

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Provider Network Expansion

Jennifer C. Moore, Division of Program Integrity



Provider Network Expansion



The following individual providers can link to a BHSO.

- Licensed Professional Clinical Counselor (LPCC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Psychological Practitioner (LPP)
 - Accept Certified Psychologists with Autonomous Functioning licenses
- Licensed Professional Art Therapist
- Licensed Behavior Analyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Psychologist (LP)

Provider Network Expansion



Providers who can perform services under supervision of a Medicaid-enrolled licensed practitioner:

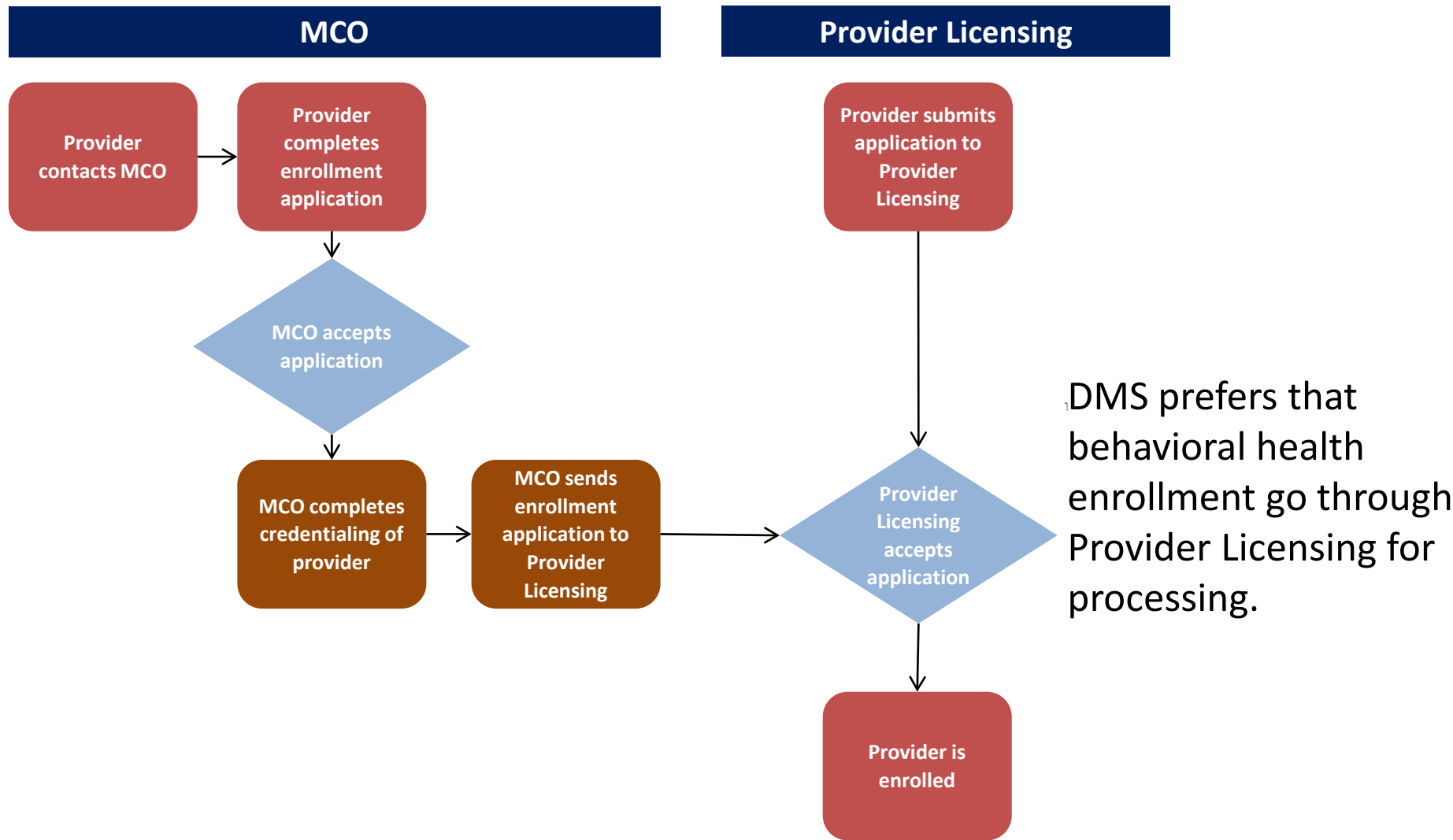
- Licensed Professional Counselor Associate
- Marriage and Family Therapist Associate
- Certified Social Worker – Master’s Level
- Licensed Psychological Associate
- Licensed Professional Art Therapist Associate
- Licensed Assistant Behavioral Analyst

