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CABINET FOR HEALTH  
AND FAMILY SERVICES

**Commonwealth of Kentucky**  
**KY Medicaid**

**KYHealthNet Institutional**  
**User Manual**

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Document Version	Date	Name	Comments
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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 user name and password. What that means to Kentucky Medicaid Providers is that you can manage your own account, as well as any agent account which you have granted access. You will not see the word *MEUPS* on your screen, but you may hear someone refer to your MEUPS account. It is the same thing as your KYHealth Choices account.

### 1.2 How Do I Use this System?

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

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

### 1.3 What is a Provider Administrator?

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

### 1.4 What is a Billing Agent?

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



## 1.5 What is a PIN Number?

Each Kentucky Medicaid Provider has been issued a Personal Identification Number (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](http://www.kymmis.com).
2. Click **Electronic Claims**.
3. Click **EDI Forms**.
4. Click **PIN Release Form**.
5. Complete the attached PIN Release form and return it to the EDI Helpdesk along with a copy of a valid driver's license via e-mail or fax. Include your phone number and e-mail address and someone will contact you with your PIN and website information.
  - a. Fax your PIN Release form to: 502-209-3200
  - b. E-mail your form to: [KY\\_EDH\\_Helpdesk@dxc.com](mailto:KY_EDH_Helpdesk@dxc.com)

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

The PIN release email example is below:

**From:** [Jane.doe@dxc.com](mailto:Jane.doe@dxc.com)  
**Sent:** Monday, August 9, 2019 10:30 AM  
**To:** [Daisy.Duck@anywhere.com](mailto: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\\_EDH\\_Helpdesk@dxc.com](mailto:KY_EDH_Helpdesk@dxc.com).**

### 1.5.3 Using the PIN to Create a New Account

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

## Create New Account

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

Provider ID

PIN

KyHealth Choices  
Account Migration

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A **User Agreement to Terms of Service** window will display.

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

## Create New Account

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

### USER AGREEMENT

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

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

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

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

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

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


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

## Create New Account

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

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


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

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

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

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

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

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

\* indicates required field.

<input type="button" value="Next"/>
-------------------------------------

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

### Create New Account

Your account was successfully created.

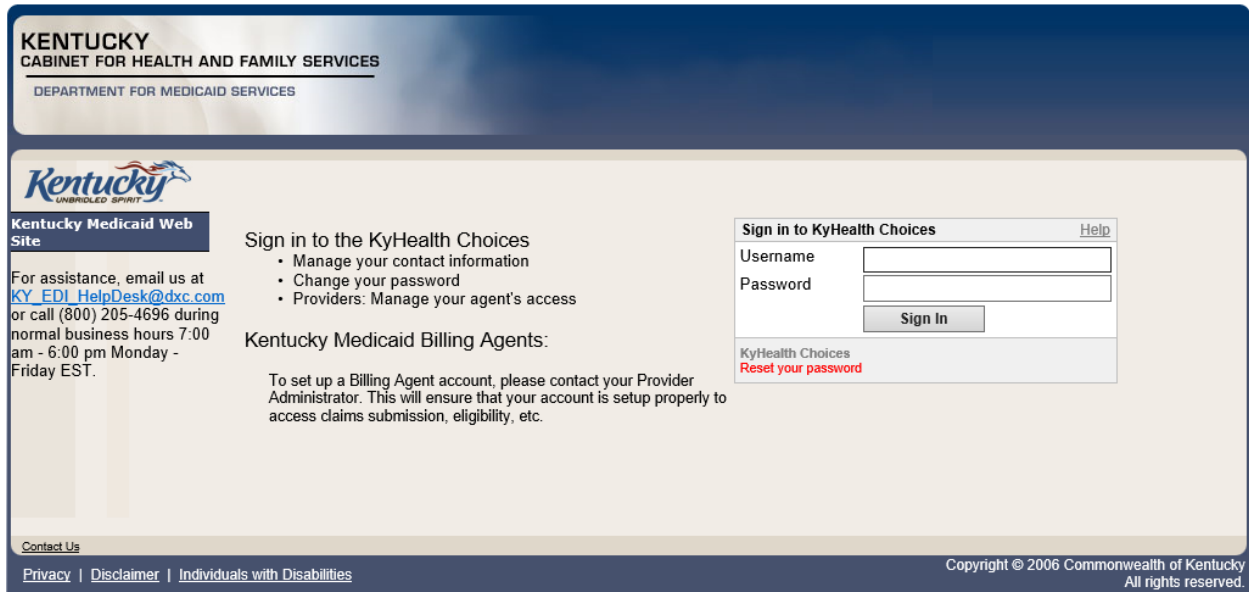
You can now log into KyHealth Choices using your new username and password you just created by clicking on the Sign In button below.

[Sign In](#)

## 2 Signing into KYHealth Choices

### 2.1 Sign into KYHealth Choices

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



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**Kentucky Medicaid Web Site**

For assistance, email us at [KY\\_FDI\\_HelpDesk@dxc.com](mailto: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

**Sign in to KyHealth Choices** [Help](#)

Username

Password

KyHealth Choices  
[Reset your password](#)

**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.

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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** Sign Out

