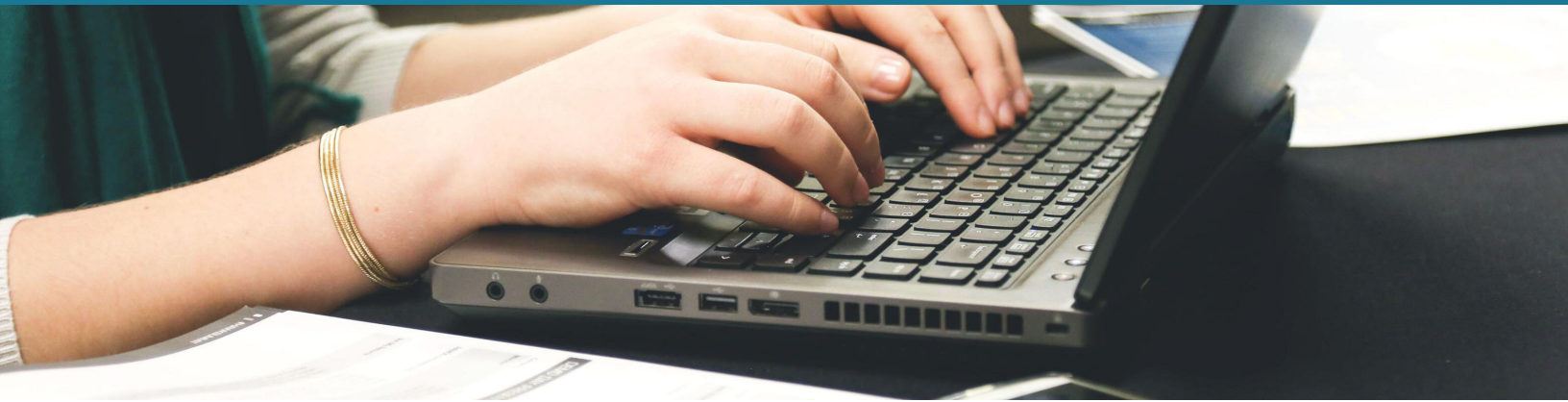


# KENTUCKY MEDICAID PARTNER PORTAL APPLICATION (KY MPPA)

September 2021



## ANNOUNCEMENT

### ***Release 8.22 Coming Wednesday (9/15/2021)***

On Wednesday, September 15, 2021 the following new features/enhancements will be implemented in the Kentucky Medicaid Partner Portal Application (KY MPPA).

- An additional question to request extension of Accreditation for PT03 has been added to 1.1 Basic Information Screen
- Accreditation questions for PT06 has been added to 1.1 Basic Information Screen
- License due Notifications have been enabled
- Hours of Operation for Primary Physical Location and any other Physical Locations

**What do you need to do?** - Nothing, this will be an internal update within KY MPPA and will be reflected on Thursday upon log in.

## INSIDE THIS ISSUE

### **ANNOUNCEMENT Release 8.22**

### **Accreditation extension request added for PT03**

### **Accreditation and extension request added for PT06**

### **License Due Notifications**

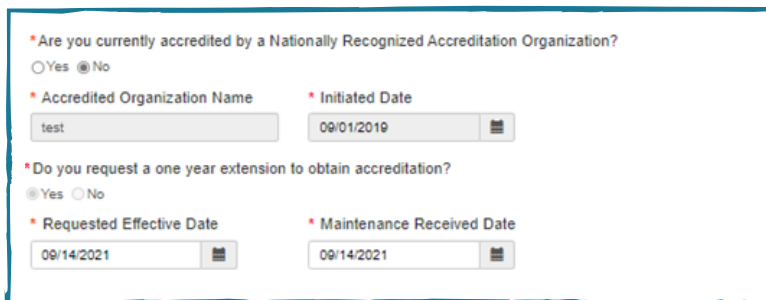
### **Hours of Operation for Physical Locations**

# Accreditation Extension Request for Behavioral Health Service Organization (PT 03)

## KY MPPA Section 1.1

A new question has been added to screen 1.1 Basic Information at the bottom after question "Are you currently accredited by a Nationally Recognized Accreditation Organization?" If question is answered **No**, then an additional question will be required to be answered:

"Do you request a one year extension to obtain accreditation?"



\* Are you currently accredited by a Nationally Recognized Accreditation Organization?  
 Yes  No

\* Accredited Organization Name  \* Initiated Date

\* Do you request a one year extension to obtain accreditation?  
 Yes  No

\* Requested Effective Date  \* Maintenance Received Date



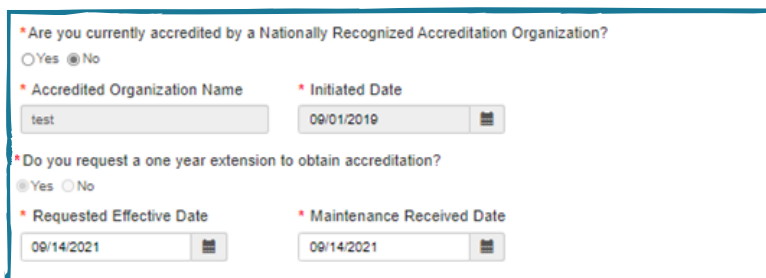
# Accreditation for Chemical Dependency Treatment Center (PT 06)

## KY MPPA Section 1.1

Two new questions have been added to screen 1.1 Basic Information for Provider Type 06 (Chemical Dependency Treatment Center). Both questions must be answered and areas marked with a red \* must be filled in to continue.

Question 1: **Are you currently accredited by a Nationally Recognized Accreditation Organization?** If question is answered **No**, then additional question is asked.

Question 2: **Do you request a one year extension to obtain accreditation?**



\* Are you currently accredited by a Nationally Recognized Accreditation Organization?  
 Yes  No

\* Accredited Organization Name  \* Initiated Date

\* Do you request a one year extension to obtain accreditation?  
 Yes  No

\* Requested Effective Date  \* Maintenance Received Date

## License Due Notifications

A notification will be sent to all active Kentucky Medicaid ID numbers whose license will expire within the next 30 days.

All active Medicaid Id's with a license that is going to end-date within 30 days will be sent a notification in KY MPPA.



# Hours of Operation, for Primary Physical and Other Physical locations

## KY MPPA Section 1.7

Hours of Operation for Primary Physical and other Physical locations must be completed on the section 1.7 Address Information. This is required when completing a New Enrollment, Change of Ownership (CHOW), Reinstatement, Reapplication, Maintenance and Revalidation. Hours must be listed for each day and for each physical location.

\* Address Type(Select All That Apply):  
 Primary Physical     Other Physical     Pay To/1099     Mailing

\* Contact Name:   
\* Location Name:

Hours of Operation

Total Hours on Monday	Total Hours on Tuesday	Total Hours on Wednesday
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Hours on Thursday	Total Hours on Friday	Total Hours on Saturday
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Hours on Sunday	<input type="text"/>	

\* Address 1:   
Address 2:

\* City:     \* State:     \* Zip Code:     Zip+4:     \* County:

\* Phone Number:     Ext:     Fax Number:



KENTUCKY CABINET FOR  
HEALTH AND FAMILY SERVICES

