# KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

# Commonwealth of Kentucky
# KY Medicaid

# KYHealthNet Dental
# User Manual

Version 4.6

May 12, 2025

# Revision History

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

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

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| 4.1 | 10/14/2019 | Jamie Redmon / Megan Freeman | Updates to multiple screens and pages due to multiple change orders.<br>DMS Approved: 5/18/20 |
| 4.2 | 2/5/2021 | Megan Freeman/ Annette Jimmerson | Update to claim pages due to KYHealthNet claim attachments, CO30588 |
| 4.3 | 5/13/2021 | Annette Jimmerson | CO 31255 Missed/Cancelled Member Appointments<br>CO 30956 - KYH changes for EDI claim Attachments |
| 4.4 | 10/19/2021 | Annette Jimmerson | CO 33083 KHN-CHFS New Logo and Presentation Template 2021 |
| 4.5 | 01/25/2022 | Annette Jimmerson | CO 33020 Display Medicare Part C info to KYHealthnet<br>CO 32804 KYHealthnet_Report generation for PT 31/35 & MCO<br>CO 33093 Missed Cancelled New Fields Added |
| 4.6 | 05/12/2025 | Jackie Washabaugh<br>Mary Larson | Updates to current data in Document |

# Table of Contents

# 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 user name 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 accountholder 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_EDI_Helpdesk@dxc.com

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

The PIN release email example is below:

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**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_EDI_Helpdesk@dxc.com.**

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### 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 | |
| | Sign In |

KyHealth Choices
Account Migration

luals with Disabilities                    Copyright © 2006 Commonwealth of Kentucky
All rights reserved.

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?**

| Yes, I agree. | No, I do not agree. |
|---|---|

4. Enter the data on the **Create New Account** form.

## Create New Account

| First Name | new user |
| Middle Name | |
| Last Name | KY Health net example |

| Address Line 1 | Sunshine Lane |
| Address Line 2 | |
| City | Anywhere |
| State | KY |
| Zip Code | 41000 |

| Phone Number | 502-555-5555 |

| E-Mail Address | |
| | Email address is required. |
| E-Mail Address (verify) | |

| Provider ID | |
| Provider NPI | |
| Provider Taxonomy ID | |
| Trading Partner ID | |

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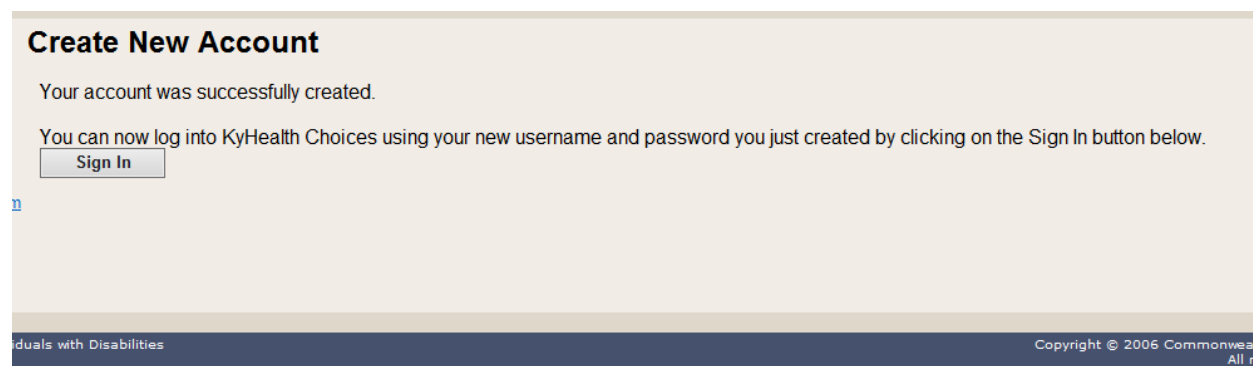
**Select a security question from the list below and provide an answer that you will remember.**
This question will help the Help Desk verify your identity if you need assistance.

| Question | In what city were you born? (Enter full name of city only) |
| Answer | |

\* indicates required field.

| Next |

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.

Sign In

n

iduals with Disabilities

Copyright © 2006 Commonweal
All ri

## 2   Signing into KYHealth Choices

### 2.1   Sign into KYHealth Choices

1.  Access https://home.kymmis.com.

2.  Enter the username and password.



### 2.2   Accessing User Applications

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**.

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. |

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.

