Commonwealth of Kentucky
KY Medicaid

KyHealth Net Professional Companion Guide

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4.3	12/21/2018	Megan Freeman	Updated section 1.4 and log in screenshot, on page 6, to reflect updated billing agent information.
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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 KYHealth Net 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@hp.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 # = XXXXXXXXX

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@hp.com.

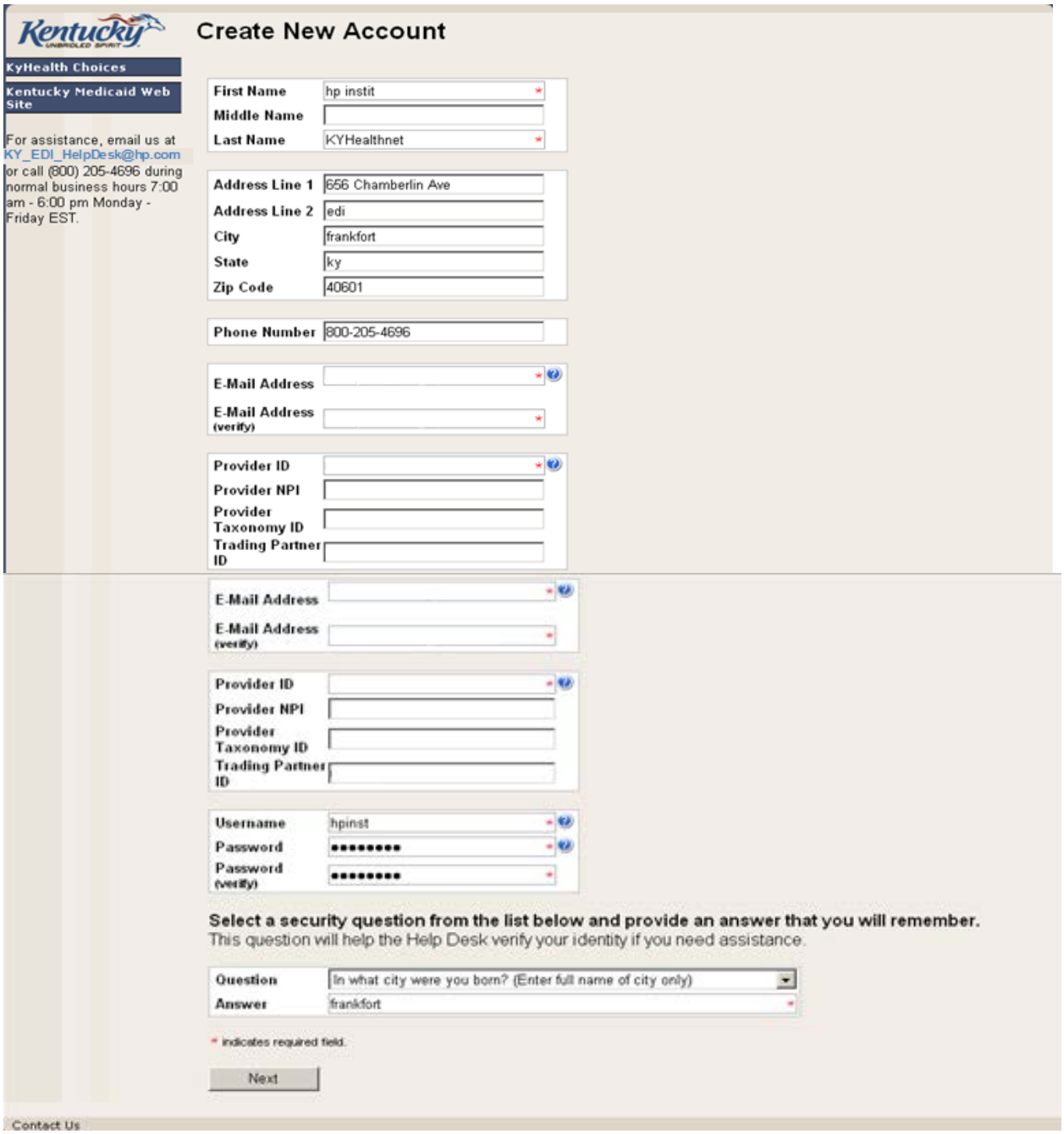
1.5.2 Using the PIN to Create a New Account

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

User Agreement to Terms of Service window will display,

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

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

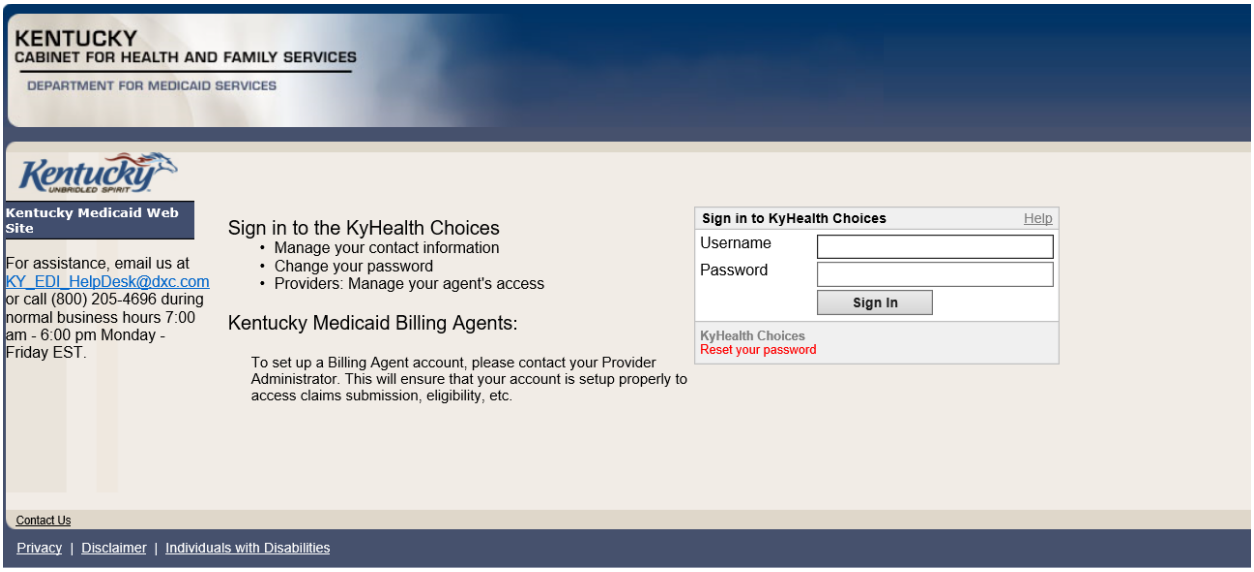


The “Your account was successfully created” window will display.

2 Signing into KyHealth Choices

2.1 Sign into KyHealth Choices

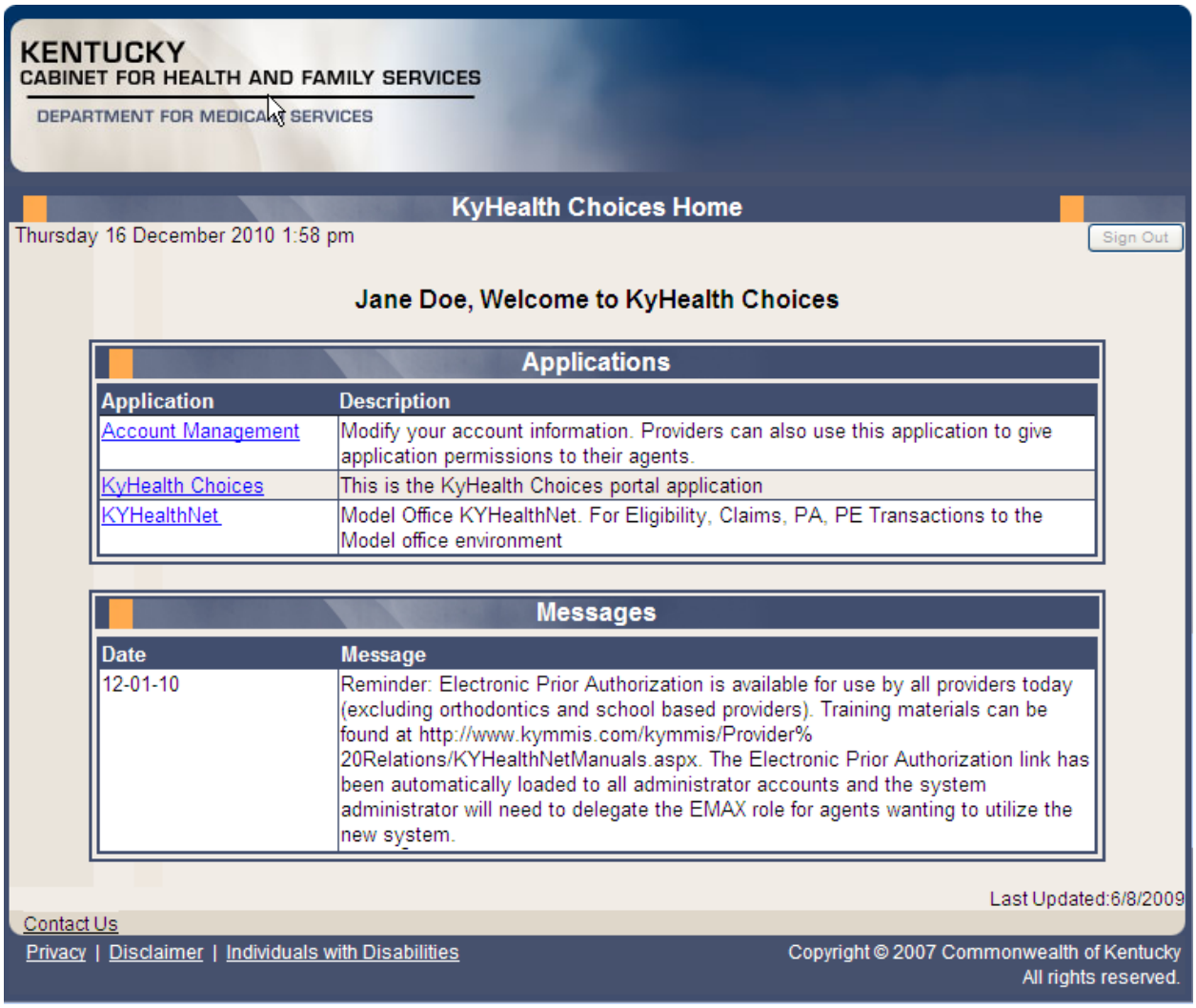
1. Access https://home.kymmis.com
2. Enter the username and password



2.2 Accessing User Applications

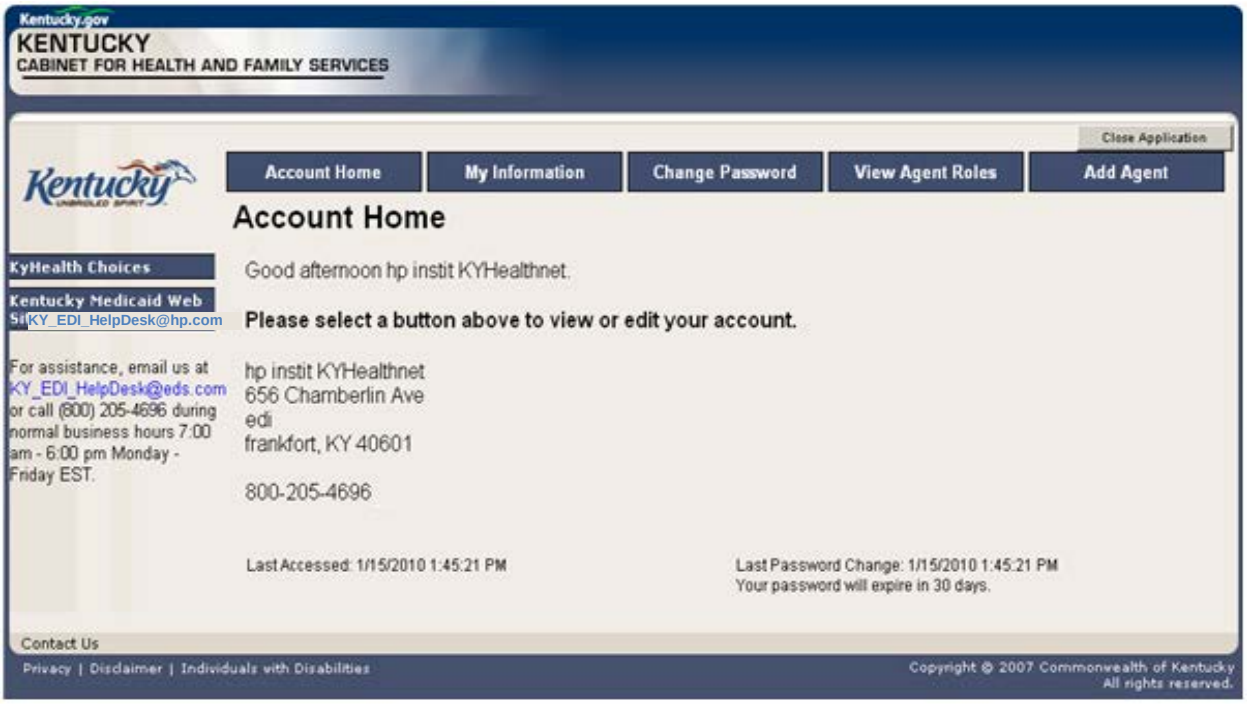
1. Click on “Account Management” under “Application”.

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

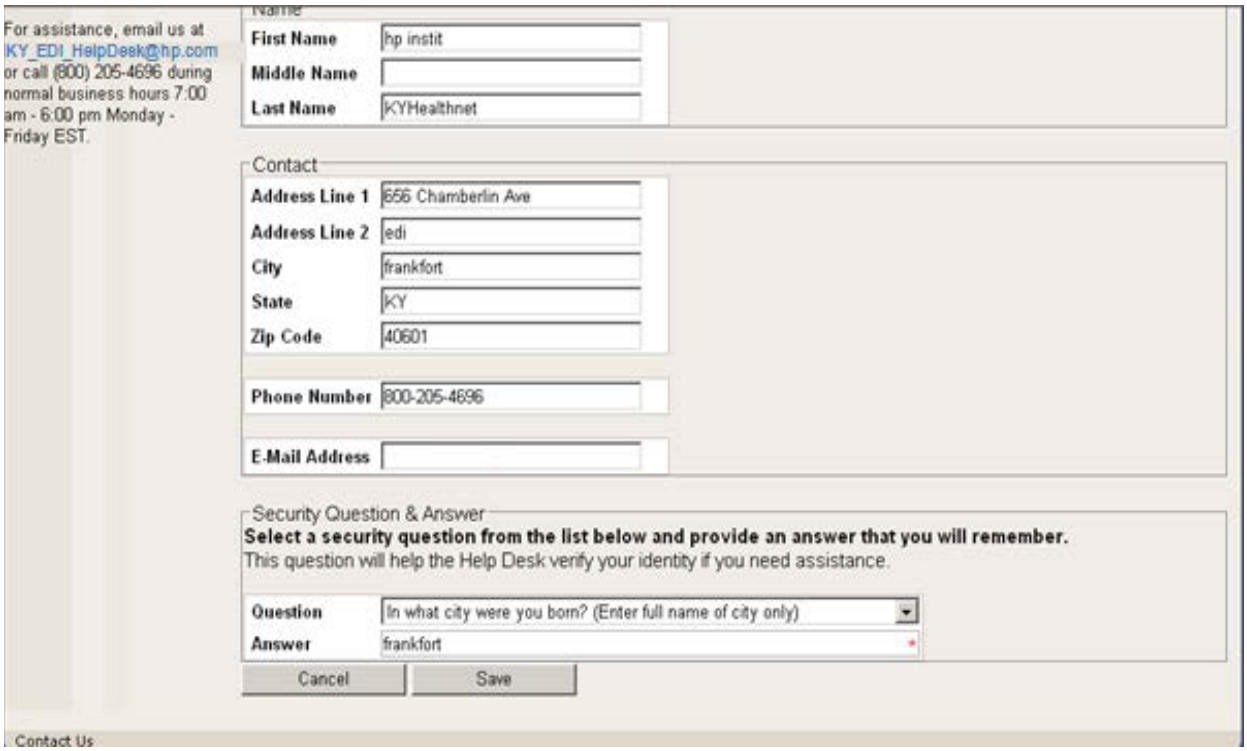


Account Management screen displays.

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.



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.


For assistance, email us at KY_EDI_HelpDesk@hp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.
Name
First Name
hp instit
Middle Name
Last Name
KYHealthnet
Contact
Address Line 1
656 Chamberlin Ave
Address Line 2
edi
City
frankfort
State
KY
Zip Code
40601
Phone Number
800-205-4696
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
In what city were you born? (Enter full name of city only)
Answer
frankfort
Cancel
Save
Contact Us

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.

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_EDI_HelpDesk@hp.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@hp.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.

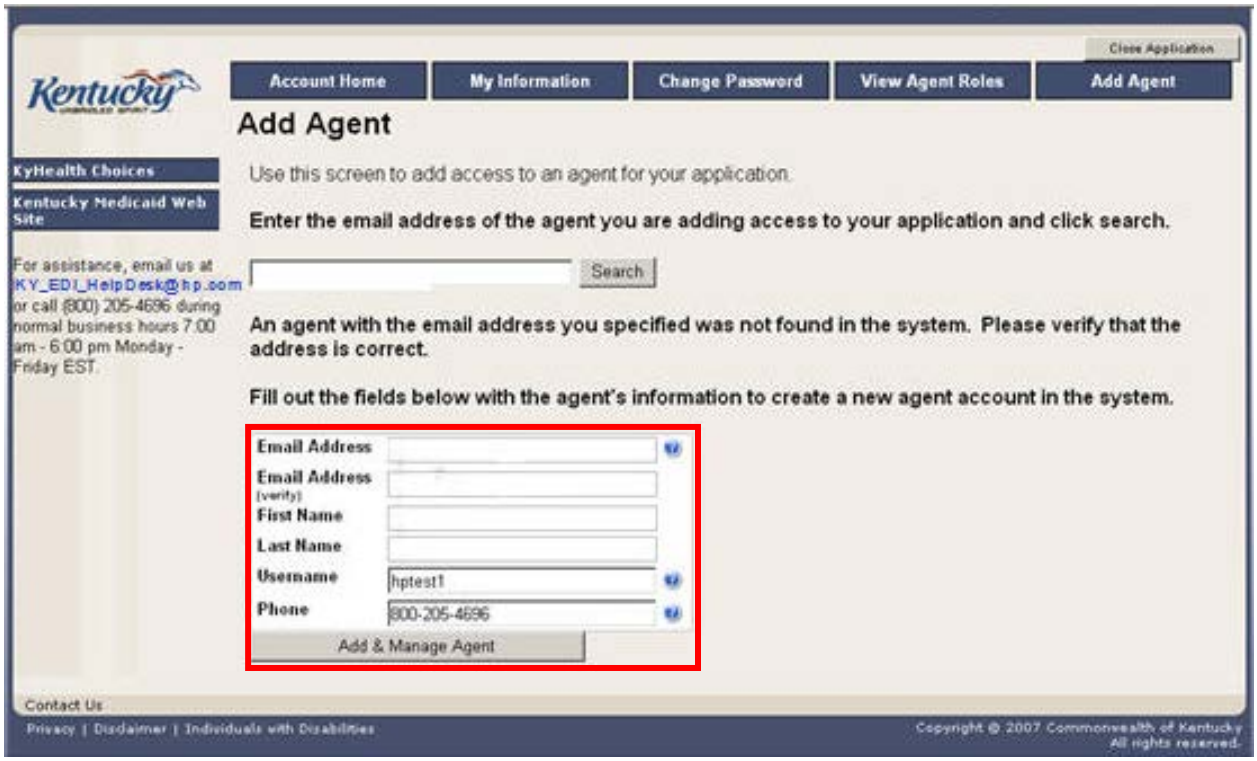
2.4 Add an Agent or New Employee.

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.

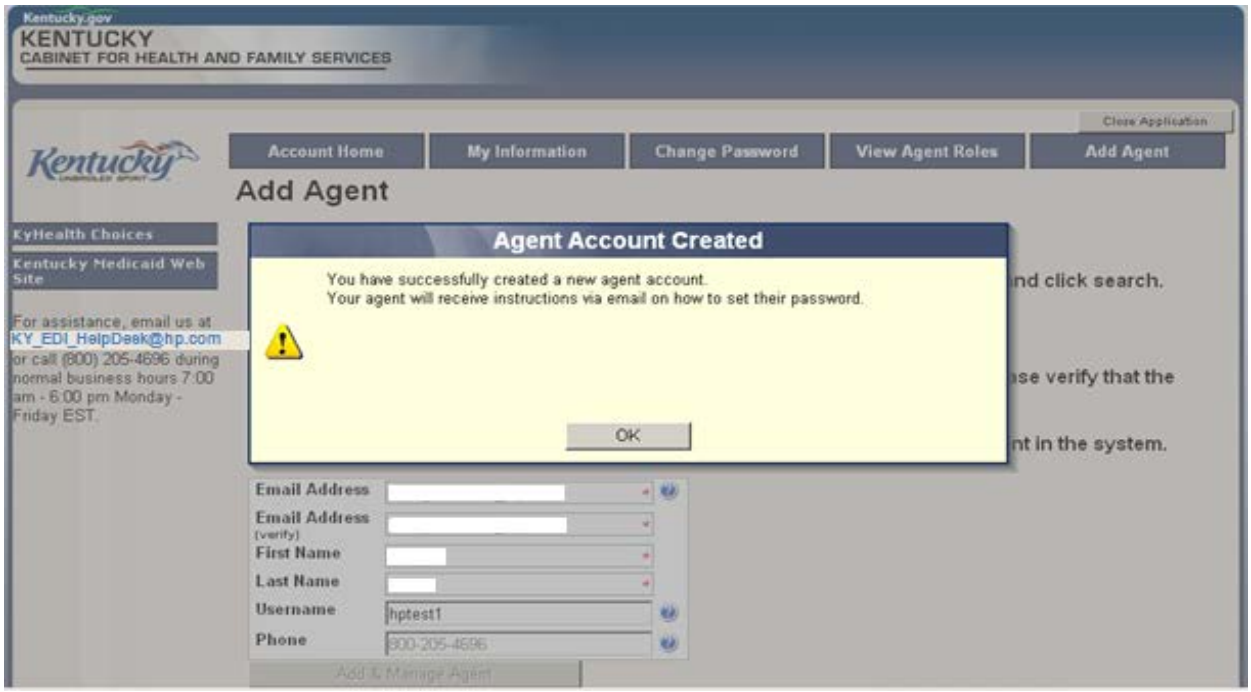
2.4.1 No Email Address Found: Create Username

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.

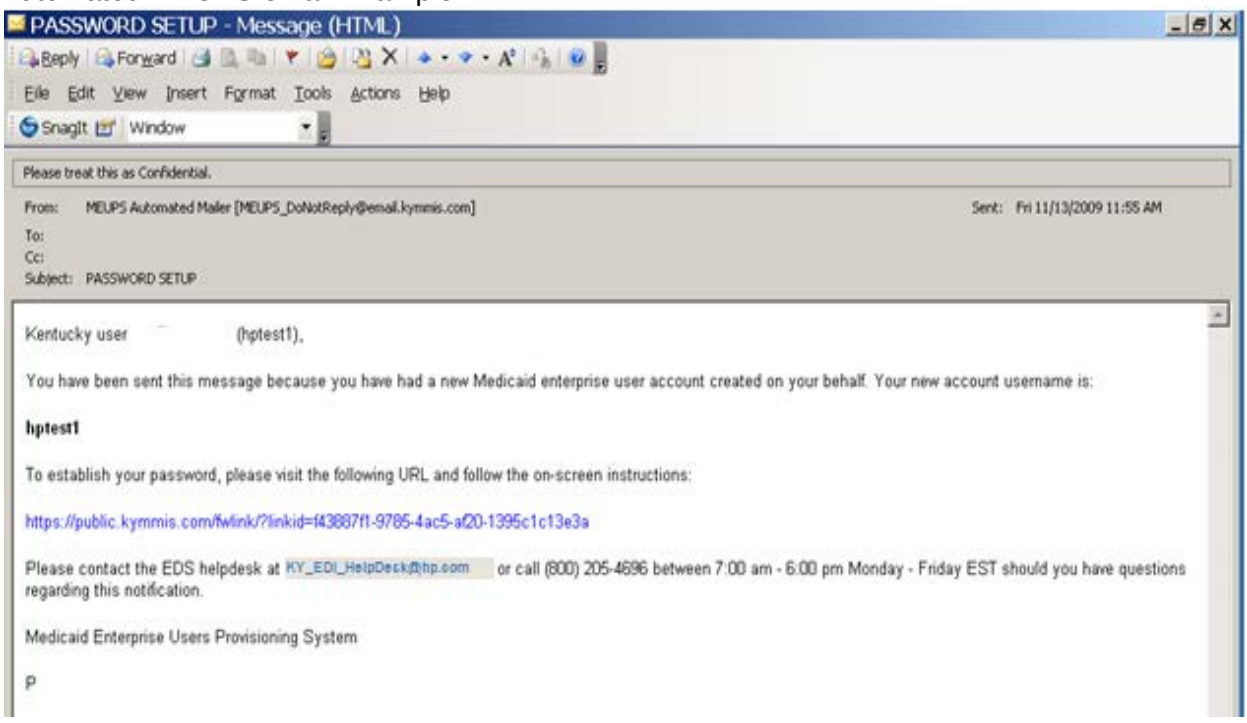


3. The “Agent Account Created” window appears.



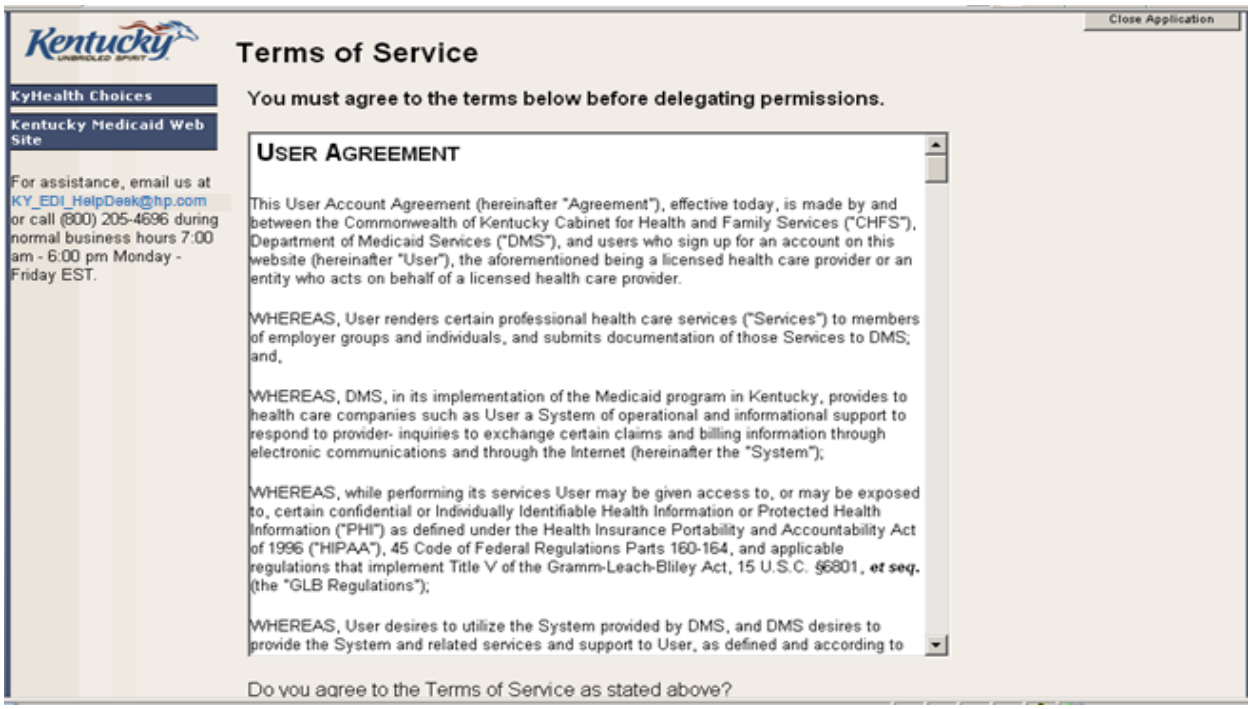
4. User will receive an email as shown below.

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 on the next page.

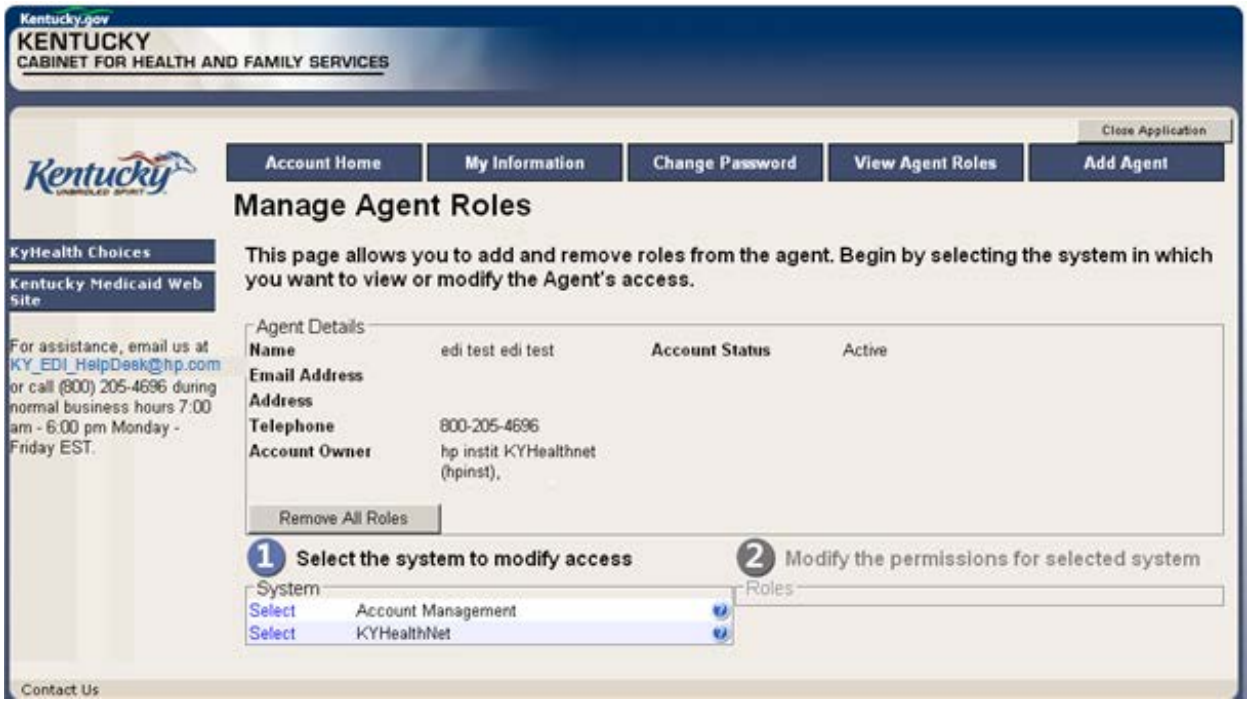
6. User must click “I agree” in order to proceed.



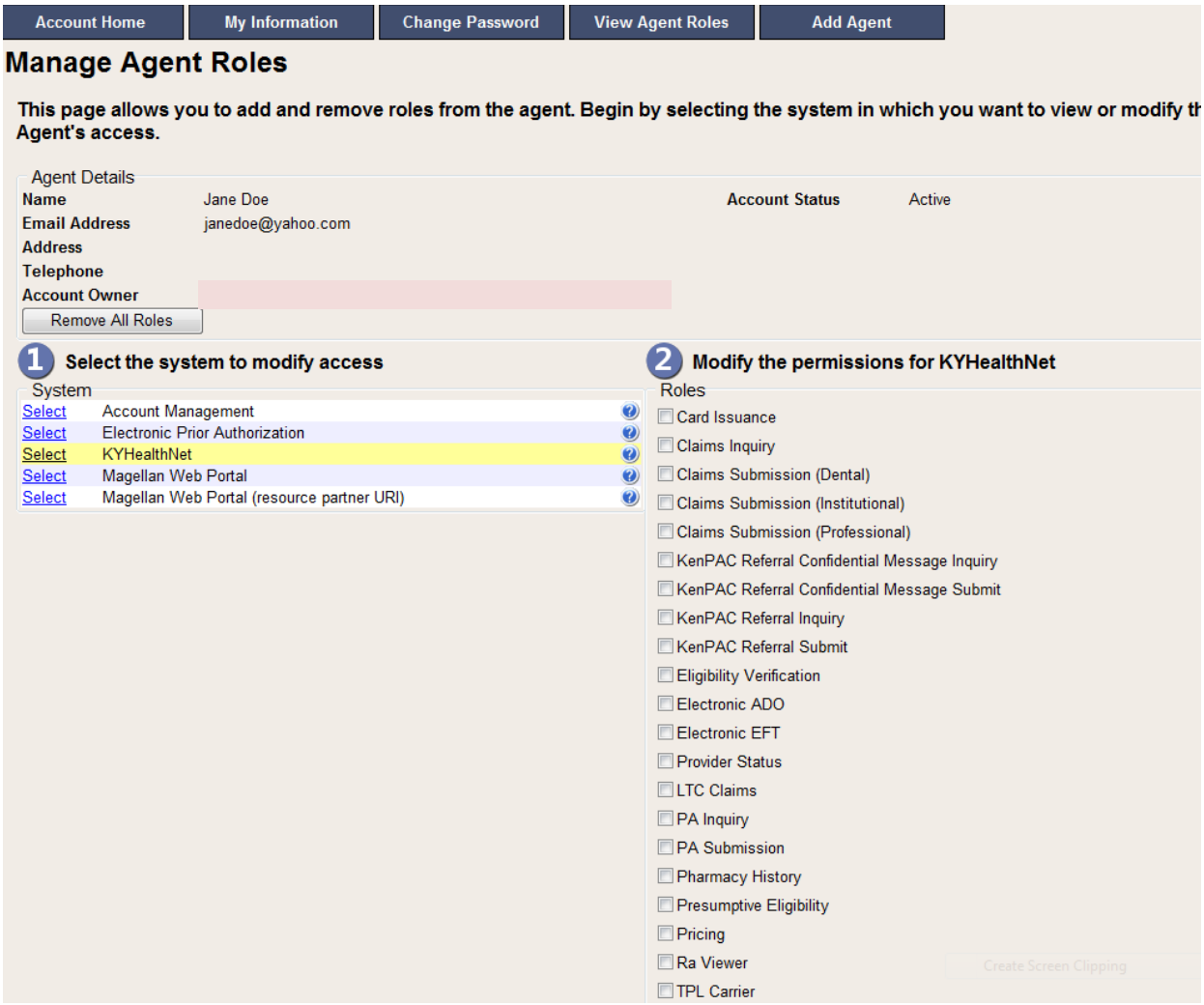
2.5 Manage Agent Roles

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 "KYHealth Net" link.

