

# Glossary

This document contains key terms and definitions associated with KY Medicaid and the Kentucky Medicaid Partner Portal Application (KY MPPA).

Term:	Acronym	Definition:
<b>1099 Contact</b>		The Individual responsible for the tax documents of a Provider.
<b>ACH Routing Number</b>	<b>ACH</b>	A nine-digit number found on the bottom left of a check. This number uniquely identifies a banking institution. You must provide the ACH routing number if you wish make payments or collect funds electronically with DMS.
<b>Actionable Alert</b>		When the Department of Medicaid Services (DMS) requires a timely response on the part of the Provider, DMS will notify the Provider by sending a message through the Partner Portal Application.
<b>Agent of Service</b>		Person that a Provider has designated to receive service of legal documents for that individual or organization, and legally able to act on behalf of that Provider.
<b>American Society of Addiction Medicine Number</b>	<b>ASAM</b>	A number assigned to physicians who specialize in addiction. Physicians must meet specific criteria in order to obtain an ASAM Number.
<b>Applicant</b>		Individual, Group, or Entity applying to be a Medicaid Service Provider.
<b>Application Status</b>		The Provider's current stage of an application to be a Medicaid Service Provider. This information is maintained in the dashboard of the Partner Portal Application. Possible statuses are In Progress, Submitted, In Review, Denied, RTP-Corrections (Return to provider for corrections), or Withdrawn
<b>Approval</b>		The formal action of DMS granting a Provider the ability to be a Medicaid Service Provider. A KY Medicaid ID is issued at this point.
<b>Attestations</b>		For Individual Providers Only: Attestations are a series of questions Providers must answer regarding potential legal or disciplinary actions taken against the Provider that could affect their ability to be approved as a Medicaid Service Provider.
<b>Atypical Provider</b>		Atypical Provider types use SSN and/or FEIN depending on Provider Category. This type of provider does not have an NPI or Taxonomy. Atypical provider types are generally not healthcare providers but usually providers of other services such as patient transportation.
<b>Bed Data</b>		The number of beds maintained and staffed for inpatients of a healthcare facility during a defined reporting period.
<b>Bed Type</b>		The classification of a staffed bed in a healthcare facility. For example, pediatric, ICU, or Medicare and Medicaid.

<b>Term:</b>	<b>Acronym</b>	<b>Definition:</b>
<b>Board of Certification/Accreditation</b>	<b>BOC</b>	An independent organization offering credentials for professionals and suppliers of comprehensive orthotic and prosthetic devices and equipment.
<b>Cabinet for Health and Family Services</b>	<b>CHFS</b>	The state agency that administers Kentucky Health Information Exchange (KHIE) and other public programs and services, including departments for Public Health, Medicaid Services and Community Based Services.
<b>Centers for Medicare and Medicaid Services</b>	<b>CMS</b>	The federal agency of the Department of Health and Human Services that administers several programs including the Electronic Health Record Incentive program.
<b>Certification</b>	<b>Cert</b>	Proof that an accreditation organization's requirements for proficiency have been met.
<b>Change of Ownership</b>	<b>CHOW</b>	Determined by criteria detailed in 907 KAR 1:671 Section 6(11). A MAP-811 for a Change of Ownership (CHOW) is required, and a new Provider Medicaid ID number will be issued. This would not apply to individual Providers.
<b>Clinical Laboratory Improvement Amendments</b>	<b>CLIA</b>	CLIA numbers (indicating certification) are required of all Providers offering laboratory services per Federal regulations. Laboratories are assigned a unique number (CLIA number) that must be included with all lab charges.
<b>Code of Federal Regulations</b>	<b>CFR</b>	To assure Provider and recipient Medicaid compliance, these federal guidelines are incorporated into Kentucky code.
<b>Community Mental Health Centers</b>	<b>CMHC</b>	Provide a comprehensive range of accessible coordinated, direct or indirect mental health services through Kentucky's 14 regional boards. These boards are private, nonprofit organizations serving residents of designated multicounty regions.
<b>Contract</b>		An agreement intended to be enforceable by law. The agreement between a Provider and the Commonwealth to work together to assist Medicaid recipients in the State of Kentucky.
<b>Correspondence</b>		Correspondence usually comes from the Partner Portal and contains official communication by the Department of Medicaid Services that mirrors the requirements of a Medicaid Service Provider ID set by the Centers for Medicare and Medicaid Services (CMS). Correspondence contains official documents such as a welcome letter, denial of an application, termination letters, and history of applications. Providers may also receive correspondence manually in rare circumstances.
<b>Council for Affordable Quality Healthcare Number</b>	<b>CAQH</b>	Participating providers are assigned a specific identification number for reporting purposes. The CAQH programs purpose is to simplify data collection between providers, health plans, and networks in the US. This helps reduce the amount of paperwork and frustration involved in provider enrollment. The program relies heavily on the collaboration of providers and commercial health insurance carriers.
<b>Credentialing Agent</b>	<b>CA</b>	An individual who works on behalf of a Provider to submit and update the Providers information

