



220 Burnham Street • South Windsor, CT 06074
 Vox 888-255-7293 • Fax 860-289-0055

Participation in Dental Electronic Remittance Advice (ERA) is limited to those provider's whose practice management software vendor is participating in ERA with Emdeon or to those provider's who have a Dental Provider Services (DPS) account. Please contact your software vendor to verify participation or register for a DPS account at www.emdeondental.com

KANSAS MEDICAID
 DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

PAYER ID NUMBER	CKKS1
ELECTRONIC REGISTRATIONS Agreements Required	Emdeon Dental Provider Enrollment Form <ul style="list-style-type: none"> • Please complete all requested information. Kansas MMIS Electronic Data Interchange Application <ul style="list-style-type: none"> • Please complete all requested information
SPECIAL NOTES	<ol style="list-style-type: none"> 1. Upon approval of the Kansas MMIS Electronic Data Interchange Application an email will be sent to the email address listed on the application from KMAP. Contained in this email will be an electronic link to the Kansas 835 Maintenance Guide. 2. Each provider will need to log into their KMAP account at https://www.kmap-state-ks.us/provider/security/logon.asp. <ul style="list-style-type: none"> • Once logged in providers need to go to the Account Maintenance page and add WEBMDDENTAL to their KMAP account as the receiver for 835s. Receiver Transaction Type: <input type="text" value="Remittance Advice"/> Provider/Business Assoc.: <input type="text" value="WEBMDDENTAL"/> <p>***Paper RAs will cease to be mailed upon approval of the application.***</p>
SEND REGISTRATION FORMS TO	Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment OR Fax to: 860-289-0055



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ENROLLMENT CONFIRMATION	ERA enrollments take approximately 5-7 business days for completion. Once complete, Emdeon Dental will notify the provider or their software vendor to expect to begin receiving ERAs from Kansas Medicaid.				
CHANGING ELECTRONIC BILLING AGENTS	If the Provider currently receives ERAs through another Billing Agent other than Emdeon Business Services each Provider must re-enroll following the procedures listed above.				
DISCONTINUING ERA	<p>Discontinuing ERA is a 2 step process.</p> <ol style="list-style-type: none"> 1. Deactivation <ol style="list-style-type: none"> a. Providers receiving ERAs via their Practice Management Software need to request deactivation from their software Vendors. Please call your PMS directly. b. Providers receiving their ERAs via an Emdeon DPS account need only ignore the ERA option when logging into the DPS. 2. Payer Un-enrollment <ol style="list-style-type: none"> a. Each payer has their own unique process to discontinue ERAs and return to paper Remittance Advice. Please follow the below steps for this payer. <p>If a provider wishes to discontinue receiving ERAs from Emdeon they need to login to their KMAP account and remove WEBMDDENTAL as the receiver of 835s. 835s will than begin being delivered to the provider's KMAP account. Should a provider wish to return to paper RAs he needs to call the KMAP Customer Service line at 800-933-6593 option 1, option 3#.</p>				
CONTACT PHONE NUMBERS	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">KMAP EDI Helpdesk</td> <td style="width: 40%;">800-933-6593 option 1, option 3#.</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td>888-255-7293</td> </tr> </table>	KMAP EDI Helpdesk	800-933-6593 option 1, option 3#.	Emdeon Business Services Provider Enrollment	888-255-7293
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Kansas Medicaid - ERA payer ID CKKS1**

Provider/Organization Name: _____

Tax Identification or Social Security Number: _____
(Number that will be used to submit electronic claims)

Software Vendor: _____

Group Number: _____
(If applicable)

Group NPI Number: _____
(if applicable)

Name	Number	Rendering	NPI
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Date: _____



Kansas MMIS Electronic Data Interchange Application

INSTRUCTIONS FOR EDI APPLICATION

An EDI application is necessary for billing entities submitting electronic transaction files and is not applicable if submitting **PAPER** claims or submitting claims on the Kansas Medical Assistance Program (KMAP) Web site.

Section 1

Fill in the entity type and contact information.

Section 2

Indicate the software the billing entity will use. If the software is not Provider Electronic Solutions, please indicate the name of the software that will be used.

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 please call the EDI Help Desk at 1-800-933-6593 then 3#
or e-mail EDI.KMAP@EDS.COM.**



Kansas MMIS Electronic Data Interchange Application

1. Complete this section:Billing Entity Type: Billing Agent Provider _____**KMAP Provider ID**

Business Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Contact Person: _____ Contact Telephone: _____

Email Address: _____

2. Please choose any that apply:

What software will the billing entity use?

 EDS Provider Electronic Solutions Other _____**Software Name****3. Please select only one submission method:**

- | | | |
|--|--|--|
| <input type="checkbox"/> RAS file transfer
(Trade Files-Batch) | <input type="checkbox"/> CD-ROM | <input type="checkbox"/> Tape/Cartridge
<input type="checkbox"/> 3480 |
| <input type="checkbox"/> Internet File Transfer
(Trade Files-Batch) | <input type="checkbox"/> Diskette (3.5 inch) | <input type="checkbox"/> 3490 |

4. Select ALL electronic transaction types you wish to test using media type selected in section 3:

- | | | |
|--|---|---|
| <input type="checkbox"/> 837 Professional | <input type="checkbox"/> 276/277 Claim Status | <input type="checkbox"/> 834 Benefit Enrollment |
| <input type="checkbox"/> 837 Institutional | <input type="checkbox"/> 270/271 Eligibility | <input type="checkbox"/> 835 Remittance/277 Pended Claims |
| <input type="checkbox"/> 837 Dental | <input type="checkbox"/> 278 Prior Auth | <input type="checkbox"/> 820 Capitation Payments |

5. Complete this form and return it:By Fax:
785-267-7689By Mail:
**EDS – EDI Department
3600 SW Topeka Blvd., Suite 204
Topeka KS, 66611****For EDS Use Only:**_____
Signature_____
Title_____
Date_____
Printed Name

Last Revised 7/19/2006

Important: Disregard this application if the billing entity is ONLY submitting paper claims or using Direct Data Entry on the KMAP website