



Commonwealth of Kentucky KY Medicaid

KyHealth Net Dental Companion Guide

Version 4.0
December 21, 2018

Revision History

Document Version	Date	Name	Comments
1.0	12/27/2006	Patti George	Created
1.1	12/27/2006	Ron Chandler	Review and format
1.2	01/29/2007	Patti George	Updates per DMS walkthrough
1.3	02/09/2007	Lize Deane	Formatted according to KY standards
1.4	02/26/2007	Michelle Goins	Updated with latest information
1.5	02/26/2007	Patti George	Updates
1.6	03/06/2007	Ann Murray	Updated according to comments
1.7	10/20/2008	Cathy Hill	Updated screens and text as directed
1.8	3/12/2009	Cathy Hill	Changed text references from KyHealth Choices to KY Medicaid
1.9	4/28/2010	EDI	Revised per EDI
2.0	10/6/2010	Martha Senn Marilyn Surratt Stayce Towles	Revised per EDI
2.1	10/8/2010	Martha Senn Marilyn Surratt Stayce Towles Ron Chandler	Remove PHI. Format to DMS standards
2.2	01/12/2011	Ann Murray	Global corrections and changes.
2.3	02/14/2013	Martha Senn Keri Hicks	CO 19321 – Updated Member Eligibility Verification screen and the Managed Care 5 year History screen. CO 19280 – Inserted Adjusted Primary Care Attestation screens.
2.4	02/14/2013	Keri Hicks	Finalized Tech Writer Updates. DMS Approved 02/14/2013.
2.5	02/26/2013	Martha Senn	Removal of Adjusted Primary Care Attestation screens.
2.6	03/04/2013	Keri Hicks	Finalized Tech Writer Updates. DMS Approved 03/01/2013.

2.7	06/20/2013	Martha Senn	CO – 20055 Lockin, comment If member has MCO eligibility.
2.7	7/1/2013	Martha Senn	Finalized: DMS approved 7/1/2013
2.8	7/3/2013	Martha Senn	CO 19849 Supplemental claim inquiry for Primary Care and Rural Health Providers
2.8	7/8/2013	Martha Senn	Finalized: DMS approved 7/8/2013
2.9	7/15/2013	Martha Senn	New eligibility screens with ACA changes
3.0	10/29/2013	Martha Senn	Updates for EADO
3.1	12/12/13	Jamie Redmon	Updates for EFT
3.2	01/08/2014	Jamie Redmon	Updates for Eligibility group
3.3	07/25/2014	Martha Senn	Updates to screen shots
3.4	07/30/2014	Martha Senn	Updates to PA link
3.4	8/8/2014	Martha Senn	DMS approved
3.5	8/28/2014	Martha Senn	CO 22265 and 22673 Provider Status Information screen shots
3.5	9/2/2014	Martha Senn	DMS approved
3.6	2/13/2015	Martha Senn	Update screen shots and remove ADO and EFT.
3.7	8/5/2015	Martha Senn	Updated eligibility verification screenshots for CO 25433. DMS approved 10/6/2015
3.8	12/12/2016	Martha Senn	Removed all ADO screen shots, CO 27164 DMS approved 12/9/2016
3.9	3/21/2017	Martha Senn	CO 26242 ORP added new screenshots to the Dental Claim section DMS approved 3/21/2017
4.0	12/21/2018	Megan Freeman	Updated section 1.4 and log in screenshot, on page 7, to reflect updated billing agent information.
4.0	1/8/2019	Megan Freeman	DMS Approved

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1 Introduction

1.1 What it is MEUPS?

MEUPS is an acronym for the Medicaid Enterprise User Provisioning System. It's a single sign-on system that allows users to access multiple applications via a single user name and password. What that means to Kentucky Medicaid Providers is that you can manage your own account, and others' access to it. You won't see the word MEUPS on your screen, but you may hear someone refer to your MEUPS account. It's the same thing as your KyHealth Choices account.

1.2 How do I use this system?

When you log in, you'll see the KyHealth Choices Home Page, and any applications available to you will appear on your menu, including Account Management, Authorization Request, KyHealth Net and EMAX.

Link	Functions for All Users	Functions for Provider Admin Only	Functions for Billing Agents Only
Account Management	Allows you to manage your personal information, change your security question/answer and reset your password.	Allows you to view agents with access to your account and add an agent to your account.	None.
KyHealth Net	Allows user to submit claims, PA requests, check eligibility, etc.	Functions are limited to those that are applicable to the Provider type.	Functions are limited to those authorized by the Provider Administrators.
EMAX	None	Functions are limited to those that are applicable to the Provider type.	Functions are limited to those authorized by the Provider Administrators.

1.3 What is a Provider Administrator?

A Provider Administrator has control of a Provider's account, and can grant access to Billing Agents. A PIN is required to set up a Provider Administrator account, and only one Provider Administrator account can exist for each Kentucky Medicaid provider number.

1.4 What is a Billing Agent?

A Billing Agent is an account-holder who works on behalf of a Provider, but isn't the Provider Administrator. In other words, the Billing Agent may submit claims on behalf of the Provider, but only as long as the Provider Administrator has granted access to the Billing Agent. A single Billing Agent may work on behalf of multiple providers. An individual may obtain a Billing Agent account to access claims submission, eligibility, etc. by contacting their Provider Administrator who can create their account and grant proper access.

1.5 What is a PIN Number?

Each Kentucky Medicaid Provider has been issued a Personal Identification Number which can be used to set up an account. This PIN is the key that “unlocks” the account initially. Instructions for obtaining the PIN are in the next section of this document. Creating a New Provider User Account for KYHealthnet

The user creating the KY Healthnet account should be the office manager or someone deemed responsible for accessing provider information. A PIN number is required to create a user account. The Electronic Data Interchange (EDI) Helpdesk will assign a PIN number to each KY Medicaid provider ID.

1.5.1 How to obtain a PIN number:

1. Go to the KY Medicaid Website www.kymmis.com.
2. Click on Electronic Claims.
3. Click on Frequently Asked Questions.
4. Click on the hyperlink at the bottom of the page; last paragraph; first sentence for PIN release form (user instructions included).
5. Complete the attached PIN Release form and return to the EDI Helpdesk along with a copy of a valid driver's license via e-mail or fax. Include your phone number and e-mail address and someone will contact you with your PIN and website information.
 - a. Fax your PIN Release form to: 502-209-3242 or 502-209-3200.
 - b. E-mail your form to: KY_EDI_Helpdesk@hpe.com.

The HP EDI department will respond within 2 business days via email.

The PIN release email example is below:

From: Jane.doe@hp.com
Sent: Monday, August 9, 2010 10:30 AM
To: Daisy.Duck@anywhere.com
Subject: KY Medicaid PIN release request

To create a KY Health Net account user the following information:

Provider ID = XXXXXXXXXX

PIN # = XXXXXXXXXX

To create a KYHealth Net account, access <https://public.kymmis.com/pinletter/>

To access the user account: <http://home.kymmis.com/>

The password expires every 30 days. A reminder is sent on the 20th day to update the password. To change your password click on Account Management, Change my password.

In the future you can do the following: If the account user password is expired click on 'Forgot my password' button on the sign in page under password to complete a password update. This function only works if a security question is linked to the account. If you have questions contact the EDI Helpdesk at 800.205.4696 or KY_EDI_Helpdesk@hpe.com.

1.5.2 Using the PIN to Create a New Account

1. Enter the provider ID (KY Medicaid provider ID or Group id); and,
2. Enter the PIN number assigned.

Kentucky.gov
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Create New Account

Enter your Provider ID and temporary PIN provided to you in the letter.

Provider ID

PIN

KyHealth Choices
Account Migration

For assistance, email us at KY_EDI_HelpDesk@hpe.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Contact Us
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User Agreement to Terms of Service window will display,

3. Click the 'Yes, I agree' or "No, I do not agree" button.

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KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Create New Account

You must agree to the terms below before creating an account.

USER AGREEMENT

This User Account Agreement (hereinafter "Agreement"), effective today, is made by and between the Commonwealth of Kentucky Cabinet for Health and Family Services ("CHFS"), Department of Medicaid Services ("DMS"), and users who sign up for an account on this website (hereinafter "User"), the aforementioned being a licensed health care provider or an entity who acts on behalf of a licensed health care provider.

WHEREAS, User renders certain professional health care services ("Services") to members of employer groups and individuals, and submits documentation of those Services to DMS; and,


WHEREAS, DMS, in its implementation of the Medicaid program in Kentucky, provides to health care companies such as User a System of operational and informational support to respond to provider- inquiries to exchange certain claims and billing information through electronic communications and through the Internet (hereinafter the "System");

WHEREAS, while performing its services User may be given access to, or may be exposed to, certain confidential or Individually Identifiable Health Information or Protected Health Information ("PHI") as defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 Code of Federal Regulations Parts 160-164, and applicable regulations that implement Title V of the Gramm-Leach-Bliley Act, 15 U.S.C. §6801, *et seq.* (the "GLB Regulations");

WHEREAS, User desires to utilize the System provided by DMS, and DMS desires to provide the System and related services and support to User, as defined and according to

Do you agree to the terms of service as stated above?

4. Enter the data On the “Create New Account” Form



KyHealth Choices

Kentucky Medicaid Web Site

For assistance, email us at KY_EDL_HelpDesk@hpe.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Create New Account

First Name	<input type="text" value="new user"/>
Middle Name	<input type="text"/>
Last Name	<input type="text" value="KY Health net example"/>

Address Line 1	<input type="text" value="Sunshine Lane"/>
Address Line 2	<input type="text"/>
City	<input type="text" value="Anywhere"/>
State	<input type="text" value="KY"/>
Zip Code	<input type="text" value="41000"/>

Phone Number	<input type="text" value="502-555-5555"/>
--------------	---

E-Mail Address	<input type="text"/>	?
Email address is required.		
E-Mail Address (verify)	<input type="text"/>	

Provider ID	<input type="text"/>	?
Provider NPI	<input type="text"/>	
Provider Taxonomy ID	<input type="text"/>	
Trading Partner ID	<input type="text"/>	

Username	<input type="text"/>	?
Password	<input type="password"/>	?
Password (verify)	<input type="password"/>	

Select a security question from the list below and provide an answer that you will remember.
This question will help the Help Desk verify your identity if you need assistance.

Question	<input type="text" value="In what city were you born? (Enter full name of city only)"/>	v
Answer	<input type="text"/>	

* indicates required field.

The “Your account was successfully created” window will display.

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CABINET FOR HEALTH AND FAMILY SERVICES

Create New Account

Your account was successfully created.

You can now log into KyHealth Choices using your new username and password you just created by clicking on the Sign In button below.

For assistance, email us at KY_FDI_HelpDesk@hpe.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Contact Us

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2 Signing into KyHealth Choices

2.1 Sign into KyHealth Choices

1. Access <https://home.kymmis.com>
2. Enter the username and password

The screenshot shows the top of the Kentucky Medicaid Web Site. The header includes the text "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "DEPARTMENT FOR MEDICAID SERVICES". Below the header is the Kentucky state logo with the slogan "UNWEALED SPIRIT".

On the left side, there is a "Kentucky Medicaid Web Site" section with contact information: "For assistance, email us at KY_EDL_HelpDesk@dxc.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST."

The main content area features a "Sign in to the KyHealth Choices" section with a bulleted list of actions: "Manage your contact information", "Change your password", and "Providers: Manage your agent's access". Below this is a section for "Kentucky Medicaid Billing Agents:" with instructions: "To set up a Billing Agent account, please contact your Provider Administrator. This will ensure that your account is setup properly to access claims submission, eligibility, etc."

On the right side, there is a "Sign in to KyHealth Choices" form with a "Help" link. The form contains two input fields: "Username" and "Password", followed by a "Sign In" button. Below the form, there is a link for "KyHealth Choices" and a red link for "Reset your password".

At the bottom of the page, there are links for "Contact Us", "Privacy", "Disclaimer", and "Individuals with Disabilities".

2.2 Accessing User Applications

1. Click on "Account Management" under "Application".

The Administrator to the provider account can view or add Agents. An agent has limited access to change password or update security questions.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAL SERVICES

KyHealth Choices Home

Thursday 16 December 2010 1:58 pm
Sign Out

Jane Doe, Welcome to KyHealth Choices

Applications	
Application	Description
Account Management	Modify your account information. Providers can also use this application to give application permissions to their agents.
KyHealth Choices	This is the KyHealth Choices portal application
KYHealthNet	Model Office KYHealthNet. For Eligibility, Claims, PA, PE Transactions to the Model office environment

Messages	
Date	Message
12-01-10	Reminder: Electronic Prior Authorization is available for use by all providers today (excluding orthodontics and school based providers). Training materials can be found at http://www.kymmis.com/kymmis/Provider%20Relations/KYHealthNetManuals.aspx . The Electronic Prior Authorization link has been automatically loaded to all administrator accounts and the system administrator will need to delegate the EMAX role for agents wanting to utilize the new system.

Last Updated: 6/8/2009

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Account Management screen displays.

The functionality available is:	
Account Home	Click and return to home page (Admin and Agent)
My Information	Allows user to update address, phone number and security question. (Admin and Agent)
View Agent Roles	Allows the provider administrator to view the roles granted to an agent.
Change Password	Allows user to change the current password (Admin and Agent)
Add Agent	Allows the provider administrator to add agents.

Kentucky.gov
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Close Application

Account Home My Information Change Password View Agent Roles Add Agent

Account Home

Good evening new user KY Health net example.

