

**Nursing Facility
Provider Type 12**
[907 KAR 1:022](#)
[907 KAR 1:065](#)

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

Information about the program:

- All Nursing Facilities providers must contact the [Office of Inspector General \(OIG\)](#) for licensing and survey. DMS will not assign a provider number until a survey is received from OIG. Any changes in licensure status must be directed to OIG immediately
- Provider must obtain a "[Certificate of Need](#)".
- Provider must have a permanent physical address/location
- Provider can only be an entity - NO INDIVIDUALS
- All Nursing Facility providers must be licensed by the state in which they are physically located
- No out-of-state entities should be enrolled unless a Kentucky facility is closing and the recipients are being moved out-of-state on a temporary basis. Approval for the enrollment must be given by DMS
- Different types of nursing facilities are:
 - 122 (out-of-state);
 - 123 (NF Waiver);
 - 124 (IMD [Institutions of Mental Disease]);
 - 125 (nursing facility);
 - 127 (Swing bed);
 - 128 (Medicare Deductible);
 - 129 (brain injury)
- Minimum of 10 continuous beds
- [Commission Accreditation Rehabilitation Facility \(CARF\)](#) certification after the first year

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
- Nursing Facility license (current and reflecting requested enrollment date)
- [Clinical Laboratory Improvement Amendments \(CLIA\) license](#) (as applicable)
- 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

Other Important Addresses:

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

For a Certificate of Need, contact:
Office of Health Policy
275 E. Main St., 4W-E
Frankfort, KY 40621
Phone: 502-564-9592