

**KENTUCKY MEDICAID  
DENTAL PROVIDER CHANGE TO GROUP PRACTICE ENROLLMENT**

<p><b>ELECTRONIC REGISTRATIONS</b></p> <p>Agreements Required</p>	<p><b>MAP-347 Statement of Authorization for Payment</b></p> <ul style="list-style-type: none"> <li>▪ Fill in the following: <ul style="list-style-type: none"> <li>▪ Provider Name</li> <li>▪ Kentucky Medicaid Number</li> <li>▪ Type of Provider</li> <li>▪ Group Facility Name</li> <li>▪ Address</li> <li>▪ Group Facility Name</li> <li>▪ Group Facility Name</li> <li>▪ Provider’s Signature</li> <li>▪ Provider’s Social Security Number</li> <li>▪ Individual Medicare Number</li> <li>▪ Signature Date</li> <li>▪ Provider’s State License Number</li> <li>▪ Provider’s Specialty</li> <li>▪ Federal Identification Number</li> <li>▪ Date the Contract is Effective with the Group Facility</li> <li>▪ Kentucky Medicaid Number of the Group Facility</li> </ul> </li> </ul>
<p><b>SPECIAL NOTES</b></p>	<ul style="list-style-type: none"> <li>▪ If the Provider does NOT have an assigned KY Medicaid Provider Number they must contact Kentucky Medicaid (UNISYS) at (877) 838-5085.</li> <li>▪ If the Provider is requesting Electronic Claims Submission, they must fill out forms MAP-380 and MAP-246.</li> <li>▪ Forms may be obtained by calling CPS Provider Enrollment at (888) 255-7293 or KY Medicaid Provider Enrollment at (877) 838-5085.</li> </ul>
<p><b>SEND REGISTRATION FORMS TO:</b></p>	<p>Please mail completed forms to:</p> <p>UNISYS P.O. Box 2110 Frankfort, KY 40602</p>



emdeon™

business services

220 Burnham Street • South Windsor, CT 06074

Vox 888-255-7293 • Fax 860-289-0055

<b>ENROLLMENT CONFIRMATION</b>	<ul style="list-style-type: none"><li>▪ Provider is required to follow up with Kentucky Medicaid (UNISYS) on the status of the Individual to Group Provider change.</li><li>▪ Once approval has been received, the Provider must contact Emdeon Business Service Provider Enrollment at (888) 255-7293.</li></ul>
<b>CHANGING ELECTRONIC BILLING AGENTS</b>	<ul style="list-style-type: none"><li>▪ If the provider currently submits claims through another Billing Agent other than Emdeon Business Services, each Provider must (re)submit forms MAP-380 and MAP-246.</li><li>▪ In addition, each Provider must include a letter stating the name of the previous billing agent and that they are switching over to Emdeon Business Services, the name and address of the facility and appropriate Provider.</li><li>▪ Please return these forms with the letter(s) to: Emdeon Business Services Attn: Provider Registration 220 Burnham Street South Windsor, CT 06074</li></ul>
<b>CONTACT PHONE NUMBERS</b>	Emdeon Business Services (888) 255-7293 KY Medicaid Provider Enrollment (877) 838-5085

KENTUCKY MEDICAID PROGRAM  
STATEMENT OF AUTHORIZATION FOR PAYMENT

I hereby declare that I, \_\_\_\_\_,  
(Licensed Professional)

\_\_\_\_\_, a duly-licensed \_\_\_\_\_,  
(Medicaid Provider Number)

have entered into a contractual agreement with the following:

\_\_\_\_\_  
(Clinic/Corporation or Facility Name)

\_\_\_\_\_  
(Street Address/P.O. Box No.) (City, State and Zip Code)

to provide professional services. I authorize payment including Medicaid/Medicare cross-overs to the following:

\_\_\_\_\_  
(Clinic/Corporation or Facility Name)

from the Kentucky Medicaid Program for covered services provided by me and specified by the criteria of our contract. I understand that I, personally shall not bill the Kentucky Medicaid Program for any service that is reimbursed to the following:

\_\_\_\_\_  
(Clinic/Corporation or Facility Name)

as part of our contractual agreement, and further that Clinic/Corporation or Facility Name listed above shall be responsible for refunding any overpayments made for services rendered.



\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Individual Medicare Number

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
License and/or Certification Number

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
Federal Employer Identification Number

\_\_\_\_\_  
Date Contract Effective

\_\_\_\_\_  
Kentucky Medicaid Provider Number of  
Clinic/Corporation or Facility

(a) Making or causing to be made false statements or representations

Whoever

(1) knowingly and willfully makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program (as defined in subsection (f) of this section).

(2) at any time knowingly and willfully makes or causes to be made any false statement or representation of a material fact for use in determining rights to such benefit or payment.

(3) having knowledge of the occurrence of any event affecting (A) his initial or continued right to any such benefit or payment, or (B) the initial or continued right to any such benefit or payment of any other individual in whose behalf he has applied for or is receiving such benefit or payment, conceals or fails to disclose such event with an intent fraudulently to secure such benefit or payment either in a greater amount or quantity than is due or when no such benefit or payment is authorized.

(4) having made application to receive any such benefit or payment for the use and benefit of another and having received it knowingly and willfully converts such benefit or payment or any part thereof to a use other than for the use and benefit of such other person.

