

# **KENTUCKY**

Cabinet for Health and Family Services  
Department for Medicaid Services

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## ***Working with Kentucky Medicaid***

**Kentucky Board of  
Alcohol and Drug Counselors**

**July 20, 2016**

**Veronica Judy Cecil, JD  
Deputy Commissioner**

# Medicaid at a Glance

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- 1.3 Million Members
- \$9 Billion Budget
- Managed Care Delivery System
- ACA Changes
  - ✓ Medicaid Expansion
  - ✓ Behavioral Health Delivery System
  - ✓ Expanded Provider Network
  - ✓ Streamlined Eligibility and Enrollment

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# BEHAVIORAL HEALTH SERVICES

# Rehabilitation Services

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Screening

Assessment

Psychological Testing

Crisis Intervention

Mobile Crisis

Residential Crisis Stabilization

Day Treatment (Kids only)

Peer Support

Parent/Family Peer Support

Intensive Outpatient Program

Individual Outpatient Therapy

Group Outpatient Therapy

Family Outpatient Therapy

Collateral Outpatient Therapy (Kids only)

Partial Hospitalization

Service Planning (MH only)

Residential Services for Substance Use Disorders

Screening, Brief Intervention and Referral to Treatment (SU only)

Assertive Community Treatment (MH only)

Comprehensive Community Support Services (MH only)

Therapeutic Rehabilitation Program (MH only)

# Behavioral Health Services

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Court ordered services are not covered.



Services must be medically necessary as determined by a medical or behavioral health professional as indicated in Medicaid's State Plan and regulations.

# THE “OLD” NEW PROVIDER TYPES

# Provider Network Expansion

## Behavioral Health Services

Prior to January 1, 2014

Community  
Mental Health  
Center (CMHC)

After January 1, 2014

CMHC

Licensed  
Practitioner

Licensed  
Organization

Provider Group

# Provider Network Expansion

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New individual and group provider types specific to Medicaid covered Behavioral Health Services include:

## Individual Provider Types

- Licensed Clinical Social Worker (LCSW)\*
- Licensed Psychologist (LP)\*
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Psychological Practitioner (LPP)
  - Certified Psychologists with Autonomous Functioning
- Licensed Professional Art Therapist
- Licensed Behavior Analyst

\* Previously limited to QMB

## Group Provider Types

- Behavioral Health Multi-Specialty Group (MSG)

## Licensed Organizations

- Behavioral Health Services Organization (BHSO)

# Provider Network Expansion

Providers who can perform services under supervision of a Medicaid-enrolled licensed practitioner:

- Licensed Professional Counselor Associate
- Marriage and Family Therapist Associate
- Certified Social Worker – Master’s Level
- Licensed Psychological Associate
- Licensed Professional Art Therapist Associate
- Licensed Assistant Behavioral Analyst

# Provider Network Expansion

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## Non-licensed professionals, including:

- Targeted Case Managers
  - Individual, provider group and licensed organization
- Community Support Associates
  - Licensed organization
- Peer Support Specialists
  - Provider group and licensed organization
- Certified Alcohol and Drug Counselors\*\*
  - Licensed organization

\*\* 2015 General Assembly  
House Bill 92

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# The “New” New Provider Types

