

Dentist
Provider Type 60
[907 KAR 1:026](#)

Notice to Providers:

- Upon request, providers may be subject to an onsite inspection

Information about the Program:

- Provider can only be an individual.
- Out-of-state providers may enroll but must be licensed by the state where they practice. The licensing authority for Kentucky is the [Kentucky Board of Dentistry](#).
- In addition to a state dental license, all oral surgeons, orthodontists, and prosthodontists must provide proof of specialty by the appropriate state licensing agency or proof of board certification when state specialty licensure is not required. Kentucky requires the specialty from the [Kentucky Board of Dentistry](#). Therefore, proof of board certification, such as the American Board of Oral Surgery is not sufficient for providers located in Kentucky. This proof can be a certificate stating specialty or a letter from the Kentucky Board of Dentistry on board letterhead stating the type of specialty and the effective and expiration dates of the specialty.
- A valid [NPI and Taxonomy Code](#) registered with NPES is required
- Provider must have a permanent physical address/location.

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:

- Dentist license (must be current and reflect the requested enrollment date)
- Specialty license (must be current and reflect the requested enrollment date)
- [Clinical Laboratory Improvement Amendments \(CLIA\) certificate](#) (if applicable) (must be current and reflect the requested enrollment date) CLIA address must match primary physical address.
- **Copy of Social Security Card – No other forms of verification will be accepted.** If applicant has a Social Security Card stating, “valid for work only” with DHS/INS Authorization, please refer to the additional requirements on the [DHS/INS Documentation](#). A Social Security Card with moniker “not valid for employment” will not be accepted.
- If applicant is the sole owner of a tax id, 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.
- 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.

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