

INSTRUCTIONS FOR EDI APPLICATION

An electronic data interchange (EDI) application is necessary for billing entities submitting 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” for the billing entity type and put your KMAP provider 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 of the business and the 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 the billing entity will use. Provider Electronic Solutions (PES) is software that is available for download for providers from the KMAP website.

Section 3

Select all of the transaction types the billing entity will submit to or retrieve from KMAP.

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, option 4, or email them at ksxix-edikmap@dxc.com.

Kansas MMIS Electronic Data Interchange Application

1. Complete this section:

Billing Entity Type: Clearinghouse Provider _____
KMAP provider ID number

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 |

4. Complete this form and return it:

By fax: 785-274-4296	By mail: DXC Technology EDI Department PO Box 3571 Topeka, KS 66601-3571	By email: ksxix-edikmap@dxc.com
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_____ Signature	_____ Title
_____ Printed Name	_____ Date