
Medicaid Kansas 835

EDI Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- SAVE this document to your computer.
- OPEN the file in the Adobe Reader program and type directly onto the form.
- COMPLETE the form using the provider's billing/group information as credentialed with payer.
- PRINT, SIGN and SCAN or SAVE the signed form to your PC so that you may submit the form to the EDInsight Enrollment Team using EDInsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 10 days.
- Support Vendors may contact the EDInsight Enrollment Team to follow up on the ERA setup request. Or, the provider may contact the payer at 1-800-933-6593, option 4.

835 Electronic Remittance Advice:

Complete and submit this form using the billing provider's group information.

1. Gainwell Electronic Data Interchangeable (EDI) Application (2 pages)

Complete the Provider Contact Information fields on Page 1 under Section 1.

Provider or Authorized Individual must print name, title, date and sign where indicated at the bottom of Page 1.

2. Gainwell Electronic Remittance Advice (ERA/835) Receiver Setup Form (1 page)

Enter your 14-digit KMMIS Service Location ID in the 'Billing Provider's Information' section, then print name, date, and sign.

Submit to EDInsight Enrollment Team:

Within EDInsight - Enrollment Manager:

GO TO or **[ADD Payer Enrollment] record** for this payer.

SELECT record, CLICK **[ATTACH File]** to attach all pages of the completed payer form.

IF prompted, asking if you want to Submit the request, CLICK **[Yes]** -Or- CLICK **[SUBMIT Enrollment]**

ENTER any notes (optional)

CLICK to "**Save and Exit**" notes' window.



ELECTRONIC DATA INTERCHANGE (EDI) APPLICATION

1. Complete this section:

Billing Entity Type:

Clearinghouse Submitter ID: _____ Provider Base ID: _____

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

- 837 Professional
- 837 Institutional
- 837 Dental
- Paper RA
- 835 Remittance/277 Pended Claims
- 270/271 Eligibility
- 276/277 Claim Status
- 834 Benefit Enrollment
- 820 Capitation Payments
- 278 Prior Authorization

4. Complete this form and return it:

Fax: **785-274-4296** Mail: **Gainwell Technologies
EDI Department
PO Box 3571
Topeka, KS 66601-3571** Email: **ksxix-edikmap@gainwelltechnologies.com**

_____	_____
Printed Name	Title
_____	_____
Signature	Date



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 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 for 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 _____

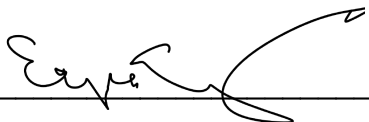
Contact Person _____

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.