



MEDICAID KENTUCKY (MCDKY) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- [Agreement between the KY Medicaid Program and Electronic Billing Agency \(MAP 246\)](#)
- [Cabinet for Health & Family Services Dept for Medicaid Services KY Medical Assistance Program \(MAP 380\)](#)

WHERE SHOULD I SEND THE FORM(S)?

- Fax the forms to (502) 209-3242; OR
- Mail the forms to:

Electronic Claims Submission
PO Box 2016
Frankfort, KY 40602-2016

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 1 week

HOW DO I CHECK STATUS?

- Call Medicaid Kentucky's EDI Help Desk at (800) 205-4696 and ask if you have been linked to Office Ally's Submitter Number **9900004139**
- Once you have been linked to Office Ally, you **MUST** contact Office Ally at (360) 975-7000 option 1 and inform them of the approval **PRIOR** to submitting claims electronically