

WHICH FORMS SHOULD I COMPLETE?

- Complete both below forms:
- [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:
 - o Electronic Claim Submissions
PO Box 2016
Frankfort, KY 40602-2016

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 1-2 weeks.

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 receive confirmation that you've been linked to Office Ally, you may begin submitting your claims electronically.**