## Changes for Alcohol and Drug Counselors

# Alcohol and Drug Counselor Expansion

Licensed Clinical Alcohol and Drug Counselor – LCADC

Licensed Clinical Alcohol and Drug Counselor Associate – LCADCA

Certified Alcohol and Drug Counselor – CADC

Registered Alcohol and Drug Peer Support Specialist - RADPSS

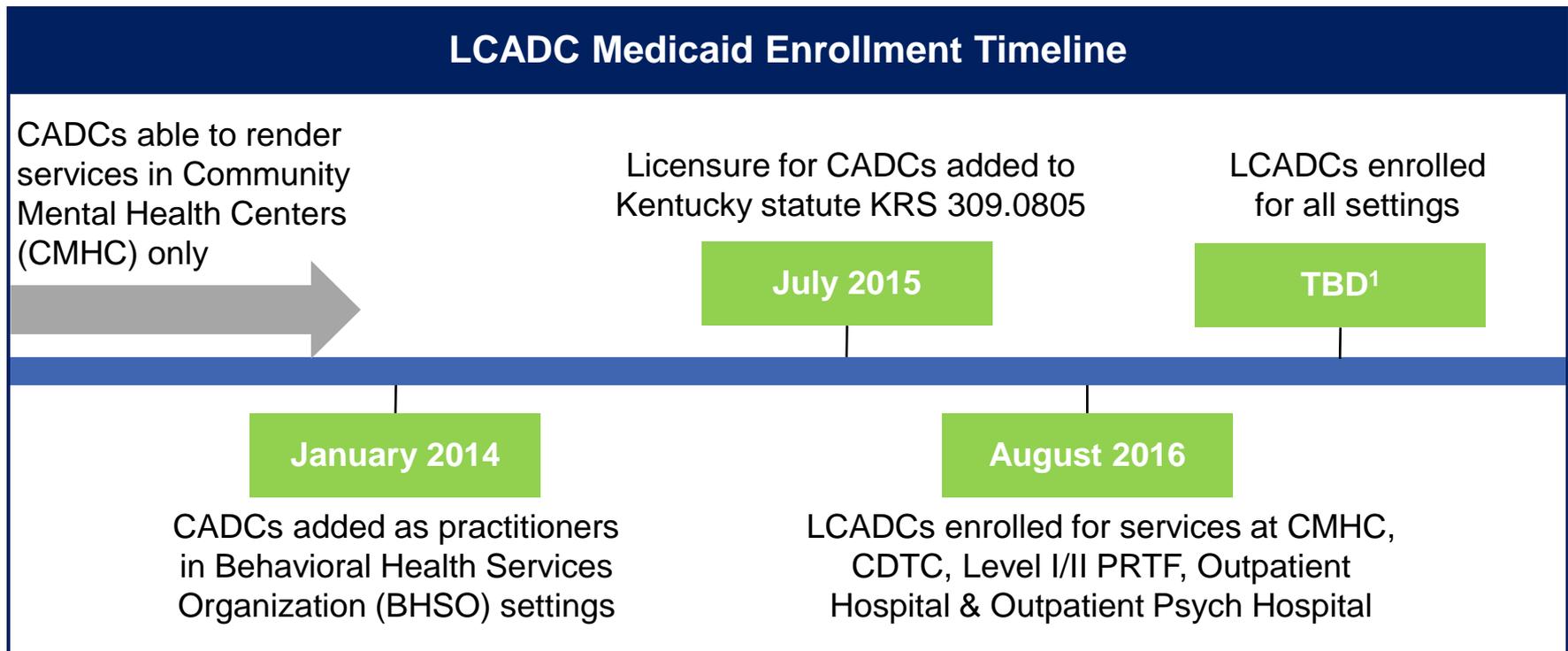
## **State Plan and LCADCs, LCADCA, Registered Alcohol and Drug Peer Support Specialists**

Submitted a State Plan Amendment to CMS in late June that adds:

- LCADCs as **independent** practitioners (the current state plan only authorizes LCADCs to work for licensed organizations)
- Substance Use Peer Support Specialists in licensed organizations only

# Alcohol and Drug Counselor Expansion

Kentucky Medicaid continues to develop its enrollment policies for Certified Alcohol and Drug Counselors (CADC) and Licensed Clinical Alcohol and Drug Counselors (LCADC).



1. The timing of LCADC enrollment for all settings depends on the Cabinet’s decision to implement this change with an emergency regulation or an ordinary regulation.