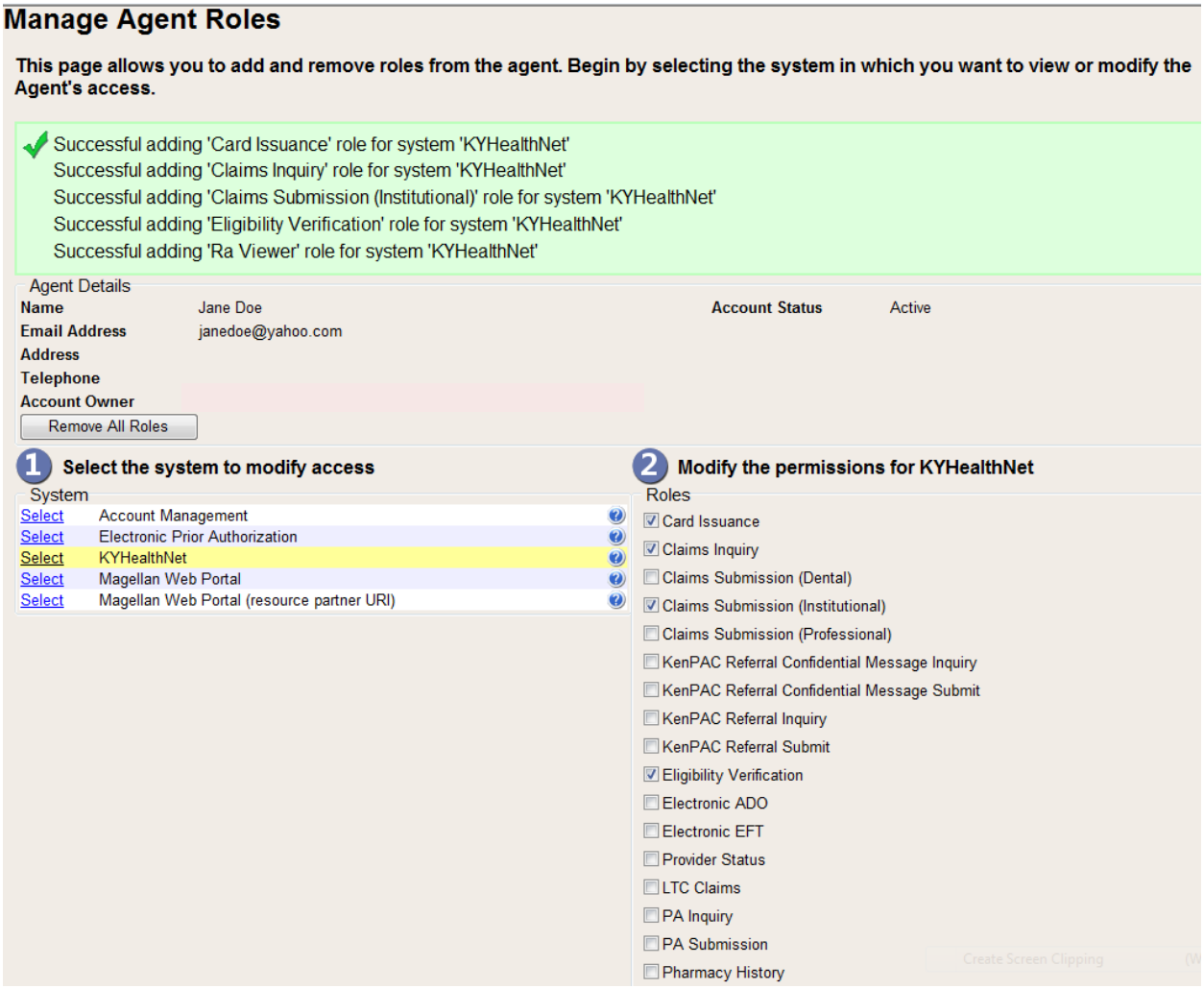


2. Notice section 2 Modify the permissions for KYHealthNet section opens.
3. Roles are granted or removed in this section.



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

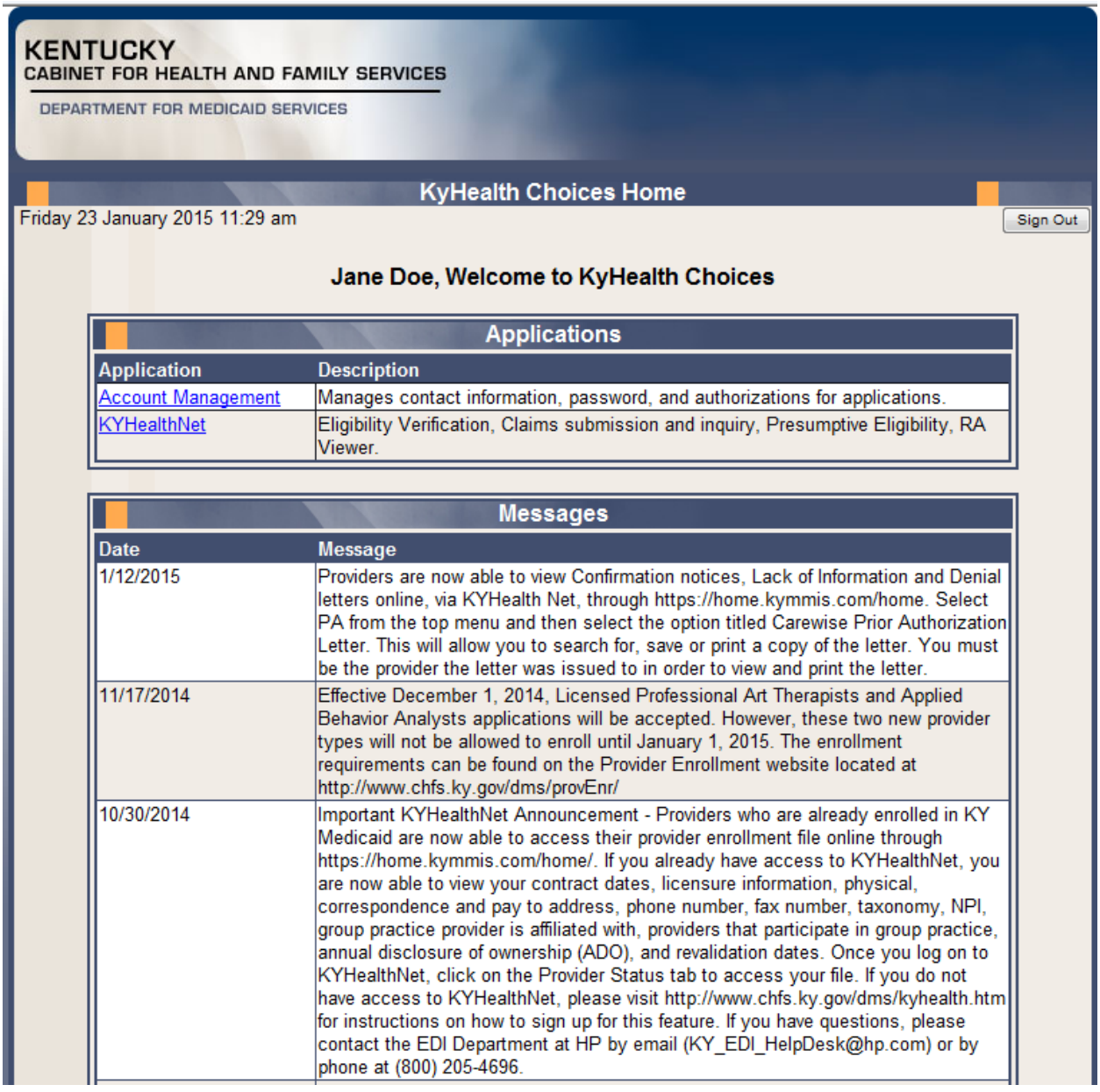
The screen returns “Successful adding role of …”



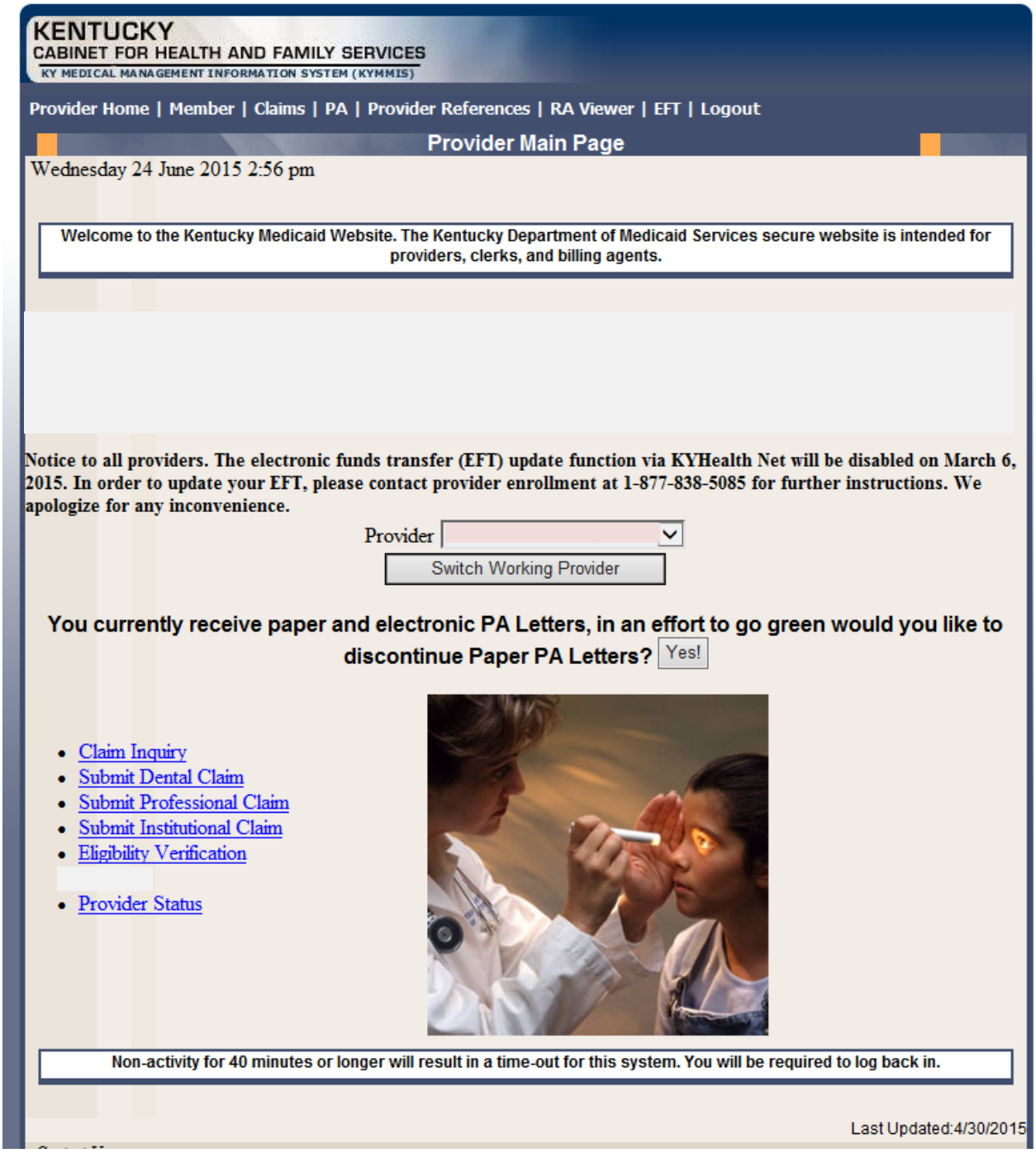
3 Accessing KY Health Net

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.



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



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.

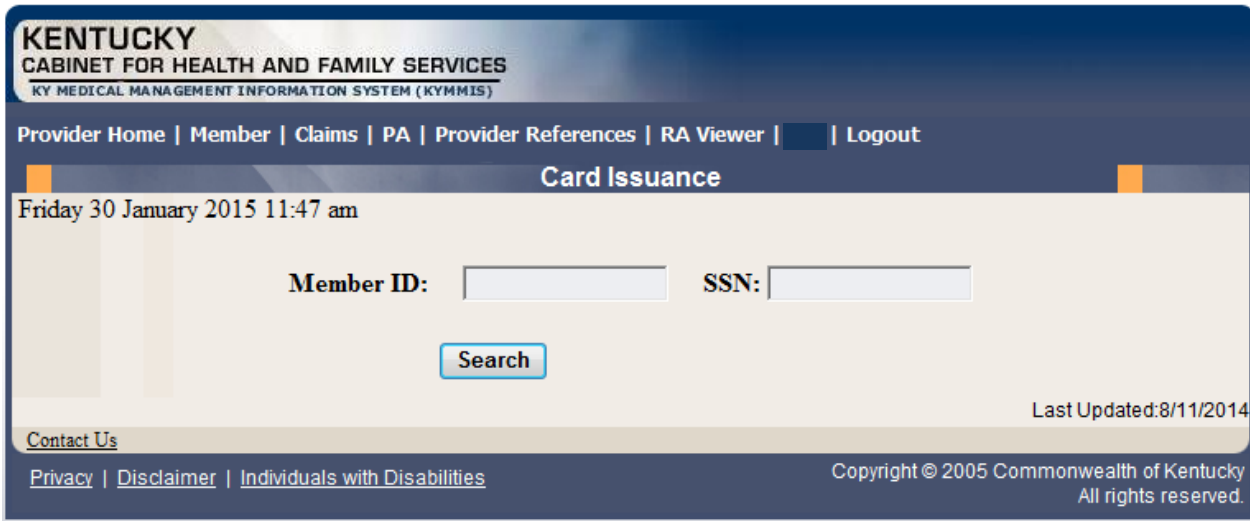
The hyperlinks on the Home Page also offer quick access to commonly used functions.

5 Member Information

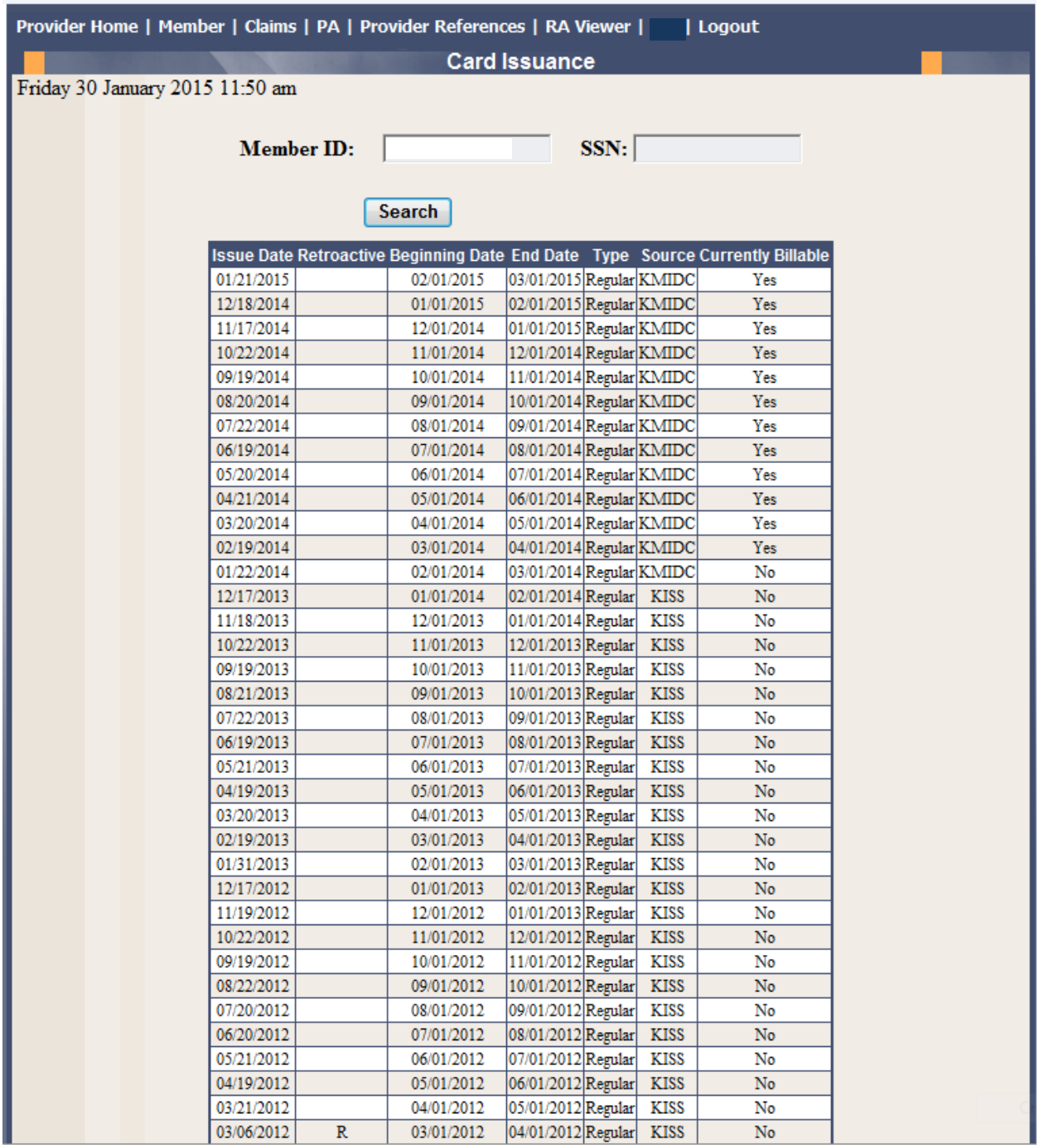
5.1 Member Card Issuance

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 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.



Issue Date	Retroactive	Beginning Date	End Date	Type	Source	Currently Billable
01/21/2015		02/01/2015	03/01/2015	Regular	KMIDC	Yes
12/18/2014		01/01/2015	02/01/2015	Regular	KMIDC	Yes
11/17/2014		12/01/2014	01/01/2015	Regular	KMIDC	Yes
10/22/2014		11/01/2014	12/01/2014	Regular	KMIDC	Yes
09/19/2014		10/01/2014	11/01/2014	Regular	KMIDC	Yes
08/20/2014		09/01/2014	10/01/2014	Regular	KMIDC	Yes
07/22/2014		08/01/2014	09/01/2014	Regular	KMIDC	Yes
06/19/2014		07/01/2014	08/01/2014	Regular	KMIDC	Yes
05/20/2014		06/01/2014	07/01/2014	Regular	KMIDC	Yes
04/21/2014		05/01/2014	06/01/2014	Regular	KMIDC	Yes
03/20/2014		04/01/2014	05/01/2014	Regular	KMIDC	Yes
02/19/2014		03/01/2014	04/01/2014	Regular	KMIDC	Yes
01/22/2014		02/01/2014	03/01/2014	Regular	KMIDC	No
12/17/2013		01/01/2014	02/01/2014	Regular	KISS	No
11/18/2013		12/01/2013	01/01/2014	Regular	KISS	No
10/22/2013		11/01/2013	12/01/2013	Regular	KISS	No
09/19/2013		10/01/2013	11/01/2013	Regular	KISS	No
08/21/2013		09/01/2013	10/01/2013	Regular	KISS	No
07/22/2013		08/01/2013	09/01/2013	Regular	KISS	No
06/19/2013		07/01/2013	08/01/2013	Regular	KISS	No
05/21/2013		06/01/2013	07/01/2013	Regular	KISS	No
04/19/2013		05/01/2013	06/01/2013	Regular	KISS	No
03/20/2013		04/01/2013	05/01/2013	Regular	KISS	No
02/19/2013		03/01/2013	04/01/2013	Regular	KISS	No
01/31/2013		02/01/2013	03/01/2013	Regular	KISS	No
12/17/2012		01/01/2013	02/01/2013	Regular	KISS	No
11/19/2012		12/01/2012	01/01/2013	Regular	KISS	No
10/22/2012		11/01/2012	12/01/2012	Regular	KISS	No
09/19/2012		10/01/2012	11/01/2012	Regular	KISS	No
08/22/2012		09/01/2012	10/01/2012	Regular	KISS	No
07/20/2012		08/01/2012	09/01/2012	Regular	KISS	No
06/20/2012		07/01/2012	08/01/2012	Regular	KISS	No
05/21/2012		06/01/2012	07/01/2012	Regular	KISS	No
04/19/2012		05/01/2012	06/01/2012	Regular	KISS	No
03/21/2012		04/01/2012	05/01/2012	Regular	KISS	No
03/06/2012	R	03/01/2012	04/01/2012	Regular	KISS	No

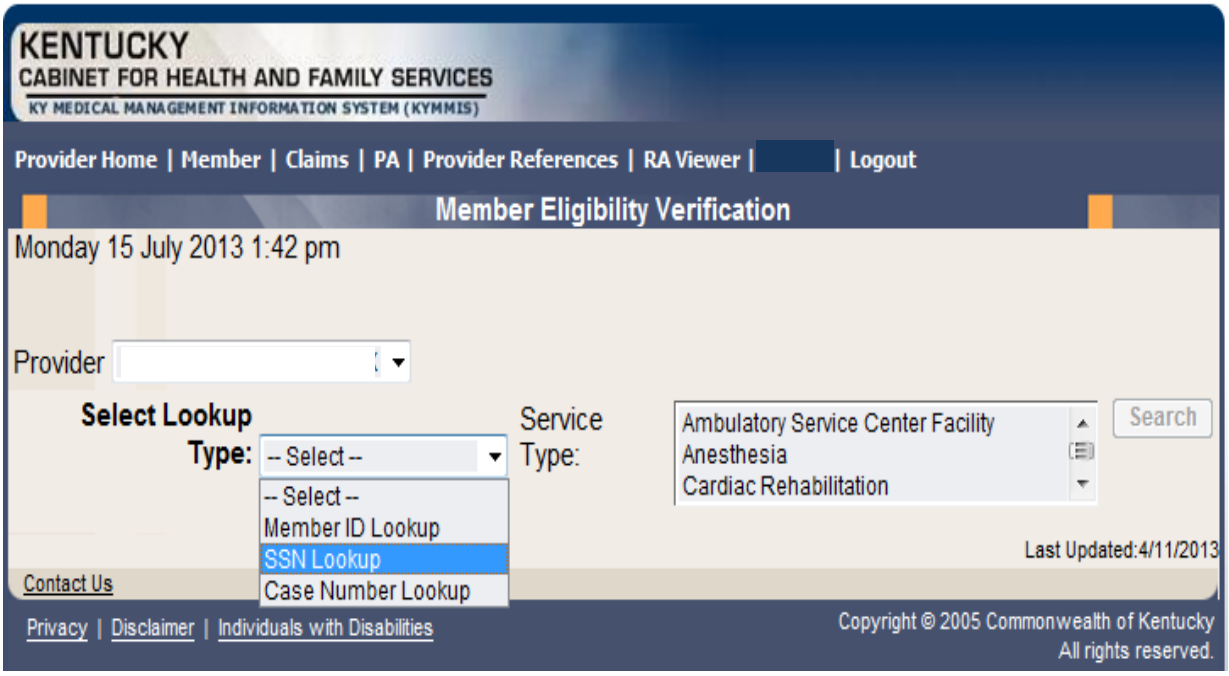
5.2 Member Eligibility Verification

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

The following screen will appear.

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.

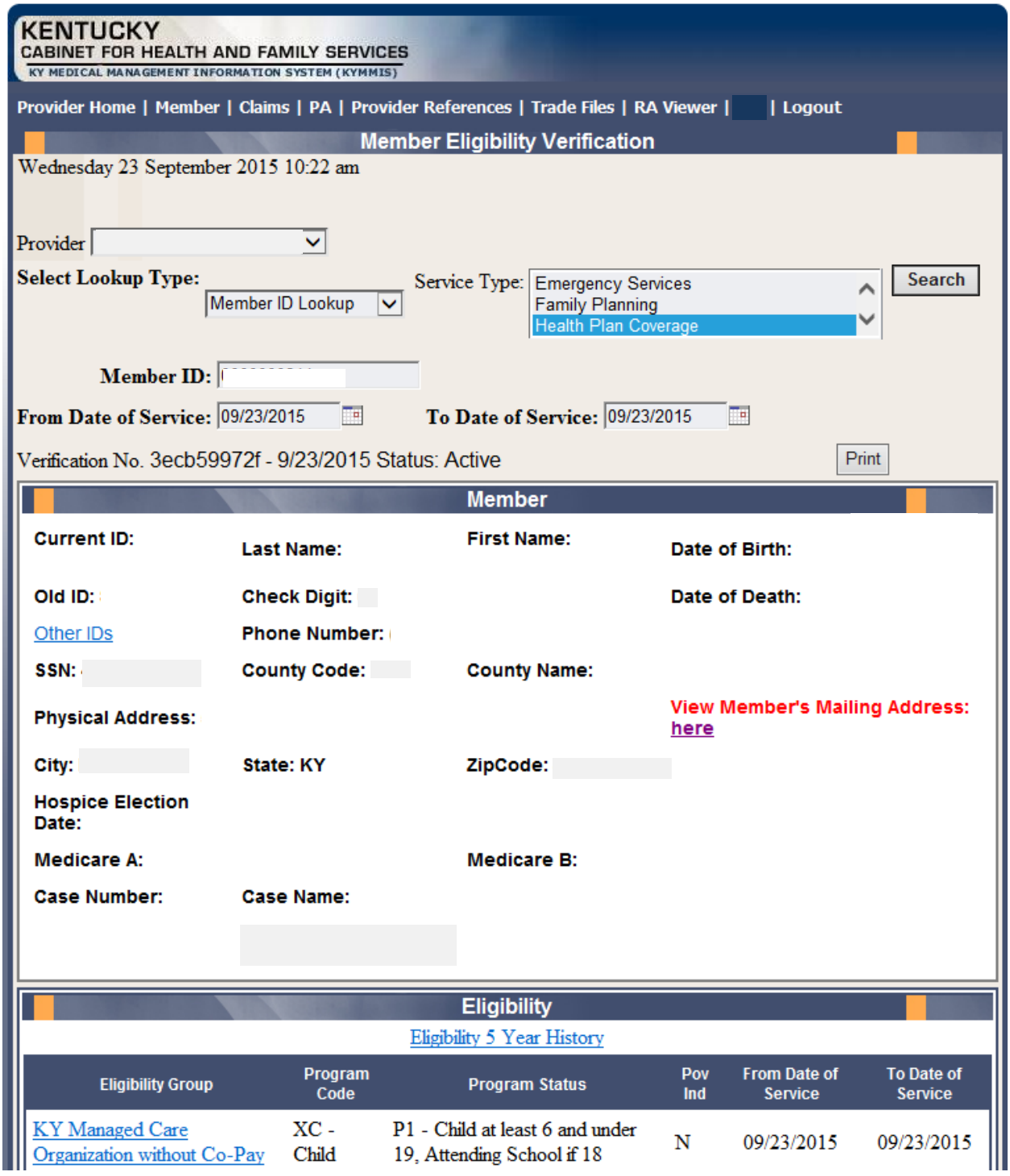


When the search criteria is selected, the screen will expand to include fields for dates of service and Service Type. The Service Type will display all 12 of the CORE ACA required service types, the page will automatically default to Health Plan Coverage. The current date will automatically be plugged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

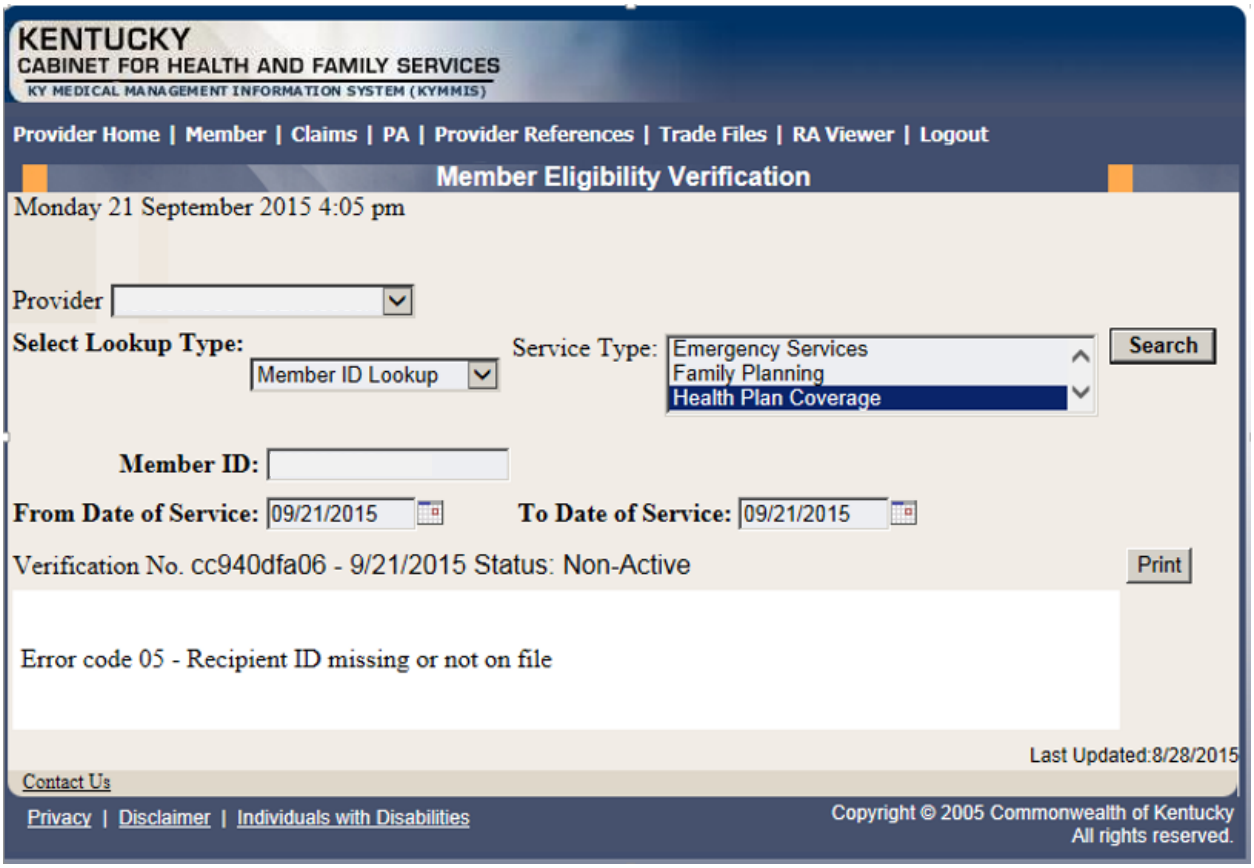
This screen will display the most current eligibility information available.



