



CABINET FOR HEALTH
AND FAMILY SERVICES

Commonwealth of Kentucky
KY Medicaid

KYHealthNet Professional
User Manual

Version 5.2

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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 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@dx.com

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

The PIN release email example is below:

From: Jane.doe@dx.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 # = XXXXXXXXXX

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@dx.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

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?

Yes, I agree. **No, I do not agree.**

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

Create New Account

First Name	hp instit
Middle Name	
Last Name	KYHealthnet

Address Line 1	656 Chamberlin Ave
Address Line 2	edi
City	frankfort
State	ky
Zip Code	40601

Phone Number	800-205-4696
--------------	--------------

E-Mail Address	
E-Mail Address (verify)	

Provider ID	
Provider NPI	
Provider Taxonomy ID	
Trading Partner ID	

E-Mail Address	
E-Mail Address (verify)	

Provider ID	
Provider NPI	
Provider Taxonomy ID	
Trading Partner ID	

Username	hpinst
Password	*****
Password (verify)	*****

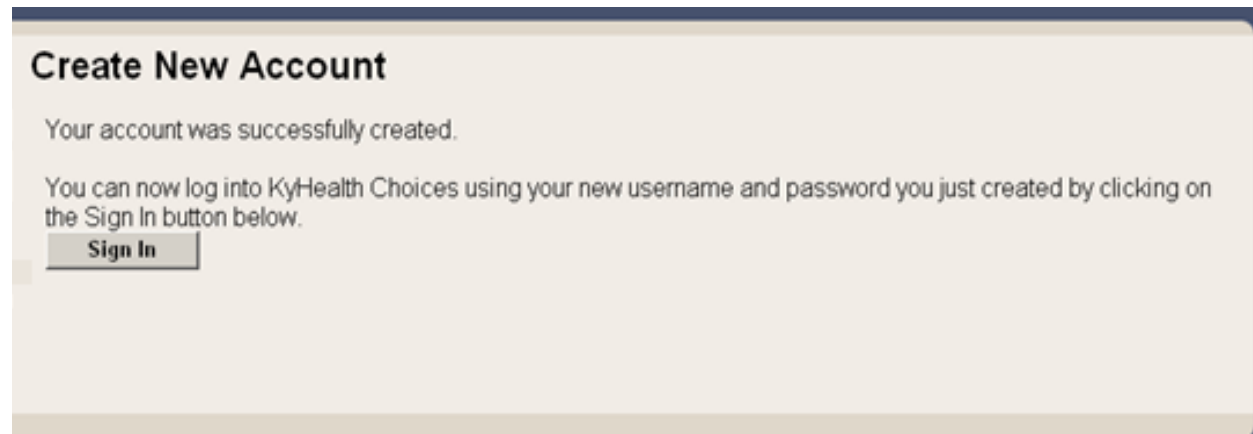
Select a security question from the list below and provide an answer that you will remember. This question will help the Help Desk verify your identity if you need assistance.

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

* Indicates required field.

Next

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



2 Signing into KYHealth Choices

2.1 Sign into KYHealth Choices

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

The screenshot shows the Kentucky Medicaid Web Site interface. At the top, it says "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "DEPARTMENT FOR MEDICAID SERVICES". Below this is the Kentucky logo and the text "Kentucky Medicaid Web Site". To the left, there is contact information: "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." In the center, there is a section titled "Sign in to the KyHealth Choices" with a bulleted list: "Manage your contact information", "Change your password", and "Providers: Manage your agent's access". Below this is a section for "Kentucky Medicaid Billing Agents" with instructions: "To set up a Billing Agent account, please contact your Provider Administrator. This will ensure that your account is setup properly to access claims submission, eligibility, etc." On the right, there is a "Sign in to KyHealth Choices" form with fields for "Username" and "Password", a "Sign In" button, and a "Help" link. Below the form, it says "KyHealth Choices" and "Reset your password" in red. At the bottom, there is a "Contact Us" link and a footer with "Privacy | Disclaimer | Individuals with Disabilities" and "Copyright © 2006 Commonwealth of Kentucky All rights reserved."

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DEPARTMENT FOR MEDICAID SERVICES

Kentucky Medicaid Web Site

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.

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](#)

[Contact Us](#)

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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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DEPARTMENT FOR MEDICAID SERVICES

KyHealth Choices Home

Friday 23 January 2015 11:29 am Sign Out

Jane Doe, Welcome to KyHealth Choices

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

Messages	
Date	Message
1/12/2015	Providers are now able to view Confirmation notices, Lack of Information and Denial letters online, via KYHealth Net, through https://home.kymmis.com/home . Select PA from the top menu and then select the option titled Carewise Prior Authorization Letter. This will allow you to search for, save or print a copy of the letter. You must be the provider the letter was issued to in order to view and print the letter.
11/17/2014	Effective December 1, 2014, Licensed Professional Art Therapists and Applied Behavior Analysts applications will be accepted. However, these two new provider types will not be allowed to enroll until January 1, 2015. The enrollment requirements can be found on the Provider Enrollment website located at http://www.chfs.ky.gov/dms/provEnr/

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

Close Application

Account Home

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

Close Application

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 within the KYHealthNet Professional User interface. The header includes the Kentucky.gov logo and the text 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES'. The main navigation bar has buttons for 'Account Home', 'My Information', and 'Change Password'. The form itself 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:'. The requirements listed are: uppercase letter, lowercase letter, numeric digit, and special character (eg. ~!@#%, etc.). Below this, it states 'Also, passwords can:' followed by 'be no more than 12 characters' and 'not be repeated'. The form includes three input fields: 'Old Password', 'New Password', and 'New Password (verify)'. At the bottom of the form are 'Cancel' and 'Change Password' buttons. The footer contains contact information, a privacy disclaimer, and a copyright notice for 2007.

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Close Application

Account Home My Information Change Password

Change Password

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_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

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_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.

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Close Application

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.

2.4 Add an Agent or New Employee

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

The screenshot shows the 'Add Agent' page of the KYHealthNet Professional User Manual. The page has a dark blue header with the Kentucky.gov logo and the text 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES'. Below the header is a navigation bar with buttons for 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. The 'Add Agent' button is highlighted. To the right of the navigation bar is a 'Close Application' button. The main content area has a light beige background and contains the following text: 'Use this screen to add access to an agent for your application.' and 'Enter the email address of the agent you are adding access to your application and click search.' Below this text is a text input field and a 'Search' button. On the left side of the page, there is a sidebar with the following links: 'KyHealth Choices', 'Kentucky Medicaid Web Site', and '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.' At the bottom of the page, there is a footer with the text '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 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

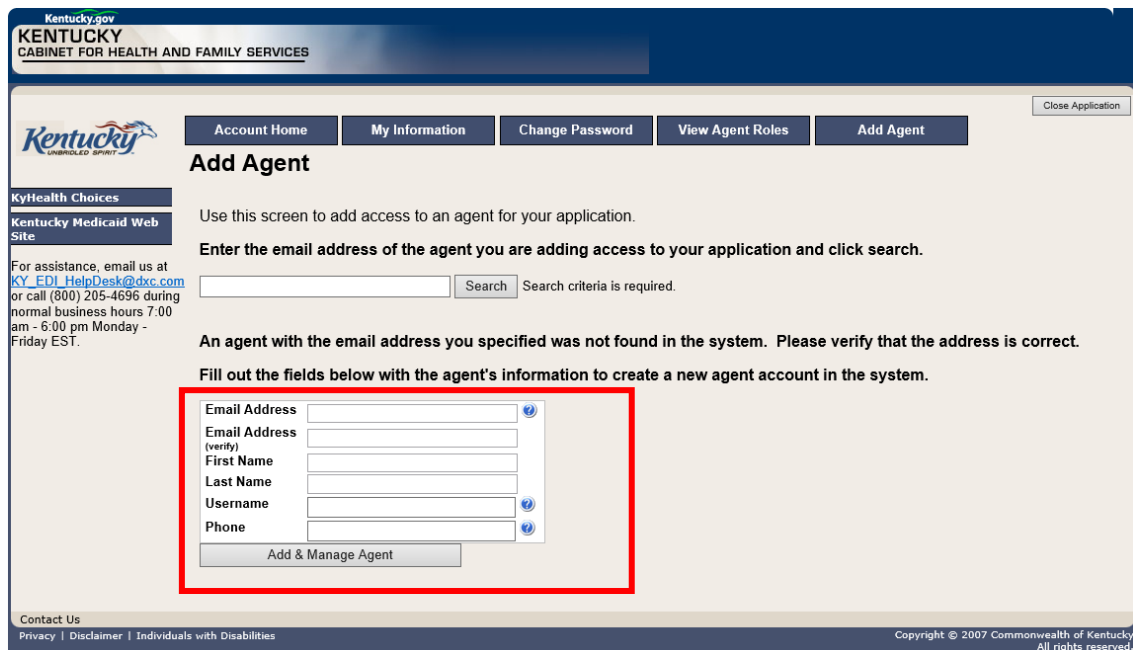
KyHealth Choices
Kentucky Medicaid Web Site
For assistance, email us at KY_FDI_HelpDesk@dxc.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

