



**Kentucky MMIS BBS EDI Application**  
**INSTRUCTIONS FOR EDI APPLICATION**

If submitting **PAPER** claims or submitting claims through **KY Health Net.** on the web site, no application is necessary.

**Section 1**

Fill in the entity type and contact information.

**Section 2**

Indicate the Connectivity solution you choose to send Electronic Medicaid transactions to KYMMIS.

**Section 3**

Indicate yes or no if the individual or group provider number(s) you are billing for has an agreement on file with enrollment at KYMMIS. (MAP 246 is required when a Billing Agent or Clearinghouse is used to submit claims).

\* NOTE: MAP Agreements not on file with Enrollment will result in denied claims if billed 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 information on how to return the completed EDI application to KYMMIS.

**All applications must include a name, signature, title, and date of completion.**

**EDI Help Desk at (800) 205-4696 or e-mail [KY\\_EDI\\_Helpdesk@dxc.com](mailto:KY_EDI_Helpdesk@dxc.com)**

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**Kentucky MMIS Electronic Data Interchange Application  
5010**

**1. Complete this section:**

Company Name: \_\_\_\_\_

Billing Agent       Software Vendor       Clearinghouse       Provider

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Contact Email Address: \_\_\_\_\_

Testing /Vendor Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Testing/Vendor Contact Email Address: \_\_\_\_\_

**2. Please choose Connectivity:**

Dial-Up Modem (BBS)

**3. Electronic Agreements on file with the Commonwealth of Kentucky?**

MAP 380 - Provider Agreement Electronic Media Addendum       Yes       No

MAP 246 - Agreement Between Medicaid and Electronic Billing Agency      Yes       No

EDIFECs Certificate    Yes     No

**4. Select ALL applicable electronic transaction types:**

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

**5. Complete this form and return it by:**

- Email: [KY.EDI.Helpdesk@dxc.com](mailto:KY.EDI.Helpdesk@dxc.com)
- Mail: DXC - EDI Department - 656 Chamberlin Avenue - Frankfort, Kentucky 40601
- Phone: 800-205-4696
- Fax: 502-209-3242

\_\_\_\_\_  
**Signature**                                  **Title**                                  **Date**

\_\_\_\_\_  
**Printed Name**