

MEDICAID KENTUCKY (MCDKY) PRE-ENROLLMENT INSTRUCTIONS



WHAT 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 Kentucky 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 FOR ENROLLMENT?

- Standard processing time is 1 week

HOW DO I CHECK STATUS?

- Call Medicaid Kentucky's EDI Help Desk at 1-800-205-4696 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 before submitting any claims electronically.