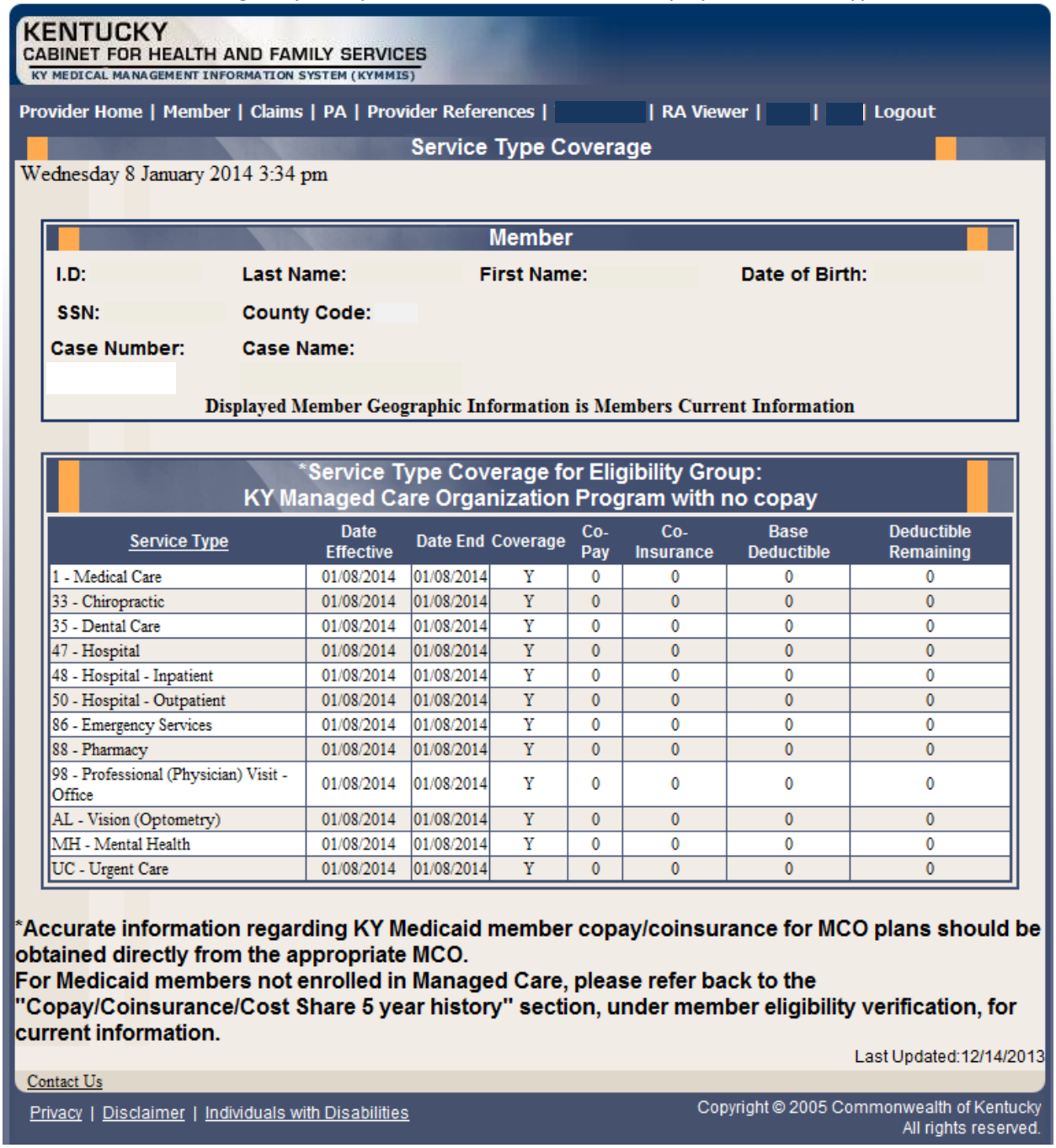
- Link on the hyper link to view member mailing address

- The member mail address information

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



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 | | 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:

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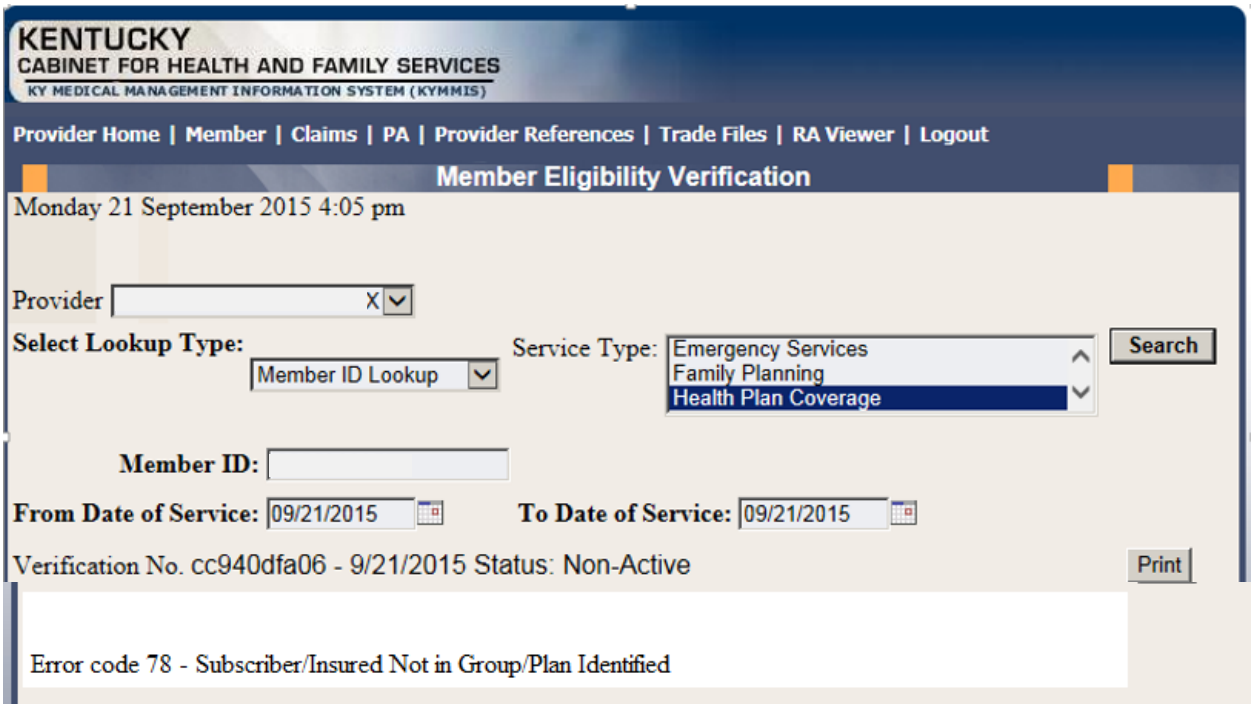
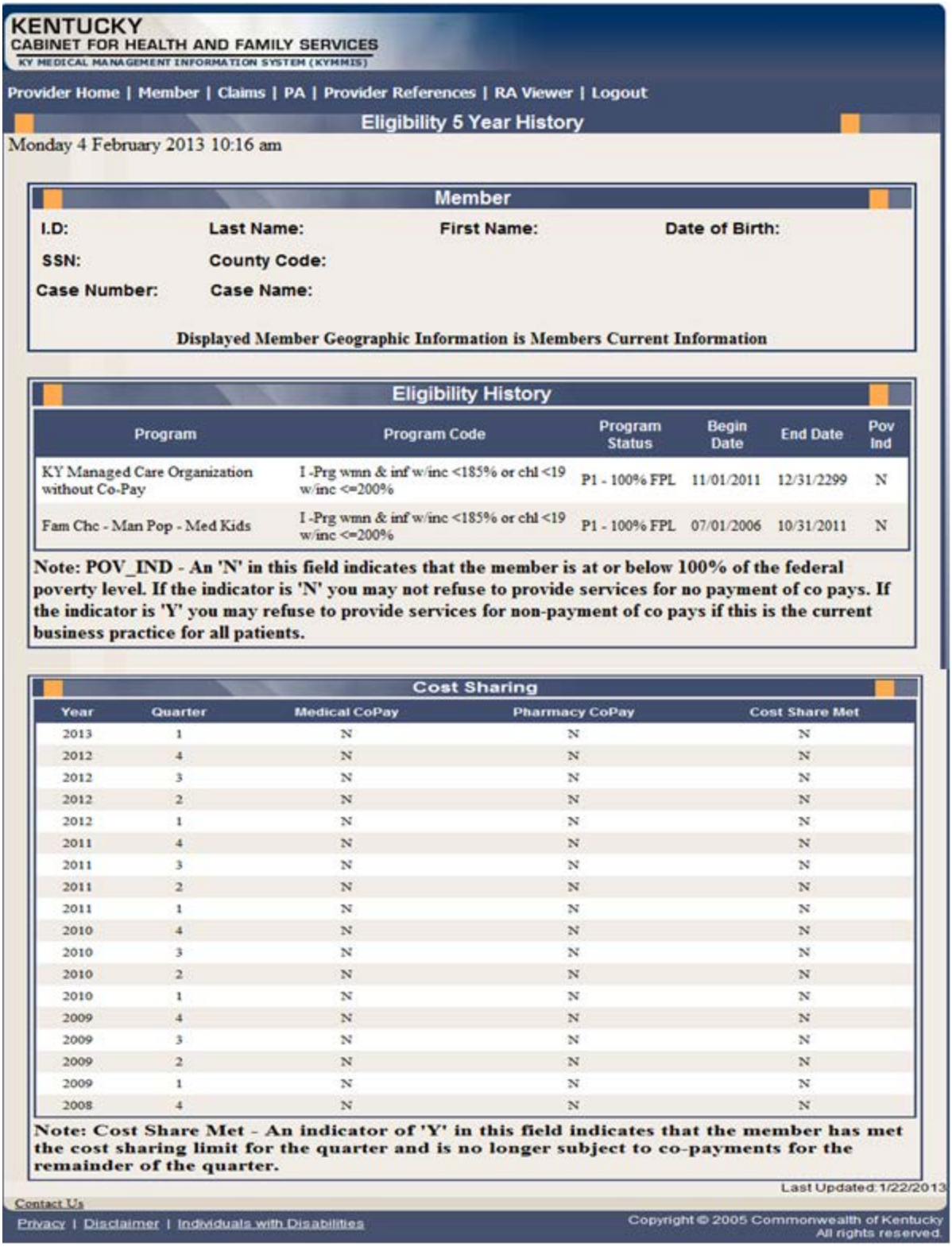
If the member eligibility has end dated the following message will display:





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

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

Eligibility 5 Year History

Monday 4 February 2013 10:16 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

Eligibility History

Program	Program Code	Program Status	Begin Date	End Date	Pov Ind
KY Managed Care Organization without Co-Pay	I -Prg wmn & inf w/inc <185% or chl <19 w/inc <=200%	P1 - 100% FPL	11/01/2011	12/31/2299	N
Fam Chc - Man Pop - Med Kids	I -Prg wmn & inf w/inc <185% or chl <19 w/inc <=200%	P1 - 100% FPL	07/01/2006	10/31/2011	N

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.

Cost Sharing

Year	Quarter	Medical CoPay	Pharmacy CoPay	Cost Share Met
2013	1	N	N	N
2012	4	N	N	N
2012	3	N	N	N
2012	2	N	N	N
2012	1	N	N	N
2011	4	N	N	N
2011	3	N	N	N
2011	2	N	N	N
2011	1	N	N	N
2010	4	N	N	N
2010	3	N	N	N
2010	2	N	N	N
2010	1	N	N	N
2009	4	N	N	N
2009	3	N	N	N
2009	2	N	N	N
2009	1	N	N	N
2008	4	N	N	N

Note: Cost Share Met - An indicator of 'Y' in this field indicates that the member has met the cost sharing limit for the quarter and is no longer subject to co-payments for the remainder of the quarter.

Last Updated:1/22/2013

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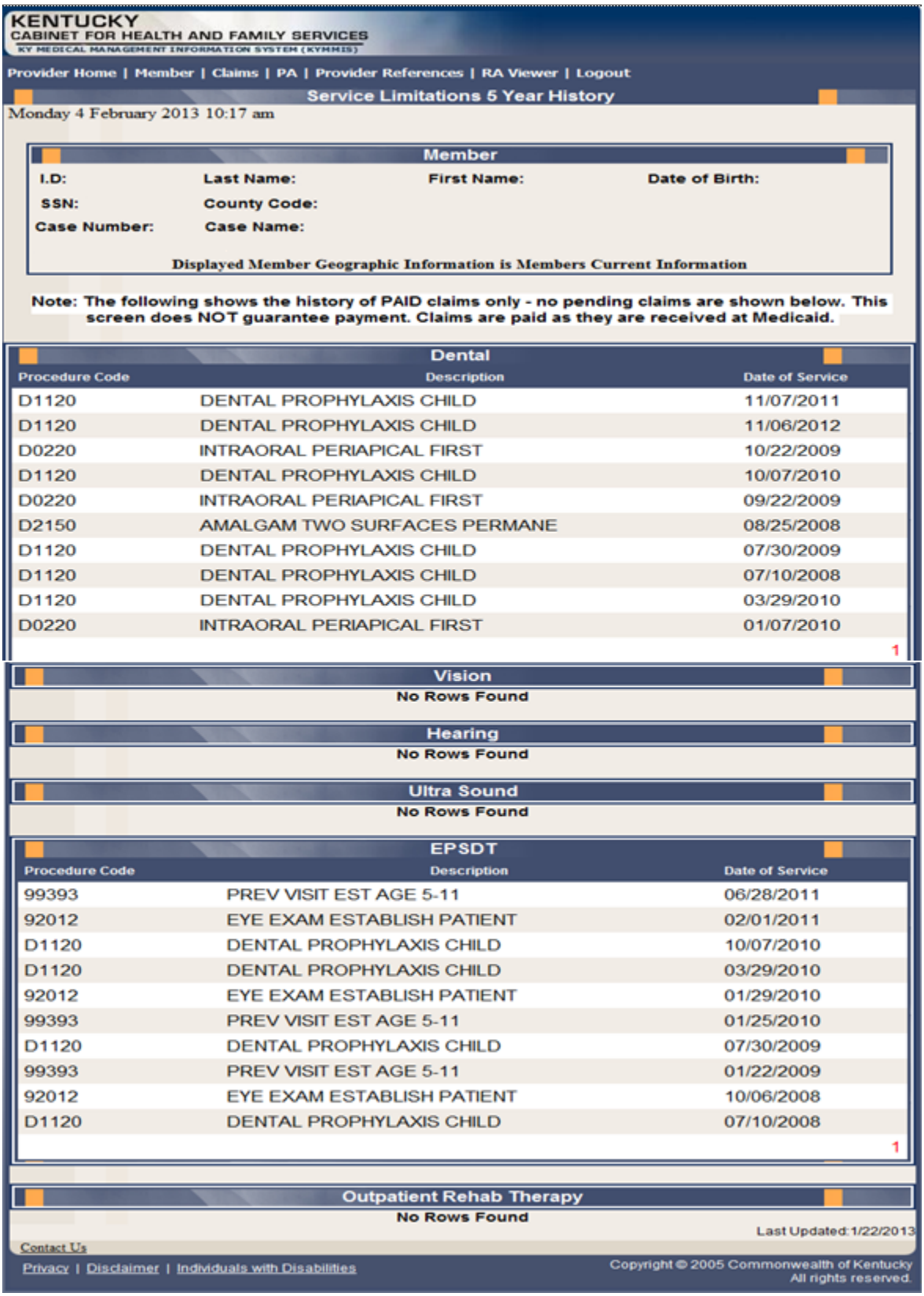

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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

Service Limitations 5 Year History

Monday 4 February 2013 10:17 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

Note: The following shows the history of PAID claims only - no pending claims are shown below. This screen does NOT guarantee payment. Claims are paid as they are received at Medicaid.

Dental

Procedure Code	Description	Date of Service
D1120	DENTAL PROPHYLAXIS CHILD	11/07/2011
D1120	DENTAL PROPHYLAXIS CHILD	11/06/2012
D0220	INTRAORAL PERIAPICAL FIRST	10/22/2009
D1120	DENTAL PROPHYLAXIS CHILD	10/07/2010
D0220	INTRAORAL PERIAPICAL FIRST	09/22/2009
D2150	AMALGAM TWO SURFACES PERMANE	08/25/2008
D1120	DENTAL PROPHYLAXIS CHILD	07/30/2009
D1120	DENTAL PROPHYLAXIS CHILD	07/10/2008
D1120	DENTAL PROPHYLAXIS CHILD	03/29/2010
D0220	INTRAORAL PERIAPICAL FIRST	01/07/2010

1

Vision

No Rows Found

Hearing

No Rows Found

Ultra Sound

No Rows Found

EPSDT

Procedure Code	Description	Date of Service
99393	PREV VISIT EST AGE 5-11	06/28/2011
92012	EYE EXAM ESTABLISH PATIENT	02/01/2011
D1120	DENTAL PROPHYLAXIS CHILD	10/07/2010
D1120	DENTAL PROPHYLAXIS CHILD	03/29/2010
92012	EYE EXAM ESTABLISH PATIENT	01/29/2010
99393	PREV VISIT EST AGE 5-11	01/25/2010
D1120	DENTAL PROPHYLAXIS CHILD	07/30/2009
99393	PREV VISIT EST AGE 5-11	01/22/2009
92012	EYE EXAM ESTABLISH PATIENT	10/06/2008
D1120	DENTAL PROPHYLAXIS CHILD	07/10/2008

1

Outpatient Rehab Therapy

No Rows Found

Last Updated:1/22/2013

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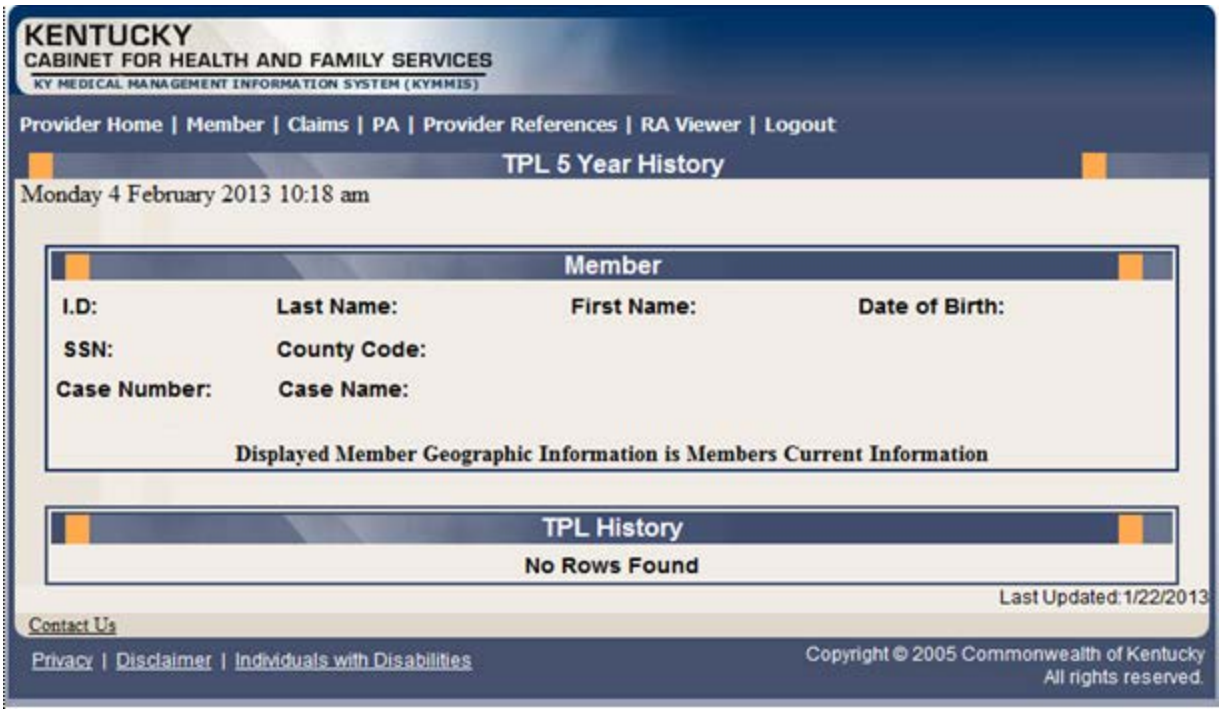
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)
Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout
TPL 5 Year History
Monday 4 February 2013 10:18 am
Member
I.D:
Last Name:
First Name:
Date of Birth:
SSN:
County Code:
Case 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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CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)
Provider Home | Member | Claims | PA | Provider References | | 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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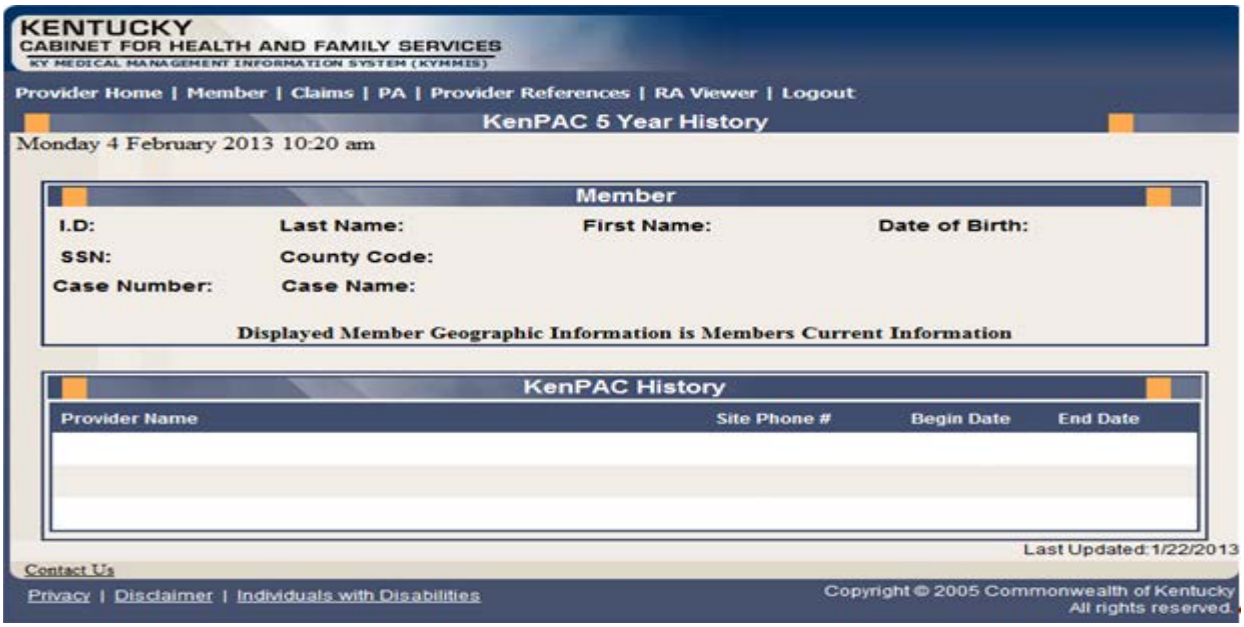
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)
Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout
KenPAC 5 Year History
Monday 4 February 2013 10:20 am
Member
I.D:
Last Name:
First Name:
Date of Birth:
SSN:
County Code:
Case 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
Contact Us
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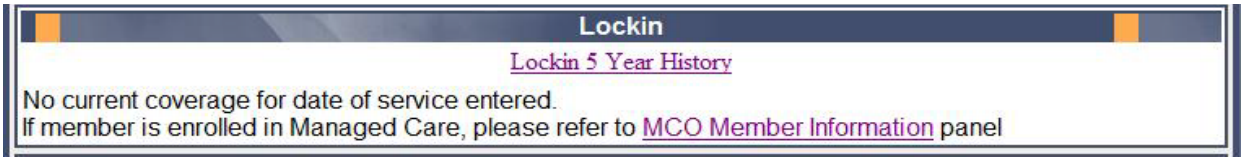
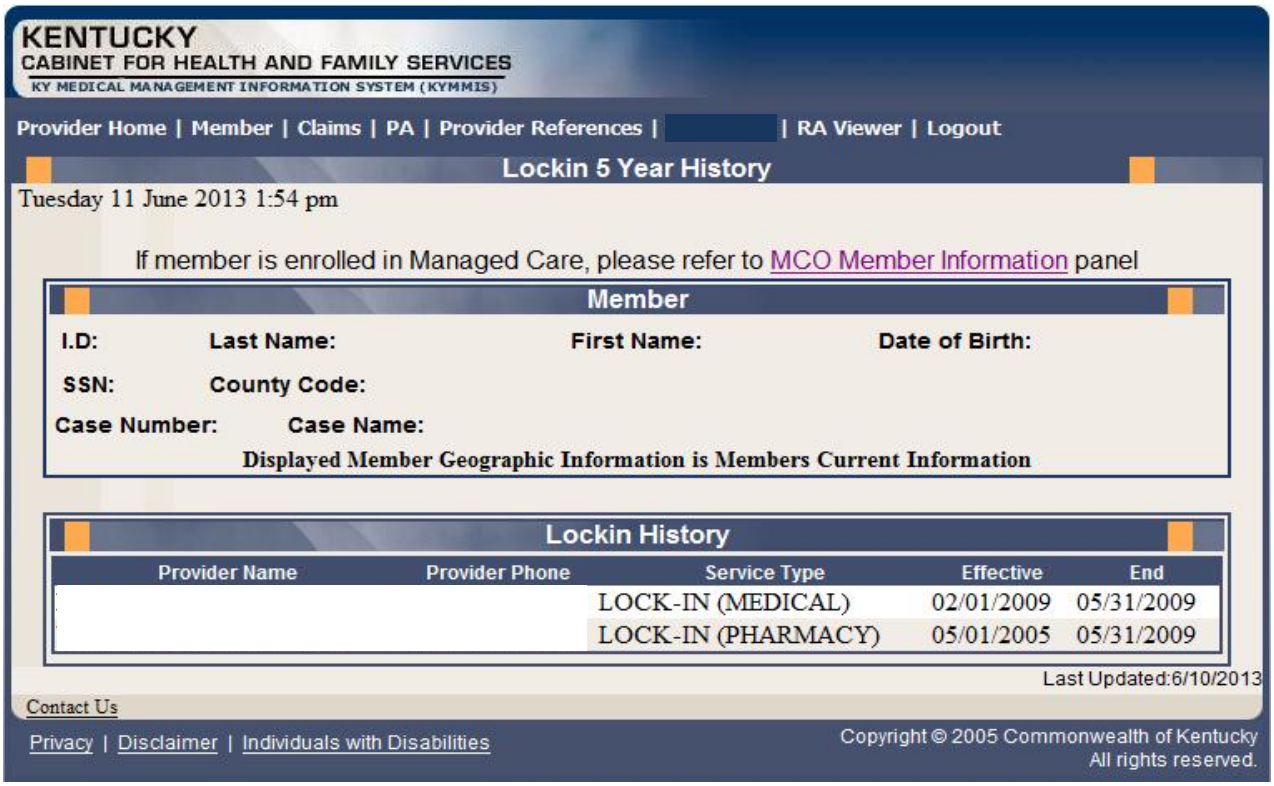

Lockin
Lockin 5 Year History
No current coverage for date of service entered.
If member is enrolled in Managed Care, please refer to MCO Member Information panel


KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)
Provider Home | Member | Claims | PA | Provider References | | 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
Contact Us
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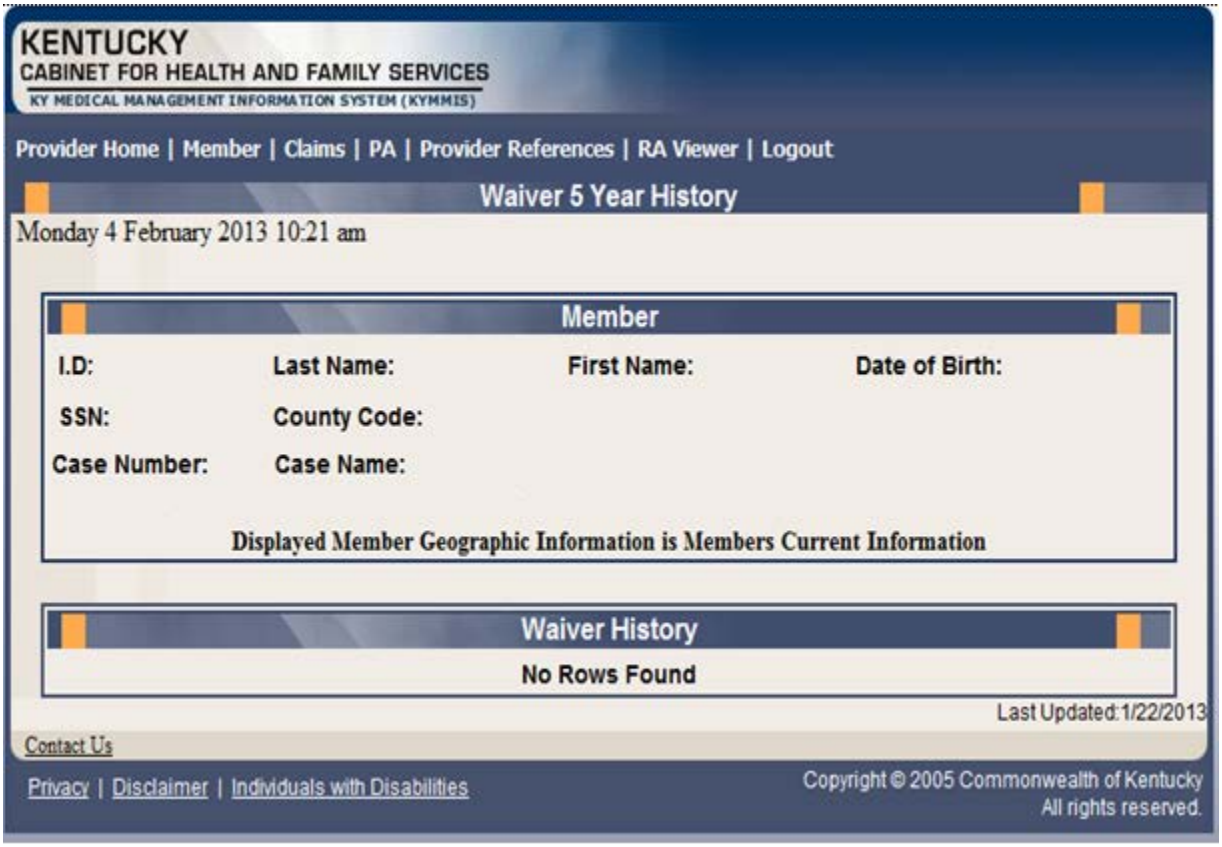
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)
Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout
Waiver 5 Year History
Monday 4 February 2013 10:21 am
Member
I.D:
Last Name:
First Name:
Date of Birth:
SSN:
County Code:
Case 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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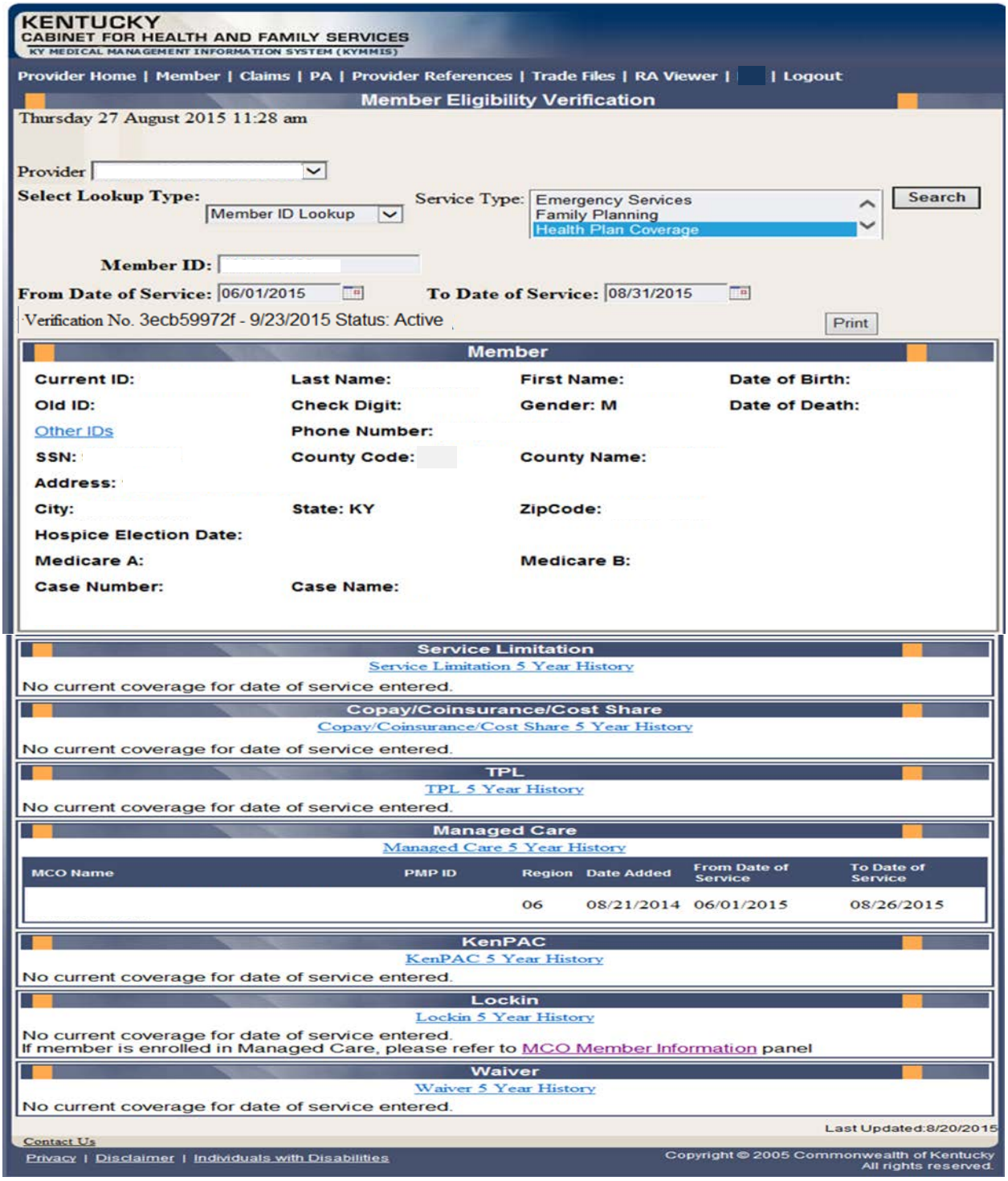
5.2.2 Member Eligibility Suspension/Disenrollment

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



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

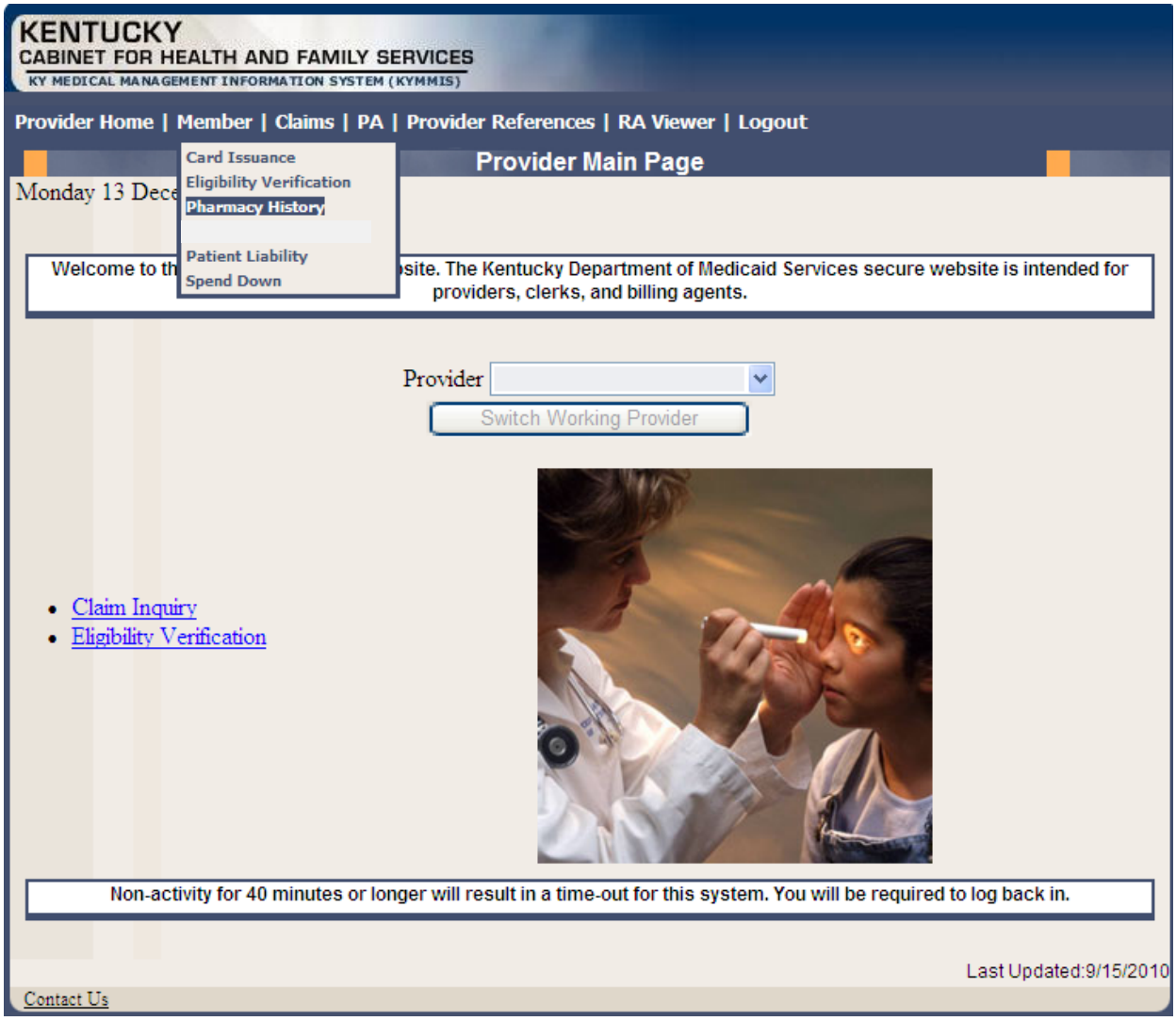
Copay Indicator	From Date	To Date
N	06/01/2015	08/31/2015

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.

