



CABINET FOR HEALTH
AND FAMILY SERVICES

**Commonwealth of Kentucky
KY Medicaid**

**KYHealthNet Dental
User Manual**

Version 4.6

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1 Introduction

1.1 What is MEUPS?

MEUPS is an acronym for the Medicaid Enterprise User Provisioning System. It is a single sign-on system that allows users to access multiple applications via a single username and password. What that means to Kentucky Medicaid Providers is that you can manage your own account, as well as any agent account which you have granted access. You will not see the word *MEUPS* on your screen, but you may hear someone refer to your MEUPS account. It is the same thing as your KYHealth Choices account.

1.2 How Do I Use this System?

When you log in, you will see the KYHealth Choices Home Page and any applications available to you, including Account Management, Authorization Request, KYHealthNet, and EMAX on your menu.

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
KYHealthNet	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 Personal Identification Number (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 is not the Provider Administrator. In other words, the Billing Agent may submit claims on behalf of the Provider, but only if 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 (PIN) 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.

1.5.1 Creating a New Provider User Account for KYHealthNet

The user creating the KYHealthNet 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.

1.5.2 How to Obtain a PIN Number

1. Go to the KY Medicaid Website, www.kymmis.com.
2. Click **Electronic Claims**.
3. Click **EDI Forms**.
4. Click **PIN Release Form**.
5. Complete the attached PIN Release form and return it 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: 502-209-3200
 - b. E-mail your form to: KY_EDH_Helpdesk@dxc.com

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

The PIN release email example is below:

From: Jane.doe@dxc.com
Sent: Monday, August 9, 2019 10:30 AM
To: Daisy.Duck@anywhere.com
Subject: KY Medicaid PIN release request

To create a KYHealthNet account, use the following information:

Provider ID = XXXXXXXXXX

PIN # = XXXXXXXXX

To create a KYHealthNet 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 Account Management, Change my password.

In the future you can do the following: If the account user password is expired, click the '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_EDH_Helpdesk@dxc.com.

1.5.3 Using the PIN to Create a New Account

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

Create New Account

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

Provider ID	
PIN	
<input type="button" value="Sign In"/>	

KyHealth Choices
Account Migration

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A User Agreement to Terms of Service window will display.

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

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.

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"/>

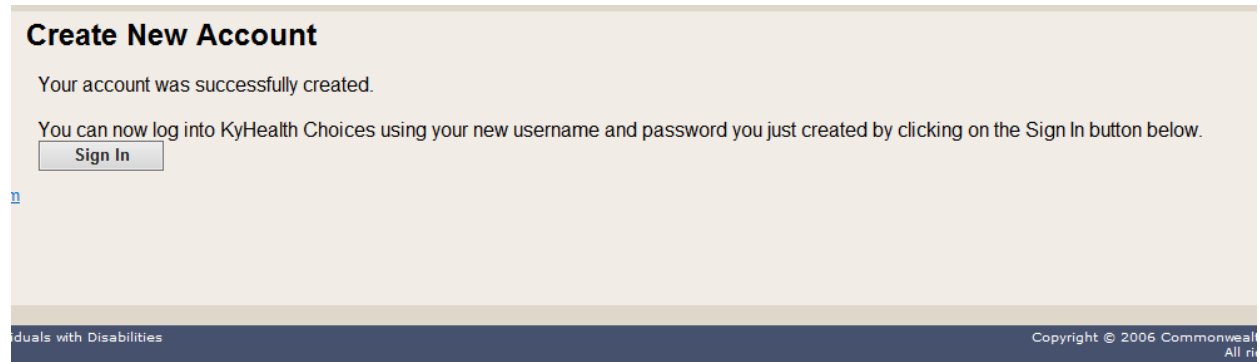
Username	<input type="text"/>
Password	<input type="password"/>
Password (verify)	<input type="password"/>

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)"/>
Answer	<input type="text"/>

* Indicates required field.

The **Your account was successfully created** window will display.



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.

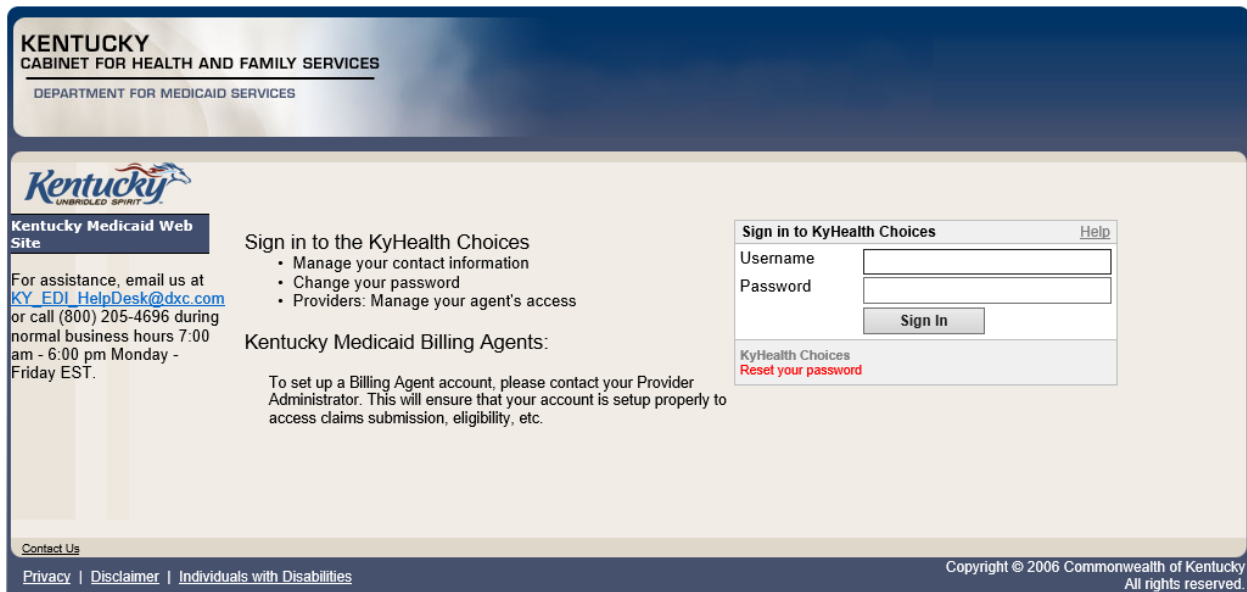
[»](#)

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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.



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

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Sign in to the KyHealth Choices

- Manage your contact information
- Change your password
- Providers: Manage your agent's access

Kentucky Medicaid Billing Agents:

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.

Sign in to KyHealth Choices [Help](#)

Username

Password

KyHealth Choices
[Reset your password](#)

2.2 Accessing User Applications

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

1. Click **Account Management** under **Application**.

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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/

The **Account Management** screen displays.

The functionality available is:	
Account Home	Click and return to the home page (Admin and Agent).
My Information	Allows the user to update the 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 the user to change the current password (Admin and Agent).
Add Agent	Allows the provider administrator to add agents.

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Close Application

Account Home My Information Change Password View Agent Roles Add Agent

Account Home

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Good morning Jane Doe.

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

Jane Doe
janedoe@janedoe.com

Last Accessed: 10/24/2019 11:27:55 AM
Last Password Change: 10/24/2019 11:27:55 AM
Your password will expire in 30 days.

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2. Click the **My Information** button and the following screen displays.
3. Scroll down to the **Security Question & Answer** section.
4. Review current security question/answer or select a new security question and enter an answer.
5. Click **Save** to record any changes.

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Close Application

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 Jane
Middle Name
Last Name Doe

Contact

Address Line 1
Address Line 2
City
State
Zip Code

Phone Number

E-Mail Address janedoe@janedoe.com

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

Cancel Save

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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 the **Change Password** button.
2. Complete the form.
3. Click the **Change Password** button.

The screenshot shows the 'Change Password' form on the Kentucky Cabinet for Health and Family Services website. The page has a blue header with the Kentucky logo and navigation tabs for 'Account Home', 'My Information', and 'Change Password'. The main content area is titled 'Change Password' and contains instructions: 'Fill out the form below to change your password. A password must be at least 8 characters in length and contain at least one of each: uppercase letter, lowercase letter, numeric digit, and special character (eg. ~!@#%, etc.)'. It also lists additional rules: 'Also, passwords can: be no more than 12 characters, not be repeated'. The form includes three input fields: 'Old Password', 'New Password', and 'New Password (verify)'. Below the fields are 'Cancel' and 'Change Password' buttons. A 'Close Application' button is in the top right corner. The footer contains 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2007 Commonwealth of Kentucky All rights reserved.'

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Close Application

Account Home My Information **Change Password**

Change Password

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

Fill out the form below to change your password.
A password must be at least 8 characters in length and contain at least one of each:

- uppercase letter
- lowercase letter
- numeric digit
- special character (eg. ~!@#%, etc.)

Also, passwords can:

- be no more than 12 characters
- not be repeated

Old Password

New Password

New Password (verify)

Cancel Change Password

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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, 2019 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 EDI helpdesk at [KY EDI HelpDesk@dxc.com](mailto:KY_EDH_HelpDesk@dxc.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, 2019 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 2019 1:30PM	Account access has been reinstated
Aug 18 2019 1:32PM	Password changed

Please contact the EDI helpdesk at [KY EDI HelpDesk@dxc.com](mailto:KY_EDH_HelpDesk@dxc.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.

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Account Home | My Information | Change Password | **View Agent Roles** | Add Agent

View Agent Roles

Use this screen to manage the roles for your agents.

To edit the user's permissions, select the user by browsing below.

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 Agent button above.

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.

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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.

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Account Home | My Information | Change Password | View Agent Roles | **Add Agent**

Add Agent

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.

Search

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.

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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 the **Add & Manage Agent** button.

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Account Home My Information Change Password View Agent Roles Add Agent

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

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.

Search Search criteria is required.

An agent with the email address you specified was not found in the system. Please verify that the address is correct.

Fill out the fields below with the agent's information to create a new agent account in the system.

Email Address

Email Address (verify)

First Name

Last Name

Username

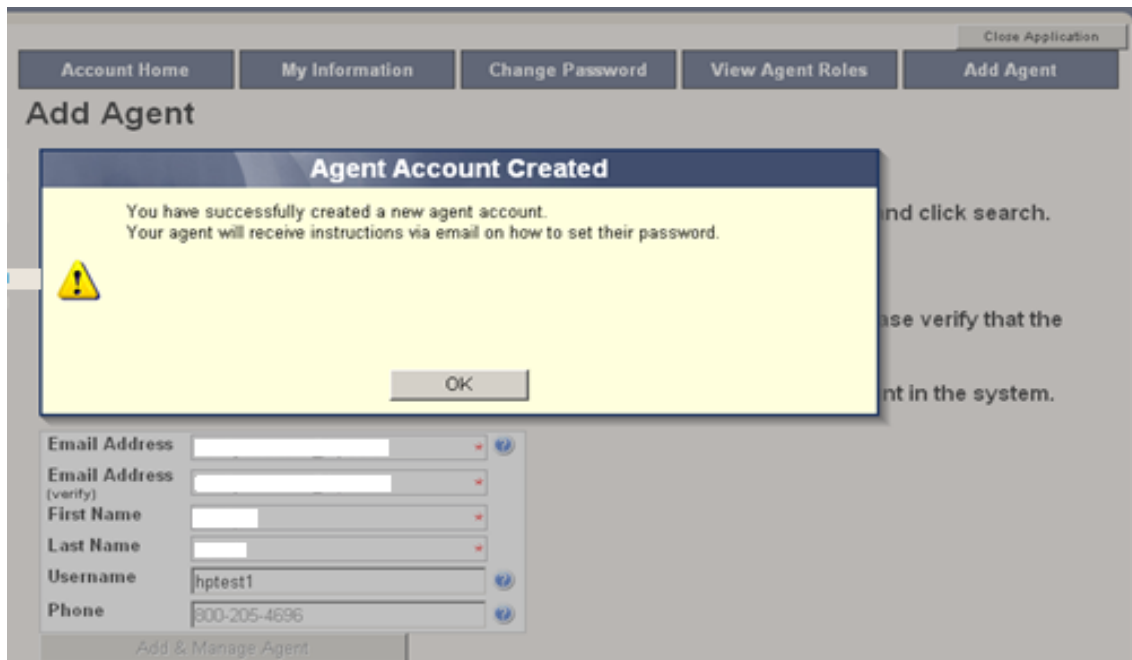
Phone

Add & Manage Agent

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- The **Agent Account Created** window appears.



