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<thead>
<tr>
<th>Department:</th>
<th>Credentialing</th>
<th>Policy and Procedure No:</th>
<th>CR301</th>
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<tr>
<td>Policy and Procedure Title:</td>
<td>Kentucky Medicaid Provider Enrollment Policy</td>
<td>Responsible Departments:</td>
<td>Credentialing; National Network Operations</td>
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<td>Process Cycle:</td>
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<td>Applicable Service Areas:</td>
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<tr>
<td>Approved By:</td>
<td>Eric Lehenbauer, Director PPNO Administration</td>
<td>Effective Date:</td>
<td>12/2012</td>
</tr>
<tr>
<td>Date:</td>
<td>December 12, 2012</td>
<td>Revised:</td>
<td>03/01/2016; 03/15/2017; 05/30/2018; 07/01/2019</td>
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<tr>
<td>Agency Approval:</td>
<td></td>
<td>(Name &amp; Date)</td>
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**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**
- KY Medicaid
- APEX workcase

**Inputs**
- KY Medicaid master provider list (MPL)
- KY Medicaid Excluded/Termed provider listing (http://chfs.ky.gov/dms/term.htm)
- CAQH/KAPER-1 application

**Process**
- See below

**Outputs**
- Updated APEX cred record
- Completed KY Medicaid credentialing file

**Customers**
- KDMS
- KY Market
- KY Medicaid provider network

**Frequency**
- Credentialing

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**Step 1:**
Cred Ops receives workcase via APEX that requires credentialing for a KY Medicaid provider.

- Cred Ops Specialist verifies completed CAQH/KAPER-1 app & supporting documents are attached to the workcase.
- If attached, continue to step 2.
- If not attached, workcase is denied for missing information.

**Step 2:**
Cred Ops Specialist verifies provider’s enrollment status on newest KY MCD MPL.

- Actively enrolled per MPL, specialist enters KY MCD provider ID & ID end date in APEX cultural competency screen; continues to step 3.
- Provider not found on MPL, workcase is denied for KY MCD line of business.

**Step 3:**
Cred Ops Specialist verifies provider’s status on newest KY MCD excluded/termed provider listing.

- If provider is not found on excluded/termed provider list, specialist documents verification in APEX sanction screen; continues to step 4.
- Provider is found on excluded provider list, workcase is denied for KY Medicaid line of business.

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**Step 4:**
Cred Ops Specialist completes additional NCQA credentialing guidelines per corporate and KY Medicaid credentialing/recredentialing policies.

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**Step 5:**
Cred Ops Specialist attaches provider’s completed credentialing file to APEX workcase.

Workcase is marked complete.
**Kentucky Medicaid Provider Enrollment & Sanction Verification – Recredentialing**

**Step 1:**
Cred Ops identifies KY Medicaid providers scheduled for recredentialing.
Cred Ops checks CAQH for current application.
If current & complete CAQH app is found, recred workcase is created & specialist continues to step 2.
If CAQH app is not found, outreach to provider to complete either a CAQH or KAPER-1 app.

**Step 2:**
Cred Ops Specialist verifies provider's enrollment status on newest KY MCD MPL.
Enrolled per MPL, specialist enters KY MCD provider ID & ID end date in APEX cultural competency screen; continues to step 3.
Provider not found on MPL, deced for KY MCD line of business, cred for other lines of business.

**Step 3:**
Cred Ops Specialist verifies provider's status on newest KY MCD excluded/termed provider list.
If provider is not found on excluded provider list, specialist documents verification in APEX sanction screen; continues to step 4.
Provider is found on excluded provider list, decred for KY MCD line of business, cred for other lines of business.

**Step 4:**
Cred Ops Specialist completes additional credentialing guidelines per corporate & KY Medicaid credentialing/recredentialing policies.

**Step 5:**
Cred Ops Specialist attaches provider’s completed recredentialing file to workcase.
Task is marked complete.
Attachment C

**APPENDIX J. CREDENTIALING PROCESS**

**Provider Enrollment Coversheet**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provider Name</td>
</tr>
<tr>
<td>2</td>
<td>Address-Physical &amp; telephone number</td>
</tr>
<tr>
<td>3</td>
<td>Address-Pay-to-address</td>
</tr>
<tr>
<td>4</td>
<td>Address-Correspondence</td>
</tr>
<tr>
<td>5</td>
<td>E-mail address</td>
</tr>
<tr>
<td>6</td>
<td>Address-1099 &amp; telephone number</td>
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<tr>
<td>7</td>
<td>Fax Number</td>
</tr>
<tr>
<td>8</td>
<td>Electronic Billing</td>
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<tr>
<td>9</td>
<td>Specialty</td>
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<tr>
<td>10</td>
<td>SSN/FEIN#</td>
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<tr>
<td>11</td>
<td>License#/Certificate</td>
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<tr>
<td>12</td>
<td>Begin and End date of Eligibility</td>
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<td>13</td>
<td>CLIA</td>
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<td>14</td>
<td>NPI</td>
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<tr>
<td>15</td>
<td>Taxonomy</td>
</tr>
<tr>
<td>16</td>
<td>Ownership (5% or more)</td>
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<tr>
<td>17</td>
<td>Previous Provider Number (if applicable) this also includes Change in Ownership</td>
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<tr>
<td>18</td>
<td>Existing provider number if EPSDT</td>
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<td>DOB</td>
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<td>22</td>
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<td>Map 347 (need group# and effective date)</td>
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<td>24</td>
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<td>30</td>
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