

# Provider Profile

The Online Provider Directory is maintained on the following website:

<https://dbhdid.ky.gov/providerdirectory>

## Instructions:

For new listings not yet on the website, fill out each field in the form. The alternate phone number, alternate email address and mailing address (if same as primary address) are the only fields that may be left blank.

For updating listings currently on the website, indicate the provider name and contact email address, then only those fields which need to be edited. Whether new or updating, a form needs to be submitted for each provider number, if the agency has more than one SCL/MPW provider number.

Upon completion, email the form to [DDIDCertification@ky.gov](mailto:DDIDCertification@ky.gov). Do not alter the file type of the document – be sure to send the completed form in Microsoft Word format only.

Save a copy of this form to edit and resubmit whenever changes to the provider listing are required.

**IMPORTANT:** Make sure this information is also updated in the Medicaid Partner Portal Application (MPPA)

<https://medicaidsystems.ky.gov/Partnerportal/home.aspx>

Provider Name (exactly as registered for provider#)*	
Provider Number*	
Contact Name (usually ED, but can be different)*	
Contact Phone Number*	
Crisis Line*	
Alternate Phone Number (not required)	
Primary Contact Email Address*	
Alternate Contact Email Address (not required)*	
Primary Physical Address*	
Mailing Address (if different than Primary)*	
Fax Number*	
Hours of Operation	
Counties Served	
Accepting Referrals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement of Mission and Values	
Program Description	
Website Address*	

\*This field is limited to one entry