING	COMMUNICATION	ORGANIZATION	STRATEGY	LAUNCH
Be aware of hiring and when new employees will start	With your provider, with your front desk worker, with biller	Organize health plan applications and PSVs, ensure you have ALL documents before submitting	Submit provider applications and Medicaid Portal enrollment, follow up weekly	Release claims and have provider begin seeing patients

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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

📞 502-892-8988

✉ shall@kypca.net

🌐 www.kpca.net

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