### 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.

### 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 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

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**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 or call (800) 205-4696 between 7:00 am - 6:00 pm Monday - Friday EST if you have questions about any of these changes.

KYHealth Choices

## 2.3   Viewing Agent Roles

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



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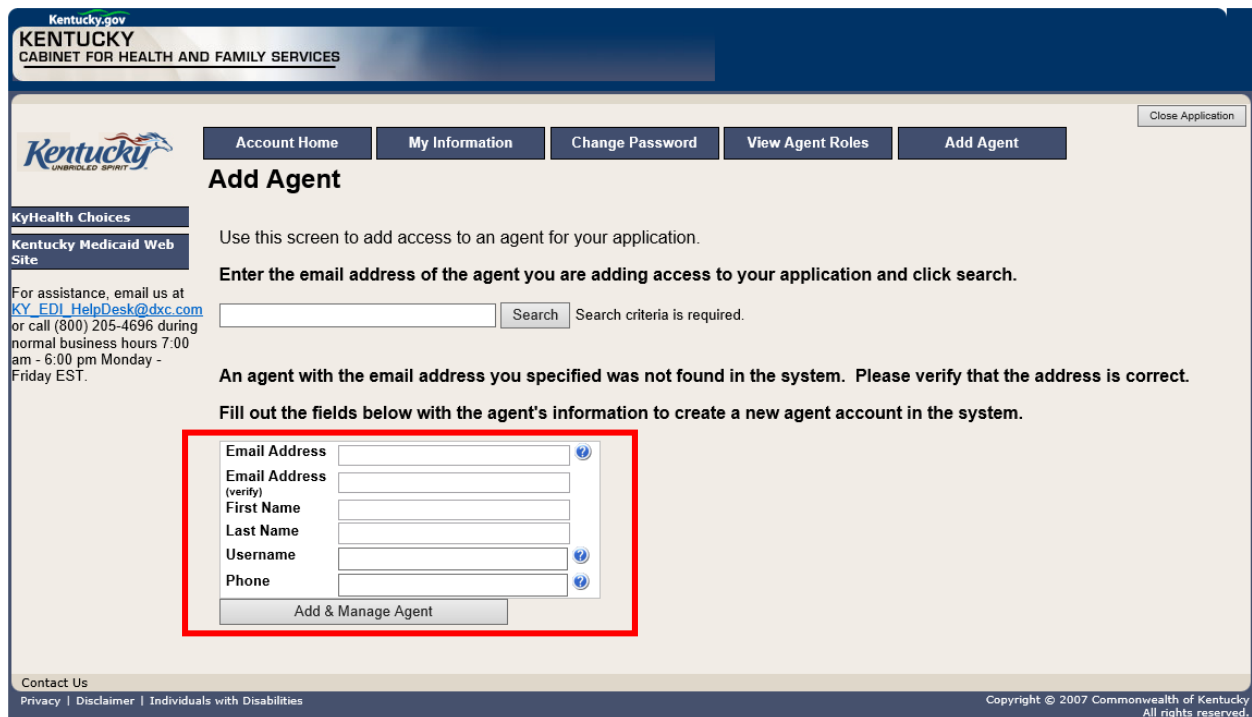
Provider Administrators and Billing Agents have the ability to add agents to an account, giving them access to submit claims, check claim status, check eligibility, or perform other functions on behalf of the provider.  Clicking **Add Agent** allows a Provider Administrator or Billing Agent to add an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

