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.
- Provider must have a primary physical location in Kentucky.
- A valid NPI and Taxonomy Code registered with NPPES is required.
- Providers must contact the Office of Inspector General (OIG) for a Certificate of Need and license. DMS will not assign a provider number to facilities unless a Certificate of Need and license have been received.

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:
- HHA 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. Additional CLIA at different locations require separate location enrollment
- 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