Please select a button above to view or edit your account.

new user KY Health net example
Sunshine Lane
Florence, KY 40601
859-426-2400
KY_EDL_Helpdesk@hpe.com

Last Accessed: 11/23/2015 5:01:21 PM


Last Password Change: 11/23/2015 5:01:21 PM
Your password will expire in 30 days.

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2. Click on the “My Information” button the following screen displays.
3. Scroll to the “Security Question & Answer” section.
4. Select the security question.
5. Enter the answer.
6. Click on Save.

[Close Appl](#)

[Account Home](#)[My Information](#)[Change Password](#)[View Agent Roles](#)[Add Agent](#)

My Information

Use this page to modify your account information. When finished, click the Save button at the bottom of the screen.

Name

First Name	<input type="text" value="new user"/>
Middle Name	<input type="text"/>
Last Name	<input type="text" value="KY Health net example"/>

Contact

Address Line 1	<input type="text" value="Sunshine Lane"/>
Address Line 2	<input type="text"/>
City	<input type="text" value="Florence"/>
State	<input type="text" value="KY"/>
Zip Code	<input type="text" value="40601"/>

Phone Number

E-Mail Address

Security Question & Answer

Select a security question from the list below and provide an answer that you will remember. This question will help the Help Desk verify your identity if you need assistance.

Question	<input type="text" value="In what city were you born? (Enter full name of city only)"/>
Answer	<input type="text" value="Frankfort"/>

[Cancel](#)[Save](#)

KyHealth Choices
Kentucky Medicaid Web Site

For assistance, email us at KY_EDJ_HelpDesk@hpe.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

2.2.1 How to Change the Password:

The account password expires every 30 days. A pink banner will display on the Home page showing the days remaining to password expiration beginning with 10. The user will receive an email notification from MEUPS prior to the expiration on the 20th day.

1. Click on the “Change Password” button;
2. Complete form;
3. Click the “Change Password” button.

The screenshot shows the 'Change Password' page on the Kentucky Cabinet for Health and Family Services website. The page has a blue header with the Kentucky logo and navigation buttons: 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. The main content area is titled 'Change Password' and includes instructions: 'Fill out the form below to change your password. Your new password must:'. Below the instructions are three bullet points: 'Must be 8 alphanumeric characters', 'Contain at least one number', and 'Contain both lower and uppercase letters'. The form contains three input fields: 'Old Password', 'New Password', and 'New Password (verify)'. There are 'Cancel' and 'Change Password' buttons at the bottom of the form. A sidebar on the left contains 'KyHealth Choices' and 'Kentucky Medicaid Web Site' with contact information for assistance.

2.2.2 Email examples of password reminder and account change notification

From: MEUPS Automated Mailer [mailto:MEUPS_DoNotReply@email.kymmis.com]
Sent: Friday, July 16, 2010 1:30 PM
To: Doe, Jane
Subject: PASSWORD EXPIRATION REMINDER: 10 days left
Sensitivity: Confidential

Kentucky user Jane Doe,

Your Medicaid system account password will expire in 10 days on Monday, July 26, 2010. Please change your password before then to ensure uninterrupted system access.

Please contact the EDS helpdesk at KY_EDJ_HelpDesk@hpe.com or call (800) 205-4696 between 7:00 am - 6:00 pm Monday - Friday EST should you have questions regarding this notification.

Medicaid Enterprise Users Provisioning System

MO

From: MEUPS Automated Mailer [mailto:MEUPS_DoNotReply@email.kymmis.com]
Sent: Wednesday, August 18, 2010 2:00 PM
To: Doe, Jane
Subject: ACCOUNT CHANGE NOTIFICATION
Sensitivity: Confidential

Kentucky user Jane Doe,

KyHealth Choices sends you this account change notification for your information. No action on your part is required. The following changes have been made recently against your systems account:

Date of Change	Description
Aug 18 2010 1:30PM	Account access has been reinstated
Aug 18 2010 1:32PM	Password changed

Please contact the EDI helpdesk at [KY EDI HelpDesk@hpe.com](mailto:KY_EDI_HelpDesk@hpe.com) or call (800) 205-4696 between 7:00 am - 6:00 pm Monday - Friday EST if you have questions about any of these changes.

KyHealth Choices

2.3 Viewing Agent Roles

Provider Administrators and Billing Agents have the ability to add agents to an account, giving them access to submit claims, check claim status, check eligibility or perform other functions on behalf of the provider. Clicking “View Agent Roles” will allow a Provider Administrator or Billing Agent to see the Agents associated with an account. If no Agents have been added, “No Agents Found” will appear.

The screenshot shows the 'View Agent Roles' page. At the top, it says 'Kentucky.gov KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES'. Below this is a navigation bar with buttons for 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. The 'View Agent Roles' button is highlighted. The main content area has the heading 'View Agent Roles' and the instruction: 'Use this screen to manage the roles for your agents. To edit the user's permissions, select the user by browsing below.' Below this, it states 'No agents found. You are not sharing permissions to any agents. To begin the process of giving access to your agents, click on the Add above.' On the left side, there is a sidebar with 'KyHealth Choices' and 'Kentucky Medicaid Web Site' links, and contact information for assistance: 'For assistance, email us at KY_EDL_HelpDesk@hpe.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.' The footer contains 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2007 Con'.

2.4 Add an Agent or New Employee.

Provider Administrators and Billing Agents have the ability to add agents to an account, giving them access to submit claims, check claim status, check eligibility or perform other functions on behalf of the provider. Clicking “Add Agent” allows a Provider Administrator or Billing Agent to add an Agent to the account.

The screenshot shows the 'Add Agent' page. At the top, it says 'Kentucky.gov KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES'. Below this is a navigation bar with buttons for 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. The 'Add Agent' button is highlighted. The main content area has the heading 'Add Agent' and the instruction: 'Use this screen to add access to an agent for your application. Enter the email address of the agent you are adding access to your application and click search.' Below this, there is a text input field and a 'Search' button. On the left side, there is a sidebar with 'KyHealth Choices' and 'Kentucky Medicaid Web Site' links, and contact information for assistance: 'For assistance, email us at KY_EDL_HelpDesk@hpe.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.' The footer contains 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2007 C'.

2.4.1 No Email Address Found: Create Username

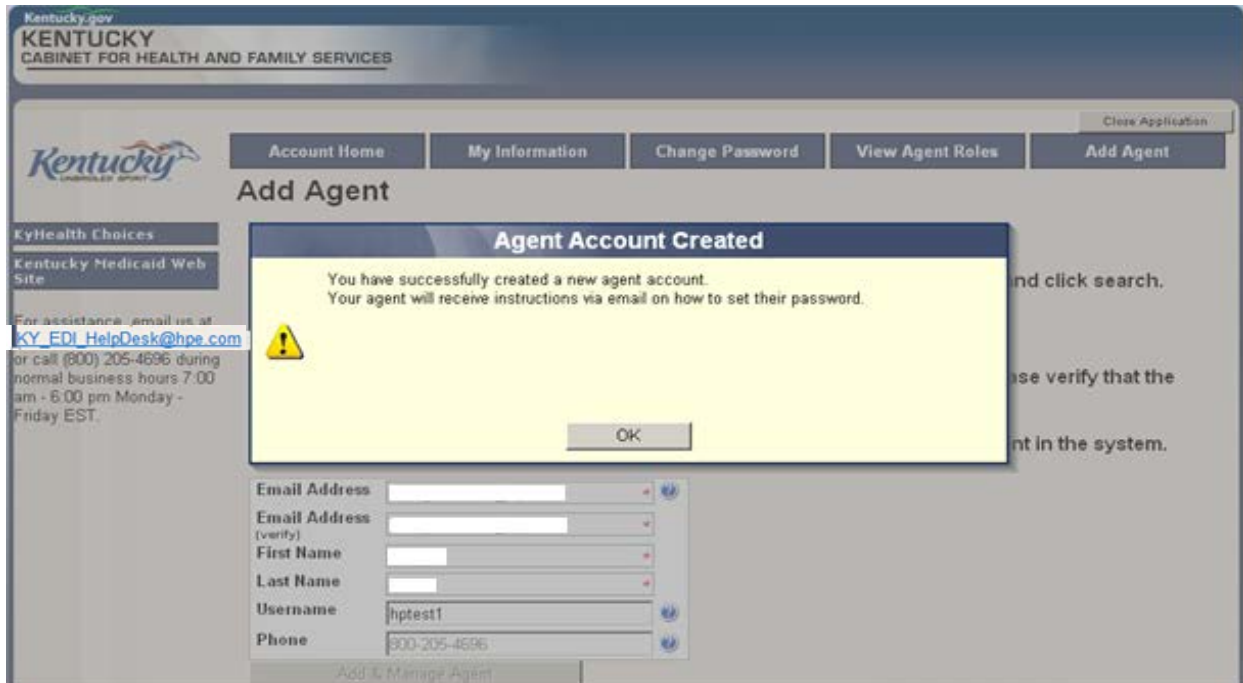
The Provider Administrator or Billing Agent may search for an existing agent by entering the email address of the agent and clicking “search.” If no agent is found, the screen below will appear, allowing the user to create an Agent account and associate that agent with the Provider account.

1. Complete the fields boxed in red below.
2. Click “Add & Manage Agent” button.

The screenshot shows the 'Add Agent' page on the Kentucky Cabinet for Health and Family Services website. The page has a navigation bar with buttons for 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. The main content area is titled 'Add Agent' and contains the following text and form elements:

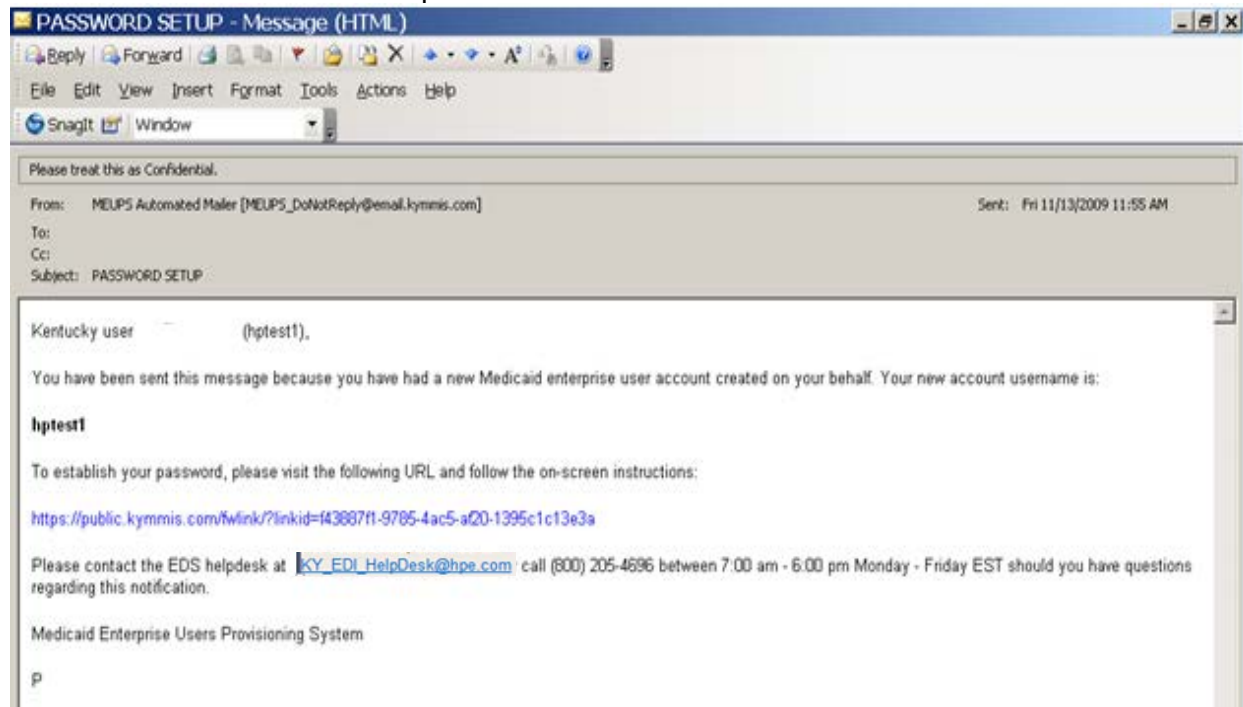
- Header: 'Kentucky.gov KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES'
- Navigation: 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', 'Add Agent', 'Close Application'
- Logo: 'Kentucky UNBROKEN SPIRIT'
- Section: 'KyHealth Choices Kentucky Medicaid Web Site'
- Text: 'Use this screen to add access to an agent for your application.'
- Text: 'Enter the email address of the agent you are adding access to your application and click search.'
- Form: Input field with 'ky_edi_helpdesk@hpe.com' and a 'Search' button.
- Text: 'An agent with the email address you specified was not found in the system. Please verify that the address is correct.'
- Text: 'Fill out the fields below with the agent's information to create a new agent account in the system.'
- Form: A form with the following fields: 'Email Address' (pre-filled with 'ky_edi_helpdesk@hpe.com'), 'Email Address (verify)', 'First Name', 'Last Name', 'Username', and 'Phone'. A red box highlights this entire form.
- Button: 'Add & Manage Agent'
- Footer: 'Contact Us Privacy | Disclaimer | Individuals with Disabilities Copyright © 2007 Commonwealth of Kentucky All rights reserved.'

3. The “Agent Account Created” window appears.



4. User will receive an email as shown below.

Automated MEUPS email Example:



5. When user clicks the link in the email (example above), the “Terms of Service User Agreement window appears as shown below.