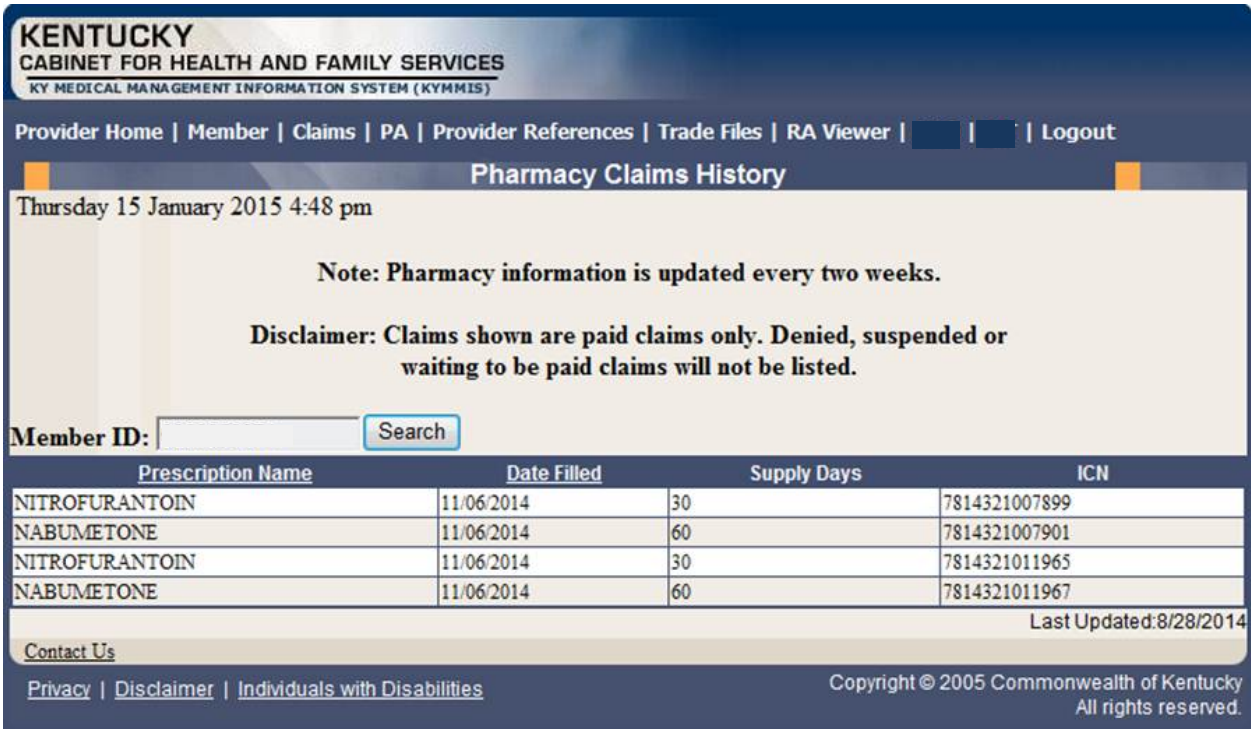


The following screen will appear.

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

The Pharmacy Claims History screen will appear.

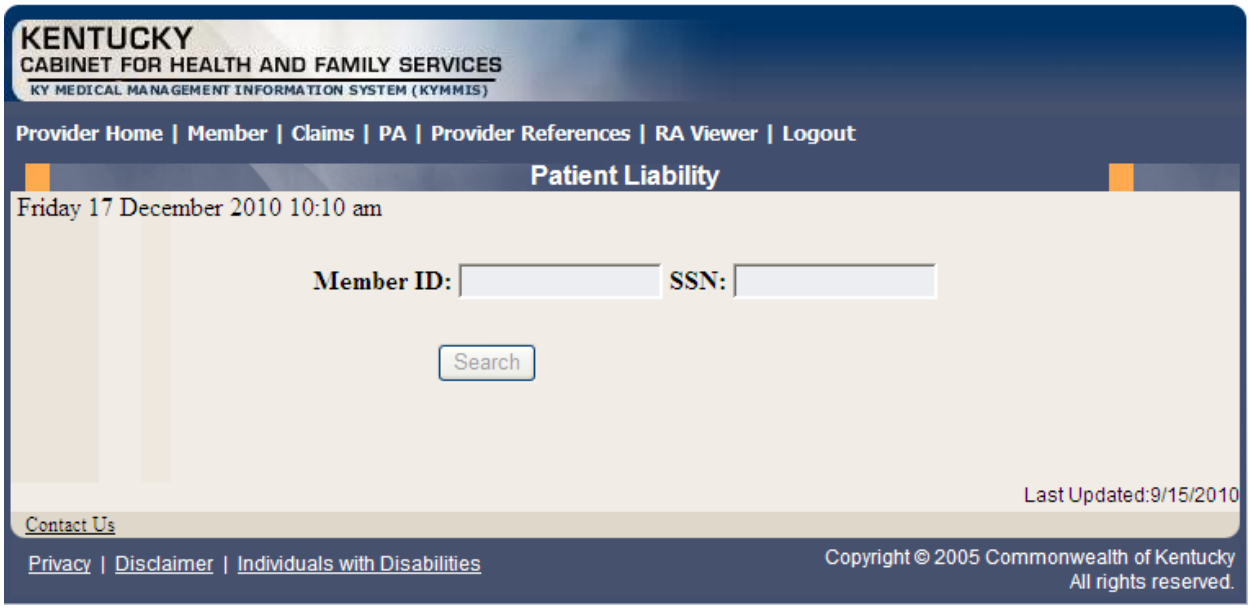
4. The Pharmacy Claims History screen will appear.



6 Patient Liability

1. Select Member from the Menu.
2. Choose “Patient Liability” from the drop-down.

The following screen will appear.



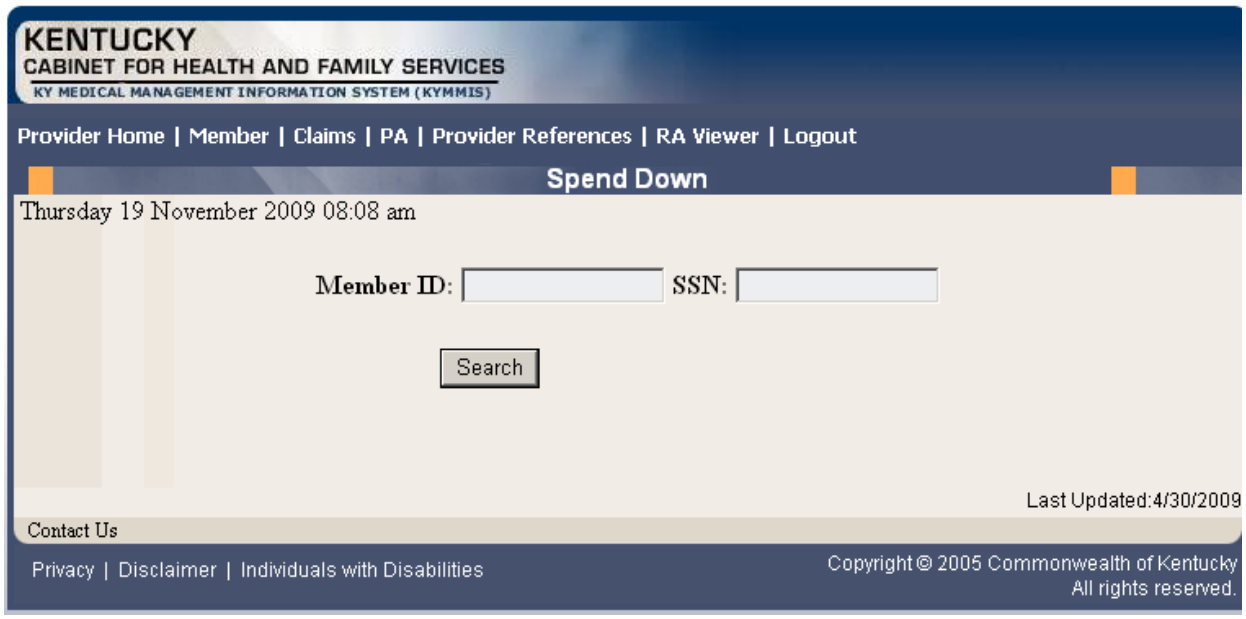
3. Enter the Member ID or SSN and click the “Search” button to find the patient liability.

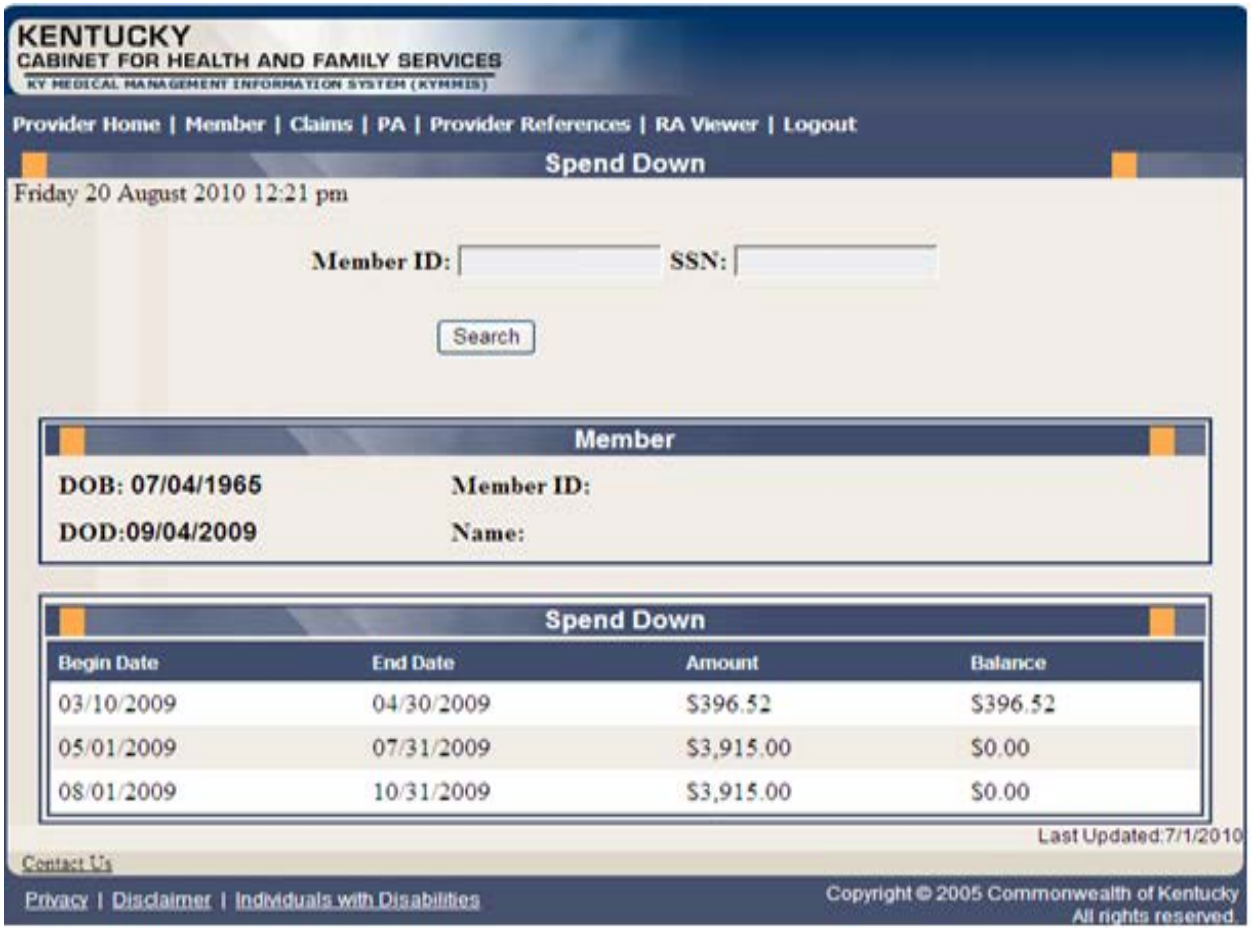
7 Spend Down

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

The following screen will appear.

3. Enter the Member ID or SSN and click the “Search” button to find the Spend Down data.

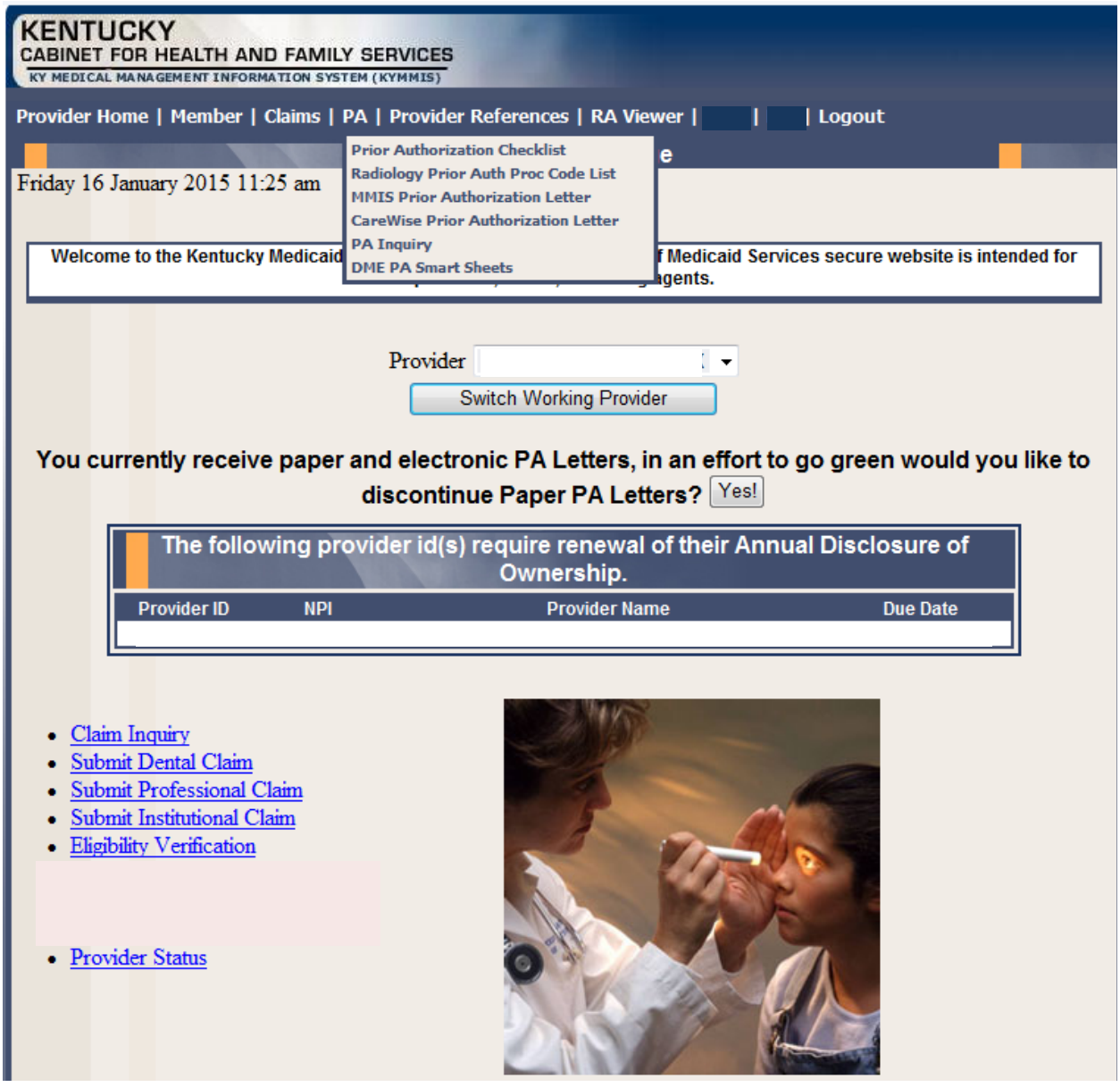




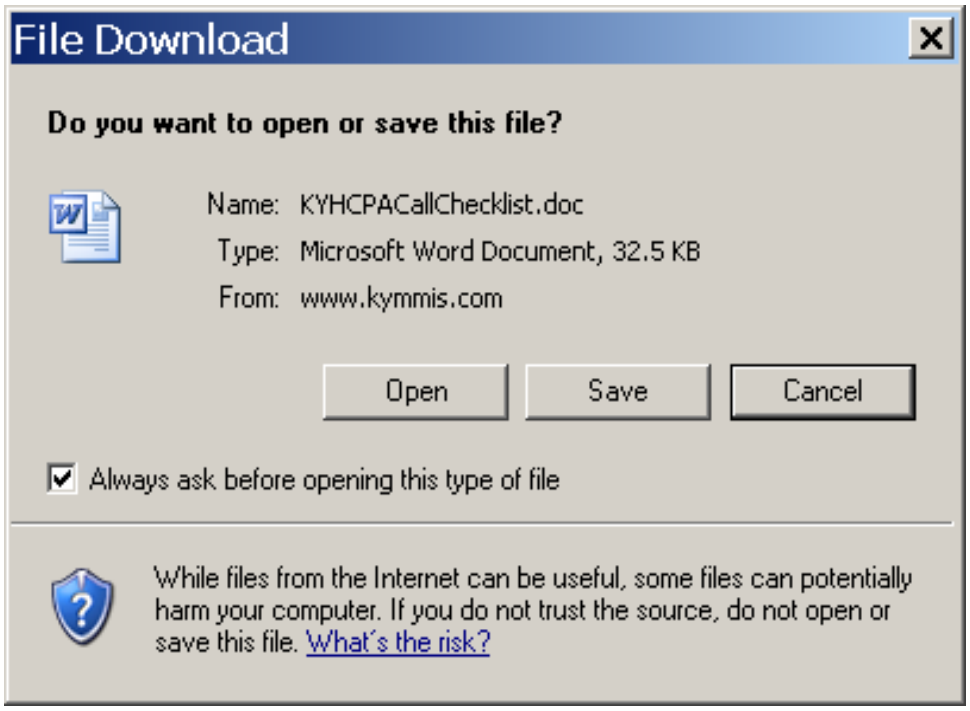
8 PA – Prior Authorization

8.1 Prior Authorization Check list

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



The following dialogue box will appear.



3. Select Open or Save.

An example of the checklist follows:

KyHealth Choices Prior Authorization Call Checklist

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.

Clinical staff should make the Prior Authorization request.

Review the attached list to see if service requires prior authorization (which would be the letter) and add below.

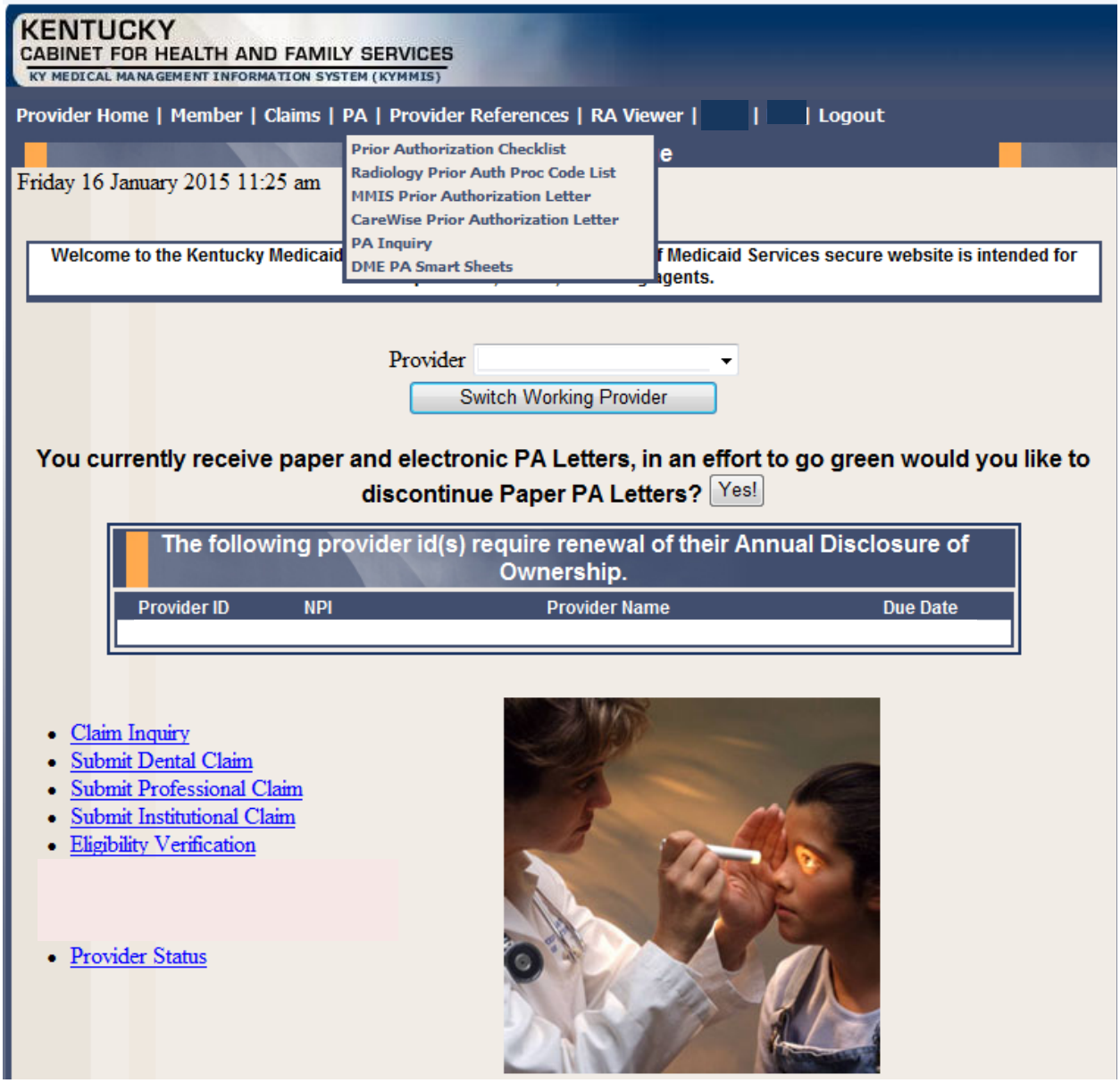
All fields are required to process the Prior Authorization request.

This request does not guarantee these services will be authorized.

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			

8.2 Radiology Prior Authorization Procedure Code List

1. Select PA from the Menu.
2. Choose “Radiology Prior Auth Proc Code List” from the drop-down.



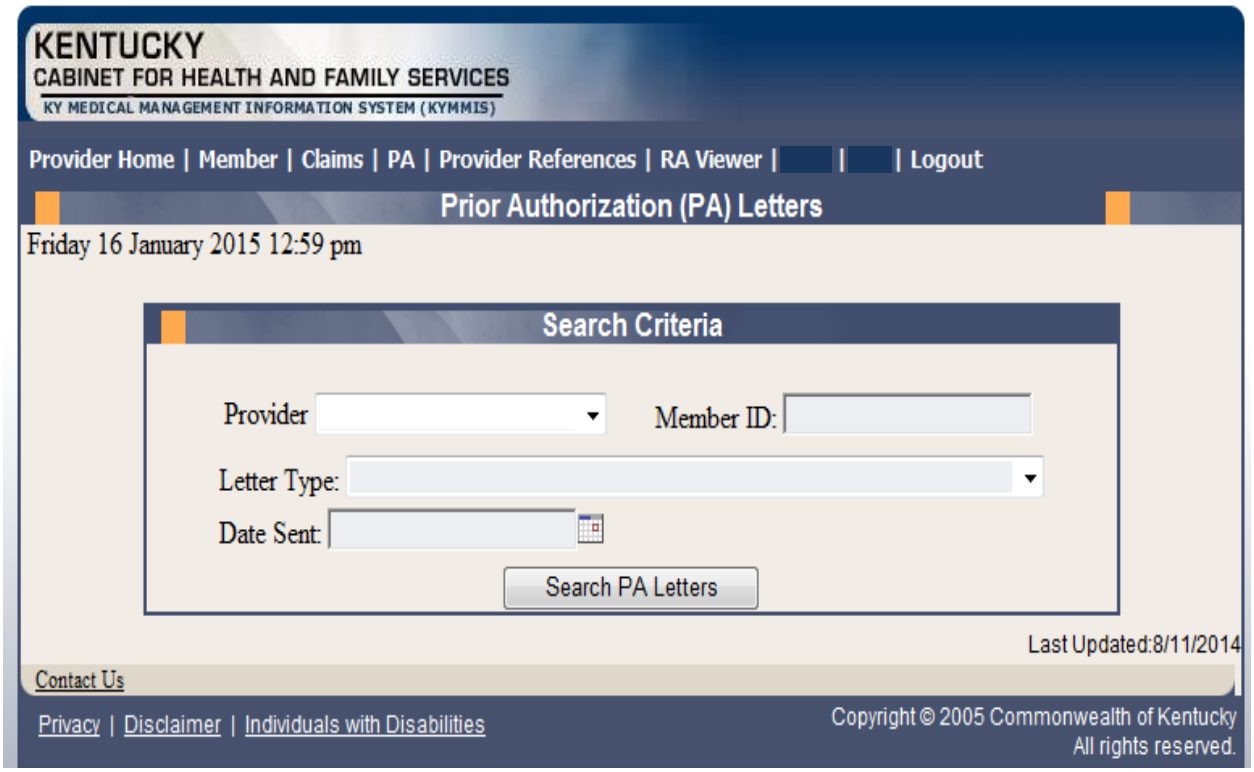
A PDF version of the Radiology Prior Authorization Procedure Code List will appear.

Revised KyHealth Choices Radiology Codes Requiring Prior Authorization
Effective September 15, 2006

Code	Description
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s)
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; with contrast material(s)
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	Magnetic resonance angiography, head; without contrast materials **(Effective 03/01/2007)**
70545	Magnetic resonance angiography, head; with contrast materials **(Effective 03/01/2007)**
70546	Magnetic resonance angiography, head; without contrast materials followed by contrast materials and further sequences **(Effective 03/01/2007)**
70547	Magnetic resonance angiography, neck; without contract material(s)
70548	Magnetic resonance angiography, neck; with contrast material(s)
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (eg. Proton) imaging, brain (including brain stem); without contrast material
70552	Magnetic resonance (eg. Proton) imaging, brain (including brain stem); with contrast material
70553	Magnetic resonance (eg. Proton) imaging, brain (including brain stem); without contrast material followed by contrast material and further sequences
70557	Magnetic resonance (eg. Proton) imaging, brain (including brain stem and skull base), during open intracranial procedures (eg. To assess for residual tumor or residual vascular malformation; without contrast material
70558	Magnetic resonance (eg. Proton) imaging, brain (including brain stem and skull base), during open intracranial procedures (eg. To assess for residual tumor or residual vascular malformation; with contrast material
70559	Magnetic resonance (eg. Proton) imaging, brain (including brain stem and skull base), during open intracranial procedures (eg. To assess for residual tumor or residual vascular malformation; without contrast material, followed by contrast

8.3 MMIS PA Letters

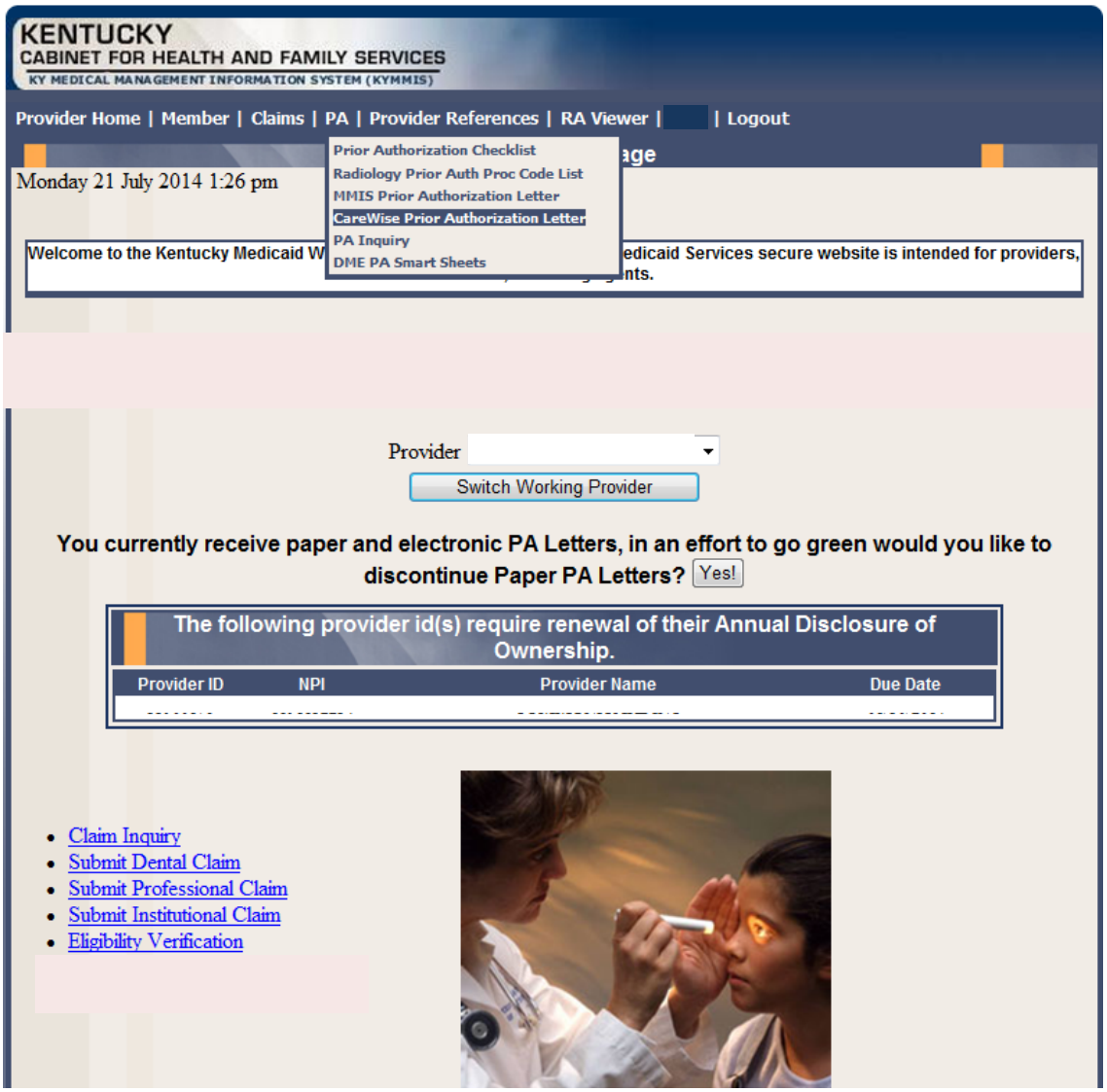
1. Select PA from the Menu.
2. Choose “MMIS Prior Authorization Letter” from the drop-down.