- The user will receive an email as shown below.

Automated MEUPS email example:

From: MEUPS Automated Mailer [mailto:MEUPS_DoNotReply@email.kymmis.com]
Sent: Friday, July 16, 2019 1:30 PM
To: Doe, Jane
Subject: PASSWORD SETUP
Sensitivity: Confidential

Kentucky user Jane Doe,

You have been sent this message because you have had a new Medicaid enterprise user account created on your behalf. Your new account username is:

DXCTest1

To establish your password, please visit the following URL and follow the on-screen instructions:

<https://public.kymmis.com/testexampleurlink>

Please contact the EDI helpdesk at KY_EDH_HelpDesk@dxc.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

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

- The user must click **I agree** in order to proceed.

Close Application

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 KYHealthNet (claims, eligibility, etc.), follow the instructions below.

1. Click the **KYHealthNet** link.

The screenshot shows the 'Manage Agent Roles' page. At the top, there is a navigation bar with buttons for 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. A 'Close Application' button is in the top right corner. Below the navigation bar, the page title 'Manage Agent Roles' is displayed. A descriptive text states: '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.' Below this is a table for 'Agent Details' with the following data:

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

Below the table is a 'Remove All Roles' button. Two numbered callouts are present: '1 Select the system to modify access' and '2 Modify the permissions for selected system'. Under callout 1, there is a 'System' dropdown menu with two options: 'Account Management' and 'KYHealthNet', both with a 'Select' label and a blue arrow icon. Under callout 2, there is a 'Roles' dropdown menu which is currently empty.

2. Notice that section **2 Modify the permissions for KYHealthNet** 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	<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 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

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

KYHealthNet 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 the **KYHealthNet** link.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

KyHealth Choices Home Sign Out

Friday 23 January 2015 11:29 am

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.kymmms.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/

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](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Provider Main Page

Wednesday 27 February 2019 11:47 am

Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, 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](#)
- [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.

Last Updated:11/16/2018

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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 KYHealthNet. 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 does not 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.

KYHealthNet offers the following functions:

Menu Selection	Functions
Member	Check eligibility, benefit issuance, spend down, patient liability, pharmacy history, and MCO member information.
Claims	Check claim status, submit claims, adjust paid claims, or void paid claims, and access to view MMIS EOB Codes.
Prior Authorization (PA)	Access PA information, download a PA letter, or lookup a PA number.
Provider References	Access to provider resources 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 Benefit Issuance

1. Select **Member** from the menu.
2. Choose **Benefit Issuance** from the drop-down.

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](#)

Wednesday 2 Oct 2019 10:00 AM

Provider Main Page

Benefit Issuance
 Eligibility Verification
 MCO Member Information
 Pharmacy History
 Patient Liability
 Spend Down


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

[Click Here for Important Messages](#) (last updated June 17, 2019)

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



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- Enter the Member ID or SSN# and click the **Search** button to find the Medicaid benefits issue date.

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](#)

Benefit Issuance

Wednesday 2 October 2019 11:02 am

Member ID: SSN:

[Contact Us](#) Last Updated:9/10/2019

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The benefit 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
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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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

Benefit Issuance

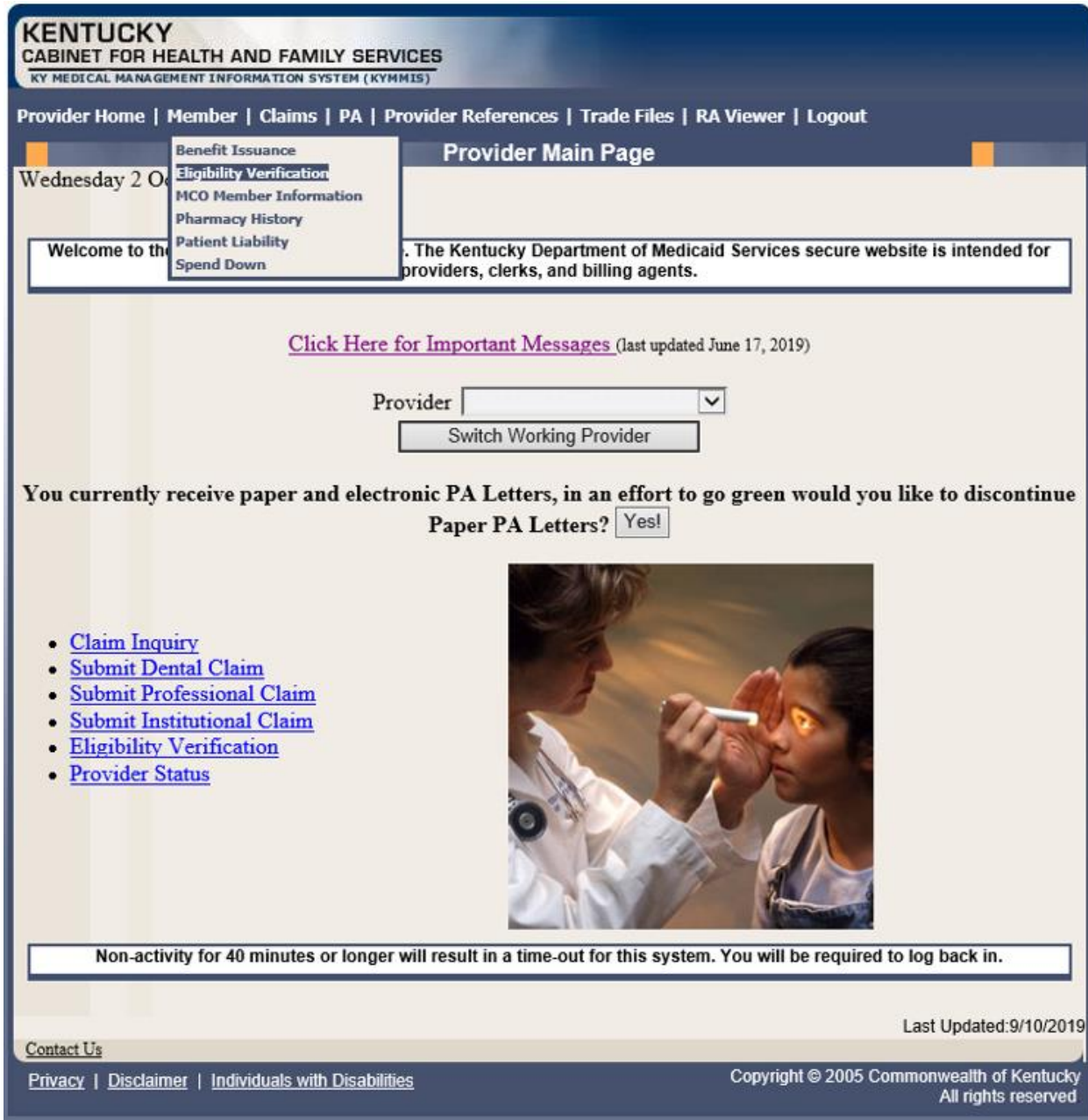
Thursday 23 May 2019 2:52 pm

Member ID: SSN:

Issue Date	Retroactive	Beginning Date	End Date	Type	Source	Currently Billable
01/22/2019		02/01/2019	03/01/2019	Managed Care	HMIDC	Yes
12/20/2018		01/01/2019	02/01/2019	Managed Care	HMIDC	Yes
11/21/2018		12/01/2018	01/01/2019	Managed Care	HMIDC	Yes
10/22/2018		11/01/2018	12/01/2018	Managed Care	HMIDC	Yes
09/19/2018		10/01/2018	11/01/2018	Managed Care	HMIDC	Yes
08/22/2018		09/01/2018	10/01/2018	Managed Care	HMIDC	Yes
07/20/2018		08/01/2018	09/01/2018	Managed Care	HMIDC	Yes
06/20/2018		07/01/2018	08/01/2018	Managed Care	HMIDC	Yes
05/22/2018		06/01/2018	07/01/2018	Managed Care	HMIDC	No
04/19/2018		05/01/2018	06/01/2018	Managed Care	HMIDC	No
03/21/2018		04/01/2018	05/01/2018	Managed Care	HMIDC	No
02/19/2018		03/01/2018	04/01/2018	Managed Care	HMIDC	No
01/22/2018		02/01/2018	03/01/2018	Managed Care	HMIDC	No
12/20/2017		01/01/2018	02/01/2018	Managed Care	HMIDC	No
11/21/2017		12/01/2017	01/01/2018	Managed Care	HMIDC	No
10/20/2017		11/01/2017	12/01/2017	Managed Care	HMIDC	No
09/20/2017		10/01/2017	11/01/2017	Managed Care	HMIDC	No
08/22/2017		09/01/2017	10/01/2017	Managed Care	HMIDC	No
07/20/2017		08/01/2017	09/01/2017	Managed Care	HMIDC	No
06/21/2017		07/01/2017	08/01/2017	Managed Care	HMIDC	No
05/22/2017		06/01/2017	07/01/2017	Managed Care	HMIDC	No
04/19/2017		05/01/2017	06/01/2017	Managed Care	HMIDC	No
03/22/2017		04/01/2017	05/01/2017	Managed Care	HMIDC	No
02/17/2017		03/01/2017	04/01/2017	Managed Care	HMIDC	No
01/30/2017	R	01/01/2017	02/01/2017	Managed Care	HMIDC	No
01/30/2017		02/01/2017	03/01/2017	Managed Care	HMIDC	No
10/20/2016		11/01/2016	12/01/2016	Managed Care	HMIDC	No
09/21/2016		10/01/2016	11/01/2016	Managed Care	HMIDC	No
08/22/2016		09/01/2016	10/01/2016	Managed Care	HMIDC	No

5.2 Member Eligibility Verification

1. Select **Member** from the menu.
2. Choose **Eligibility Verification** from the drop-down.



The screenshot displays the 'Provider Main Page' of the KYHealthNet Dental system. 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', 'Trade Files', 'RA Viewer', and 'Logout'. A dropdown menu is open under the 'Member' link, with 'Eligibility Verification' selected. The page content includes a date 'Wednesday 2 Oct', a welcome message, a disclaimer about the secure website, a link for 'Important Messages', a provider selection dropdown, and a survey question about discontinuing paper PA letters. A list of links for 'Claim Inquiry', 'Submit Dental Claim', 'Submit Professional Claim', 'Submit Institutional Claim', 'Eligibility Verification', and 'Provider Status' is provided. An image of a dentist examining a patient's eye is also visible. A footer contains contact information, a privacy policy link, and a copyright notice for 2005.

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

Wednesday 2 Oct

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

[Click Here for Important Messages](#) (last updated June 17, 2019)

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](#)
- [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.

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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.

The screenshot shows the 'Member Eligibility Verification' page. At the top, it says 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and 'KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)'. Below that are navigation links: 'Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout'. The page title is 'Member Eligibility Verification' and the date is 'Tuesday 26 March 2019 12:48 pm'. There is a 'Provider' dropdown menu. The 'Select Lookup Type' dropdown menu is open, showing options: '-- Select --', 'Member ID Lookup', 'SSN Lookup', and 'Case Number Lookup'. The 'Service Type' dropdown menu is also open, showing options: 'Emergency Services', 'Family Planning', and 'Health Plan Coverage'. A 'Search' button is visible. At the bottom right, it says 'Last Updated:11/16/2018'. The footer contains 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2005 Commonwealth of Kentucky All rights reserved'.

When the search criteria is selected, the screen will expand to include **From Date** and **To Date** fields. The current date will automatically be plugged into the **From Date** field and the last day of the month will be plugged into the **To Date** field. The user may change the dates to the desired dates of service. The system will only allow a look back of 13 months and cannot look at future month's eligibility.

