

KYMPPA Newsletter

April 2026

In this edition:

- New Welcome Letter will be generated when the contract Effective Date is changed.
- Providers required to enroll with Medicare will not have a Kentucky Medicaid Contract Effective Date prior to the Medicare effective date.
- PT 03 and PT 06 will be required to update National Accreditation information OR request a one-year extension on the 1.1 Basic Information screen If they do not receive their national accreditation within the first year from date of enrollment.

New Welcome Letter with Effective Data changes

When a contract effective date is changed resulting in a new start date of a Provider Medicaid ID a new correspondence will be generated. The new correspondence called the 'Revised Welcome Letter' will be available for viewing and printing on the Correspondence tab of Partner Portal.

Providers required to enroll with Medicare may not have a Contract Effective Date prior to Medicaid effective date

Providers who are required to enroll with Medicare cannot request a Contract Effective Date prior to the Medicare effective date. If the Medicaid ID contract effective date is prior to the Medicare effective date, an alert will be displayed on the eSign and Submit screen that reads 'Requested Effective Date cannot be prior to Medicare Effective Date, please return to 1.1 Basic Information screen and edit your Requested Effective Date'.

This applies to the following Provider Types:

- PT 1-Hospital
- PT 2- Psychiatric Hospital
- PT 12-Nursing Facility
- PT 30- Community Mental Health Center (CMHC)
- PT 31- Federally Qualified Health Centers (FQHC)- Only
- PT 34- Home Health Agency
- PT 35- Rural Health Clinic
- PT 37- Independent Lab
- PT 39- Renal Dialysis Clinic
- PT 41- Model Waiver II (Home Health Agency only)

- PT 42- Home and Community Based Waiver – Home Health Agency only
- PT 85- Chiropractor
- PT 86- Radiology Services (Other Lab and X Ray)
- PT 90- Medical Supplies, Equipment, and Appliances (MSEA)
- PT 92- Psychiatric Distinct Part Unit (DPU)
- PT 93- Rehabilitation Distinct Part Unit (DPU)
- PT 97- Medicare Crossover

The Medicare number should be listed on the 1.6 Additional Information screen. If one is not entered this message will appear “Medicare Number Required” - a validation will also be completed at the 10.0 submit page.

PT 03 and PT 06 are required to update National Accreditation information or request one-year extension

PT 03 Behavioral Health Service Organization (BHSO) and PT 06 Chemical Dependency Treatment Center (CDTC) are required to request a one-year extension to obtain accreditation if they are not currently accredited. If the Accreditation Questions on the 1.1 Basic Information screen are not answered, there will be a hard stop on the eSign and Submit screen with an alert that reads ‘Please update your National Accreditation information on file or request a one-year extension from 1.1 Basic Information’.

Kentucky.gov Partner Portal Welcome: n

Dashboard Application Maintenance Correspondence DMS Review Administration Search Application Header

1.0 Administrative Information

- 1.1 Basic Information **[Active]**
- 1.2 Tax Information ✓
- 1.3 NPI Information ✓
- 1.4 Taxonomy Information ✓
- 1.5 Add Group Members ✓
- 1.6 Additional Identifiers ✓
- 1.7 Address Information ✓
- 1.8 Contact Information ✓
- 1.9 Provider Office Information ✓
- 1.10 Bed Data ✓
- 1.11 Locum Tenens ∅
- 1.12 Teaching Facility ∅
- 1.13 Telehealth Information ∅
- 1.14 NTP Address Information ∅
- 1.15 CLIA Information ✓

2.0 Provider Qualifications

3.0 Disclosure of Ownership and Control Interest ✓

4.0 Attestations ∅

5.0 Provider Group Linkage ∅

6.0 Account Information ✓

7.0 Fee Payment ∅

8.0 Document Upload ✓

9.0 Provider Review ∅

10.0 Submit ∅

Basic Information-Group/Entity * = Required

- Please enter your basic information below
- The email address used here must be the same as the one used in the Kentucky Online Gateway (KOG) to access your application later
- If the application is for a Group or Entity enter the Group/Entity email notification address and not the individual's providers address
- Press "Exit" to return to the Dashboard and keep all validated data entered
- Press "Next" when you are done entering data and ready to move to next screen
- For Provider Type 03, Tier 1, Tier 2 Non-NTP and Tier 3 cannot enroll together with Tier 2 NTP. Tier 2 NTP must enroll separately.
- For PT06, "Accredited Organization Name": If you are currently not accredited, enter the name of the agency in which you are pursuing accreditation.

* Business Name
Test Business

Doing Business As

* Owner, Officer or Board Member Email Address: test@test.com
* Confirm Owner, Officer or Board Member Email Address: test@test.com

Communication Email Address: john.smith@email.com
Confirm Communication Email Address: john.smith@email.com

* Business Structure Type: Profit
* Business Ownership Type: Private

* Tier Selection
 Tier 1 Mental Health
 Tier 2 Outpatient SUD
 Tier 3 Residential SUD

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

* Accredited Organization Name: _____
 * Initiated Date: MM/DD/YYYY _____

* Requested Effective Date: 10/29/2025 _____
 * Application Received Date: 10/29/2025 _____

Exit Save & Next

Questions? Contact Us:

877 - 838 – 5085- Extension 1

Option 1 - Technical Support

Option 2 - Policy Questions