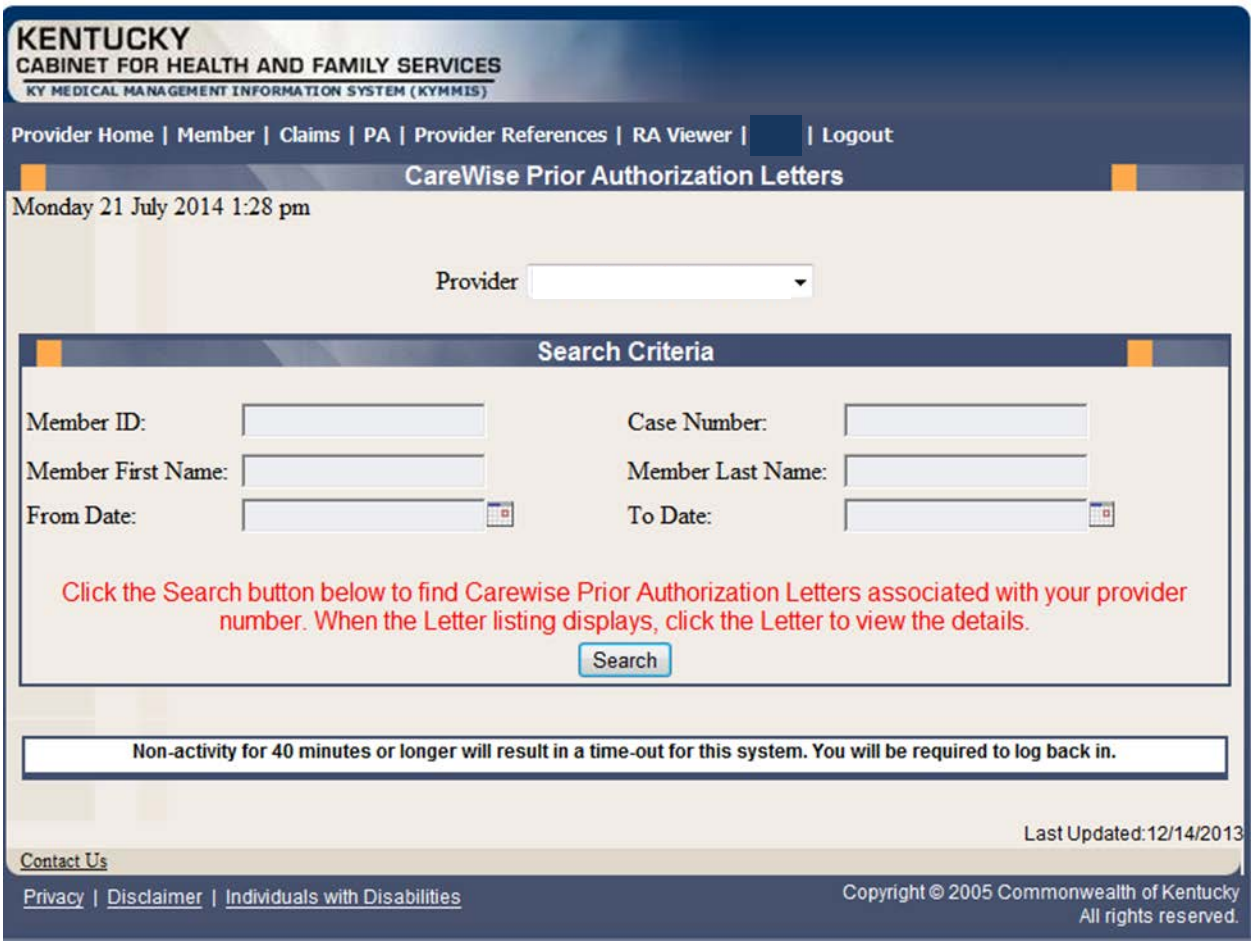
Searches may be conducted by Provider or by using a specific Member ID.

8.4 CareWise PA Letters

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



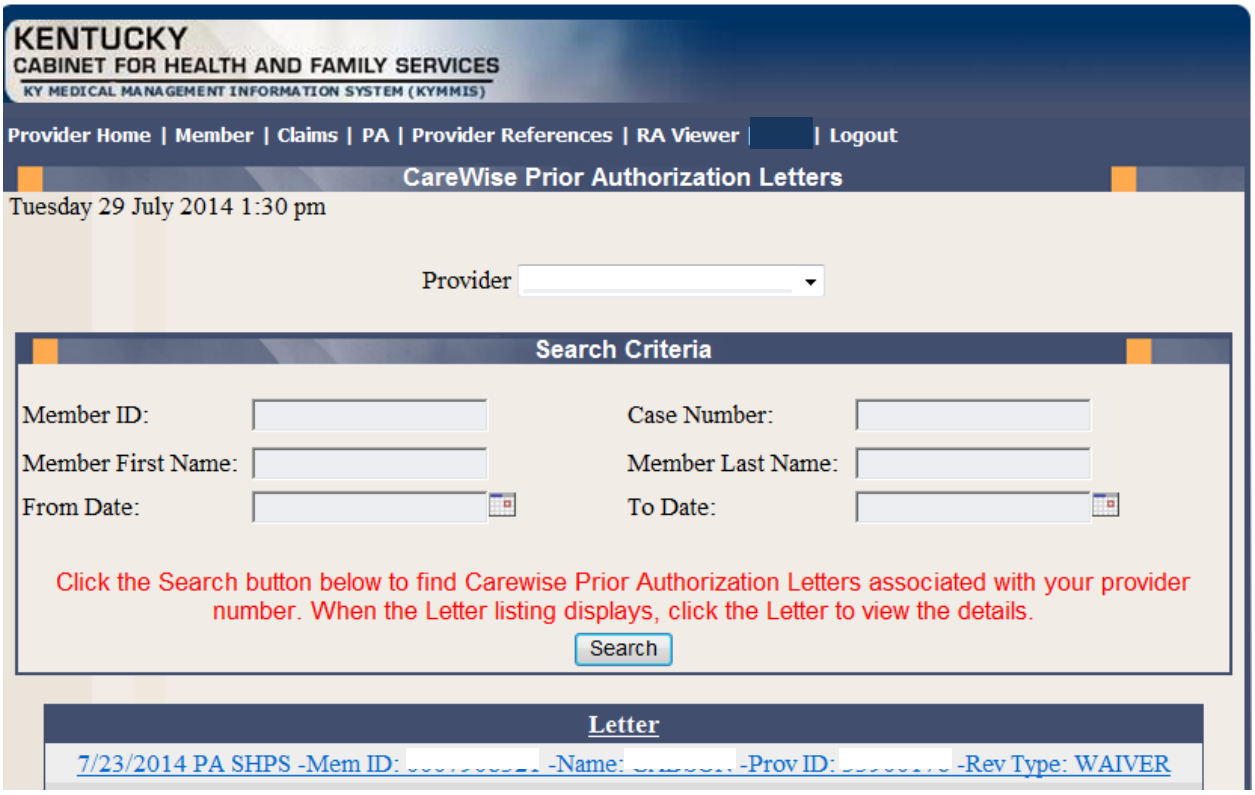
The following screen will appear.



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

8.4.1 PA Letter List

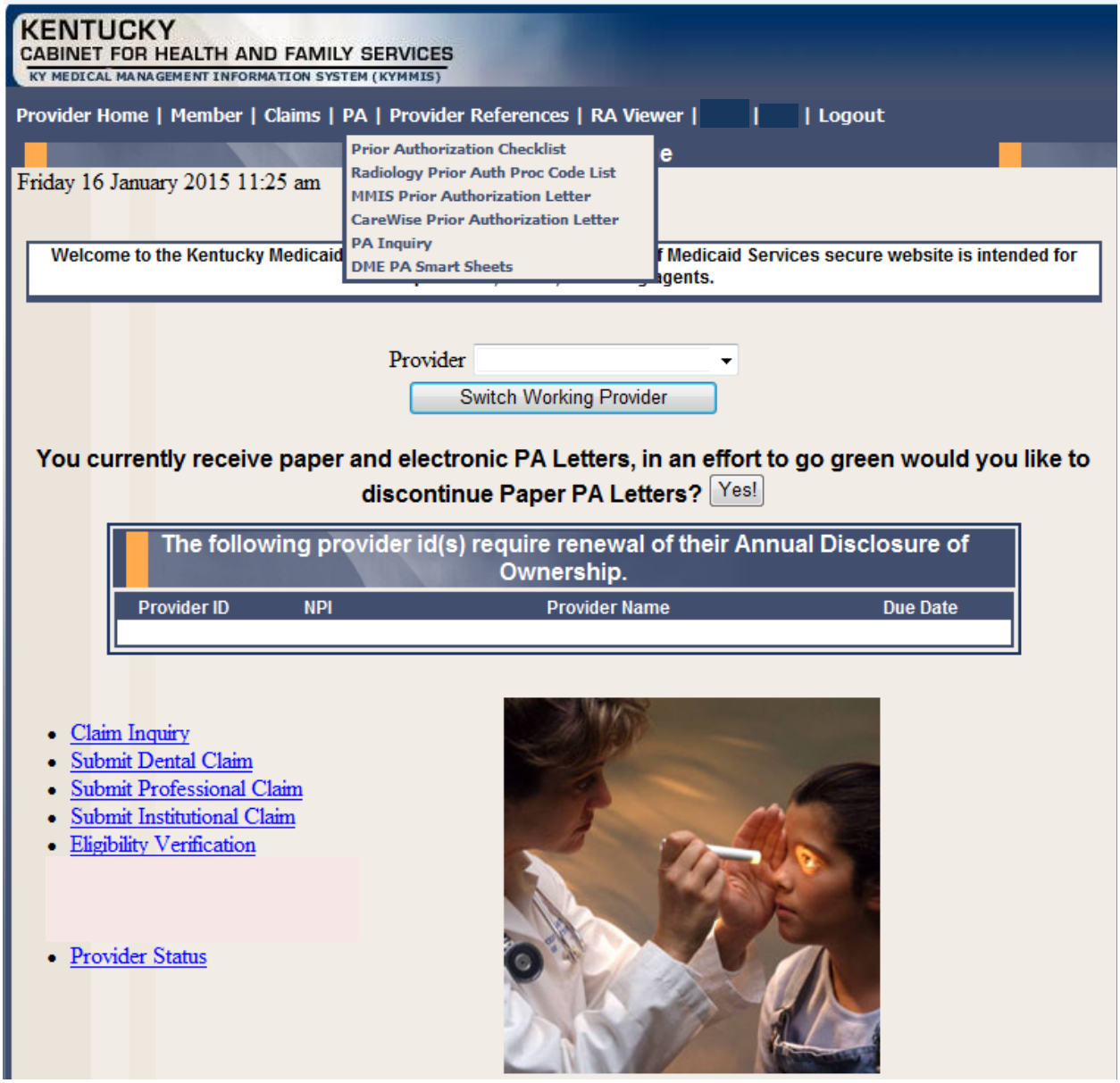
Select “Member letter” under letter type.



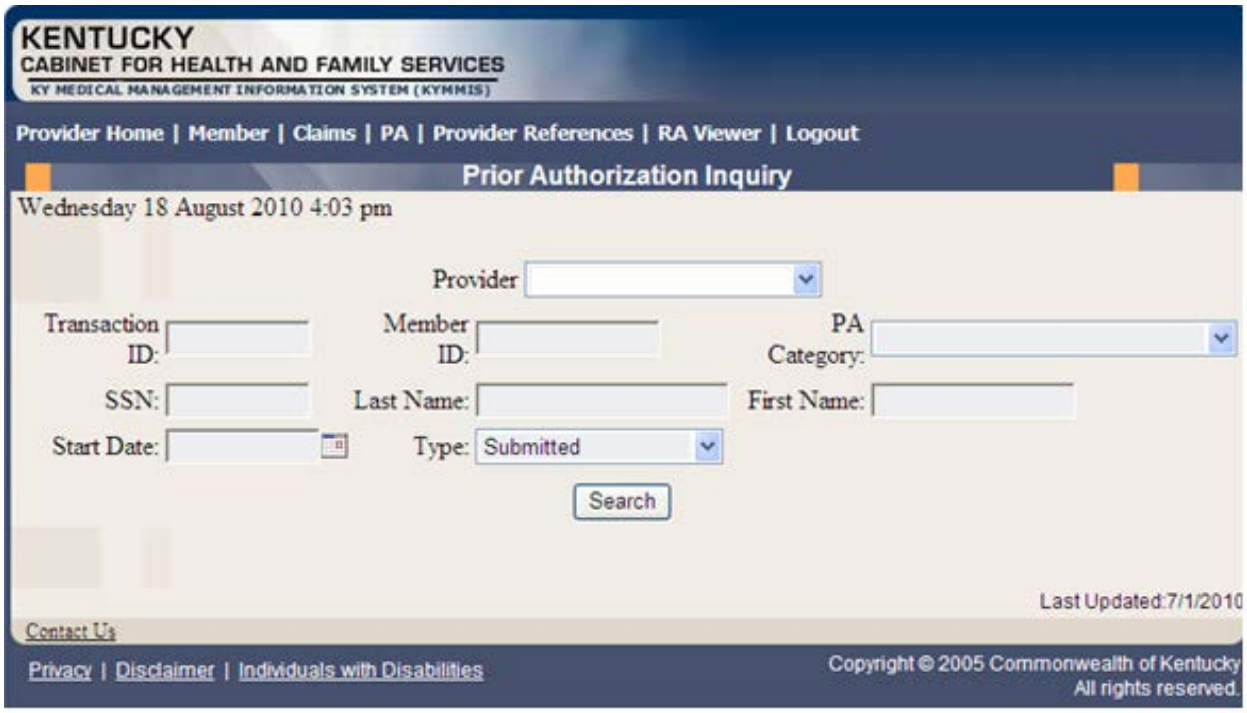
Searches may be conducted by Provider or by using a specific Member ID.

8.5 PA Inquiry

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



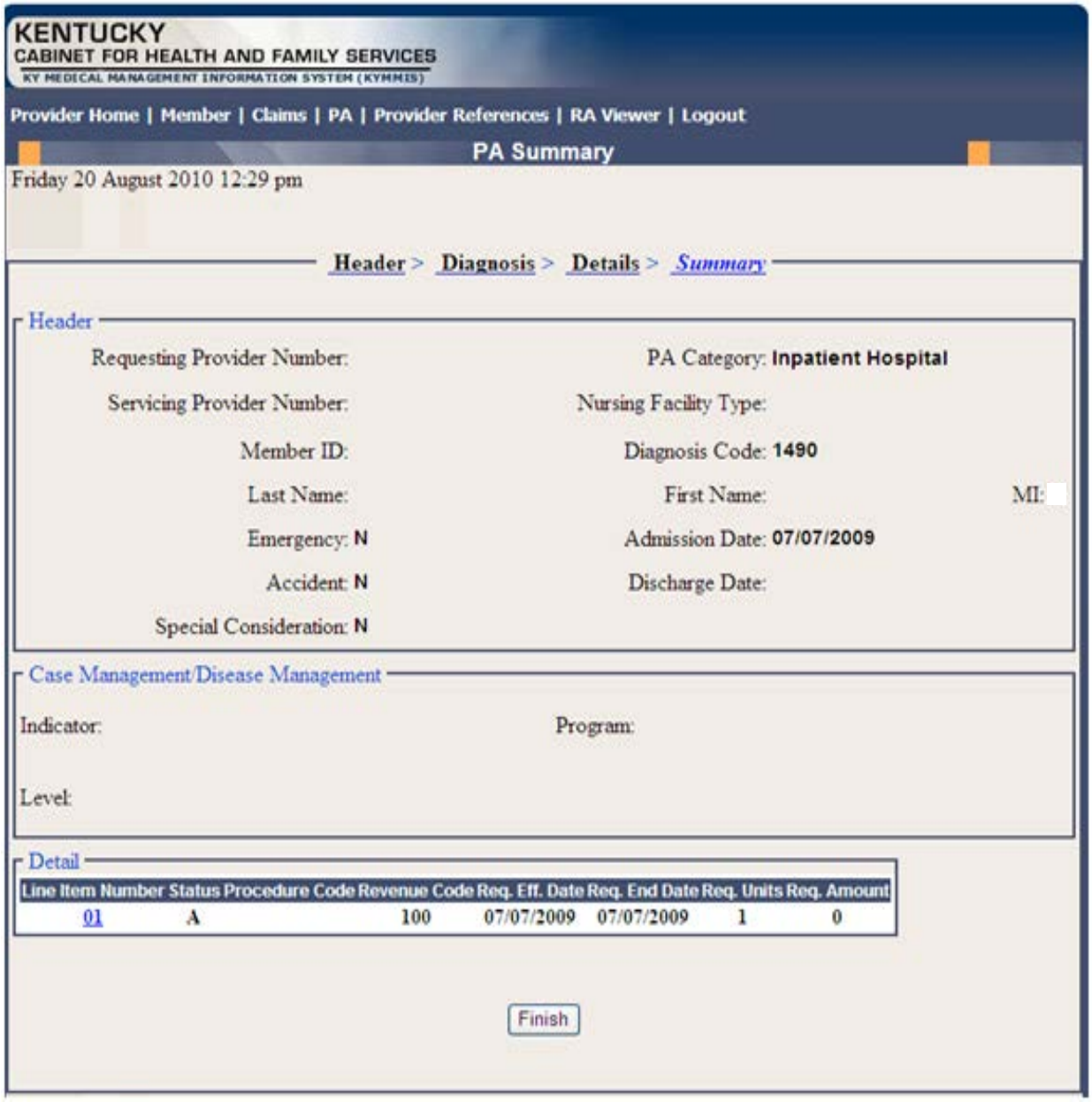
The following screen will appear.



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.

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:
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
Finish

8.6 DME PA Smart Sheets

1. Select PA from the Menu.
2. Choose “DME PA Smart Sheets” from the drop-down.

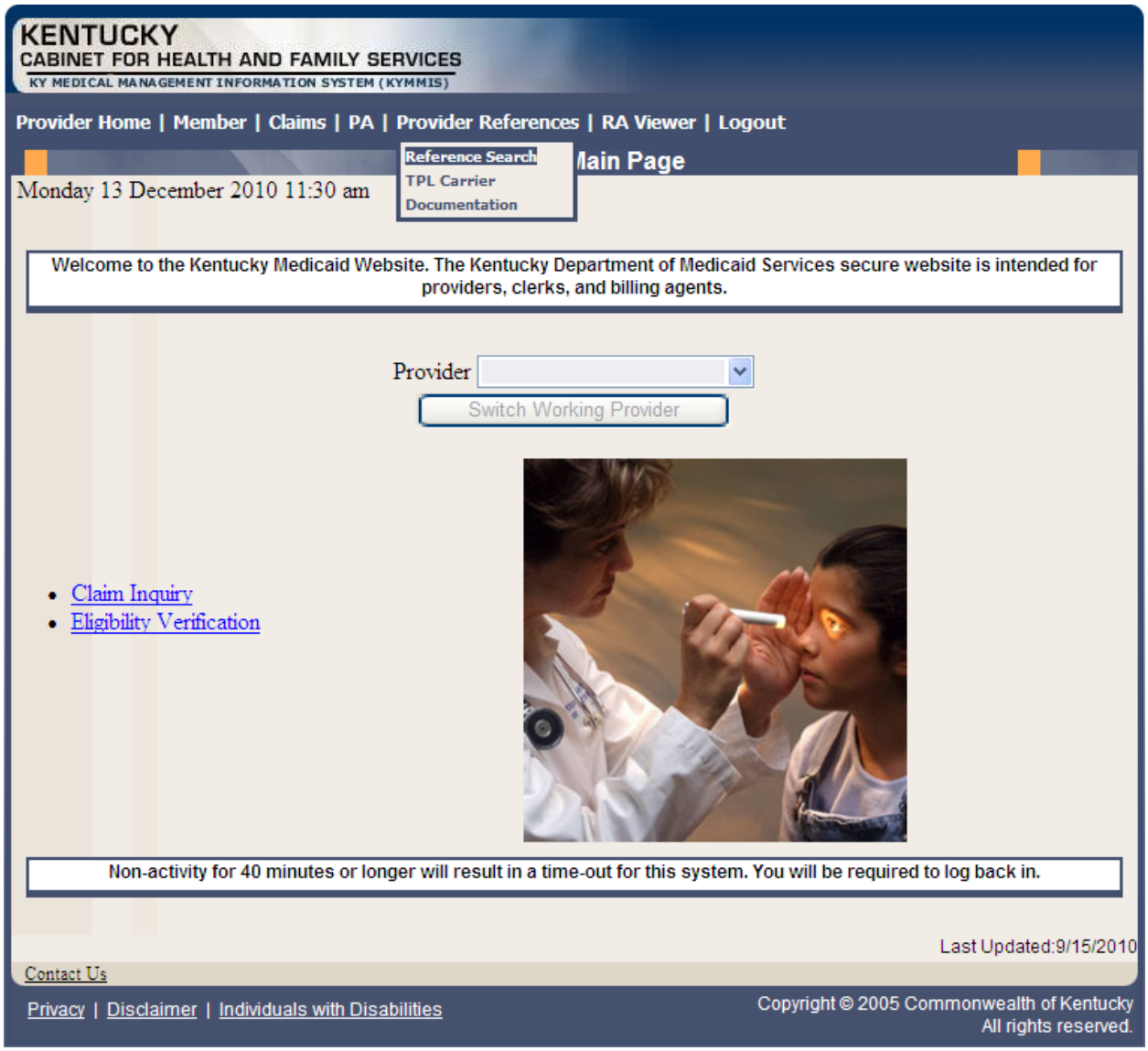
The following screen will appear.

The DME Smart Sheets allows the user to view the InterQual criteria before requesting a PA.

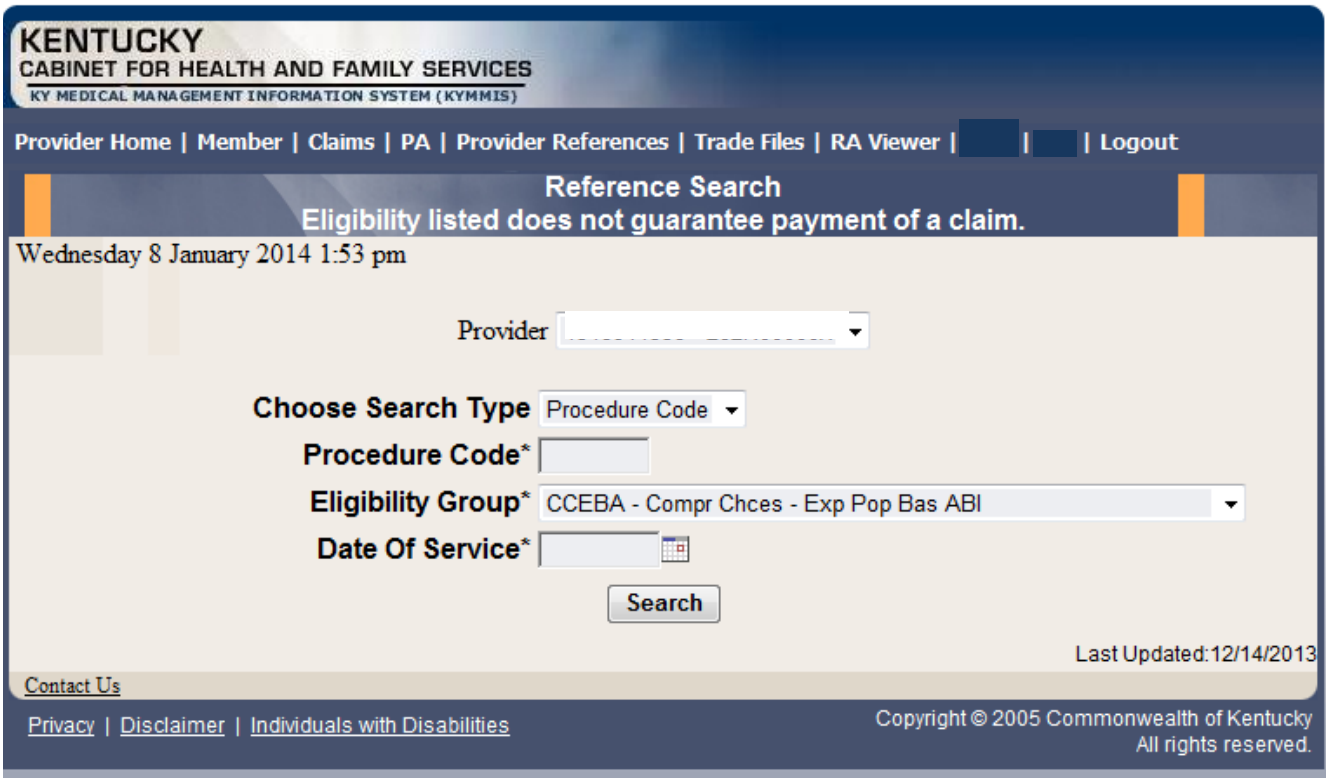
9 Provider References

9.1 Provider Reference Search

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

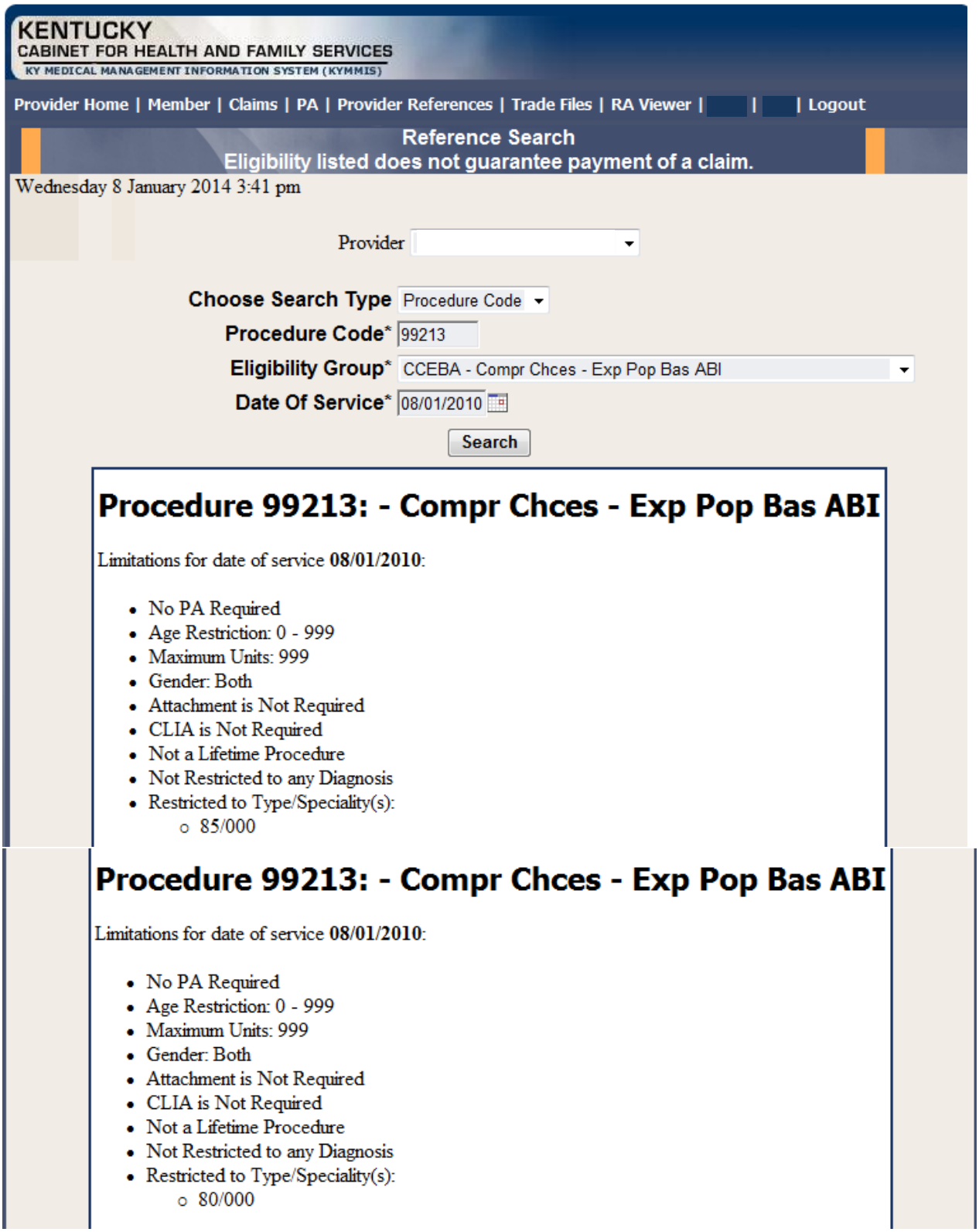


The following screen will appear.