<b>Term:</b>	<b>Acronym</b>	<b>Definition:</b>
<b>Credentialing Agent Authorized Delegate</b>		An authorized Individual who works on behalf of a Provider to enter, update, sign and submit Provider's information. Authorized Delegate form completed by Provider must be uploaded in system by Credentialing Agent Authorized Delegate.
<b>Credentialing Contact</b>		The individual designated to receive any updates or information regarding Medicaid enrollment. This person is recognized as the contact for a particular individual provider, provider group, or entity who can perform various functions to enter and update the provider's information.
<b>Dashboard</b>		The "landing page" for a Partner Portal user, through which all options for navigating the application are available.
<b>Denial</b>		The end action of not issuing a Provider a Medicaid ID number as a result of submission of information that is outside acceptable parameters for Medicaid Service Providers.
<b>Department for Medicaid Services</b>	<b>DMS</b>	The Commonwealth internal organization responsible for managing all facets of the Medicaid program in Kentucky.
<b>Disclosing Entity</b>		The Provider that is submitting information and requesting Medicaid enrollment.
<b>Doing Business As</b>	<b>DBA</b>	A term that refers to an alternate operating name for a company as opposed to the legal name.
<b>Drug Enforcement Administration Number</b>	<b>DEA</b>	A number assigned to a health care provider allowing them to write prescriptions for controlled substances.
<b>Effective Date</b>	<b>Eff Date</b>	The first date a Provider is able to bill for Medicaid services.
<b>Electronic Funds Transfer</b>	<b>EFT</b>	Electronic Funds Transfer is the electronic transfer of money from one bank account to another within a single financial institution or across multiple institutions, through computer-based systems and without the direct intervention of bank staff. One method the state uses to pay Medicaid Providers.
<b>Electronic Signature</b>	<b>E-sign</b>	The federally recognized legally binding electronic method of signing documents online.
<b>End Date</b>		Last date for which a Provider is able to bill for Medicaid services. This usually is a result of inaction on the Provider's part, such as failure to submit revalidation.
<b>Enrollment Fee/Application Fee</b>		The fee required of some entities for participation with Medicare/Medicaid. For Partner Portal, those Provider Types are 01, 12, 30, 31, 34-37, 39, 44, 55, 86, 90, and 91.
<b>Entity</b>		A health related organization, such as a clinic, hospital, or nursing facility. An Entity is one of three category types (others are Group and Individual) that a user can select for enrollment.
<b>Faculty License</b>	<b>FL</b>	A Medical License issued to physicians who have been accepted to a faculty position with one of the teaching institutions in Kentucky and do not meet all of the statutory requirements. An applicant holding this license is limited to the institution and its affiliated hospitals. KRS 311.571
<b>Federal Employer Identification Numbers</b>	<b>FEIN</b>	Federal Employer Identification Numbers are used for tax administration only.

