

WHICH FORMS SHOULD I COMPLETE?

- **ELECTRONIC DATA INTERCHANGE (EDI) APPLICATION**
- **ELECTRONIC REMITTANCE ADVICE (ERA/835) RECEIVER SETUP FORM**

WHERE SHOULD I SEND THE FORM(S)?

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

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 5 business days.

HOW DO I CHECK STATUS?

- The payer will send an approval confirmation email once processed.
- Once you receive that confirmation, send an email to payerenrollment@officeally.com so we can log your approval.
- **Email Subject:** Medicaid Kansas ERA Enrollment Approval
- **Email Body:**
 - o Please log my ERA approval for Medicaid Kansas (MCDKS) for the following:
 - Provider Name
 - Provider Address:
 - NPI:
 - TIN:
 - Medicaid Provider Number:
 - Date Approval Received:



ELECTRONIC DATA INTERCHANGE (EDI) APPLICATION

1. Complete this section:

Billing Entity Type:

Clearinghouse Submitter ID: 500000404 Provider Service Location ID: _____

Business Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Contact Person: _____ Contact Telephone: _____

Email Address: _____

Secondary Contact Person (optional): Enrollment Department Telephone: 726-201-4362

Secondary Email Address (optional): payerenrollment@officeally.com

2. Please choose any that apply:

What software will the billing entity use?

Provider Electronic Solutions Other Office Ally, Inc
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 |
| <input type="checkbox"/> Paper RA | | |

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/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 500000404

Contact Person Cara Trahey

Signature Cara Trahey Date 1/5/24

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.