

**Preventive and Remedial Public Health Services
Provider Type 20
[907 KAR 1:360](#)**

Information about the program:

- Providers must be [Department for Public Health \(DPH\)](#), local, or district health department.
- Provider must have an Interagency Agreement (subcontract) with DPH
- Provider must have a permanent physical address/location
- No out-of-state providers in this program
- Provider can only be an entity, NO INDIVIDUALS

Application Information and Supporting Documentation required for processing

- [Map-811 \(Enrollment\) application](#)
- [Clinical Laboratory Improvement Amendments \(CLIA\) license](#) (If applicable)
- [NPI and Taxonomy Code Verification](#)

Submit the completed MAP-811 (Enrollment) application and supporting documentation to:

KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602