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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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KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

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 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

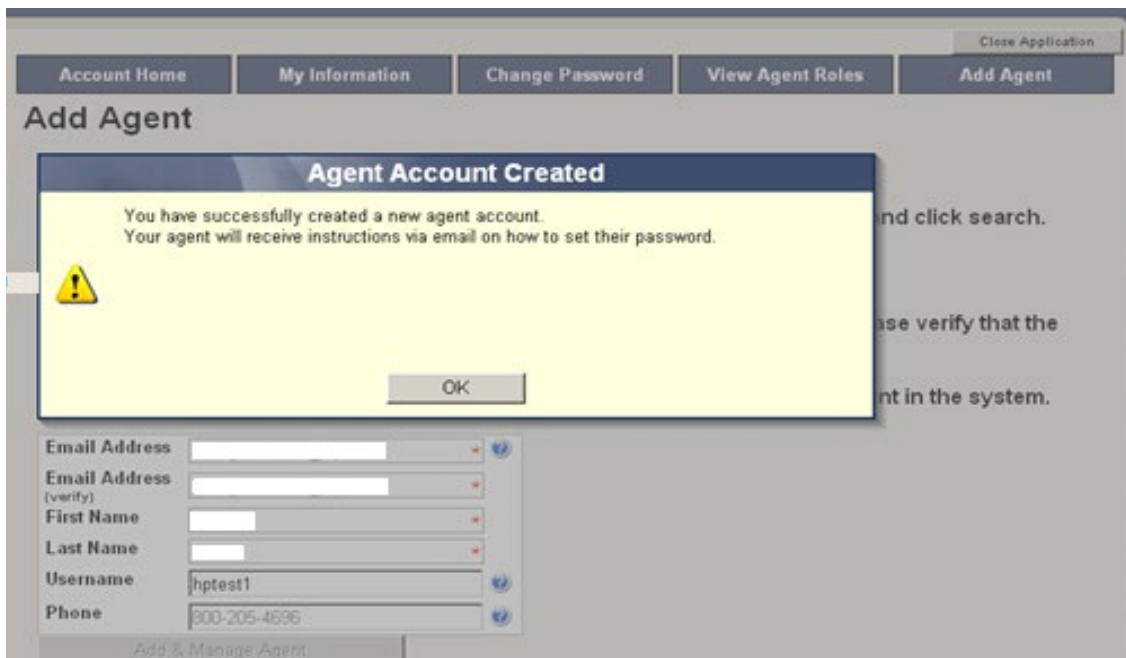
Phone

Add & Manage Agent

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3. The Agent Account Created window appears.



Close Application

Account Home My Information Change Password View Agent Roles Add Agent

Add Agent

Agent Account Created

You have successfully created a new agent account.
Your agent will receive instructions via email on how to set their password.

OK

Email Address

Email Address (verify)

First Name

Last Name

Username

Phone

Add & Manage Agent

4. 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/testexampleurllink>

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

5. 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 a web application titled "Manage Agent Roles". At the top, there is a navigation bar with buttons: "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 main heading is "Manage Agent Roles". 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 section for "Agent Details" containing a table with the following information:

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

Below the table is a "Remove All Roles" button. Below this, there are two numbered instructions:

- 1 Select the system to modify access
- 2 Modify the permissions for selected system

Under instruction 1, there is a "System" dropdown menu with two options: "Account Management" and "KYHealthNet". The "KYHealthNet" option is selected and highlighted. Under instruction 2, there is a "Roles" dropdown menu.

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

3. Roles are granted or removed in this section.

The screenshot displays the 'Manage Agent Roles' interface. At the top, there are navigation tabs: 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. Below these, the title 'Manage Agent Roles' is followed by a descriptive paragraph: '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.'

The 'Agent Details' section shows the following information:

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

Below the details is a 'Remove All Roles' button.

The main section is divided into two parts:

- 1 Select the system to modify access**: A list of systems with a 'Select' link next to each. The 'KYHealthNet' system is highlighted in yellow.
 - [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**: A list of roles with checkboxes next to each. The 'Card Issuance' role is checked.
 - ☒ 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
 - ☐ Presumptive Eligibility
 - ☐ Pricing
 - ☐ Ra Viewer
 - ☐ TPL Carrier

A 'Create Screen Clipping' button is located at the bottom right of the roles list.

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			
<button>Remove All Roles</button>			

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

Create Screen Clipping

(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

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/

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 | Missed Appointments | Provider References | Trade Files | RA Viewer | Logout

Provider Main Page

Friday 9 April 2021 1:18 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 

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?

Last Updated: 3/30/2021

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.
Missed Appointments	Enter Missed or Cancelled member appointments
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

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

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


Provider Main Page

[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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3. 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 (KYMIS)

[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. Benefit Issuance does not contain current data as of September 2023. However, historical records are still available.

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

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.

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 10:10 AM

[Benefit Issuance](#)
[Eligibility Verification](#)
[MCO Member Information](#)
[Pharmacy History](#)
[Patient Liability](#)
[Spend Down](#)

Provider Main Page


Welcome to the KYHealthNet Professional User Manual. 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 screens 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.

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 12:48 pm

Provider:

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

Service Type:
Emergency Services
Family Planning
Health Plan Coverage

Last Updated: 11/16/2018

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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.

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 12:51 pm

Provider:

Select Lookup Type:
Member ID Lookup

Service Type:
Emergency Services
Family Planning
Health Plan Coverage

Member ID:

From Date: To Date:
03/26/2019 03/31/2019

Last Updated: 11/16/2018

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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 (KYMIS)

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

Member Eligibility Verification

Tuesday 26 March 2019 1:24 pm

Provider

Select Lookup Type: Member ID Lookup Service Type: Emergency Services
Family Planning
Health Plan Coverage

Search

Member ID: 123456789999

From Date: 03/26/2019 To Date: 03/31/2019

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

Print

Error code 05 - Recipient ID missing or not on file

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 8 May 2025 10:02 am			
Provider	1518911338 - 282N00000X ▼		
Select Lookup Type:	Member ID Lookup ▼	Service Type:	Emergency Services Family Planning Health Plan Coverage
<input type="button" value="Search"/>			
Member ID:	7575422749		
From Date:	05/06/2025	To Date:	05/31/2025
Verification No. 2512600016 - 5/6/2025 Status: Active <input type="button" value="Print"/>			
Member			
Current ID: 7575422749	Last Name: GABBERT	First Name: COLLETTE	Date of Birth: 04/04/1931
Previous IDs	Check Digit: 4	Gender: F	Date of Death:
SSN: 584968028	Phone Number: (506) 201-7337	County: 008 - Boone	
Physical Address: 1925 1363 DOGWOOD LANE		View Member's Mailing Address: here	
City: DOZIER	State: KY	ZipCode: 16719-7577	
Hospice Election Date:			
Medicare A: 05/06/2025 - 05/31/2025		Medicare B: 05/06/2025 - 05/31/2025	
Medicare C: 10/01/2025			
Contract ID: H9730 Contract Name: WELLCARE			
Case Number:	Case Name:	Above FPL: N	
7688943272	GABBERT, COLLETTE S	Redetermination Date: Redetermination not required	
963072524	ZAMORANO, LUBA		
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 QIL (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.					

Contact Us					Last Updated
Privacy Disclaimer Individuals with Disabilities					Copyright © 2005 Commonwealth of All rights

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

4. Select **Member** from the menu.
5. Choose **MCO Member Information** from the drop-down.

The screenshot displays the KYHealthNet Professional User Manual interface. At the top, the header reads "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)". Below this, a navigation bar includes links for "Provider Home", "Member", "Claims", "PA", "Provider References", "RA Viewer", and "Logout". A dropdown menu is open under the "Member" link, showing options: "Benefit Issuance", "Eligibility Verification", "MCO Member Information" (highlighted), "Pharmacy History", "Patient Liability", and "Spend Down". The main content area is titled "Provider Main Page" and features a "Welcome to the" message. A link for "Click Here for Important Messages" (last updated September 27, 2019) is present. Below this, 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". A photograph of a healthcare provider examining a patient's eye is shown. A warning message 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, a question asks "Would you like to start receiving paper PA Letters also?" with a "Yes!" button. The footer includes "Contact Us", "Privacy", "Disclaimer", "Individuals with Disabilities", and "Copyright © 2005 Commonwealth of Kentucky All rights reserved".

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

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

Thursday 3 October

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

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 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

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Last Updated: 8/16/2019

The following screen will appear.

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

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

MCO Member Information

Thursday 3 October 2019 1:29 pm

Member ID: SSN:

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Last Updated: 8/16/2019

6. Enter the member's Medicaid ID or SSN and click **Search**.

The member's MCO information will appear:

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

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

MCO Member Information

Thursday 3 October 2019 1:20 pm

Member ID: SSN:

Member

DOB: Member ID:
DOD: Name:

MCO Member Information

MCO Member ID	Effective Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

PCP	PCP Effective Date	PCP End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

[Managed Care 5 Year History](#)

[Contact Us](#)

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Last Updated: 8/16/2019

5.4 View 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 (KYMIS)

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

Wednesday 2 Oct 2019 10:10 AM

Provider Main Page


Welcome to the KYMIS secure 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.