Friday 23 January 2015 11:29 am

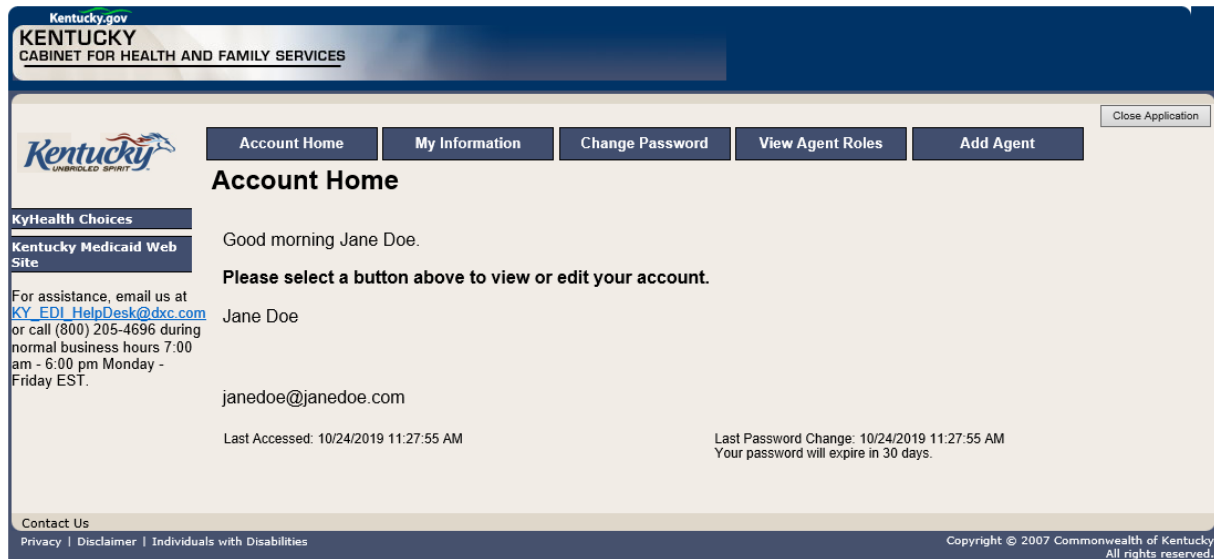
**Jane Doe, Welcome to KyHealth Choices**

Applications	
Application	Description
<a href="#">Account Management</a>	Manages contact information, password, and authorizations for applications.
<a href="#">KYHealthNet</a>	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 <a href="https://home.kymmms.com/home">https://home.kymmms.com/home</a> . 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 <a href="http://www.chfs.ky.gov/dms/provEnr/">http://www.chfs.ky.gov/dms/provEnr/</a>

The **Account Management** screen displays.

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



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Close Application

Account Home My Information Change Password View Agent Roles Add Agent

## Account Home

**KyHealth Choices**

**Kentucky Medicaid Web Site**

For assistance, email us at [KY\\_EDL\\_HelpDesk@dxc.com](mailto:KY_EDL_HelpDesk@dxc.com) or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Good morning Jane Doe.

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

Jane Doe

janedoe@janedoe.com

Last Accessed: 10/24/2019 11:27:55 AM

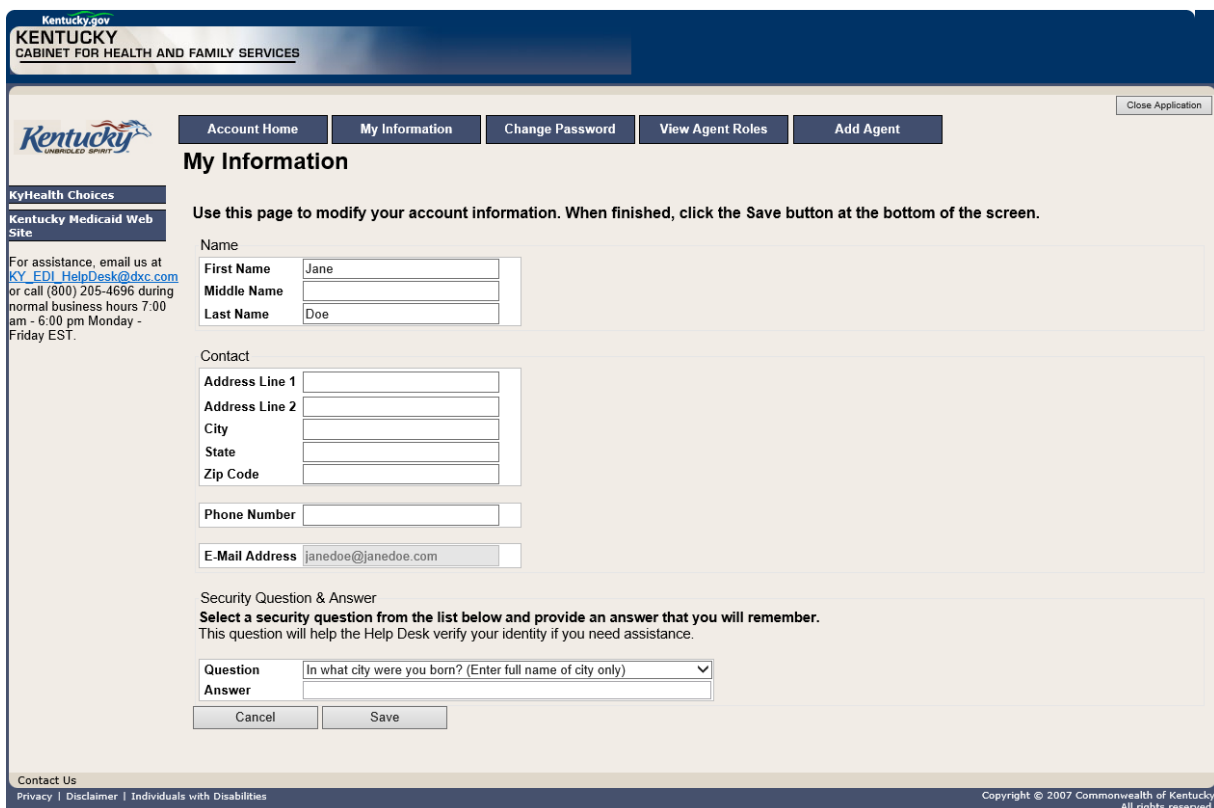
Last Password Change: 10/24/2019 11:27:55 AM  
Your password will expire in 30 days.

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



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Close Application

Account Home My Information Change Password View Agent Roles Add Agent

## My Information

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

Name

First Name Jane

Middle Name

Last Name Doe

Contact

Address Line 1

Address Line 2

City

State

Zip Code

Phone Number

E-Mail Address janedoe@janedoe.com

Security Question & Answer

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

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

Answer

Cancel Save

Contact Us

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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 20<sup>th</sup> day.

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

The screenshot displays the 'Change Password' form on the KYHealthNet Institutional User Manual. The form is titled 'Change Password' and is located within a navigation menu that includes 'Account Home', 'My Information', and 'Change Password'. The form instructions state: 'Fill out the form below to change your password. A password must be at least 8 characters in length and contain at least one of each: uppercase letter, lowercase letter, numeric digit, and special character (eg. ~!@#%, etc.)'. It also lists additional password requirements: 'Also, passwords can: be no more than 12 characters, not be repeated'. The form includes three input fields: 'Old Password', 'New Password', and 'New Password (verify)'. Below the input fields are two buttons: 'Cancel' and 'Change Password'. The form is part of a larger web application interface with a header for 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and a footer with 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2007 Commonwealth of Kentucky All rights reserved.'.

