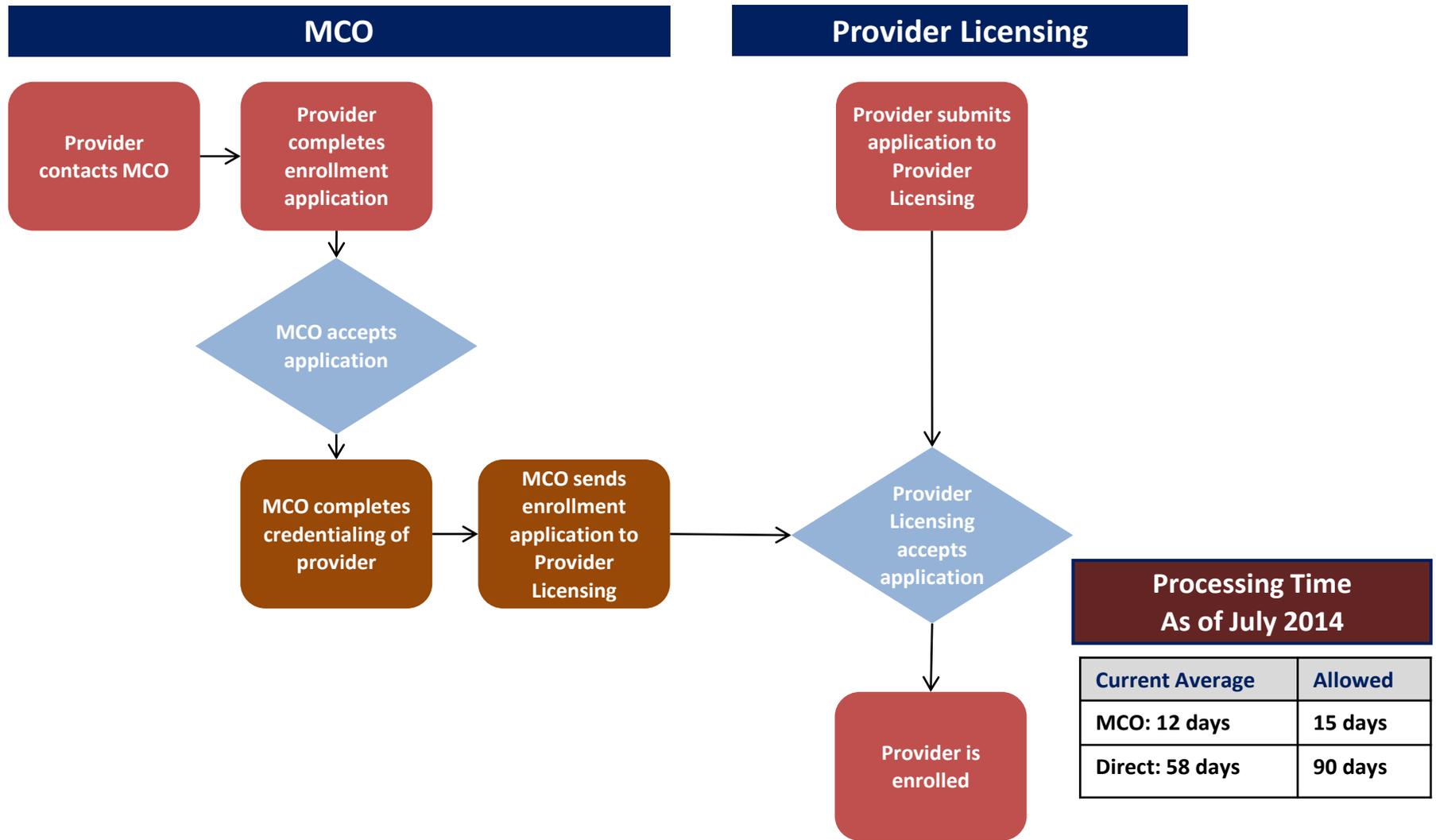


PROVIDER ENROLLMENT

Provider Network Expansion



Providers are able to enroll as a Medicaid provider either through an MCO or directly through DMS' Provider Licensing.