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
Procedure Code* 99213
Eligibility Group* CCEBA - Compr Chces - Exp Pop Bas ABI
Date Of Service* 08/01/2010
Search
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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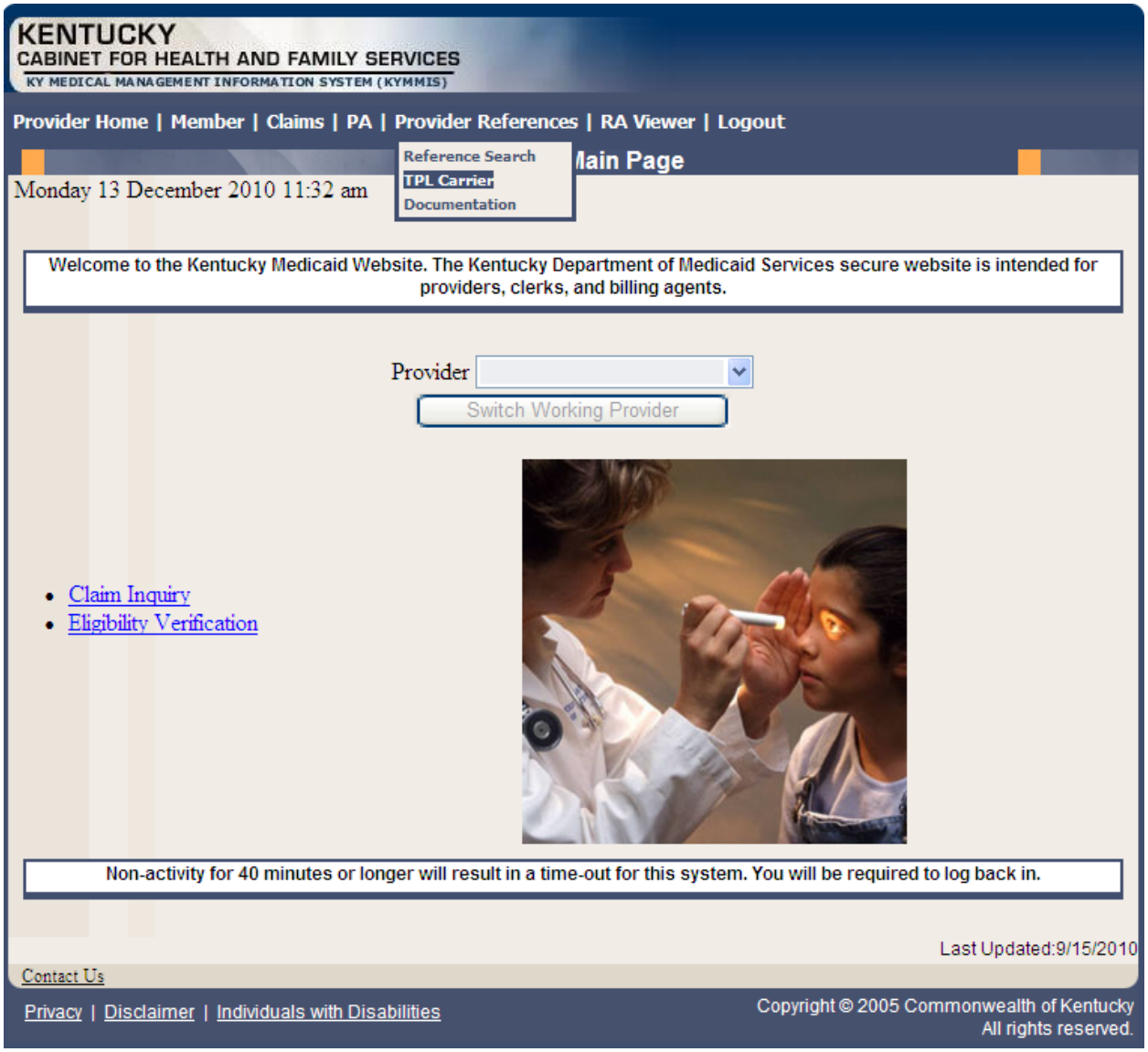
9.2 TPL Carriers

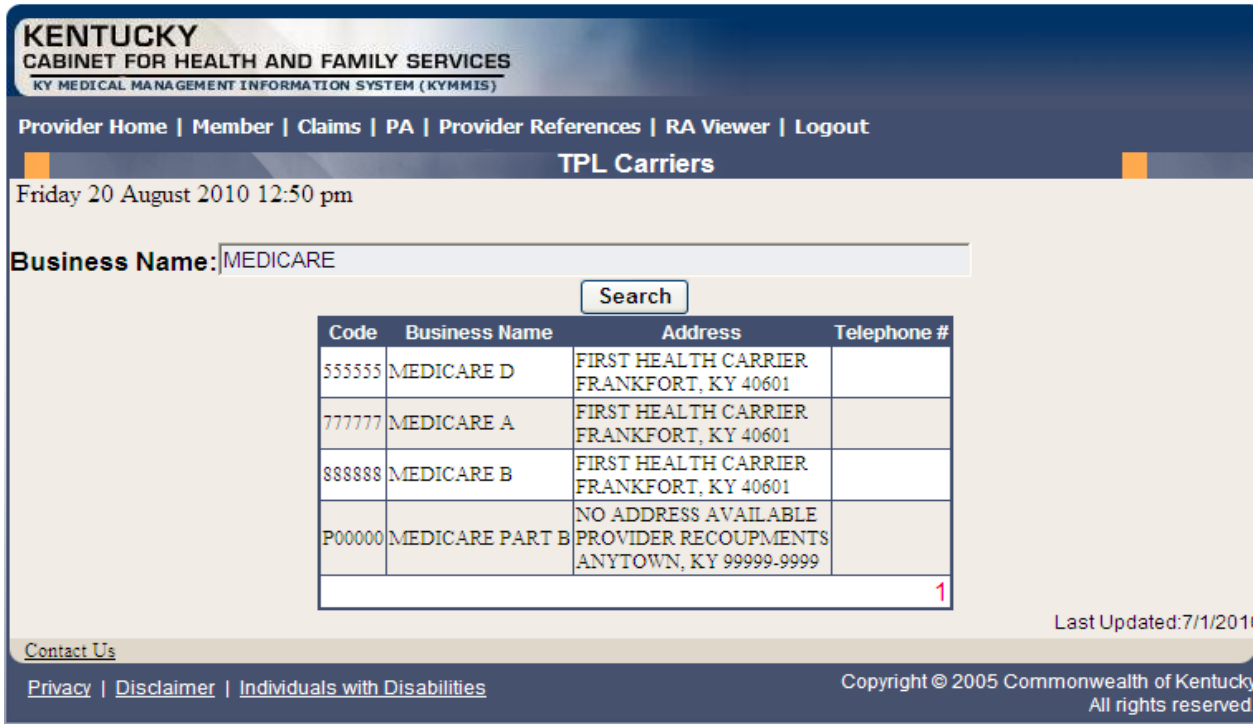
1. Select Provider References from the Menu.
2. Choose “TPL Carrier” from the drop-down.



The following screen will appear.

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

The response will return all carrier information on file.



9.3 Provider References Documentation

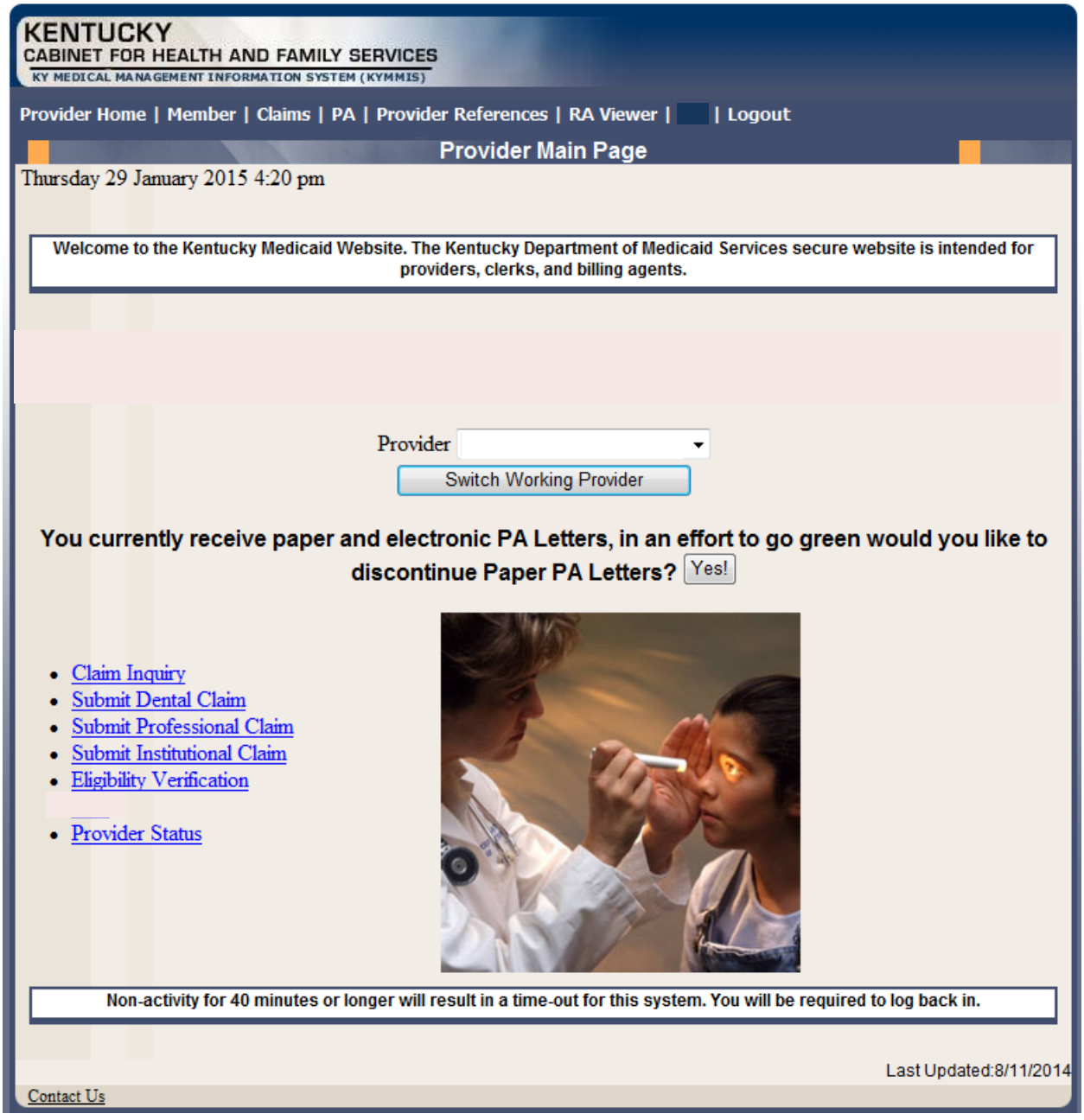
1. Select Provider References from the Menu.
2. Choose “Documentation” from the drop-down.

The following screen will appear.

Selected documentation for additional provider resources available at www.kymmis.com.

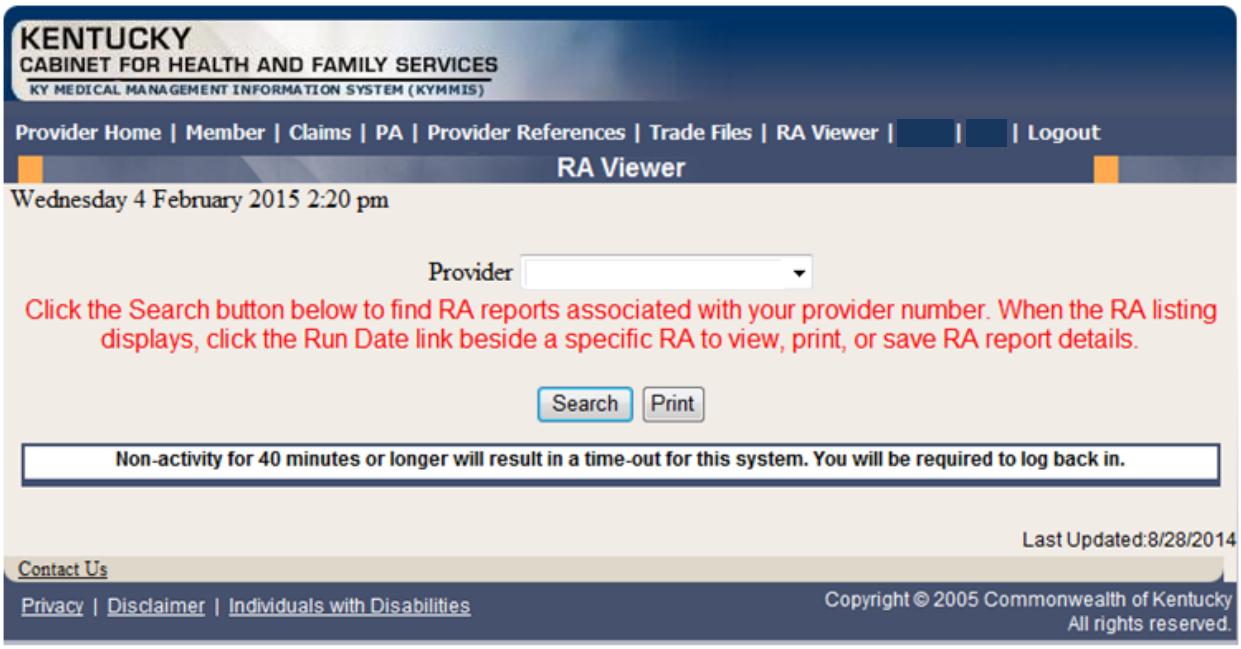
10 RA Viewer

1. Click RA Viewer on the menu.



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.



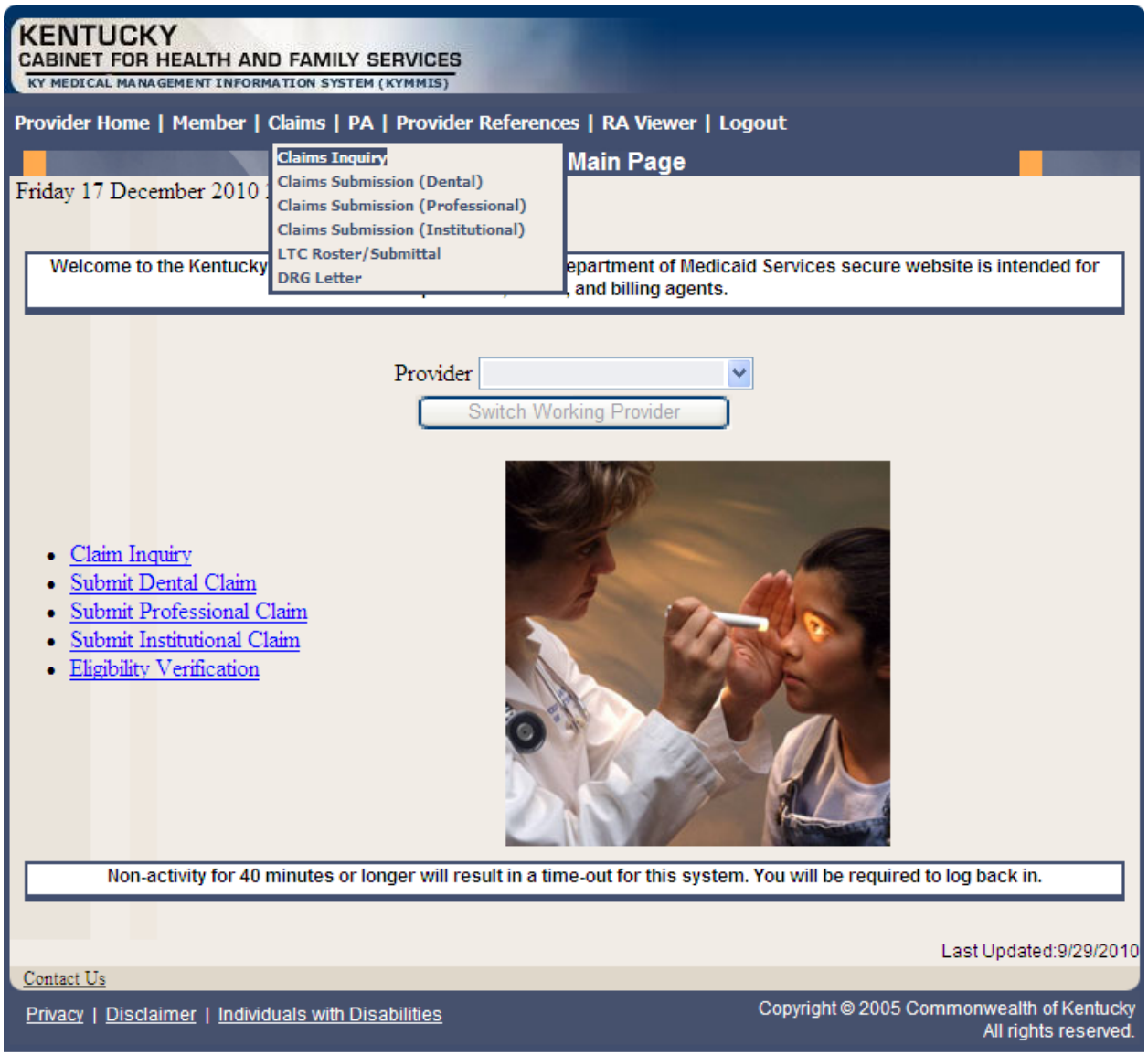
RA Viewer holds six months of Remittance Advice statements displaying the most current at the top of the screen. Each RA can be viewed or downloaded.

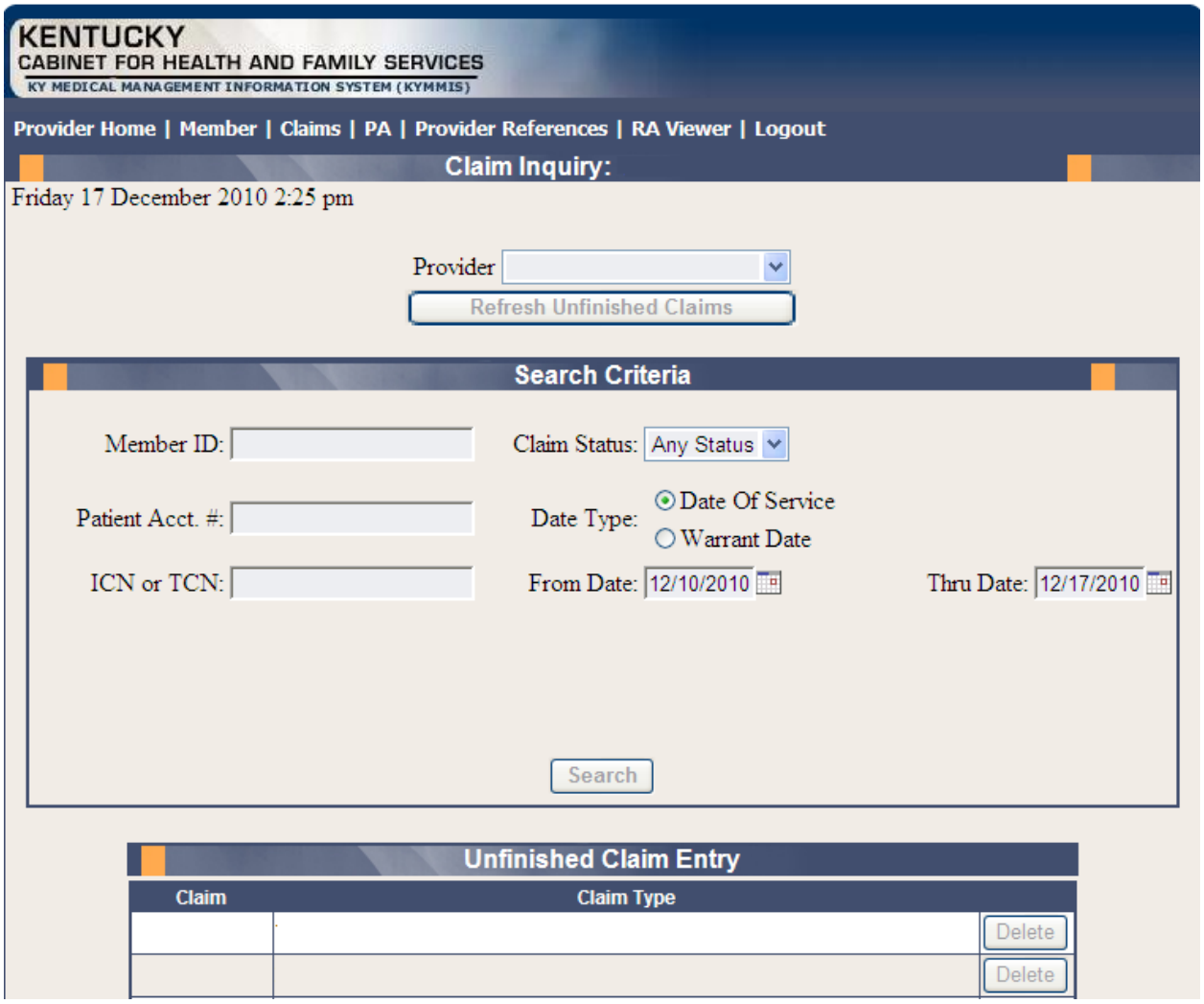
4. Select the applicable Run Date.

11 Claims

11.1 Claim Inquiry

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





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

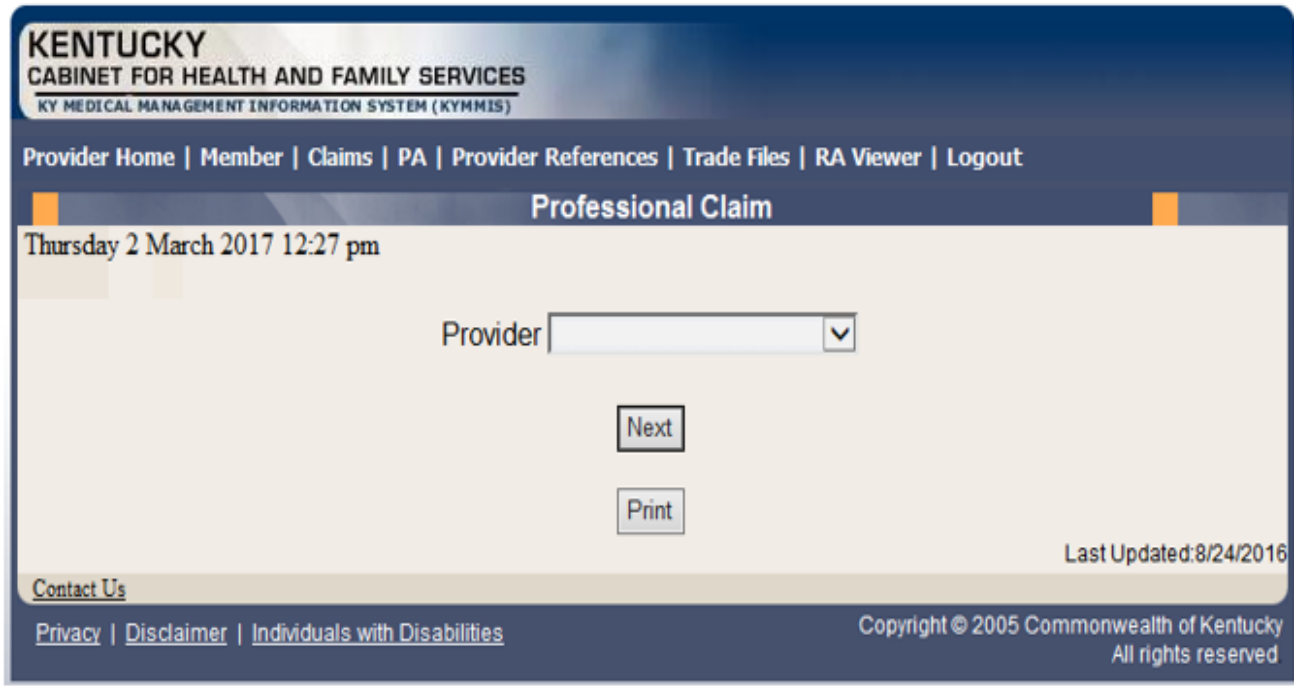
Enter Member ID and From Date/Thru Date or Patient Acct #	
Claim Status	Any Status, Paid, Denied and Suspended
Warrant Date	Warrant Date should read as RA date
ICN	Enter ICN and remove From Date/Thru Date
Date of Service	A search for claim using the dates of service entered or
Unfinished claims	A claim not completed but saved for future submission

11.2 Submitting Professional Claim

1. Select Claims from the Menu.
2. Choose “Claims Submission (Professional)” from the drop-down.

11.2.1 Verify Provider Box

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

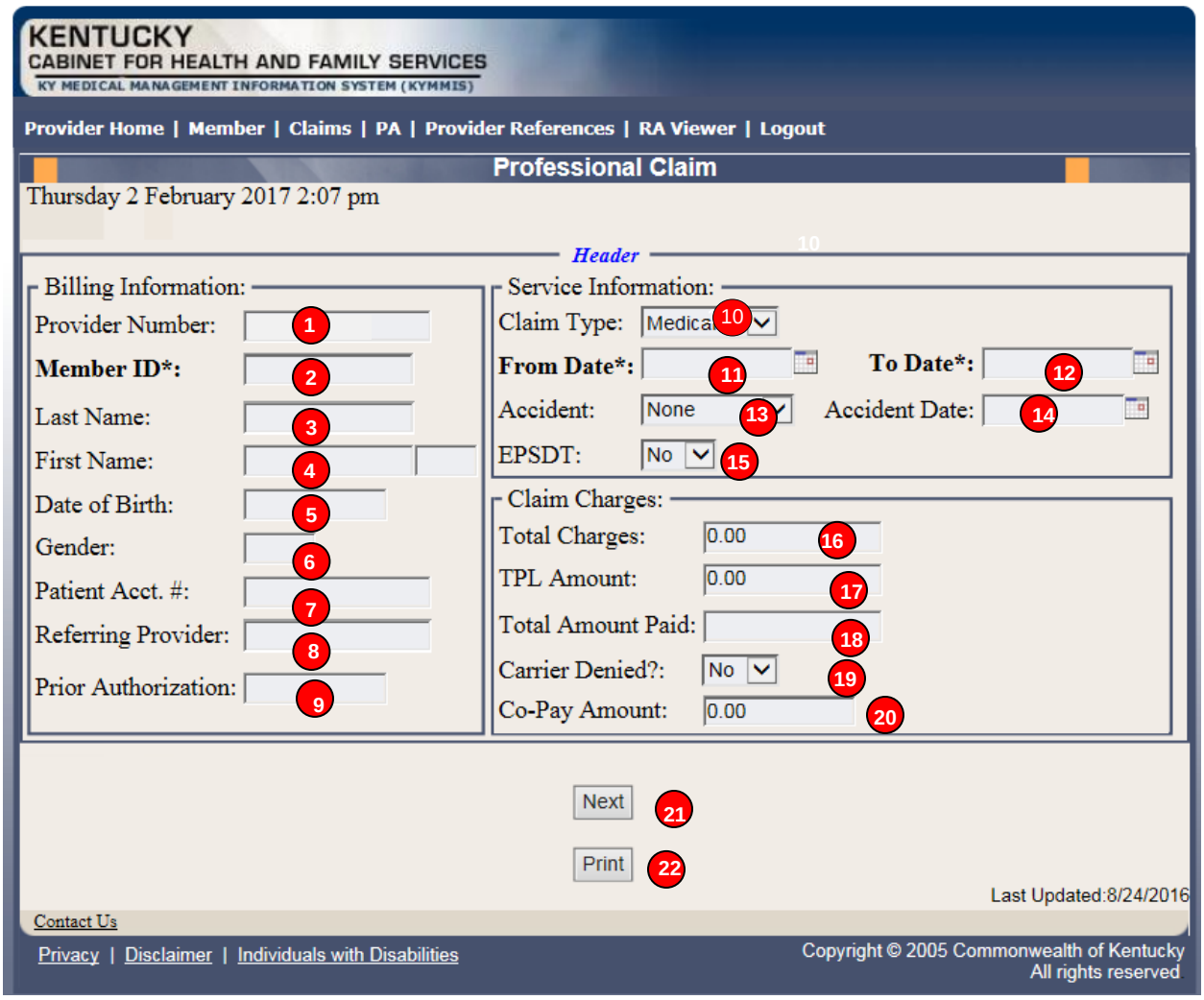


11.2.2 Professional Claim Header

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

11.2.2.1 Professional Claim Header Screen Field Descriptions



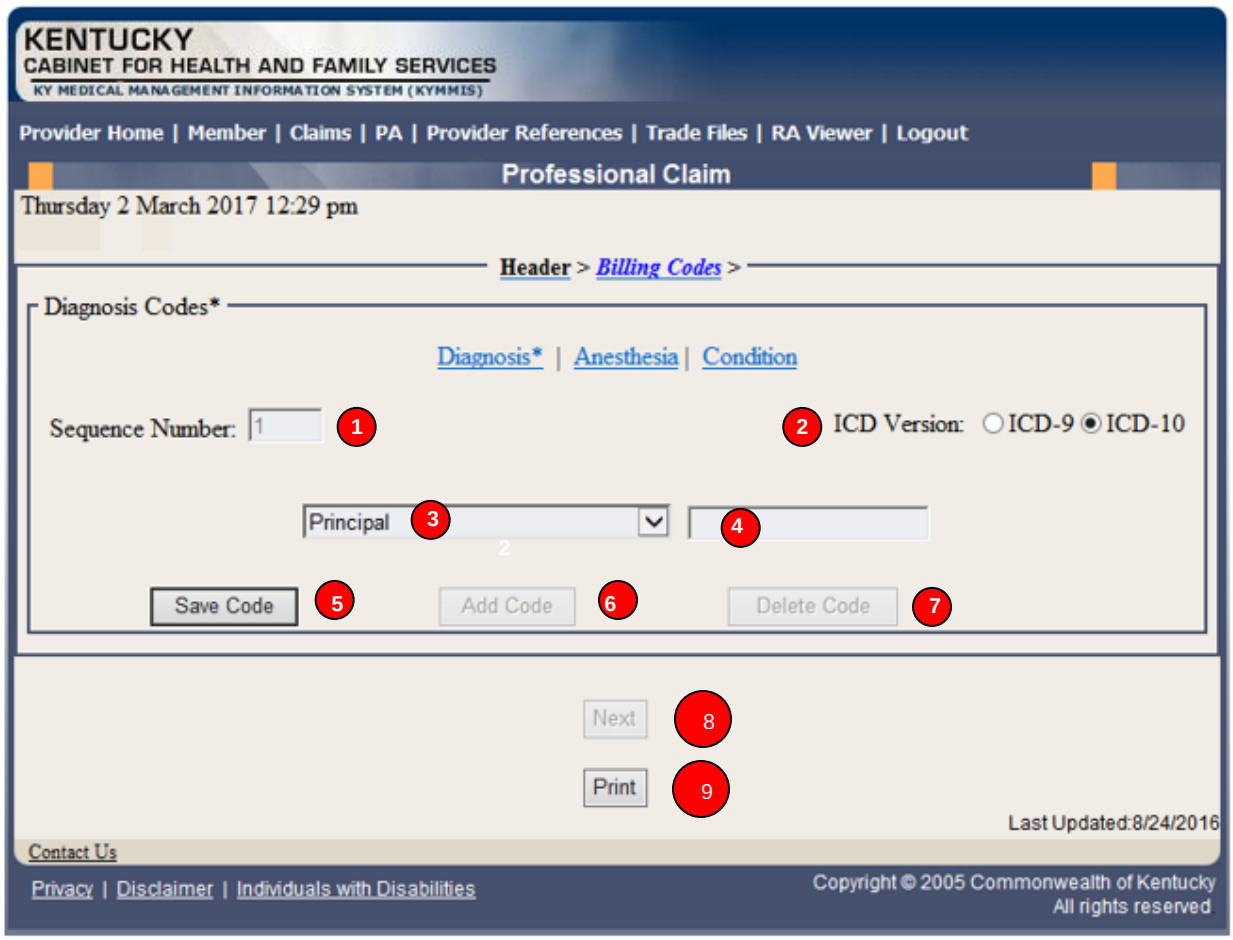
Field Number/ Menu Selection	Description
1	**Provider Number**
	NPI Number of billing provider (auto-populated).
2	**Member ID**
	Enter 10 digit Member's KY MEDICAID ID number.

3	**Last Name**
	Member's last name (auto-populated).
4	**First Name**
	Member's first name (auto-populated).
5	**Date of Birth**
	Member's date of birth (auto-populated).
6	**Gender**
	Member's gender (auto-populated).
7	**Patient Account Number**
	Patient's account number (optional).
8	**Referring Provider**
	Enter Referring provider NPI number.
9	**Prior Authorization**
	Enter Prior Authorization number or Treatment Authorization Number if applicable.
10	**Claim Type**
	Select the appropriate claim type in drop down box.
11	**From Date**
	Enter the first date of service.
12	**Thru Date**
	Enter the through date of service.
13	**Accident**
	Indicate whether accident related, Yes or No.
14	**Accident Date**
	Date of accident.
15	**EPSDT**
	Indicates an EPSDT related service (if applicable).

16	**Total Charges**
	Auto-populated from detail line charges.
17	**TPL Amount**
	Enter any amount paid by private insurance, not Medicare.
18	**Total Amount Paid**
	This is auto-populated after claim is adjudicated.
19	**Carrier Denied**
	Drop down for yes or no.
20	**Co-pay Amount**
	Will auto-populate after claim is adjudicated.
21	**Next**
	Advance to the diagnosis screen.
22	**Print**
	Allows user to print this screen.

11.2.3 Billing Code Screens – Diagnosis

Diagnosis codes for all claim services will be entered on this screen.

