

# How to Find Provider Requirements

Provider Type Summaries are documents that are specific to each Provider Type and outline the requirements needed for users to complete New Enrollment, Maintenance, or Revalidation in Partner Portal. The following link will navigate users to the Provider Type Summaries home page where specific Provider Type Summaries can be located.

<https://www.chfs.ky.gov/agencies/dms/dpi/pe/Pages/prov-summaries.aspx>

## What Information Do I Need Based on My Provider Type Summary?

Below are examples of information and documentation that *may* be required when completing tasks in Partner Portal.

### Information the Provider *May* Need:

- The practice/hospital/organization address
- SSN/FEIN number
- National Provider Identifier (NPI) number & Taxonomy Code(s)
- KY Medicaid ID(s) (If applicable)

### Documentation the Provider *May* Need:

- Professional License/s
- Copy of Social Security Card
- Medical Specialty documentation
- Specific certification (ex. DEA certification, accreditation documentation)
- Voided check or bank letter
- Authorized Delegate Form (if applicable)

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## Provider Type Summary Example

Below is an example of a Provider Type Summary with specific directions that highlight the required information and documentation needed to be entered into Partner Portal.

### Physician Provider Type 64 [907 KAR 3:005](#)

#### Notice to Providers:

- Upon request, providers may be subject to an onsite inspection

NPI on Screen 1.3 & Taxonomy Code on Screen 1.4 are pre-populated from 1.0 Screen; Additional Taxonomies can be added here.

#### 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.

Enter Information on Screen 2.2 & Upload License on Screen 8.0

Upload Documents on Screen 8.0

Enter Information on Screen 1.6 & Upload Document on Screen 8.0

Enter information on Screen 1.15 & Upload Certificate on Screen 8.0

Upload Documents on Screen 8.0

Enter Information on Screen 6.0 & Upload Documents on Screen 8.0

#### 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