

Requesting an Existing Medicaid ID

If the user has misplaced an existing Medicaid ID, email a Word or PDF document attachment including the following information in an email request to: program.integrity@ky.gov

Individual

- Social Security Number.
- NPI.
- Signature by the Provider.
- Email address with which the user wishes to receive the Medicaid ID.
 - Please use the subject line: Medicaid ID request.

Entity/Group

- Provider Type.
- FEIN number.
- NPI.
- Owner signature. (If there is no owner, an officer or board member must sign with their title).
- Email address with which the user wishes to receive the Medicaid ID.
 - Please use the subject line: Medicaid ID request.

For further assistance with navigation, invitations, or account creation please contact the Partner Portal Technical Support Center at 877-838-5085. Select option 1 and option 1, again, to speak with a customer service representative.