Processing Time As of July 2014

Current Average	Allowed
MCO: 12 days	15 days
Direct: 58 days	90 days

Provider Enrollment



<http://www.chfs.ky.gov/dms/provEnr/>

Kentucky.gov KY Agencies | KY Services Search CHFS Go

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español
■ Home > Department for Medicaid Services > Provider Enrollment > **Overview**

Provider Enrollment

Welcome to the Kentucky Medicaid provider enrollment website

Thank you for choosing to participate in the Kentucky Medicaid Program. The Kentucky Medicaid Program appreciates your interest and welcomes the opportunity to work with you to provide health care services to Kentucky Medicaid members.

- If you want to learn about KY Medicaid Provider, refer to [What is a KY Medicaid Provider?](#)
- If you are a new provider, refer to the [Application Information](#) and [Provider Type Summaries](#).
- If you are an existing provider and need to make changes, refer to [Maintenance Information](#).
- If you need to update your License, refer to [Update Your License Information with KY Medicaid](#)
- [Read provider enrollment updates](#) **New Information**

If you have any further questions or need assistance, please either email us at Program.Integrity@ky.gov or call toll free: (877) 838-5085 Monday to Friday 8 a.m. - 4:30 p.m. ET.

Provider Enrollment Resources

- [Department for Medicaid Services](#)
- [Kentucky Medicaid Provider Directory](#)

Regulations, Publications, Termed Provider List

Regulations

- 907 KAR [1:671](#)
- 907 KAR [1:672](#)

Publications

- [Roadmap for New Physicians: Avoiding Medicare and Medicaid Fraud and Abuse](#)

Contact Information

Kentucky Department for Medicaid Services

National Provider Identifier (NPI)

Application Information

Credentialing Recredentialing

FAQ

Forms

Lockin Information

Maintenance Information

Managed Care Organization Information

Overview

Provider Type Summaries

Subscribe to the new Provider Enrollment

Provider Enrollment



Kentucky.gov KY Agencies | KY Services Search CHFS Go

KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

DEPARTMENT FOR MEDICAID SERVICES

- About CHFS | Contact Us | Forms and Documents | Información en Español
- Home > Department for Medicaid Services > Provider Enrollment > **Provider Type Summaries**



- National Provider Identifier (NPI)
- Provider Revalidation
- Application Information
- Archived Provider Enrollment Notices
- FAQ
- Forms
- Maintenance Information
- Managed Care Organization Information
- Overview
- Provider Type Summaries**

Provider Type Summaries

Welcome

Please select the provider type from the list below for application information.

If you have any questions on the information provided for the provider types below, contact Provider Enrollment from 8 a.m. - 4:30 p.m. ET Monday through Friday at (877) 838-5085.

The free [Adobe Acrobat Reader](#) is required to view and print these documents.

Current Provider Number and Type

- 01 - [Hospital](#)
- 02 - [Psychiatric Hospital](#)
- 04 - [Psychiatric Residential Treatment Facility \(PRTF\)](#)
- 10 - [Intermediate Care Facility - Individuals with Intellectual Disability \(ICF/IID\) Clinic](#)
- 11 - [Intermediate Care Facility/Mental Retardation/Developmentally Disabled Services \(ICF/MR/DD\)](#)

Policy Information

Use of 71 Provider number (09/07/07)

Contact Information

Kentucky Department for Medicaid Services
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602
Toll free: (877) 838-5085
Monday to Friday
8 a.m. - 4:30 p.m. ET
Email:
Program.Integrity@ky.gov

For other questions or assistance, e-mail the [CHFS DMS Webmaster](#)

Provider Enrollment



60 - <u>Dentist</u>
61 - Dentist Group
64 - <u>Physician</u>
659 - Physician Group
66 - <u>Behavioral Health Multi-Specialty Group</u>
70 - <u>Audiologist</u>
709 - Audiologist Group
74 - <u>Certified Registered Nurse Anesthetist</u>
749 - Certified Registered Nurse Anesthetist Group
77 - <u>Optometrist</u>
779 - Optometrist Group
78 - <u>Advanced Registered Nurse Practitioner</u>
789 - Advanced Registered Nurse Practitioner Group
79 - <u>Speech Language Pathologist</u>
799 - Speech Language Pathologist Group
80 - <u>Podiatrist</u>
809 - Podiatrist Group
81 - <u>Licensed Professional Clinical Counselor</u>
819 - Licensed Professional Clinical Counselor Group
82 - <u>Licensed Clinical Social Worker</u>
829 - Licensed Clinical Social Worker Group
83 - <u>Licensed Marriage and Family Therapist</u>
839 - Licensed Marriage and Family Therapist Group
84 - <u>Licensed Psychological Practitioner</u>
849 - Licensed Psychological Practitioner Group
85 - <u>Chiropractor</u>
859 - Chiropractor Group
86 - <u>Other Lab and X Ray</u>
87 - <u>Physical Therapist</u>
879 - Physical Therapist Group
88 - <u>Occupational Therapist</u>
889 - Occupational Therapist Group
89 - <u>Licensed Psychologist</u>

