

Home Health Agency (HHA)
Provider Type 34
[907 KAR 1:030](#)

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 NPES 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 CLIAs 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