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.
- Provider must have an on-site inspection, upon request.

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.
- 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)
- Clinical Laboratory Improvement Amendments (CLIA) certificate (must be current and reflect the requested enrollment date)
- 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.
- NPI and Taxonomy Code Verification
- 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.
- Application Fee - per 42 CFR 455.460, preferably processed electronically through the KY MPPA website, but checks are accepted. Please make check payable to the KY State Treasurer. 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
- And so much more