

Drug Manufacturer Secure Web User Application

Instructions for Application

Each business entity must complete a Drug Manufacturer Secure Web User Application in order to retrieve drug rebate invoices, associated claims level detail, and drug rebate flyers. Once the application is processed and approved, the business entity can view all labeler invoices and applicable invoice types for a specified quarter. The web page will show historical invoices and claims level detail for up to 12 quarters.

NOTE: In order to receive claims level detail, the business entity must sign up for web invoices. Claims level detail is no longer provided through email, fax or mail.

When filling out the application, please PRINT in order to ensure legibility.

Section 1 New Web Member

Fill in the labeler codes and all business and contact information. The federal tax identification (ID) number will be used for security purposes only on the Kansas Medical Assistance Program (KMAP) website.

Section 2

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

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

**For assistance with this form, contact the Drug Rebate department at
1-800-937-6231 or ksxix-drugrebate@gainwelltechnologies.com.**

The KMAP secure website is only compatible with Microsoft Internet Explorer version 7.0 and higher. Other browsers are not compatible and may cause inconsistent performance or return incorrect information.

Section 1

New Web Member

List **ALL** five-digit labeler codes you are responsible for below. **It is the responsibility of the labeler to inform the Drug Rebate department immediately by phone or email when new labelers need to be added or removed from existing web accounts.**

Drug Labeler Codes

Business Name _____

Address _____

City _____ State _____ Zip _____

Business Main Telephone _____ **Federal Tax ID#** _____

List a primary and secondary contact; they must be two different individuals. If you do not have a secondary contact, please contact the Drug Rebate department to discuss other options.

Primary and secondary contacts will share the same user name and password. It is the responsibility of the contacts to keep current and up-to-date information on the web.

Primary Contact Person _____

Primary Email Address _____

Primary Telephone Number _____ Ext _____

Secondary Contact Person _____

Secondary Email Address _____

Secondary Contact Telephone _____ Ext _____

Section 2

After completing this form, send it by one of the following methods:

Mail

**Kansas Medical Assistance Program
Attn: Drug Rebate Department
PO Box 3571
Topeka, KS 66601**

Fax

**785-267-7687, Attention: Drug Rebate
Department**

Email

ksxix-drugrebate@gainwelltechnologies.com

Signature

Title

Printed Name

Date

For Internal Use Only

☆Validate Labeler Codes___ ☆FTP Media Type___ ☆Copy /Email___ ☆Trading Partner ID

☆Validate Email Addresses___ ☆Enter Access___ ☆EDI___ ☆PIN Number

Analyst Name

Date