Licensed
Marriage
and Family
Therapist



Provider Enrollment



Licensed Marriage and Family Therapist Provider Type 83

Information about the program:

- Provider can only be an individual.
- Out-of-state providers may enroll.
- Licensed Marriage and Family Therapist must sign all forms.
- Provider must have "bricks & mortar".

Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 (if working in a group setting)
- Marriage and Family Therapist license (current and reflecting requested enrollment date)
- Copy of social security card (If applicant has a social security card stating "valid for work only with DHS/INS Authorization, please refer to additional requirements at <http://www.chfs.ky.gov/dms/provEnr/>).
- If applicant is sole owner of a tax id, need to submit 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 Verification

Important addresses:

- Kentucky Board of License for Marriage and Family Therapists
911 Leewood Drive
Frankfort, KY 40601
- Kentucky Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

Provider Type Summary

Provider Enrollment



Kentucky.gov KY Agencies | KY Services Search CHFS Go

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español
■ Home > Department for Medicaid Services > Provider Enrollment > **Forms**

Forms

Welcome to the Kentucky Department of Medicaid Services Provider Enrollment Forms webpage.

If you are a new provider, refer to the [Enrollment Forms](#) listed below.

If you are an existing provider and need to make changes, refer to the [Maintenance Forms](#) listed below.

Enrollment Forms

- [MAP-811 - \(Revalidation\) *NEW*](#)
- [Map 347](#) - Statement for Authorization of Payment
- [MAP 572A](#) - Private Auto Provider
- [Map 572B](#) - Foster Parent Provider Agreement
- [MAP-612](#) - Statement for Authorization of Payment (Physician Assistant)
- [MAP-811 Non Credentialed](#) (with [MAP-811 Addendum E](#))
- [MAP-811 Individual](#) (with [MAP- 811 Addendum E](#)) and [KAPER-1](#)
 - [KAPER-1 Code Lists](#) (Refer to these code lists as you complete the KAPER-1).
- [MAP-811 Addendum E](#) - Direct Deposit Authorization/Cancellation Form
- [MAP-814](#) - EPSDT Special Services Short Form
- [MAP-4100](#) - Acquired Brain Injury Waiver Program Provider Information and Services
- [Supports for Community Living Statement of Services to Be Provided](#)
- [Dental Credentialing Form](#)

Contact Information

Kentucky Department for Medicaid Services
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602
Toll free: (877) 838-5085
Monday to Friday
8 a.m. - 4:30 p.m. EST
Email:
Program.Integrity@ky.gov

For questions regarding this website, e-mail the [CHFS DMS Webmaster](#).



Provider Enrollment



Providers enrolling in KY Medicaid and participating with any of the Managed Care Organizations (MCOs) may send your enrollment application to one of the MCOs of your choice.

MCO Provider Credentialing Contacts:

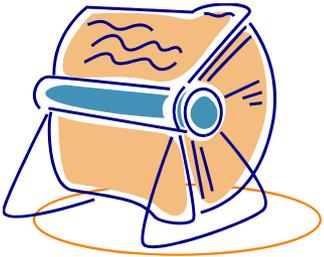
- Aetna (formerly Coventry) - 855-300-5528
- Anthem - 800-205-5870
- Humana Caresource - 800-457-5683
- Passport - 800-578-0775
- Wellcare - 877-389-9457

Provider Enrollment



For more information or
to subscribe to a Listserve,
please visit:

<http://www.chfs.ky.gov/dms/provEnr/>



CONTACT INFORMATION:

Provider Licensing and Certification Branch

1-877-838-5085

program.integrity@ky.gov

Provider Type Summaries

Subscribe to the new Provider Enrollment Listserv

If you are interested in receiving e-mail notices on Provider Enrollment, click [here](#) to add or delete subscriptions at any time.