6. User must click "I agree" in order to proceed.

Kentucky
COMMONWEALTH OF KENTUCKY

KyHealth Choices

Kentucky Medicaid Web Site

For assistance, email us at KY_FDI_HelpDesk@hpe.com or call (800) 205-4656 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Terms of Service

You must agree to the terms below before delegating permissions.

USER AGREEMENT

This User Account Agreement (hereinafter "Agreement"), effective today, is made by and between the Commonwealth of Kentucky Cabinet for Health and Family Services ("CHFS"), Department of Medicaid Services ("DMS"), and users who sign up for an account on this website (hereinafter "User"), the aforementioned being a licensed health care provider or an entity who acts on behalf of a licensed health care provider.

WHEREAS, User renders certain professional health care services ("Services") to members of employer groups and individuals, and submits documentation of those Services to DMS; and,

WHEREAS, DMS, in its implementation of the Medicaid program in Kentucky, provides to health care companies such as User a System of operational and informational support to respond to provider inquiries to exchange certain claims and billing information through electronic communications and through the Internet (hereinafter the "System");

WHEREAS, while performing its services User may be given access to, or may be exposed to, certain confidential or Individually Identifiable Health Information or Protected Health Information ("PHI") as defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 Code of Federal Regulations Parts 160-164, and applicable regulations that implement Title V of the Gramm-Leach-Bliley Act, 15 U.S.C. §6801, et seq. (the "GLB Regulations");

WHEREAS, User desires to utilize the System provided by DMS, and DMS desires to provide the System and related services and support to User, as defined and according to

Do you agree to the Terms of Service as stated above?

2.5 Manage Agent Roles

After an Agent is associated with a Provider account, permissions or “roles” must be granted in order for that Agent to act on the Provider’s behalf. To add roles for KyHealth Net (claims, eligibility, etc.), follow the instructions below.

1. Click on the “KYHealthNet” link.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Close Application

Account Home My Information Change Password View Agent Roles Add Agent

Manage Agent Roles

This page allows you to add and remove roles from the agent. Begin by selecting the system in which you want to view or modify the Agent's access.

Agent Details

Name	edi test edi test	Account Status	Active
Email Address			
Address			
Telephone	800-205-4696		
Account Owner	hp instit KYHealthnet (hpinst).		

Remove All Roles

1 Select the system to modify access

2 Modify the permissions for selected system

System

- Select Account Management
- Select **KYHealthNet**

Roles

Contact Us

2. Notice section **2** Modify the permissions for KYHealthNet section opens.
3. Roles are granted or removed in this section.

Account Home
My Information
Change Password
View Agent Roles
Add Agent

Manage Agent Roles

This page allows you to add and remove roles from the agent. Begin by selecting the system in which you want to view or modify the Agent's access.

Agent Details		Account Status
Name	Jane Doe	Active
Email Address	janedoe@yahoo.com	
Address		
Telephone		
Account Owner		
Remove All Roles		

1 Select the system to modify access

System	
Select Account Management	
Select Electronic Prior Authorization	
Select KYHealthNet	
Select Magellan Web Portal	
Select Magellan Web Portal (resource partner URI)	

2 Modify the permissions for KYHealthNet

Roles	
<input type="checkbox"/> Card Issuance	
<input type="checkbox"/> Claims Inquiry	
<input type="checkbox"/> Claims Submission (Dental)	
<input type="checkbox"/> Claims Submission (Institutional)	
<input type="checkbox"/> Claims Submission (Professional)	
<input type="checkbox"/> KenPAC Referral Confidential Message Inquiry	
<input type="checkbox"/> KenPAC Referral Confidential Message Submit	
<input type="checkbox"/> KenPAC Referral Inquiry	
<input type="checkbox"/> KenPAC Referral Submit	
<input type="checkbox"/> Eligibility Verification	
<input type="checkbox"/> Electronic ADO	
<input type="checkbox"/> Electronic EFT	
<input type="checkbox"/> Provider Status	
<input type="checkbox"/> LTC Claims	
<input type="checkbox"/> PA Inquiry	
<input type="checkbox"/> PA Submission	
<input type="checkbox"/> Pharmacy History	
<input type="checkbox"/> Presumptive Eligibility	
<input type="checkbox"/> Pricing	
<input type="checkbox"/> Ra Viewer	
<input type="checkbox"/> TPL Carrier	

[Create Screen Clipping](#)

4. Check the roles you wish to grant agent.
5. Click the "Save Changes" button to save modifications.

The screen returns “Successful adding role of ...”

Manage Agent Roles

This page allows you to add and remove roles from the agent. Begin by selecting the system in which you want to view or modify the Agent's access.

- ✓ Successful adding 'Card Issuance' role for system 'KYHealthNet'
- ✓ Successful adding 'Claims Inquiry' role for system 'KYHealthNet'
- ✓ Successful adding 'Claims Submission (Institutional)' role for system 'KYHealthNet'
- ✓ Successful adding 'Eligibility Verification' role for system 'KYHealthNet'
- ✓ Successful adding 'Ra Viewer' role for system 'KYHealthNet'

Agent Details

Name	Jane Doe	Account Status	Active
Email Address	janedoe@yahoo.com		
Address			
Telephone			
Account Owner			
<input type="button" value="Remove All Roles"/>			

1 Select the system to modify access

System	
Select Account Management	
Select Electronic Prior Authorization	
Select KYHealthNet	
Select Magellan Web Portal	
Select Magellan Web Portal (resource partner URI)	

2 Modify the permissions for KYHealthNet

Roles	
<input checked="" type="checkbox"/> Card Issuance	
<input checked="" type="checkbox"/> Claims Inquiry	
<input type="checkbox"/> Claims Submission (Dental)	
<input checked="" type="checkbox"/> Claims Submission (Institutional)	
<input type="checkbox"/> Claims Submission (Professional)	
<input type="checkbox"/> KenPAC Referral Confidential Message Inquiry	
<input type="checkbox"/> KenPAC Referral Confidential Message Submit	
<input type="checkbox"/> KenPAC Referral Inquiry	
<input type="checkbox"/> KenPAC Referral Submit	
<input checked="" type="checkbox"/> Eligibility Verification	
<input type="checkbox"/> Electronic ADO	
<input type="checkbox"/> Electronic EFT	
<input type="checkbox"/> Provider Status	
<input type="checkbox"/> LTC Claims	
<input type="checkbox"/> PA Inquiry	
<input type="checkbox"/> PA Submission	
<input type="checkbox"/> Pharmacy History	

(W)

3 Accessing KY Health Net

KyHealth Net allows users to access Member eligibility and related functions, submit claims, adjust or void claims, check claim status, check Prior Authorization requests, print Prior Authorization letters, view or download remittance advice statements, and access other valuable information.

1. On the “KyHealth Choices Home” page, click on the “KYHealth Net” link.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

KyHealth Choices Home

Friday 23 January 2015 11:29 am Sign Out

Jane Doe, Welcome to KyHealth Choices

Applications	
Application	Description
Account Management	Manages contact information, password, and authorizations for applications.
KYHealthNet	Eligibility Verification, Claims submission and inquiry, Presumptive Eligibility, RA Viewer.

Messages	
Date	Message
1/12/2015	Providers are now able to view Confirmation notices, Lack of Information and Denial letters online, via KYHealth Net, through https://home.kymmis.com/home . Select PA from the top menu and then select the option titled Carewise Prior Authorization Letter. This will allow you to search for, save or print a copy of the letter. You must be the provider the letter was issued to in order to view and print the letter.
11/17/2014	Effective December 1, 2014, Licensed Professional Art Therapists and Applied Behavior Analysts applications will be accepted. However, these two new provider types will not be allowed to enroll until January 1, 2015. The enrollment requirements can be found on the Provider Enrollment website located at http://www.chfs.ky.gov/dms/provEnr/
10/30/2014	Important KYHealthNet Announcement - Providers who are already enrolled in KY Medicaid are now able to access their provider enrollment file online through https://home.kymmis.com/home/ . If you already have access to KYHealthNet, you are now able to view your contract dates, licensure information, physical, correspondence and pay to address, phone number, fax number, taxonomy, NPI, group practice provider is affiliated with, providers that participate in group practice, annual disclosure of ownership (ADO), and revalidation dates. Once you log on to KYHealthNet, click on the Provider Status tab to access your file. If you do not have access to KYHealthNet, please visit http://www.chfs.ky.gov/dms/kyhealth.htm for instructions on how to sign up for this feature. If you have questions, please contact the EDI Department at HP by email (KY_EDI_HelpDesk@hp.com) or by phone at (800) 205-4696.

2. Select/verify the Provider's NPI/Taxonomy in the drop-down box.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | | Logout


Provider Main Page

Thursday 29 January 2015 4:33 pm

Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

Provider

- [Claim Inquiry](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)



Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Would you like to start receiving paper PA Letters also?

NOTE: The drop-down only appears if the user is an agent for multiple providers; otherwise, the agent will see only one provider's NPI/taxonomy in the box.

4 Functionality

Provider Administrators have access to all applicable functions on KyHealth Net. Billing Agents and Agents have access to only those functions granted them by the Provider Administrator. A Billing Agent or Agent may only perform the functions granted them by a given Provider Administrator, while logged in under that provider's account.

For example, if an Agent works on behalf of Dr. Smith and Dr. Jones, but the Agent doesn't have claim submission access for Dr. Jones, the claim submission function will not appear unless the Agent has selected Dr. Smith's NPI/Taxonomy from the drop-down when logging in.

KyHealth Net offers the following functions:

Menu Selection	Functions
Member	Check eligibility, card issuance, spend down, patient liability, pharmacy history and enroll a Member in Presumptive Eligibility (PE providers only).
Claims	Check claim status, submit claims, adjust paid claims or void paid claims.
Prior Authorization (PA)	Access PA information, download a PA letter or lookup a PA number.
Provider References	Check coverage on a procedure code, lookup commercial insurance carrier information and access other references on the DMS website.
RA Viewer	View and/or download your Remittance Advice.

The hyperlinks on the Home Page also offer quick access to commonly used functions.

5 Member Information

5.1 Member Card Issuance



The screenshot displays the KYMMIS (KY Medical Management Information System) Provider Main Page. At the top, the header includes "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)". The navigation bar contains links for "Provider Home", "Member", "Claims", "PA", "Provider References", "RA Viewer", and "Logout". A date indicator shows "Thursday 29 Jan". A dropdown menu is open under the "Member" link, listing options: "Card Issuance", "Eligibility Verification", "MCO Member Information", "Pharmacy History", "Presumptive Eligibility", "Patient Liability", and "Spend Down". A "Welcome to the" message is partially visible. A disclaimer states: "The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents." Below this, there is a "Provider" dropdown menu and a "Switch Working Provider" button. A list of links is provided: [Claim Inquiry](#), [Submit Professional Claim](#), [Submit Institutional Claim](#), [Eligibility Verification](#), and [Provider Status](#). An image shows a healthcare professional examining a patient's eye. At the bottom, a warning message reads: "Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in."

1. Select Member from the Menu.
2. Choose "Card Issuance" from the drop-down.

3. Enter the Member ID or SSN# and click the "Search" button to find the Medicaid card issue date.

The screenshot shows the KYMMIS interface. At the top, it says "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)". Below this is a navigation bar with links: "Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout". The main heading is "Card Issuance". The page shows the date and time: "Thursday 19 November 2009 08:05 am". There are two input fields: "Member ID:" and "SSN:". Below these is a "Search" button. In the bottom right corner, it says "Last Updated: 4/30/2009". At the very bottom, there is a footer with "Contact Us", "Privacy | Disclaimer | Individuals with Disabilities", and "Copyright © 2005 Commonwealth of Kentucky All rights reserved."

The card issuance dates include eligibility begin and end dates along with card type. An "R" in the retroactive column indicates the segment was issued retroactively.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Card Issuance

Friday 17 December 2010 09:50 am

Member ID: **SSN:**

Issue Date	Retroactive	Beginning Date	End Date	Type	Source	Currently Billable
05/19/2009		06/01/2009	07/01/2009	Kenpac	KISS	No
04/21/2009		05/01/2009	06/01/2009	Kenpac	KISS	No
03/20/2009		04/01/2009	05/01/2009	Kenpac	KISS	No
02/18/2009		03/01/2009	04/01/2009	Kenpac	KISS	No
01/21/2009		02/01/2009	03/01/2009	Kenpac	KISS	No
12/18/2008		01/01/2009	02/01/2009	Kenpac	KISS	No
11/17/2008		12/01/2008	01/01/2009	Kenpac	KISS	No
10/22/2008		11/01/2008	12/01/2008	Kenpac	KISS	No
09/19/2008		10/01/2008	11/01/2008	Kenpac	KISS	No
08/20/2008		09/01/2008	10/01/2008	Kenpac	KISS	No
07/22/2008		08/01/2008	09/01/2008	Kenpac	KISS	No
06/19/2008		07/01/2008	08/01/2008	Kenpac	KISS	No
05/20/2008		06/01/2008	07/01/2008	Kenpac	KISS	No
04/21/2008		05/01/2008	06/01/2008	Kenpac	KISS	No
03/20/2008		04/01/2008	05/01/2008	Kenpac	KISS	No
02/20/2008		03/01/2008	04/01/2008	Kenpac	KISS	No
01/22/2008		02/01/2008	03/01/2008	Kenpac	KISS	No
12/17/2007		01/01/2008	02/01/2008	Kenpac	KISS	No
11/19/2007		12/01/2007	01/01/2008	Kenpac	KISS	No
10/22/2007		11/01/2007	12/01/2007	Kenpac	KISS	No
10/19/2007	R	10/01/2007	11/01/2007	Regular	KISS	No

Last Updated: 9/15/2010

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5.2 Member Eligibility Verification

1. Select Member from the Menu.
2. Choose "Eligibility Verification" from the drop-down.

The following screen will appear.