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:

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Last Updated: 9/15/2010

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	

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Last Updated: 8/28/2014

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 October

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

Provider Main Page

Welcome to the KYMMIS website. 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

The following screen will appear.

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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](#)

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 (KYMIS)

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

Wednesday 2 Oct 2019 10:10 AM

Provider Main Page


Welcome to the KY HealthNet Professional User Manual. 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.

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 (KYMMIS)

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

Wednesday 2 October 2019 2:35 p

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


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

Search: [Advanced Search](#)

[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

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

Contact Information
If you need assistance, contact us by sending an e-mail to the following address:
[KY EDI HelpDesk](#)

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 (KYMMIS)

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


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

[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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[Contact Us](#)

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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: [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

6.3 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 (KYMIS)

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


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

[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 (KYMIS)

[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.

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

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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 (KYMIS)

[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

[Contact Us](#) 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 (KYMIS)

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

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

[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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The following screen will appear.

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

[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 (KYMIS)

[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 ID is required
Member First Name: Member Last Name:
From Date: To Date:
From Date is required. **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.

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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 (KYMIS)

[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.

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 1:12 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 **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.

[Contact Us](#)

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Last Updated:9/10/2019

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The following screen will appear.

The screenshot shows the 'Prior Authorization Inquiry' screen of the KYMMIS system. The header includes the Kentucky Cabinet for Health and Family Services logo and navigation links: Provider Home, Member, Claims, PA, Provider References, RA Viewer, and Logout. The page title is 'Prior Authorization Inquiry' with a timestamp of 'Thursday 24 October 2019 10:03 am'. The form contains several input fields: 'Provider' (dropdown), 'Transaction ID' (text), 'Member ID' (text), 'PA Category' (dropdown), 'SSN' (text), 'Last Name' (text), 'First Name' (text), 'Start Date' (calendar icon), and 'Type' (dropdown with 'Submitted' selected). A 'Search' button is located below the 'Type' field. At the bottom, there is a 'Contact Us' link, a footer with 'Privacy | Disclaimer | Individuals with Disabilities', and a copyright notice: 'Copyright © 2005 Commonwealth of Kentucky All rights reserved.' The text 'Last Updated: 8/16/2019' is also visible in the bottom right corner.

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

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

[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: 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

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Last Updated: 9/10/2019

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

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

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

PA Summary

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

Finish

Contact Us

Last Updated: 9/10/2019

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

6.6 School Based Provider

1. Select PA from the menu (This option is only available to PT 21)
2. Choose School Based Services from the list

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

Thursday 29 September 2022 1:00 PM

Welcome to the Kentucky Medicaid Services secure website is intended for providers.

[Prior Authorization Checklist](#)
[Radiology Prior Auth Proc Code List](#)
[MMIS Prior Authorization Letter](#)
[CareWise Prior Authorization Letter](#)
[DRG MRR Letter](#)
[PA Inquiry](#)
[School Based Services](#)

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

Provider: 1417005158 - 251300000X ▼
[Switch Working Provider](#)

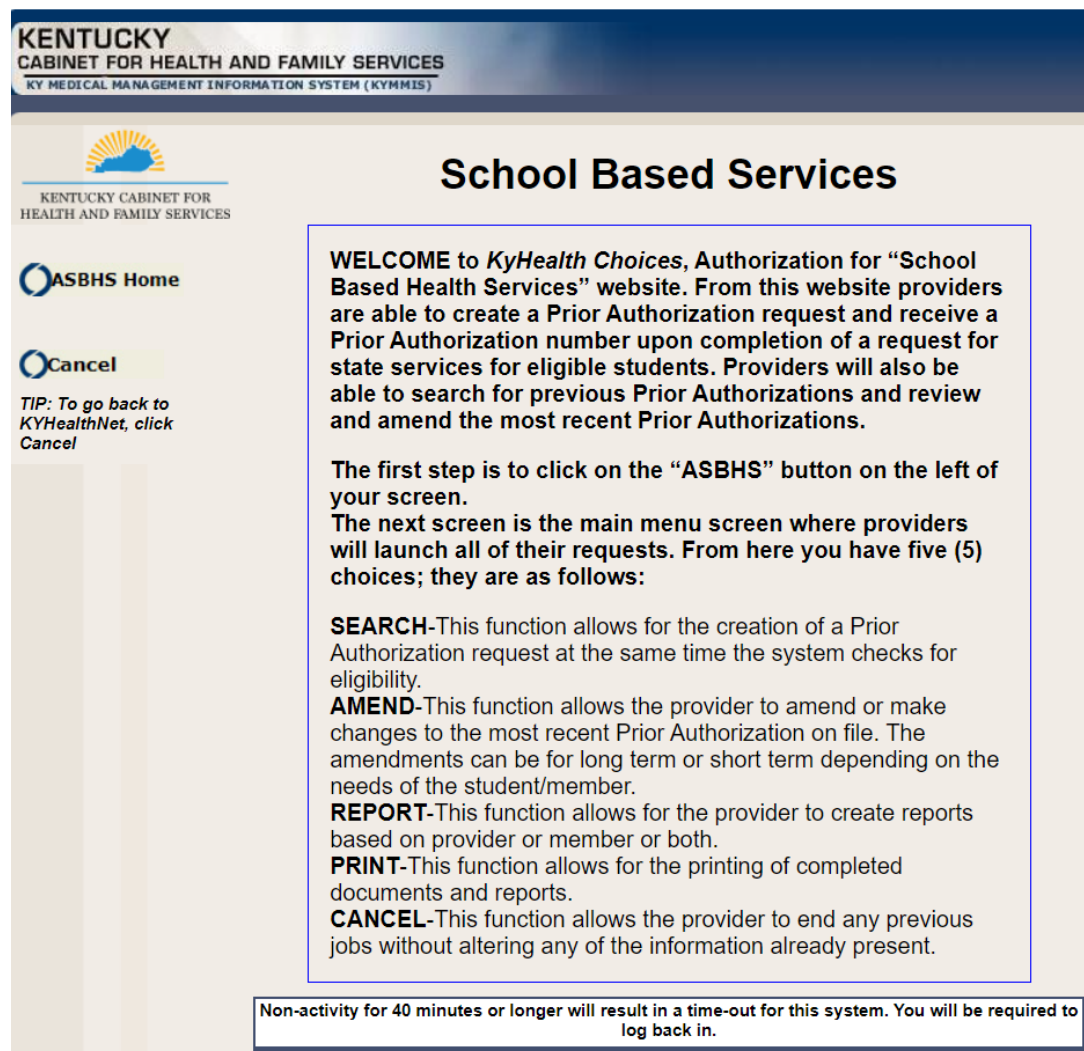
- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [School Based Services](#)



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?

ASBHS Home Screen displays



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

School Based Services

WELCOME to *KyHealth Choices*, Authorization for “School Based Health Services” website. From this website providers are able to create a Prior Authorization request and receive a Prior Authorization number upon completion of a request for state services for eligible students. Providers will also be able to search for previous Prior Authorizations and review and amend the most recent Prior Authorizations.

The first step is to click on the “ASBHS” button on the left of your screen.
The next screen is the main menu screen where providers will launch all of their requests. From here you have five (5) choices; they are as follows:

SEARCH-This function allows for the creation of a Prior Authorization request at the same time the system checks for eligibility.
AMEND-This function allows the provider to amend or make changes to the most recent Prior Authorization on file. The amendments can be for long term or short term depending on the needs of the student/member.
REPORT-This function allows for the provider to create reports based on provider or member or both.
PRINT-This function allows for the printing of completed documents and reports.
CANCEL-This function allows the provider to end any previous jobs without altering any of the information already present.

ASBHS Home
Cancel

TIP: To go back to KYHealthNet, click Cancel

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

Field	Description
ASBHS Home (Authorization for School Based Health Services)	Takes the user to the School Based Services home page
Cancel	Takes the user back to the Provider Main Page

3. Select ASBHS Home

The following options are available:

- Search
- Amend
- Report
- Print
- Cancel

Search

A School Based PA search is completed by entering:

- Member ID

Or


- Pre-Existing Authorization Number

Provider ID is auto-populated from the user's login.

Search Results Display

- User can view an existing prior authorization, submit new, or amend an existing prior authorization.

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



KENTUCKY CABINET FOR
HEALTH AND FAMILY SERVICES

School Based Services

ASBHS Home

Search

Amend

Report

Print

Cancel

TIP: To go back to
KYHealthNet, click
Cancel

Member ID# Member Name

Provider ID# Provider Name

Authorization # **7920069000**

Service Frequency X Day

Begin Date End Date

Service	Frequency	Begin Date	End Date		
BEHAVIOR	4XDay	02/01/2020	02/01/2020	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
OL DIG E/M SVC 11-20 MIN	1XWeek	02/05/2020	02/19/2020	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

☐ Yes Please type 'Yes' to certify that all services marked above are included in the members **IEP**.

☐ Click this box if this is an **ESY** condition.