### 2.4.1   No Email Address Found:  Create Username

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

1. Complete the fields boxed in red below.

2. Click the **Add & Manage Agent** button.

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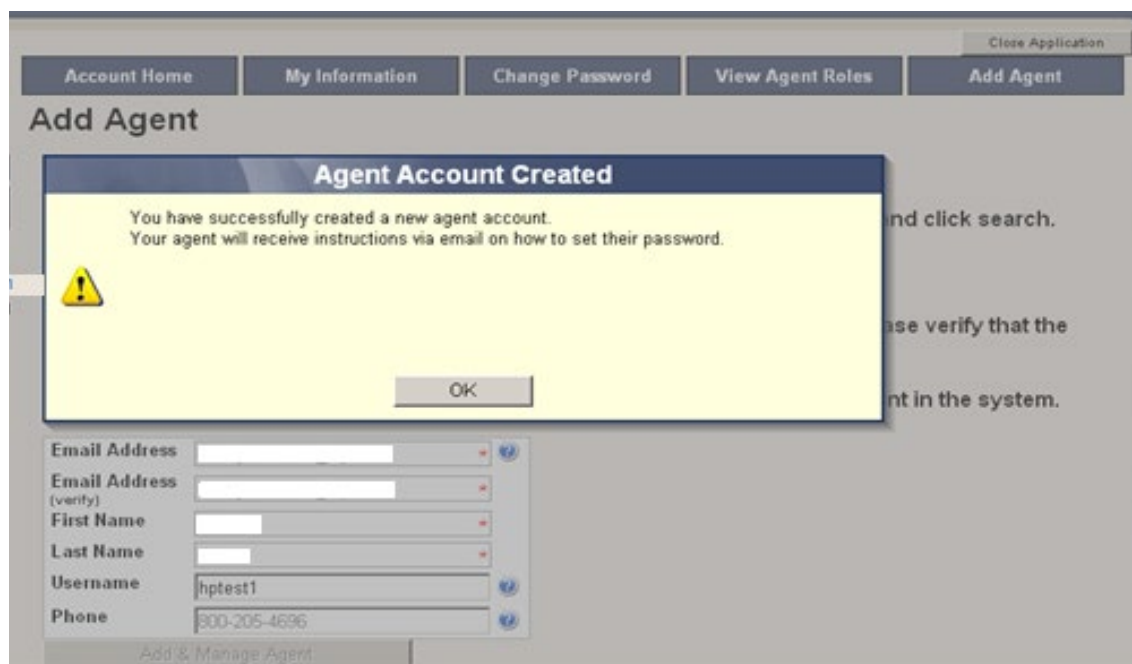


4. The user will receive an email as shown below.

Automated MEUPS email example:

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**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/testexampleurllink

Please contact the EDI helpdesk at KY_EDI_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

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

6.  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

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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.



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

3. Roles are granted or removed in this section.



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** | | | |

[ 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

☑ Card Issuance
☑ Claims Inquiry
☐ Claims Submission (Dental)
☑ Claims Submission (Institutional)
☐ Claims Submission (Professional)
☐ KenPAC Referral Confidential Message Inquiry
☐ KenPAC Referral Confidential Message Submit
☐ KenPAC Referral Inquiry
☐ KenPAC Referral Submit
☑ Eligibility Verification
☐ Electronic ADO
☐ Electronic EFT
☐ Provider Status
☐ LTC Claims
☐ PA Inquiry
☐ PA Submission
☐ Pharmacy History

## 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.

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



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

# 4   Functionality

Provider Administrators have access to all applicable functions on 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.



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

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. The Benefit Issuance is no longer receiving current data since Sept of 2023. However, there is historical records still available.

## 5.2 Member Eligibility Verification

1. Select **Member** from the menu.

2. Choose **Eligibility Verification** from the drop-down.



The following screen will appear.

### 5.2.1 Searching for a Member

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



When the search criteria is selected, the screen will expand to include **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.



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.



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

963072524         ZAMORANO, LUBA          Redetermination Date: Redetermination not required
963072524C        GABBERT, COLLETTE S

| Member's Authorized Representative |
| --- |

No Authorized Representative on file for current member.

| Eligibility |
| --- |

Eligibility 5 Year History

| Eligibility Group | Program Code | Program Status | From Date | To Date | Last Update |
| --- | --- | --- | --- | --- | --- |
| KY Managed Care Organization with Co-Pay | A - Aged indiv 65 and over who rec SSI | ZZ - SSI w/QMB | 05/06/2025 | 05/31/2025 | 09/23/2022 |

**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 | 05/06/2025 | 05/31/2025 |

| Copay Indicator | From Date | To Date |
| --- | --- | --- |
| Y | 05/06/2025 | 05/31/2025 |

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

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

| 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 | | | | | | | |
| Carrier Name | Policy Number | Policy Holder | | Coverage Type | Carrier Code | From Date | To Date |
| AETNA PHARMACY MANAGEMENT | MEBDTNPB | BERNARD, DANETTE | | MEDICAL | G01459 | 05/06/2025 | 05/31/2025 |

| Managed Care | | | | | |
|---|---|---|---|---|---|
| Managed Care 5 Year History | | | | | |
| MCO Name | MCO Member ID | Region | Date Added | From Date | To Date |
| HUMANA | | 06 | 08/22/2016 | 05/06/2025 | 05/31/2025 |

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

Last Updated:3/20/2025

Contact Us

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.

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.

The following screen will appear.