The screenshot displays the KYMMIS (KY Medical Management Information System) Provider Main Page. At the top, the header includes "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)". Navigation links include "Provider Home", "Member", "Claims", "PA", "Provider References", "RA Viewer", and "Logout". A date indicator shows "Friday 10 Decem". A dropdown menu is open, listing options: "Card Issuance", "Eligibility Verification" (highlighted in blue), "Pharmacy History", "Patient Liability", and "Spend Down". The main content area features a "Provider" dropdown menu and a "Switch Working Provider" button. A central image shows a healthcare professional examining a patient's eye. A warning message at the bottom states: "Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in." The footer includes "Contact Us" and "Last Updated: 9/15/2010".

5.2.1 Searching for a Member

1. Click the arrow to the right in the “Select Lookup Type” box and select the criteria to be used in the search.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | : | Logout

Member Eligibility Verification

Monday 15 July 2013 1:42 pm

Provider

Select Lookup Type: -- Select --
-- Select --
Member ID Lookup
SSN Lookup
Case Number Lookup

Service Type: Ambulatory Service Center Facility
Anesthesia
Cardiac Rehabilitation

Last Updated: 4/11/2013

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When the search criteria is selected, the screen will expand to include fields for dates of service and Service Type. The Service Type will display all 12 of the CORE ACA required service types, the page will automatically default to Health Plan Coverage. The current date will automatically be plugged in the date's fields. The user may change the dates to the desired dates of service.

2. Enter the search criteria.
3. Click “search.”

The Member Eligibility Verification page will appear.

This screen will display the most current eligibility information available.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Member Eligibility Verification

Wednesday 23 September 2015 10:22 am

Provider:

Select Lookup Type: Service Type:

Member ID:

From Date of Service: To Date of Service:

Verification No. 3ecb59972f - 9/23/2015 Status: Active

Member

Current ID:	Last Name:	First Name:	Date of Birth:
Old ID:	Check Digit:	Gender: F	Date of Death:
Other IDs	Phone Number:		
SSN:	County Code:	County Name:	
Physical Address:			View Member's Mailing Address: here
City:	State: KY	ZipCode:	
Hospice Election Date:			
Medicare A:		Medicare B:	
Case Number:	Case Name:		

Eligibility

[Eligibility 5 Year History](#)

Eligibility Group	Program Code	Program Status	Pov Ind	From Date of Service	To Date of Service
KY Managed Care Organization without Co-Pay	XC - Child	P1 - Child at least 6 and under 19, Attending School if 18	N	09/23/2015	09/23/2015

- The member mail address information

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | Trade Files | RA Viewer | | Logout

Member Mail Address

Wednesday 23 September 2015 10:24 am

I.D.: Last Name: First Name:

Address1:

Address2:

Address3:

City: State: ZipCode:

Displayed Member Geographic Information is Members Current Information Last Updated: 8/20/2015

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- If the member is not eligible an error code is returned

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | Trade Files | RA Viewer | Logout

Member Eligibility Verification

Monday 21 September 2015 4:05 pm

Provider:

Select Lookup Type: Member ID Lookup

Service Type: Emergency Services
 Family Planning
 Health Plan Coverage

Member ID:

From Date of Service: 09/21/2015 To Date of Service: 09/21/2015

Verification No. cc940dfa06 - 9/21/2015 Status: Non-Active

Error code 05 - Recipient ID missing or not on file

[Contact Us](#) Last Updated: 8/28/2015

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When the link under Eligibility Group is selected a new window displays the service types:

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Service Type Coverage

Wednesday 8 January 2014 3:34 pm

Member

I.D.:	Last Name:	First Name:	Date of Birth:
SSN:	County Code: 056		
Case Number:	Case Name:		

Displayed Member Geographic Information is Members Current Information

*Service Type Coverage for Eligibility Group:
 KY Managed Care Organization Program with no copay

Service Type	Date Effective	Date End	Coverage	Co-Pay	Co-Insurance	Base Deductible	Deductible Remaining
1 - Medical Care	01/08/2014	01/08/2014	Y	0	0	0	0
33 - Chiropractic	01/08/2014	01/08/2014	Y	0	0	0	0
35 - Dental Care	01/08/2014	01/08/2014	Y	0	0	0	0
47 - Hospital	01/08/2014	01/08/2014	Y	0	0	0	0
48 - Hospital - Inpatient	01/08/2014	01/08/2014	Y	0	0	0	0
50 - Hospital - Outpatient	01/08/2014	01/08/2014	Y	0	0	0	0
86 - Emergency Services	01/08/2014	01/08/2014	Y	0	0	0	0
88 - Pharmacy	01/08/2014	01/08/2014	Y	0	0	0	0
98 - Professional (Physician) Visit - Office	01/08/2014	01/08/2014	Y	0	0	0	0
AL - Vision (Optometry)	01/08/2014	01/08/2014	Y	0	0	0	0
MH - Mental Health	01/08/2014	01/08/2014	Y	0	0	0	0
UC - Urgent Care	01/08/2014	01/08/2014	Y	0	0	0	0

***Accurate information regarding KY Medicaid member copay/coinsurance for MCO plans should be obtained directly from the appropriate MCO.**

For Medicaid members not enrolled in Managed Care, please refer back to the "Copay/Coinsurance/Cost Share 5 year history" section, under member eligibility verification, for current information.

Last Updated: 12/14/2013

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If the member eligibility has end dated the following message will display:

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Member Eligibility Verification

Monday 21 September 2015 4:05 pm

Provider:

Select Lookup Type: Service Type:

Member ID:

From Date of Service: To Date of Service:

Verification No. cc940dfa06 - 9/21/2015 Status: Non-Active

Error code 78 - Subscriber/Insured Not in Group/Plan Identified

Last Updated: 8/28/2015

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KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

TPL 5 Year History

Monday 4 February 2013 10:18 am

Member

I.D.:	Last Name:	First Name:	Date of Birth:
SSN:	County Code:		
Case Number:	Case Name:		

Displayed Member Geographic Information is Members Current Information

TPL History

No Rows Found

Last Updated: 1/22/2013

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DMS approved: 1/8/2019

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KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | | [Logout](#)

Managed Care 5 Year History

Tuesday 29 January 2013 5:53 pm

Member

I.D:	Last Name:	First Name:	Date of Birth:
SSN:	County Code:		
Case Number:	Case Name:		

Displayed Member Geographic Information is Members Current Information

Managed Care History

MCO Name	PMP ID	Region	Date Added	Effective Date	End Date

Last Updated: 1/29/2013

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KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

KenPAC 5 Year History

Monday 4 February 2013 10:20 am

Member

I.D:	Last Name:	First Name:	Date of Birth:
SSN:	County Code:		
Case Number:	Case Name:		

Displayed Member Geographic Information is Members Current Information

KenPAC History

Provider Name	Site Phone #	Begin Date	End Date

Last Updated: 1/22/2013

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KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Lockin 5 Year History

Tuesday 11 June 2013 1:54 pm

If member is enrolled in Managed Care, please refer to [MCO Member Information](#) panel

Member			
I.D:	Last Name:	First Name:	Date of Birth:
SSN:	County Code:		
Case Number:	Case Name:		
Displayed Member Geographic Information is Members Current Information			

Lockin History				
Provider Name	Provider Phone	Service Type	Effective	End
		LOCK-IN (MEDICAL)	02/01/2009	05/31/2009
		LOCK-IN (PHARMACY)	05/01/2005	05/31/2009

Last Updated:6/10/2013

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KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Waiver 5 Year History

Monday 4 February 2013 10:21 am

Member			
I.D:	Last Name:	First Name:	Date of Birth:
SSN:	County Code:		
Case Number:	Case Name:		
Displayed Member Geographic Information is Members Current Information			

Waiver History	
No Rows Found	

Last Updated:1/22/2013

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5.2.2 Member Eligibility Suspension/Disenrollment

The new indicators for member who have the following status at the time of member inquiry; if the member does not have one of these indicators on file this panel will not display.

- I – Suspended - Incarcerated
- A – Eligible but dis-enrolled due to address mismatch
- W – Address Mismatch warning

KENTUCKY
 CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Member Eligibility Verification

Thursday 27 August 2015 11:28 am

Provider:

Select Lookup Type: Service Type:

Member ID:

From Date of Service: To Date of Service:

Verification No. 3ecb59972f - 9/23/2015 Status: Active

Member

Current ID:	Last Name:	First Name:	Date of Birth:
Old ID:	Check Digit:	Gender: M	Date of Death:
Other IDs	Phone Number:		
SSN:	County Code:	County Name:	
Address:			
City:	State:	ZipCode:	
Hospice Election Date:			
Medicare A:		Medicare B:	
Case Number:	Case Name:		

Service Limitation

[Service Limitation 5 Year History](#)

No current coverage for date of service entered.

Copay/Coinsurance/Cost Share

[Copay/Coinsurance/Cost Share 5 Year History](#)

No current coverage for date of service entered.

TPL

[TPL 5 Year History](#)

No current coverage for date of service entered.

Managed Care

[Managed Care 5 Year History](#)

MCO Name	PMP ID	Region	Date Added	From Date of Service	To Date of Service
			08/21/2014	06/01/2015	08/26/2015

KenPAC

[KenPAC 5 Year History](#)

No current coverage for date of service entered.

Lockin

[Lockin 5 Year History](#)

No current coverage for date of service entered.
 If member is enrolled in Managed Care, please refer to [MCO Member Information](#) panel

Waiver

[Waiver 5 Year History](#)

No current coverage for date of service entered.

Last Updated: 8/20/2015

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DMS approved: 1/8/2019

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Suspensions/Disenrollments

Address Mismatch Warning! Please have the member call the Department for Community Based Services (DCBS) at 855-306-8959 or kynect at 1-855-4kynect (459-6328) to update their address.

Suspension/Disenrollment Type	Date Effective	Date End
I - Suspended - Incarcerated	08/15/2015	08/31/2015
A - Eligible but Disenrolled - Address Mismatch	07/01/2015	08/31/2015
W - Address Mismatch Warning	06/01/2015	06/30/2015

Alert! Individuals with an incarceration suspension (Ind - I) or an address hold (Ind - A) will not be eligible for claims payment or MCO enrollment. If this information is incorrect, have member call DCBS at 855-306-8959 or kynect at 1-855-4kynect (459-6328).

Eligibility

[Eligibility 5 Year History](#)

Eligibility Group	Program Code	Program Status	Pov Ind	From Date of Service	To Date of Service
KY Managed Care Organization without Co-Pay	XC - Child	P3 - Newborn Child less than 1	N	06/01/2015	08/31/2015
Copay Indicator	From Date	To Date			
N	06/01/2015	08/31/2015			

Note: POV_IND - An 'N' in this field indicates that the member is at or below 100% of the federal poverty level. If the indicator is 'N' you may not refuse to provide services for no payment of co pays. If the indicator is 'Y' you may refuse to provide services for non-payment of co pays if this is the current business practice for all patients.

Please note that the Medicare Savings benefit package, which includes QMB (program code Z), SLMB (program code ZL) and QI1 (Program code ZJ), is not full Medicaid coverage. This benefit package is for members who have Medicare and KY Medicaid pays their Medicare premiums. Of this group, those with Program Code Z or QMB are also eligible for co pays and deductibles.

5.3 View Pharmacy Claim History

1. Select Member from the Menu.
2. Choose "Pharmacy History" from the drop-down.

The screenshot displays the 'Provider Main Page' of the KYMMIS system. At the top, the header includes 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and 'KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)'. A navigation bar contains links for 'Provider Home', 'Member', 'Claims', 'PA', 'Provider References', 'RA Viewer', and 'Logout'. A dropdown menu is open over the 'Member' link, listing options: 'Card Issuance', 'Eligibility Verification', 'Pharmacy History', 'Patient Liability', and 'Spend Down'. The 'Pharmacy History' option is highlighted. Below the navigation, a 'Welcome to the site' message states that the website is for providers, clerks, and billing agents. A 'Provider' dropdown menu is present with a 'Switch Working Provider' button below it. To the left, there are links for 'Claim Inquiry' and 'Eligibility Verification'. A central image shows a healthcare professional examining a patient's eye. A warning box at the bottom indicates that non-activity for 40 minutes or longer will result in a time-out. The footer includes a 'Contact Us' link and the text 'Last Updated: 9/15/2010'.

The following screen will appear.

The screenshot shows the 'Pharmacy Claims History' page. At the top, it identifies the user as 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and the system as 'KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)'. A navigation bar includes links for 'Provider Home', 'Member', 'Claims', 'PA', 'Provider References', 'RA Viewer', and 'Logout'. The page title is 'Pharmacy Claims History' and the timestamp is 'Friday 17 December 2010 10:01 am'. A note states: 'Note: Pharmacy information is updated every two weeks.' A disclaimer follows: 'Disclaimer: Claims shown are paid claims only. Denied, suspended or waiting to be paid claims will not be listed.' Below this is a search form with the label 'Member ID:', an input field, and a 'Search' button. The footer contains a 'Contact Us' link, a copyright notice for 2005, and links for 'Privacy', 'Disclaimer', and 'Individuals with Disabilities'. The text 'All rights reserved.' is also present.