Please enter the Add or Amended date for this **PA**. 02/06/2020

Person Completing above information **Happy Golucky**

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


Field	Description
Member ID#	The member ID for the prior authorization.
Provider ID#	The provider ID for the prior authorization.
Member Name	The first and last name of the member.
Provider Name	The first name and last name for the provider.
Authorization #	The prior Authorization number.

Field	Description
Service	The service displays a list of services that was either submitted or selected for the current Prior Authorization request.
Frequency	The Frequency displays the quantity X frequency of the service selected for this prior authorization request. Valid frequency will be Day, Month, Week, or Year.
X	The frequency of the service. Valid values are Day, Week, Month or Year.
Begin Date	The begin date lists all the services begin dates selected for the current prior authorization request.
End Date	The end date displays all the end dates selected for the current prior authorization request.
Add	The add button adds the data in the edit panel to the data grid for submitting services for the school prior Authorization request.
Reset	The Reset button resets the edit panel by removing the data from Service, frequency, begin date and end date. Also resets the save button back to Add.
Services Grid	
Edit	The edit button sends the data of the row clicked to the edit panel to allow a user to change that rows data. The add button will change to save to allow that data to overwrite the data on the row clicked.
Delete	The delete button deletes that row on which the delete was clicked from the data grid.
Certify IEP	Certify that the prior authorization is included in the members IEP (Individualized Education Program).
Click this box if this is an ESY condition	Service is an ESY (Extended School Year) Condition
Please enter the Add or Amended date for this PA	The date the PA was amended.
Amend	Amend the data on this prior authorization
New	Blanks out the form to submit a new request.
Cancel	Takes the user back to the Provider Main Page

Amend

Allows the provider to amend or make changes to the most recent Prior Authorization on file. The amendments can be for long term or short-term depending on the needs of the student/member.

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


KENTUCKY CABINET FOR
HEALTH AND FAMILY SERVICES

[ASBHS Home](#)
[Search](#)
[Amend](#)
[Report](#)
[Print](#)
[Cancel](#)
TIP: To go back to
KYHealthNet, click
Cancel

School Based Services

Member ID#

Member Name

Provider ID#

Provider Name

Authorization #

Service

Frequency X Day

Begin Date

End Date

☐ Please type "Yes" to certify that all services marked above are included in the members IEP.

☐ Click this box if this is an **ESY** condition.

Please enter the Add or Amended date for this PA.

Person Completing above information

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

Report

Allows a user to create reports based on Date, Provider or Member.

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

School Based Services

ASBHS Home You may search by **Member ID Number** and **Provider ID Number**

Search To amend a **pre-existing Authorization Number** you will need to enter the number and select **amend** button to the left.

Amend

Report (highlighted)

Print

Cancel

TIP: To go back to KYHealthNet, click Cancel

Member ID#

Provider ID#

Date Ranges (mm/dd/ccyy): to

Select the report type below:

☐ School Year ☒ Provider ☐ Member

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

School Year Report Results

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

School Based Services

ASBHS Home

Search

Amend

Report (highlighted)

Print

Cancel

TIP: To go back to KYHealthNet, click Cancel


Member ID#	Member Name	Provider ID#	Provider Name

Authorization #	Date of First Service	Date of Last Service
7920330000	09/01/2020	12/31/2020

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

Provider Report Results

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


KENTUCKY CABINET FOR
HEALTH AND FAMILY SERVICES

School Based Services

Member ID#
Provider ID#

Member Name
Provider Name

Authorization #	Date of First Service	Date of Last Service
7919011105	07/01/2018	06/30/2019
7917355056	07/01/2017	06/30/2018
7918031195	07/01/2017	06/30/2018
7918308248	07/01/2017	06/30/2018
7918308256	07/01/2018	06/30/2019
7918308304	07/01/2018	06/30/2019
7918059111	07/01/2017	06/30/2018
7918059109	07/01/2017	06/30/2018
7918264363	07/01/2018	06/30/2019
7918264427	07/01/2018	06/30/2019

1 2 3 4 5 6 7 8 9 10 ...

New

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

ASBHS Home

Search

Amend

Report


Print

Cancel

TIP: To go back to
KYHealthNet, click
Cancel

Member Report Results

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


KENTUCKY CABINET FOR
HEALTH AND FAMILY SERVICES

School Based Services

Member ID#
Provider ID#

Member Name
Provider Name

Authorization #	Date of First Service	Date of Last Service
7920330000	09/01/2020	12/31/2020

1

New

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

ASBHS Home

Search

Amend

Report

Print


Cancel

TIP: To go back to
KYHealthNet, click
Cancel

Print

Allows user to print authorization or reports

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


KENTUCKY CABINET FOR
HEALTH AND FAMILY SERVICES

[ASBHS Home](#)
[Search](#)
[Amend](#)
[Report](#)
[Print](#)
[Cancel](#)
TIP: To go back to
KYHealthNet, click
Cancel

School Based Services

Member ID#	<input type="text"/>	Member Name	<input type="text"/>
Provider ID#	<input type="text"/>	Provider Name	<input type="text"/>

Authorization # **0**

Service

Frequency X Day

Begin Date

End Date

Add Reset

☐ Please type 'Yes' to certify that all services marked above are included in the members IEP.

☐ Click this box if this is an **ESY** condition.
Please enter the Add or Amended date for this PA.

Person Completing above information

Submit

New

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

Print
Total: 1 sheet of paper

Printer

Copies

Layout
☐ Portrait
☒ Landscape

Pages
☒ All
☐ e.g. 1-5, 8, 11-13

Color

Member ID#

Member Name

Provider ID#

Provider Name

Authorization # **0**

Service

Frequency X Day

Begin Date

End Date

Add Reset

Services

☐ Please type 'Yes' to certify that all services marked above are included in the members IEP.

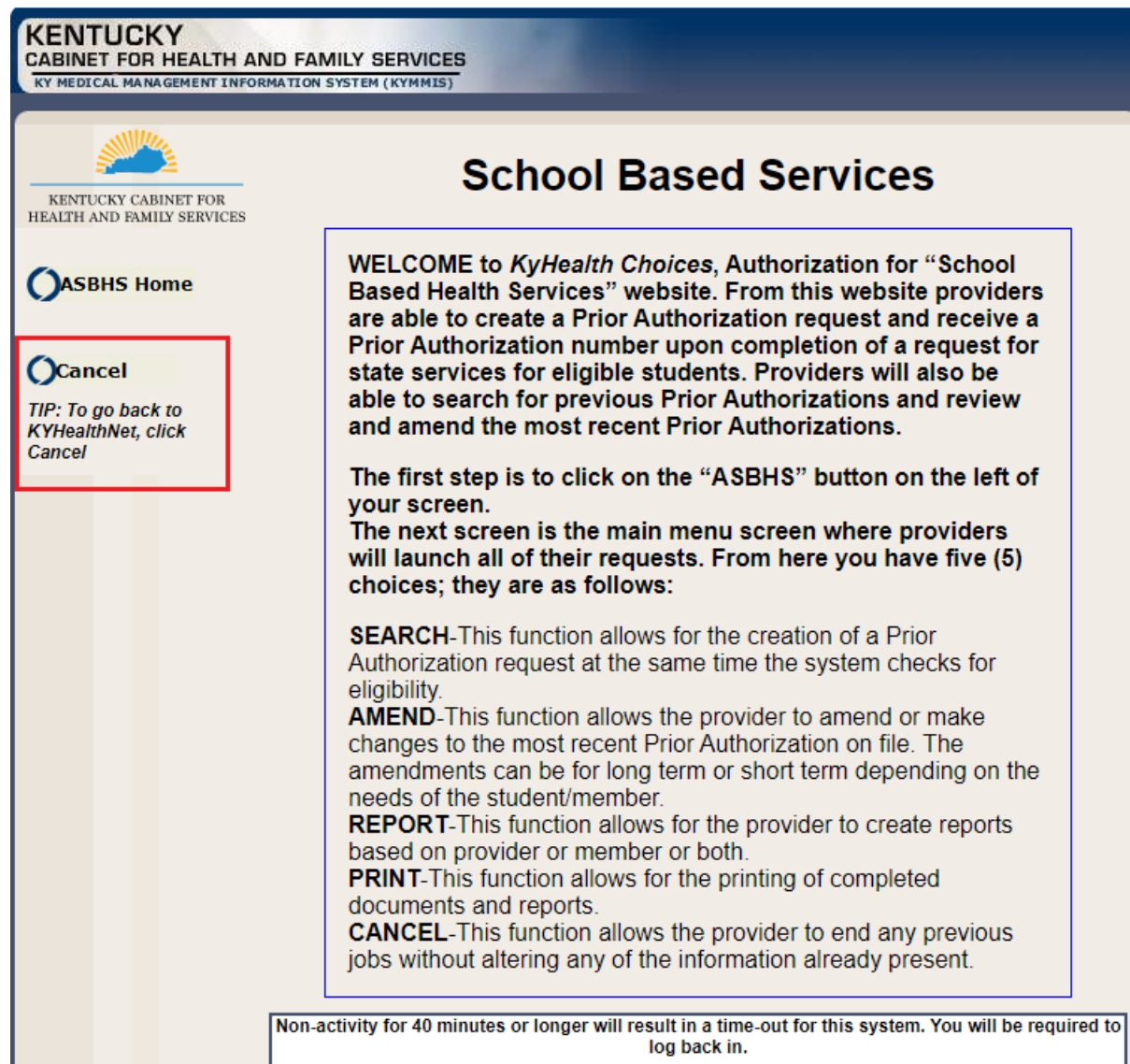
☐ Click this box if this is an **ESY** condition.
Please enter the Add or Amended date for this PA.