The screenshot shows the 'Member Eligibility Verification' page with search criteria entered. The 'Select Lookup Type' dropdown menu is now closed and shows 'Member ID Lookup'. The 'Service Type' dropdown menu is still open, showing 'Emergency Services', 'Family Planning', and 'Health Plan Coverage'. The 'Search' button is visible. Below the dropdowns, there is a 'Member ID:' field. The 'From Date:' field is set to '03/26/2019' and the 'To Date:' field is set to '03/31/2019'. At the bottom right, it says 'Last Updated:11/16/2018'. The footer contains 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2005 Commonwealth of Kentucky All rights reserved'.

2. Enter the search criteria.
3. Click **Search**.

The **Member Eligibility Verification** page will appear.

- If the member is invalid, does not exist, or has been end dated, an error code will be returned.

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

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

Member Eligibility Verification

Tuesday 26 March 2019 1:24 pm

Provider:

Select Lookup Type: Service Type:

Member ID:

From Date: To Date:

Verification No. 1908500009 - 3/26/2019 Status: Non-Active

Error code 05 - Recipient ID missing or not on file

[Print](#)

Last Updated: 11/16/2018

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Otherwise, this screen will display the most current eligibility information available such as is shown on the screens that follow.

Member Eligibility Verification

Thursday 28 October 2021 09:51 am

Provider

Select Lookup Type: **Service Type:**

Member ID:

From Date: **To Date:**

Verification No. 2130100005 - 10/28/2021 Status: Active

Member

Current ID:	Last Name:	First Name:	Date of Birth:
Previous IDs	Check Digit:	Gender:	Date of Death:
SSN:	Phone Number:		County:
Physical Address:			View Member's Mailing Address: here
City:	State: KY	ZipCode:	
Hospice Election Date:			
Medicare A:		Medicare B:	
Medicare C:			
Case Number:	Case Name:		
543722214C			

Eligibility				
Eligibility 5 Year History				
Eligibility Group	Program Code	Program Status	From Date	To Date
Fam Chc - Man Pop - Med Kids	I - Prg wmn & inf w/inc <185% or chl <19 w/inc <=200%	P3 - 185% FPL	09/06/2022	09/30/2022

Copay will be waived for all members, regardless of the member's Benefit Plan. DMS will follow Medicare policy guidelines regarding codes U0001, U0002, G2012 and G2010. The codes will be retroactively effective on February 4, 2020 but will not be billable until after April 1, 2020.

PACE	From Date	To Date
N	09/06/2022	09/30/2022

Copay Indicator	From Date	To Date
N	09/06/2022	09/30/2022

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.

Service Limitation	
Service Limitation 5 Year History	
No Service Limitation segment for the dates entered.	

Cost Share	
Cost Share 5 Year History	
No Cost Share segment for the dates entered.	

Third Party Liability	
Third Party Liability 5 Year History	
No Third Party Liability segment for the dates entered.	

Managed Care	
Managed Care 5 Year History	
No Managed Care segment for the dates entered.	

Waiver	
Waiver 5 Year History	
No Waiver segment for the dates entered.	

Last Updated 8/11/2022

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Each panel on the **Member Eligibility Verification** page above has a link for the last 5 years of history available. Once you click the link, you will be taken to another page to see 5 years' worth of history for the applicable panel.

5.2.2 Member Eligibility Suspension/Disenrollment

This panel will only display if the member is suspended due to incarceration. Otherwise, this panel is not visible. It will appear under the **Member Authorized Rep** panel, above the member's **Eligibility Group** panel and will include a message on where to direct the member.

Suspensions/Disenrollments		
Suspension/Disenrollment Type	Effective Date	End Date
I - Suspended - Incarcerated	10/02/2019	10/31/2019

Alert! Individuals with an incarceration suspension (Ind = I) will not be eligible for claims payment or MCO Enrollment. If this information is incorrect, have the Member call DCBS at 855-306-8959.

5.3 MCO Member Information

1. Select **Member** from the menu.
2. Choose **MCO Member Information** 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](#)

Thursday 3 Oct

Welcome to the

- Benefit Issuance
- Eligibility Verification
- MCO Member Information
- Pharmacy History
- Patient Liability
- Spend Down

Provider Main Page

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

[Click Here for Important Messages](#) (last updated September 27, 2019)

Provider

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [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?

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Last Updated: 8/16/2019

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The following screen will appear.

3. Enter the member’s Medicaid ID or SSN and click **Search**.

The member’s MCO information will appear:

5.4 Pharmacy Claim History

1. Select **Member** from the menu.
2. Choose **Pharmacy History** from the drop-down.

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](#)

Wednesday 2 Oct

Welcome to the

- Benefit Issuance
- Eligibility Verification
- MCO Member Information
- Pharmacy History
- Patient Liability
- Spend Down

Provider Main Page


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

[Click Here for Important Messages](#) (last updated June 17, 2019)

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](#)
- [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.

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Last Updated: 9/10/2019

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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 | RA Viewer | Logout

Pharmacy Claims History

Friday 17 December 2010 10:01 am

Note: Pharmacy information is updated every two weeks.

Disclaimer: Claims shown are paid claims only. Denied, suspended or waiting to be paid claims will not be listed.

Member ID:

Last Updated: 9/15/2010

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3. Enter the Member's ID and click **Search**.
4. The **Pharmacy Claims History** 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

Pharmacy Claims History

Thursday 15 January 2015 4:48 pm

Note: Pharmacy information is updated every two weeks.

Disclaimer: Claims shown are paid claims only. Denied, suspended or waiting to be paid claims will not be listed.

Member ID:

Prescription Name	Date Filled	Supply Days	ICN
NITROFURANTOIN	11/06/2014	30	
NABUMETONE	11/06/2014	60	
NITROFURANTOIN	11/06/2014	30	
NABUMETONE	11/06/2014	60	

Last Updated: 8/28/2014

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5.5 Patient Liability

1. Select **Member** from the menu.
2. Choose **Patient Liability** 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](#)

Thursday 3 Octo

Welcome to the

- Benefit Issuance
- Eligibility Verification
- MCO Member Information
- Pharmacy History
- Patient Liability
- Spend Down


Provider Main Page

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

[Click Here for Important Messages](#) (last updated September 27, 2019)

Provider

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [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?

[Contact Us](#)

Last Updated: 8/16/2019

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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](#) | [RA Viewer](#) | [Logout](#)

Patient Liability

Thursday 3 October 2019 1:39 pm

Member ID: SSN:

Last Updated: 8/16/2019

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3. Enter the Member's ID or SSN and click **Search**.
4. The Member's patient liability information 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](#)

Patient Liability

Thursday 3 October 2019 2:30 pm

Member ID: SSN:

Member

DOB: **Member ID:**

DOD: **Name:**

Liability

From Date	To Date	Amount	Type of Liability
12/31/2299	12/31/2299	\$1,284.00	Hospice
07/01/2000	10/13/2237	\$1,284.00	Hospice

Last Updated: 8/16/2019

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5.6 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 (KYMMS)

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

Wednesday 2 Oct 2019

Provider Main Page

Welcome to the


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

[Click Here for Important Messages](#) (last updated June 17, 2019)

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



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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

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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](#)

Spend Down

Thursday 23 May 2019 11:24 am

Member ID: SSN:

Member

DOB: **Member ID:**

DOD: **Name:**

Spend Down

From Date	To Date	Amount	Balance
11/06/2014	11/30/2014	\$1,606.00	\$1,606.00
12/03/2014	02/28/2015	\$2,445.00	\$2,445.00
06/01/2015	08/31/2015	\$252,942.00	\$252,942.00

Last Updated: 5/23/2019

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6 PA – Prior Authorization

6.1 Prior Authorization Checklist

1. Select **PA** from the menu.
2. Choose **Prior Authorization Checklist** from the drop-down.

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](#)

Wednesday 2 October 2019 2:35 pm

Welcome to the Kentucky Medicaid

Prior Authorization Checklist
[Radiology Prior Auth Proc Code List](#)
[MMIS Prior Authorization Letter](#)
[CareWise Prior Authorization Letter](#)
[PA Inquiry](#)


Medicaid Services secure website is intended for providers, clerks, and billing agents.

[Click Here for Important Messages](#) (last updated June 17, 2019)

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



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- The following page will appear with the prior authorization forms that are available for download. Click the link to open the document.

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

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

[kymis](#) > [Provider Relations](#) : PriorAuthorizationForms

- [Contact Information](#)
- [Forms](#)
- [F.A.Q.](#)
- [Presumptive Eligibility](#)
- [Provider Letters](#)
- [Provider Workshop](#)
- [Provider Billing Instructions](#)
- [KY Health Net user manuals](#)
- [Department for Medicaid Services](#)
- [Home](#)
- [Phone Directory](#)
- [Provider Directory](#)
- [Provider Relations](#)
- [Electronic Claims](#)
- [HIPAA](#)
- [Companion Guides and EDI 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](#)

Prior Authorization Forms

Prior Authorization Forms are displayed in Adobe Acrobat formats.

Form	Description	Last Revision Date
	Prior Authorization Checklist	June 2019
	Radiology Codes	Sept. 2006
	Independent Therapy Request Form	June 2018
	Obstetric Notification Form	Dec. 2009
MAP 5	EPSDT Dental Evaluation Form	March 2008
MAP 9	Prior Authorization for Health Services Instructions	July 2010
MAP 9A	Orthodontic Services Agreement	June 2005
MAP 130	PA Fax Form	Sept. 2011
	Instructions for PA Fax	
MAP 249	MAP 249 PDN Clinical Review	April 2014
MAP 306	Temporomandibular Joint (TMJ) Assessment	June 2005
MAP 396	Orthodontic Evaluation	June 2005
MAP 414	Application for Approval of Nurse Aide Training Program	June 2005
MAP 556	Orthodontic Referral	June 2005
MAP 559	Six Month Orthodontic Progress	June 2005
MAP 569	Psychiatric Preadmission Review of Elective Admissions	June 2005
MAP 570	Certification of Need for Inpatient Psychiatric Svcs for Individuals under Age 21	June 2005
MAP 575	Request for Reconsideration of Resources Utilization Group Audit Determination	June 2005
Map 576	Nurse Aide Training Expense Report and Authorization for Payment Instructions	July 2012
MAP 650	Home Health Fax Form 2009	Nov. 2008
MAP 700	Orthodontic Final Case Submission	June 2005
MAP 703	Request for Reconsideration Ancillary Therapy Billing	March 2014
MAP 726A	Nursing Facility Request for Admission	Sept. 2003
MAP 1000	Certificate of Medical Necessity - Durable Medical Equipment	July 2010

6.2 Radiology Prior Authorization Procedure Code List

1. Select **PA** from the menu.
2. Choose **Radiology Prior Auth Proc Code List** from the drop-down.

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](#)

Monday 14 October 2019 12:55 pm

Prior Authorization Checklist
Radiology Prior Auth Proc Code List
 MMIS Prior Authorization Letter
 CareWise Prior Authorization Letter
 PA Inquiry

e


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

[Click Here for Important Messages](#) (last updated June 17, 2019)

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



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- The following page will appear with the prior authorization forms that are available for download. Click the link to open the document.

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

Search: [Advanced Search](#)

[kymmis](#) > [Provider Relations](#) : PriorAuthorizationForms

Prior Authorization Forms

Prior Authorization Forms are displayed in Adobe Acrobat formats.