Timeline for Regulation to take Effect After Filing	
Emergency Regulation (E-reg)	Ordinary Regulation (O-reg)
Immediately after Governor signature	6-7 months

# Alcohol and Drug Counselor Expansion

## Regulations that **do** include LCADCs and LCADCAs include:

- Community Mental Health Center (CMHC)
- Chemical Dependency Treatment Center (CDTC)
- Level I and II PRTF
- Outpatient Hospital
- Outpatient Psychiatric Hospital

**LCADCAs do not enroll – must provide services under supervision by an approved behavioral health services provider**

## Regulations that do **NOT** include LCADCs and LCADCAs but will be amended:

- Individual BH provider/BH provider groups
- Behavioral Health Service Organization (BHSO)
- Residential Crisis Stabilization Unit (RCSU)

# Registered Alcohol & Drug Peer Support

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Regulation that **does** include registered alcohol and drug peer support specialists (licensed organizations only)

- Outpatient Psychiatric Hospital

Regulations that do **NOT** include registered alcohol and drug peer support specialists (licensed organizations only) but will be amended:

- Community Mental Health Center (CMHC)
- Chemical Dependency Treatment Center (CDTC)
- Level I and II PRTF
- Outpatient Hospital
- Behavioral Health Service Organization (BHSO)
- Residential Crisis Stabilization Unit (RCSU)

**Peer Supports do not enroll – must provide services under supervision by an approved behavioral health services provider**

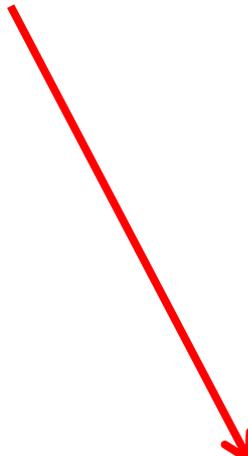


# WORKING WITH KENTUCKY MEDICAID

# Provider Enrollment

<http://www.chfs.ky.gov/dms/provEnr/>

## Provider Type Summary



**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español  
■ Home > Department for Medicaid Services > Provider Enrollment > Overview

**Provider Enrollment**

Welcome to the Kentucky Medicaid provider enrollment website

Thank you for participating in the Kentucky Medicaid Program. The Kentucky Medicaid Program appreciates your interest and welcomes the opportunity to work with you to provide health care services to Kentucky Medicaid members.

- If you want to learn about KY Medicaid Provider, refer to [What is a KY Medicaid Provider?](#)
- If you are a new provider, refer to the [Application Information](#) and [Provider Type Summaries](#).
- If you are an existing provider and need to make changes, refer to [Maintenance Information](#).
- If you need to update your License, refer to [Update Your License Information with KY Medicaid](#)
- [Read provider enrollment updates](#) **New Information**

If you have any further questions or need assistance, please either [email](#) us or call toll free: 877-838-5085 Monday to Friday 8 a.m. - 4:30 p.m. ET.

**Note:** Please read the [Important Provider Enrollment Information regarding new phone hours and email address](#).

**Provider Enrollment Resources**

- [Department for Medicaid Services](#)
- [Kentucky Medicaid Provider Directory](#)
- [DMS Provider Letter Home](#)

**Regulations, Publications, Termed Provider List**

**Regulations**

- 907 KAR 1:671
- 907 KAR 1:672

**Publications**

- [Roadmap for New Physicians: Avoiding Medicare and Medicaid Fraud and Abuse](#)

**Contact Information**

Kentucky Department for Medicaid Services  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602  
**Toll free:** (877) 838-5085  
Monday to Friday  
8 a.m. - 4:30 p.m. ET

**Email**  
**For other questions or**

**Provider Enrollment Updates**

**Attention Providers**

(May 28, 2015) - Starting **July 1st** providers **will no longer** be required to file an **Annual Disclosure of**

**National Provider Identifier (NPI)**

**Provider Revalidation**

**Application Information**

**Archived Provider Enrollment Notices**

**FAQ**

**Forms**

**Maintenance Information**

**Managed Care Organization Information**

**Overview**

**Provider Type Summaries**

**Subscribe to the new Provider Enrollment Listserv**

If you are interested in receiving e-mail notices on Provider Enrollment, click [here](#) to add or delete subscriptions at any time.