(5) presents or causes to be presented a claim for a physician's service for which payment may be made under a Federal health care program and knows that the individual who furnished the service was not licensed as a physician, or

(6) knowingly and willfully disposes of assets (including by any transfer in trust) in order for an individual to become eligible for medical assistance under a State plan under subchapter XIX of this chapter, if disposing of the assets results in the imposition of a period of ineligibility for such assistance under section 1396p(c) of this title, shall (i) in the case of such a statement, representation, concealment, failure, or conversion by any person in connection with the furnishing (by that person) of items or services for which payment is or may be made under the program, be guilty of a felony and upon conviction thereof fined not more than \$25,000 or imprisoned for not more than five years or both, or (ii) in the case of such a statement, representation, concealment, failure, or conversion by any other person, be guilty of a misdemeanor and upon conviction thereof fined not more than \$10,000 or imprisoned for not more than one year, or both. In addition, in any case where an individual who is otherwise eligible for assistance under a Federal health care program is convicted of an offense under the preceding provisions of this subsection, the administrator of such program may at its option (notwithstanding any other provision of such program) limit, restrict, or suspend the eligibility of that individual for such period (not exceeding one year) as it deems appropriate but the imposition of a limitation, restriction, or suspension with respect to the eligibility of any individual under this sentence shall not affect the eligibility of any other person for assistance under the plan, regardless of the relationship between that individual and such other person.

(b) Illegal remunerations

(1) whoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind-

(A) in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, or

(B) in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service or item for which payment may be made in whole or in part under a Federal health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

(2) whoever knowingly and willfully offers or pays any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person -

(A) to refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, or

(B) to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good facility, service, or item for which payment may be made in whole or in part under a Federal health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

(3) Paragraphs (1) and (2) shall not apply to -

(A) a discount or other reduction in price obtained by a provider of services or other entity under a Federal health care program if the reduction in price is properly disclosed and appropriately reflected in the costs claimed or charges made by the provider or entity under a Federal health care program;

(B) any amount paid by an employer to an employee (who has a bona fide employment relationship with such employer) for employment in the provision of covered items or services;

(C) any amount paid by a vendor of goods or services to a person authorized to act as a purchasing agent for a group of individuals or entities who are furnishing services reimbursed under a Federal health care program if-

(i) the person has a written contract with each such individual or entity, which specifies the amount to be paid the person, which amount may be a fixed amount or a fixed percentage of the value of the purchases made by each such individual or entity under the contract, and

(ii) in the case of an entity that is a provider of services (as defined in section 1395x(u) of this title), the person discloses (in such form and manner as the Secretary requires) to the entity and, upon request, to the Secretary the amount received from each such vendor with respect to purchases made by or on behalf of the entity;

(D) a waiver of any coinsurance under part B of subchapter XVIII of this chapter by a Federally qualified health care center with respect to an individual who qualifies for subsidized services under a provision of the Public Health Service Act (42 U.S.C.A. § 201 et seq.);

(E) any payment practice specified by the Secretary in regulations promulgated pursuant to section 14(a) of the Medicare and Medicaid Patient and Program Protection Act of 1987; and

(F) any remuneration between an organization and an individual or entity providing items or services, or a combination thereof, pursuant to a written agreement between the organization and the individual or entity if the organization is an eligible organization under section 1395mm of this title or if the written agreement, through a risk-sharing arrangement, places the individual or entity at substantial financial risk for the cost or utilization of the items or services, or a combination thereof, which the individual or entity is obligated to provide.

(c) False statements or representations with respect to condition or operation of institutions

Whoever knowingly and willfully makes or causes to be made, or induces or seeks to induce the making of, any false statement or representation of a material fact with respect to the conditions or operation of any institution, facility, or entity in order that such institution, facility, or entity may qualify (either upon initial certification or upon recertification) as a hospital, rural primary care hospital, skilled nursing facility, nursing facility, intermediate care facility for the mentally retarded, home health agency, or other entity (including an eligible organization under section 1395mm(b) of this title) for which certification is required under subchapter XVIII of this chapter or a State health care program (as defined in section 1320a-7(h) of this title), or with respect to information required to be provided under section 1320a-3a of this title, shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

(d) Illegal patient admittance and retention practices

Whoever knowingly and willfully-

(1) charges, for any service provided to a patient under a State plan approved under Subchapter XIX of this chapter, money or other consideration at a rate in excess of the rates established by the State, or

(2) charges, solicits, accepts, or receives, in addition to any amount otherwise required to be paid under a State plan approved under subchapter XIX of this chapter, any gift, money, donation, or other consideration (other than a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to the patient)-

(A) as a precondition of admitting a patient to a hospital, nursing facility, or intermediate care facility for the mentally retarded, or

(B) as a requirement for the patient's continued stay in such a facility, when the cost of the services provided therein to the patient is paid for (in whole or in part) under the plan, shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

(e) Violation of assignment terms

Whoever accepts assignments described in section 1393u(b)(3)(B)(ii) of this title or agrees to be a participating physician or supplier under section 1395a(h)(I) of this title and knowingly, willfully, and repeatedly violates the term of such assignments or agreement, shall be guilty of a misdemeanor and upon conviction thereof shall be fined not more than \$2,000 or imprisoned for not more than six months, or both

(f) "Federal health care program" defined

For purposes of this section, the term "Federal health care program" means-

(1) any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government (other than the health insurance program under chapter 89 of Title 5); or

(2) any State health care program, as defined in section 1320a-7(b) of this title.