

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

**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