3. Enter the Member's ID and click Search.

The Pharmacy Claims History screen will appear.

6 Spend Down

1. Select Member from the Menu.
2. Choose "Spend Down" from the drop-down.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Monday 13 Dec

Provider Main Page

Welcome to the site. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

Provider

Switch Working Provider

- [Claim Inquiry](#)
- [Eligibility Verification](#)

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Last Updated: 9/15/2010

[Contact Us](#)

The following screen will appear.

3. Enter the Member ID or SSN and click the "Search" button to find the spend down data.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Spend Down

Thursday 19 November 2009 08:08 am

Member ID: SSN:

Last Updated: 4/30/2009

[Contact Us](#)

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All rights reserved.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Spend Down

Friday 20 August 2010 12:21 pm

Member ID: SSN:

Member

DOB: 07/04/1965 **Member ID:**

DOD: 09/04/2009 **Name:**

Spend Down

Begin Date	End Date	Amount	Balance
03/10/2009	04/30/2009	\$396.52	\$396.52
05/01/2009	07/31/2009	\$3,915.00	\$0.00
08/01/2009	10/31/2009	\$3,915.00	\$0.00

Last Updated: 7/1/2010

[Contact Us](#)

[Privacy](#) | [Disclaimer](#) | [Individuals with Disabilities](#) Copyright © 2005 Commonwealth of Kentucky
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7 PA – Prior Authorization

7.1 Prior Authorization Check list

1. Select PA from the Menu.
2. Choose “Prior Authorization” from the drop-down.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Monday 13 December 2010 11:14 a

Prior Authorization Checklist
Radiology Prior Auth Proc Code List
Prior Authorization Letter
PA Inquiry
DME PA Smart Sheets

Welcome to the Kentucky Medicaid... of Medicaid Services secure website is intended for providers, clerks, and billing agents.

Provider

Switch Working Provider

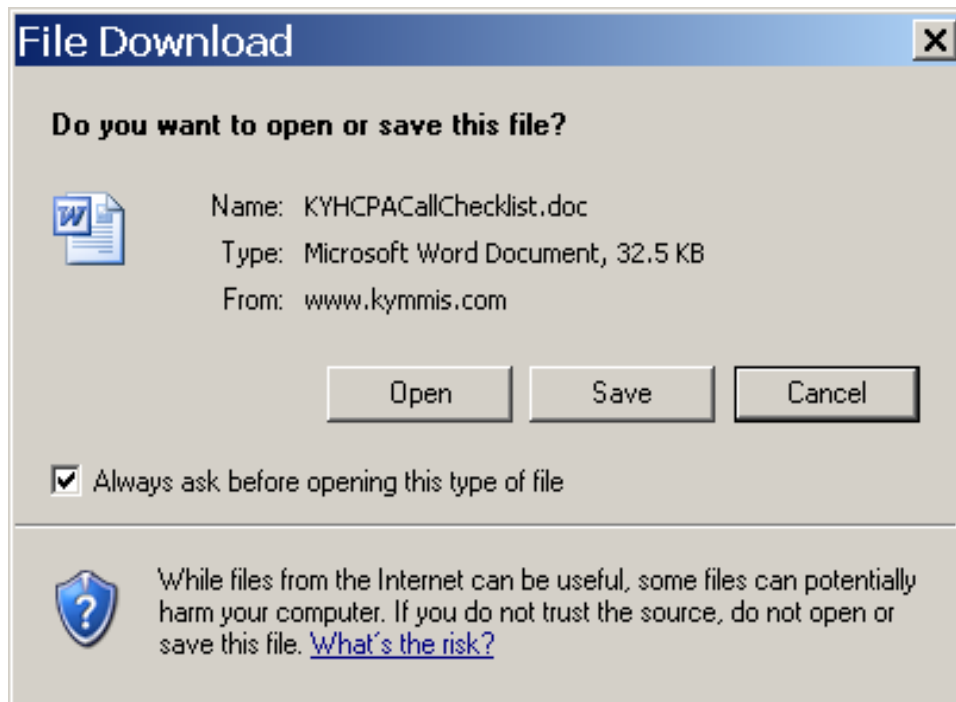
- [Claim Inquiry](#)
- [Eligibility Verification](#)

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Last Updated: 9/15/2010

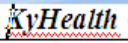
[Contact Us](#)

The following dialogue box will appear.



3. Select Open or Save.

An example of the checklist follows:

 KyHealth Choices Prior Authorization Call Checklist			
<p>Prior to calling or faxing this request to prior authorize services, please complete the following information for each Medicaid member when requesting services. By completing this form our representatives will be able to process your request more quickly. We thank you for your assistance.</p>			
<p>Clinical staff should make the Prior Authorization request.</p>			
<p>Review the attached list to see if service requires prior authorization (which would be the letter) and add below.</p>			
<p>All fields are required to process the Prior Authorization request.</p>			
<p>This request does not guarantee these services will be authorized.</p>			
Member Last Name	Member First Name	Member Middle Initial	Member Medicaid ID Number
Member Address	City	Zip Code	Responsible Party for Member Under Age of 18.
Ordering Provider Name		Ordering Provider's Medicaid Number (non-Medicaid providers should enter license number and state)	
Ordering Provider Contact Person Name		Ordering Provider Contact Person Phone # ()	
Facility Name		Facility's Medicaid Number	
Facility Contact Person Name		Facility Contact Person Phone # ()	
Date(s) of Service			
Diagnosis Codes			
Clinical Criteria			
Procedure Codes			

7.2 PA Letters

1. Select PA from the Menu.
2. Choose "CareWise Prior Authorization Letter" from the drop-down.

KENTUCKY
 CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Monday 21 July 2014 1:26 pm

Welcome to the Kentucky Medicaid W

- Prior Authorization Checklist
- Radiology Prior Auth Proc Code List
- MMIS Prior Authorization Letter
- CareWise Prior Authorization Letter
- PA Inquiry
- DME PA Smart Sheets

age

icaid Services secure website is intended for providers, nts.

The Electronic Annual Disclosure of Ownership (EADO) process has been temporarily disabled for system maintenance. If you have an EADO currently in process, you may be contacted for further information if additional information is need to process your EADO.

Provider

You currently receive paper and electronic PA Letters, in an effort to go green would you like to discontinue Paper PA Letters?

The following provider id(s) require renewal of their Annual Disclosure of Ownership.

Provider ID	NPI	Provider Name	Due Date

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)



The following screen will appear.

The screenshot shows the KYMMIS interface. At the top, it says "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)". Below this is a navigation bar with links: "Provider Home | Member | Claims | PA | Provider References | RA Viewer | [dropdown] | Logout". The main heading is "CareWise Prior Authorization Letters". The date and time are "Monday 21 July 2014 1:28 pm". There is a "Provider" dropdown menu. Below that is a "Search Criteria" section with input fields for "Member ID:", "Case Number:", "Member First Name:", "Member Last Name:", "From Date:", and "To Date:". A red instruction box says: "Click the Search button below to find Carewise Prior Authorization Letters associated with your provider number. When the Letter listing displays, click the Letter to view the details." Below this is a "Search" button. A warning box at the bottom says: "Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in." The footer includes "Contact Us", "Privacy | Disclaimer | Individuals with Disabilities", "Last Updated: 12/14/2013", and "Copyright © 2005 Commonwealth of Kentucky All rights reserved."

Searches may be conducted by Provider or by using a specific Member ID.

7.2.1 PA Letter List

Select "Member letter" under letter type.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | | Logout

CareWise Prior Authorization Letters

Tuesday 29 July 2014 1:30 pm

Provider

Search Criteria

Member ID: Case Number:
Member First Name: Member Last Name:
From Date: To Date:

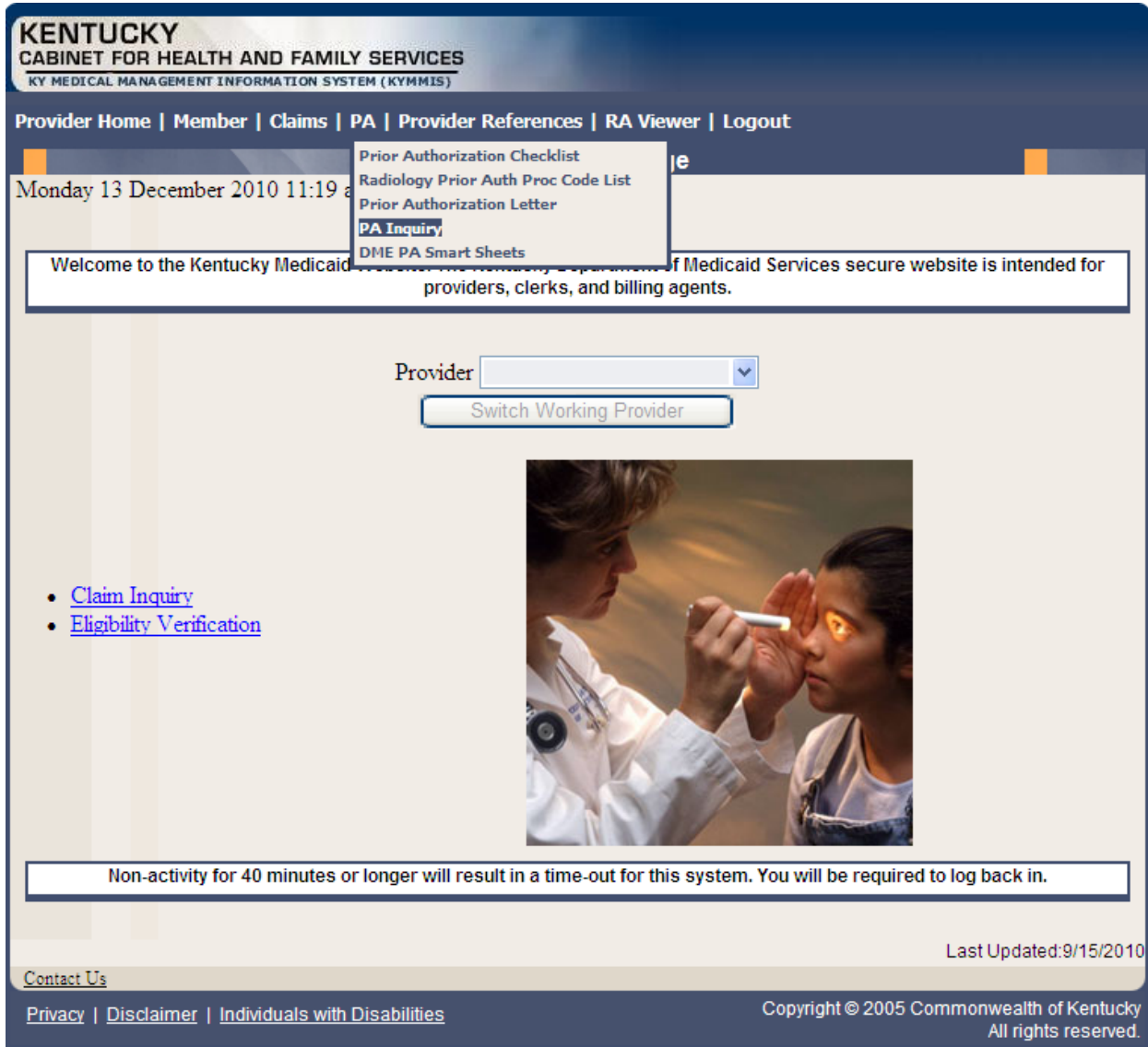
Click the Search button below to find Carewise Prior Authorization Letters associated with your provider number. When the Letter listing displays, click the Letter to view the details.

