KENTUCKY MEDICAID PARTNER PORTAL APPLICATION NEWSLETTER

In this edition...

New 1915i RISE Provider

Consolidated Appropriations Act -<u>New requirement for</u> <u>all Providers</u>



1915i RISE Provider

The 1915i RISE Initiative to support Kentuckians with Serious Mental Illness (SMI) or co-occurring Substance Use Disorder (SUD) is set to begin on 7/1/2025.

Certification for this program is completed through the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID). Once certification is obtained, Providers can enroll in the Kentucky Medicaid Partner Portal Application as RISE Provider Type #51.

- This Provider is an Entity and cannot be linked to any other Individual Provider, Group or Entity.
- This new Provider Type is an A-Typical Provider Type which will not have a National Provider Identifier (NPI) or a Taxonomy.
- Out of state Providers may not enroll as a Provider Type 51.
- The default specialty is 511-1915i RISE Initiative specialty and is auto-populated with an openend date.
- These providers must be certified by DBHDID and the Certification will be required in the 8.0 Document Upload screen.
- If the screen is greyed out, it is not required as some screens are not applicable to this Provider Type.

CAA REQUIREMENTS

The Consolidated Appropriations Act (CAA), 2023 Amendments to Provider Directory Requirements from the Center for Medicare & Medicaid Services (CMS) states all providers will now be required to update additional information on their practice to be used in State Provider Directories.

To accommodate this requirement, KYMPPA has created a new screen and a new item type to allow Providers to quickly update their information.

When performing a Maintenance activity or Application instead of the Language Information screen, users will now see the "Provider Office Information" screen. This new screen allows the input of languages offered but also requires additional facility details.

- Are you accepting new Medicaid Patients?
- Are you accepting new CHIP Patients?
- Does your facility offer accommodations for Individuals with physical disabilities?
 Accommodations offered must be identified.
- Does this Provider have a website?
 - Website address must be provided.
- Does this Provider offer cultural capabilities?

Provi	der Facility Details
* Are y	vou accepting new Medicaid patients?
Yes	○ No
* Are y	vou accepting new Chip patients?
Yes	○No
	your facility offer accommodation for Individual with physical disabilities including the following, nation room(s) and equipment?
Acc	essible Parking
Acc	essible Building
Acc	essible Restroom
Acc	essible Examination Table and Chairs
Acc	essible Medical Equipment
Tran	nsfer Staff/Patient Lifts
Othe	er (please see website or call office for details)
Non	e
*Does	this provider have a website?
Yes	○No
https:/	//npiregistry.cms.hhs.gov/search
*Does	this provider offer cultural capabilities?
O Yes,	please see website or call office for details No

CAA REQUIREMENTS

To update this information without the need for submitting a Maintenance Item on an existing Medicaid ID, users can go to the Maintenance tab of KYMPPA and select "Update New Provider Directory per Section 5123 CAA 2023" from the "I want to Perform" options.

Any languages offered on the existing Provider Medicaid ID file will be defaulted in the Language list. All other questions remain the same.

This item can be submitted immediately without the need for review by DMS and will automatically update the Provider's Medicaid ID file. For your records, you will be provided with an item number in the confirmation message once the updates are submitted.

rovider Office Information	0	0	* = Required
ovider Onice mornation			
 CMS now requires providers to update provider directory information to include additional information su whether provider is accepting new Medicaid/Chip patients. Please ensure all additional required fields ar Select all languages offered by the provider or by a skilled medical interpreter who provides interpretation Indicate if the provider is accepting new Medicaid patients and new CHIP patients Select accommondiations provided at the facility Enter provider website if applicable and indicate if any cultural capaibilities are offered at the facility 	re completed to me	et this req	uirement
Success:			
our Provider Office Information was successfully submitted. Please retain the Application ID UPD543185 for	further reference.		
Language Details			
*Please Select Language(s) from List			
ENGLISH			
ABKHAZIAN			
CHINESE			
ACOLI			
4. Þ			
Provider Facility Details			
Are you accepting new Medicaid patients?			
yes No			
Are you accepting new CHIP patients?			
⊚Yes ⊘No			
Does your facility offer accommodation for Individual with physical disabilities including the following, exam	nination room(s) and	d equipme	ent?
Accessible Parking			
Accessible Building			
Accessible Restroom			
Accessible Examination Table and Chairs			

Update Provider Directory Screen

IMPORTANT INFORMATION



Changes will go into effect on June 26th 2025.

Check out these great resources!

Provider Summaries website

KYMPPA Training Website

