DXC Technology
Kentucky MMIS EDI Application
INSTRUCTIONS FOR COMPLETING EDI APPLICATION

To submit electronic claims through an SFTP connection called MOVEit, please complete all sections of this application.

Section 1

Fill in the company name, entity type, and contact information.

Section 2

Indicate whether the provider numbers for which you are billing have enrollment forms on file with the EDI Helpdesk. MAP 246 and 380 forms are required when a Billing Agent or Clearinghouse is used to submit claims on behalf of a Kentucky Medicaid provider.

Section 3

Indicate whether the Trading Partner has tested through Ramp Manager and obtained a passing Edifecs certificate. This is required before you can be authorized to submit claims electronically to KYMMIS.

Section 4

Select all of the EXISTING transaction types the entity will submit or retrieve from KYMMIS.

Section 5

This section contains our contact info.

DXC Technology
Kentucky MMIS Electronic Data Interchange Application

1. Complete this section:

Company Name:

☐ Billing Agent   ☐ Software Vendor   ☐ Clearinghouse   ☐ Provider

Address:

_____City:_____State:_____ZIP:_____

Business Contact Name/Phone/Email:

Testing/Vendor Contact Name/Phone/Email:

2. Electronic Enrollment forms on file with the EDI Helpdesk:

MAP 380 – Provider Agreement Electronic Media Addendum   ☐ Yes   ☐ No

MAP 246 – Agreement between Medicaid and Electronic Billing Agency   ☐ Yes   ☐ No

3. EDIFECS Certificate   ☐ Yes   ☐ No

4. Select ALL applicable electronic transaction types:

☐ 837 Professional   ☐ 837 Institutional   ☐ 837 Dental   ☐ 835 Remittance/277 Pended Claims

5. Please return the signed, titled and dated application to:
- Email: ky_edi_helpdesk@dxc.com
- Mail: DXC-EDI Department-656 Chamberlin Ave-Frankfort, KY 40601
- Fax: 502-209-3200
- Phone: 800-205-4696

_____ _____

Signature   **Title**

_____ _____

Printed Name   **Date**