

**Emergency Transportation  
Provider Type 55  
[907 KAR 1:060](#)**

**Notice to Providers:**

- Per [42 CFR 455.432](#), the State Medicaid agency (a) Must conduct pre-enrollment and post-enrollment site visits of providers who are designated as “**moderate**” categorical risks to the Medicaid program. (b) Must require any enrolled provider to permit CMS, its agents, its designated contractors, or the State Medicaid agency to conduct unannounced on-site inspections of any and all provider locations.

**Information about the Program:**

- Provider can only be an entity, not an individual.
- Provider must have at least two persons to operate.
- Out-of-state providers may enroll.
- Provider must have a permanent physical location.
- Provider must obtain a [Certificate of Need](#) from the Division of Certificate of Need when located in and providing services in Kentucky. Out of state providers are not required to have a Certificate of Need.
- Ambulance service license (ALS, BLS, Class I, II, and III)
- Provider must obtain No Limit Vehicle Liability and Professional Malpractice Insurance.
- [Kentucky Board of Emergency Medical Services \(EMS\)](#) must approve vehicles
- A valid [NPI and Taxonomy Code](#) registered with NPPES is required

**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:**

- Ambulance license to operate (issued by the state emergency medical services), (must be current and reflect the requested enrollment date)
- 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.
- 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.
- Pursuant to [42 CFR 455.460](#), an application fee is required. Payments are processed electronically through the [KY MPPA website](#). If you have already paid an application fee to Medicare or another state’s Medicaid agency, payment is not required. For information regarding the current application fee, please refer to the [Application Fee - Cabinet for Health and Family Services \(ky.gov\)](#).

**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