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

4.  The **Pharmacy Claims History** screen will appear.

## 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

**Provider Main Page**

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

Thursday 3 Octo

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 September 27, 2019)

Provider [               ▼]
Switch Working 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? [Yes!]

Last Updated:8/16/2019

Contact Us

The following screen will appear.



3. Enter the Member's ID or SSN and click **Search**.

4. The Member's patient liability information will appear.

## 5.6   Spend Down

1.   Select **Member** from the menu.

2.   Choose **Spend Down** from the drop-down.

The following screen will appear.

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

# 6   PA – Prior Authorization

## 6.1   Prior Authorization Checklist

1.   Select **PA** from the menu.

2.   Choose **Prior Authorization Checklist** from the drop-down.

3. 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 (KYMMIS)

kymmis > Provider Relations : PriorAuthorizationForms

# Prior Authorization Forms

| 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 are displayed in Adobe Acrobat formats.

Get Adobe Reader

| 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 | Orthodonitc 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.

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

### 6.3 MMIS PA Letters

1. Select **PA** from the menu.

2. Choose **MMIS Prior Authorization Letter** from the drop-down.

**KENTUCKY**
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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: [            🔲]

[Search PA Letters]

**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**
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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: [            🔲]

[Search PA Letters]

| 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.

The following screen will appear.



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



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

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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.

[Search]

### 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.**

Last Updated:5/1/2020

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## 6.5  PA Inquiry

1.  Select **PA** from the menu.

2.  Choose **PA Inquiry** from the drop-down.

The following screen will appear.



A PA search is completed by entering:

- Transaction ID – is the PA number

or

- Member ID

or

- SSN

or

- Name of member

- Start Date is required with all search criteria.

3. Select **Search** to return the results.

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

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: 01                                        Status: Approved

Service Type Code*: Procedure Code

Revenue Code From:                         Revenue Code To:

Procedure Code From*: T1005               Procedure Code To:

Modifiers: HI    U2

| | Effective Date | End Date | Frequency | Frequency Units | Units | Dollars |
|---|---|---|---|---|---|---|
| Authorized: | 01/01/2019 | 04/30/2019 | Weekly | 50 | 900 | 2250 |
| | | | Used: | | 1 | 2.50 |

Tooth                                        Tooth Quad:

Payment Method: Pay System Calculated Price

Save                        Add                        Delete

IAC

| Code | Description |
|---|---|
| 149 | FREE FORM COMMENTS |

Next

Last Updated:9/10/2019

Contact Us

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

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



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
    - o AM: Radio Button (default option)- Field is not validated. User must manually select option.
    - o 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\*\**



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



| 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.



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

- Enter the updated information as applicable.
- Click the Update button.

### 7.1.4   Delete a record

Delete a record can only be made by the provider who entered the missed/cancelled appointment.

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



- 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.

# 8   Provider References

## 8.1   TPL Carrier

1.   Select **Provider References** from the menu.

2.   Choose **TPL Carrier** from the drop-down.

The following screen will appear.



3. Enter the TPL Carrier name.

4. Click **Search**.

The response will return all carrier information on file.

## 8.2 Provider References Documentation

1. Select **Provider References** from the menu.

2. Choose **Documentation** from the drop-down.

The following screen will appear.



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

## 9 RA Viewer

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

The following screen will appear.

2. Select the provider NPI/Taxonomy from the drop-down menu (if the user works on behalf of multiple providers).

3. Click **Search**.



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

4.  Select the applicable Run Date.

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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

**RA Viewer**

Thursday 24 October 2019 10:10 am

Provider [                    ] [v]

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

1 2 3

[ Search ] [ Print ]

**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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Privacy | Disclaimer | Individuals with Disabilities                 Copyright © 2005 Commonwealth of Kentucky
                                                                        All rights reserved

# 10 Claims

## 10.1 Claim Inquiry

1. Select **Claims** from the menu.

2. Choose **Claims Inquiry** from the drop-down.

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

| Enter Member ID and From Date/Thru Date or Patient Acct # | |
|---|---|
| **Claim Status** | Any Status, Paid, Denied, and Suspended. |
| **Warrant Date** | Warrant Date should read as RA date. |
| **ICN** | Enter 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. |

