



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.



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

For any questions, call the EDI Helpdesk at 1-800-933-6593 or email at ksxix-edikmap@gainwelltechnologies.com.