

**Primary Care Center/Federally Qualified Health Centers  
Provider Type 31  
[907 KAR 1:055](#)**

**Information about the program:**

- Each Federally Qualified Health Center (FQHC) shall be required to meet appropriate licensure standards and shall be under a grant through [42 CFR 405.2401](#)
- All Primary Care Center (PCC) providers must be licensed by the state where they practice and may contact the [Office of Inspector General \(OIG\)](#) for more information
- Out-of-state providers may enroll but must be a FQHC
- This provider cannot have a number under this type and a another group number active at the same time, i.e., physician group, nurse practitioner group, physician assistant group, rural health clinic provider number, etc.,

**Application Information and Supporting Documentation required for processing:**

- [Map-811 \(Enrollment\) application](#)
- [Map-811 Addendum E](#) and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit
- [Map-347](#) for each professional in the group (ex: Physician, Advanced Practitioner Registered Nurse (APRN), Certified Registered Nurse Anesthetist (CRNA), ...etc.,)
- PCC license (current and reflecting requested enrollment date)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- [NPI and Taxonomy Code Verification](#)
- [Health Resources and Services Administration \(HRSA\)](#) Certification for [Federally Qualified Health Center \(FQHC\)](#) entities only
- Application Fee - per [42 CFR 455.460](#) - Please make check payable to the [KY State Treasurer](#) and submit the current application at the time of enrollment. For information regarding the current application fee, please refer to the DMS Provider Enrollment Revalidation Page at <http://www.chfs.ky.gov/dms/provEnr/Revalidation.htm#fee>. If you have already paid an application fee to Medicare or another state's Medicaid agency, please provide proof of payment

**Submit the completed MAP-811 (Enrollment) application and supporting documentation to:**

KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

**Important address:**

For Licensure, contact:  
Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621  
Phone: 502-564-7963