Medical Supplies, Equipment, and Appliances (MSEA) Provider Type 90 907 KAR 1:479

Notice to Providers:

- Provider must be actively enrolled with Medicare at the primary physical location.
- Per <u>42 CFR 455.432</u>, the State Medicaid agency (a) Must conduct pre-enrollment and post-enrollment site visits of providers who are designated as "<u>high</u>" 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 <u>42 CFR 455.434</u>, providers who are considered "high" risk are required to comply with <u>Fingerprint-based Criminal Background Check (FCBC)</u>. "High" risk can apply to individual or organizational providers and is defined by two federal regulations, <u>42 CFR 424.518(c)</u> and <u>42 CFR 455.450(e)</u>.

Information about the Program:

- Provider can only be an entity, not an individual.
- Out-of-state providers may enroll
- A valid <u>NPI and Taxonomy Code</u> 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) are now completed using the **KY Medicaid Partner Portal Application** (KY MPPA website).

Supporting Documentation Required for New Provider Enrollment, Revalidation and Maintenance Tasks:

- 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 <u>Kentucky Board of Durable Medical Equipment Suppliers</u> per <u>201 KAR 47:010</u> and <u>201 KAR 47:020</u>. (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 <u>42 CFR 455.460</u>, an application fee is required. Payments are processed electronically through the <u>KY MPPA website</u>. 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 <u>Application Fee Cabinet for Health and Family Services (ky.gov)</u>.

KY Medicaid Partner Portal Application (KY MPPA):

<u>Link to Enroll as a Kentucky Medicaid Provider:</u>

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