Form	Description	Last Revision Date
	Prior Authorization Checklist	June 2019
	Radiology Codes	Sept. 2006
	Independent Therapy Request Form	June 2018
	Obstetric Notification Form	Dec. 2009
MAP 5	EPSDT Dental Evaluation Form	March 2008
MAP 9	Prior Authorization for Health Services Instructions	July 2010
MAP 9A	Orthodontic Services Agreement	June 2005
MAP 130	PA Fax Form	Sept. 2011
	Instructions for PA Fax	
MAP 249	MAP 249 PDN Clinical Review	April 2014
MAP 306	Temporomandibular Joint (TMJ) Assessment	June 2005
MAP 396	Orthodontic Evaluation	June 2005
MAP 414	Application for Approval of Nurse Aide Training Program	June 2005
MAP 556	Orthodontic Referral	June 2005
MAP 559	Six Month Orthodontic Progress	June 2005
MAP 569	Psychiatric Preadmission Review of Elective Admissions	June 2005
MAP 570	Certification of Need for Inpatient Psychiatric Svcs for Individuals under Age 21	June 2005
MAP 575	Request for Reconsideration of Resources Utilization Group Audit Determination	June 2005
Map 576	Nurse Aide Training Expense Report and Authorization for Payment Instructions	July 2012
MAP 650	Home Health Fax Form 2009	Nov. 2008
MAP 700	Orthodontic Final Case Submission	June 2005
MAP 703	Request for Reconsideration Ancillary Therapy Billing	March 2014
MAP 726A	Nursing Facility Request for Admission	Sept. 2003
MAP 1000	Certificate of Medical Necessity - Durable Medical Equipment	July 2010

6.3 MMIS PA Letters

1. Select **PA** from the menu.
2. Choose **MMIS 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](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Friday 18 October 2019 10:43 am

Prior Authorization Checklist

Radiology Prior Auth Proc Code List

MMIS Prior Authorization Letter

CareWise Prior Authorization Letter

PA Inquiry

e


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[Click Here for Important Messages](#) (last updated June 17, 2019)

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



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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

Prior Authorization (PA) Letters

Thursday 24 October 2019 09:51 am

Search Criteria

Provider: Member ID:

Letter Type:

Date Sent:

Please enter either Member ID, Letter Type, or Date Sent to limit search parameters.

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3. Enter Member ID, Letter Type, or Date Sent criteria and press the **Search PA Letters** button.

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 (PA) Letters

Thursday 24 October 2019 09:56 am

Search Criteria

Provider: Member ID:

Letter Type:

Date Sent:

Letter Type	Member ID	Member Name	Request Date	Sent Date
Other PA Types (Provider Only)			10/21/2019	10/22/2019
Inpatient Letter			10/18/2019	10/19/2019
				1

Last Updated: 8/16/2019

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4. Click the link of the letter to generate a PDF to view, download, or print.

6.4 CareWise 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](#)

Friday 18 October 2019 1:07 pm

Prior Authorization Checklist

Radiology Prior Auth Proc Code List

MMIS Prior Authorization Letter

CareWise Prior Authorization Letter

PA Inquiry

e

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

[Click Here for Important Messages](#) (last updated September 27, 2019)

Provider

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [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?

[Contact Us](#)

Last Updated: 8/16/2019

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DMS approved: 05/18/2020

Page 43

The following screen will appear.

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

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

CareWise Prior Authorization Letters

Friday 18 October 2019 1:08 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.

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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The Member ID, From Date, and To Date are required to perform a search.

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

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

CareWise Prior Authorization Letters

Friday 18 October 2019 1:08 pm

Provider

Search Criteria

Member ID:
Member ID is required

Case Number:

Member First Name: Member Last Name:

From Date:
From Date is required.

To Date:
To Date is required

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.

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: 8/16/2019

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3. Enter the search criteria and press the **Search** button.

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](#)

CareWise Prior Authorization Letters

Monday 4 May 2020 1:31 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

[4/24/2020 PA SHPS -Mem ID: -Name: RUDY-Prov ID: -Rev Type:OUTPATIENT THERAPIES](#)
[4/24/2020 PA SHPS -Mem ID: -Name: RUDY-Prov ID: -Rev Type:TRANSPLANT](#)

1

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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6.5 PA Inquiry

1. Select **PA** from the menu.
2. Choose **PA 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](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Monday 14 October 2019 1:12 pm

Welcome to the Kentucky Medicaid

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


Medicaid Services secure website is intended for providers, clerks, and billing agents.

[Click Here for Important Messages](#) (last updated June 17, 2019)

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](#)
- [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.

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Last Updated: 9/10/2019

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The following screen will appear.

The screenshot shows a web application interface for a Prior Authorization Inquiry. At the top, it identifies the user as being from the Kentucky Cabinet for Health and Family Services, specifically the KY Medical Management Information System (KYMMIS). A navigation bar includes links for Provider Home, Member, Claims, PA, Provider References, RA Viewer, and Logout. The main heading is 'Prior Authorization Inquiry' with a timestamp of 'Thursday 24 October 2019 10:03 am'. The form contains several input fields: a dropdown for 'Provider', text boxes for 'Transaction ID', 'Member ID', 'SSN', 'Last Name', and 'First Name', a dropdown for 'PA Category', and a date picker for 'Start Date'. A 'Type' dropdown is set to 'Submitted'. A 'Search' button is positioned below the fields. At the bottom right of the form area, it says 'Last Updated: 8/16/2019'. The footer contains a 'Contact Us' link, a privacy policy link, a disclaimer link, and a link for individuals with disabilities, along with a copyright notice for 2005 Commonwealth of Kentucky.

A PA search is completed by entering:

- Transaction ID – is the PA number

or

 - Member ID

or

 - SSN

or

 - Name of member
 - Start Date is required with all search criteria.
3. Select **Search** to return the results.

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 23 October 2019 4:37 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
1419059004					WAIVER - SCL2 PDS

Last Updated: 9/10/2019

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4. Click the **Transaction ID** link to open the **PA Header** page.

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

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

PA Header

Wednesday 23 October 2019 4:15 pm

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

Requesting
Provider
Number:

PA Category*:

Servicing
Provider
Number*:

Nursing Facility Type:

Servicing
Provider
Taxonomy:

Member ID*:

Diagnosis Code*:

Last Name:

First Name: MI:

Emergency:

Admission Date:

Accident:

Discharge Date:

Special
Considerations:

Case Management/Disease Management

Indicator:

Program:

Level:

Last Updated: 9/10/2019

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5. Click the **Next** button to view the **Details** 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 Details

Wednesday 23 October 2019 4:19 pm

Header > [Details](#) > Summary

Line Item Number: Status:

Service Type Code*:

Revenue Code From: Revenue Code To:

Procedure Code From*: Procedure Code To:

Modifiers:

	Effective Date	End Date	Frequency	Frequency Units	Units	Dollars
Authorized:	<input type="text" value="01/01/2019"/>	<input type="text" value="04/30/2019"/>	<input type="text" value="Weekly"/>	<input type="text" value="50"/>	<input type="text" value="900"/>	<input type="text" value="2250"/>
					Used: <input type="text" value="1"/>	<input type="text" value="2.50"/>

Tooth: Tooth Quad:

Payment Method:

IAC

Code	Description
<input type="text" value="149"/>	<input type="text" value="FREE FORM COMMENTS"/>

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6. Click the **Next** button to view the **Summary** page.

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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](#)

PA Summary

Wednesday 23 October 2019 4:20 pm

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

Header

Requesting Provider Number:	PA Category: WAIVER - SCL2 PDS
Servicing Provider Number:	Nursing Facility Type:
Member ID:	Diagnosis Code: F320
Last Name:	First Name: MI:
Emergency: N	Admission Date:
Accident: N	Discharge Date:
Special Consideration: N	

Case Management/Disease Management

Indicator: Program:

Level:

Approved Details

Line	Item	Number	Status	Procedure	Code	Revenue	Code	App. Eff. Date	App. End Date	App. Units	App. Amount
01			A	T1005				01/01/2019	04/30/2019	900	2250

Last Updated: 9/10/2019

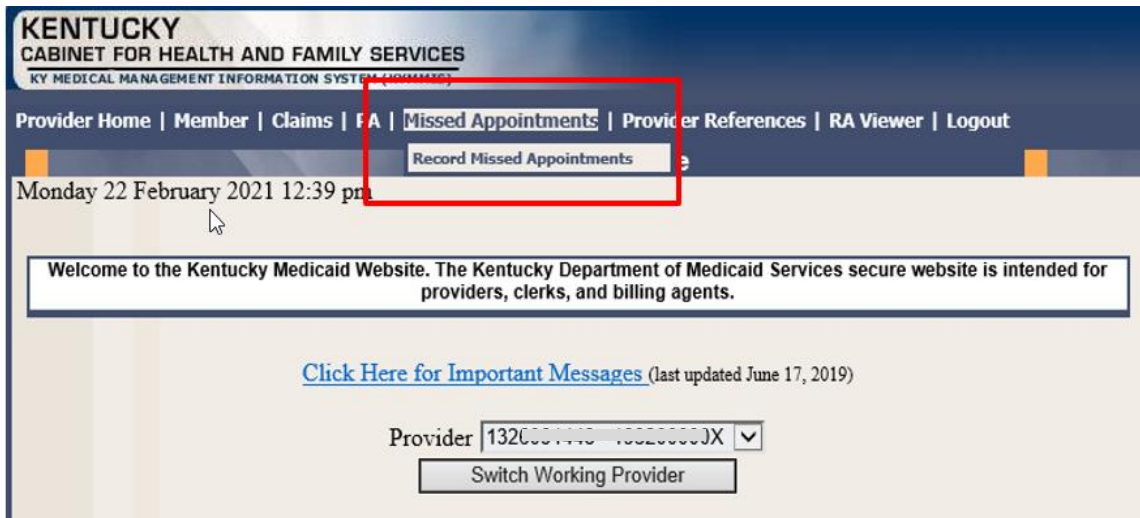
[Contact Us](#)

7. Click the **Finish** button to return to the **PA Inquiry** search page.

7 Missed Appointments

7.1 Record Missed Appointments

8. Select **Missed Appointments** from the menu.
9. Select **Record Missed Appointments** from the drop-down.



7.1.1 Add a missed appointment

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

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

Record Missed Appointment

Tuesday 25 January 2022 11:26 am

Provider: ▼

Member ID: (Leave blank for ALL members)

Date Range: MONTH: ▼ YEAR: ▼

Add Missed Appointment

Member ID*:

Reason*: MISSED CANCELLED

Practice/Group Name*:

Appointment Date*:

Appointment Time*: AM PM

Reason Code*: ▼

Appointment Type*: ▼

Explanation:

Enter the following fields:

- Member ID: KY Medicaid member (required field, the system validates the member number).
 - Reason - Missed or Cancelled (Missed is the system default).
 - Practice/Group Name – required field
 - Reason Code - Select the reason code from the dropdown list.
- Dropdown box options:

- Child Care Issue
- Transportation Issue
- Financial Issue
- Insurance Issue
- Unforeseen Issue
- Forgot About Appointment
- Unknown
- Other-Please Provide Explanation Below
- Appointment Date - Field is required. Manual entry, MM/DD/YYYY or Select the calendar icon to auto-populated a date.
If 'Missed' is selected from the reason field, the date range selection is previous date to current date. User cannot select a future date.
If 'Cancelled' is selected from the reason field, the date range selection is open. User can use previous, current, or future date.
- Appointment Time- Field is required
Manual entry, user must use HH:MM format
 - AM: Radio Button (default option)- Field is not validated. User must manually select option.
 - PM: Radio Button: Field is not validated. User must manually select option
- Appointment Type- Select the appointment type from the dropdown list.
 - Select Appointment Type (Default Option)
 - PCP
 - Behavioral Health Therapy
 - Outpatient Program
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy
 - Applied Behavioral Therapy
 - Other Therapy
 - Dental
 - Vision
 - Specialist
- Specialist Type – Text box displays if Specialist is selected from the Appointment Type dropdown list.
- Explanation: Enter an explanation. Open Text field with a 200-character maximum.
Note: Field is only required if 'Other-Please Provider Explanation Below' is the selected reason code.
- Add: The Add button allows the system to update the record.