# Provider Enrollment

CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español  
■ Home > Department for Medicaid Services > Provider Enrollment > **Provider Type Summaries**



## Provider Type Summaries

**Welcome**

Please select the provider type from the list below for application information.

If you have any questions on the information provided for the provider types below, contact Provider Enrollment from 8 a.m. - 4:30 p.m. ET Monday through Friday at (877) 838-5085.

The free [Adobe Acrobat Reader](#) is required to view and print these documents.

### Current Provider Number and Type

- 01 - [Hospital](#)
- 02 - [Psychiatric Hospital](#)
- 03 - [Behavioral Health Service Organization \(BHSO\)](#)
- 04 - [Psychiatric Residential Treatment Facility \(PRTF\)](#)
- 05 - [Psychiatric Residential Treatment Facility \(PRTF\) Level II](#)
- 10 - [Intermediate Care Facility - Individuals with Intellectual Disability \(ICF/IID\) Clinic](#)
- 11 - [Intermediate Care Facility for Individuals with Intellectual Disabilities \(ICF/IID\)](#)
- 12 - [Nursing Facility](#)
- 13 - [Specialized Children's Services Clinic](#)
- 15 - [Health Access Nurturing Development Services \(HANDS\)](#)
- 17 - [Acquired Brain Injury](#)
- 18 - [Private Duty Nursing](#)
- 20 - [Preventive and Remedial Public Health Services](#)
- 21 - [School Based Services](#)
- 22 - [Commission For Children with Social Health](#)

### Policy Information

Use of 71 Provider number (Sept. 7, 2007)

### Contact Information

Kentucky Department for Medicaid Services  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602  
**Toll free:** (877) 838-5085  
Monday to Friday  
8 a.m. - 4:30 p.m. ET

### Email

**For other questions or assistance,** e-mail the CHFS DMS Webmaster

**National Provider Identifier (NPI)**

**Provider Revalidation**

**Application Information**

**Archived Provider Enrollment Notices**

**FAQ**

**Forms**

**Maintenance Information**

**Managed Care Organization Information**

**Overview**

**Provider Type Summaries**

67 – Licensed Clinical Alcohol and Drug Counselor

NOT YET POSTED

## Provider Type Summary

### Licensed Clinical Alcohol and Drug Counselor (LCADC) Provider Type 67

**ENROLLMENT LIMITED TO LCADCs PROVIDING SERVICES IN A  
COMMUNITY MENTAL HEALTH CENTER (CMHC) (907 KAR 1:044),  
CHEMICAL DEPENDENCY TREATMENT CENTER (CDTC) (907 KAR 15:080),  
LEVEL 1 OR LEVEL II PSYCHIATRIC RESIDENTIAL TREATMENT  
FACILITIES (PRTF) (907 KAR 9:015),  
OUTPATIENT HOSPITALS (907 KAR 10:014),  
OUTPATIENT PSYCHIATRIC HOSPITALS (907 KAR 10:020)  
UNTIL REGULATIONS ARE FILED AND APPROVED FOR OTHER SETTINGS**

#### Information about the program:

- Provider must be an individual
- Only in-state providers may enroll
- Provider must have a permanent physical address/location
- **Provider must be providing services at a CMHC, CDTC, Level I or II PRTF, Outpatient Hospital, or Outpatient Psychiatric Hospital**

#### Application Information and Supporting Documentation required for processing:

- [Map-811 \(Enrollment\) application](#)
- [Map-811 Addendum E](#) and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit
- [Map-347 \(CDTC setting only\)](#)
- **Copy of the providers Social Security Card- No other forms of verification will be accepted.** If applicant has a Social Security Card stating "valid for work only" with DHS/INS Authorization, please refer to additional requirements by clicking on the following link: [DHS/INS Documentation](#). Social Security Cards with moniker "not valid for employment" will not be accepted
- LCADC license (current and reflecting requested enrollment date)
- [NPI and Taxonomy Code Verification](#)
- **Letter signed by the provider attesting services provided as an LCADC are limited to a specifically identified CMHC, CDTC, PRTF, Outpatient Hospital or Outpatient Psych Hospital**

