



Department: Credentialing	Policy and Procedure No: CR301	
Policy and Procedure Title: Kentucky Medicaid Provider Enrollment Policy		
Process Cycle: Continual	Responsible Departments: Credentialing; National Network Operations	
Applicable Service Areas: All		
Approved By: Eric Lehenbauer, Director PPNO Administration	Effective Date: 12/2012	Revised: 03/01/2016; 03/15/2017; 05/30/2018; 07/01/2019
	Date: December 12, 2012	Agency Approval: _____
(Name & Date)		

Contract Reference:

Medicaid Managed Care Contract, July 1, 2019 – June 30, 2020

Section 28.0; Provider Services
 Subsection 28.2; Provider Credentialing and Recredentialing
 Subsection 28.4; Provider Credentialing and Recredentialing

Section 29.0;
 Subsection 29.5; Enrolling New Providers and Providers Not Participating in Medicaid

Appendix N. Program Integrity Requirements
 II. Function; (x)

Appendix K. Reporting Requirements and Reporting Deliverables
 Report # 70
 Report # 251

Appendix J. Credentialing Process
 Provider Enrollment Coversheet

28.0; Provider Services**28.2; Provider Credentialing and Recredentialing**

- If the Contractor accepts the Medicaid enrollment application on behalf of the provider, the Contractor will use the format provided in Appendix J. "Credentialing Process" to transmit the listed provider enrollment data elements to the Department. A Provider Enrollment Coversheet will be generated per provider. The Provider Enrollment Coversheet will be submitted electronically to the Department.



28.0; Provider Services

28.4; Provider Credentialing and Recredentialing

- If the Contractor accepts the Medicaid enrollment application on behalf of the provider, the Contractor will use the format provided in Appendix J. “Credentialing Process” to transmit the listed provider enrollment data elements to the Department. A Provider Enrollment Coversheet will be generated per provider. The Provider Enrollment Coversheet will be submitted electronically to the Department.

29.0; Provider Network

29.5; Enrolling New Providers and Providers Not Participating in Medicaid

- A provider is not required to participate in the Kentucky Medicaid Fee-for-Service Program as a condition of participation with the Contractor’s Network but must be enrolled in the Kentucky Medicaid Program. If a potential Provider has not had a Medicaid number assigned, the provider shall apply for enrollment with the Department and meet the Medicaid provider enrollment requirements set forth in the Kentucky Administrative Regulations and in the Medicaid policy and procedures manual for fee-for-service providers of the appropriate provider type. When the Contractor has submitted the required data in the transmission of the provider file indicating inclusion in the Contractor’s Network, the Department will enter the provider number on the master provider file and the transmitted data will be loaded to the provider file. The Contractor will receive a report within two weeks of transactions being accepted, suspended or denied. All documentation regarding a provider’s qualifications and services provided shall be available for review by the Department or its agents at the Contractor’s offices during business hours upon reasonable advance notice.

Appendix N. Program Integrity Requirements

II. Function; (x):

- Report to the Department any Provider denied enrollment by the Contractor for any reason, including those contained in 42 CFR 455.10,6, within 5 days of the enrollment denial.

Appendix K. Reporting Requirements and Reporting Deliverables

- Report # 251: Provider Credentialing Status Report. Frequency: Monthly
- Report #70: Denial of MCO Participation. Frequency: Monthly

Appendix J. Credentialing Process

Provider Enrollment Coversheet. Attachment C.

Purpose:

This Policy outlines requirements for providers who submit Kentucky Medicaid Provider Enrollment forms to Humana for processing rather than submission directly to the Kentucky Medicaid Provider Enrollment Office. These requirements are in addition to the established credentialing and recredentialing requirements defined in Humana’s Corporate Credentialing and Recredentialing policy as well as Humana’s Kentucky Medicaid Credentialing and Recredentialing policy.

Policy and procedures:

- Credentialing Operations will collect Kentucky Medicaid provider ID numbers for all Medicaid contracted providers at initial credentialing. Humana’s Credentialing Operations will utilize the Kentucky Medicaid Master Provider List (MPL) to verify the provider’s Kentucky Medicaid



provider ID is valid and active. Humana's Credentialing Operations enters the Kentucky Medicaid ID number into the Credentialing system. Refer to Attachment A.