7.1.2 Search for a Missed or Cancelled Appointment

The member data below is mocked up from our test environment and doesn't contain any true PHI

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

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

Record Missed Appointment

Monday 3 May 2021 1:34 pm

Provider: 00X

Member ID: (Leave blank for ALL members)

Date Range: MONTH: YEAR:

Enter the following fields:

- Member ID- If searching for one member or leave blank to return appointments for all members.
- Date Range-
 Month: Select All for all months within the year selected or select a particular month.
 Year: Select the year
- Search- Returns results

Missed Appointments						
Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
8572928103	PIERCE, STEVIE	03/11/2021	11:00 AM	CANCELLED/Unforeseen Issue		Edit Delete
8572710403	BALLING, ILDA	03/10/2021	10:00 AM	CANCELLED/Financial Issue		Edit Delete
8572710403	BALLING, ILDA	03/04/2021	9:00 AM	CANCELLED/Financial Issue		Edit Delete
7503303488	JONES, LONG	02/23/2021	10:00 AM	MISSED/Child Care Issue	Test	Edit Delete

7.1.3 Edit a record

Edits can only be made by the provider who entered the missed/cancelled appointment.

Record Missed Appointment

Monday 22 February 2021 1:56 pm

Provider: ▼
Switch Provider

Member ID: (Leave blank for ALL members)

Date Range: MONTH: YEAR:

Search

Missed Appointments

Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
7572640718	OREN, BRUNILDA	02/22/2021	2:00 PM	CANCELLED/Insurance Issue		Edit Delete
7519472128	STUCKEY, BUFFY	02/22/2021	9:00 AM	MISSED/Other	Member did not call or show up for their appointment this morning.	Edit Delete
7570165708	LUTER, VERTIE	02/15/2021	8:15 AM	MISSED/Other		Edit Delete
7570165708	LUTER, VERTIE	02/10/2021	12:00 PM	MISSED/Unknown		Edit Delete

Update Missed Appointment

Member ID*:

Reason*: MISSED CANCELLED Reason Code*: ▼

Appointment Date*: Appointment Time*: AM PM

Explanation:

Never heard from the member regarding their appointment on the 15th on Feb. Still have not heard from member. - ABC 2/22 1:56PM

Update
Cancel

- To Edit a segment, click on the Edit button.
- The segment will refresh with a yellow highlight to indicate the segment to edit.

Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
7572640718	OREN, BRUNILDA	02/22/2021	2:45 PM	CANCELLED/Insurance Issue		Edit Delete
7519472128	STUCKEY, BUFFY	02/22/2021	9:00 AM	MISSED/Other	Member did not call or show up for their appointment this morning.	Edit Delete
7570165708	LUTER, VERTIE	02/15/2021	AM	MISSED/Other	Never heard from the member regarding their appointment on the 15th on Feb. Still have not heard from member. - ABC 2/22 1:56PM	Edit Delete
7570165708	LUTER, VERTIE	02/10/2021	12:00 PM	MISSED/Unknown		Edit Delete

- Click **OK** to remove the deleted segment

Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
7572640718	OREN, BRUNILDA	02/22/2021	2:45 PM	CANCELLED/Insurance Issue		Edit Delete
7519472128	STUCKEY, BUFFY	02/22/2021	9:00 AM	MISSED/Other	Member did not call or show up for their appointment this morning.	Edit Delete
7570165708	LUTER, VERTIE	02/15/2021	8:15 AM	MISSED/Other	Never heard from the member regarding their appointment on the 15th on Feb. Still have not heard from member. - ABC 2/22 1:56PM	Edit Delete

- The member segment is deleted.

7.1.5 Record Display

The system will display 5 records per screen. If there are more than 5 records an additional page is created systemically. Additional page count will appear in the lower right-hand side of the screen.

Member ID	Appt Date	Appt Time	Reason/Code	Explanation	Delete
VERTIE	03/11/2021	11:00 AM	CANCELLED/Unforeseen Issue		Edit Delete
BRUNILDA	03/10/2021	10:00 AM	CANCELLED/Financial Issue		Edit Delete
BRUNILDA	03/04/2021	9:00 AM	CANCELLED/Financial Issue		Edit Delete
BRUNILDA	02/23/2021	10:00 AM	MISSED/Child Care Issue	Test	Edit Delete
VERTIE	02/17/2021	3:00 PM	MISSED/Unforeseen Issue	Test	Edit Delete

8 Provider References

8.1 TPL Carrier

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](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Wednesday 2 October 2019 1:11 pm

[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.

[Click Here for Important Messages](#) (last updated June 17, 2019)

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



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Last Updated:9/10/2019

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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](#) | [RA Viewer](#) | [Logout](#)

TPL Carriers

Thursday 24 October 2019 10:06 am

Business Name:

[Contact Us](#) Last Updated: 8/16/2019

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

The response will return all carrier information on file.

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 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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

TPL Carriers

Thursday 23 May 2019 3:01 pm

Business Name:

Carrier Code	Business Name	Address	Telephone #
			1

[Contact Us](#) Last Updated: 5/23/2019

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8.2 Provider References Documentation

1. Select **Provider References** from the menu.
2. Choose **Documentation** from the drop-down.

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](#)

Main Page
Wednesday 2 October 2019 1:14 pm


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



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The following screen will appear.

The screenshot shows the website interface for the Kentucky Cabinet for Health and Family Services, specifically the KY Medicaid Management Information System (KYMMS) Provider Relations page. The page includes a search bar at the top right, a navigation menu on the left, and a main content area with a 'Provider Resources' heading. A 'Page Updates' section is also visible, listing a new provider rep listing PDF from October 30, 2018.

Navigation Menu (Left):

- Contact Information
- Forms
- F.A.Q.
- Presumptive Eligibility
- Provider Letters
- Provider Workshop
- Provider Billing Instructions
- KY Health Net user manuals
- Department for Medicaid Services
- Home
- Phone Directory
- Provider Directory
- Provider Relations
- Electronic Claims
- HIPAA
- Companion Guides and EDI Guides
- Medicaid Preferred Drug List

Main Content Area:

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.

Also please check out our [Provider Information Resources](#) page.

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

Page Updates

- October 30, 2018
- [New Provider Rep Listing \(PDF\)](#)

Contact Information (Bottom Left):

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

[KY EDI HelpDesk](#)

Footer:

Contact Us | Site Map

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Last Updated 5/15/2019

Selected documentation for additional provider resources are available at www.kymms.com.

9 RA Viewer

1. Click **RA Viewer** from the menu.

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](#)

Provider Main Page

Wednesday 2 October 2019 1:17 pm


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

[Click Here for Important Messages](#) (last updated June 17, 2019)

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



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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' page of the KYMMIS system. At the top, it displays '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'. The page title is 'RA Viewer' and the date/time is 'Thursday 24 October 2019 10:07 am'. A 'Provider' dropdown menu is present, followed by instructions: '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.' Below the instructions 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', 'Last Updated: 8/16/2019', and 'Copyright © 2005 Commonwealth of Kentucky All rights reserved'.

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 (KYMMS)

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

RA Viewer

Thursday 24 October 2019 10:10 am

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
10/18/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		10-18-2019	10-19-2019
10/11/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		10-11-2019	10-12-2019
10/04/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		10-4-2019	10-5-2019
09/27/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		9-27-2019	9-28-2019
09/20/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		9-20-2019	9-21-2019
09/13/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		9-13-2019	9-14-2019
09/06/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		9-6-2019	9-7-2019
08/30/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		8-30-2019	8-31-2019
08/23/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		8-23-2019	8-24-2019
08/16/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		8-16-2019	8-19-2019

1 2 3

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10 Claims

10.1 Claim Inquiry

1. Select **Claims** from the menu.
2. Choose **Claims Inquiry** from the drop-down.

KENTUCKY
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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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

Monday 14 October 2019

Welcome to the Kentucky

[Claims Inquiry](#)

[Claims Submission \(Dental\)](#)

[Claims Submission \(Professional\)](#)

[Claims Submission \(Institutional\)](#)

[LTC Roster/Submittal](#)

[DRG Letter](#)

[EOB Code Listing](#)

Main Page


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

[Click Here for Important Messages](#) (last updated June 17, 2019)

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



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

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

Claim Inquiry: 1518911338

Tuesday 6 September 2022 4:09 pm

Provider ▼

Search Criteria

Member ID: <input type="text"/>	Claim Status: <input type="text" value="Any Status"/>	Thresholded Encounters Only: <input type="checkbox"/>
Patient Acct. #: <input type="text"/>	Date Type: <input checked="" type="radio"/> Date Of Service <input type="radio"/> Warrant Date	
ICN or TCN: <input type="text"/>	From Date: <input type="text" value="08/30/2022"/>	Thru Date: <input type="text" value="09/06/2022"/>

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 the ICN and remove From Date/Thru Date.
Date of Service	A search for claim using the dates of service entered.
Unfinished claims	A claim not completed but saved for future submission.
Thresholded Encounters Only	Search for a Thresholded Encounters Report. Report is only accessible to PT 31,35,16

DMS approved: 05/18/2020

Page 67

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](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Wednesday 2 October 201

Welcome to the Kentucky

Claims Inquiry

Claims Submission (Dental)

Claims Submission (Professional)

Claims Submission (Institutional)

LTC Roster/Submittal

DRG Letter

EOB Code Listing

Main Page


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

[Click Here for Important Messages](#) (last updated June 17, 2019)

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



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10.2.1 Dental Claim Header

The claim "Header" information appears on this screen, divided into 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 (KYMMS)

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

Dental Claim

Monday 28 October 2019 10:43 am

Header

Billing Information Provider Number <input type="text"/> 1 Member ID* <input type="text"/> 2 Last Name <input type="text"/> 3 First Name <input type="text"/> 4 Date of Birth <input type="text"/> 5 Gender <input type="text"/> 6 Patient Acct. # <input type="text"/> 7 Insurance Denied? <input type="text"/> 8 Prior Authorization <input type="text"/> 9	Service Information Emergency <input type="text"/> No 10 Accident <input type="text"/> None 11 Accident Date: <input type="text"/> 12 EPSDT <input type="text"/> No 13 Place of Service* <input type="text"/> 14 Rendering Provider* <input type="text"/> 15 Referring Provider <input type="text"/> 16
Claim Charges Total Charges <input type="text"/> 0.00 17 TPL Amount <input type="text"/> 0.00 18 Total Amount Paid <input type="text"/> 0.00 19	

20
 21

Last Updated: 9/10/2019

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Dental Claim Header Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
Billing Information Section	
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 Section	
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 .

Field Number / Menu Selection	Definition of Field Description
12	<p>Accident Date</p> <p>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.</p>
13	<p>EPSDT</p> <p>If the service is the result of an EPSDT screening, choose Yes from the drop-down menu. If not, leave the default selection, No.</p>
14	<p>Place of Service</p> <p>Select the appropriate Place of Service from the drop-down menu.</p>
15	<p>Rendering Provider and Taxonomy</p> <p>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.</p>
16	<p>Referring Provider Taxonomy</p> <p>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.</p>
Claim Charges Section	
17	<p>Total Charges</p> <p>This field will auto-populate after detail charges are entered in the detail screen.</p>
18	<p>TPL Amount</p> <p>This field will auto-populate after detail TPL payments are entered in the detail screen.</p>
19	<p>Total Amount Paid</p> <p>This field will auto-populate after all charges and payments are entered in the detail screen.</p>
20	<p>Next</p> <p>Click the Next button to continue to the detail screen.</p>
21	<p>Print</p> <p>Allows the user to print the page for recordkeeping.</p>

10.2.1.1 Dental Claim Detail Screen

Below are instructions for filling in the fields.

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

Monday 28 October 2019 10:50 am

Header > [Details](#)

Detail Information

Item	<input type="text" value="1"/>	DOS*	<input type="text" value=""/>	Place of Service*	<input type="text" value=""/>
Procedure*	<input type="text" value=""/>	Tooth Number	<input type="text" value=""/>	Surfaces	<input type="text" value=""/>
Quadrant	<input type="text" value=""/>	Prosthesis	<input type="text" value=""/>		
Cavity Codes	<input type="text" value=""/>				
Units*	<input type="text" value="1.00"/>	Charges*	<input type="text" value="0.00"/>		
Status	<input type="text" value=""/>	Allowed Amount	<input type="text" value="0.00"/>	Warrant Amount	<input type="text" value="0.00"/>

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Dental Claim Detail Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
Detail Information Section	
1	Item Line number of the detail. This field is auto-populated.
2	DOS* 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 the Arch code.
10	Units* Enter the number of units (1.00 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).

