

KENTUCKY MEDICAID PARTNER PORTAL APPLICATION (KY MPPA)

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ACTIVE RECORD REQUIRED FOR DISCLOSURE OF OWNERSHIP (DO) QUESTION 6

DO Question 6: *List name, date of birth, SSN/FEIN, and address of each person or entity that owns 5% or more direct or indirect ownership or controlling interest in the applicant provider (N/A not acceptable).*

For all Group and Entity providers, an active record is required for DO Question 6. Active record means the End Date is greater than today's date. During an Application or Change of Ownership, if user clicks **Save & Next** without adding an active record, an alert message will display indicating at least one active record is required. The user will need to select **Add**, and either enter the Owner's information or select "No One Owns 5% or More".

During Maintenance, Revalidation, Re-Application and Re-instatement, if user End Dates record(s) in grid and clicks **Save & Next** without an active record, an alert message will display indicating at least one active record is required. Without an active record, the user will be unable to continue.



Never iron a four-leaf clover, because you don't want to press your luck. -
The Leprechaun

“TRUST” ADDED AS OWNER TYPE FOR DISCLOSURE OF OWNERSHIP (DO) QUESTION 6

Group and Entity Providers have a new Owner Type radio button to select: **Trust**.

The radio button is disabled for Individual Providers. The Provider may enter more than one Trust record with the same Social Security Number (SSN) and overlapping dates; but the Trust names must be different. If there are multiple Trust records with overlapping dates, same SSN, and same Name, an error message will display “May only have one Trust Name per record”.

The following fields will display for Trust:

- Trust Name (required)
- SSN/ITIN (required)
- Effective Date (required, not displayed for Application or Change of Ownership)
- Expiration Date (not displayed for Application or Change of Ownership)
- Address Information (required)

Need Help?

Training Resources can be found
by clicking [here](#).



KENTUCKY CABINET FOR
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