

Medical Supplies, Equipment, and Appliances (MSEA) Provider Type 90

Notice to Providers

- Providers must be actively enrolled with Medicare at the primary physical Location listed on the application.
- 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 “high” 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.
- According to the provisions of 42 CFR 455.434, providers who are considered “high” risk are required to comply with Fingerprint-based Criminal Background Check (FCBC). “High” risk can apply to individual or organizational providers and is defined by two federal regulations, 42 CFR 424.518(c) and 42 CFR 455.450(e).

Information about the Program

- Providers can only be an entity, not an individual.
- Out-of-state providers may enroll.
- Provider must have a primary physical address/location.
- A valid NPI and Taxonomy Code registered with NPPES is required.
- The DME provider must adhere to all CMS supplier standards in accordance with 42 CFR 424.57.

New Provider Application, Revalidation, and Maintenance Information

- All provider applications (new enrollment, revalidations, and maintenance items) must be completed using the KY Medicaid Partner Portal Application

Supporting Documentation Required for New Enrollment, Revalidation, and Maintenance Applications

- MSEA Accreditation Certificate – Exempt organizations need to submit a signed statement attesting to the exemption and documentation from CMS outlining the accreditation exemption.
- Home Medical Equipment (HME) license issued by the Kentucky Board of Durable Medical Equipment Suppliers per 201 KAR 47:010 and 201 KAR 47:020. (Exempt organizations need to submit a signed statement attesting to the HME exemption per KRS 309-412)
- 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 Application Fee - Cabinet for Health and Family Services (ky.gov).

Resources

- Create a [KY MPPA](#) account
- Learn more about [KY MPPA](#)
- Search [NPI](#) records
- View [907 KAR 1:479](#)
- View [42 CFR 455.432](#)
- View [CFR 455.434](#)
- View [Fingerprint-based Criminal Background Check \(FCBC\)](#)
- View [42 CFR 424.518\(c\)](#)
- View [42 CFR 455.450\(e\)](#)
- View [42 CFR 424.57](#)
- View the [Kentucky Board of Durable Medical Equipment Suppliers](#)
- View [201 KAR 47:010](#)
- View [201 KAR 47:020](#)
- View application fee information [42 CFR 455.460](#)