

Provider Enrollment and Credentialing Forms Quick Reference Guide

FORM	WHEN TO SUBMIT
Adding a Practitioner Form	Complete when a provider is being added to a new or existing setup.
Provider Information Change Form	Complete to change any of the following information of a participating group: <ul style="list-style-type: none"> • Practice name • Telephone number • Fax number • E-mail address • Remit address • Site address • 1099/tax address (if different from the remit address)
Primary Care Provider Panel Change Request	Complete to change any of the following information of a participating group: <ul style="list-style-type: none"> • Open or close PCP panel • Change Panel Restrictions (i.e. age, gender, panel max limitation)
Registration of Locum Tenens Physician	To notify Passport of a temporary replacement of a participating provider with a Locum Tenens Physician
Provider Tax ID Change Request	Complete when: <ul style="list-style-type: none"> • A group is being purchased • A group is changing their tax ID
Practice Demographic Form	Complete when: <ul style="list-style-type: none"> • Passport Health Plan is to set up a new Practice Passport ID number. Must be submitted with “Adding a Practitioner” form to notify Passport which providers are to be added to the new setup.

NEW PRACTITIONER REQUIREMENTS

Forms required when adding a practitioner with a Kentucky Medicaid ID:

- Adding a Practitioner Form
- Provider Application, either a
 - CAQH, or
 - KAPER 1

*Passport can print the CAQH if given the CAQH# on the Adding a Practitioner to a Participating Group form

If no active Kentucky Medicaid ID, also submit these forms:

- MAP 811 (Enrollment) available at chfs.ky.gov/dms/provenr/forms
- MAP 811 Addendum
- For additional required documents to be attached visit chfs.ky.gov/dms/provenr/provider, then click “Provider Type Summaries” and choose applicable provider type.

EXISTING PRACTITIONER REQUIREMENTS

If an existing practitioner with an active valid Kentucky Medicaid ID number is joining an existing PHP group, please complete the following forms:

- Adding a Practitioner Form

If an existing practitioner has a terminated Kentucky Medicaid ID number for more than one year, complete the following forms:

- Adding a Practitioner Form
- MAP 811 (Enrollment) available at chfs.ky.gov/dms/provEnr/forms
- MAP 811 Addendum
- For additional required documents to be attached visit chfs.ky.gov/dms/provEnr/provider, then click "Provider Type Summaries" and choose applicable provider type.

HOSPITAL BASED PRACTITIONER REQUIREMENTS

For a hospital based provider with a valid Kentucky Medicaid ID number complete the following forms:

- Adding a Practitioner to a Participating Group

For a hospital based provider without a valid Kentucky Medicaid ID number complete the following forms:

- Adding a Practitioner Form
- MAP 811 (Enrollment) available at chfs.ky.gov/dms/provEnr/forms
- MAP 811 Addendum
- For additional required documents to be attached visit chfs.ky.gov/dms/provEnr/provider, then click "Provider Type Summaries" and choose applicable provider type.

NEW SET-UP

To establish a new Passport group ID under an existing contracted tax ID#, complete the following forms:

- Practice Demographic form
- Adding a Practitioner form for each provider to be associated with the new setup
- IRS letter
- W9

To establish a new PHP group ID without an existing contracted tax ID#:

- All of the above and include two originally signed contracts

NEW FACILITY

To establish a new Passport facility under an existing contracted tax ID#, complete the following:

- Two signed contracts
- Facility Application
- IRS letter
- W9

To establish a new PHP facility without an existing contracted tax ID#:

- All of the above and include two signed contracts.

ADDING A NEW LOCATION(S) TO AN EXISTING GROUP(S)/FACILITY(IES)

Need confirmation email or letter on official group/facility letterhead containing the following information:

- Effective date(s) of additional location(s)
- Passport group/facility number
- New address information (street address, suite #, city, state, zip)
- New phone and fax numbers
- Days and hours of operation for each location
- Office limitations, if applicable (i.e. gender, age, panel)
- Does the additional address(es) need to be associated to all practitioners within the group or just specific practitioners. If specific practitioner, list name and Passport provider ID for each.
- Requests can be submitted to passport.credentialing@passporthealthplan.com

*Please note for specific Medicaid Requirements by provider type please access <http://chfs.ky.gov/dms/provEnr/Provider+Type+Summaries.htm>.