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Close Application

Account Home My Information Change Password

**Change Password**

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.

For assistance, email us at [KY\\_EDL\\_HelpDesk@dkc.com](mailto:KY_EDL_HelpDesk@dkc.com) or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

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## 2.4 Add an Agent or New Employee

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

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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

KyHealth Choices  
Kentucky Medicaid Web Site

For assistance, email us at [KY\\_FDI\\_HelpDesk@dxc.com](mailto: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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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

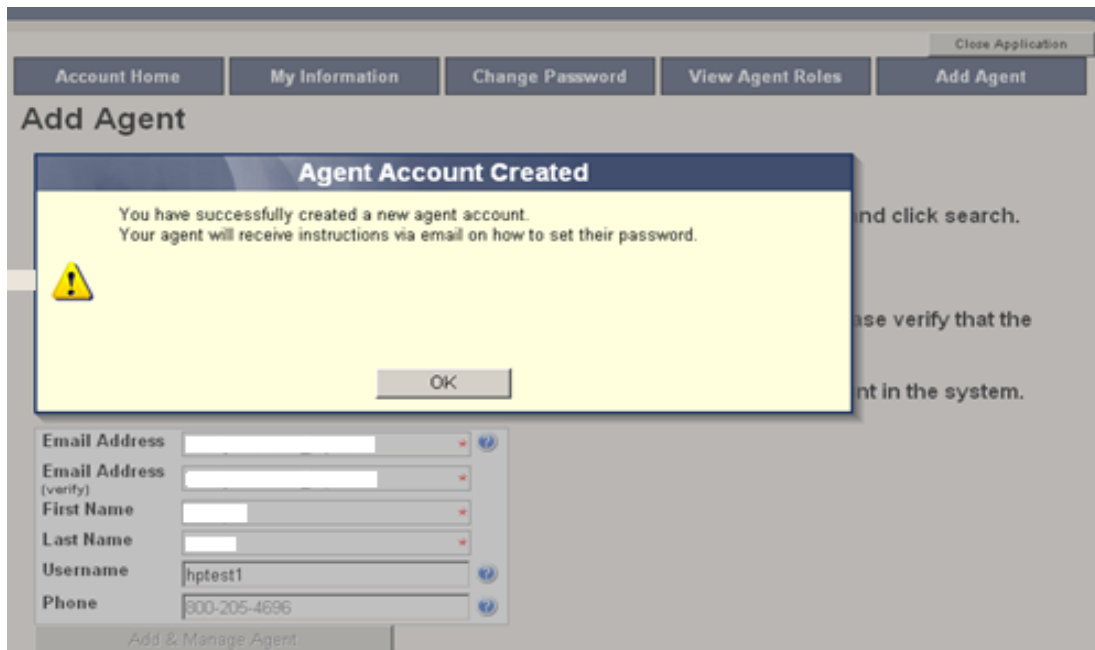
KyHealth Choices  
Kentucky Medicaid Web Site

For assistance, email us at [KY\\_FDI\\_HelpDesk@dxc.com](mailto: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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- The **Agent Account Created** window appears.



- The user will receive an email as shown below.

Automated MEUPS email example:

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

Kentucky user Jane Doe,

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

DXCTest1

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

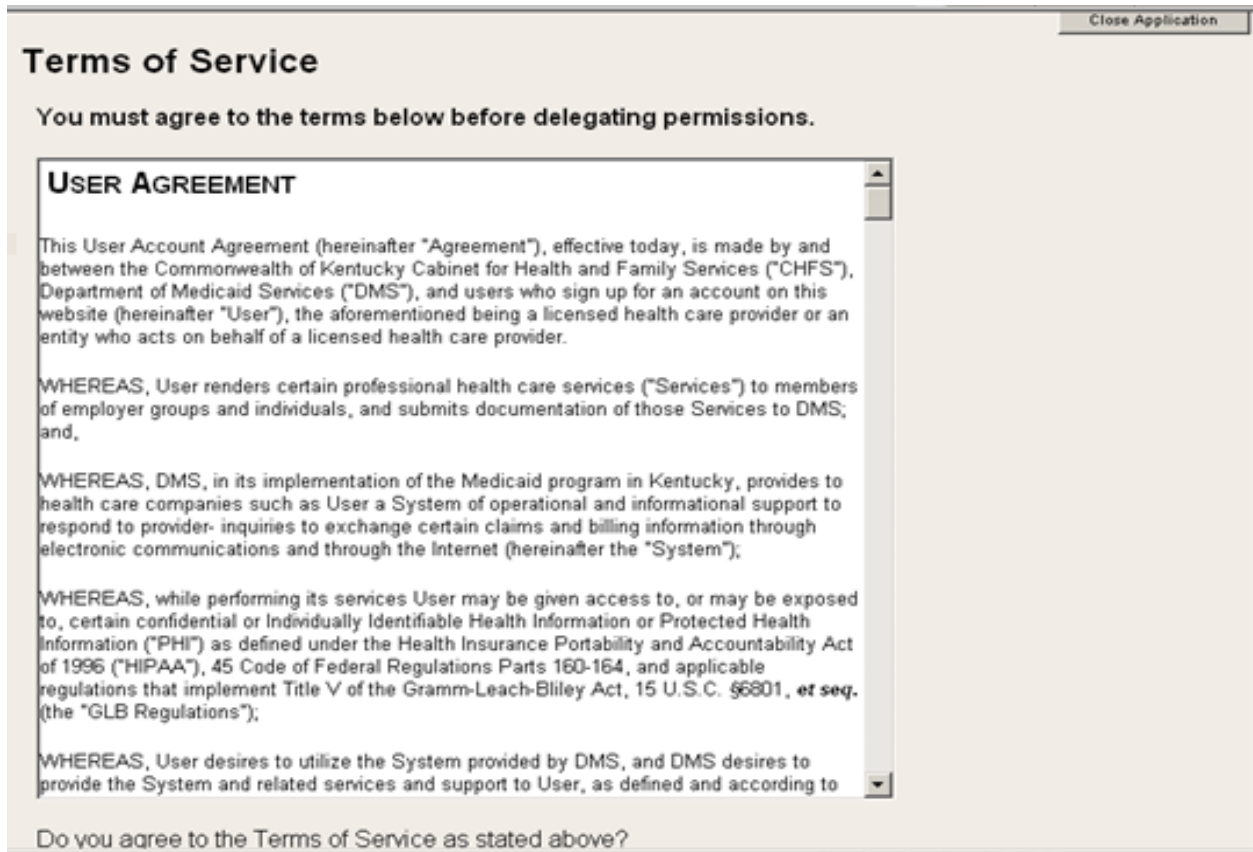
<https://public.kymmis.com/testexampleurlink>

