

Nursing Facility (NF)
Provider Type 12
[907 KAR 1:022](#)
[907 KAR 1:065](#)

Notice to Providers:

- Upon request, providers may be subject to an onsite inspection.
- Provider must be actively enrolled with Medicare at the Primary Practice Location listed on the application.

Information about the Program:

- Provider can only be an entity, not an individual.
- Provider must have a permanent physical location in Kentucky.
- **Out-of-state providers may not enroll unless a Kentucky facility is closing and the recipients are being moved out-of-state on a temporary basis. Approval for this enrollment must be given by DMS.**
- A valid [NPI and Taxonomy Code](#) registered with NPES is required
- Provider must obtain a [Certificate of Need](#) from the Division of Certificate of Need when located and providing services in Kentucky. Out of state providers are not required to have a Certificate of Need.
- In-state providers must contact the [Office of Inspector General \(OIG\)](#) for a survey/license. DMS will not assign a provider number to in-state facilities unless a survey/license has been received.
- Different types of nursing facilities are:

122 (Out-of-state)	127 (Swing bed)
123 (NF waiver)	128 (Medicare deductible)
124 (Institutions of Mental Disease (IMD))	129 (Brain injury)
125 (Nursing Facility (NF))	
- Facility must have a minimum of 10 continuous beds
- [Commission Accreditation Rehabilitation Facility \(CARF\)](#) certification is required after the first year.

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:

- Nursing Facility License (must be current and reflect the requested enrollment date)
- Bed Data Verification Letter (if bed data is not listed on license)
- [Clinical Laboratory Improvement Amendments \(CLIA\) certificate](#) (must be current and reflect the requested enrollment date) CLIA address must match primary physical address.
- 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/account 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