Field Number / Menu Selection	Definition of Field Description
14	Warrant Amount Total amount of the check.
15	Save Saves the detail line on the claim.
16	Add Allows the user to add an additional detail line.
17	Delete Allows the user to remove the detail line previously entered.
18	Next Click Next to continue to the Attachment screen.
19	Print Allows the user to print this screen.

10.2.2 Dental Claim Attachment Screen

Below are instructions for utilizing screen functionality.

1. Select **Browse** to find the file to attach,
2. Select **Upload** to attach file to claim.

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

Monday 9 March 2020 3:10 pm

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

Claim Status:	Unfinished
ICN Region:	22
Medicaid Id:	
Member Name:	

For claims requiring attachments, file size should not exceed 5MB and files quantity should not exceed 10

The accepted file types are: docx, xlsx, pdf, jpg, png, tif, tiff, gif, bmp

File:

C:\Users\msatterwhit2\Desktop\megan\BA Doco\test.pdf
Browse...

Upload

Attachments

There are no attachments associated with the current claim

Next

Print

Last Updated: 3/6/2020

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Attachments Continued:

Screen displays after upload is selected

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

Monday 9 March 2020 3:11 pm

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

Claim Status:	Unfinished
ICN Region:	23
Medicaid Id:	
Member Name:	

For claims requiring attachments, file size should not exceed 5MB and files quantity should not exceed 10
The accepted file types are: docx, xlsx, pdf, jpg, png, tif, tiff, gif, bmp

File:

Attachments		
File Name	File Status	Delete
test.pdf 5	Received	X 6

Last Updated: 3/6/2020

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Attachment Screen Field Descriptions

Field Description	Definition of Field Description
1	Browse Allows the user to search for file.
2	Upload Allows the user to attach a file to the claim.
3	Next Click Next to continue to the Summary screen.
4	Print Allows the user to print this screen.
5	Attachments Link Allow user to view attachment
6	Remove Allows user to remove attachment

10.2.3 EDI Claim Attachments

When an EDI claim comes in with an 'FT' transmission code in the PWK segment, KYHealthNet will recognize this as an EDI claim with attachment(s) and allow the user to finalize the claim by uploading the respective attachment(s).

- These are EDI claims, and per X12 guidelines there can be **header** and **detail** attachments.
- There is a limit of 10 attachments at the header level and 10 attachments at the detail level.
- If an EDI claim has more than 10 header or detail 'FT' PWK segments, KYHealthNet will only recognize the first 10 (per header and detail).
- The ICN region for EDI claims with attachments is '21'.
- If a user submits 5 PWK segments with 'FT' on the EDI claim, then they will have to upload 5 attachments on KYHealthNet for this claim, in order to be able to finalize it.
- Adjustments will work the same as KYHealthNet claims with attachments (cannot adjust a PAID '23' or '21' ICN)
- If a user goes in to resubmit a denied '21' ICN, the attachments will follow the KYHealthNet claim attachments guidelines (since they will be resubmitting, it will change the ICN to a region '23' – KYHealthNet claim with attachments and will no longer be an EDI claim)

Search Claim

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

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

Claim Inquiry: 1831530641

Sunday 18 April 2021 7:41 pm

Provider:

Search Criteria

Member ID: Claim Status:

Patient Acct. #: Date Type: Date Of Service Warrant Date

ICN or TCN: From Date: Thru Date:

ICN	From DOS	To DOS	Adjudicated Date	Amount Billed	Claim Status	Member ID	Claim Type
2121108001004	02/01/2021	02/01/2021		\$660.00	Suspended	8572139573	DENTAL CLAIMS
							1

No Unfinished Claim Records Found

Last Updated: 3/30/2021

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View Header

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

Claim Status	Suspended
Claim ICN	2121108001004
Paid Date	0
Allowed Amount	0.000
Spended Amount	
Header EOB Description	9663 ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.

Billing Information	Service Information
Provider Number: <input type="text" value="183"/>	Emergency: <input type="text" value="No"/>
Member ID*: <input type="text" value="8572"/>	Accident: <input type="text" value="None"/> Accident Date: <input type="text"/>
Last Name: <input type="text" value="CHEMISTH"/>	EPSDT: <input type="text" value="No"/>
First Name: <input type="text" value="MAF"/>	Place of Service*: <input type="text" value="Office"/>
Date of Birth: <input type="text" value="12/12/1980"/>	Rendering Provider*: <input type="text" value="183"/>
Gender: <input type="text" value="M"/>	Referring Provider: <input type="text"/>
Patient Acct. #: <input type="text" value="SW4"/>	
Insurance Denied?: <input type="text" value="No"/>	
Prior Authorization: <input type="text"/>	
	Claim Charges
	Total Charges: <input type="text" value="660.00"/>
	TPL Amount: <input type="text" value="0.00"/>
	Total Amount Paid: <input type="text" value="0.000"/>

Navigate to Attachments Screen

1. Select **Browse** to find the EDI file to attach.
2. Select a **File ID** from the dropdown.
3. Select **Upload File** button to attach the EDI file to the claim.

Claim Status: S ICN Region: <input style="width: 80px;" type="text"/> Medicaid Id: <input style="width: 80px;" type="text"/> Member Name: <input style="width: 80px;" type="text"/>																												
<p>To finalize your electronic claim with attachment(s):</p> <ol style="list-style-type: none"> 1. Click Choose File / Browse to browse for appropriate attachment for the selected file id 2. Use File Id dropdown to select header or detail 3. Click Upload File 4. Repeat Steps 1-3 until ALL File Id numbers have attachments uploaded <p>*You MUST add an attachment for each file id or you will not be able to finalize the claim*</p> <ol style="list-style-type: none"> 5. Once all attachments have been uploaded, click Finalize. <p>*This is the final step and will send the attachments through to be processed with the claim*</p> <p>*If any changes are needed, you will have to wait until the claim adjudicates, as per normal process of a suspended claim*</p> <p>For claims requiring attachments, file size should not exceed 5MB and files quantity should not exceed 10</p> <p>The accepted file types are: docx, xlsx, pdf, jpg, png, tif, tiff, gif, bmp</p>																												
<p>File: <input style="width: 400px;" type="text"/> <input type="button" value="Browse..."/></p> <p>File Id: <input style="width: 80px;" type="text" value="Header_1"/></p> <p style="text-align: center;"><input type="button" value="Upload File"/></p>																												
<p>Header Attachments</p> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #ffffcc;"> <thead> <tr> <th style="width: 15%;">File Id</th> <th style="width: 15%;">File Status</th> <th style="width: 55%;">File Name</th> <th style="width: 15%;">Delete</th> </tr> </thead> <tbody> <tr><td>Header_1</td><td></td><td></td><td></td></tr> <tr><td>Header_2</td><td></td><td></td><td></td></tr> <tr><td>Header_3</td><td></td><td></td><td></td></tr> <tr><td>Header_4</td><td></td><td></td><td></td></tr> <tr><td>Header_5</td><td></td><td></td><td></td></tr> <tr><td>Header_6</td><td></td><td></td><td></td></tr> </tbody> </table>	File Id	File Status	File Name	Delete	Header_1				Header_2				Header_3				Header_4				Header_5				Header_6			
File Id	File Status	File Name	Delete																									
Header_1																												
Header_2																												
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Header_5																												
Header_6																												
<p>Detail Attachments</p> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #ffffcc;"> <thead> <tr> <th style="width: 15%;">File Id</th> <th style="width: 15%;">File Status</th> <th style="width: 55%;">File Name</th> <th style="width: 15%;">Delete</th> </tr> </thead> <tbody> <tr><td>Detail_1</td><td></td><td></td><td></td></tr> <tr><td>Detail_2</td><td></td><td></td><td></td></tr> <tr><td>Detail_3</td><td></td><td></td><td></td></tr> </tbody> </table>	File Id	File Status	File Name	Delete	Detail_1				Detail_2				Detail_3															
File Id	File Status	File Name	Delete																									
Detail_1																												
Detail_2																												
Detail_3																												
<input type="button" value="Next"/> <input type="button" value="Print"/>																												

Attachments Screen continued

Detail Attachments

1. Select **Browse** to find the EDI file to attach.
2. Select **File ID** from the dropdown.
3. Select **Upload File** button to attach the EDI file to the claim.

File:

File Id:

Detail_1 ▼

Header Attachments

File Id	File Status	File Name	Delete
Header_1	Received	EDI claim attachment TEST attach.docx	X
Header_2	Received	EDI claim attachment TEST attach2.docx	X
Header_3	Received	EDI claim attachment TEST attach3.docx	X
Header_4	Received	EDI claim attachment TEST attach4.docx	X
Header_5	Received	EDI claim attachment TEST attach5.docx	X
Header_6	Received	EDI claim attachment TEST attach6.docx	X

Detail Attachments

File Id	File Status	File Name	Delete
Detail_1			
Detail_2			
Detail_3			

Last Updated: 3/30/2021

Once all EDI files are uploaded, user selects the Finalize Claim button.

Note: If a file needs to be deleted the user must do so before finalizing the claim.

If any changes are needed, you will have to wait until the claim adjudicates, as per normal process of a suspended claim

For claims requiring attachments, file size should not exceed 5MB and files quantity should not exceed 10

The accepted file types are: docx, xlsx, pdf, jpg, png, tif, tiff, gif, bmp

Header Attachments

File Id	File Status	File Name	Delete
Header_1	Received	EDI claim attachment TEST attach.docx	X
Header_2	Received	EDI claim attachment TEST attach2.docx	X
Header_3	Received	EDI claim attachment TEST attach3.docx	X
Header_4	Received	EDI claim attachment TEST attach4.docx	X
Header_5	Received	EDI claim attachment TEST attach5.docx	X
Header_6	Received	EDI claim attachment TEST attach6.docx	X

Detail Attachments

File Id	File Status	File Name	Delete
Detail_1	Received	EDI claim attachment TEST attach7.docx	X
Detail_2	Received	EDI claim attachment TEST attach8.docx	X
Detail_3	Received	EDI claim attachment TEST attach9.docx	X

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The claim is now finalized no other updates can be made.

Header Attachments			
File Id	File Status	File Name	Delete
Header_1	In Process	EDI_claim_attachment_TEST_attach.docx	
Header_2	In Process	EDI_claim_attachment_TEST_attach2.docx	
Header_3	In Process	EDI_claim_attachment_TEST_attach3.docx	
Header_4	In Process	EDI_claim_attachment_TEST_attach4.docx	
Header_5	In Process	EDI_claim_attachment_TEST_attach5.docx	
Header_6	In Process	EDI_claim_attachment_TEST_attach6.docx	

Detail Attachments			
File Id	File Status	File Name	Delete
Detail_1	In Process	EDI_claim_attachment_TEST_attach7.docx	
Detail_2	In Process	EDI_claim_attachment_TEST_attach8.docx	
Detail_3	In Process	EDI_claim_attachment_TEST_attach9.docx	

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Summary Page

View the finalized claim.

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

Dental Claim

Sunday 18 April 2021 7:44 pm

Header > Details > Attachments > Summary

Claim Status	Suspended
Claim ICN	2121108001004
Paid Date	0
Allowed Amount	0.000
Spended Amount	
Header EOB Description	9663 ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.

<p>Billing Information</p> <p>Provider Number Member ID Last Name First Name Date of Birth Gender Patient Acct. # Insurance Denied? Prior Authorization</p>	<p>Service Information</p> <p>Emergency Accident Accident Date EPSDT Place of Service Office Rendering Provider Referring Provider</p>
--	--

Claim Charges	
Total Charges	660.00
TPL Amount	0.00
Total Amount Paid	0.00

Header Attachments	
File Id	File Name
1	EDI_claim_attachment_TEST_attach.docx
2	EDI_claim_attachment_TEST_attach2.docx
3	EDI_claim_attachment_TEST_attach3.docx
4	EDI_claim_attachment_TEST_attach4.docx
5	EDI_claim_attachment_TEST_attach5.docx
6	EDI_claim_attachment_TEST_attach6.docx

Detail Attachments	
File Id	File Name
1	EDI_claim_attachment_TEST_attach7.docx
2	EDI_claim_attachment_TEST_attach8.docx
3	EDI_claim_attachment_TEST_attach9.docx

Details					
Item	From DOS	TO DOS	Procedure Code	Units Billed	Charges
<u>1</u>	01/30/2021	01/30/2021	99213	1.00	20.00
<u>2</u>	01/21/2021	01/21/2021	99213	1.00	10.00
<u>3</u>	01/22/2021	01/22/2021	99213	1.00	10.00

10.2.4 Dental Summary Screen

Below are instructions for filling in the fields.