Person Completing above information

Submit

Cancel

Takes the user back to the Provider Main Page



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

KENTUCKY CABINET FOR
HEALTH AND FAMILY SERVICES

ASBHS Home

Cancel
TIP: To go back to
KYHealthNet, click
Cancel

School Based Services

WELCOME to *KyHealth Choices*, Authorization for “School Based Health Services” website. From this website providers are able to create a Prior Authorization request and receive a Prior Authorization number upon completion of a request for state services for eligible students. Providers will also be able to search for previous Prior Authorizations and review and amend the most recent Prior Authorizations.

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REPORT-This function allows for the provider to create reports based on provider or member or both.
PRINT-This function allows for the printing of completed documents and reports.
CANCEL-This function allows the provider to end any previous jobs without altering any of the information already present.

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

7 Missed Appointments

7.1 Record Missed Appointments

1. Select **Missed Appointments** from the menu.
2. Select **Record Missed Appointments** from the drop-down.



The screenshot shows the Kentucky Medicaid website interface. At the top, the header reads "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "KY MEDICAL MANAGEMENT INFORMATION SYSTEM". Below this is a navigation bar with links: "Provider Home", "Member", "Claims", "RA", "Missed Appointments", "Provider References", "RA Viewer", and "Logout". A red box highlights the "Missed Appointments" link, which has a dropdown menu open showing the option "Record Missed Appointments". Below the navigation bar, the date and time "Monday 22 February 2021 12:39 pm" are displayed. A welcome message states: "Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents." Below this is a link: "Click Here for Important Messages (last updated June 17, 2019)". At the bottom, there is a "Provider" dropdown menu showing "13260" and a "Switch Working Provider" button.

7.1.1 Add a missed appointment

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

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 (KYMMIS)

[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: 1518040000-000000000X ▼

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

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

Select Edit

Record Missed Appointment

Tuesday 25 January 2022 11:48 am

Provider: . Switch Provider

Member ID: (Leave blank for ALL members)
Date Range: MONTH: ALL YEAR: 2022
Search

Missed Appointments

Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
7503303488	JONES, LONG	01/19/2022	1:00 PM	CANCELLED/Transportation Issue		Edit Delete
7586819238	KIDDER, ENEDINA	01/18/2022	9:10 AM	MISSED/Unknown		Edit Delete

Update Missed Appointment

Member ID*: ENEDINA KIDDER

Reason*: ☒ MISSED ☐ CANCELLED

Practice/Group Name*:

Appointment Date*:

Appointment Time*: ☒ AM ☐ PM

Reason Code*: Unknown

Appointment Type*: PCP

Explanation:

Update Cancel

- The record will refresh with a yellow highlight to indicate the line 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. Select Delete

Record Missed Appointment

Monday 22 February 2021 2:57 pm

Provider:

Member ID: (Leave blank for ALL members)

Date Range: MONTH: YEAR:

Missed Appointments

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
7570165708	LUTER, VERTIE	02/10/2021	12:00 PM	MISSED/Unknown		Edit Delete

Add Missed Appointment

Member ID*:

Reason*: ☒ MISSED ☐ CANCELLED Reason Code*:

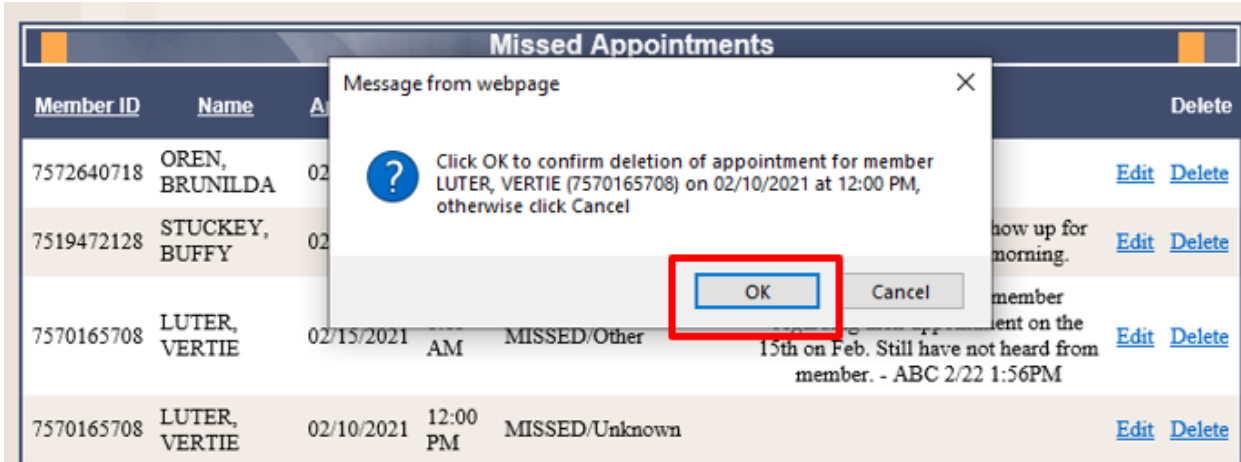
Appointment Date*: Appointment Time*: ☒ AM ☐ PM

Explanation:

Last Updated:12/1/2020

A message box will display confirming the record selected for deletion.

Select OK to remove record or cancel to retain the record.



Once OK is selected the appointment record is deleted.

Missed Appointments

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

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.

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

1 2

8 Provider References

8.1 TPL Carrier

3. Select **Provider References** from the menu.
4. Choose **TPL Carrier** from the drop-down.

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

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

Switch Working 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.

Contact Us

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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

Friday 20 August 2010 12:47 pm

Business Name:

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Last Updated: 7/1/2010

5. Enter the TPL Carrier name.

6. Click **Search**.

The response will return all carrier information on file.

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](#)

TPL Carriers

Thursday 23 May 2019 3:01 pm

Business Name:

Carrier Code	Business Name	Address	Telephone #
			1

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Last Updated: 5/23/2019

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

Wednesday 2 October 2019 1:14 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](#)



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 the Kentucky Cabinet for Health and Family Services KYMMIS website. The header includes the Kentucky.gov logo, a search bar, and the text "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)". The breadcrumb trail is "kymmis > Provider Relations : Index". The main heading is "Provider Resources". On the left is a vertical menu with links: 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, and Medicaid Preferred Drug List. The main content area features a blue graphic of a telephone, text explaining the Provider Relations role, a link to the DMS Provider Enrollment website, and service hours. A "Page Updates" box shows a date of August 16, 2013, and a link to a new provider rep listing PDF.

Kentucky.gov Search: ? Go Advanced Search

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

kymmis > Provider Relations : Index

Provider Resources

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

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

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

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

Page Updates

August 16, 2013
[New Provider Rep Listing \(PDF\)](#)

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

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Provider

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- [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' interface of the KY Medical Management Information System (KYMMIS). The header includes the Kentucky Cabinet for Health and Family Services logo and navigation links: 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. Below it, instructions state: 'Click the Search button below to find RA reports associated with your provider number. When the RA listing displays, click the Run Date link beside a specific RA to view or download RA report details.' There are 'Search' and 'Print' buttons. A warning box indicates: 'Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.' The footer includes 'Contact Us', 'Privacy', 'Disclaimer', 'Individuals with Disabilities', 'Copyright © 2005 Commonwealth of Kentucky', and 'All rights reserved'. The last updated date is 8/16/2019.

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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Last Updated: 8/16/2019

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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
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

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:

Claim Status: ▼

Thresholded Encounters Only: ☐

Patient Acct. #:

Date Type: ☒ Date Of Service
☐ Warrant Date

ICN or TCN:

From Date: 📅

Thru Date: 📅

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	Generate a Thresholded Encounters Report. Report is only accessible to PT 31,35,16

10.2 Submitting a Professional Claim

1. Select **Claims** from the menu.
2. Choose **Claims Submission (Professional)** from the drop-down.

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

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

Tuesday 29 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

- [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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10.2.1 Professional Claim Header

The claim "Header" information appears on this screen, divided in two 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

Professional Claim Header Screen Field Descriptions

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

Professional Claim

Header

Billing Information:

- 1 Provider Number:
- 2 Member ID*:
- 3 Last Name:
- 4 First Name:
- 5 Date of Birth:
- 6 Gender:
- 7 Patient Acct. #:
- 8 Referring Provider:
- 9 CLIA #:
- 10 Prior Authorization:

Service Information:

- 11 Claim Type: Medical
- 12 From Date*:
- 13 To Date*:
- 14 Accident: None
- 15 Accident Date:
- 16 EPSDT: No

Service Facility Location:

- Service Location ID:
- Service Location Name:
- Address:
- City:
- State: Select a state... Zip Code:

Claim Charges:

- 17 Total Charges: 0.00
- 18 TPL Amount: 0.00
- 19 Total Amount Paid: 0.00
- 20 Carrier Denied?: No
- 21 Co-Pay Amount: 0.00

22 Next

23 Print

Field Number / Menu Selection	Definition of Field Description
Billing Information Section	
1	Provider Number The NPI Number of the billing provider (auto-populated).
2	Member ID Enter the 10-digit Member's KY MEDICAID ID number.
3	Last Name The member's last name (auto-populated).
4	First Name The member's first name (auto-populated).
5	Date of Birth The member's date of birth (auto-populated).
6	Gender The member's gender (auto-populated).
7	Patient Account Number The patient's account number (optional).
8	Referring Provider Enter the referring provider NPI number.
9	CLIA # Enter the CLIA number (optional)
10	Prior Authorization Enter the Prior Authorization number or Treatment Authorization number if applicable.
Service Information Section	
11	Claim Type Select the appropriate claim type from the drop- down box.
12	From Date Enter the first date of service.
13	To Date Enter the through date of service.
14	Accident Indicate whether accident related, Yes or No .