#### Submit the completed MAP-811 (Enrollment) application and supporting documentation to:

KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

#### Important Address:

For Licensure, contact  
[Kentucky Board of Alcohol and Drug Counselors](#)  
911 Leawood Drive  
P.O. Box 1360  
Frankfort, Kentucky 40602  
Phone: 502-782-8814

# Provider Enrollment

## FORMS

CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español  
■ Home > Department for Medicaid Services > Provider Enrollment > **Forms**



**National Provider Identifier (NPI)**  
**Provider Revalidation**  
**Application Information**  
**Archived Provider Enrollment Notices**  
**FAQ**  
**Forms**  
**Maintenance Information**  
**Managed Care Organization Information**  
**Overview**  
**Provider Type Summaries**

### Forms

Welcome to the Kentucky Department of Medicaid Services Provider Enrollment Forms webpage.

If you are a new provider, refer to the [enrollment forms](#) listed below.

If you are an existing provider and need to make changes, refer to the [maintenance forms](#) listed below.

**Attention Providers - MAP-811 form launch delayed**

(May 5, 2015) - An April 26, 2015 letter sent to providers regarding 2015 legislative changes to provider enrollment included the statement, "In addition, effective May 1, 2015, all applications must be submitted on the revised MAP-811 in order to be processed. Otherwise, the application will be returned."

**Due to technical difficulties launching the new MAP-811 form, DMS advises providers this change will not take effect until July 1, 2015.** You may submit either version of the MAP 811 application until July 1, 2015.

### Enrollment Forms

- [MAP- 811 \(Enrollment\)](#) (rev. May 2015) **New** (with [MAP- 811 Addendum E](#) - Direct Deposit Authorization/Cancellation Form - and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit)
- [MAP-900 \(Revalidation\)](#) (rev. May 2015) **New**
- [Map 347](#) - Statement for Authorization of Payment [MAP-347 Group Linkages](#) **New**
- [MAP 572A](#) - Private Auto Provider
- [Map 572B](#) - Foster Parent Provider Agreement
- [MAP-612](#) - Statement for Authorization of Payment (Physician Assistant)

### Contact Information

Kentucky Department for Medicaid Services  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602  
**Toll free:** 877-838-5085  
Monday to Friday  
8 a.m. - 4:30 p.m. EST

**Email**

**For questions regarding this website, e-mail the CHFS DMS Webmaster**

# Provider Enrollment



## Map-811 Checklist

**NOTICE:** Pursuant to [907 KAR 1.672](#), Section 2 1(c) (1), you must be enrolled as a participating provider prior to being eligible to receive reimbursement. Enrollment in the program is not a guarantee; therefore, providing services to Kentucky Medicaid members prior to your effective date is at your own financial risk.

A complete list of enrollment requirements for each provider type can be found on our website at the following link: <http://www.chfs.ky.gov/dms/provEnr/Provider-Type-Summaries.htm>

Did you:

- ◆ Complete *all* questions? Questions not applicable should be completed with "N/A". (Applications will be rejected for any questions left blank.)
- ◆ Sign and date signature page (page 12) *Electronic or stamped signatures are not accepted.*
- ◆ Attach appropriate licenses and/or certifications and all other required documents for requested effective date as well as current?
- ◆ Attach verification documentation for NPI and Taxonomy Code(s) from CMS NPI vendor or NPPES.
- ◆ Attach a [MAP-347](#) if individual wants to be linked to group KY Medicaid provider number.
- ◆ Attach a copy of your Social Security card if you are enrolling as an individual. Attach your IRS verification letter if you are applying with a FEIN.
- ◆ If you are subject to an application fee, please attach a check payable to the KY State Treasurer. For more information on the application fee, please refer to your Provider Type Summary at <http://www.chfs.ky.gov/dms/provEnr/Provider-Type-Summaries.htm>.
- ◆ Keep a copy of the application for your records.