PROVIDER ENROLLMENT

Provider Enrollment



Providers are able to enroll as a Medicaid provider either through an MCO or directly through DMS' Provider Licensing.



Provider Enrollment



<http://www.chfs.ky.gov/dms/provEnr/>

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KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español

■ Home > Department for Medicaid Services > Provider Enrollment > Overview

Provider Enrollment

Welcome to the Kentucky Medicaid provider enrollment website

Thank you for choosing to participate in the Kentucky Medicaid Program. The Kentucky Medicaid Program appreciates your interest and welcomes the opportunity to work with you to provide health care services to Kentucky Medicaid members.

- If you want to learn about KY Medicaid Provider, refer to [What is a KY Medicaid Provider?](#)
- If you are a new provider, refer to the [Application Information](#) and [Provider Type Summaries](#).
- If you are an existing provider and need to make changes, refer to [Maintenance Information](#).
- If you need to update your License, refer to [Update Your License Information with KY Medicaid](#)
- Read provider enrollment updates **New Information**

If you have any further questions or need assistance, please either email us at Program.Integrity@ky.gov or call toll free: (877) 838-5085 Monday to Friday 8 a.m. - 4:30 p.m. ET.

Provider Enrollment Resources

- [Department for Medicaid Services](#)
- [Kentucky Medicaid Provider Directory](#)

Regulations, Publications, Termed Provider List

Regulations

- 907 KAR [1:671](#)
- 907 KAR [1:672](#)

Publications

- [Roadmap for New Physicians: Avoiding Medicare and Medicaid Fraud and Abuse](#)

Contact Information

Kentucky Department for Medicaid Services

National Provider Identifier (NPI)

Application Information

Credentialing Recredentialing

FAQ

Forms

Lockin Information

Maintenance Information

Managed Care Organization Information

Overview

Provider Type Summaries

Subscribe to the new Provider Enrollment

Provider Enrollment



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DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español
■ Home > Department for Medicaid Services > Provider Enrollment > **Provider Type**
■ **Summaries**

National Provider Identifier (NPI)
Provider Revalidation
Application Information
Archived Provider Enrollment Notices
FAQ
Forms
Maintenance Information
Managed Care Organization Information
Overview
Provider Type Summaries

Provider Type Summaries

Welcome

Please select the provider type from the list below for application information.

If you have any questions on the information provided for the provider types below, contact Provider Enrollment from 8 a.m. - 4:30 p.m. ET Monday through Friday at (877) 838-5085.

The free [Adobe Acrobat Reader](#) is required to view and print these documents.

New Provider Types

Nov. 6, 2014 - Effective Dec. 1, 2014, licensed professional art therapist and applied behavior analyst applications will be accepted. However, these two new provider types will not be allowed to enroll until January 1, 2015.