## 10.2  Submitting a Dental Claim

1. Select **Claims** from the menu.

2. Choose **Claims Submission (Dental)** from the drop-down.

### 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.

**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 | **Accident Date**<br><br>If anything, other than **None** is selected from the **Accident** drop-down menu, enter the date of the accident.  If a date is entered indicating an accident, the claim must be filed on paper rather than electronic. |
| 13 | **EPSDT**<br><br>If the service is the result of an EPSDT screening, choose **Yes** from the drop-down menu.  If not, leave the default selection, **No**. |
| 14 | **Place of Service**<br><br>Select the appropriate Place of Service from the drop-down menu. |
| 15 | **Rendering Provider and Taxonomy**<br><br>Select the Kentucky Health Choices rendering NPI number and matching taxonomy that is in the drop-down box.  The * indicates that this is a mandatory field.  When the NPI has multiple matches on Taxonomy, the Taxonomy drop-down box will display to allow the user to select the correct taxonomy code. |
| 16 | **Referring Provider Taxonomy**<br><br>Select the Kentucky Health Choices referring NPI number and matching taxonomy that is in the drop-down box.  When the NPI has multiple matches on Taxonomy, the Taxonomy drop-down box will display to allow the user to select the correct taxonomy code. |
| **Claim Charges Section** | |
| 17 | **Total Charges**<br><br>This field will auto-populate after detail charges are entered in the detail screen. |
| 18 | **TPL Amount**<br><br>This field will auto-populate after detail TPL payments are entered in the detail screen. |
| 19 | **Total Amount Paid**<br><br>This field will auto-populate after all charges and payments are entered in the detail screen. |
| 20 | **Next**<br><br>Click the **Next** button to continue to the detail screen. |
| 21 | **Print**<br><br>Allows the user to print the page for recordkeeping. |

**10.2.1.1  Dental Claim Detail Screen**

Below are instructions for filling in the fields.

**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** <br> Total amount of the check. |
| 15 | **Save** <br> Saves the detail line on the claim. |
| 16 | **Add** <br> Allows the user to add an additional detail line. |
| 17 | **Delete** <br> Allows the user to remove the detail line previously entered. |
| 18 | **Next** <br> Click **Next** to continue to the **Attachment** screen. |
| 19 | **Print** <br> 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.

**Attachments Continued**:

Screen displays after upload is selected

**Attachment Screen Field Descriptions**

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

View Header

Header > Details > Attachments > Summary

Claim Status     Suspended
Claim ICN        2121108001004
Paid Date        0
Allowed Amount   0.000
Spenddown Amount

Header  EOB  Description
    9663  ATTACHMENT BEING SENT BY PROVIDER FOR AN
          ELECTRONIC CLAIM.

**Billing Information**

| | |
|---|---|
| Provider Number | 183 |
| **Member ID*** | 8572 ✕ |
| Last Name | CHE....H |
| First Name | MAF |
| Date of Birth | 12/12/1980 |
| Gender | M |
| Patient Acct. # | SW4.... |
| Insurance Denied? | No |
| Prior Authorization | |

**Service Information**

| | |
|---|---|
| Emergency | No |
| Accident | None   Accident Date: |
| EPSDT | No |
| **Place of Service*** | Office |
| **Rendering Provider*** | 183 |
| Referring Provider | |

**Claim Charges**

| | |
|---|---|
| Total Charges | 660.00 |
| TPL Amount | 0.00 |
| Total Amount Paid | 0.000 |

Next

Print

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: | |
| Medicaid Id: | |
| Member Name: | |

**To finalize your electronic claim with attachment(s):**

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
*You MUST add an attachment for each file id or you will not be able to finalize the claim*
5. Once all attachments have been uploaded, click Finalize.
*This is the final step and will send the attachments through to be processed with 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**

File:

[_____] [ Browse... ]

File Id:
[ Header_1 ⌄ ]

[ Upload File ]

**Header Attachments**

| File Id | File Status | File Name | Delete |
|---------|-------------|-----------|--------|
| Header_1 | | | |
| Header_2 | | | |
| Header_3 | | | |
| Header_4 | | | |
| Header_5 | | | |
| Header_6 | | | |

**Detail Attachments**

| File Id | File Status | File Name | Delete |
|---------|-------------|-----------|--------|
| Detail_1 | | | |
| Detail_2 | | | |
| Detail_3 | | | |

[ Next ]

[ 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:

| | Browse... |

File Id:

Detail_1 ▾

Upload File

**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 | | | |

Next

Print

Last Updated:3/30/2021

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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** |

[ Finalize Claim ]

[ Next ]

[ Print ]

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

| File Id | File Status | File Name | Delete |
|---------|-------------|-----------|--------|
| **Header Attachments** | | | |
| 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 | |

| File Id | File Status | File Name | Delete |
|---------|-------------|-----------|--------|
| **Detail Attachments** | | | |
| 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 | |

Finalize Claim

Next

Print

Last Updated:3/30/2021

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## Summary Page

View the finalized claim.