- At recredentialing, Humana's Credentialing Operations will utilize the Kentucky Medicaid Master Provider List (MPL) to verify a provider's Kentucky Medicaid ID number is valid and active. Refer to Attachment B.
- A provider is not required to participate in the Kentucky Medicaid Fee-for-Service Program as a condition of participation with Humana's Network, but every network provider must be enrolled in the Kentucky Medicaid Program.
- Pursuant to 907 KAR 1:672 Section 2, a provider must be enrolled as a participating provider prior to being eligible to receive reimbursement from the Kentucky Medicaid program. Providers must have an active Kentucky Medicaid provider ID number verifiable by means of the Master Provider List (MPL) supplied by the Kentucky Medicaid program in order to be considered eligible to participate in Humana's Kentucky Medicaid provider network. Humana will assist providers who do not have a Kentucky Medicaid provider ID number with the State's enrollment process.
- Providers who do not have an active Kentucky Medicaid provider ID number must submit a completed enrollment form to Humana (do not submit to the State directly) along with any supporting documents required by the State.
- Humana shall use the State's provider type summaries to verify the correct enrollment form is completed and the appropriate supporting documentation is included prior to Humana's submission to the State's Provider Enrollment Office. Provider type summaries are available on the State's website.
- Humana will utilize the Medicaid Partner Portal Application (MPPA) system to submit completed provider enrollment data and supporting documentation to the State for review and determination of enrollment eligibility. A Provider Enrollment Coversheet (Attachment C) is created and retained with the enrollment file. The applicant will be notified by the Kentucky Medicaid Provider Enrollment office of their enrollment decision.
- Enrollment instances that require "Limited enrollment based on exceptional circumstances for emergency services" is allowed pursuant to 907 KAR 1:672 section 2(8)(a). For limited enrollment purposes, Humana will collect the traditional MAP-811 and supporting documents from the provider. Humana will contact the Kentucky Medicaid Provider Enrollment staff directly to expedite processing of the enrollment application.
- Humana will report all provider enrollment denials, including those contained in 42 CFR 455.106, to the State within 5 days of the enrollment denial.
- Humana will report activity related to provider enrollment/credentialing and termination of providers on a monthly basis to the State.

Attachments and Additional Resources

Policies:

Humana's Credentialing and Recredentialing Policy 2019; 17th Edition

Humana's Kentucky Credentialing Medicaid Policy

CR Sanctions KY Medicaid Policy



Attachments:

Attachment A – Kentucky Medicaid Provider Enrollment & Sanction Verification – Credentialing

Attachment B – Kentucky Medicaid Provider Enrollment & Sanction Verification – Recredentialing

Attachment C – Provider Enrollment Coversheet

Links to sites hosted by the Kentucky Department for Medicaid Services:

Enrollment Forms: <https://chfs.ky.gov/agencies/dms/Pages/mapforms.aspx>

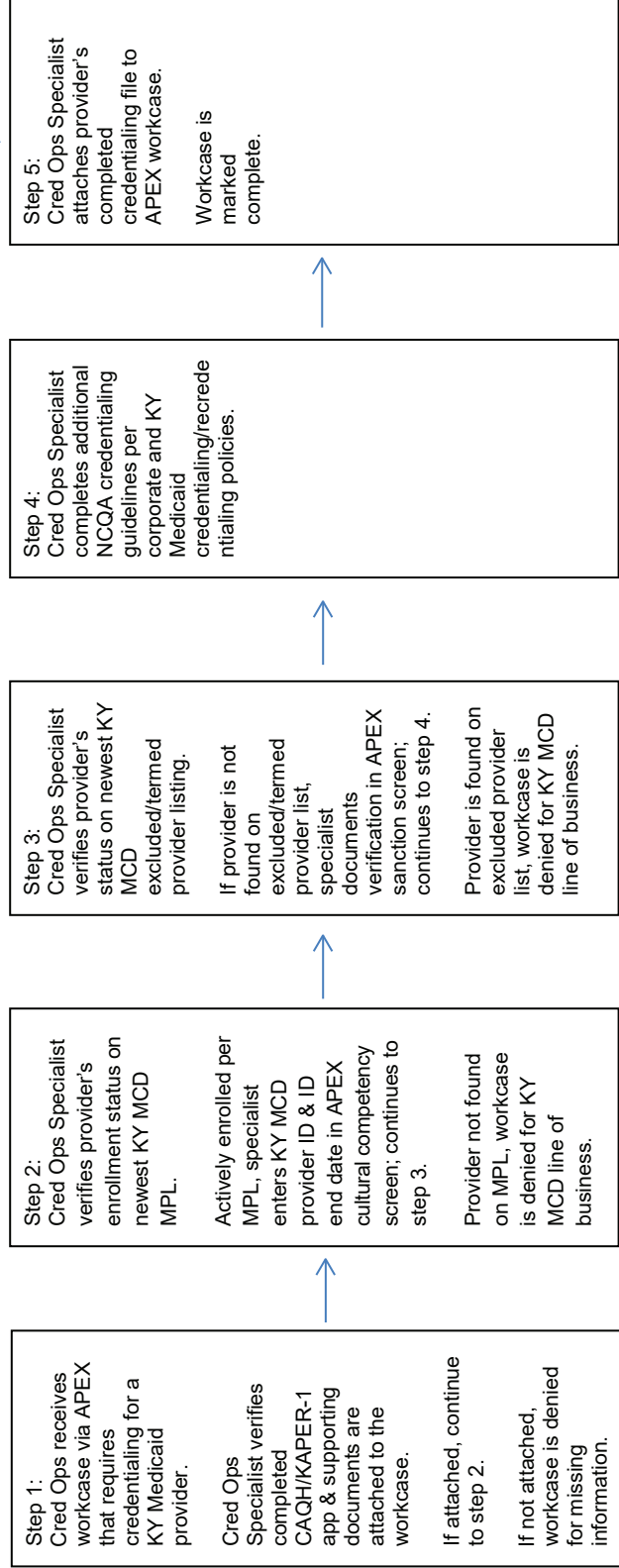
Provider Type Summaries: <https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/prov-summaries.aspx>

Kentucky Department for Medicaid Services excluded provider list:

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

Kentucky Medicaid Provider Enrollment & Sanction Verification – Credentialing

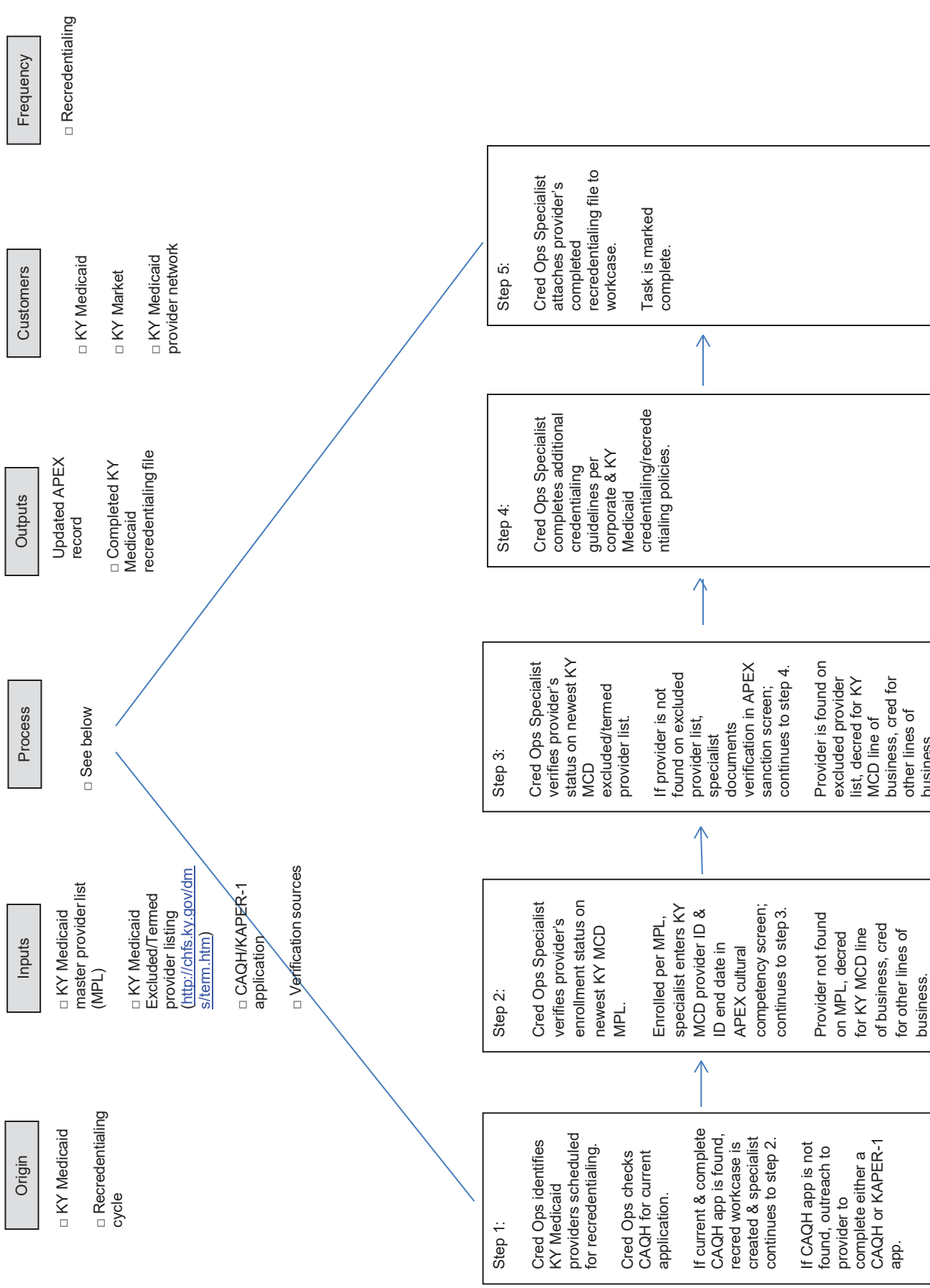
Origin	Inputs	Process	Outputs	Customers	Frequency
<ul style="list-style-type: none"> <input type="checkbox"/> KY Medicaid <input type="checkbox"/> APEX workcase 	<ul style="list-style-type: none"> <input type="checkbox"/> KY Medicaid master provider list (MPL) <input type="checkbox"/> KY Medicaid Excluded/Termed provider listing (http://chfs.ky.gov/dm/s/term.htm) <input type="checkbox"/> CAQH/KAPER-1 application 	<ul style="list-style-type: none"> <input type="checkbox"/> See below 	<ul style="list-style-type: none"> <input type="checkbox"/> Updated APEX cred record <input type="checkbox"/> Completed KY Medicaid credentialing file 	<ul style="list-style-type: none"> <input type="checkbox"/> KDMS <input type="checkbox"/> KY Market <input type="checkbox"/> KY Medicaid provider network 	<ul style="list-style-type: none"> <input type="checkbox"/> Credentialing



Attachment B

12/2014, Revised 03/2017

Kentucky Medicaid Provider Enrollment & Sanction Verification – Recredentialing



Attachment C

APPENDIX J. CREDENTIALING PROCESS

Provider Enrollment Coversheet

1. Provider Name
2. Address-Physical & telephone number
3. Address-Pay-to-address
4. Address-Correspondence
5. E-mail address
6. Address-1099 & telephone number
7. Fax Number
8. Electronic Billing
9. Specialty
10. SSN/FEIN#
11. License#/Certificate
12. Begin and End date of Eligibility
13. CLIA
14. NPI
15. Taxonomy
16. Ownership (5%or more)
17. Previous Provider Number (if applicable) this also includes Change in Ownership
18. Existing provider number if EPSDT
19. Tax Structure
20. Provider Type
21. DOB
22. Supervising Physician (for Physician Assist)
23. Map 347 (need group# and effective date)
24. EFT (Account # and ABA #)
25. Bed Data
26. DEA (Effective and Expiration dates)
27. Fiscal Year End Date
28. Document Control Number
29. Contractor Credentialing Date
30. Credentialing Required