Please contact the EDI helpdesk at [KY\\_EDH\\_HelpDesk@dxc.com](mailto:KY_EDH_HelpDesk@dxc.com) or call (800) 205-4696 between 7:00 am - 6:00 pm Monday - Friday EST should you have questions regarding this notification.

Medicaid Enterprise Users Provisioning System

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

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



**Terms of Service** Close Application

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 on the **KYHealthNet** link.

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

<b>Name</b>	edi test edi test	<b>Account Status</b>	Active
<b>Email Address</b>			
<b>Address</b>			
<b>Telephone</b>	800-205-4696		
<b>Account Owner</b>	hp instit KYHealthnet (hpinst),		

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

<a href="#">Account Home</a>	<a href="#">My Information</a>	<a href="#">Change Password</a>	<a href="#">View Agent Roles</a>	<a href="#">Add Agent</a>
------------------------------	--------------------------------	---------------------------------	----------------------------------	---------------------------

## Manage Agent Roles

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

Agent Details

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

[Remove All Roles](#)

### 1 Select the system to modify access

System	
<a href="#">Select</a> Account Management	
<a href="#">Select</a> Electronic Prior Authorization	
<a href="#">Select</a> <b>KYHealthNet</b>	
<a href="#">Select</a> Magellan Web Portal	
<a href="#">Select</a> Magellan Web Portal (resource partner URI)	

### 2 Modify the permissions for KYHealthNet

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

[Create Screen Clipping](#)

4. Check the roles you wish to grant 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**

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

**1 Select the system to modify access**

System	
<a href="#">Select</a> Account Management	
<a href="#">Select</a> Electronic Prior Authorization	
<a href="#">Select</a> KYHealthNet	
<a href="#">Select</a> Magellan Web Portal	
<a href="#">Select</a> Magellan Web Portal (resource partner URI)	

**2 Modify the permissions for KYHealthNet**

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

(W)



### 3 Accessing KYHealthNet

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

1. On the **KyHealth Choices Home** page, click the **KYHealthNet** link.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

**KyHealth Choices Home** Sign Out

Friday 23 January 2015 11:29 am

**Jane Doe, Welcome to KyHealth Choices**

Applications	
Application	Description
<a href="#">Account Management</a>	Manages contact information, password, and authorizations for applications.
<a href="#">KYHealthNet</a>	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 <a href="https://home.kymmms.com/home">https://home.kymmms.com/home</a> . 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 <a href="http://www.chfs.ky.gov/dms/provEnr/">http://www.chfs.ky.gov/dms/provEnr/</a>

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

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

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

**Provider Main Page**


Wednesday 27 February 2019 11:47 am

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

Provider

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

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



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

Last Updated: 11/16/2018

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

## 4 Functionality

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

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

KYHealthNet offers the following functions:

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

Welcome to the

Benefit Issuance

Eligibility Verification

MCO Member Information

Pharmacy History

Patient Liability

Spend Down

Provider Main Page

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

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

Provider

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

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



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

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

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

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 10:00 AM

**Provider Main Page**


Welcome to the KYHealthNet Institutional 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](#)



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Contact Us Last Updated: 9/10/2019

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The following screen will appear.

### 5.2.1 Searching for a Member

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

The screenshot shows the 'Member Eligibility Verification' page in the KYMMIS system. The page header includes 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and 'KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)'. The navigation bar contains links for 'Provider Home', 'Member', 'Claims', 'PA', 'Provider References', 'RA Viewer', and 'Logout'. The page title is 'Member Eligibility Verification' and the timestamp is 'Tuesday 26 March 2019 12:48 pm'. The 'Provider' field is empty. The 'Select Lookup Type' dropdown menu is open, showing options: '-- Select --', 'Member ID Lookup', 'SSN Lookup', and 'Case Number Lookup'. The 'Service Type' dropdown menu is also open, showing options: 'Emergency Services', 'Family Planning', and 'Health Plan Coverage'. A 'Search' button is visible to the right of the 'Service Type' dropdown. The footer includes 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2005 Commonwealth of Kentucky All rights reserved'.

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

The screenshot shows the 'Member Eligibility Verification' page in the KYMMIS system. The page header includes 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and 'KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)'. The navigation bar contains links for 'Provider Home', 'Member', 'Claims', 'PA', 'Provider References', 'RA Viewer', and 'Logout'. The page title is 'Member Eligibility Verification' and the timestamp is 'Tuesday 26 March 2019 12:51 pm'. The 'Provider' field is empty. The 'Select Lookup Type' dropdown menu is set to 'Member ID Lookup'. The 'Service Type' dropdown menu is set to 'Health Plan Coverage'. A 'Search' button is visible to the right of the 'Service Type' dropdown. The 'Member ID' field is empty. The 'From Date' field is set to '03/26/2019' and the 'To Date' field is set to '03/31/2019'. The footer includes 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2005 Commonwealth of Kentucky All rights reserved'.

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

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

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

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

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

### Member Eligibility Verification

Tuesday 26 March 2019 1:24 pm

Provider:

Select Lookup Type:  Service Type:

Member ID:

From Date:  To Date:

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

Error code 05 - Recipient ID missing or not on file

[Print](#)

Last Updated: 11/16/2018

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



Member Eligibility Verification

Thursday 28 October 2021 09:51 am

Provider

**Select Lookup Type:** 
**Service Type:**

**Member ID:**

**From Date:** 
**To Date:**

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

Member

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

Eligibility				
<a href="#">Eligibility 5 Year History</a>				
Eligibility Group	Program Code	Program Status	From Date	To Date
KY Managed Care Organization with Co-Pay	D - Disabled indiv who rec SSI	00 - Regular SSI	10/04/2022	10/31/2022

**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	10/04/2022	10/31/2022

Copay Indicator	From Date	To Date
Y	10/04/2022	10/31/2022

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

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

Service Limitation	
<a href="#">Service Limitation 5 Year History</a>	
No Service Limitation segment for the dates entered.	