Not completing these reminders will delay the processing of your application. Please ensure that all reminders above are completed. Other information not mentioned above may be requested during the processing of your application.

If you are completing this application for ENROLLMENT and you will not be participating with a MCO, please send this application to the following address:

Kentucky Medicaid  
P.O. Box 2110  
Frankfort, KY 40602

If you are completing this application for ENROLLMENT and you will be participating with a MCO, you will need to submit this application to the MCO of your choice.

Please do not send the application directly to the Department for Medicaid Services. This will delay the processing of your application.

If you have any questions regarding your enrollment, please call Kentucky Medicaid toll free at (877) 838-5085. A provider enrollment specialist will be available to help you between the hours of 8 am and 4:30 pm, EST, Monday through Friday.

Map-811 (Enrollment)  
(Rev 7/2015)

**For Kentucky Medicaid Use Only**  
 ATIS: \_\_\_\_\_  
 Identifier: \_\_\_\_\_  
 Provider Type: \_\_\_\_\_  
 Reviewer's Initials: \_\_\_\_\_

## COMMONWEALTH OF KENTUCKY DEPARTMENT FOR MEDICAID SERVICES SECTION A: ADMINISTRATIVE INFORMATION

I am enrolling as a: <input type="checkbox"/> New Provider <input type="checkbox"/> Re-applicant <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Reinstatement			
Will you be contracting with a KY Managed Care organization (MCO)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate which MCO?</i>			
<input type="checkbox"/> Anthem <input type="checkbox"/> Coventry Cares of Kentucky <input type="checkbox"/> Humana CareSource <input type="checkbox"/> Passport Health Plan <input type="checkbox"/> WellCare of Kentucky			
1. Kentucky Medicaid Provider Number: _____ <input type="checkbox"/> Check here for N/A (Complete only if you have indicated Reapplicant, or Reinstatement above.)			
2. Applying As: Please check only one box and print clearly. For individual applicants, please input any suffixes if applicable.			
<input type="checkbox"/> Individual <input type="checkbox"/> Entity <input type="checkbox"/> Group			
Last: _____ First: _____ MI: _____ Name: _____			
3. Doing Business As (DBA): _____			
4. Please select: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non-Profit			
5. Please select: <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit			
6. License/Certification #: _____			
7. Provider Type: _____			
8. Date of Service: _____ 9. Date Provider Request Effective Enrollment: ____/____/____ (Date must be in mm/dd/yyyy format.)			
10. National Provider Identifier (NPI): _____ (Attach extra sheet if necessary.)			
11. Primary Taxonomy Code: _____			
12. SSN: _____ 13. FEIN (Please list only if you own the FEIN 100%): _____ 14. Date of Birth: _____			
15. DMS will report all monies paid to the IRS. Please indicate which number you use for tax reporting. (If you are enrolling as an individual and do not own a FEIN, please check SSN field). (Check one only.) <input type="checkbox"/> SSN <input type="checkbox"/> FEIN			
16. Tax Structure: Please select only one structure.			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government/Non-Profit			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Public Service Corporation <input type="checkbox"/> Limited Liability Company			
17. Agent of Service in Case of Summons (N/A not acceptable). 18. Telephone # of Agent of Service (N/A not acceptable). First Name: _____ Last Name: _____			
19. PRIMARY PHYSICAL BUSINESS LOCATION: (If you have more than one physical location, attach a copy of items listing additional locations. If an entity/group is applying, each additional location may require separate enrollment.)			
Street Address: _____			
City: _____ State: _____ Zip: _____			
Phone #: _____ Ext. _____ Fax #: _____ County: _____			
20. MAILING ADDRESS: <input type="checkbox"/> (Check here if same as primary physical business address)			
Address: _____			
City: _____ State: _____ Zip: _____			
21. CREDENTIALING CONTACT INFORMATION (REQUIRED) (This individual will be contacted should any information be needed to process the application.) Note: Your email address will not be given to any outside party for any reason. DMS may use provider email addresses to send provider letters/ notices.			
Name: _____ Email Address: _____			
Phone: _____ Fax Number: _____			
21. PAY-TO/1099 ADDRESS: <input type="checkbox"/> (Check here if same as primary physical business address)			
Address: _____			
City: _____ State: _____ Zip: _____			
Contact First Name: _____ Contact Last Name: _____ Phone #: _____			
22. List any Kentucky Medicaid group/facility numbers you have held in the past three years. <input type="checkbox"/> Check here for N/A			
23. Please list all Medicaid Provider Numbers. (Attach extra sheet if necessary.) <input type="checkbox"/> Check here for N/A			