Field Number / Menu Selection	Definition of Field Description
15	Accident Date The date of the accident.
16	EPSDT Indicates an EPSDT-related service, if applicable.
Claim Charges Section	
17	Total Charges This field is auto-populated from detail line charges.
18	TPL Amount Enter any amount paid by private insurance, not Medicare.
19	Total Amount Paid This field is auto-populated after the claim is adjudicated.
20	Carrier Denied? A drop down to answer Yes or No .
21	Co-Pay Amount This field will auto-populate after the claim is adjudicated.
22	Next Advance to the diagnosis screen.
23	Print Allows the user to print the page for recordkeeping.

10.2.2 Billing Code Screens

This portion includes separate screens accessed by clicking the appropriate links: **Diagnosis**, **Anesthesia**, and **Condition**. Be sure to click the **Save Code** button after entering the information on each screen.

10.2.2.1 Billing Codes – Diagnosis

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

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

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

Professional Claim

Tuesday 29 October 2019 2:32 pm

Header > [Billing Codes](#) >

Diagnosis Codes*

[Diagnosis*](#) | [Anesthesia](#) | [Condition](#)

Sequence Number: **1** ICD Version: ☐ ICD-9 ☒ ICD-10 **2**

Diagnosis* **3** Diagnosis Code* **4**

5 **6** **7**

8 **9**

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Professional Claim Diagnosis Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
1	Sequence Number The sequence number of the anesthesia. This field is auto-populated.
2	Anesthesia Code Select the appropriate code.
3	Diagnosis (drop-down) Select the type of diagnosis, i.e., Principle, Other 1.

Field Number / Menu Selection	Definition of Field Description
4	Diagnosis Code Enter the appropriate code for the member's diagnosis. (Do not enter a decimal in Diagnosis Code.)
5	Save Code Saves the diagnosis information on the claim. A save is required to continue.
6	Add Code Allows the user to add an additional diagnosis code to the claim. Save the code after each additional code is added.
7	Delete Code Allows the user to remove a diagnosis code previously entered on the claim.
8	Next Advance to the next screen.
9	Print Allows the user to print this screen.

10.2.2.2 Billing Code – Anesthesia

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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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

Professional Claim

Tuesday 29 October 2019 2:36 pm

Header > [Billing Codes](#) > [Detail](#) > [Summary](#)

Anesthesia Related Procedure Codes

[Diagnosis*](#) | [Anesthesia](#) | [Condition](#)

Sequence Number: **1**

Anesthesia Code: **2**

3 **4** **5**

6 **7**

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Professional Claim Anesthesia Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
1	Sequence Number The sequence number of the anesthesia. This field is auto-populated.
2	Anesthesia Code Enter the appropriate code.
3	Save Code Saves the anesthesia information on the claim. A save is required to continue.
	Add Code Allows the user to add an additional anesthesia code to the claim. Save the code after each additional code is added.
7	Delete Code Allows the user to remove an anesthesia code previously entered on the claim.

Field Number / Menu Selection	Definition of Field Description
8	Next Advance to the next screen.
9	Print Allows the user to print this screen.

10.2.2.3 Billing Code – Condition

KENTUCKY
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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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

Professional Claim

Tuesday 29 October 2019 2:38 pm

Header > [Billing Codes](#)

Condition Codes

[Diagnosis*](#) | [Anesthesia](#) | [Condition](#)

Sequence Number: **1**

2

3 **4** **5**

6 **7**

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Professional Claim Condition Code Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
1	Sequence Number The sequence number of the condition. This field is auto-populated.
2	Condition Code (drop-down) Choose the appropriate condition code.
3	Save Code Saves the condition information on the claim. A save is required to continue.
4	Add Code Allows the user to add an additional condition code to the claim. Save the code after each additional code is added.
5	Delete Code Allows the user to remove a condition code previously entered on the claim.

Field Number / Menu Selection	Definition of Field Description
6	Next Advance to the next screen.
7	Print Allows the user to print this screen.

10.2.3 Detail Screen

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

Professional Claim

Header > Billing Codes > Detail > Attachments > Summary

Detail Information

1 Item: 1 2 From DOS*: 3 To DOS*: 4 POS*: 5 School ID: 6 Procedure*: 7 Modifiers: 8 Number of Children: 9 Diag. Cross-Ref*: 10 Units*: 0.00 11 Charges*: 0.00 12 ☐ Pregnancy? 13 ☐ Emergency? 14 EPSDT: 15 Employee ID: 16 CLIA #: 17 CLIA Qualifier: Select a value... 18 Rendering Provider*: 19 Referring Provider: 20 Ordering Provider: 21 Status: 22 Allowed Amount: 0.00 23 Co-Pay Amount: 0.00 24 [Add NDC](#) 25 Save 26 Add 27 Delete 28 Next 29 Print

Professional Claim Detail Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
1	Item Line number of the detail. This field is auto-populated.
2	From DOS Enter the first date the services were provided. The * indicates that this field is required.

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

Field Number / Menu Selection	Definition of Field Description
15	Employee ID Enter the Employee ID number (only if you are a Community Mental Health provider).
16	CLIA #
17	CLIA Qualifier- field is required if CLIA # is entered Select from the following options: F4 – Facility Certification Number (Referring CLIA Number) X4 – Clinical Laboratory Improvement Amendment Number
18	Rendering Provider and taxonomy Enter the NPI of the rendering provider. Enter taxonomy if applicable.
19	Referring Provider Enter the NPI of the referring provider.
20	Ordering Provider Enter the NPI of the ordering provider.
21	Status The status of the claim.
22	Allowed Amount The amount allowed by Kentucky Medicaid (paid claims only).
23	Co-Pay Amount The co-payment deducted from reimbursement. No information should be entered in this field.
24	Add NDC Add NDC code, if applicable.
25	Save This button saves the detail line on the claim.
26	Add This button allows the user to add an additional detail line.
27	Delete This button allows the user to remove the detail line previously entered.
28	Next Advance to the next screen.
29	Print Allows the user to print this screen.

Detail Screen – Ambulance

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

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

Professional Claim

Tuesday 29 October 2019 3:38 pm

[Header](#) > [Billing Codes](#) > [Ambulance](#) > [Detail](#) > [Summary](#)

Ambulatory Logistics Specifications

Pick Up Information

Time of Pick Up*: 1

Pick Up Address 1*: 2

Pick Up Address 2: 3

City*: 4

State*: 5

Zip Code*: 6

Drop Off Information

Drop Off Address 1*: 7

Drop Off Address 2: 8

City*: 9

State*: 10

Zip Code*: 11

12

13

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Professional Claim Ambulance Detail Screen Field Descriptions

Note: An asterisk (*) on the panel indicates a required field.

Field Number / Menu Selection	Definition of Field Description
1	Time of Pick-Up Enter the military time of pick-up.
2	Pick-Up Address 1 Enter the physical address where the member was picked up.
3	Pick-Up Address 2 Enter the physical address where the member was picked up.
4	City Enter the city where the member was picked up.
5	State Enter the state where the member was picked up.
6	Zip Code Enter the zip code where the member was picked up.
7	Drop-Off Address 1 Enter the physical address where the member was dropped off.
8	Drop-Off Address 2 Enter the physical address where the member was dropped off.
9	City Enter the city where the member was dropped off.
10	State Enter the state where the member was dropped off.
11	Zip Code Enter the zip code where the member was dropped off.
12	Next Advance to the next screen.
13	Print Allows the user to print this screen.

