



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Steven L. Beshear
Governor

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Janie Miller
Secretary

Elizabeth A. Johnson
Commissioner

October 1, 2008

To: General Hospital (01) Provider Letter A-235; Specialized Children Service Clinics (13) Provider Letter A-4; Preventive & Remedial Public Health (20) Provider Letter A-18; School Based Health Services (21) Provider Letter A-9; Primary Care (31) Provider Letter A-374; Family Planning Service (32) Provider Letter A-20; Rural Health Clinic (35) Provider Letter A-219; Dental Individual (60) Provider Letter A-155; Dental Group (61) Provider Letter A-17; Physician Individual (64) Provider Letter A-368; Physician Group (65) Provider Letter A-28; Certified Nurse Practitioner (78) Provider Letter A-98; and Physician Assistant (95) Provider Letter A-33.

RE: KCHIP Enrollment Provider Training

Dear Kentucky Medicaid Provider:

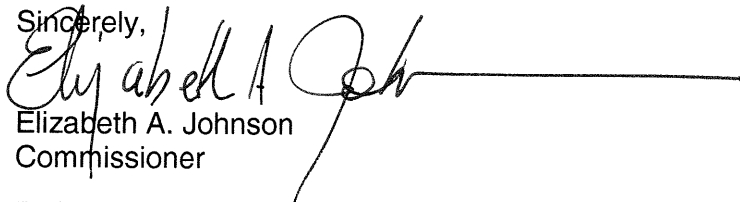
As a front-line health care provider, you see and treat many individuals that may be eligible for KCHIP but who are not enrolled in the program. Beginning November 1, 2008, KCHIP will have a new mail-in application process.

The mail-in application will be easy to complete. With your help, many families may receive benefits quicker than if filling out the application by themselves. Assisting families with the application will lead to healthier children and a payor source for those individuals who currently have no insurance and few resources with which to compensate you for services you provide.

To help you understand more about KCHIP and the many benefits the program offers, we will be conducting application training sessions throughout the state during October. Attached is a listing of dates, locations, and times the training will be conducted. To register for training, please complete the form, indicate the training location and time you would like to attend, and fax the completed form to 502-564-3852. If you have questions about the form or need additional information, please contact any member of our KCHIP team at 502-564-6890.

As a Medicaid provider, you have already exhibited a commitment and dedication to improving the health of Kentucky's most vulnerable population. We look forward to working with you on this initiative and successfully enrolling eligible children into KCHIP.

Sincerely,


Elizabeth A. Johnson
Commissioner

EAJ/LL/vip00608

KCHIP Application Process Training Registration Form

DATE	LOCATION	ADDRESS	Morning Session 9 - 11a.m.	Afternoon Session 1 - 3 p.m.	# Of Attendees
October 17	SOMERSET COMMUNITY COLLEGE	MEECE HALL AUDITORIUM 808 MONTICELLO STREET SOMERSET, KY 42501			
October 20	REPUBLIC BANK COMMUNITY ROOM	9600 BROWNSBORO ROAD LOUISVILLE, KY 40241 Note: Park in rear of building			
October 21	TRANSPORTATION BUILDING AUDITORIUM	200 MERO STREET FRANKFORT, KY 40622			
October 22	BIG SANDY COMM. COLLEGE AUDITORIUM	ONE BERT T. COMBS DRIVE PRESTONSBURG, KY 41653			
October 24	EKU POSEY AUDITORIUM	STRATTON BUILDING KIT CARSON DRIVE RICHMOND, KY 40475 Note: Park in Perkins Parking Lot			
October 27	WEST .BAPT. HEART CENTER AUDITORIUM	2501 KY AVENUE PADUCAH, KY 42003			
October 28	BARREN RIVER DEVELOPMENT DISTRICT	177 GRAHAM AVENUE BOWLING GREEN, KY 42101			
October 29	BOONE COUNTY/ELLIS COOPERATIVE EXTENSION CENTER LUTES & FERGUSON ROOMS	6028 CAMP ERNST ROAD BURLINGTON, KY 41005			

Please indicate the training session and time (morning or afternoon) you would like to attend and indicate the number of individuals that will be attending.

Fax the completed form to: (502) 564-3852

If you have questions concerning this training, please contact Lucy Santers or Lisa Lee at 502-564-6890.

Name of Organization _____

Contact person and phone: _____