### 10.2.4 Dental Summary Screen

Below are instructions for filling in the fields.

1. Verify the Summary.

2. Click **Submit Claim**.



**Dental Summary Screen Field Descriptions**

| Field Number / Menu Selection | Definition of Field Description |
|---|---|
| 1 | **Summary** <br> Identifies this as the **Summary** screen. |

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

**Submitted Claim**

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

**Dental Claim**

Monday 9 March 2020 3:12 pm

*Header* > **Details** > **Attachments** > **Summary**

| | |
|---|---|
| Claim Status | Suspended |
| Claim ICN | 2320069001005 |
| Paid Date | |
| Adjudicated Date | |
| Adjusted Claim ICN | |
| Patient Liability | |
| Spenddown Amount | |
| Copay Amount | 0.00 |
| Total Allowed Amount | |
| Allowed Amount | |

Header  EOB  Description

9998  CLAIM WAS PRICED IN ACCORDANCE WITH
CURRENT KENTUCKY HEALTH COVERAGE
PROGRAM POLICIES.

Detail  EOB  Description
#1

1010  RENDERING PROVIDER NOT A MEMBER OF BILLING
GROUP.

409  INVALID PROVIDER TYPE BILLED ON CLAIM FORM.

**Billing Information**

| | |
|---|---|
| Provider Number | |
| **Member ID\*** | |
| Last Name | |
| First Name | V |
| Date of Birth | |
| Gender | |
| Patient Acct. # | |
| Insurance Denied? | No |
| Prior Authorization | |

**Service Information**

| | |
|---|---|
| Emergency | No |
| Accident | None    Accident Date: |
| EPSDT | No |
| **Place of Service\*** | Office |
| **Rendering Provider\*** | |
| Referring Provider | |

**Claim Charges**

| | |
|---|---|
| Total Charges | 200.00 |
| TPL Amount | 0.00 |
| Total Amount Paid | 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**
**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 28 October 2019 12:01 pm

*Header* > **Details** > **Summary**

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

Detail   EOB   Description
#1

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

**Billing Information**

| | |
|---|---|
| Provider Number | |
| **Member ID*** | |
| Last Name | |
| First Name | |
| Date of Birth | |
| Gender | F |
| Patient Acct. # | |
| Insurance Denied? | No |
| Prior Authorization | |

**Service Information**

| | |
|---|---|
| Emergency | No |
| Accident | None    Accident Date: |
| EPSDT | No |
| **Place of Service*** | Telehealth |
| **Rendering Provider*** | |
| Referring Provider | |

**Claim Charges**

| | |
|---|---|
| Total Charges | 100.00 |
| TPL Amount | 0.00 |
| Total Amount Paid | 4.50 |

Next **1**

**2** Adjust   Void Claim **4** Copy Claim   Print **5**
**3**

Last Updated:9/10/2019

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**Adjust/Void Field Descriptions**

| Field Description | Definition of Field Description |
|---|---|
| 1 | **Next**<br>Navigates the user through the claim. |
| 2 | **Adjust**<br>Make the correction to adjust a paid claim.  Click **Save** when a **Save** button is available. |
| 3 | **Void Claim**<br>Click **Void Claim** to reverse a paid claim. |
| 4 | **Copy Claim**<br>Click **Copy Claim** to copy the current paid claim. |
| 5 | **Print**<br>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) 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.

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) and Rural Health Center (provider type 35) providers to run a report to view supplemental claim data.  The report link is located under Claims.

## Report Criteria

Optional Criteria:

- Member ID
- Claim Status

Required Criteria:

- Paid Date **or** Date of Service must be selected

Once the criteria is entered, select the Generate Report button.  The report is ready for download.

Report Layout

**Supplemental Report**

| Billing Provider NPI: | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Billing Provider Type: 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 |

## 10.5 DRG Letter

1. Select **Claims** from the menu.

2. Choose **DRG Letter** from the drop-down.

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.

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

## 10.6 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.

# 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 (KYMMIS)

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

**Provider Status Information**

Thursday 3 October 2019 11:54 am

Provider [                    ] [v]

[Switch Working 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 |

1 2 3

- 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.

- The **Location Address** panel displays the provider **Physical**, **Pay To**, and **Correspondence** addresses.

## 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.



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

# 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**.