Notice to Providers:

- Provider must be actively enrolled with Medicare at the primary physical location.
- Per 42 CFR 455.432, the State Medicaid agency (a) Must conduct pre-enrollment and post-enrollment site visits of providers who are designated as “high” categorical risks to the Medicaid program. (b) Must require any enrolled provider to permit CMS, its agents, its designated contractors, or the State Medicaid agency to conduct unannounced on-site inspections of any and all provider locations.
- According to the provisions of 42 CFR 455.434, providers who are considered “high” risk are required to comply with Fingerprint-based Criminal Background Check (FCBC). “High” risk can apply to individual or organizational providers and is defined by two federal regulations, 42 CFR 424.518(c) and 42 CFR 455.450(e).

Information about the Program:

- Provider can only be an entity, not an individual.
- Out-of-state providers may enroll
- A valid NPI and Taxonomy Code registered with NPPES is required
- The DME provider must adhere to all CMS supplier standards in accordance with 42 CFR 424.57.

New Provider Application, Revalidation and Maintenance Information:

- All provider applications (new enrollment, revalidations, and maintenance items) are now completed using the KY Medicaid Partner Portal Application (KY MPPA website).

Supporting Documentation Required for New Provider Enrollment, Revalidation and Maintenance Tasks:

- DME Accreditation Certificate – Exempt organizations need to submit a signed statement attesting to the exemption and documentation from CMS outlining the accreditation exemption.
- Home Medical Equipment (HME) license issued by the Kentucky Board of Durable Medical Equipment Suppliers per 201 KAR 47:010 and 201 KAR 47:020. (Exempt organizations need to submit a signed statement attesting to the HME exemption per KRS 309-412)
- 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.
- If the provider chooses to enroll in direct deposit, verification of the bank routing/accounting numbers, such as voided check or bank letter, is required.
- Pursuant to 42 CFR 455.460, an application fee is required. Payments are processed electronically through the KY MPPA website. If you have already paid an application fee to Medicare or another state’s Medicaid agency, payment is not required. For information regarding the current application fee, please refer to the DMS Provider Enrollment Page.

KY Medicaid Partner Portal Application (KY MPPA):

Link to Enroll as a Kentucky Medicaid Provider:
https://medicaidsystems.ky.gov/Partnerportal/home.aspx and click Let’s Get Started

Link to the Kentucky Medicaid Partner Portal Application (KY MPPA):
https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx
Where providers can:
- Register for a KY MPPA account
- Access KY MPPA training resources
- Register for or view pre-recorded webinars
- Subscribe to CHFS email for updates