<b>Term:</b>	<b>Acronym</b>	<b>Definition:</b>
<b>Federal National Identification Numbers</b>	<b>FNIN</b>	Federal National Identification Numbers are used for taxation for applicants who are not US Citizens, but are permanent residents, or temporary working residents.
<b>Fellowship Training License</b>	<b>FT</b>	A Medical License issued to physicians who have been accepted into a Kentucky fellowship training program or have graduated from a medical school located outside of the United States or Canada. Foreign Medical Graduates (FMG) must be certified in their home country in the specialty of their fellowship and in good standing in the country where they normally practice. This license is restricted to the Kentucky Fellowship Program and a DEA license cannot be obtained with this license type. The license is issued for a period of one year and can only be renewed for one year. KRS 311.571.
<b>Fiscal Year End Date</b>	<b>FYE</b>	Fiscal Year End Date is the completion of a one-year or 12-month accounting period for a business based on the company's tax period and not necessarily the calendar year.
<b>Group</b>		An organized Group which has within its bounds multiple Providers and services. A Group is one of three category types. (Others are Individual and Entity).
<b>Identifiers</b>		Additional documentation for licensure or certifications. Examples are a state ID/Driver's License or CLIA number.
<b>Indirect Ownership Interest</b>		Ownership interest in an entity applying for a Medicaid ID. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity.
<b>Individual</b>		Individual is a category type of enrollment for a KY Medicaid Provider Number. These Provider Types are for those providers who work for themselves. A person that can meet all the requirements to become a Medicaid Service Provider for their Provider Type.
<b>Informational Alert</b>		A message sent by DMS through Partner Portal to a Provider for the purpose of imparting information.
<b>Institutional Practice Limited</b>	<b>IP</b>	A Medical License issued to a physician entering an accredited residency training program in Kentucky. This license limits medical practice to the parameters of a training program in Kentucky. This license is issued on an academic calendar year, July 1 to June 30, and renewable annually while in training. An applicant must have completed one year of accredited postgraduate training and Parts 1 and 2 of the USMLE or COMLEX. KRS 311.571
<b>Joint Commission on Accreditation of Healthcare Organizations</b>	<b>JCAHO</b>	The Joint Commission on Accreditation of Healthcare Organizations is a U.S.-based nonprofit that accredits more than 21,000 health care organizations and programs in the United States.
<b>Kentucky Administrative Regulation</b>	<b>KAR</b>	Kentucky Administrative Regulation. The whole set of state regulations for each department, branch, and board in the Commonwealth.

<b>Term:</b>	<b>Acronym</b>	<b>Definition:</b>
<b>Kentucky Board of Medical Licensure</b>	<b>KBML</b>	Kentucky Board of Medical Licensure is responsible for protecting the public by ensuring that only qualified medical and osteopathic physicians are licensed, and initiating disciplinary action when violations of the Medical Practice Act occur.
<b>Kentucky Board of Nursing</b>	<b>KBN</b>	The Kentucky Board of Nursing is an agency of the Commonwealth of Kentucky, governed by the Nurse Practice Act. It is responsible for protecting public health and welfare by developing and enforcing state laws governing the safe practice of nursing.
<b>Kentucky Online Gateway</b>	<b>KOG</b>	The Kentucky Online Gateway is the behind-the-scenes platform that grants internal and external users access to various applications for Commonwealth of Kentucky technology, including Partner Portal.
<b>Legally Authorized Agent</b>		An authorized agent or authorized company representative is a person who is a principal executive officer or other corporate officer with signatory powers as per the company's by-laws or per a vote of the directors if the company is a corporation; a general partner or proprietor if the company is a partnership or sole proprietorship respectively; or a duly authorized representative, the individual designated on the permit application or permit cover page, if such representative is responsible for the overall operation of the facility and has the authority to sign contracts, permits, permit applications, monitoring results and other documents in the company's name and otherwise bind the company.
<b>Limited Liability Corporation</b>		A limited liability company (LLC) is a corporate structure whereby the owners are not personally liable for the company's debts or liabilities. Limited liability companies are essentially hybrid entities that combine the characteristics of a corporation and a partnership or sole proprietorship. (For official information go to <a href="http://www.irs.gov">www.irs.gov</a> )
<b>Locum Tenens</b>	<b>LT</b>	Per regulation 42 CFR § 411.351, A physician who temporarily replaces another physician in their practice. Requires approval.
<b>Managed Care Organization</b>	<b>MCO</b>	A medical insurance group that provides health services for a fixed annual fee.
<b>Managing Employee</b>		A general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.
<b>Medicaid ID</b>	<b>MCD</b>	A unique ID number assigned to approved Medicaid Providers which is used for the purpose of billing for services rendered.
<b>Medicaid Waiver Management Application</b>	<b>MWMA</b>	The Medicaid Waiver Management Application is a web-based case management system used by Medicaid Waiver Providers and administrative staff.
<b>Narcotic Treatment Program</b>	<b>NTP</b>	A Narcotic Treatment Program is any system of treatment provided for chronic opiate like drug dependent individuals. A NTP administers narcotic drugs under Provider's orders either for detoxification purposes or for maintenance treatment in a rehabilitative context.

