



Medicaid of Kentucky

Attention Providers:

In order to start receiving your ERAs for Medicaid of Kentucky through EDS, you will need to review the enrollment form and submit to EDS.

Payer:	Medicaid of Kentucky
Payer ID:	CKKY1
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482 -3518 or Enrollment@edsedi.com
Enrollment Application:	Electronic Remittance Advice (ERA) Authorization Agreement
Upload, Email or Fax Application to:	Enrollment@edsedi.com Fax (800) 389-9152
Special Instructions:	Medicaid of Kentucky requires that you have a Provider ID.
Approval Process and Timeframes:	Payer estimates 5-7 business days from the date of submission to payer. EDS will deliver ERAs directly to the EDS Portal upon receipt.

Electronic Remittance Advice (ERA)

1. Provider Information

Provider Name:

2. Provider Identifiers

Provider Federal Tax Identification (TIN) or Employer Identification Number (EID):

Provider NPI:

KY Medicaid Provider ID (Assigned Authority):

3. KY Medicaid Trading Partner ID

Enter the Trading Partner ID to be used to retrieve ERA (10 digits beginning with 99):

4. Provider Contact Information

Provider Contact Name:

Title:

Telephone Number (including extension):

Ext:

Email Address:

Fax Number:

5. Clearinghouse Information

Clearinghouse Name:

Clearinghouse Contact Name:

Telephone Number:

Email Address:

6. Reason for Submission

Select the option below for the applicable reason for 835/277U ERA Enrollment submission:

<input type="radio"/> New Enrollment	<input type="radio"/> Change Enrollment	<input type="radio"/> Cancel Enrollment
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7. Submission Date:

8. Effective ERA Date:

I understand that in the event that a different trading partner is selected to retrieve the 835 ERA, I must notify the EDI Helpdesk immediately by completing a new 835 ERA enrollment form. I will not hold the EDI Helpdesk liable for incorrect information submitted on the 835 ERA enrollment form.

If 'Cancel Enrollment' is indicated under 'Reason for Submission', I, the undersigned, hereby cancel the authorization for the Department for Medicaid Services to generate an 835 for the next payment cycle.

9. Title:

10. Electronic Signature: