# Kentucky Medicaid Partner Portal Application (KY MPPA): Organization Administrator Set Up Request Letter Template

**Instructions:** **Copy this letter onto your company letterhead; supply the required information; email all information to** [**program.integrity@ky.gov**](mailto:program.integrity@ky.gov)

**An Owner, Officer or Board Member associated with the FEIN and is listed on the Kentucky Medicaid Application or Revalidation must sign the letter for all the FEINs listed in the body of the letter. If not on file, provider must submit maintenance item in KY MPPA to update Owner or Office or Board Member.**

* If the KY MPPA Organization Administrator will manage multiple FEINs but there is ***one Owner, or Officer or Board Member responsible for the associated FEINs***, one letter can be submitted for the request.
* If the KY MPPA Organization Administrator will support multiple FEINS from ***different organizations with different Owners, or Officers or Board Members***, a separate letter will need to be submitted for the FEINs associated with each Owner, or Officer or Board Member.

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

Subject: Organization Administrator Set Up Request

We request the following individual be established as the initial KY MPPA Organization Administrator (Org Admin) for the Organization/Organizations listed in the table below.

KY MPPA Org Admin Name (First and Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KY MPPA Org Admin Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KY MPPA Org Admin Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We understand the KY MPPA Organization Administrator (Org Admin) will be responsible for invitations, linking and delinking Credentialing Agents to the Organization’s Group(s) in support of KY MPPA associated with the FEINs listed below:

|  |  |  |
| --- | --- | --- |
| FEIN | Group Medicaid ID associated with FEIN for the Owner or Officer or Board Member | Organization Name |
|  |  |  |
|  |  |  |
|  |  |  |

*\*add additional rows in the table as needed*

Remove from Org Admin Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*(insert name of previous Org Admin to remove/delink if still in OMA)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner, Officer, Board Member Printed Name/Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner, Officer Board Member Signature/Date