Letter

[7/23/2014 PA SHPS -Mem ID: -Name: -Prov ID: -Rev Type: WAIVER](#)

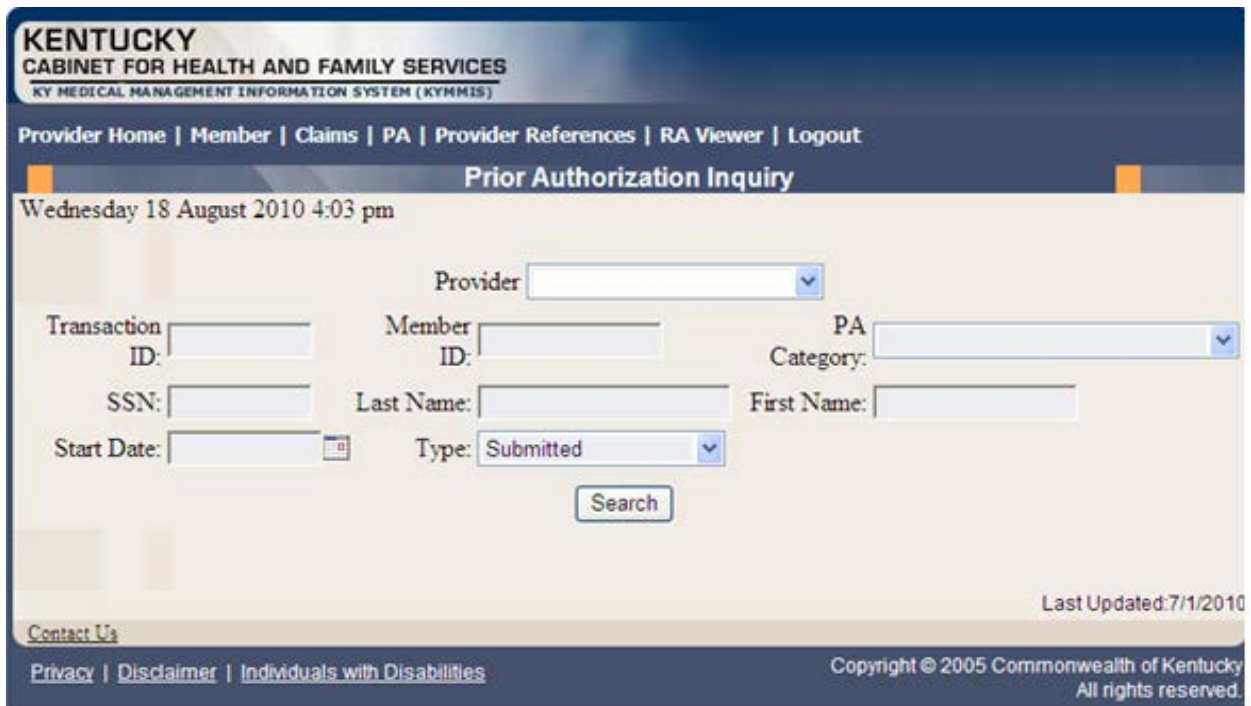
7.3 PA Inquiry

1. Select PA from the Menu.
2. Choose "PA Inquiry" from the drop-down.



The screenshot displays the "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" website. The header includes the text "KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)" and a navigation menu with links for "Provider Home", "Member", "Claims", "PA", "Provider References", "RA Viewer", and "Logout". A date and time stamp reads "Monday 13 December 2010 11:19 a". A dropdown menu is open over the "PA" link, listing options: "Prior Authorization Checklist", "Radiology Prior Auth Proc Code List", "Prior Authorization Letter", "PA Inquiry" (highlighted), and "DME PA Smart Sheets". A welcome message states: "Welcome to the Kentucky Medicaid providers, clerks, and billing agents. Medicaid Services secure website is intended for providers, clerks, and billing agents." Below this is a "Provider" dropdown menu and a "Switch Working Provider" button. A photograph shows a healthcare professional examining a patient's eye. A list of links includes "Claim Inquiry" and "Eligibility Verification". A system message at the bottom reads: "Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in." The footer contains "Contact Us", "Privacy | Disclaimer | Individuals with Disabilities", "Last Updated: 9/15/2010", and "Copyright © 2005 Commonwealth of Kentucky All rights reserved."

The following screen will appear.



KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Prior Authorization Inquiry

Wednesday 18 August 2010 4:03 pm

Provider:

Transaction ID: Member ID: PA Category:

SSN: Last Name: First Name:

Start Date: Type: Submitted

Last Updated: 7/1/2010

[Contact Us](#)

[Privacy](#) | [Disclaimer](#) | [Individuals with Disabilities](#)

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All rights reserved.

A PA search is completed by entering:

- Transaction ID – is the PA number; or
- Member ID; or
- SSN; or
- Name of member; or,
- Start date is required with all search criteria.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Prior Authorization Inquiry

Friday 20 August 2010 12:27 pm

Provider:

Transaction ID: Member ID: PA Category:

SSN: Last Name: First Name:

Start Date: Type:

Transaction ID	Member ID	SSN	Last Name	First Name	PA Category
					Inpatient Hospital

Contact Us

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Last Updated: 7/1/2010

1. Selecting Search returns the Transaction ID.
2. Click to open the PA.
3. Click on the next button to view the Summary page.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

PA Summary

Friday 20 August 2010 12:29 pm

[Header](#) > [Diagnosis](#) > [Details](#) > [Summary](#)

Header

Requesting Provider Number:	PA Category: Inpatient Hospital
Servicing Provider Number:	Nursing Facility Type:
Member ID:	Diagnosis Code: 1490
Last Name:	First Name: MI: K
Emergency: N	Admission Date: 07/07/2009
Accident: N	Discharge Date:
Special Consideration: N	

Case Management/Disease Management

Indicator:	Program:
Level:	

Detail

Line Item Number	Status	Procedure Code	Revenue Code	Req. Eff. Date	Req. End Date	Req. Units	Req. Amount
01	A		100	07/07/2009	07/07/2009	1	0

8 Provider References

8.1 Provider Reference Search

1. Select Provider References from the Menu.
2. Choose "Reference Search" from the drop-down.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Monday 13 December 2010 11:30 am

Reference Search
TPL Carrier
Documentation


Main Page

Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

Provider

Switch Working Provider

- [Claim Inquiry](#)
- [Eligibility Verification](#)



Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Contact Us

Privacy | Disclaimer | Individuals with Disabilities

Last Updated: 9/15/2010

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The following screen will appear.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Reference Search

Eligibility listed does not guarantee payment of a claim.

Wednesday 8 January 2014 1:53 pm

Provider

Choose Search Type

Procedure Code*

Eligibility Group*

Date Of Service*

Last Updated: 12/14/2013

[Contact Us](#)

[Privacy](#) | [Disclaimer](#) | [Individuals with Disabilities](#)

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3. Enter the procedure code and date of service
4. Select the Eligibility Group and click Search

The response will return the Limitation for the date of service.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | Trade Files | RA Viewer | | | Logout

Reference Search

Eligibility listed does not guarantee payment of a claim.

Wednesday 8 January 2014 3:41 pm

Provider

Choose Search Type

Procedure Code*

Eligibility Group*

Date Of Service*

Procedure 99213: - Compr Chces - Exp Pop Bas ABI

Limitations for date of service 08/01/2010:

- No PA Required
- Age Restriction: 0 - 999
- Maximum Units: 999
- Gender: Both
- Attachment is Not Required
- CLIA is Not Required
- Not a Lifetime Procedure
- Not Restricted to any Diagnosis
- Restricted to Type/Speciality(s):
 - 85/000

Procedure 99213: - Compr Chces - Exp Pop Bas ABI

Limitations for date of service 08/01/2010:

- No PA Required
- Age Restriction: 0 - 999
- Maximum Units: 999
- Gender: Both
- Attachment is Not Required
- CLIA is Not Required
- Not a Lifetime Procedure
- Not Restricted to any Diagnosis
- Restricted to Type/Speciality(s):
 - 80/000

Procedure 99213: - Compr Chces - Exp Pop Bas ABI

Limitations for date of service 08/01/2010:

- No PA Required
- Age Restriction: 0 - 999
- Maximum Units: 999
- Gender: Both
- Attachment is Not Required
- CLIA is Not Required
- Not a Lifetime Procedure
- Not Restricted to any Diagnosis
- Restricted to Type/Speciality(s):
 - 01/000

Procedure 99213: - Compr Chces - Exp Pop Bas ABI

Limitations for date of service 08/01/2010:

- No PA Required
- Age Restriction: 0 - 999
- Maximum Units: 999
- Gender: Both
- Attachment is Not Required
- CLIA is Not Required
- Not a Lifetime Procedure
- Not Restricted to any Diagnosis
- Restricted to Type/Speciality(s):
 - 40/000

Procedure 99213: - Compr Chces - Exp Pop Bas ABI

Limitations for date of service 08/01/2010:

- No PA Required
- Age Restriction: 0 - 999
- Maximum Units: 999
- Gender: Both
- Attachment is Not Required
- CLIA is Not Required
- Not a Lifetime Procedure
- Not Restricted to any Diagnosis
- Restricted to Type/Speciality(s):
 - 22/000
 - 31/000
 - 35/000
 - 64/000
 - 65/000
 - 77/000
 - 78/000

Last Updated: 12/14/2013

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8.2 TPL Carriers

1. Select Provider References from the Menu.
2. Choose "TPL Carrier" from the drop-down.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Monday 13 December 2010 11:32 am


Reference Search
TPL Carrier
Documentation

Main Page

Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

Provider

- [Claim Inquiry](#)
- [Eligibility Verification](#)



Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Last Updated: 9/15/2010

Contact Us

[Privacy](#) | [Disclaimer](#) | [Individuals with Disabilities](#)

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The following screen will appear.

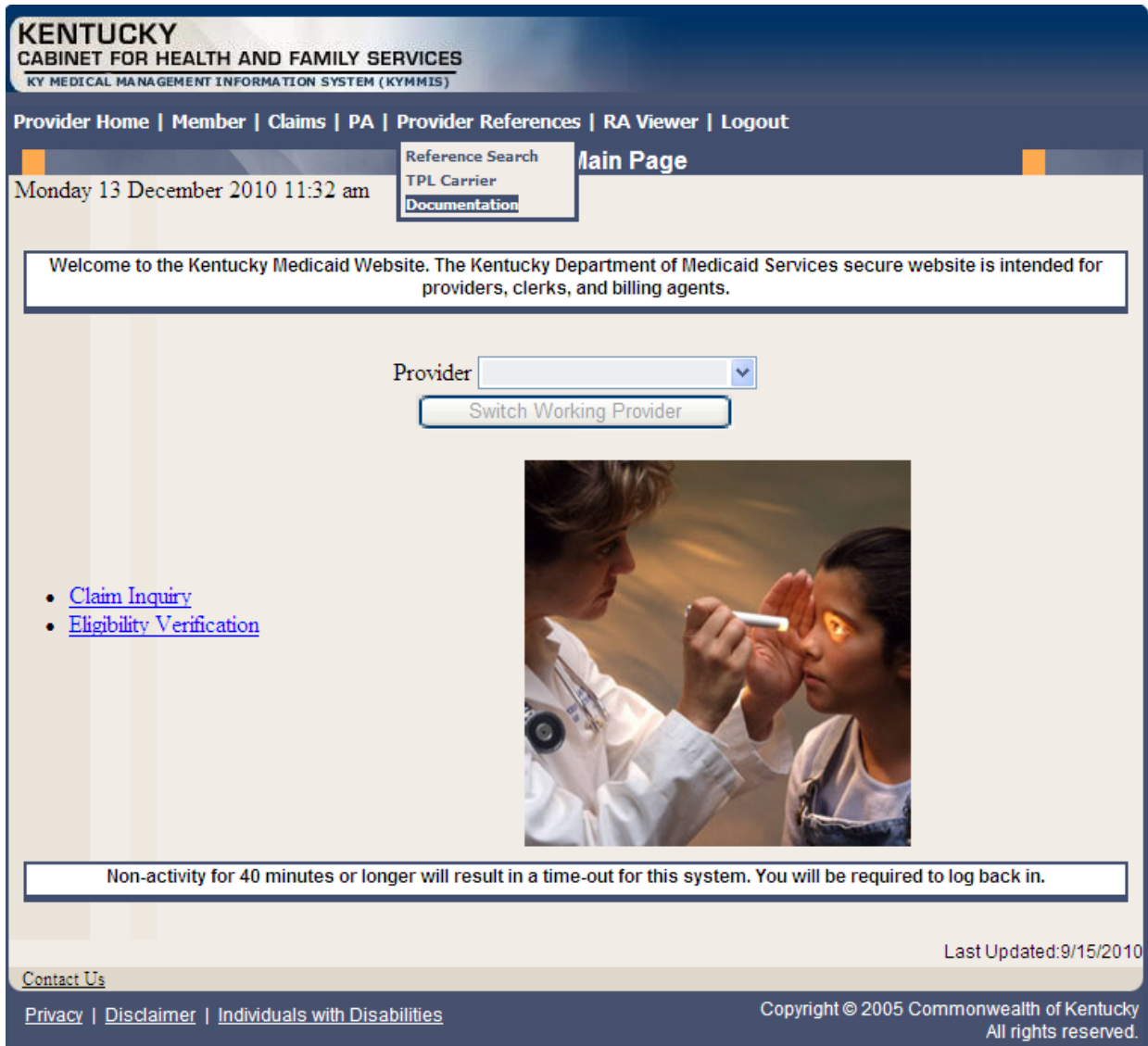
3. Enter the TPL Carrier name.
4. Click Search.

The response will return all carrier information on file.

Code	Business Name	Address	Telephone #
555555	MEDICARE D	FIRST HEALTH CARRIER FRANKFORT, KY 40601	
777777	MEDICARE A	FIRST HEALTH CARRIER FRANKFORT, KY 40601	
888888	MEDICARE B	FIRST HEALTH CARRIER FRANKFORT, KY 40601	
P00000	MEDICARE PART B	NO ADDRESS AVAILABLE PROVIDER RECOUPMENTS ANYTOWN, KY 99999-9999	

8.3 Provider References Documentation

1. Select Provider References from the Menu.
2. Choose "Documentation" from the drop-down.




The screenshot displays the Kentucky Medicaid Provider Portal interface. At the top, the header reads "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)". A navigation bar includes links for "Provider Home", "Member", "Claims", "PA", "Provider References", "RA Viewer", and "Logout". A dropdown menu is open under "Provider References", with "Documentation" selected. The page title is "Main Page" and the date is "Monday 13 December 2010 11:32 am". A welcome message states: "Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents." Below this is a "Provider" dropdown menu and a "Switch Working Provider" button. A photograph shows a healthcare professional examining a patient's eye. A list of links includes "Claim Inquiry" and "Eligibility Verification". A warning box at the bottom states: "Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in." The footer contains "Contact Us", "Privacy | Disclaimer | Individuals with Disabilities", and "Copyright © 2005 Commonwealth of Kentucky All rights reserved." with a "Last Updated: 9/15/2010" timestamp.

The following screen will appear.

