

**Rural Health Clinic
Provider Type 35
907 KAR 1:082**

Provider must be actively enrolled with Medicare at the Primary Practice Location listed on the MAP-811 application.

Information about the program:

- Provider must contact the [Office of Inspector General \(OIG\)](#) for survey/licensure. DMS will not assign a provider number to in-state facilities unless a survey has been received. Any changes to in-state facilities licensure status must be directed to OIG immediately
- Out-of-state providers may enroll
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have a permanent physical address/location
- Provider cannot have a number under this provider type and a group provider number active at the same time, i.e. physician group, nurse practitioner group, physician assistant group, primary care 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
- Rural Health Clinic license (current and reflecting requested enrollment date)
- [Clinical Laboratory Improvement Amendments \(CLIA\) license](#) (if lab present)
- [Map-347](#) for each professional working in facility (physician, Advanced Practitioner Registered Nurse (APRN), Certified Registered Nurse Anesthetist (CRNA), Physician Assistant (PA), etc.,)
- 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](#)
- 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