Cost Share	
<a href="#">Cost Share 5 Year History</a>	
No Cost Share segment for the dates entered.	

Third Party Liability	
<a href="#">Third Party Liability 5 Year History</a>	
No Third Party Liability segment for the dates entered.	

Managed Care					
<a href="#">Managed Care 5 Year History</a>					
MCO Name	MCO Member ID	Region	Date Added	From Date	To Date
HUMANA	58758067978	31	11/05/2014	10/04/2022	10/31/2022

Waiver	
<a href="#">Waiver 5 Year History</a>	
No Waiver segment for the dates entered.	

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

### 5.2.2 Member Eligibility Suspension/Disenrollment

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

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

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

### 5.3 MCO Member Information

1. Select **Member** from the menu.
2. Choose **MCO Member Information** from the drop-down.

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

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

Thursday 3 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](#)



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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 (KYMMIS)

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

**MCO Member Information**

Thursday 3 October 2019 1:29 pm

Member ID:  SSN:

Last Updated: 8/16/2019

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3. 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 (KYMMIS)

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](#)

Last Updated: 8/16/2019

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## 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 2012 10:00 AM

Welcome to the

Provider Main Page

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


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

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

Provider

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

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



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Last Updated: 9/10/2019

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The following screen will appear.

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

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

**Pharmacy Claims History**

Friday 17 December 2010 10:01 am

**Note: Pharmacy information is updated every two weeks.**

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

Member ID:

Last Updated: 9/15/2010

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3. Enter the Member’s ID and click **Search**.
4. The **Pharmacy Claims History** screen will appear.

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

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

**Pharmacy Claims History**

Thursday 15 January 2015 4:48 pm

**Note: Pharmacy information is updated every two weeks.**

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

Member ID:

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

Last Updated: 8/28/2014

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## 5.5 Patient Liability

1. Select **Member** from the menu.
2. Choose **Patient Liability** from the drop-down.

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

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

Thursday 3 Octo

Welcome to th

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


### Provider Main Page

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

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

Provider

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



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

Would you like to start receiving paper PA Letters also?

[Contact Us](#)

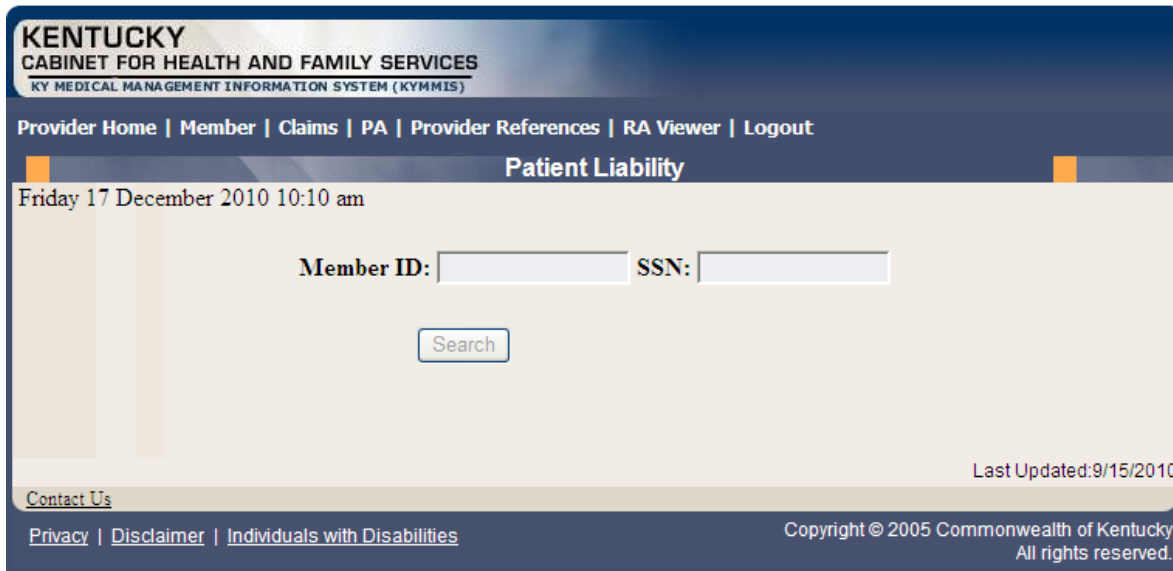
Last Updated: 8/16/2019

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The following screen will appear.