Kentucky.gov
Search: [Go](#) [Advanced Search](#)

KENTUCKY
 CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

[kymms](#) > [Provider Relations](#) : Index




- [Contact Information](#)
- [Forms](#)
- [F.A.Q.](#)
- [Provider Letters](#)
- [Provider Workshop](#)
- [HIPAA Status](#)
- [NPI](#)
- [Provider Billing Instructions](#)
- [DDE User Manuals](#)
- [Department for Medicaid Services](#)
- [Home](#)
- [Phone Directory](#)
- [Provider Directory](#)
- [Provider Relations](#)
- [Electronic Claims](#)
- [HIPAA](#)
- [Companion Guides](#)
- [Medicaid Preferred Drug List](#)

Contact Information

If you need assistance, contact us by sending an e-mail to the following address:

[KY EDI HelpDesk](#)

Provider Resources



Provider Relations is the first line contact for medical provider's questions. The area consists of trained, skilled staff who respond to both written and telephonic inquiries.

Please refer to the [DMS Provider Enrollment](#) website for specific forms and documentation required for enrollment.

The Provider Relations area is available for service 8:00 a.m. until 6:00 p.m. ET, Monday through Friday.

Page Updates

June 4, 2010
ATTENTION ALL PROVIDERS
 On **June 15, 2010** The Centers for Medicare & Medicaid Services (CMS) will host a national provider conference call on this important subject: ["ICD-10 Implementation in a 5010 Environment"](#). It is very important that all providers be informed on this subject. You are strongly encouraged to access this link and [learn how to register by June 14 to participate in this event.](#)

Friday, February 12, 2010
[Provider Representative Listing \(PDF\)](#)

Thursday, October 22, 2009
[Provider Representative Listing \(PDF\)](#)

Tuesday, September 2, 2008
[Provider Representative Listing \(PDF\)](#)

Tuesday, May 6, 2008
[FAQ regarding NPI Registration](#)

Friday, April 25, 2008
[NPI Readiness Letter](#)

Tuesday, April 15, 2008
[Provider Representative Listing \(PDF\)](#)

Tuesday, April 1, 2008
[EOB Codes Listing \(PDF\)](#)

May 23, 2007
[Changes Encountered with New MMIS](#) (05/23/2007)
[New CMS 1500 Claim Form for Atypical Providers](#) (05/11/2007)
[NPI Contingency for CMS-1500](#) (05/11/2007)
[NPI Contingency for UB-04](#) (05/11/2007)
[NPI Contingency for ADA](#) (05/11/2007)

A78 Denied Claims
August 11, 2006
[KyHealth Choices - Prior Authorization Requirements A-70.doc](#) (08/10/06)
[Frequently Asked Questions for the "Prior Authorization" Provider Letter Dated July 14, 2006](#) (07/31/06)
 To help expedite prior authorization requests, see [KyHealth Choices - Prior Authorization Information](#) (08/02/06)

Includes:

- [KyHealth Choices - Kentucky Medicaid Program Update](#) (07/14/06) - Information on new prior authorization requirements and the DMS Communication Resource Guide;
- [KyHealth Choices Prior Authorization Call Checklist](#) (08/02/06) - Instructions and interactive response prompts about your prior authorization requests; and
- [Radiology Services that Require Prior Authorization](#) (08/01/06).

Thank you for your attention to this announcement

Last Updated 8/8/2005

[Contact Us](#) | [Site Map](#)
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Selected documentation for additional provider resources available at www.kymms.com.

9 RA Viewer

1. Click RA Viewer from the menu.

The screenshot displays the 'RA Viewer' interface within the 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' portal. The header includes navigation links for 'Provider Home', 'Member', 'Claims', 'PA', 'Provider References', 'RA Viewer', and 'Logout'. The page title is 'Provider Main Page' and the date/time is 'Friday 20 August 2010 1:03 pm'. A welcome message states: 'Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.' Below this, there is a 'Provider' dropdown menu and a 'Switch Working Provider' button. A central image shows a healthcare professional examining a patient's eye. To the left of the image are links for 'Claim Inquiry' and 'Eligibility Verification'. A warning box at the bottom indicates: 'Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.' The footer contains 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', 'Copyright © 2005 Commonwealth of Kentucky All rights reserved.', and 'Last Updated: 7/1/2010'.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMIS)

Provider Home | Member | Claims | PA | Provider References | **RA Viewer** | Logout

Provider Main Page

Friday 20 August 2010 1:03 pm

Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

Provider

- [Claim Inquiry](#)
- [Eligibility Verification](#)

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Contact Us

Privacy | Disclaimer | Individuals with Disabilities

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Last Updated: 7/1/2010

The following screen will appear.

2. Select the provider NPI/Taxonomy from the Drop-Down menu (if the user works on behalf of multiple providers)
3. Click Search.

The screenshot shows the RA Viewer interface. At the top, it displays the Kentucky Cabinet for Health and Family Services logo and the KYMMIS system name. A navigation bar includes links for Provider Home, Member, Claims, PA, Provider References, RA Viewer, and Logout. The current page title is 'RA Viewer' and the date/time is 'Friday 20 August 2010 1:08 pm'. A 'Provider' dropdown menu is present. Below it, a red instruction reads: 'Click the Search button below to find RA reports associated with your provider number. When the RA listing displays, click the Run Date link beside a specific RA to view or download RA report details.' There are 'Search' and 'Print' buttons. A warning box states: 'Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.' The footer includes 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', 'Copyright © 2005 Commonwealth of Kentucky All rights reserved.', and 'Last Updated: 7/1/2010'.

RA Viewer holds six months of Remittance Advice statements displaying the most current at the top of the screen. Each RA can be viewed or downloaded.

4. Select the applicable Run Date.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)
RA Viewer

Friday 20 August 2010 1:11 pm

Provider

Click the Search button below to find RA reports associated with your provider number. When the RA listing displays, click the Run Date link beside a specific RA to view or download RA report details.

Report Name	Provider Number	Run Date	Load Date
08/13/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		8-13-2010	8-14-2010
08/06/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		8-6-2010	8-9-2010
07/30/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		7-30-2010	7-31-2010
07/23/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		7-23-2010	7-26-2010
07/16/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		7-16-2010	7-19-2010
07/09/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		7-9-2010	7-12-2010
07/02/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		7-2-2010	7-6-2010
06/25/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		6-25-2010	6-26-2010
06/18/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		6-18-2010	6-19-2010
06/16/2010 - RA - Payee ID: - RA #: - NPI: - SEQ:		6-16-2010	6-16-2010

1 2 3

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

10 Claims

10.1 Claim Inquiry

1. Select Claims from the Menu.
2. Choose "Claims Inquiry" from the drop-down.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Friday 17 December 2010

Welcome to the Kentucky

Claims Inquiry
Claims Submission (Dental)
Claims Submission (Professional)
Claims Submission (Institutional)
LTC Roster/Submittal
DRG Letter

Main Page

Department of Medicaid Services secure website is intended for and billing agents.

Provider

Switch Working Provider

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)



Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Last Updated: 9/29/2010

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KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Claim Inquiry:

Friday 17 December 2010 2:25 pm

Provider:

Search Criteria

Member ID: Claim Status:
Patient Acct. #: Date Type: Date Of Service
 Warrant Date
ICN or TCN: From Date: Thru Date:

Unfinished Claim Entry

Claim	Claim Type	
		<input type="button" value="Delete"/>
		<input type="button" value="Delete"/>

3. Select the applicable NPI and Taxonomy if using an agent or billing agent account.

10.2 Submitting a Dental Claim

1. Select Claims from the Menu.
2. Choose "Claims Submission (Dental)" from the drop-down.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Wednesday 12 January 2010

Welcome to the Kentucky

Claims Inquiry
Claims Submission (Dental)
Claims Submission (Professional)
Claims Submission (Institutional)
LTC Roster/Submittal
DRG Letter

Main Page

Department of Medicaid Services secure website is intended for and billing agents.

Provider

Switch Working Provider

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Last Updated: 9/29/2010

Contact Us

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- 3. Verify the correct NPI and taxonomy display
- 4. Click Next.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Dental Claim

Friday 3 February 2017 2:17 pm

Provider: ▼

Last Updated: 8/24/2016

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10.2.1 Dental Claim

The claim “Header” information appears on this screen, divided in sections. The section on the left is the “Billing” Information, the top right contains the “Service” Information, and the section on the bottom right has the Claim Charges.

Please follow the provider type Billing Instructions for detailed field-by-field instructions. Appendix A includes a website link for all Medicaid Billing Instructions

KENTUCKY
 CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Dental Claim

Wednesday 1 February 2017 1:17 pm

[Header](#) > [Details](#) > [Summary](#)

Billing Information

Provider Number 1

Member ID* 2

Last Name 3

First Name S 4

Date of Birth 12/18/1999 5

Gender F 6

Patient Acct. # 7

Insurance Denied? No 8

Prior Authorization 9

Service Information

Emergency No 10

Accident None 11 Accident Date 12

EPSDT No 13

Place of Service* Office 14

Rendering Provider* 15

Referring Provider 16

Claim Charges

Total Charges 0.00 17

TPL Amount 0.00 18

Total Amount Paid 19

20

21

Last Updated: 8/24/2016

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DMS approved: 1/8/2019

Page 64

10.2.1.1 Dental Claim Header Screen Field Descriptions

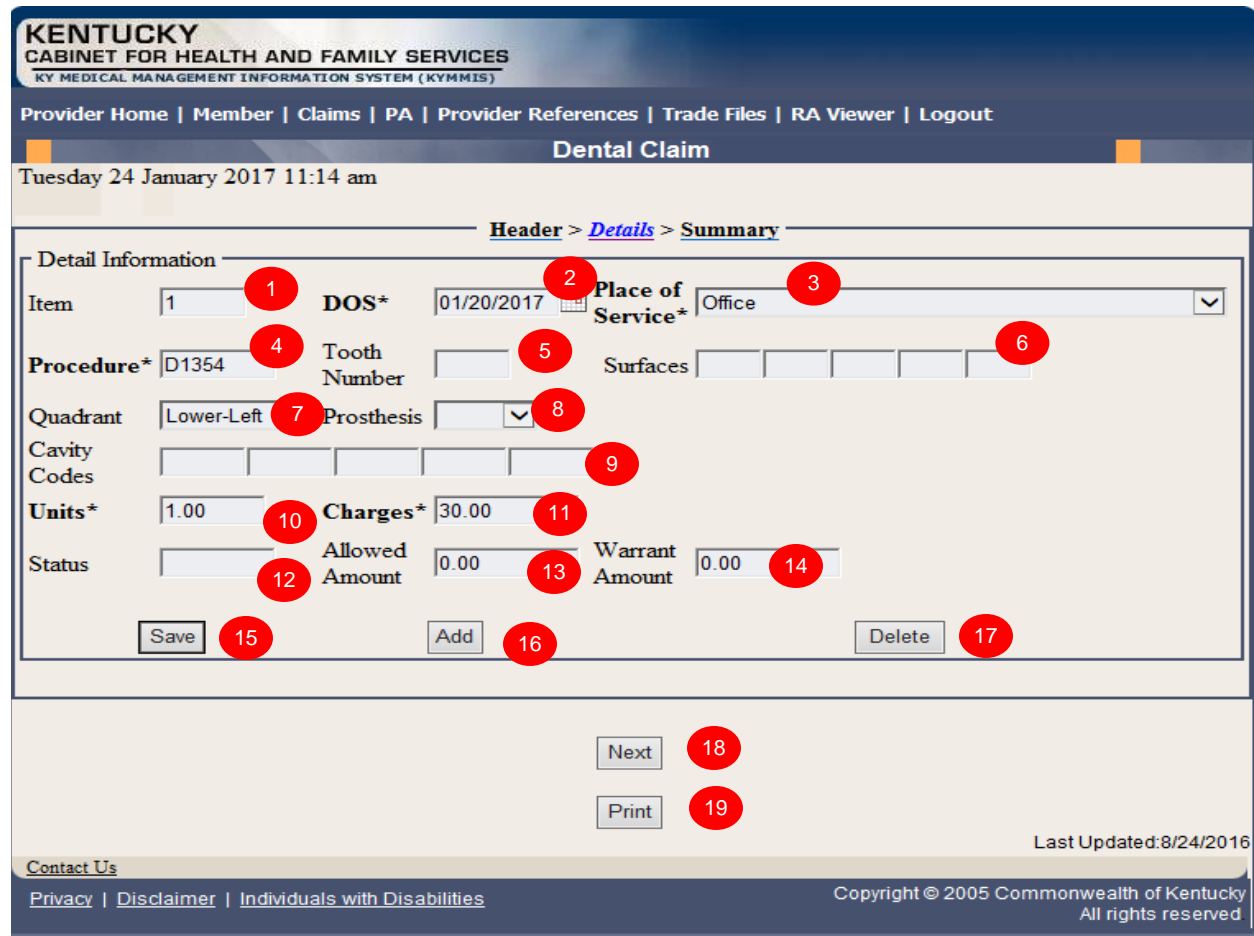
Field Number/ Menu Selection	Definition of Field Description
1	Provider Number
	Enter the Kentucky Health Choices NPI number. This field is auto-populated based on the previous screen selection.
2	Member ID*
	Enter the Member's Kentucky Health Choices ID number. The * indicates that this is a mandatory field.
3	Last Name
	The member's Last name. This field is auto-populated after the member number is entered.
4	First Name
	The member's First name. This field is auto-populated after the member number is entered.
5	Date of Birth
	The member's date of birth. This field is auto-populated after the member number is entered.
6	Gender
	The member's Gender. This field is auto-populated after the member number is entered.
7	Patient Account #
	Enter the provider-assigned patient account number. This field is optional.
8	Insurance Denied?
	Paper bill with attachment
9	Prior Authorization
	If the service requires Prior Authorization, enter the 10 digit PA number here.
	Service Information
	Identifies the "Service Information" section of the Header screen.
10	Emergency
	If the service is the result of an emergency, choose "yes" from the drop down menu. If not, leave the default selection, "no."

