

**Hospice  
Provider Type 44  
907 KAR 1:330**

**Information about the program:**

- Provider must contact the [Office of Inspector General \(OIG\)](#) for a survey. 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 on emergency basis and be licensed by Kentucky
- Provider must obtain a "[Certificate of Need](#)"
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have a permanent physical address/location

**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
- If hospital based, must submit copy of hospital's accreditation such as [The Joint Commission](#) accreditation letter or other CMS approved accreditation programs
- Hospice license (current and reflecting requested enrollment date)
- Out-of-state providers should provide Kentucky license and proof of dates of service for recipient
- 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