

# Kentucky Medicaid Partner Portal Application (KY MPPA): Request to Link Credentialing Agent(s) to KY Medicaid IDs Letter Template

## Instructions:

- Copy this letter onto your company letterhead; email the letter and attach the completed Excel spreadsheet with the required information to <mailto:medicaidpartnerportal.info@ky.gov>
- Signature on the letter must be that of the Owner or Director of the Agency working on behalf of the Provider(s) and the associated KY Medicaid ID(s), and include the Agency's FEIN. If no FEIN, include Owner/Director Social Security Number.

**Note:** The purpose of this form is to provide permission for a Credentialing Agent to work on behalf of KY Medicaid Providers within KY MPPA by connecting the Credentialing Agent's email address to the Provider's KY Medicaid ID(s). This is specifically helpful for groups not utilizing the Organization Management Application (OMA) because they do not have an Organization Administrator.

**Attach the spreadsheet to the email request along with the letter.**

To: Kentucky Department for Medicaid Services (DMS), Division of Program Integrity

Subject: Request to Link Credentialing Agent(s) to KY Medicaid IDs

I hereby authorize the identified Credentialing Agents to be linked to the KY Medicaid IDs included in the attached spreadsheet.

I understand and acknowledge the Credentialing Agent(s) will have access to KY Medicaid ID(s) of the Providers listed, and all associated data, in order to complete KY DMS Provider Enrollment functions (new enrollment, reinstatement, reapplication, revalidation, and maintenance), for submission to KY DMS.

I understand and verify that I have the authority to authorize access to the KY Medicaid IDs to the Credentialing Agents based on contracts or agreements signed by the Provider(s) listed on the attached spreadsheet who have KY Medicaid ID(s). The effective date of this authorization is based on the contracts and agreements signed. I agree that myself and the Credentialing Agents, to act on behalf of a Provider, are bound by all applicable Medicaid Rules and Regulations as outlined in 42 USC Section 1320a-7b, KRS 205, 907 KAR 1:671, or 907 KAR1:672.

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Owner or Agency Director Printed Name **and** FEIN or Social Security Number **and** Position

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Owner or Agency Director Signature and Date