

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 to complete your enrollment follow instructions on the "Note to My Clients Plus Users" page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your billing NPI/ Provider number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my Provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For Noridian Pre-Enrollments Please Also Include: Submitter number**

Revised 10/1/2012