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

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

**Patient Liability**

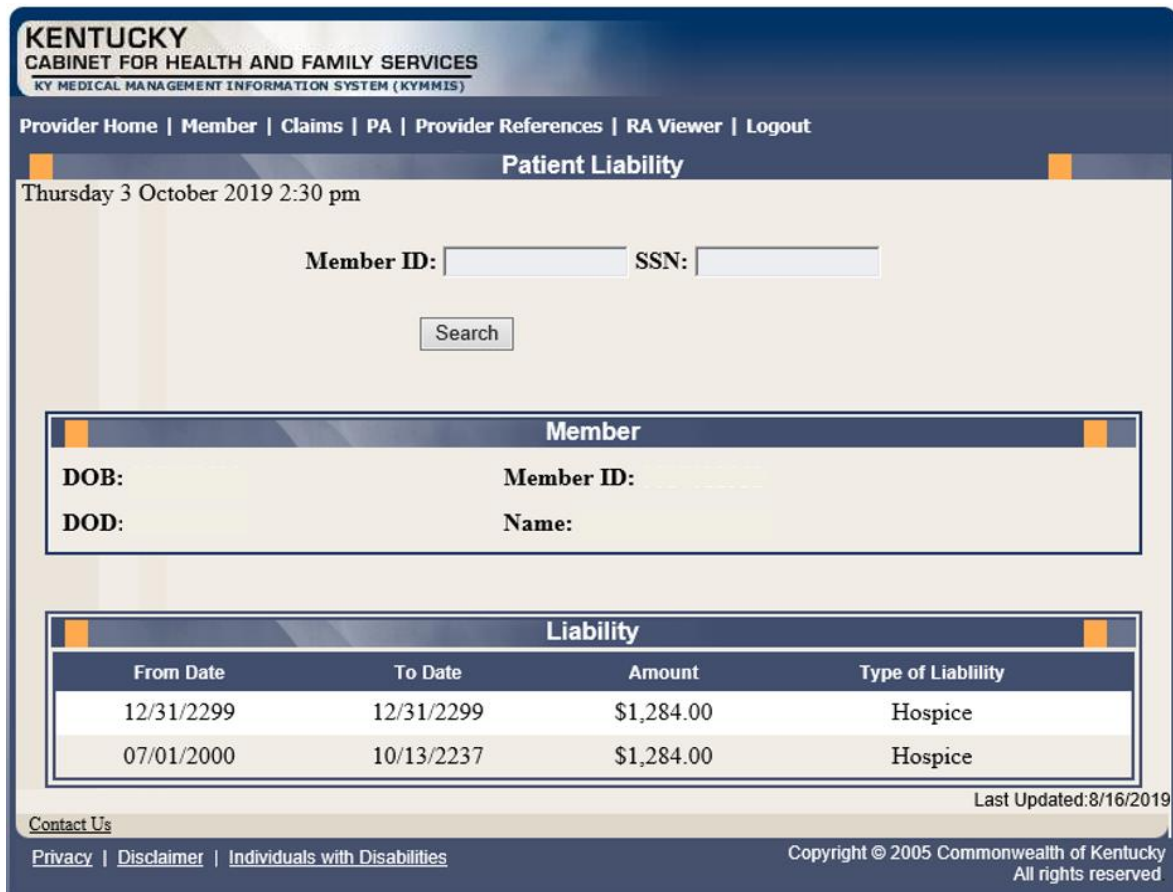
Friday 17 December 2010 10:10 am

Member ID:  SSN:

[Contact Us](#) Last Updated: 9/15/2010

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1. Enter the Member’s ID or SSN and click **Search**.
2. 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

[Contact Us](#) 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 (KYMMIS)

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

Wednesday 2 Oct 2019 10:58 AM

Welcome to the

Provider Main Page


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

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

Provider

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

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



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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**

<b>DOB:</b>	<b>Member ID:</b>
<b>DOD:</b>	<b>Name:</b>

**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 pm


Welcome to the Kentucky Medicaid **Prior Authorization Checklist!** Medicaid Services secure website is intended for providers, clerks, and billing agents.

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

Provider

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

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



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

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

Search: ?  [Advanced Search](#)

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

## Prior Authorization Forms

Prior Authorization Forms are displayed in Adobe Acrobat formats.

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

e


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

Provider

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

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



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

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

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

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



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

### 6.3 MMIS PA Letters

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

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

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

Friday 18 October 2019 10:43 am

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

e


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

Provider

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

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



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

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

**Prior Authorization (PA) Letters**

Thursday 24 October 2019 09:51 am

**Search Criteria**

Provider:  Member ID:

Letter Type:

Date Sent:

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

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 (KYMMIS)

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

**Prior Authorization (PA) Letters**

Thursday 24 October 2019 09:56 am

**Search Criteria**

Provider:  Member ID:

Letter Type:

Date Sent:

Letter Type	Member ID	Member Name	Request Date	Sent Date
<a href="#">Other PA Types (Provider Only)</a>			10/21/2019	10/22/2019
<a href="#">Inpatient Letter</a>			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 (KYMMIS)

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

Friday 18 October 2019 1:07 pm

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

e

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

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

Provider

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



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

Would you like to start receiving paper PA Letters also?

[Contact Us](#)

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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

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 (KYMMIS)

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

CareWise Prior Authorization Letters

Friday 18 October 2019 1:08 pm

Provider

**Search Criteria**

Member ID:   
**Member ID is required**

Case Number:

Member First Name:  Member Last Name:

From Date:   
**From Date is required.**

To Date:   
**To Date is required**

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

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

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

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

### CareWise Prior Authorization Letters

Monday 4 May 2020 1:31 pm

Provider

#### Search Criteria

Member ID:	<input type="text"/>	Case Number:	<input type="text"/>
Member First Name:	<input type="text"/>	Member Last Name:	<input type="text"/>
From Date:	<input type="text"/>	To Date:	<input type="text"/>

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

#### Letter

<a href="#">4/24/2020 PA SHPS -Mem ID: <input type="text"/> -Name: RUDY-Prov ID: <input type="text"/> -Rev Type:OUTPATIENT THERAPIES</a>
<a href="#">4/24/2020 PA SHPS -Mem ID: <input type="text"/> -Name: RUDY-Prov ID: <input type="text"/> -Rev Type:TRANSPLANT</a>

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 (KYMMIS)

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

Monday 14 October 2019 1:12 pm

Welcome to the Kentucky Medicaid

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


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

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

Provider

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

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



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

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Last Updated: 9/10/2019

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The following screen will appear.

**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

Thursday 24 October 2019 10:03 am

Provider:

Transaction ID:  Member ID:  PA Category:

SSN:  Last Name:  First Name:

Start Date:  Type: Submitted

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

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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
<a href="#">1419059004</a>					WAIVER - SCL2 PDS

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

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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

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

**PA Header**

Wednesday 23 October 2019 4:15 pm

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

Requesting  
Provider  
Number:

PA Category\*:

Servicing  
Provider  
Number\*:

Nursing Facility Type:

Servicing  
Provider  
Taxonomy:

Member ID\*:

Diagnosis Code\*:

Last Name:

First Name:  MI:

Emergency:

Admission Date:

Accident:

Discharge Date:

Special  
Considerations:

Case Management/Disease Management

Indicator:

Program:

Level:

Last Updated: 9/10/2019

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



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

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

**PA Details**

Wednesday 23 October 2019 4:19 pm

Header > [Details](#) > Summary

Line Item Number:  Status:

Service Type Code\*:

Revenue Code From:  Revenue Code To:

Procedure Code From\*:  Procedure Code To:

Modifiers:

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

Tooth:  Tooth Quad:

Payment Method:

