



Kentucky MMIS BBS EDI Application
INSTRUCTIONS FOR EDI APPLICATION

If submitting **PAPER** claims or submitting claims through **DIRECT DATA ENTRY** 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 1-800-205-4696 or e-mail KY_EDI_Helpdesk@EDS.com