<b>Term:</b>	<b>Acronym</b>	<b>Definition:</b>
<b>National Association Board of Pharmacy</b>	<b>NABP</b>	An independent association that assists its member boards for the purpose of protecting public health.
<b>National Plan and Provider Enumerator System</b>	<b>NPPES</b>	A system developed by CMS to improve the efficiency and effectiveness of the electronic transmission of health information. Each Provider is assigned a single unique NPI.
<b>National Provider Identifier</b>	<b>NPI</b>	A National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). Limit is thirty (30) NPI numbers. All NPI numbers must be listed on the National Plan and Provider Enumeration System website (NPPES), which is the NPI Registry Public Search, and Partner Portal validates against the NPPES website.
<b>Non Profit Organization</b>		An organization or service that does not intend to make a profit. (For official information go to <a href="http://www.irs.gov">www.irs.gov</a> )
<b>Notification</b>		An alert sent by the Department of Medicaid Services to the dashboard of a Partner Portal user. These notifications could be about actions the user needs to take regarding an application for Enrollment, Maintenance, or Revalidation of a Kentucky Medicaid Service Provider ID. Notifications could also provide the user information such as system outages.
<b>Other Disclosing Entity</b>		Any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVIII, or XX of the Act. This includes: <ul style="list-style-type: none"> <li>• Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare ( Title XVIII)</li> <li>• Any Medicare intermediary or carrier</li> <li>• Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under Title V or Title XX or the Act.</li> </ul>
<b>Ownership Interest</b>		Possession of equity in the capital, the stock, or the profits of the disclosing entity.
<b>Partner Portal</b>	<b>KY MPPA or PP</b>	The electronic application that automates Medicaid Provider communication, enrollment, validations, and maintenance. It will enable Providers to enter and manage Medicaid enrollments, and Program Integrity staff to review, validate, and access reports on enrollments.

Term:	Acronym	Definition:
<b>Person with an ownership or control interest</b>		<p>A person or corporation that:</p> <ul style="list-style-type: none"> <li>• Has an ownership interest totaling 5% or more in a disclosing entity</li> <li>• Has an indirect ownership interest equal to 5% or more in a disclosing entity</li> <li>• Has a combination of direct and indirect ownership interests equal to 5% or more in a disclosing entity</li> <li>• Owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5% of the value of the property or assets of the disclosing entity</li> <li>• Is an officer or director of a disclosing entity that is organized as a corporation; or</li> <li>• Is a partner in a disclosing entity that is organized as a partnership</li> </ul>
<b>Primary Care Center</b>	<b>PCC</b>	<p>The new concept of providing comprehensive acute and chronic medical care in the same environment, with maintenance in continuity of care and physician-patient relationship. In Partner Portal, can be found under Group/Entity.</p>
<b>Primary NPI</b>		<p>A National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). Limit is thirty (30) NPI numbers. All NPI numbers must be listed on the <i>National Plan and Provider Enumeration System</i> website (NPPES), which is the NPI Registry Public Search, and Partner Portal validates against the NPPES website. Primary NPI is the first NPI number entered by the Provider.</p>
<b>Primary Physical Address</b>		<p>The “bricks and mortar” location of a Provider. A Provider may have more than one physical service address, but Primary is considered the main site.</p>
<b>Primary Taxonomy</b>		<p>Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers. The Code Set consists of three sections: Individuals, Groups of Individuals, and Non-Individuals. All Taxonomies must be listed on the NPPES website. Primary Taxonomy is the Taxonomy tied to the Primary NPI.</p>
<b>Private Ownership</b>		<p>A property, company or industry owned and funded by an individual or group of individuals. (For official information go to <a href="http://www.irs.gov">www.irs.gov</a>)</p>
<b>Profit Organization</b>		<p>An organization or service that exists to make a profit. (For official information go to <a href="http://www.irs.gov">www.irs.gov</a>)</p>
<b>Provider</b>		<p>An individual, group, or entity that assists Medicaid recipients by providing medically necessary services.</p>
<b>Provider Agreement</b>		<p>The contractual agreement between DMS and a Medicaid Provider.</p>
<b>Provider Type</b>		<p>The classification for a Medicaid Service Provider. For example, an individual physician is Provider Type 64. The classification of 'Provider type' is also known as a Provider specialty or taxonomy.</p>

