Notice to Providers:

- Provider must be actively enrolled with Medicare at the Primary Practice Location listed on the application.
- CMS requires the collection of whether a hospital (01) is a Teaching Facility, which refers to a hospital engaged in an approved GME residency program in medicine, osteopathy, dentistry, or podiatry.
- Upon request, providers may be subject to an onsite inspection.

Information about the Program:

- Provider can only be an entity, not an individual.
- Out-of-state providers may enroll but must be licensed by the state in which they are physically located.
- Provider must have a primary physical address/location.
- A valid NPI and Taxonomy Code registered with NPPES is required.
- Provider must obtain a Certificate of Need from the Division of Certificate of Need when located in and providing services in Kentucky. Out of state providers are not required to have a Certificate of Need.
- In-state providers must contact the Office of Inspector General (OIG) for a survey/license. DMS will not assign a provider number to in-state facilities unless a survey/license has 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:

- The Joint Commission accreditation letter or other CMS approved accreditation programs. Hospitals not accredited, send verification of participation within own state’s Medicaid/Medicare program.
- Hospital License (must be current and reflect the requested enrollment date).
- Bed Data Verification Letter (if bed data is not listed on license).
- Clinical Laboratory Improvement Amendments (CLIA) certificate (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