11	Accident
	If the service is the result of an accident, choose the type of accident from the drop down menu. If not, leave the default selection, "none."
12	Accident Date
	If anything other than "none" is selected from the Accident drop down menu, enter the date of the accident. If a date is entered indicating an accident, the claim must be filed on paper rather than electronic.
13	EPSDT
	If the service is the result of an EPSDT screening, choose "yes" from the drop down menu. If not, leave the default selection, "no."
14	Place of Service
	Select the appropriate Place of Service from the drop down menu.
15	Rendering Provider and Taxonomy
	Select the Kentucky Health Choices rendering NPI number and matching taxonomy that is in the drop down box. The * indicates that this is a mandatory field. When the NPI has multiple matches on Taxonomy, the Taxonomy drop down box will display to allow the user to select the correct taxonomy code.
16	Referring Provider Taxonomy
	Select the Kentucky Health Choices referring NPI number and matching taxonomy that is in the drop down box. When the NPI has multiple matches on Taxonomy, the Taxonomy drop down box will display to allow the user to select the correct taxonomy code.
	Claim Charges
	Identifies the "Claim Charges" section of the Header screen.
17	Total Charges
	This field will be auto-populated after detail charges are entered in the detail screen.
18	TPL Amount
	This field will be auto-populated after detail TPL payments are entered in the detail screen.
19	Total Amount Paid
	This field will be auto-populated after all charges and payments are entered in the detail screen.

20	Next
	Click the Next button to continue to the detail screen.
21	Print
	Allows user to print the page for recordkeeping.

10.2.1.2 Dental Claim Detail Screen

Below are instructions for filling in the fields.



10.2.1.3 Dental Claim Detail Screen Field Descriptions

Field Number/ Menu Selection	Definition of Field Description
	Detail Information
	Identifies this as the “Detail Information” section of the Details screen.
1	Item
	Line number of the detail. This field is auto-populated.
2	DOS*

Field Number/ Menu Selection	Definition of Field Description
	Enter the date the service was provided. The * indicates that this field is required.
3	Place of Service
	Select the appropriate place of service from the drop down menu.
4	Procedure*
	Enter the ADA procedure code that identifies the service provided. The * indicates that this field is required.
5	Tooth Number
	Enter the tooth number on which the procedure was performed (if applicable).
6	Surfaces
	Enter the tooth surface on which the procedure was performed (if applicable).
7	Quadrant
	Use the drop down menu to select the quadrant, if applicable.
8	Prosthesis
	Use the drop down menu to select the prosthesis, if applicable.
9	Cavity Codes
	Enter Arch code
10	Units*
	Enter the number of units (1 is the default value). The * indicates that this field is required.
11	Charges*
	Enter the usual and customary charge for the procedure. The * indicates that this field is required.
12	Status
	Status of the claim (if you are accessing a previously submitted claim).
13	Allowed Amount
	The amount allowed by Kentucky Health Choices (paid claims only).
14	Warrant Amount
	Total amount of the check.
15	Save

Field Number/ Menu Selection	Definition of Field Description
	Saves the detail line on the claim.
16	Add
	Allows user to add an additional detail line.
17	Delete
	Allows user to remove the detail line previously entered.
18	Next
	Click on next to continue to the detail screen.
19	Print
	Allows user to print this screen.

10.2.2 Dental Summary Screen

Below are instructions for filling in the fields.

1. Verify the Summary
2. Click on "Submit Claim".

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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Dental Claim

Wednesday 1 February 2017 1:22 pm

[Header](#) > [Details](#) > [Summary](#) 1

Billing Information 2 Provider Number <input type="text"/> Member ID <input type="text"/> Last Name <input type="text"/> First Name <input type="text"/> Date of Birth <input type="text"/> Gender F Patient Acct. # <input type="text"/> Insurance Denied? N Prior Authorization <input type="text"/>	Service Information 3 Emergency N Accident <input type="text"/> Accident Date <input type="text"/> EPSDT N Place of Service Office Rendering Provider <input type="text" value="1111111897 123B00000X"/> Referring Provider <input type="text" value="2244444411 125N0000X"/>
Claim Charges Total Charges 30.00 4 TPL Amount 0.00 Total Amount Paid 0.00	

Details 5

Item	Date Of Service	Procedure Code	Units Billed	Charges
1	01/31/2017	D1354	1.00	30.00

6 7

Last Updated: 8/24/2016

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10.2.2.1 Dental Summary Screen Field Descriptions

Field Number/ Menu Selection	Definition of Field Description
1	Summary Identifies this as the "Summary" screen.
2	Billing Information Identifies this section as the "Billing Information" section of the Summary screen.
3	Service Information Identifies this section as the "Service Information" section of the Summary screen.
4	Claim Charges Identifies this section as the "Claim Charges" section of the Summary screen.
5	Details Identifies this section as the "Details" section of the Summary screen. (Click on the Detail number to return to that detail).
6	Submit Claim Click on the Submit claim button to finalize the claim.
7	Print Allows user to print this screen.

10.2.3 Adjust or Void Claim Screen

To ADJUST a paid claim:

1. Select Claim Inquiry.
2. Enter Member information and dates of service or enter the claim Internal Control Number.
3. Click the Next button to advance
4. Correct the information on the claim.
5. Save the updated information.
6. Click the Adjust button.

To VOID a paid claim:

1. Select Claim Inquiry.
2. Enter Member information and dates of service or enter the claim Internal Control Number.
3. Click the Next button to advance
4. Click the VOID button.

If the claim does not show an Adjust or Void Claim button, the claim was previously adjusted or voided.

The screenshot displays a web form for adjusting or voiding a claim. The form is divided into several sections:

- Member Information:** Includes fields for Member ID*, Last Name, First Name, Date of Birth, Gender, Patient Acct. #, Insurance Denied? (with a 'No' dropdown), and Prior Authorization.
- Accident Information:** Includes Accident (dropdown menu set to 'None'), Accident Date (calendar icon), EPSDT (dropdown menu set to 'No'), and Place of Service* (dropdown menu set to 'Office').
- Provider Information:** Includes Rendering Provider* and Referring Provider (both dropdown menus).
- Claim Charges:** Includes Total Charges (0.00), TPL Amount (0.00), and Total Amount Paid.

At the bottom of the form, there are four buttons: 'Next', 'Adjust', 'Void Claim', and 'Print'. Red circles with numbers 1 through 4 are placed over these buttons to indicate the sequence of actions:

1. Next
2. Adjust
3. Void Claim
4. Print

Additional elements include a 'Contact Us' link, a footer with 'Privacy | Disclaimer | Individuals with Disabilities', and a copyright notice: 'Copyright © 2005 Commonwealth of Kentucky All rights reserved.' The text 'Last Updated: 9/29/2010' is also present.

10.2.3.1 Adjust/Void Field Descriptions

Field Number/ Menu Selection	Definition of Field Description
1	Next
	Will navigate the user through the claim.
2	Adjust
	To adjust a paid claim make the correction and click save when a save button is available.
3	Void Claim
	To reverse a paid claim click on Void.
4	Print
	Allows user to print this screen.

11 Supplemental Claims

11.1 The Supplemental Claims display of encounter data

The Supplemental Claims page allows Primary Care Center (provider type 31) and Rural Health Center (provider type 35) providers to view additional supplemental claim data. The page will display the encounter or encounters that generated the supplemental claim along with the MCO Paid Amount, Calculated Medicaid Allowed Amount, and TPL Amount for the encounter(s). Users can click on the ICN of the encounter(s) to view additional information for that encounter.

KENTUCKY
 CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Monday 1 July 2013 1:28 p

Welcome to the Kentucky


[Claims Inquiry](#)
[Claims Submission \(Dental\)](#)
[Claims Submission \(Professional\)](#)
[Supplemental Claims](#)
[LTC Roster/Submittal](#)
[DRG Letter](#)

Main Page
 Department of Medicaid Services secure website is intended for
 and billing agents.

Provider

You currently receive paper and electronic PA Letters, in an effort to go green would you like to discontinue Paper PA Letters?

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Supplemental Claims](#)
- [Eligibility Verification](#)



Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Supplemental Claim Information

Monday 1 July 2013 1:30 pm

Provider

Claim ICN:

Last Updated: 6/21/2013

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KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Supplemental Claim Information

Thursday 2 March 2017 3:05 pm

Provider
 Claim ICN:

Physician Claim ICN: 8516085001003			
Linked ICN	MCO Paid Amount	Encounter Medicaid Allowed Amount	Encounter TPL Amount
	\$21.00	\$218.00	\$0.00
	\$37.00	\$218.00	\$0.00

Last Updated: 8/24/2016

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The new Supplemental Claims panel will allow the provider to click on each encounter ICN and it will pull up the matching encounter in KyHealth Net so that they can see additional data from the encounter. Please note these are the standard KyHealth Net claims panels and nothing has been changed/added to these panels.



CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Dental Claim

Thursday 2 March 2017 3:06 pm

[Header](#) > [Details](#) > [Summary](#)

Claim Status Paid
Claim ICN [REDACTED]
Paid Date 20160314
Allowed Amount 0.00
Spendedown Amount

Detail EOB Description
#1

9946 PRICING ADJUSTMENT- PROVIDER SPECIFIC PER
DIEM RATES APPLIED

[Click here for EOB Code listing](#)

Billing Information

Provider Number [REDACTED]
Member ID* [REDACTED]
Last Name [REDACTED]
First Name [REDACTED]
Date of Birth [REDACTED]
Gender [REDACTED]
Patient Acct. # [REDACTED]
Insurance Denied? [No] [v]
Prior Authorization [REDACTED]

Service Information

Emergency [No] [v]
Accident [None] [v] Accident Date [REDACTED]
EPSDT [No] [v]
Place of Service* [Office] [v]
Rendering Provider* [REDACTED]
Referring Provider [REDACTED]

Claim Charges

Total Charges [48.00]
TPL Amount [0.00]
Total Amount Paid [0.00]

Next

Print

12 Provider Status

12.1 The Provider Status Information

The Provider Status Information panel allows a user to view active provider status items from the provider file. Select the provider NPI and Taxonomy combination or the KY Medicaid ID from the dropdown selection to view provider status information covered in this section.

- Identification panel is the provider’s NPI and KY Medicaid provider number
- Taxonomy panel is the effective and end date of each taxonomy associate to the provider

KENTUCKY
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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [EFT](#) | [Logout](#)

Provider Status Information

Friday 2 December 2016 10:58 am

Provider

Provider Name:

Identification

Provider Number	ID Type	Effective Date	End Date
<input type="text" value=""/>	National Provider ID	02/01/1978	12/31/2299
	Medicaid Provider Number	02/01/1978	12/31/2299

[Providers that participate in Group Practice](#)

Taxonomy

Taxonomy	Effective Date	End Date
<input type="text" value=""/>	02/01/1978	12/31/2299
	01/04/1978	12/31/2299
	02/01/1978	12/31/2299
	02/01/1978	12/31/2299
	02/01/1978	12/31/2299

- Group Practice panel is each individual provider effective and end dates linked to the group name. (if applicable)
- Contracts panel displays the current contract effective and end dates
- Licenses panel displays the provider’s license number, state issued, effective date and end date
- Revalidation panel displays when the revalidation application is due

Group Practice		
Group Name	Effective Date	End Date
	11/01/1997	12/31/2299
	07/01/2007	12/31/2299
	01/01/2014	12/31/2299
	01/01/2014	12/31/2299
	01/01/2014	12/31/2299

1 2

Contracts		
Contract	Effective Date	End Date
Physician	02/01/1978	12/31/2299
Prsumpt Enroll Prov	11/01/2001	12/31/2299

Licenses	
No Rows Found.	

Revalidation			
60 Day Letter Date:	12/16/2018	30 Day Letter Date:	01/15/2019
*Note: If no dates are indicated for 60 Day Letter Date and 30 Day Letter Date, you are not due for revalidation at this time.			

- Location Address panel displays the provider physical, pay to and correspondence address

Location Address

Physical Address

Address 1:

Address 2:

City:

State: Zip: County:

Email: Phone: Fax:

Pay-To Address

Address 1:

Address 2:

City:

State: Zip:

Email: Phone: Fax:

Correspondence Address

Address 1:

Address 2:

City:

State: Zip:

Email: Phone: Fax:

Last Updated: 10/27/2016

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12.2 Provider Group Practice hyperlink

If an individual provider is part of the Group Provider Practice, a link is available in the Identification section allowing the user to view active providers.

The user will click on the link allowing access to the Group Practice

Provider Name	Effective Date	End Date
	12/10/1996	12/31/2299
	05/01/1994	12/31/2299
	09/01/2001	12/31/2299
	05/01/1994	12/31/2299
	05/01/1994	12/31/2299
	05/01/1994	12/31/2299

13 Appendix A:

13.1.1 Forms

Web site link for blank PIN Release form:

www.kymmis.com

1. Click on electronic claims
2. Click on frequently asked questions
3. Read What is KYHealthnet
4. Click on link for PIN Release Form

13.1.2 Billing Instructions

www.kymmis.com

1. Click on Provider Relations
2. Click on Billing Instructions
3. Click on Dental