Notice to Providers:
• Upon request, providers may be subject to an onsite inspection

Information about the Program:
• Provider can only be an individual.
• A valid NPI and Taxonomy Code registered with NPPES is required
• Out-of-state providers may enroll but must be licensed by the state where they practice. The licensing authority for Kentucky is the Kentucky Board of Medical Licensure.
• Both Anesthesiology and Psychiatry require proof of completed residency.
• Providers prescribing buprenorphine for medication assisted treatment related to opioid use treatment, must submit a XDEA Waiver license documenting the number, issued date, and the capacity to prescribe.

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:
• Physician license (must be current and reflect the requested enrollment date)
• Board Certification for Specialty (pediatrics, internal medicine, etc.) through the American Board of Medical Specialties
• Proof of Residency (if applicable) (must be current and reflect the requested enrollment date)
• XDEA Waiver license (if applicable) (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)
• Copy of Social Security Card – No other forms of verification will be accepted. If applicant has a Social Security Card stating, “valid for work only” with DHS/INS Authorization, please refer to the additional requirements on the DHS/INS Documentation. A Social Security Card with moniker “not valid for employment” will not be accepted.
• If applicant is sole owner of a tax id, submit IRS letter of verification of FEIN or official IRS documentation stating FEIN (if applicable). 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.

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

Provider Type Summary Revised December 2020