

**Rehabilitation Distinct Part Unit (DPU)
Provider Type 93**

Information about the program:

- Provider cannot be an individual.
- Out-of-state providers may NOT enroll.
- Provider must obtain a Certificate of Need.
- Provider must have “bricks and mortar”.
- In-state providers must contact OIG for a survey.
- DMS will not assign a provider number to an in-state facility unless a survey has been received.
- Any changes to in-state facilities must be directed to OIG immediately.

Information to be submitted by the provider for application processing:

- [Map-811\(Enrollment\)](#)
- [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
- Documentation from Medicare designating provider as a distinct part unit.
- The Joint Commission accreditation letter- If hospital is not accredited by The Joint Commission, please send verification of participation within own state’s Medicaid/ Medicare program.
- State Hospital license (current and reflecting requested enrollment date)
- Medicare number
- CLIA Certificate
- 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](#)

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621

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