

## **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 only one submission method. This is the method by which the billing entity intends to deliver the electronic information to KMAP.

### **Section 4**

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

### **Section 5**

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 [LOC-KSXIX-EDIKMAP@groups.ext.hpe.com](mailto:LOC-KSXIX-EDIKMAP@groups.ext.hpe.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. Please select only one submission method:**

- RAS file transfer                      (Trade Files-Batch)  
 Internet file transfer                    (Trade Files-Batch)

**4. 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"/> 835Remittance/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 |

**5. Complete this form and return it.**

 By fax:  
**785-274-4296**

 By mail:  
**DXC Technology  
 EDI Department  
 PO Box 3571  
 Topeka, KS 66601-3571**

Signature	Title
Printed Name	Date