



Kentucky MMIS EDI MOVEit 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

Kentucky MMIS Electronic Data Interchange Application for MOVEit

1. Complete this section:

Company Name: Enter if Billing Agent, Software Vendor, Clearing House or 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. EDIFICS 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@Gainwelltechnologies.com](mailto:KY_EDI_helpdesk@Gainwelltechnologies.com)

FAX: 502-209-3200

Mail: Gainwell Technologies, EDI Depart, 656 Chamberlin Ave, Frankfort, KY 40601

Sign and Date
