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

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, the provider must submit a maintenance item in KY MPPA to update the Owner, Office, or Board Member.

- If the KY MPPA Organization Administrator will manage multiple FEINs but there is **one Owner, 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, Officers, or Board Members*, a separate letter will need to be submitted for the FEINs associated with each Owner, 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

Owner, Officer, Board Member Printed Name/Position

Owner, Officer Board Member Signature/Date