10.2.4 Special Instructions

10.2.4.1 Submitting a Medicare Primary Claim

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

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

Professional Claim

Tuesday 29 October 2019 3:10 pm

Header

Billing Information:	Service Information:
Provider Number: <input type="text"/>	Claim Type: <input type="text" value="CrossOver"/> 1
Member ID*: <input type="text"/>	From Date*: <input type="text"/> To Date*: <input type="text"/>
Last Name: <input type="text"/>	Accident: <input type="text" value="None"/> Accident Date: <input type="text"/>
First Name: <input type="text"/>	EPSDT: <input type="text" value="No"/>
Date of Birth: <input type="text"/>	Claim Charges:
Gender: <input type="text"/>	Total Charges: <input type="text" value="0.00"/>
Patient Acct. #: <input type="text"/>	TPL Amount: <input type="text" value="0.00"/>
Referring Provider: <input type="text"/>	Total Amount Paid: <input type="text" value="0.00"/>
Prior Authorization: <input type="text"/>	Carrier Denied?: <input type="text" value="No"/>
	Co-Pay Amount: <input type="text" value="0.00"/>
	Medicare:
	Paid Date*: <input type="text"/> 2
	Medicare Paid Date is required when claim is a crossover
	Net Amount: <input type="text" value="0.00"/>

Last Updated: 10/28/2019

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Medicare Crossover Header Field Descriptions

Note: An asterisk (*) on the panel indicates a required field.

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

10.2.4.2 Medicare Crossover Detail

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

Professional Claim

Header > Billing Codes > Detail > Attachments > Summary

Detail Information

Item: 1

From DOS*:

To DOS*:

POS*:

School ID:

Procedure*:

Modifiers:

Number of Children:

Diag. Cross-Ref*:

Units*: 0.00

Charges*: 0.00

☐ Pregnancy?

☐ Emergency?

EPSDT:

Employee ID:

CLIA #:

CLIA Qualifier: Select a value...

Rendering Provider*:

Referring Provider:

Ordering Provider:

Status:

Allowed Amount: 0.00

Co-Pay Amount: 0.00

1 Patient Responsibility: 0.00

4 Medicare Paid Amount*: 0.00

2 Medicare Deductible*: 0.00

5 Medicare Coinsurance*: 0.00

3 Medicare Co-Pay*: 0.00

[Add NDC](#)

Save Add Delete

Next

Print

Medicare Crossover Detail Field Descriptions

Note: An asterisk (*) on the panel indicates a required field.

Field Number / Menu Selection	Definition of Field Description
1	Patient Responsibility Enter the patient responsibility amount from the Medicare EOMB.
2	Medicare Deductible Enter the deductible from the Medicare EOMB, if applicable.
3	Medicare Copay Enter the Copay from the Medicare EOMB, if applicable.
4	Medicare Paid Amount Enter the paid amount from the Medicare EOMB.
5	Medicare Coinsurance Enter the Medicare coinsurance from Medicare EOMB if applicable.

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

Professional Claim

Monday 9 March 2020 1:31 pm

[Header](#) > [Billing Codes](#) > [Detail](#) > [Attachments](#) > [Summary](#)

Claim Status: Unfinished
ICN Region:
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.docx **1**

2

Attachments
There are no attachments associated with the current claim

3
 4

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Attachments Screen Continued:

Screen displays after upload is selected

KENTUCKY
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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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

Professional Claim

Monday 9 March 2020 1:31 pm

Header > Billing Codes > Detail > Attachments > Summary

Claim Status: Unfinished
ICN Region:
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.docx 5	Received	<input checked="" type="checkbox"/> 6

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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 Allows the user to view attachment
6	Remove Allows the user to remove attachment

10.2.6 Summary Screen**Summary Screen**

Allows the user to verify the data before submitting the 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

Professional Claim

Header > Billing Codes > Detail > Attachments > **Summary**

2 Billing Information

Provider Number:
Member ID:
Last Name:
First Name:
Date of Birth:
Gender:
Patient Acct. #:
Referring Provider:
CLIA Number:
Prior Authorization:

4 Service Facility Location

Service Location ID:
Service Location Name:
Address:
City:
State: Zip Code:

3 Service Information

From Date: 04/20/2013 To Date: 04/20/2013
Accident: N Accident Date:
EPSDT: N

5 Claim Charges

Total Charges: 3715.00
TPL Amount: 0.00
Total Amount Paid:
Carrier Denied?: N
Co-Pay Amount: 0.00

6 Payment Details

Check Number: N/A
Payment Amount: 0.00
RA #:

7 Diagnosis Codes

Item	Diagnosis Code (ICD-9)
1	110

8 Header Attachments

File Id	File Name
1	Attachment_test.docx

Detail Attachments

9 Details

Item	From DOS	TO DOS	Procedure Code	Units Billed	Charges
1	04/20/2013	04/20/2013	44205	1.00	3715.00

10 Submit Claim

11 Print

Summary Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
1	Summary Identifies this as the Summary screen.
2	Billing Information Identifies this section as the Billing Information section of the Summary screen.
3	Service Information Identifies this section as the Service Information section of the Summary screen.
4	Service Facility Location Identifies this section as the Service Facility Location section of the Summary screen.
5	Claim Charges Identifies this section as the Claim Charges section of the Summary screen.
6	Payment Details Identifies this section as the Payment Details section of the Summary screen.
7	Diagnosis Codes Identifies this section as the Diagnosis Codes section of the Summary screen. (Click the diagnosis item number to return to that diagnosis code).
8	Attachments Identifies this section as the Attachments section of the Summary screen.
9	Details Identifies this section as the Details section of the Summary screen. (Click the Details Item link to return to that detail.)
10	Submit Claim Click the Submit Claim button to finalize the claim.
11	Print Allows the user to print this screen.

Submitted Claim

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

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

Professional Claim

Header > Billing Codes > Detail > Attachments > Summary

Claim Status	Suspended
Threshold	N
Claim ICN	2322271001001
Paid Date	0
Allowed Amount	
Spenddown Amount	

Header EOB	Disposition	Description
9663	S - SUSPENDED	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.

Billing Information:
Provider Number:
Member ID*:
Last Name:
First Name: W
Date of Birth:
Gender:
Patient Acct. #:
Referring Provider:
Prior Authorization:
Service Facility Location:
Service Location ID:
Service Location Name:
Address:
City:
State: Zip Code:

Service Information:
Claim Type: Medical
From Date*: 01/21/2021
To Date*: 01/21/2021
Accident: None
Accident Date:
EPSDT: No

Claim Charges:
Total Charges: 600.00
TPL Amount: 0.00
Total Amount Paid: 0.00
Carrier Denied?: No
Co-Pay Amount: 0.00

Next

Print

10.3 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 (KYMMS)

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

Claim Inquiry: 1326091448

Sunday 18 April 2021 4:36 pm

Provider 0X

Search Criteria

Member ID:
Patient Acct. #:
ICN or TCN:

Claim Status:
Date Type: ☒ Date Of Service
☐ Warrant Date
From Date:
Thru Date:

ICN	From DOS	To DOS	Adjudicated Date	Amount Billed	Claim Status	Member ID	Claim Type
2121105001008	01/21/2021	01/30/2021		\$40.00	Suspended	7571391228	PROFESSIONAL CLAIMS
1							

View Header

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](#)

Professional Claim

Sunday 18 April 2021 4:37 pm

[Header](#) > [Billing Codes](#) > [Detail](#) > [Attachments](#) > [Summary](#)

Claim Status	Suspended
Claim ICN	2121105001008
Paid Date	0
Allowed Amount	
Spenddown Amount	
Header	EOB Description
9663	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.
9663	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.
1863	HEADER RENDERING PROVIDER TAXONOMY CODE NOT VALID FOR PROVIDER FOR DATE OF SERV
1863	HEADER RENDERING PROVIDER TAXONOMY CODE NOT VALID FOR PROVIDER FOR DATE OF SERV
Detail	EOB Description
#1	
9663	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.
9663	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.
1010	RENDERING PROVIDER NOT A MEMBER OF BILLING GROUP.
1010	RENDERING PROVIDER NOT A MEMBER OF BILLING GROUP.

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:	2121105001008
Medicaid Id:	7571:
Member Name:	KIDI

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, gif, bmp

File:

File Id:

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			

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.

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.

