Psychiatric Distinct Part Unit (DPU)
Provider Type 92
907 KAR 10:815

Notice to Provider:
- Provider must be actively enrolled with Medicare at the Primary Practice Location listed on the application.
- Providers shall meet the requirements of 42 CFR 412.25 to participate.
- Upon request, providers may be subject to an onsite inspection

Information about the Program:
- Provider can only be an entity, not an individual.
- Provider must have a primary physical address/location.
- Out-of-state providers may not enroll.
- 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.
- 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 out-of-state hospitals not accredited, send verification of participation within our state’s Medicaid program.
- State Hospital License (must be current and reflect the requested enrollment date)
- Bed Data Verification Letter (if bed data is not listed on license)
- Documentation from Medicare designating provider as a Distinct Part Unit.
- 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 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.

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