Fill out all Applicable Sections. Write Not Applicable (N/A) for questions that do not apply. Applications will be rejected for any questions left blank. Please print or type. Reformatted or altered applications will not be accepted.

# MAP-811 ENROLLMENT APPLICATION

# Provider Enrollment

## ANSWER ALL QUESTIONS ON THE FORM!

- If it does not apply, be sure to indicate **N/A**. Many of the questions do not apply to an individual.
- Do not answer a question and check N/A.
- We cannot assume the answer. It must be complete.
- Clock starts with a correct and complete application.

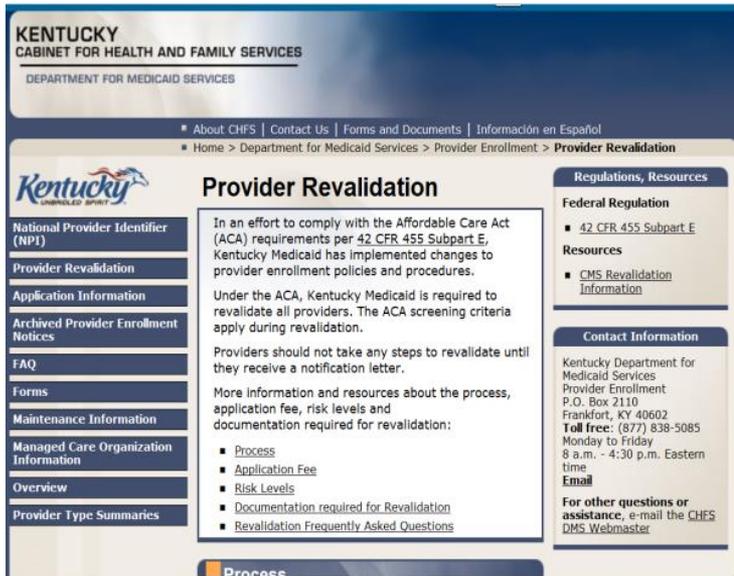
## Common issues:

- Ensure the **entire legal name** is entered – no initials.
- Ensure the number listed is the Medicaid provider number for the provider that the form pertains to.
- Do not put NPI or Tax ID if it asks for Medicaid provider number.
- If an **attachment** is needed, make sure the **attachment** is **clearly labeled** with the question number and the **question** indicates “**see attached**”.
- Ensure the correct **taxonomy** is listed.
- *Sign the form*

## Enrollment versus Credentialing

- Medicaid
  - Meet enrollment requirements
  
- Managed Care Organizations
  - NCQA Accredited
  - Meet Credentialing Requirements
  - Agree to Contract

# Provider Enrollment & Maintenance



The screenshot shows the 'Provider Revalidation' page on the Kentucky Medicaid website. The page header includes the Kentucky Department for Medicaid Services logo and navigation links. The main content area is titled 'Provider Revalidation' and contains the following text:

**Provider Revalidation**

In an effort to comply with the Affordable Care Act (ACA) requirements per 42 CFR 455 Subpart E, Kentucky Medicaid has implemented changes to provider enrollment policies and procedures.

Under the ACA, Kentucky Medicaid is required to revalidate all providers. The ACA screening criteria apply during revalidation.