IAC

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

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: <b>WAIVER - SCL2 PDS</b>
Servicing Provider Number:	Nursing Facility Type:
Member ID:	Diagnosis Code: <b>F320</b>
Last Name:	First Name: <span style="float: right;">MI:</span>
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
<a href="#">01</a>			<b>A</b>	<b>T1005</b>				01/01/2019	04/30/2019	900	2250

Last Updated: 9/10/2019

[Contact Us](#)

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

## 7 Missed Appointments

### 7.1 Record Missed Appointments

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



### 7.1.1 Add a missed appointment

The screenshot displays two web forms from the KY HealthNet Institutional User Manual. The top form, titled "Record Missed Appointment", is dated Tuesday 25 January 2022 11:26 am. It features a navigation bar with links: Provider Home | Member | Claims | PA | Missed Appointments | Provider References | RA Viewer | Logout. The form includes a "Provider" dropdown menu with a "Switch Provider" button below it. A search box contains "Member ID:" followed by a text input field and the instruction "(Leave blank for ALL members)". Below this is a "Date Range" section with "MONTH:" set to "ALL" and "YEAR:" set to "2022", accompanied by a "Search" button. The bottom form, titled "Add Missed Appointment", contains several required fields: "Member ID\*" (text input), "Reason\*" (radio buttons for MISSED and CANCELLED, with MISSED selected), "Practice/Group Name\*" (text input), "Appointment Date\*" (text input with a calendar icon), "Appointment Time\*" (text input with radio buttons for AM and PM, with AM selected), "Reason Code\*" (dropdown menu with "Select Reason Code..." selected), and "Appointment Type\*" (dropdown menu with "Select Appointment Type..." selected). A large text area for "Explanation:" is at the bottom, followed by an "Add" button.

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:  ▼

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		<a href="#">Edit</a> <a href="#">Delete</a>
8572710403	BALLING, ILDA	03/10/2021	10:00 AM	CANCELLED/Financial Issue		<a href="#">Edit</a> <a href="#">Delete</a>
8572710403	BALLING, ILDA	03/04/2021	9:00 AM	CANCELLED/Financial Issue		<a href="#">Edit</a> <a href="#">Delete</a>
7503303488	JONES, LONG	02/23/2021	10:00 AM	MISSED/Child Care Issue	Test	<a href="#">Edit</a> <a href="#">Delete</a>

### 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:  ▼

Member ID:  (Leave blank for ALL members)

Date Range: MONTH:  ▼ YEAR:  ▼

**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\*:  ▼

Appointment Type\*:  ▼

Explanation:

- 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:  ▼  
Switch Provider

Member ID:  (Leave blank for ALL members)

Date Range: MONTH:  ▼ YEAR:  ▼

Search

Missed Appointments

Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
7572640718	OREN, BRUNILDA	02/22/2021	2:45 PM	CANCELLED/Insurance Issue		<a href="#">Edit</a> <a href="#">Delete</a>
7519472128	STUCKEY, BUFFY	02/22/2021	9:00 AM	MISSED/Other	Member did not call or show up for their appointment this morning.	<a href="#">Edit</a> <a href="#">Delete</a>
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	<a href="#">Edit</a> <a href="#">Delete</a>
7570165708	LUTER, VERTIE	02/10/2021	12:00 PM	MISSED/Unknown		<a href="#">Edit</a> <a href="#">Delete</a>

Add Missed Appointment

Member ID\*:

Reason\*:  MISSED  CANCELLED      Reason Code\*:  ▼

Appointment Date\*:  📅      Appointment Time\*:   AM  PM

Explanation:

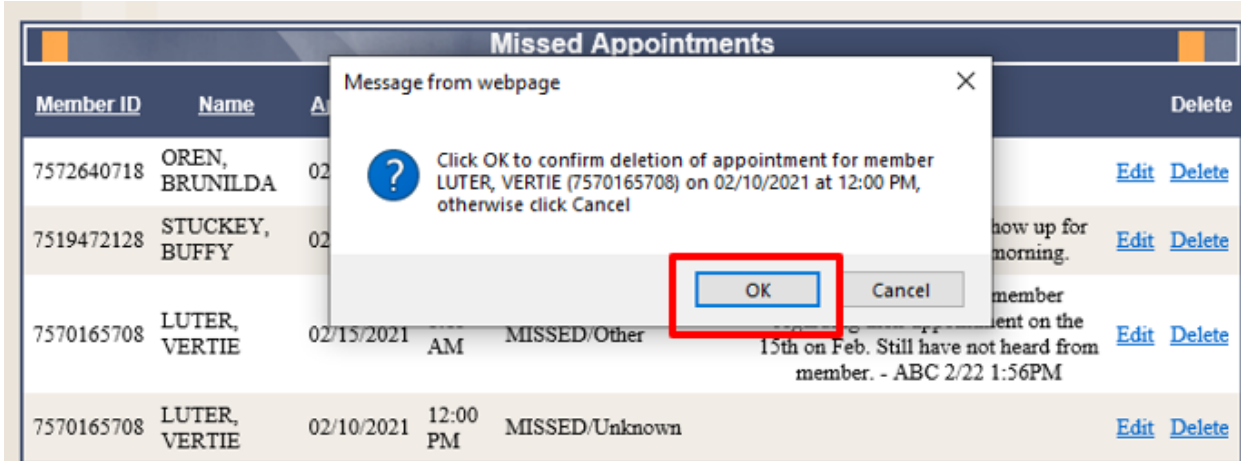
Add

Last Updated: 12/1/2020



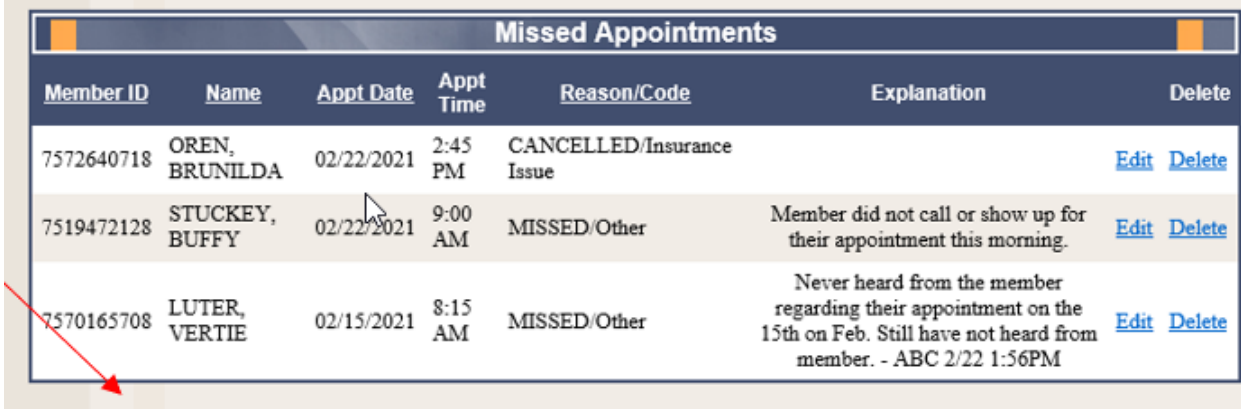
A message box will display confirming the record selected for deletion.