<b>Term:</b>	<b>Acronym</b>	<b>Definition:</b>
<b>Psychiatric Residential Treatment Facilities</b>	<b>PRTF</b>	Provide a less medically intensive program of treatment than a psychiatric hospital, or psychiatric unit of a general hospital.
<b>Public Ownership</b>		A property, company or industry owned and funded by the government. (For official information go to <a href="http://www.irs.gov">www.irs.gov</a> )
<b>Reinstatement</b>		Restoration of a Provider's Medicaid ID number and ability to bill for services following a lapse in those privileges of less than a year. Reinstatement happens after corrected or updated information is received, reviewed, and approved by a DMS reviewer.
<b>Remote Identity Proofing</b>	<b>RIDP</b>	Remote Identity Proofing is the process for identity verification in the Kentucky Online Gateway. The user answers out-of-wallet security questions to confirm who they are.
<b>Requested Effective Date</b>	<b>Req Eff Date</b>	Petition for a specific first date a Provider is able to bill for Medicaid services. Cannot be more than one year prior or 90 days in the future from the date the enrollment was submitted.
<b>Revalidation</b>	<b>RVL</b>	The maintenance process of updating, reviewing, and reapproving a Provider. This is required within 5 years after the approval of the Provider's Medicaid Service ID.
<b>Risk Review</b>		The review of activities, background, and other areas for a Provider, to help ensure client safety and avoid Medicaid fraud.
<b>Rural Health Clinic</b>	<b>RHC</b>	A Rural Health Clinic is a public, non-profit, or for-profit healthcare facility providing primary care services for Medicaid and Medicare patients in rural underserved communities.
<b>Significant Business Transaction</b>		Any business transaction or series of transactions that, during any one fiscal year, exceeds the lesser of \$25,000 or 5% of applicant's operating expense.
<b>Sole Proprietor</b>		An individual who is the exclusive owner of a business, entitled to keep all profits after tax has been paid but also liable for all losses.
<b>Specialty Type</b>		Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers. The Code Set consists of three sections: Individuals, Groups of Individuals, and Non-Individuals.
<b>Subcontractor</b>		An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients, or an individual, agency or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or lease of real property) to obtain space, supplies, equipment or services provided under the Medicaid agreement.
<b>Substance Use Disorder</b>	<b>SUD</b>	A behavioral health service organization is an entity that is classified as a Provider Type 03 or 66. SUD organizations treat psychiatric or addiction disorders



<b>Term:</b>	<b>Acronym</b>	<b>Definition:</b>
<b>Tax Exempt</b>		A monetary exemption which reduces taxable income. An exemption must have a valid tax exempt certification from the IRS. (For official information go to <a href="http://www.irs.gov">www.irs.gov</a> )
<b>Taxonomy</b>		Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers. The Code Set consists of three sections: Individuals, Groups of Individuals, and Non-Individuals. All Taxonomies must be listed on the NPES website.
<b>Teaching Facility</b>		A hospital engaged in an approved GME residency program in medicine, osteopathy, dentistry or podiatry. Only Provider types 01 & 02 can be teaching facilities.
<b>Telehealth</b>		Telehealth is the use of communications technologies to extend healthcare resources by overcoming the barriers of time and distance.
<b>Telemedicine</b>		The diagnosis and treatment of patients using medical information, as x-rays or television pictures, transmitted over long distances, especially by satellite.
<b>Temporary Permit</b>	<b>TP</b>	A permit issued to an applicant who meets statutory requirements for a regular license. Applicants must have a completed application on file with the Governing Board.
<b>Termination</b>		Discontinuation of Medicaid ID for a specific reason. There are two types of termination: Voluntary and Involuntary
<b>Withdraw</b>		The action of a Provider removing a started enrollment from the enrollment process. That specific enrollment may not be re-opened or re-submitted, but the information (such as NPI and Taxonomy combinations) may be used in a different enrollment application by that Provider.
<b>X Drug Enforcement Administration Number</b>	<b>X DEA</b>	A number assigned to a health care provider allowing them to write prescriptions for controlled substances related to medications used to combat addiction.