



# Medicaid of Kansas

Attention Providers:

To start receiving ERAs electronically for Medicaid of Kansas Blue through EDS you will need to follow the instructions below.

Payer:	Medicaid of Kansas
Payer ID:	CKKS1
For Enrollment Questions:	Contact the DentalXChange Enrollment Department at (800) 482-3518 or <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a>
Enrollment Application:	<b>ELECTRONIC DATA INTERCHANGE (EDI) APPLICATION</b>
Upload, Email or Fax Application to:	Send to completed forms to: <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a> Fax (651) 389-9152
Approval Process and Timeframes:	Estimate of 3-5 business days. Medicaid of Kansas will notify the provider. You must notify EDS of your approval in order to complete the enrollment process.
Special Instructions:	<b>Provider must sign the application.</b> Be sure to provide Medicaid with a valid email address.

9/5/23

**PLEASE ALSO RETURN THIS PAGE WITH THE INFORMATION BELOW:**

PRACTICE TAX ID: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

BILLING NPI \_\_\_\_\_

**800.482.3518**

400 Vermillion St . Hastings. MN 55033

01/08/2021



**ELECTRONIC DATA INTERCHANGE (EDI) APPLICATION**

**1. Complete this section:**

Billing Entity Type:

Clearinghouse Submitter ID: \_\_\_\_\_  Provider Service Location ID: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary Contact Person (optional): \_\_\_\_\_ Telephone: \_\_\_\_\_

Secondary Email Address (optional): \_\_\_\_\_

**2. Please choose any that apply:**

What software will the billing entity use?

Provider Electronic Solutions       Other \_\_\_\_\_  
Software Name

**3. Select ALL electronic transaction types you wish to test using media type selected in Section 3:**

**5010 Transaction files**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 837 Professional  | <input type="checkbox"/> 835 Remittance/277 Pended Claims | <input type="checkbox"/> 834 Benefit Enrollment  |
| <input type="checkbox"/> 837 Institutional | <input type="checkbox"/> 270/271 Eligibility              | <input type="checkbox"/> 820 Capitation Payments |
| <input type="checkbox"/> 837 Dental        | <input type="checkbox"/> 276/277 Claim Status             | <input type="checkbox"/> 278 Prior Authorization |
| <input type="checkbox"/> Paper RA          |   |  |

**4. Complete this form and return it:**

Fax: <b>785-274-4296</b>	Mail: <b>Gainwell Technologies EDI Department PO Box 3571 Topeka, KS 66601-3571</b>	Email: <b>ksxix-edikmap@gainwelltechnologies.com</b>
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_____	_____
<b>Printed Name</b>	<b>Title</b>
_____	_____
<b>Signature</b>	<b>Date</b>



## **INSTRUCTIONS FOR EDI APPLICATION**

An EDI application is necessary for billing entities to submit electronic transaction files. It is not applicable if submitting **PAPER** claims or submitting claims on the Kansas Medical Assistance Program (KMAP) website.

All fields are required unless otherwise indicated.

### **Section 1**

#### *Billing Entity Type*

If you are a provider, select “Provider” and put your KMAP provider/Service Location identification (ID) number in the blank provided. Do **not** put your National Provider Identifier (NPI) or tax ID in this field.

If you are a clearinghouse, select “Clearinghouse.” A trading partner ID will be provided to you when the application is approved.

#### *Business Name and Address*

Complete the name and physical address for the business.

#### *Contact Person, Contact Telephone, and Email Address*

List a primary contact person for the business. The person listed in this field will be the only person able to get information when contacting the EDI department, unless a secondary contact person is also listed. This person must work for the business listed in the “Business Name” field and cannot be with a third-party agency.

#### *Secondary Contact Person, Telephone, and Secondary Email Address*

Optional fields. List a secondary contact person. This person will also be able to get information when contacting the EDI department. This person can be with a third-party agency.

### **Section 2**

Indicate the name of the software and the 835-remittance clearinghouse receiver the billing entity will use. Provider Electronic Solutions (PES) is software that is available for providers to download from the KMAP website.

### **Section 3**

Select all the transaction types the billing entity will submit to, or retrieve from, KMAP. Testing and approval is required all transactions except 835/277PC and Paper RA. The “Paper RA” option in this section is for providers who want hard copies of their Remittance Advice (RA) sent to them in the mail.

### **Section 4**

This section contains information on how to return the completed EDI application to KMAP.

**All applications must include name, signature, title, and date of completion.**

**For assistance with this form, call the EDI department at 1-800-933-6593 or email at [ksxix-edikmap@gainwelltechnologies.com](mailto:ksxix-edikmap@gainwelltechnologies.com).**



**ELECTRONIC REMITTANCE ADVICE (ERA/835) RECEIVER SETUP FORM**

Fill out the form below to setup a third-party as the receiver for your ERA/835 files. This form is an agreement between both trading partners to receive the remittance information. To complete this setup, the EDI Helpdesk will need the Billing Provider's 14-digit KMMS Service Location ID and the receiver's Trading Partner ID (TPID).

A signature for both parties is required.

***Billing Provider's Information***

Service Location ID \_\_\_\_\_

Contact Person \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***835 Receiver's Information***

TPID \_\_\_\_\_

Contact Person \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return the completed form to:

**Fax:**  
785-274-4296

**Mail:**  
Gainwell Technologies  
EDI Department  
PO Box 3571  
Topeka, KS 66601-3571

**Email:**  
[ksxix-edikmap@gainwelltechnologies.com](mailto:ksxix-edikmap@gainwelltechnologies.com)

For any questions, call the EDI Helpdesk at 1-800-933-6593 or email at [ksxix-edikmap@gainwelltechnologies.com](mailto:ksxix-edikmap@gainwelltechnologies.com).