Billing Information Provider Number 1326 Member ID 7571 Last Name KID First Name LAC Date of Birth 03/07/2005 Gender F Patient Acct. # 00011 Referring Provider 1326 Prior Authorization		Service Information From Date 01/21/2021 To Date 01/30/2021 Accident Date EPSDT																									
Service Facility Location Service Location ID: Service Location Name: Address: City: State: Zip Code:		Claim Charges Total Charges 40.00 TPL Amount 0.00 Total Amount Paid Carrier Denied? Co-Pay Amount 0.00																									
Diagnosis Codes <table border="1"> <thead> <tr> <th>Items</th> <th>Diagnosis Code (ICD-10)</th> </tr> </thead> <tbody> <tr><td>1</td><td>F959</td></tr> <tr><td>2</td><td>G514</td></tr> <tr><td>3</td><td>G5139</td></tr> <tr><td>4</td><td>F840</td></tr> <tr><td>5</td><td>M62838</td></tr> <tr><td>6</td><td>E6601</td></tr> <tr><td>7</td><td>R5382</td></tr> <tr><td>8</td><td>Z79899</td></tr> </tbody> </table>				Items	Diagnosis Code (ICD-10)	1	F959	2	G514	3	G5139	4	F840	5	M62838	6	E6601	7	R5382	8	Z79899						
Items	Diagnosis Code (ICD-10)																										
1	F959																										
2	G514																										
3	G5139																										
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5	M62838																										
6	E6601																										
7	R5382																										
8	Z79899																										
Header Attachments <table border="1"> <thead> <tr> <th>File Id</th> <th>File Name</th> </tr> </thead> <tbody> <tr><td>1</td><td>EDI_claim_attachment_TEST_attach.docx</td></tr> <tr><td>2</td><td>EDI_claim_attachment_TEST_attach2.docx</td></tr> <tr><td>3</td><td>EDI_claim_attachment_TEST_attach3.docx</td></tr> <tr><td>4</td><td>EDI_claim_attachment_TEST_attach4.docx</td></tr> <tr><td>5</td><td>EDI_claim_attachment_TEST_attach5.docx</td></tr> <tr><td>6</td><td>EDI_claim_attachment_TEST_attach6.docx</td></tr> </tbody> </table>				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										
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 <table border="1"> <thead> <tr> <th>File Id</th> <th>File Name</th> </tr> </thead> <tbody> <tr><td>1</td><td>EDI_claim_attachment_TEST_attach7.docx</td></tr> <tr><td>2</td><td>EDI_claim_attachment_TEST_attach8.docx</td></tr> <tr><td>3</td><td>EDI_claim_attachment_TEST_attach9.docx</td></tr> </tbody> </table>				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																
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 <table border="1"> <thead> <tr> <th>Items</th> <th>From DOS</th> <th>TO DOS</th> <th>Procedure Code</th> <th>Units Billed</th> <th>Charges</th> </tr> </thead> <tbody> <tr><td>1</td><td>01/30/2021</td><td>01/30/2021</td><td>99213</td><td>1.00</td><td>20.00</td></tr> <tr><td>2</td><td>01/21/2021</td><td>01/21/2021</td><td>99213</td><td>1.00</td><td>10.00</td></tr> <tr><td>3</td><td>01/22/2021</td><td>01/22/2021</td><td>99213</td><td>1.00</td><td>10.00</td></tr> </tbody> </table>				Items	From DOS	TO DOS	Procedure Code	Units Billed	Charges	1	01/30/2021	01/30/2021	99213	1.00	20.00	2	01/21/2021	01/21/2021	99213	1.00	10.00	3	01/22/2021	01/22/2021	99213	1.00	10.00
Items	From DOS	TO DOS	Procedure Code	Units Billed	Charges																						
1	01/30/2021	01/30/2021	99213	1.00	20.00																						
2	01/21/2021	01/21/2021	99213	1.00	10.00																						
3	01/22/2021	01/22/2021	99213	1.00	10.00																						

Print

10.4 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 (KYMMS)

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

Professional Claim

Tuesday 29 October 2019 3:05 pm

[Header](#) > [Billing Codes](#) > [Detail](#) > [Summary](#)

Claim Status	Paid
Claim ICN	
Paid Date	20190620
Allowed Amount	78.75
Spenddown Amount	
Detail EOB Description	
#1	
9935 PRICING ADJUSTMENT - MAX FLAT FEE PRICING APPLIED	

Billing Information:	Service Information:
Provider Number: <input type="text"/>	Claim Type: <input type="text" value="Medical"/>
Member ID*: <input type="text"/>	From Date*: <input type="text" value="07/03/2019"/> To Date*: <input type="text" value="07/03/2019"/>
Last Name: <input type="text"/>	Accident: <input type="text" value="None"/> Accident Date: <input type="text"/>
First Name: <input type="text"/>	EPSDT: <input type="text" value="No"/>
Date of Birth: <input type="text"/>	Claim Charges:
Gender: <input type="text" value="M"/>	Total Charges: <input type="text" value="200.00"/>
Patient Acct. #: <input type="text"/>	TPL Amount: <input type="text" value="0.00"/>
Referring Provider: <input type="text"/>	Total Amount Paid: <input type="text" value="78.75"/>
Prior Authorization: <input type="text"/>	Carrier Denied?: <input type="text" value="No"/>
	Co-Pay Amount: <input type="text" value="0.00"/>

Next **1**

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

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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.

10.5 Supplemental Claims

10.5.1 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.

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

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

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

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

Provider

Switch Working 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

Main Page

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

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

[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:

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Last Updated: 8/16/2019

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

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

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

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Last Updated: 8/16/2019

The **Supplemental Claims** panel will allow the provider to click on 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 these are the standard KYHealthNet claims panels and nothing has been changed/added to these panels.

10.6 Supplemental Report

10.6.1 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 20

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

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](#)

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

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
- **or** 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 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.

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

Supplemental Report

Report Criteria

Provider

1871567362 - 261QR1300X

Generate Supplemental report based on the criteria entered below:

Optional Criteria

Member ID:

Claim Status:

☐ Paid
☐ Denied

Clear Status

Required Fields

Paid Date or DOS is Required

☒ Paid Date

Date: 08/05/2022

☐ Date of Service

Report Layout

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

Report Processing...

The report is ready for download.

Report Output

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	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

10.7 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.

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

Claim Inquiry: 1427574862

Tuesday 27 September 2022 3:06 pm

Provider: 1427574862 - 261QF0400X ▼

Refresh Unfinished Claims

Search Criteria

Member ID: Claim Status: Any Status ▼

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

ICN or TCN: From Date: 09/20/2022 Thru Date: 09/27/2022

Thresholded Encounters Only: ☐

Search

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 (KYMIS)

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 ▼

[Refresh Unfinished Claims](#)

Search Criteria

Member ID: Claim Status: Any Status ▼

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

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

[Search](#)

Thresholded Encounters Only: ☒

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

[Generate Threshold Report](#)

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 displays the 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' interface. At the top, there is a navigation bar with links: 'Provider Home | Member | Claims | PA | Missed Appointments | Provider References | RA Viewer | Logout'. Below this, a header bar shows 'Claim Inquiry: 1427574862' and the date 'Thursday 14 July 2022 11:10 am'. The main content area features a 'Provider' dropdown menu set to '261QF0400X' and a 'Refresh Unfinished Claims' button. A 'Search Criteria' section is highlighted with a blue border, containing fields for 'Member ID', 'Claim Status' (set to 'Any Status'), 'Patient Acct. #', 'Date Type' (with 'Date Of Service' selected), 'ICN or TCN', 'From Date' (set to '06/07/2022'), and 'Thru Date' (set to '07/14/2022'). A 'Thresholded Encounters Only' checkbox is checked. A 'Search' button is located at the bottom of the search criteria section. Below the search criteria, a red error message states: 'Data is unavailable due to Encounters Retention Policy'.

10.8 DRG Letter

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

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

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

Monday 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 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

The following screen will appear.

The screenshot displays the KY Medical Management Information System (KYMMIS) interface. At the top, the header reads "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)". Below this is a navigation bar with links: "Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout". The main title of the page is "Diagnostic Related Group (DRG) Letters". The date and time are shown as "Monday 14 October 2019 2:32 pm". A "Search Criteria" box contains the following fields: "Provider" (a dropdown menu), "Member ID:" (a text input field), "Letter Type:" (a dropdown menu), "Case #:" (a text input field), and "Date Sent:" (a date picker). A "Search DRG Letters" button is located below these fields. To the right of the search box, it says "Last Updated: 8/16/2019". At the bottom, there is a "Contact Us" link and a footer with "Privacy | Disclaimer | Individuals with Disabilities" and "Copyright © 2005 Commonwealth of Kentucky All rights reserved".

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.

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

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

Diagnostic Related Group (DRG) Letters

Monday 14 October 2019 2:33 pm

Search Criteria

Provider

Member ID:

Letter Type:

Case #:

Date Sent:

Search DRG Letters

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

1

Last Updated:8/16/2019

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4. 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
656 Chamberlin Ave.
Frankfort, KY 40601
502.209.3000

Date: 09/22/2019

Tec: From:

Re: **Technical Denial**

Patient Name:	Member ID:
Patient DOB:	Medical Record No:
DXC Case No:	Hospital Provider No:
Patient Status:	NPI:
Admission Date:	Attending Physician Name:
Admission Source:	Attending Physician ID:
Admission Type:	IGN:
LOS:	DRG:
Discharge Date:	Date Paid:
Review Month:	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).



1 (1 of 1)



Save a copy (Shift+Ctrl+S)

10.9 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 ADM, ER 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 WHICHEVER 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

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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 dropdown 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 (KYMIS)

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

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.

Location Address		
Physical Address		
Address 1:		
Address 2:		
City:		
State:	Zip:	County:
Email:	Phone:	Fax:
Pay-To Address		
Address 1:		
Address 2:		
City:		
State:	Zip:	
Email:	Phone:	Fax:
Correspondence Address		
Address 1:		
Address 2:		
City:		
State:	Zip:	
Email:	Phone:	Fax:

Last Updated: 10/27/2016

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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 on 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 | | Logout

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 Forms

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

www.kymmis.com

3. Click **Electronic Claims**.
4. Click **EDI Forms**.
5. Click the link for the PIN Release Form.

12.2 Billing Instructions

www.kymmis.com

6. Click **Provider Relations**.
7. Click **Billing Instructions**.
8. Click **Provider Type**.