1. Verify the Summary.
2. Click **Submit Claim**.

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

Provider Home | Member | Claims | PA | Missed Appointments | Provider Preferences | RA Viewer | Logout

Dental Claim

Header > Details > Attachments > **Summary**

Billing Information

Provider Number: _____

Member ID: _____

Last Name: _____

First Name: _____

Date of Birth: _____

Gender: _____

Patient Acct. #: _____

Insurance Denial: _____

Prior Authorization: _____

Service Information

Emergency: _____

Accident: _____ Accident Date: _____

EPSDT: _____

Place of Service: _____

Rendering Provider: _____

Referring Provider: _____

Claim Charges

Total Charges: **200.00**

TPL Amount: **0.00**

Total Amount Paid: **25.00**

Payment Details

Check Number: _____

Payment Amount: **0.00**

RA #: _____

Header Attachments

File Id	File Name
1	Attachment_test.docx

Detail Attachments

Details

Item	Date Of Service	Procedure Code	Units Billed	Charges
1	02/22/2022	D8702	1.00	200.00

Submit Claim Print

Dental Summary Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
1	<p>Summary Identifies this as the Summary screen.</p>
2	<p>Billing Information Identifies this section as the Billing Information section of the Summary screen.</p>
3	<p>Service Information Identifies this section as the Service Information section of the Summary screen.</p>
4	<p>Claim Charges Identifies this section as the Claim Charges section of the Summary screen.</p>
5	<p>Payment Details Identifies this section as the Payment Details section of the Summary screen.</p>
6	<p>Attachments Identifies this section as the Attachments section of the Summary screen.</p>
7	<p>Details Identifies this section as the Details section of the Summary screen. (Click the Details Item link to return to that detail.)</p>
8	<p>Submit Claim Click the Submit Claim button to finalize the claim.</p>
9	<p>Print Allows the user to print this screen.</p>

Submitted Claim

Claim ICN region is 23, which denotes KYHealthNet claim **with** attachment.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

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Dental Claim

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

Claim Status	Suspended
Threshold	N
Claim ICN	2322284001001
Paid Date	
Adjudicated Date	
Adjusted Claim ICN	
Patient Liability	
Spended Amount	
Copay Amount	0.00
Total Allowed Amount	
Allowed Amount	
Header EOB	Disposition Description
9663 S -	ATTACHMENT BEING SENT BY PROVIDER FOR SUSPENDED AN ELECTRONIC CLAIM.

Billing Information 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: <input type="text" value="M"/> Patient Acct. #: <input type="text"/> Insurance Denied?: <input type="text" value="No"/> Prior Authorization: <input type="text"/>	Service Information Emergency: <input type="text" value="No"/> Accident: <input type="text" value="None"/> Accident Date: <input type="text"/> EPSDT: <input type="text" value="No"/> Place of Service*: <input type="text" value="Office"/> Rendering Provider*: <input type="text"/> Referring Provider: <input type="text"/>
Claim Charges Total Charges: <input type="text" value="200.00"/> TPL Amount: <input type="text" value="0.00"/> Total Amount Paid: <input type="text" value="0.000"/>	

10.2.5 Adjust or Void Claim Screen

To ADJUST a paid claim:

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

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

KENTUCKY
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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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Dental Claim

Monday 28 October 2019 12:01 pm

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

Claim Status Paid
Claim ICN
Paid Date 20190326
Allowed Amount 4.50
Spended Amount

Detail EOB Description
#1

9918 PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
0380 CO-PAY WAS DEDUCTED FROM REIMBURSEMENT.

Billing Information	Service Information
Provider Number <input type="text"/>	Emergency <input type="text" value="No"/>
Member ID* <input type="text"/>	Accident <input type="text" value="None"/> Accident Date: <input type="text"/>
Last Name <input type="text"/>	EPSDT <input type="text" value="No"/>
First Name <input type="text"/>	Place of Service* <input type="text" value="Telehealth"/>
Date of Birth <input type="text"/>	Rendering Provider* <input type="text"/>
Gender <input type="text" value="F"/>	Referring Provider <input type="text"/>
Patient Acct. # <input type="text"/>	
Insurance Denied? <input type="text" value="No"/>	Claim Charges
Prior Authorization <input type="text"/>	Total Charges <input type="text" value="100.00"/>
	TPL Amount <input type="text" value="0.00"/>
	Total Amount Paid <input type="text" value="4.50"/>

1
 2 **3** **4** **5**

Last Updated:9/10/2019

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Adjust/Void Field Descriptions

Field Description	Definition of Field Description
1	Next Navigates the user through the claim.
2	Adjust Make the correction to adjust a paid claim. Click Save when a Save button is available.
3	Void Claim Click Void Claim to reverse a paid claim.
4	Copy Claim Click Copy Claim to copy the current paid claim.
5	Print Allows the user to print this screen.

10.3 Supplemental Claims

10.3.1 Supplemental Claims Display of Encounter Data

The **Supplemental Claims** page allows Primary Care Center (provider type 31) and Rural Health Center (provider type 35) and Certified Community Behavioral Health Clinic (provider type 16) 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 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 (KYMMS)

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

Thursday 24 October 2019

 Welcome to the Kentucky


Claims Inquiry
 Claims Submission (Dental)
 Claims Submission (Professional)
 Claims Submission (Institutional)
Supplemental Claims
 LTC Roster/Submittal
 DRG Letter
 EOB Code Listing

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

[Click Here for Important Messages](#) (last updated June 17, 2019)

Provider

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

Would you like to start receiving paper PA Letters also?

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Last Updated: 9/10/2019

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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

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

Supplemental Claim Information

Thursday 24 October 2019 11:00 am

Provider
 Claim ICN:

Last Updated: 8/16/2019

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Supplemental Claim Information

Thursday 24 October 2019 11:02 am

Provider
 Claim ICN:

Physician Claim ICN:

Linked ICN	MCO Paid Amount	Encounter Medicaid Allowed Amount	Encounter TPL Amount
	\$47.41	\$154.36	\$0.00

Last Updated: 8/16/2019

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

10.4 Supplemental Report

10.4.1 Supplemental Report

The **Supplemental Report** page allows Primary Care Center (provider type 31), Rural Health Center (provider type 35) and Certified Community Behavioral Health Clinic (provider type 16) providers to run a report to view supplemental claim data. The report link is located under Claims.

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

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

Thursday 28 October 2019

Welcome to the Kentucky

- Claims Inquiry
- Claims Submission (Dental)
- Claims Submission (Professional)
- Claims Submission (Institutional)
- Supplemental Claims
- Supplemental Report**
- LTC Roster/Submittal
- DRG Letter
- EOB Code Listing

Claim Page

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

Pages (last updated June 17, 2019)

Provider 1427574862 - 261QF0400X ▾

Switch Working Provider

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



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Supplemental Report

Report Criteria

Provider: 1427574862 - 261QF0400X ▼

Generate Supplemental report based on the criteria entered below:

Optional Criteria

Member ID:

Claim Status: Paid Denied

Required Fields

Paid Date or DOS is Required

Paid Date From Date:

Date of Service To Date:

Report Layout

Select Report Layout: CSV PDF

NOTE: Report may not reflect Supplemental data to be processed during the next weekly financial cycle that runs every Friday night

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

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

Supplemental Report

Report Criteria

Provider 1871567362 - 261QR1300X

Generate Supplemental report based on the criteria entered below:

Optional Criteria

Member ID:

Claim Status: Paid Denied

Required Fields

Paid Date or DOS is Required

Paid Date Date of Service

From Date: 08/01/2022

To Date: 08/20/2022

Maximum date range is 7 days

Report Layout

Select Report Layout: CSV PDF

Report Criteria

Optional Criteria:

- Member ID
- Claim Status

Required Criteria:

- Paid Date
- Date of Service (Date range is limited to 7 days , no limit on Month or Year)

Report Layout

- CSV - Comma Separated Values (can be downloaded to Excel)
- PDF - Portable Document Format

Once the criteria is entered, select the Generate Report button. The screen displays a 'Loading the Report' message until the report is compiled and ready for download.

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Supplemental Report

Report Criteria

Provider

Generate Supplemental report based on the criteria entered below:

Optional Criteria

Member ID:

Claim Status: Paid Denied

Required Fields

Paid Date or DOS is Required

Paid Date

Date of Service

Date:

Report Layout

Please wait, loading the report... Do not refresh the page

Report Layout

BILLING PROVIDER NPI	BILLING PROVIDER TYPE														
123456789	31														
MEMBER ID	FDOS	MRN NUM	MCO ICN	MMIS ICN	MCO PAID AMOUNT	TPL AMOUNT SUBMITTED	SUPP ICN	SUPP PAID AMOUNT	SUPP PAID DATE	MEDICARE PAID AMOUNT	CLINIC NAME	CLINIC ADDRESS	CLINIC CITY	CLINIC STATE	CLINIC ZIP

Report Fields

- Billing Provider NPI
- Billing Provider Type
- Member ID
- FDOS
- MRN Number
- MCO ICN
- MMIS ICN
- MCO Paid Amount
- TPL Amount Submitted
- Supplemental ICN

- Supplemental Paid Amount
- Supplemental Paid Date
- Medicare Paid Amount
- Clinic Name
- Clinic Address
- Clinic City
- Clinic State
- Clinic Zip

10.5 Thresholded Report

Located under Claim Inquiry

The **Thresholded Encounters Report** allows Primary Care Center (provider type 31) Rural Health Center (provider type 35) and Certified Community Behavioral Health Clinic (provider type 16) providers to run a report to view Thresholded Encounter data. The report is accessed through the Claims Inquiry page by selecting the Thresholded Encounters Only checkbox.

The screenshot displays the 'Claim Inquiry' interface for claim number 1427574862. At the top, the header identifies the user as 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and the system as 'KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)'. Navigation links include 'Provider Home', 'Member', 'Claims', 'PA', 'Missed Appointments', 'Provider References', 'RA Viewer', and 'Logout'. The current page title is 'Claim Inquiry: 1427574862' and the timestamp is 'Tuesday 27 September 2022 3:06 pm'. A dropdown menu shows the provider ID '1427574862 - 261QF0400X' with a 'Refresh Unfinished Claims' button below it. The 'Search Criteria' section contains several input fields: 'Member ID', 'Claim Status' (set to 'Any Status'), 'Patient Acct. #', 'Date Type' (with radio buttons for 'Date Of Service' and 'Warrant Date'), 'ICN or TCN', 'From Date' (set to '09/20/2022'), and 'Thru Date' (set to '09/27/2022'). A 'Search' button is located at the bottom of the search criteria section. A red box highlights the 'Thresholded Encounters Only' checkbox, which is currently unchecked.