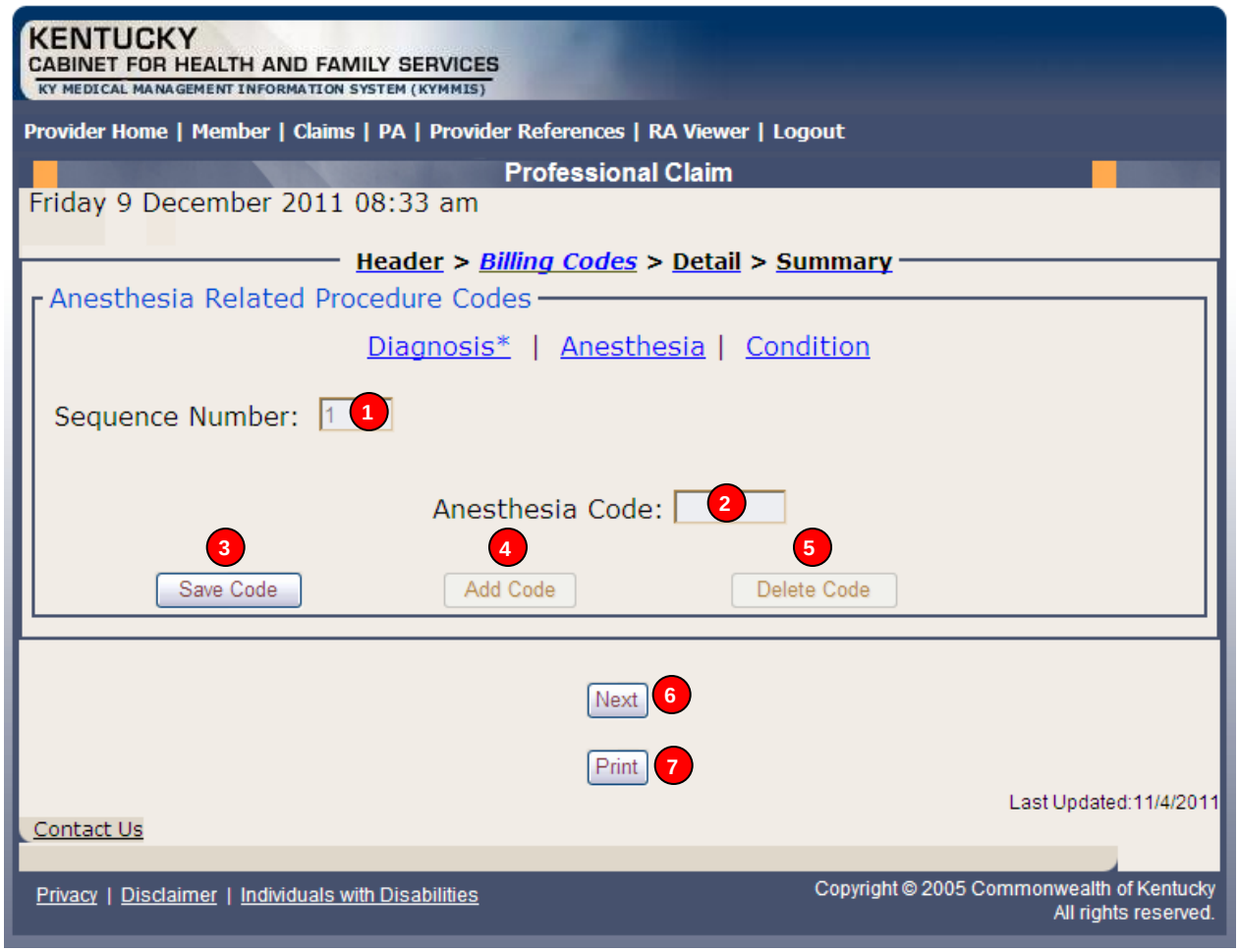


11.2.3.1 Professional Claim Diagnosis Screen Field Descriptions

Field#/Menu Selection	Description
1	**Sequence Number**
	The sequence number of the diagnosis. This field is auto-populated.
2	**ICD Version – Feature available with ICD-10 implementation**
	Select the appropriate ICD version
3	**Diagnosis (drop down)**
	Select the type of diagnosis (i.e. Principle, Other 1).

4	**Diagnosis Code**
	Enter the appropriate code for the member's diagnosis. (Do not enter Decimal in Diagnosis code).
5	**Save Code**
	Saves the diagnosis information on the claim. Must save to continue.
6	**Add Code**
	Allows the user to add an additional diagnosis code to the claim. Save code after each additional code added.
7	**Delete Code**
	Allows the user to remove a diagnosis code previously entered on the claim.
8	**Next**
	Advance to the next screen.
9	**Print**
	Allows user to print this screen.

11.2.4 Billing Code Screens – Anesthesia

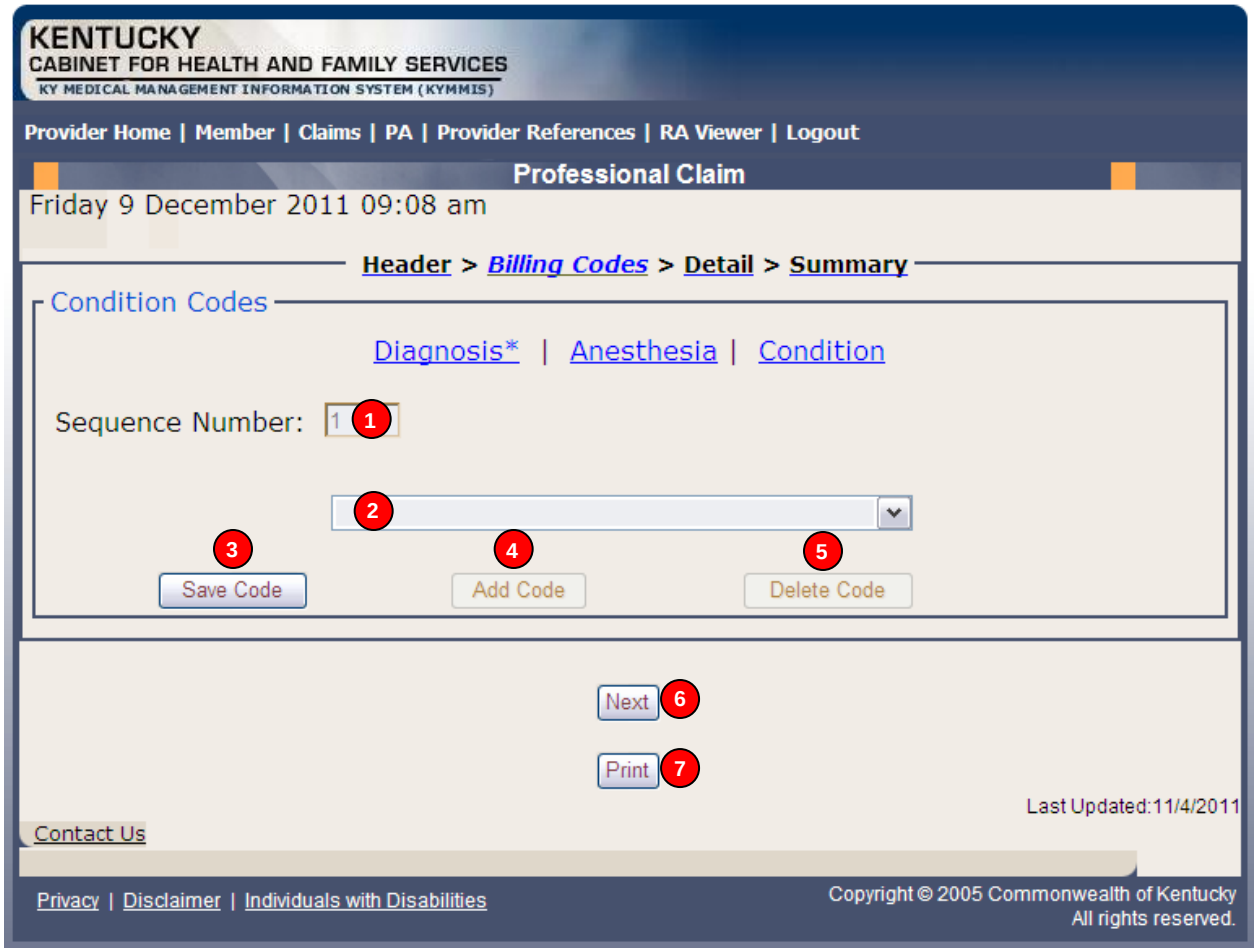


11.2.4.1 Professional Claim Anesthesia Screen Field Descriptions

Field #/Menu Selection	Description
1	**Sequence Number**
	The sequence number of the anesthesia. This field is auto-populated
2	**Anesthesia Code**
	Enter the appropriate code.
3	**Save Code**
	Saves the diagnosis information on the claim. Must save to continue.
4	**Add Code**
	Allows the user to add an additional diagnosis code to the claim. Save code after each additional code added.

5	**Delete Code**
	Allows the user to remove a diagnosis code previously entered on the claim.
6	**Next**
	Advance to the next screen.
7	**Print**
	Allows user to print this screen.

11.2.5 Billing Code Screens – Condition Code

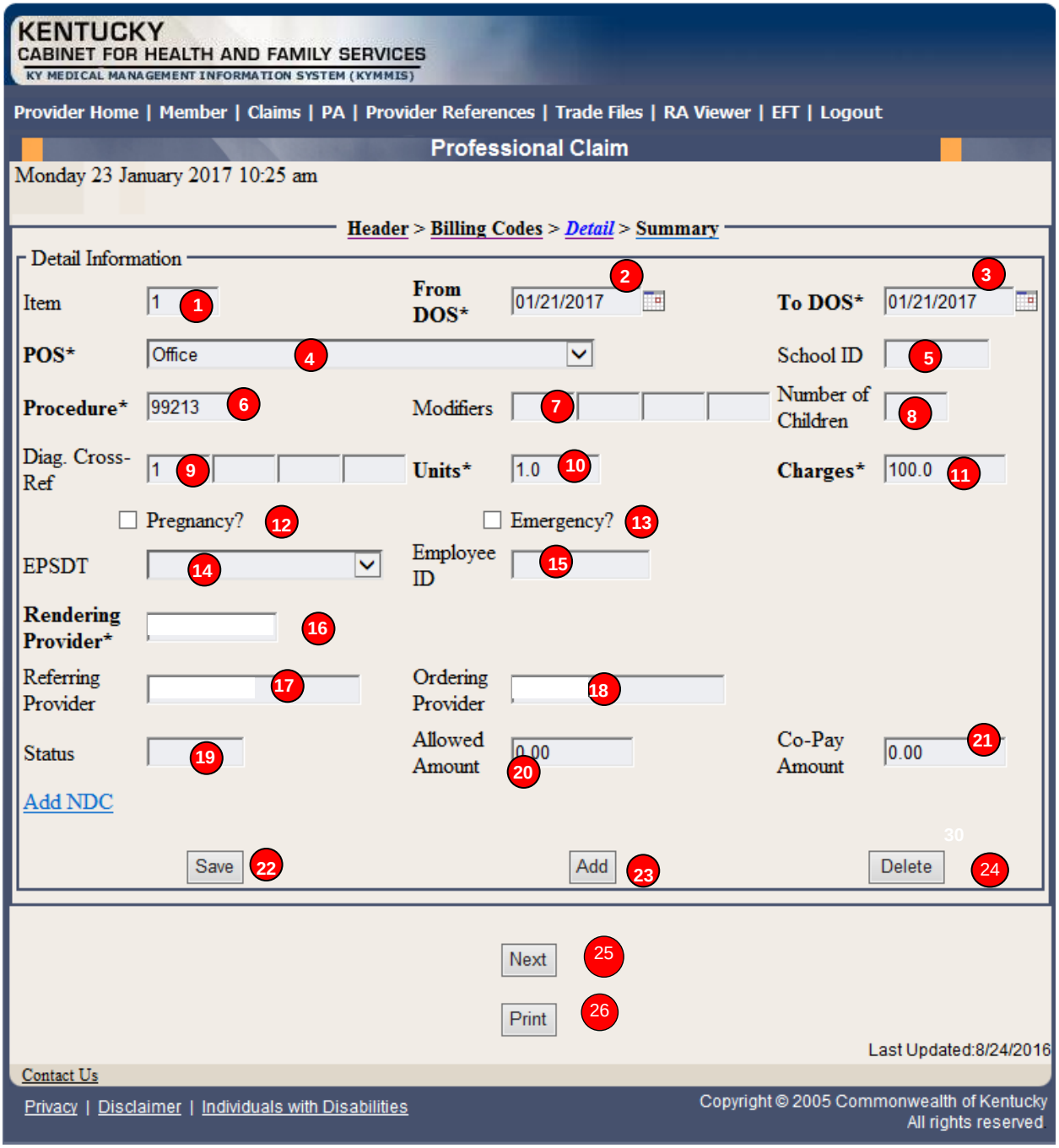


11.2.5.1 Professional Claim Condition Code Screen Field Descriptions

Field #/Menu Selection	Description
1	**Sequence Number**
	The sequence number of the condition. This field is auto-populated.
2	**Condition Code**
	Choose appropriate condition code.
3	**Save Code**
	Saves the diagnosis information on the claim. Must save to continue.
4	**Add Code**
	Allows the user to add an additional diagnosis code to the claim. Save code after each additional code added.

5	**Delete Code**
	Allows the user to remove a diagnosis code previously entered on the claim.
6	**Next**
	Advance to the next screen.
7	**Print**
	Allows user to print this screen.

11.2.6 Detail Screen



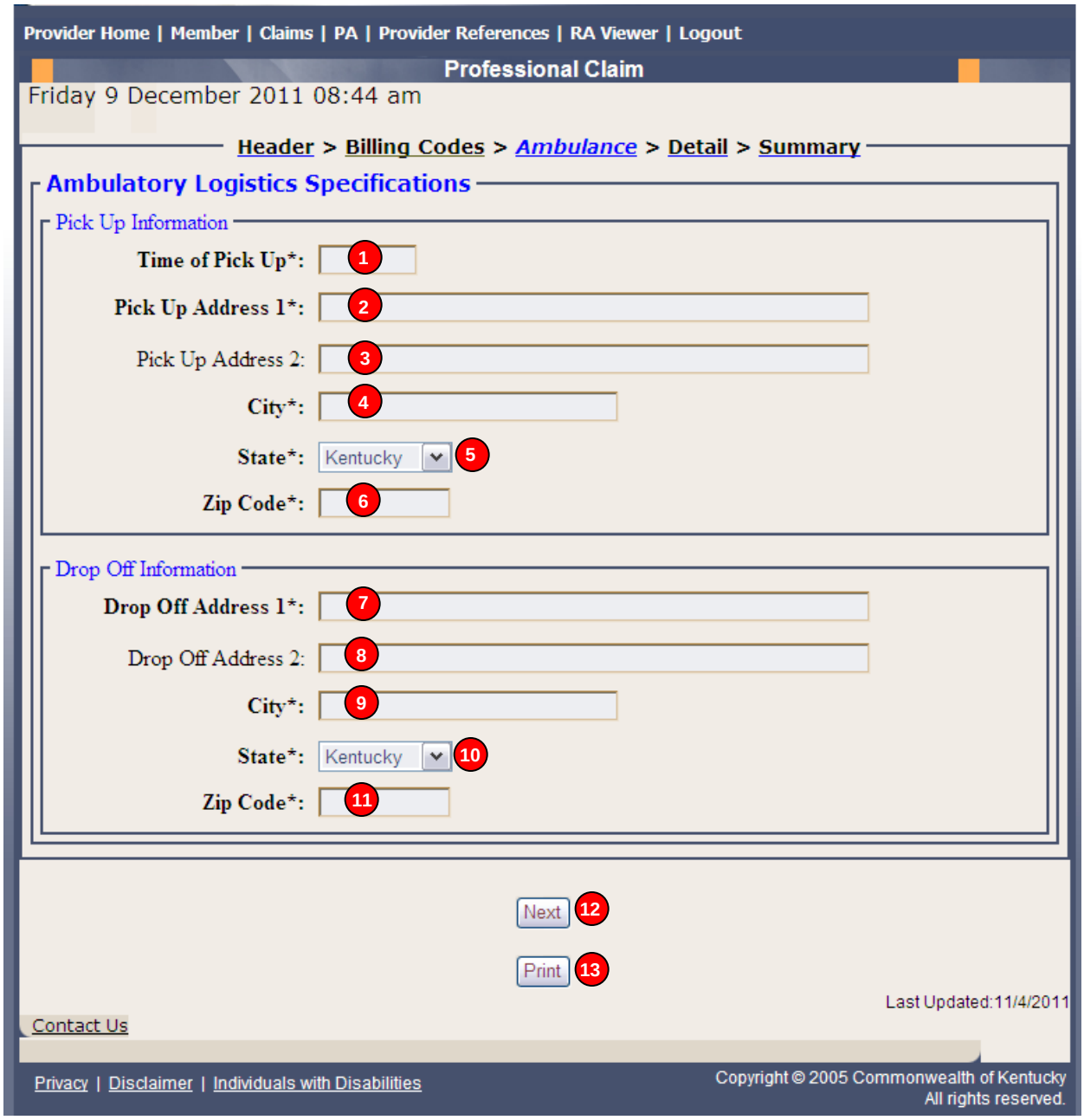
11.2.6.1 Professional Claim Detail Screen Field Descriptions

Field#/Menu Selection	Description
1	**Item**
	Line number of the detail. This field is auto-populated.

2	**From DOS**
	Enter the first date the services were provided. The * indicates that this field is required.
3	**To DOS**
	Enter the last date the services were provided. The * indicates that this field is required.
4	**POS**
	Select the appropriate place of service from the drop down box.
5	**School ID**
	Enter the Employee ID number, only if you are a School-based or Community Mental Health Provider.
6	**Procedure**
	Enter the code which represents the service provided.
7	**Modifiers**
	Enter the appropriate two digit modifier(s) which further describes the service performed.
8	**Number of Children**
	Enter the number of students when billing for a group service (School-based only).
9	**Diagnosis Cross Reference**
	Enter the one byte digit which refers to the diagnosis code line item which is primary to the procedure. This field must be entered or the claim will deny.
10	**Units**
	Enter the number of units (1 is default).
11	**Charges**
	Amount charged by the provider.
12	**Pregnancy**
	Check the box if service is related to pregnancy.
13	**Emergency**
	Check if service was an emergency.

14	**EPSDT**
	Choose the appropriate selection from the drop down if it is applicable to the procedure.
15	**Employee ID**
	Enter the Employee ID number (only if you are a School-based or Community Mental Health provider).
16	**Rendering Provider and taxonomy**
	Enter the NPI of the rendering provider. Enter taxonomy if applicable.
17	**Referring Provider**
	Enter the NPI of the referring provider.
18	**Ordering Provider**
	Enter the NPI of the ordering provider.
19	**Status**
	Status of the claim.
20	**Allowed Amount**
	The amount allowed by Kentucky Medicaid (paid claims only).
21	**Co-pay**
	The co-payment deducted from reimbursement. No information should be entered into this field.
22	**Save Detail**
	Saves the detail line on the claim.
23	**Add Detail**
	Allows user to add an additional detail line.
24	**Delete Detail**
	Allows user to remove the detail line previously entered.
25	**Next**
	Advance to the next screen.
26	**Print**
	Allows user to print this screen.

11.2.7 Detail Screen – Ambulance

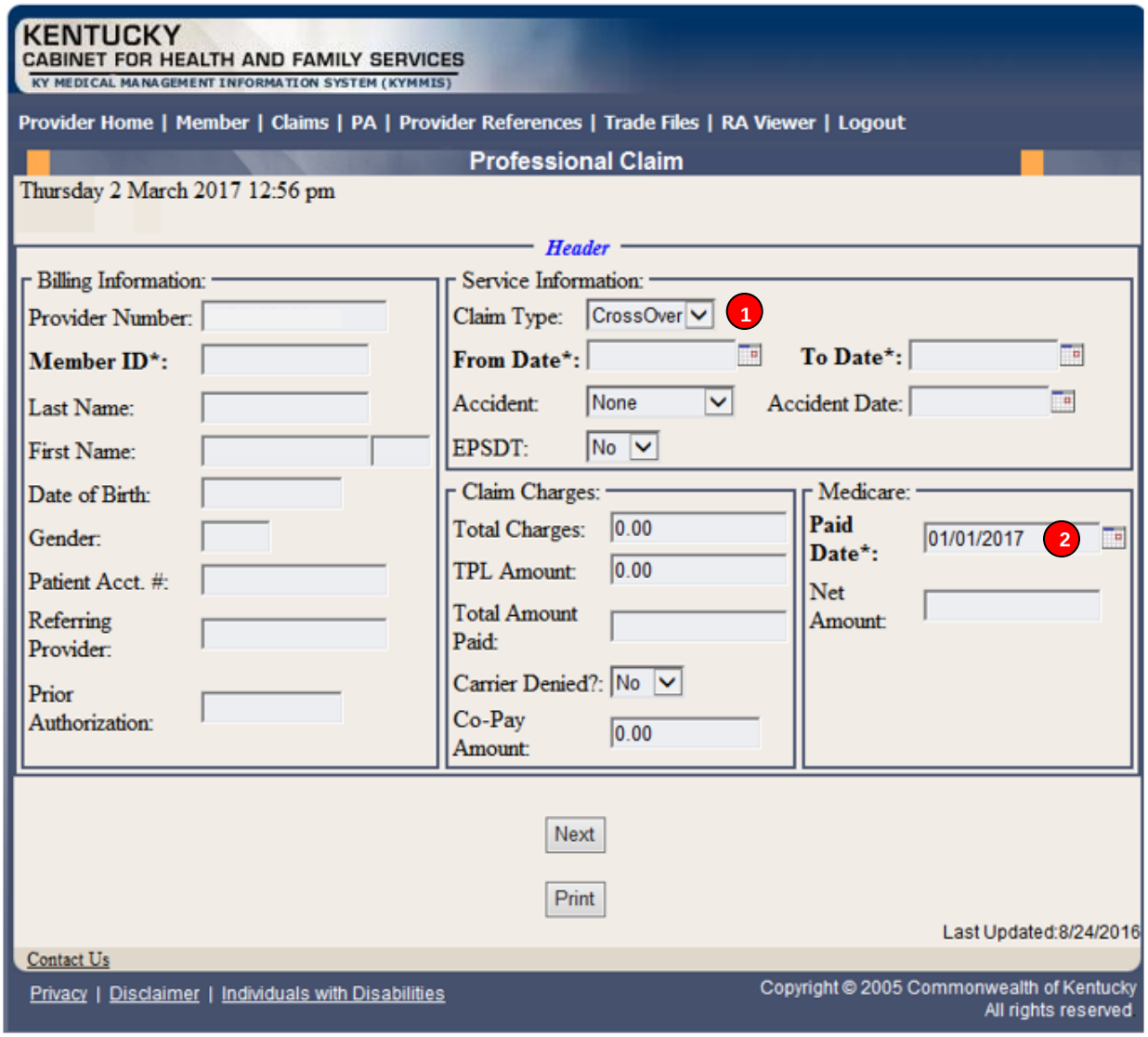


11.2.7.1 Professional Claim Ambulance Detail Screen Field Descriptions

Field#/Menu Selection	Description
1	**Time of Pick-Up**
	Enter the military time of pick-up.
2	**Pick-Up Address 1**
	Enter the physical address where the member was picked up.

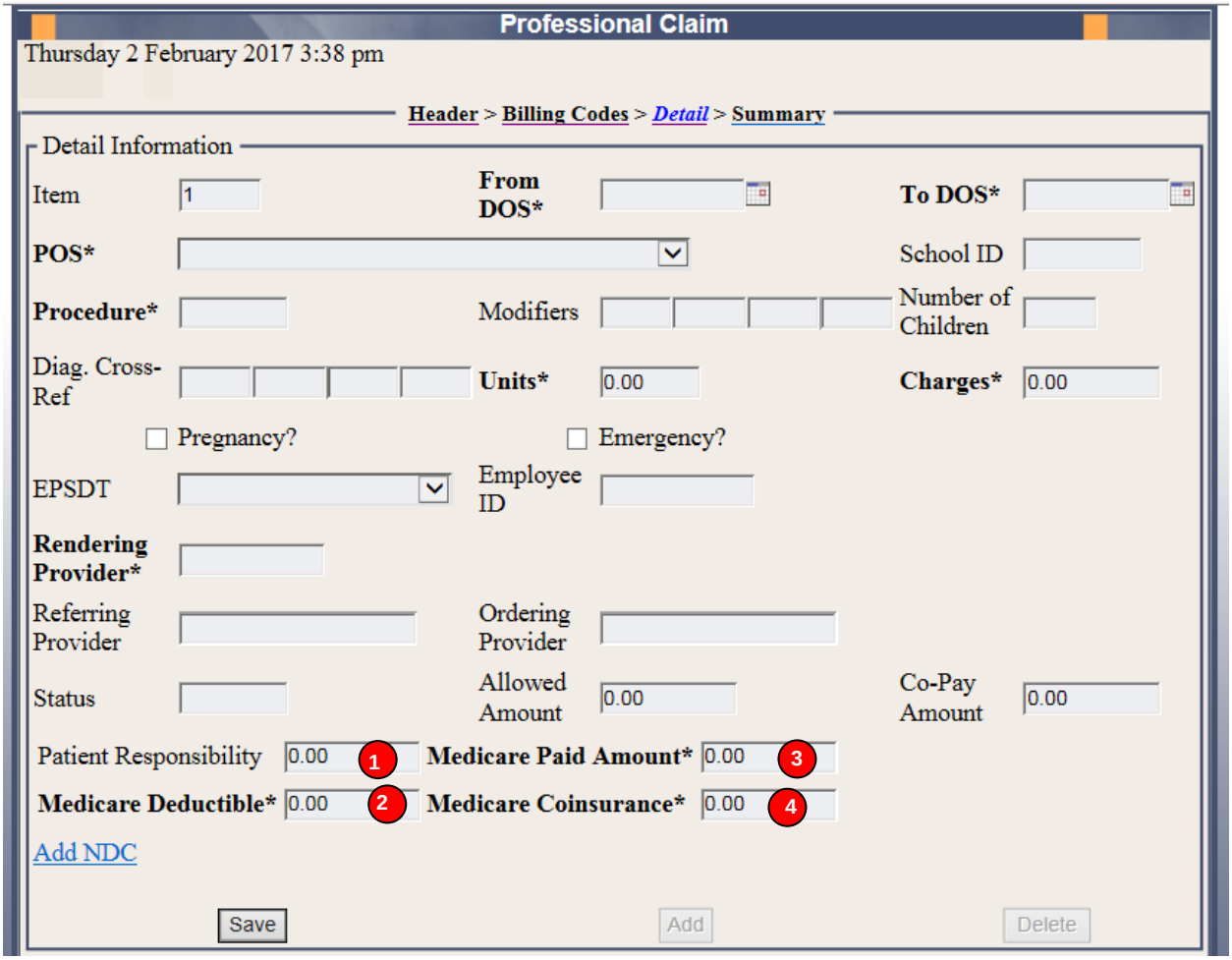
3	**Pick-Up Address 2**
	Enter the physical address where the member was picked up.
4	**City**
	Enter the city where the member was picked up.
5	**State**
	Enter the state where the member was picked up.
6	**Zip Code**
	Enter the zip code where the member was picked up.
7	**Drop-Off Address 1**
	Enter the physical address where the member was dropped off.
8	**Drop-Off Address 2**
	Enter the physical address where the member was dropped off.
9	**City**
	Enter the city where the member was dropped off.
10	**State**
	Enter the state where the member was dropped off.
11	**Zip Code**
	Enter the zip code where the member was dropped off.
12	**Next**
	Advance to the next screen.
13	**Print**
	Allows user to print this screen.

11.2.8 Special Instructions for Submitting a Medicare Primary Claim



11.2.8.1 Medicare Crossover Header Field Descriptions

Field#/Menu Selection	Description
1	**Claim Type**
	Select Crossover from the drop down box when Medicare is primary.
2	**Paid Date**
	Enter the Medicare paid date from the Medicare EOMB.

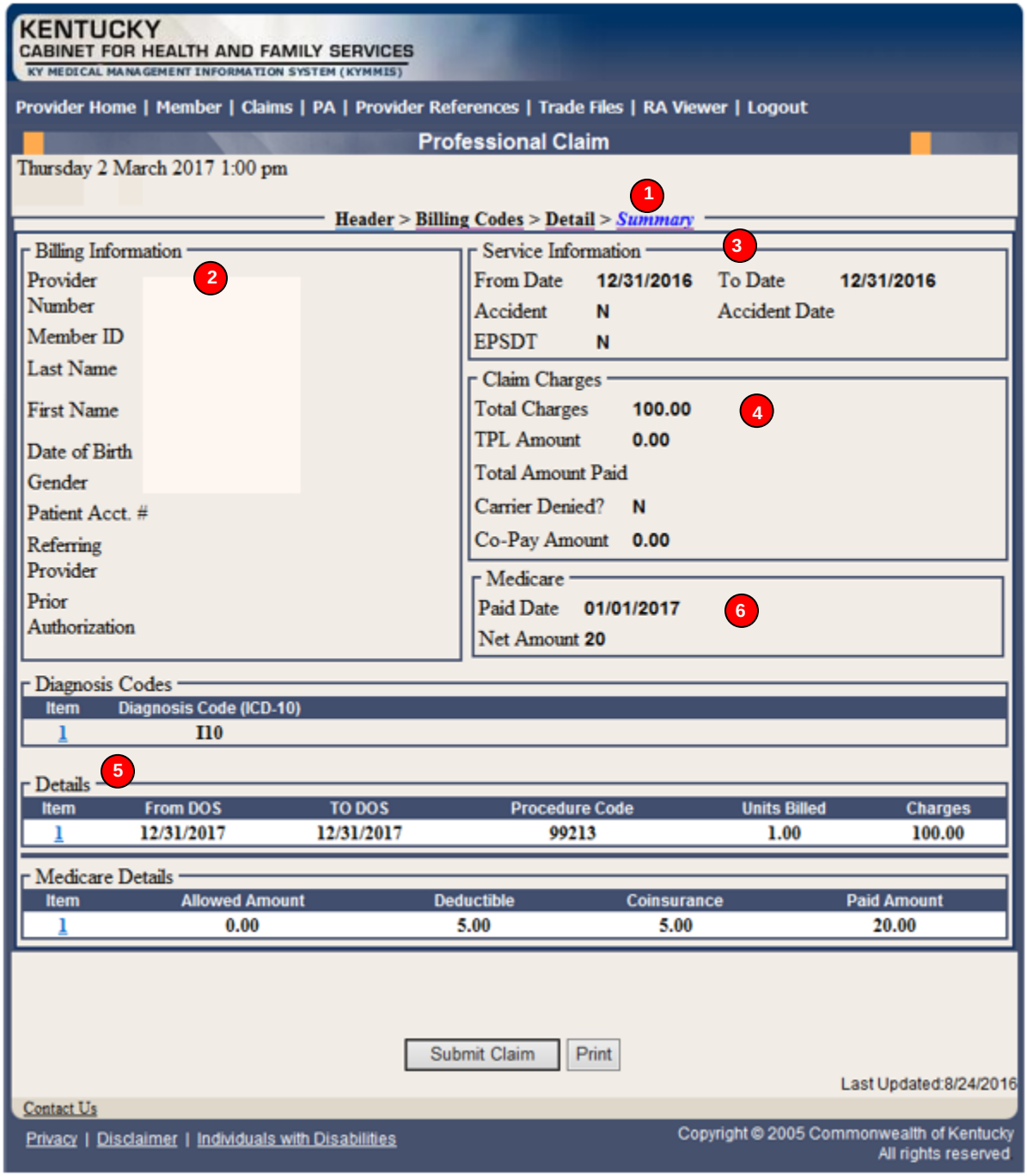


11.2.8.2 Medicare Crossover Detail Field Descriptions

Field#/Menu Selection	Description
1	**Patient Responsibility**
	Enter the Patient Responsibility amount from the Medicare EOMB.
2	**Medicare Deductible**
	Enter the Deductible from the Medicare EOMB if applicable.
3	**Medicare Paid Amount**
	Enter the Paid Amount from the Medicare EOMB.
4	**Medicare Coinsurance**
	Enter the Medicare Coinsurance from Medicare EOMB if applicable.

11.2.9 Summary Screens

The summary screen allows the user to verity the data entered.



11.2.9.1 Summary Screen Field Descriptions

Field#/Menu Selection	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	**Medicare Details**
	Identifies these sections as the “Medicare Details” section of the Summary screen. (Click on the Detail number to return to that detail).

11.3 Adjust or Void Claim Screen

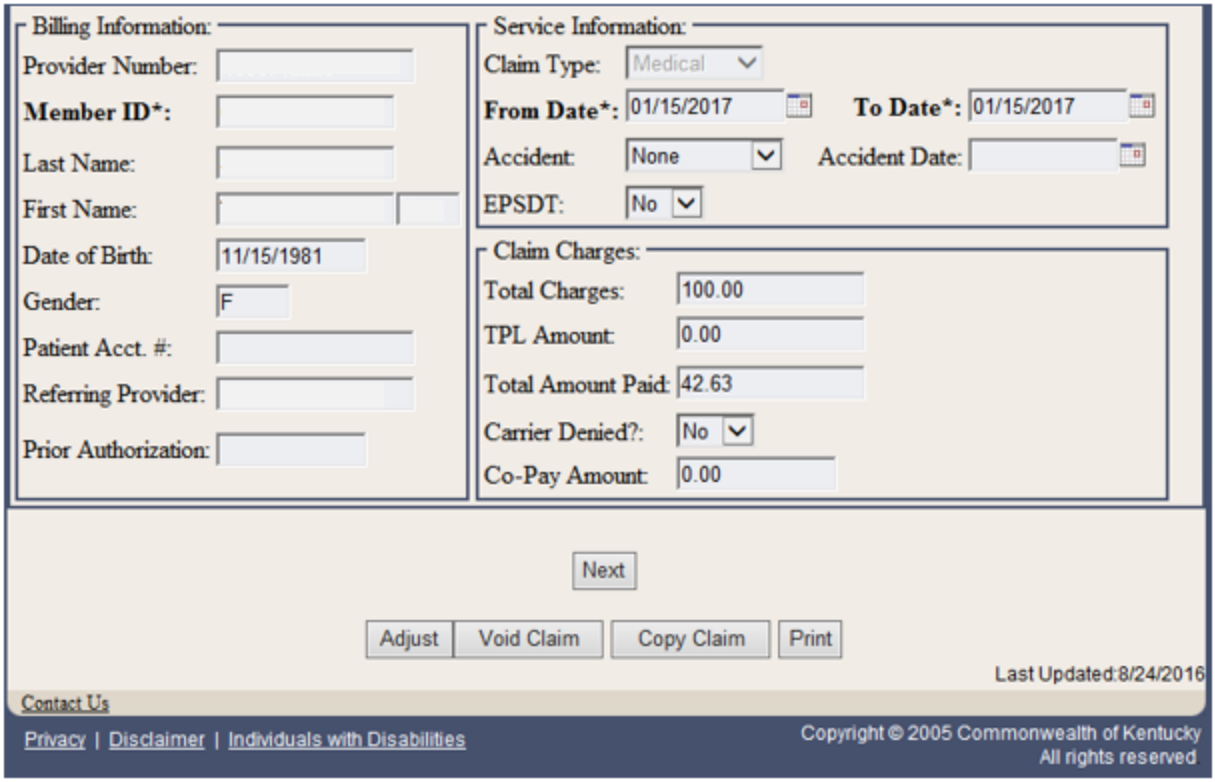
To ADJUST a paid claim:

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.