Providers should not take any steps to revalidate until they receive a notification letter.

More information and resources about the process, application fee, risk levels and documentation required for revalidation:

- Process
- Application Fee
- Risk Levels
- Documentation required for Revalidation
- Revalidation Frequently Asked Questions

**Regulations, Resources**

**Federal Regulation**

- 42 CFR 455 Subpart E

**Resources**

- CMS Revalidation Information

**Contact Information**

Kentucky Department for Medicaid Services  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602  
Toll free: (877) 838-5085  
Monday to Friday  
8 a.m. - 4:30 p.m. Eastern time  
**Email**

For other questions or assistance, e-mail the CHES DMS Webmaster

## REVALIDATION

- All providers every five years
- Screening criteria according to risk level
  - **Limited, Moderate, High**
- Certain providers require Application Fee
- Medicare participating waives state requirements in certain circumstances
- **Wait to receive a notification letter.**

# Provider Enrollment & Maintenance

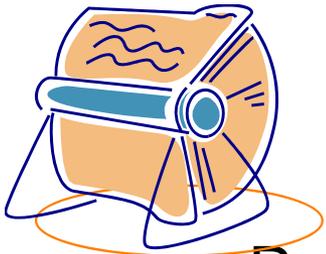
For more information or  
to subscribe to a Listserve,  
please visit:

<http://www.chfs.ky.gov/dms/provEnr/>

## Provider Type Summaries

### Subscribe to the new Provider Enrollment Listserv

If you are interested in  
receiving e-mail notices on  
Provider Enrollment, click  
[here](#) to add or delete  
subscriptions at any time.



## CONTACT INFORMATION:

Provider Licensing and Certification Branch

1-877-838-5085

[program.integrity@ky.gov](mailto:program.integrity@ky.gov)

# PROVIDER AUDITS

# Provider Audits

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- Document, Document, Document
- Not changing diagnosis
  - Reviewing documentation to support what was billed
- Top Billing Errors
  - Claims did not follow CPT Coding Guidelines, NCCI edits, regulation limits
  - Duplication of service
  - Billing add-on codes without primary code
  - Billing Medicaid as primary when Medicare or Third Party Insurance liable

# Provider Audits

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- Written dispute within 30 days of receipt. Calls to the Recovery Audit Contractor or KY Medicaid do not preserve the provider's right to appeal.
- Send complete documentation according to instructions.
- Payment Plan.

# The Future

## ➤ Partner Portal – Kentucky Online Gateway



**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español  
■ Home > Department for Medicaid Services > **Kentucky Medicaid Partner Portal Application Information (MPPA) page**

**Kentucky**  
UNBRIDLED SPIRIT

DMS Home

Kentucky Medicaid Partner Portal Application Information (MPPA) page

Kentucky Medicaid Waiver Management Application (MWMA)

Medicaid Assistance Program (MAP) Forms

Medicaid Enterprise Management System (MEMS) Procurement

Medicaid Tobacco Cessation Program

Programs and Services

Fee and Rate Schedules

Boards and Committees

### Kentucky Medicaid Partner Portal Application Information

Welcome to the Kentucky Medicaid Partner Portal Application Information Web page. This page will serve as a one-stop resource for the latest information related to the Medicaid Partner Portal Project and its implementation.

More information:

- [What is the Medicaid Partner Portal Application?](#)
- [What is the project Focus and benefit?](#)
- [When will the Medicaid Partner Portal be implemented?](#)
- [Additional Questions?](#)
- [Additional Resource Links](#)

Please be sure to visit this page periodically as content will be updated on an ongoing basis.

#### Additional Resource Links

- [New Partner Portal Onboarding Message](#)
- [Program Integrity](#)
- Coming Soon - Partner Portal Training Material

#### What is the Medicaid Partner Portal Application?

## QUESTIONS

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Veronica Cecil  
[Veronica.Cecil@ky.gov](mailto:Veronica.Cecil@ky.gov)