Enrollment requirements

- 62 - [Licensed Professional Art Therapist](#)
- 629 - [Licensed Professional Art Therapist Group](#)
- 63 - [Applied Behavior Analyst](#)
- 639 - [Applied Behavior Analyst Group](#)

Current Provider Number and Type

- 01 - [Hospital](#)
- 02 - [Psychiatric Hospital](#)

Policy Information

[Use of 71 Provider number \(Sept. 7, 2007\)](#)

Contact Information

Kentucky Department for Medicaid Services
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602
Toll free: (877) 838-5085
Monday to Friday
8 a.m. - 4:30 p.m. ET

Email

For other questions or assistance, e-mail the [CHFS DMS Webmaster](#)

Provider Enrollment

BHSO



Current Provider Number and Type

- 01 - Hospital
- 02 - Psychiatric Hospital
- 03 - Behavioral Health Service Organization (BHSO)
- 04 - Psychiatric Residential Treatment Facility (PRTF)
- 05 - Psychiatric Residential Treatment Facility (PRTF) Level II
- 10 - Intermediate Care Facility - Individuals with Intellectual Disability (ICF/IID) Clinic
- 11 - Intermediate Care Facility/Mental Retardation/Developmentally Disabled Services (ICF/MR/DD)
- 12 - Nursing Facility
- 13 - Specialized Children's Services Clinic
- 15 - Health Access Nurturing Development Services (HANDS)
- 17 - Acquired Brain Injury
- 18 - Private Duty Nursing
- 20 - Preventive and Remedial Public Health Services
- 21 - School Based Services
- 22 - Commission For Children with Special Health Care Needs
- 23 - Targeted Case Management and Rehabilitative Services
- 24 - First Steps
- 27 - Adult Targeted Case Management
- 28 - Children's Targeted Case Management
- 30 - Community Mental Health Center
- 31 - Primary Care Center/Federally Qualified Health Centers
- 32 - Family Planning
- 33 - Supports for Community Living
- 34 - Home Health Agency
- 35 - Rural Health Clinic
- 36 - Ambulatory Surgical Center

Provider Enrollment

Provider Type Summary

**Behavioral Health Service Organization (BHSO)
Provider Type 03
907 KAR 15:020**

Information about the program:

- Provider must contact KY OIG for survey/licensure.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.

Information to be submitted by the provider for application processing:

- [Map-811 Non-Credentialed](#)
- [Map-811 Addendum E](#) and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit
- [Map-347](#) for each actively enrolled behavioral health professional working in facility (LPCC, Psychologist, LCSW, etc.)
- 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. NPI and Taxonomy Verification
- BHSO license (current and reflecting requested enrollment date)
- [NPI and Taxonomy Code Verification](#)

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

Provider Enrollment

60 - <u>Dentist</u>
61 - <u>Dentist Group</u>
64 - <u>Physician</u>
659 - <u>Physician Group</u>
66 - <u>Behavioral Health Multi-Specialty Group</u>
70 - <u>Audiologist</u>
709 - <u>Audiologist Group</u>
74 - <u>Certified Registered Nurse Anesthetist</u>
749 - <u>Certified Registered Nurse Anesthetist Group</u>
77 - <u>Optometrist</u>
779 - <u>Optometrist Group</u>
78 - <u>Advanced Registered Nurse Practitioner</u>
789 - <u>Advanced Registered Nurse Practitioner Group</u>
79 - <u>Speech Language Pathologist</u>
799 - <u>Speech Language Pathologist Group</u>
80 - <u>Podiatrist</u>
809 - <u>Podiatrist Group</u>
81 - <u>Licensed Professional Clinical Counselor</u>
819 - <u>Licensed Professional Clinical Counselor Group</u>
82 - <u>Licensed Clinical Social Worker</u>
829 - <u>Licensed Clinical Social Worker Group</u>
83 - <u>Licensed Marriage and Family Therapist</u>
839 - <u>Licensed Marriage and Family Therapist Group</u>
84 - <u>Licensed Psychological Practitioner</u>
849 - <u>Licensed Psychological Practitioner Group</u>
85 - <u>Chiropractor</u>
859 - <u>Chiropractor Group</u>
86 - <u>Other Lab and X Ray</u>
87 - <u>Physical Therapist</u>
879 - <u>Physical Therapist Group</u>
88 - <u>Occupational Therapist</u>
889 - <u>Occupational Therapist Group</u>
89 - <u>Licensed Psychologist</u>

Licensed
Marriage
and Family
Therapist
(example)



Provider Enrollment



Licensed Marriage and Family Therapist Provider Type 83

Provider Type Summary

Information about the program:

- Provider can only be an individual.
- Out-of-state providers may enroll.
- Licensed Marriage and Family Therapist must sign all forms.]
- Provider must have "bricks & mortar".

Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 (if working under a PT 03, 10, 31, 35, 66, and 839 entity or group)
- Marriage and Family Therapist license (current and reflecting requested enrollment date)
- Copy of social security card (If applicant has as social security card stating "valid for work only with DHS/INS Authorization, please refer to additional requirements at <http://www.chfs.ky.gov/dms/provEnr/>).
- If applicant is sole owner of a tax id, need to submit 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.
- NPI and Taxonomy Verification

Important addresses:

- Kentucky Board of License for Marriage and Family Therapists
911 Leawood Drive
Frankfort, KY 40601
 - Kentucky Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602
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Provider Enrollment



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DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español
■ Home > Department for Medicaid Services > Provider Enrollment > **Forms**

Forms

Welcome to the Kentucky Department of Medicaid Services Provider Enrollment Forms webpage.

If you are a new provider, refer to the [Enrollment Forms](#) listed below.

If you are an existing provider and need to make changes, refer to the [Maintenance Forms](#) listed below.

Enrollment Forms

- [MAP-811 - \(Revalidation\) *NEW*](#)
- [Map 347](#) - Statement for Authorization of Payment
- [MAP 572A](#) - Private Auto Provider
- [Map 572B](#) - Foster Parent Provider Agreement
- [MAP-612](#) - Statement for Authorization of Payment (Physician Assistant)
- [MAP-811 Non Credentialed](#) (with [MAP-811 Addendum E](#))
- [MAP-811 Individual](#) (with [MAP- 811 Addendum E](#)) and [KAPER-1](#)
 - [KAPER-1 Code Lists](#) (Refer to these code lists as you complete the KAPER-1).
- [MAP-811 Addendum E](#) - Direct Deposit Authorization/Cancellation Form
- [MAP-814](#) - EPSDT Special Services Short Form
- [MAP-4100](#) - Acquired Brain Injury Waiver Program Provider Information and Services
- [Supports for Community Living Statement of Services to Be Provided](#)
- [Dental Credentialing Form](#)

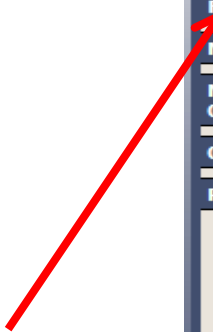
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Navigation Menu:

- National Provider Identifier (NPI)
- Provider Revalidation
- Application Information
- Archived Provider Enrollment Notices
- FAQ
- Forms**
- Maintenance Information
- Managed Care Organization Information
- Overview
- Provider Type Summaries



Provider Enrollment



Providers enrolling in KY Medicaid and participating with any of the Managed Care Organizations (MCOs) may send your enrollment application to one of the MCOs of your choice.

MCO Provider Credentialing Contacts:

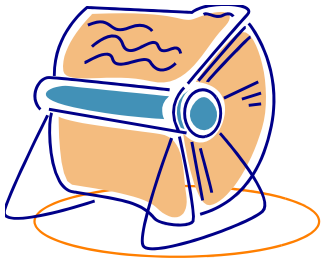
- Aetna (formerly Coventry) - 855-300-5528
- Anthem - 800-205-5870
- Humana Caresource - 800-457-5683
- Passport - 800-578-0775
- Wellcare - 877-389-9457

Provider Enrollment



For more information or
to subscribe to a Listserve,
please visit:

<http://www.chfs.ky.gov/dms/provEnr/>



CONTACT INFORMATION:

Provider Licensing and Certification Branch

1-877-838-5085

program.integrity@ky.gov

Provider Type Summaries

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