

Medicaid -KANSAS (Kansas Medical Assistance Program)

Enrollment Instructions – Professional and Institutional ERA ONLY

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are valid and accurate. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Keep a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the completed request in case you should need to follow up or resubmit.

CAREFULLY FOLLOW INSTRUCTIONS OUTLINED IN STEPS BELOW.
If you do NOT know the provider's unique KMAP MMIS User Login ID/Password,
Or, if you need assistance in following the steps below, contact KMAP
at 1-800-933-6593 for assistance. (Choose Option for Customer Service)

837 - CLAIMS Initial Provider Enrollment (New) or Re-Enrollment (Change of Service)

No edi enrollment requirement.

835 - ERAs Electronic Remittance Request (New)

Providers requesting 835 ERAs from Medicaid Kansas for **FIRST TIME ONLY**, must complete and submit this form and then proceed to steps to outlined below under Change of Service to log on to the MCD KS website and authorize Practice Insight as a Business Associate to receive 835 ERAs.

1. Kansas MMIS Electronic Data Interchange Application (1 page)

Section 1 - Enter the billing provider's information to include-

KMAP Provider ID Number (Provider's unique MCD KS Provider #)

Email address for your Contact Person – ADD next to email address: enrollment@practiceinsight.net.

Section 4 - PUT ✓ next to __ 837 Professional and/or __ 837 Institutional

Bottom of form- ADD Signature, Title, Date, Printed Name.

FAX the form to Medicaid Kansas, EDI at 785-267-7689 and **WAIT** to receive email confirmation from KMAP of 835 ERA setup (approx 1-5 days).

ONCE email confirmation is received, **PROCEED** to the steps outlined in next section.

835 - ERAs Electronic Remittance Request (New) and (Change of Service)

Providers enrolling for the **FIRST TIME** and providers **ALREADY RECEIVING 835 ERAs** and want to change service to authorize Practice Insight as Receiver of 835 ERAs must follow these steps.

1. **GO TO** <https://www.kmap-state-ks.us/provider/security/logon.asp> and log on with the provider's unique KMAP MMIS login user name and password. .



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After successfully logging on to KMAP MMIS...

2. **SEE** menu bar at top of page, Select "Account" → ("Account Maintenance Page")
3. **SEE** "Receiver" box with default Transaction of "835 Remittance Advice".
4. **CLICK [Add]** button, Enter: *pinsight* (as the Business Associate)
5. **SCROLL TO TOP** of this window, **CLICK [SAVE]** button, then ok to **EXIT**.
6. **NOTIFY** Practice Insight that you have added PI as the Receiver for the Provider's 835 ERAs. Send an email addressed to enrollment@practiceinsight.net using the Subject Line and information as shown on the Example email below. (You can copy the text shown below, and then paste into your email message. Be sure to add your provider and sender information, where indicated.

EXAMPLE EMAIL

To: Enrollment@practiceinsight.net
Subject: Medicaid Kansas 835 Enrollment Request

This request is to access KMAP MMIS to confirm 835/ERA setup request for the Medicaid Kansas Billing Provider _____ enrolled with Medicaid
Provider Number _____.
(*Medicaid Provider's ID #*)

Our Support Vendor / Practice Insight Reseller is _____.
(*Name of your Software Support company*)

(*Sender's Name*)

(*Sender's Direct Dial Phone Number*)

ALLOW 2-4 WEEKS FOR PROCESSING

If you do not receive confirmation within 20 days, contact your reseller for assistance. Reseller's should contact Practice Insight Enrollment.

