

**Hospital  
Provider Type 01**  
[907 KAR 10:012](#)  
[907 KAR 10:014](#)

**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 NPES 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 CLIA's 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

