

**Hospital  
Provider Type 01  
[907 KAR 10:012](#)**

Provider must be actively enrolled with Medicare at the Primary Practice Location listed on the MAP-811 application.

**Information about the program:**

- Provider cannot be an individual
- Out-of-state providers may enroll
- Provider must obtain a "[Certificate of Need](#)"
- Provider must have a permanent physical address/location
- In-state providers must contact the [Office of Inspector General \(OIG\)](#) for a survey. DMS will not assign a provider number to in-state facilities unless a survey has been received. Any changes to in-state facilities licensure status must be directed to OIG immediately

**Application Information and Supporting Documentation required for processing:**

- [Map-811 \(Enrollment\) application](#)
- [Map-811 Addendum E](#) and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit
- [The Joint Commission](#) accreditation letter or other CMS approved accreditation programs.  
- If hospital is not accredited send verification of participation within own state's Medicaid/Medicare program
- Hospital License (current and reflecting requested enrollment date)
- [Clinical Laboratory Improvement Amendments \(CLIA\) license](#)
- 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
- [NPI and Taxonomy Code Verification](#)
- Application Fee - per [42 CFR 455.460](#) - Please make check payable to the [KY State Treasurer](#) and submit the current application at the time of enrollment. For information regarding the current application fee, please refer to the DMS Provider Enrollment Revalidation Page at <http://www.chfs.ky.gov/dms/provEnr/Revalidation.htm#fee>. If you have already paid an application fee to Medicare or another state's Medicaid agency, please provide proof of payment

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

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

**Other Important Addresses:**

For Licensure, contact:  
Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621  
Phone: 502-564-7963

For a Certificate of Need, contact:  
Office of Health Policy  
275 E. Main St., 4W-E  
Frankfort, KY 40621  
Phone: 502-564-9592