

**Non-Emergency Transportation
Provider Type 56
[907 KAR 3:066](#)**

Notice to Providers:

- **SPECIALTY 661 ONLY:** 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 be an individual or entity.
- Individual providers are either a Private Auto or Foster Parent.
- Private Auto providers and entity providers must contact the [Transportation Broker](#) in their county of residence.
- Vehicle registration and proof of auto insurance must be for the same vehicle. Proof of auto insurance must include applicant’s name. If not, applicant needs to provide documentation from vehicle insurance carrier that they are a covered driver.
- Out-of-state providers may enroll.
- Non-Emergency, Non-Stretcher Providers must contact the [Transportation Cabinet](#) for licensing and survey.
- In-state providers *are granted statewide authority* per [KRS 281](#).

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:

ENTITY:

- DPV certificate or Taxi certificate issued by the Transportation Cabinet **or** Ambulance license issued by the [Kentucky Board of Emergency Medical Services \(EMS\)](#) (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.
- Page 12 of the Map-811 (Enrollment) Application shall be signed by the Transportation Broker and submitted through KY MPPA. **EXCLUDED: Ambulance Providers** [MAP 811 Form](#)

INDIVIDUAL (Foster Parents or Private Auto):

- MAP 572A (Private Auto)
- MAP 572B (Foster Parent)
- Driver’s License
- Copy of Social Security Card

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