

PROVIDER CHANGE OF INFORMATION INSTRUCTIONS

CHANGE OF ADDRESS

REQUIREMENTS

1. Provider agencies are required to inform DMS of address changes within five (5) days of the change. This is pertinent to a change of physical office address.
2. Provider agencies are required to inform DDID of physical office address changes.
3. DMS requires DDID approval BEFORE accepting office address changes.

PROCESS

1. Prior to the move, you as the provider agency should submit notification to DDIDCertification@ky.gov of the intended change of address.
2. Include your provider number on the email and the intended move date.
3. Be sure to indicate if this involves a change in service site location as well as an office site. For example: Is this just an office move? Or does it include a Day Training move as well?
4. Copy your Quality Administrator on the email.
5. If the move involves a change in service site as well as office site, a QA will need to visit the site and review for regulatory compliance PRIOR to the move. In such a case, we need plenty of advance notice. Twenty days' notice would be most helpful.
6. If the change of address involves an office location only, then less notice is needed. Ten days prior to the intended move date would be great.
7. If a service site is involved, the QA will determine if the service site meets regulatory requirements. If so, your agency will receive a letter via email confirming the site visit has been completed and the change of address has been acknowledged by DDID.
8. If a service site is NOT involved, that is, if this is a change in office location only, then your agency will receive a letter via email acknowledging the change in office address.
9. You, as the moving agency, will then perform a maintenance update using KY Medicaid Partner Portal Application (MPPA).
10. Check the DDID online provider directory to ensure the information has been updated and is accurate. If not, email notification to the DDIDCertification@ky.gov mailbox.

PROVIDER NAME CHANGE

This process is to be followed in the event the agency changes the name of the agency but there is NOT a change in ownership. As with the address change process, DMS needs verification of the change from DDID before their records are updated.

PROCESS

1. Prior to the name change, you as the provider agency should submit notification of the intended change, date of change, and your provider number to DDIDCertification@ky.gov .
2. Copy the Quality Administrator assigned to your agency on the email.
3. Your agency will receive a letter via email acknowledging the name change and noting the agency's existing certification dates.
4. You, as the provider, will then need to submit your request of name change to Kentucky Medicaid in writing. The letter from DDID acknowledging the change will need to be attached. Both documents should be mailed to the following address:

KY Medicaid

PO Box 2110

Frankfort, KY 40602

5. Check the DDID online provider directory to ensure the information has been updated and is accurate. If not, submit notification to DDIDCertification@ky.gov .

CHANGE OF EXECUTIVE DIRECTOR OR AGENCY CONTACT INFORMATION

DMS does not need DDID verification of this request. So the process is simple.

1. For DDID, complete the provider profile entry form and send it via email to DDIDCertification@ky.gov.
2. Copy the QA assigned to your agency on the email.
3. After about a week, check the online provider directory to ensure the information is captured and accurate.
4. Then inform any other contacts you have of your change of information.

RELINQUISHING A SERVICE

DMS does not require notification of this event. The agency simply needs to send an email to DDIDCertification@ky.gov that provides notification that the agency will no longer provide the certified service and would like to have it removed from their listing on the provider directory