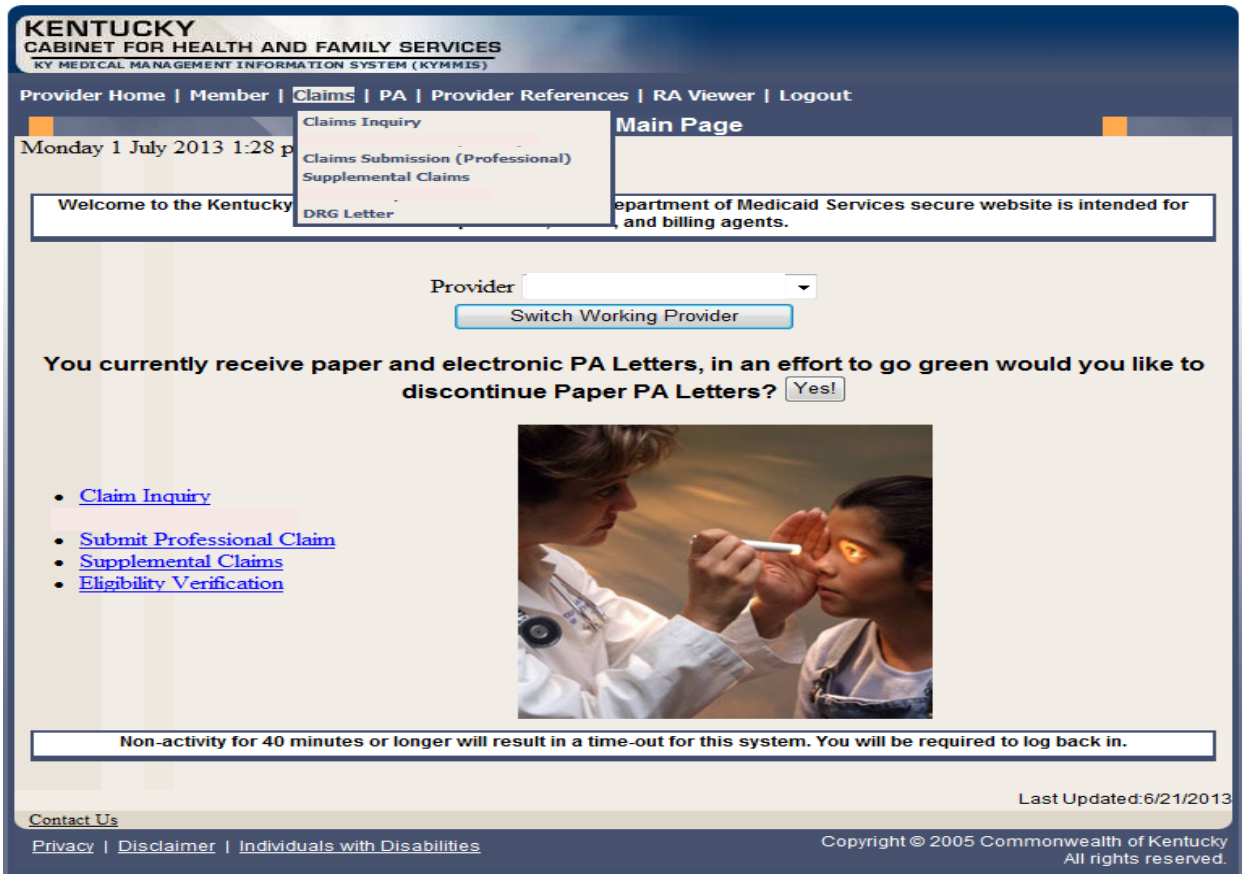
11.3.1 Adjust/Void Field Descriptions

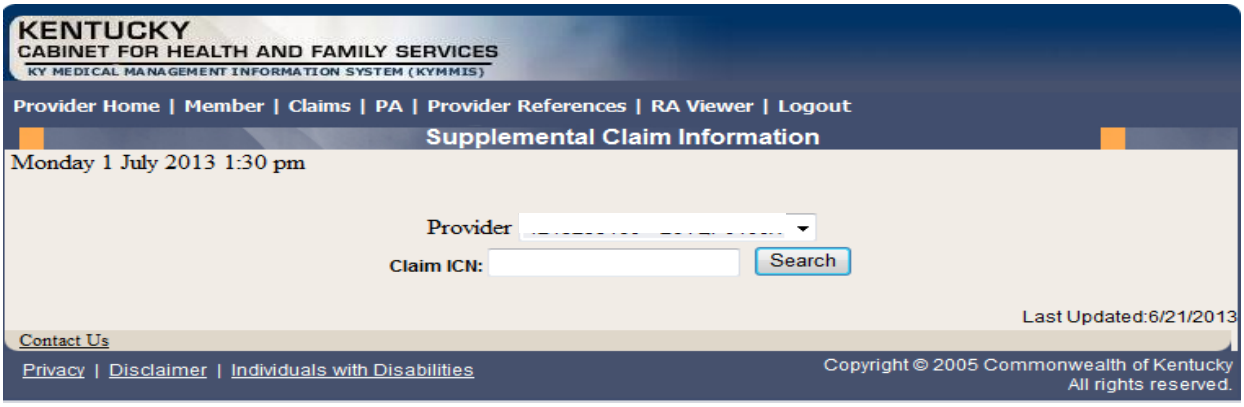
Field#/Menu Selection	Description
1	**Next**
	Will navigate the user through the claim.
2	**Adjust**
	To adjust a paid claim make the correction and click save when a save button is available.
3	**Void Claim**
	To reverse a paid claim click on Void.
4	**Print**
	Allows user to print this screen.

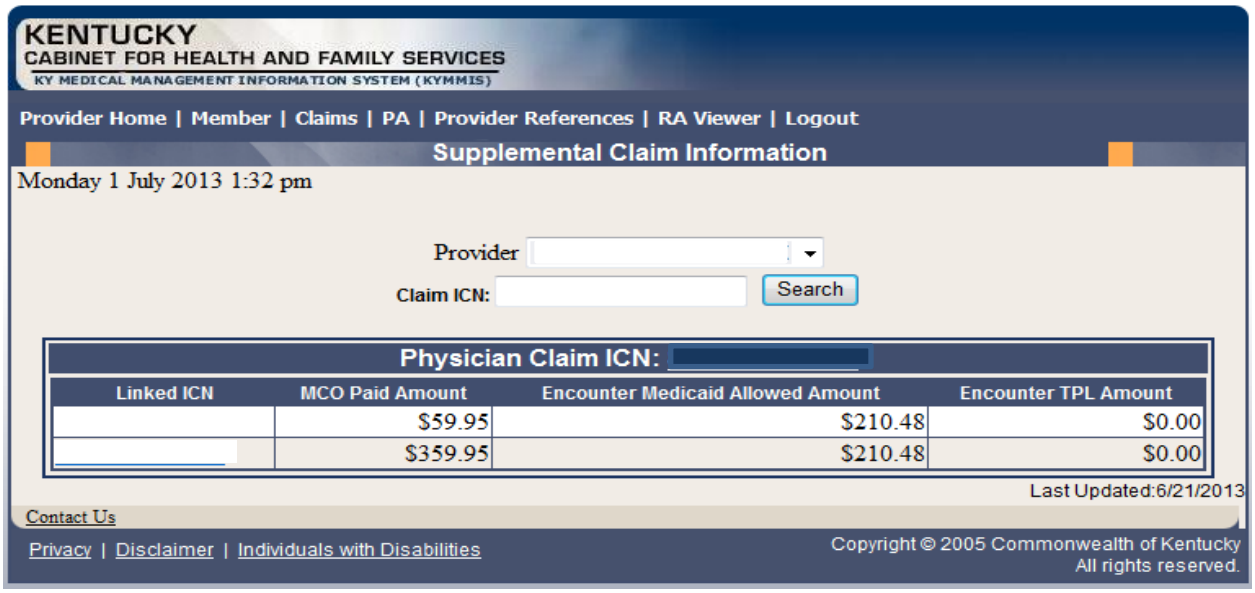
12 Supplemental Claims

12.1 The Supplemental Claims display of encounter data

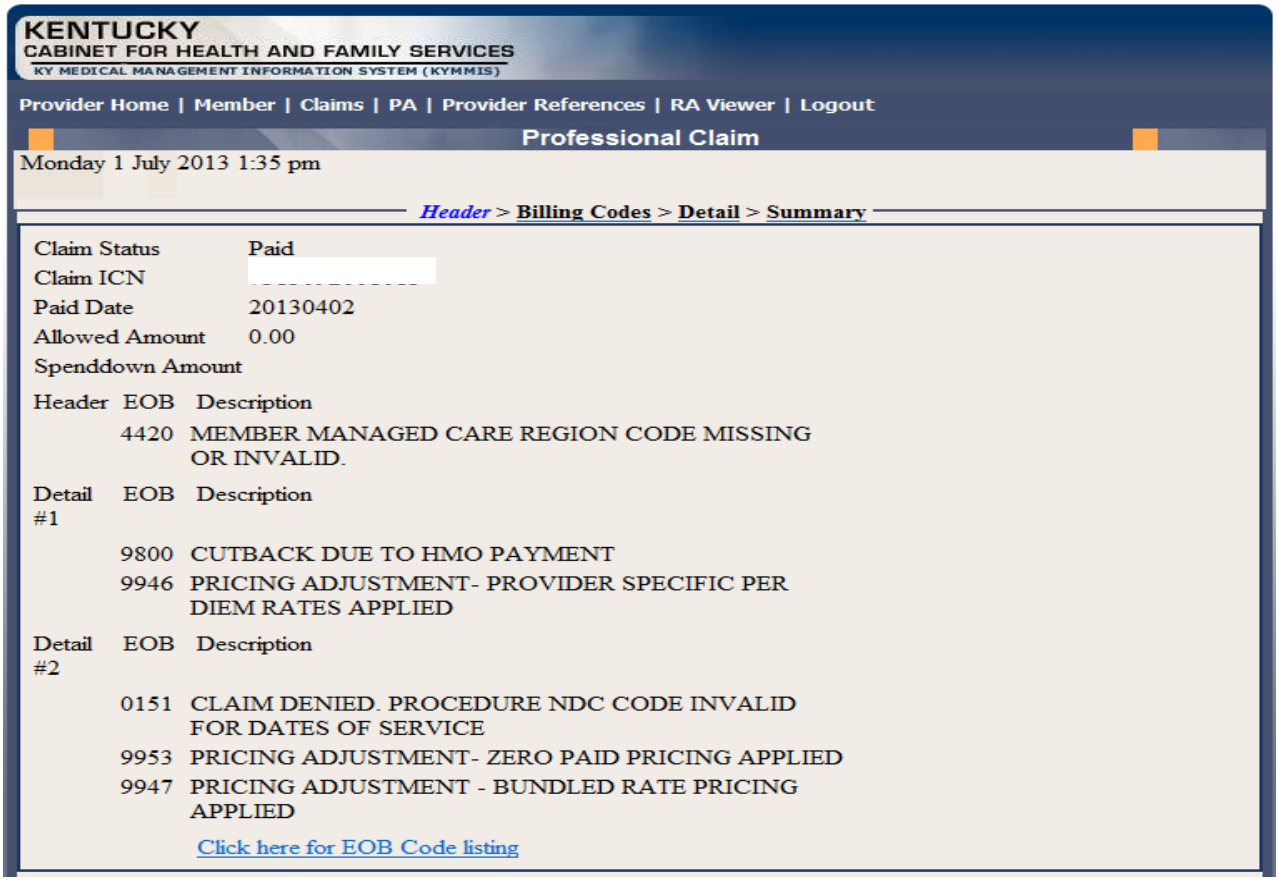
The Supplemental Claims page allows Primary Care Center (provider type 31) and Rural Health Center (provider type 35) providers to view additional supplemental claim data. The page will display the encounter or encounters that generated the supplemental claim along with the MCO Paid Amount, Calculated 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.

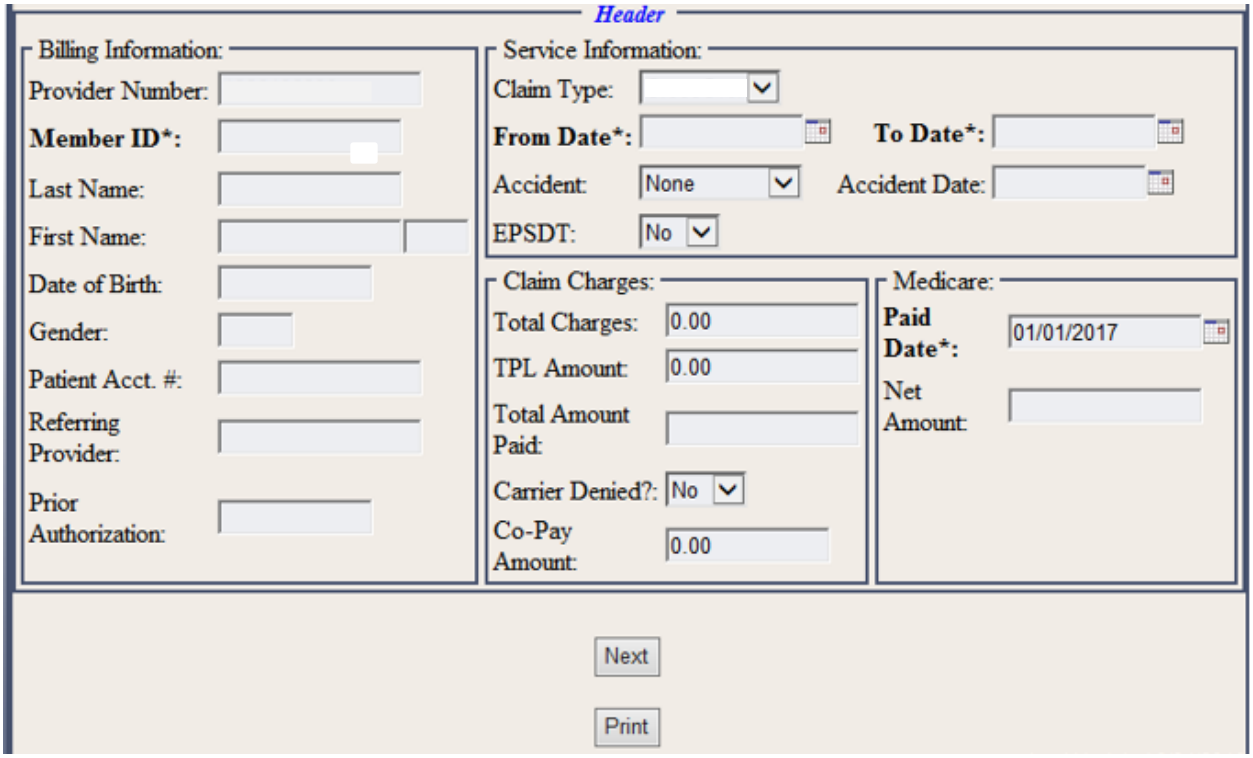






The new Supplemental Claims panel will allow the provider to click on each encounter ICN and it will pull up the matching encounter in KYHealth Net so that they can see additional data from the encounter. Please note these are the standard KYHealth Net claims panels and nothing has been changed/added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



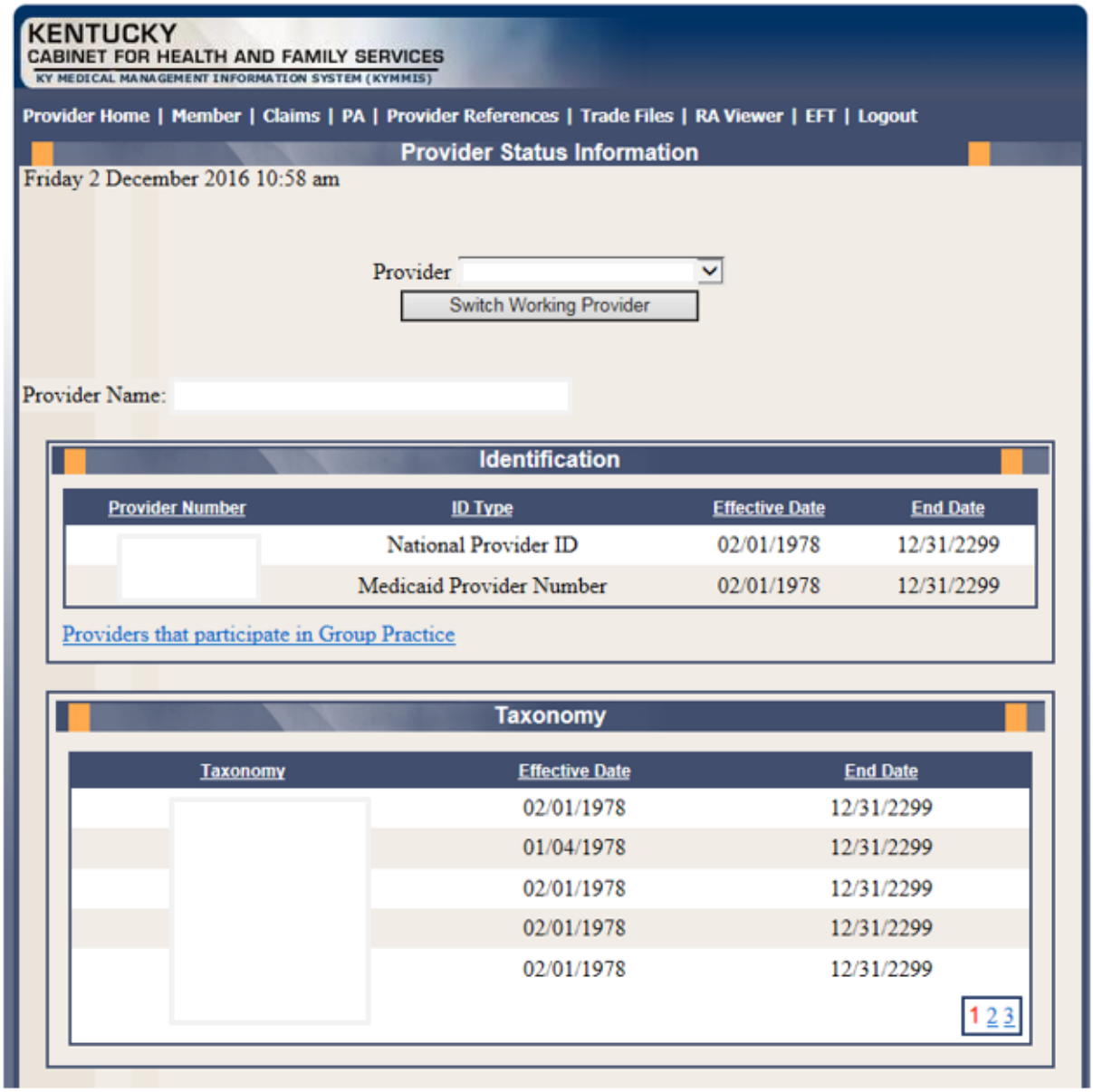

Header
Billing Information:
Provider Number:
Member ID*:
Last Name:
First Name:
Date of Birth:
Gender:
Patient Acct. #:
Referring Provider:
Prior Authorization:
Service Information:
Claim Type:
From Date*:
To Date*:
Accident:
None
Accident Date:
EPSDT:
No
Claim Charges:
Total Charges:
0.00
TPL Amount:
0.00
Total Amount Paid:
Carrier Denied?:
No
Co-Pay Amount:
0.00
Medicare:
Paid Date*:
01/01/2017
Net Amount:
Next
Print

13 Provider Status

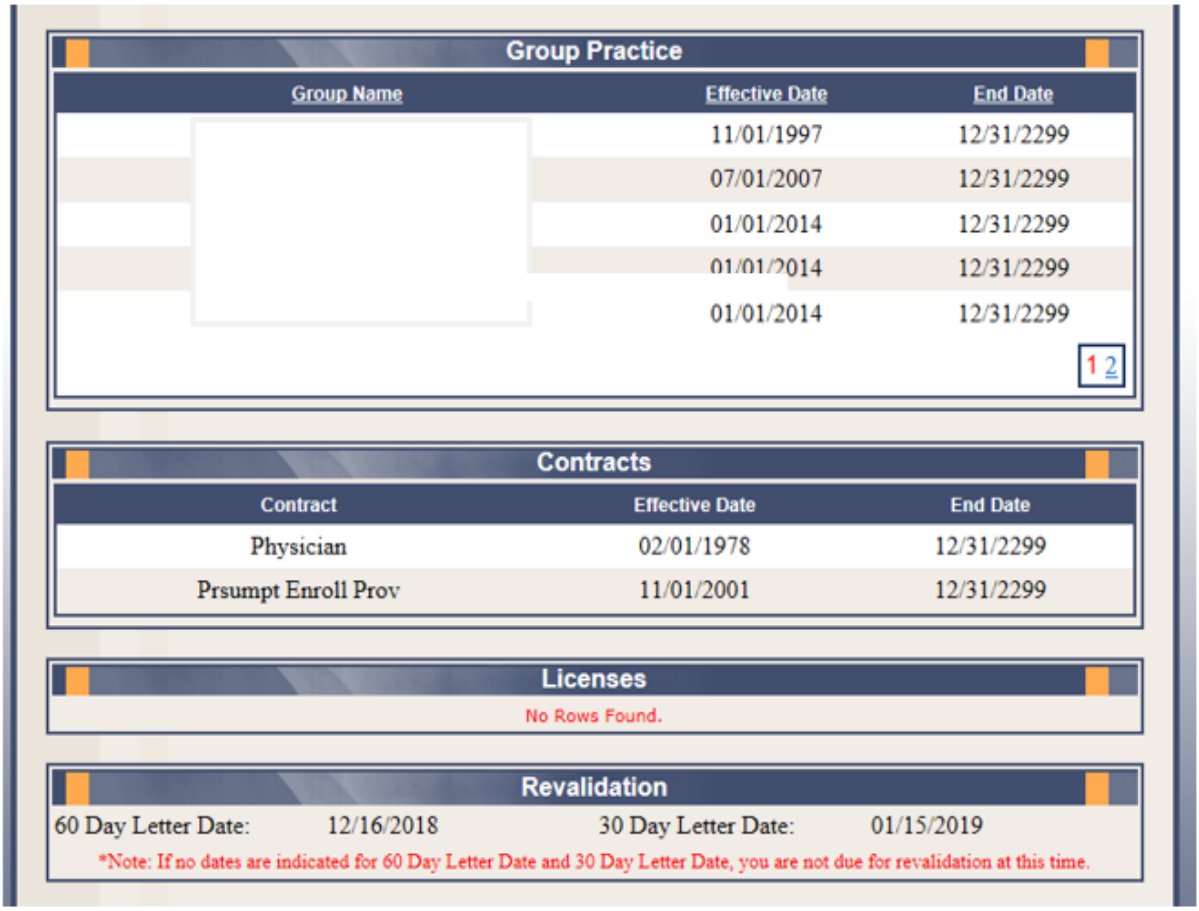
13.1 The Provider Status Information

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
-



- 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

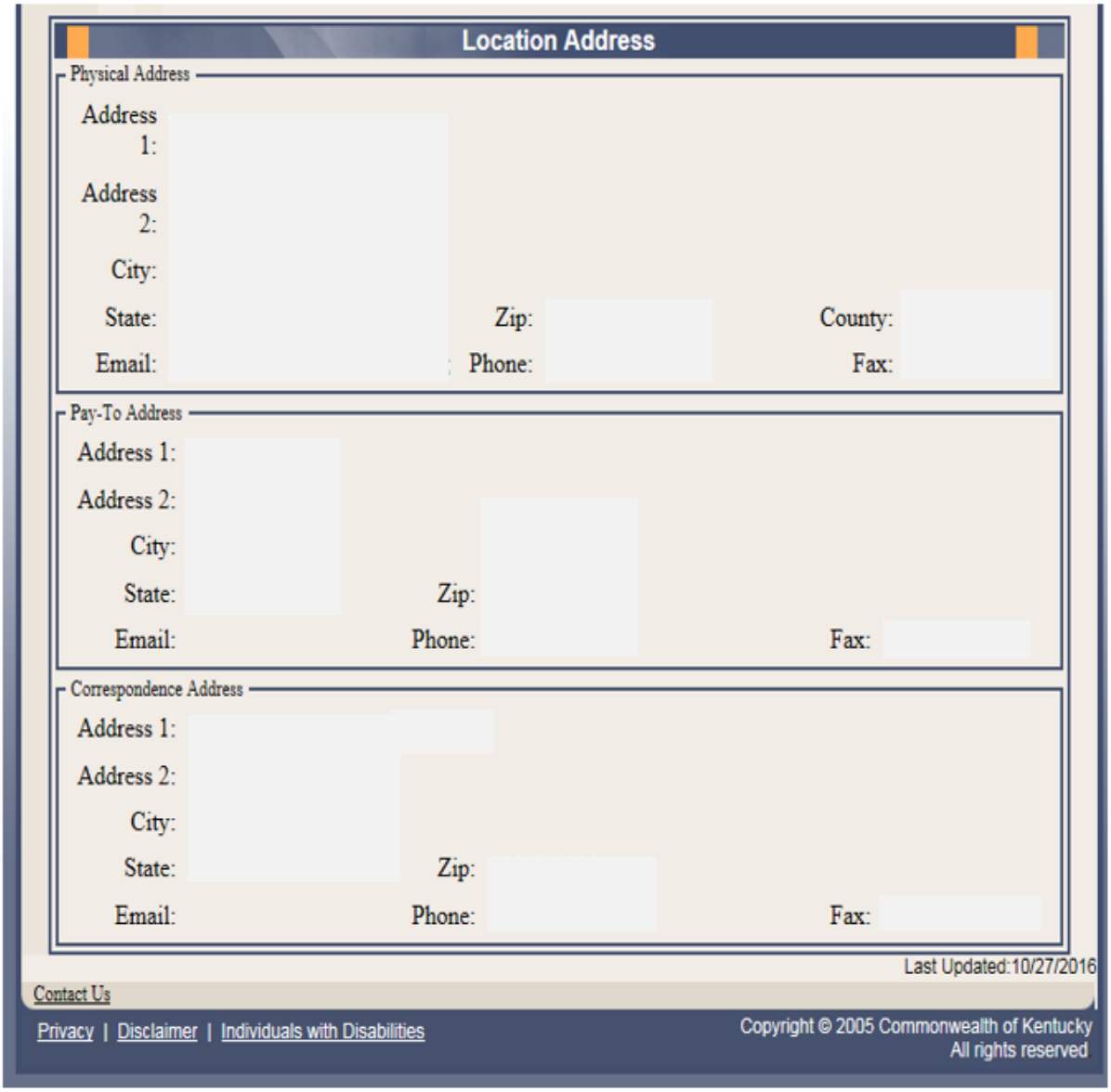
No Rows Found.

Revalidation

60 Day Letter Date: 12/16/2018 30 Day Letter Date: 01/15/2019

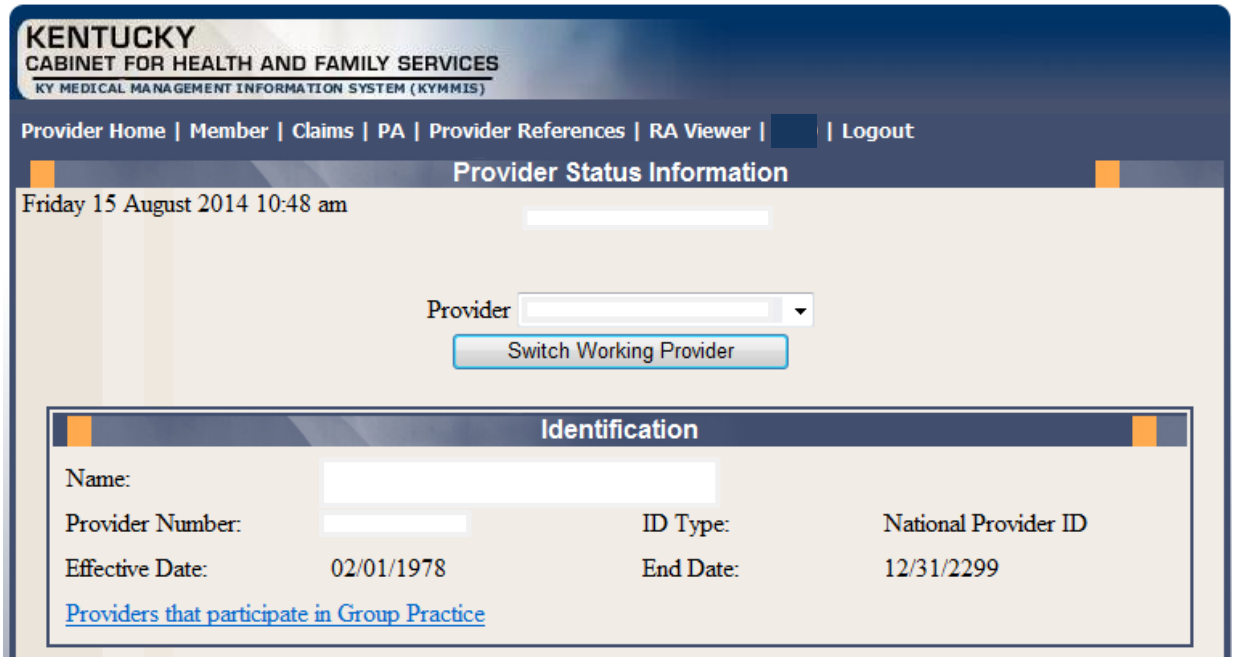
*Note: If no dates are indicated for 60 Day Letter Date and 30 Day Letter Date, you are not due for revalidation at this time.

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

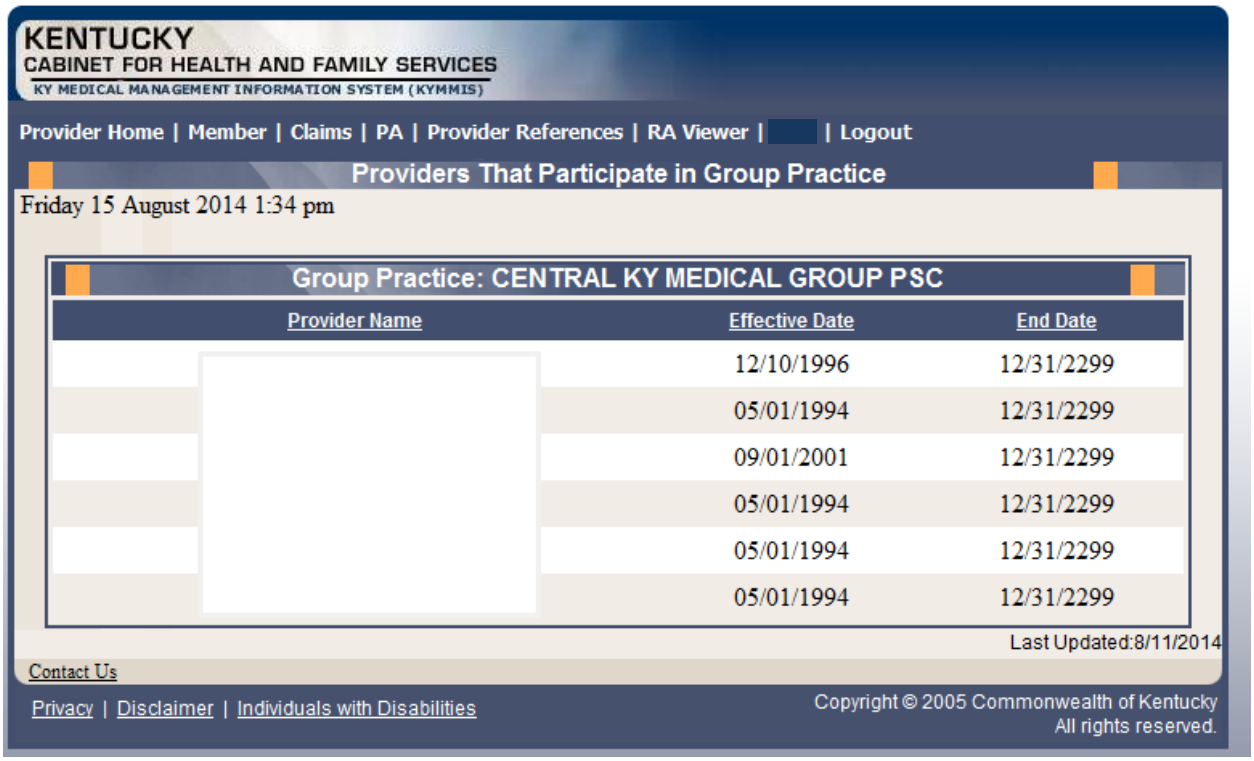


13.2 Provider Group Practice Hyperlink

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



Appendix A:

13.2.1 Forms

Website 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.

13.2.2 Billing Instructions

www.kymmis.com

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