1. Select the checkbox Thresholded Encounters Only.
2. Enter additional search criteria
3. Select Search button

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

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

Claim Inquiry: 1427574862

Tuesday 27 September 2022 3:10 pm

Provider: 1427574862 - 261QF0400X ▾

Search Criteria

Member ID: Claim Status: Any Status ▾ Thresholded Encounters Only:

Patient Acct. #: Date Type: Date Of Service
 Warrant Date

ICN or TCN: From Date: 09/20/2021 Thru Date: 09/27/2021

ICN	From DOS	To DOS	Adjudicated Date	Amount Billed	Claim Status	Threshold	Member ID	Claim Type
	09/23/2021	09/23/2021		\$119.00	Paid	Y		PROFESSIONAL CLAIMS
	09/22/2021	09/22/2021		\$204.04	Paid	Y		PROFESSIONAL CLAIMS

4. Select Generate Threshold Report
5. Report Returns

MMIS ICN	MCO ICN	MEMBER ID	THRESHOLD EOB	THRESHOLD EOB DSC	DTE BILLED	TDOS	FDOS	MRN	MCO MEMBER ID	SUBMITTER ID
----------	---------	-----------	---------------	-------------------	------------	------	------	-----	---------------	--------------

Report Fields

- MMIS ICN
- Member ID
- Thresholded EOB
- Thresholded EOB Description
- Date Billed
- TDOS
- FDOS
- MRN
- MCO Member ID
- Submitter ID

System Message: If the Thresholded Encounter Only checkbox is select but no results are returned the system will display the following Message: **Data Is Unavailable Due To Encounters Retention Policy**

The screenshot shows the KY HealthNet Dental User Manual interface. At the top, it displays '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 | Missed Appointments | Provider References | RA Viewer | Logout'. The main header area shows 'Claim Inquiry: 1427574862' and the date 'Thursday 14 July 2022 11:10 am'. A 'Provider' dropdown menu is set to '261QF0400X' with a 'Refresh Unfinished Claims' button below it. The 'Search Criteria' section includes fields for 'Member ID', 'Patient Acct. #', and 'ICN or TCN'. The 'Claim Status' is set to 'Any Status'. The 'Date Type' is set to 'Date Of Service' (selected) with 'Warrant Date' as an option. The 'From Date' is '06/07/2022' and the 'Thru Date' is '07/14/2022'. The 'Thresholded Encounters Only' checkbox is checked. A 'Search' button is located at the bottom of the search criteria section. A red error message is displayed at the bottom of the page: 'Data is unavailable due to Encounters Retention Policy'.

10.6 DRG Letter

1. Select **Claims** from the menu.
2. Choose **DRG Letter** from the drop-down.

The screenshot shows the KYHealthNet Dental User Manual 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". A date "Monday 14 October 2019" is displayed on the left. A "Welcome to the Kentucky" message is shown in a box. A dropdown menu is open under "Claims", listing options: "Claims Inquiry", "Claims Submission (Dental)", "Claims Submission (Professional)", "Claims Submission (Institutional)", "LTC Roster/Submittal", "DRG Letter" (which is highlighted), and "EOB Code Listing". To the right of the dropdown is a "Main Page" header and a message: "Department of Medicaid Services secure website is intended for and billing agents." Below this is a link: "Click Here for Important Messages (last updated September 27, 2019)". There is a "Provider" dropdown menu and a "Switch Working Provider" button. A list of links is provided: "Claim Inquiry", "Submit Dental Claim", "Submit Professional Claim", "Submit Institutional Claim", "Eligibility Verification", and "Provider Status". An image shows a dentist examining a patient's eye. 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." At the bottom, there is a question: "Would you like to start receiving paper PA Letters also?" with a "Yes!" button. The footer includes "Contact Us", "Privacy | Disclaimer | Individuals with Disabilities", "Copyright © 2005 Commonwealth of Kentucky All rights reserved", and "Last Updated: 8/16/2019".

The following screen will appear.

A Member ID, Letter Type, Case #, or Date Sent must be entered to limit the search parameters.

3. Click the **Search DRG Letters** button to return the data.

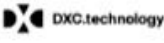
Letter Type	Case Number	Member ID	Member Name	Request Date	Date Sent
Technical Denial Letter (EDS Case Number; Provider No.; Member ID)				09/20/2019	09/22/2019
Technical Denial Letter (EDS Case Number; Provider No.; Member ID)				09/20/2019	09/22/2019
Technical Denial Letter (EDS Case Number; Provider No.; Member ID)				09/20/2019	09/22/2019

- Click the link of the letter to view. The letter, with options to save or print, is displayed.

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

Diagnostic Related Group (DRG) Letters

Monday 14 October 2019 2:35 pm



DXC technology

Enterprise Services
 456 Chamberlin Ave.
 Frankfort, KY 40601
 502.209.8000

Date: 09/22/2019

To: From:

Re: Technical Denial

Patient Name:	Member ID:
DXC Case No:	Medical Record No:
Patient Status:	Hospital Provider No:
Admission Date:	NP:
Admission Source:	Attending Physician Name:
Admission Type:	Attending Physician ID:
LOS:	IGN:
Discharge Date:	DRG:
Review Month:	Date Paid:
	Total Amount Paid:


DXC Technology has contracted with Carewise Health, a Utilization Review agency, to perform the review of services provided to Medicaid recipients.

The above mentioned Medicaid member's medical record was not produced for review within the requested time frame. The following decision was rendered:

Technical Denial:
Records requested for review by the Kentucky Department for Medicaid Services (DMS) or its designee must be supplied within 30 days of the request. Failure to produce records within the 30 days will result in the recoupment of Medicaid payments. There is no appeal for technical denials.

Should you have any questions or concerns, you may contact the Carewise Health review team by calling 1-877-324-2461 ext: 66301.

Disclaimer: The information in this letter is CONFIDENTIAL and contains Protected Health Information that may only be redisclosed in accordance with the 45 CFR Parts 160, 162 and 164 (Standards for Privacy of Individually Identifiable Health Information).



Save a copy (Shift+Ctrl+S)

10.7 EOB Code Listing

1. Select **Claims** from the menu.
2. Choose **EOB Code Listing** from the drop-down.

This page lists all the EOB errors that are available in the MMIS.

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](#)

EOB Descriptions

Monday 14 October 2019 2:24 pm

EOB	Description
0001	PLEASE VERIFY THE DATES OF SERVICE. HEADER FROM DATE OF SERVICE IS MISSING OR INVALID.
0002	THE ADMITTING DATE OF SERVICE IS MISSING/INVALID OR LATER THAN THE FROM DATE OF SERVICE.
0003	PLEASE VERIFY THE DATES OF SERVICE. THE TO DATE OF SERVICE IS INVALID, MISSING, FUTURE DATE OR LESS THAN THE FROM DATE OF SERVICE.
0004	MEDICARE PAID DATE IS MISSING OR INVALID.
0005	EACH PROVIDER IS LIMITED TO BILLING ONLY 1 OF THE FOLLOWING PROCEDURES(HOSP ADMER VIS, CONSULT, OV) MEMBER SAME DOS. YOU HAVE ALREADY RECEIVED PAYMENT FOR 1 OF THESE PROCEDURES.
0006	THE DISCHARGE DATE IS MISSING OR INVALID.
0007	TOTAL DAYS DO NOT EQUAL THE DIFFERENCE BETWEEN FROM AND TO DATES.
0008	CLAIM DENIED REQUEST FOR PAYMENT WAS REC'D BEYOND MEDICAID FILING LMT CLAIMS MUST BE FILED WITHIN 1 YR OF THE DOS OR WITHIN 6 MONTHS OF MEDICARE PD DATE WHICHER IS LATER.
0009	CLAIM DENIED. RESEARCH DATA UNAVAILABLE TO PROCESS CLAIM PLEASE RESUBMIT CLAIM WITH ITEMIZED BILL. SUMMARY STATEMENT FOR ENTIRE ADMISSION.
0010	CLAIM DENIED. PLEASE RESUBMIT CLAIM WITH ANESTHESIA REPORT.
0011	NUMBER OF UNITS BILLED IS NOT EQUAL TO DATE SPAN
0012	ONLY ONE UNIT IS PAYABLE PER DATE OF SERVICE FOR THIS SERVICE. UNITS OF SERVICE CHANGED TO ONE.
0013	DISCHARGE DATE IS PRIOR TO THROUGH DATE OF SERVICE.
0014	CODE INDICATING SUPERVISING PROFESSIONAL IS MISSING/INVALID.
0015	CLAIM/DETAIL DENIED. PROCEDURE IS LIMITED TO THE FOLLOWING CONDITIONS - CONGENITAL, HEREDITARY OR DRUG INDUCED
0016	CLAIM/DETAIL DENIED. PROCEDURE IS LIMITED TO TRAUMA RELATED INJURIES.
0017	LONG TERM CARE DAYS BILLED IS GREATER THAN THE NUMBER OF DAYS IN BILLING MONTH.
0018	CLAIM DENIED. ACCOMMODATION/ANCILLARY CODE MISSING OR INVALID.
0019	CLAIM/DETAIL DENIED. PROCEDURE/NDC MISSING/INVALID.
0020	MEDICARE DOCUMENTATION NOT ATTACHED.
0021	CLAIM DENIED. PHYSICIAN ON REPORT AND PHYSICIAN BILLING DO NOT MATCH.
0022	COVERED DAYS ARE NOT EQUAL TO ACCOMMODATION UNITS.
0023	CLAIM DENIED. NO PHYSICIAN PATIENT CONTACT.
0024	THE DETAIL BILLED AMOUNT IS MISSING OR INVALID.
0025	CLAIM SUBMITTED FOR INFORMATIONAL PURPOSE ONLY. NO PAYMENT IS TO BE MADE.
0026	CLAIM DENIED. LONG TERM CARE SUPPLEMENTAL BILLING MUST BE SUBMITTED AS AN ADJUSTMENT.
0027	CLAIM DENIED. RESUBMIT AN ADJUSTMENT ON RELATED PAID CLAIM.
0028	CLAIM/DETAIL DENIED. DATA ILLEGIBLE. PLEASE RESUBMIT.
0029	CLAIM REQUIRES DOCUMENTATION. PLEASE RESUBMIT ON PAPER. DEPENDENT ON SPECIFIC PROCEDURE CODE AND CRITERIA SET FOR REVIEW.
0030	CLAIM/DETAIL DENIED. DETAIL NUMBER OF SERVICES MISSING.
0031	CLAIM DENIED. LEVEL OF CARE MISSING. PLEASE CORRECT AND RESUBMIT.
0032	CLAIM DENIED. UNIT OF MEASURE INVALID. DOES NOT MATCH NDC UNIT OF MEASURE.
0033	NUMBER OF UNITS BILLED LESS THAN 30 FOR INSULIN SYRINGES
0034	DENIED BY MEDICARE.
0035	DETAIL DENIED. THIS SERVICE NOT PAYABLE ON THIS DATE OF SERVICE
0036	CLAIM DENIED. ONLY 1 DATE OF SERVICE ALLOWED PER CLAIM FORM.
0037	MODEL WAIVER 1 MEMBER LIMITED TO 24 HOURS OF NURSING SERVICES PER DATE OF SERVICE.
0038	CLAIM/DETAIL DENIED. REVENUE CODE INVALID FOR PLACE OF SERVICE.
0039	THIS PROCEDURE CODE IS LIMITED TO TWO UNITS OF SERVICE PER DATE OF SERVICE.
0040	CLAIM/DETAIL DENIED. TYPE OF BILL INVALID OR MISSING.

[1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) ...

Last Updated: 9/10/2019

[Contact Us](#)

11 Provider Status

11.1 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 drop-down selection to view provider status information covered in this section.

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

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

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

Provider Status Information

Thursday 3 October 2019 11:54 am

Provider

Provider Name:

Identification

Provider Number	ID Type	Effective Date	End Date
	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
	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

- The **Group Practice** panel is each individual provider effective and end dates linked to the group name (if applicable).
- The **Contracts** panel displays the current contract effective and end dates.
- The **Licenses** panel displays the provider's license number, state issued, effective date, and end date.
- The **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.			

11.2 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.

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

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

Provider Status Information

Thursday 3 October 2019 11:54 am

Provider

Provider Name:

Identification			
Provider Number	ID Type	Effective Date	End Date
	National Provider ID	02/01/1978	12/31/2299
	Medicaid Provider Number	02/01/1978	12/31/2299

[Providers that participate in Group Practice](#)

The user will click the link allowing access to the **Group Practice** information.

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

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

Providers That Participate in Group Practice

Friday 15 August 2014 1:34 pm

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

Last Updated: 8/11/2014

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12 Appendix A

12.1.1 Forms

The web site link for a blank **PIN Release** form:

www.kymmis.com

1. Click **Electronic Claims**.
2. Click **EDI Forms**.
3. Click the link for the **PIN Release Form**.

12.1.2 Billing Instructions

www.kymmis.com

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