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



Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
7572640718	OREN, BRUNILDA	02/22/2021	2:45 PM	CANCELLED/Insurance Issue		<a href="#">Edit</a> <a href="#">Delete</a>
7519472128	STUCKEY, BUFFY	02/22/2021	9:00 AM	MISSED/Other	Member did not call or show up for their appointment this morning.	<a href="#">Edit</a> <a href="#">Delete</a>
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	<a href="#">Edit</a> <a href="#">Delete</a>
7570165708	LUTER, VERTIE	02/10/2021	12:00 PM	MISSED/Unknown		<a href="#">Edit</a> <a href="#">Delete</a>

Once OK is selected the appointment record is deleted.




Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
7572640718	OREN, BRUNILDA	02/22/2021	2:45 PM	CANCELLED/Insurance Issue		<a href="#">Edit</a> <a href="#">Delete</a>
7519472128	STUCKEY, BUFFY	02/22/2021	9:00 AM	MISSED/Other	Member did not call or show up for their appointment this morning.	<a href="#">Edit</a> <a href="#">Delete</a>
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	<a href="#">Edit</a> <a href="#">Delete</a>

### 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.

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

1 2 

## 8 Provider References

### 8.1 TPL Carrier

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

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

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

Wednesday 2 October 2019 1:11 pm

TPL Carrier  
Documentation

Main Page


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

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

Provider

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

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



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

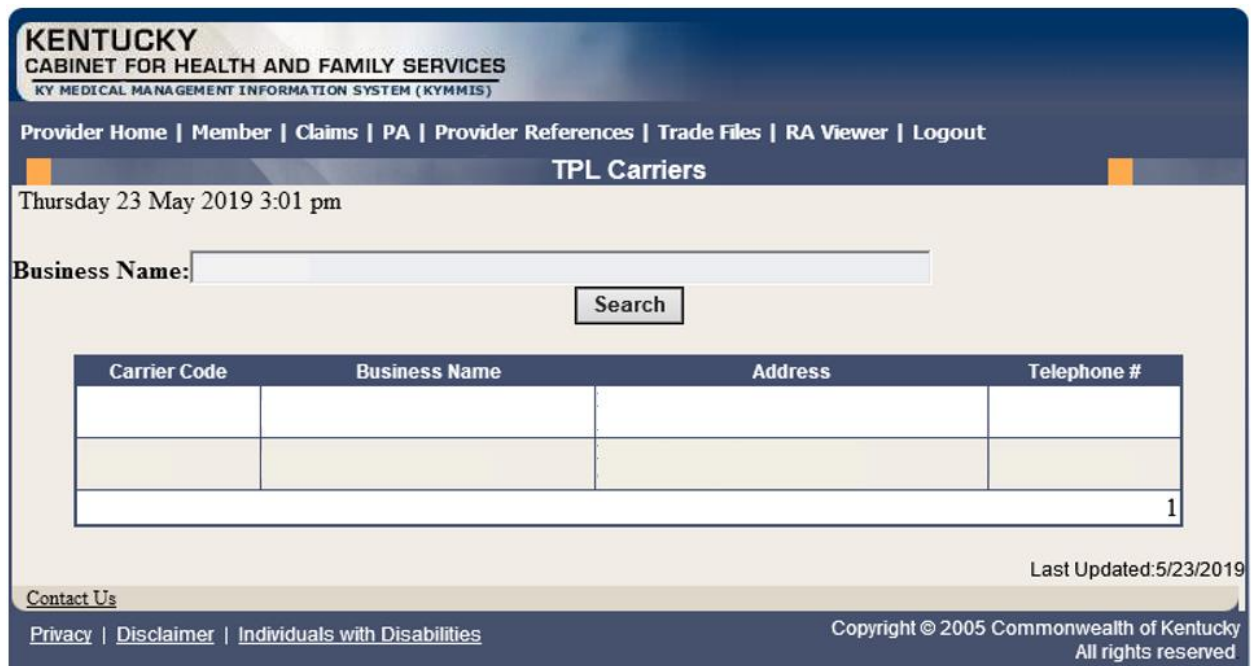
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The following screen will appear.



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

The response will return all carrier information on file.



## 8.2 Provider References Documentation

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

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

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

TPL Carrier
Documentation
Main Page

Wednesday 2 October 2019 1:14 pm


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

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

Provider

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

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



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The following screen will appear.

The screenshot displays the website for the Kentucky Cabinet for Health and Family Services, specifically the KY Medical Management Information System (KYMMIS). The page is titled "Provider Resources" and features a navigation menu on the left with items such as "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 includes a search bar, a breadcrumb trail "kymmis > Provider Relations : Index", and a section titled "Provider Resources" with a description: "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." Below this, it states "Please refer to the [DMS Provider Enrollment](#) website for specific forms and documentation required for enrollment." A notice indicates "The Provider Relations area is available for service 8:00 a.m. until 6:00 p.m. ET, Monday through Friday." A "Page Updates" box shows a date of "August 16, 2013" and a link to "New Provider Rep Listing (PDF)".

Selected documentation for additional provider resources are available at [www.kymmis.com](http://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.

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

Provider

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

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



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The following screen will appear.

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

The screenshot shows the RA Viewer interface. At the top, it displays 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and 'KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)'. Below this is a navigation bar with links: 'Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout'. The page title is 'RA Viewer'. The date and time are 'Thursday 24 October 2019 10:07 am'. A search form is present with a 'Provider' dropdown menu. Below the form, 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 message reads: 'Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.' At the bottom right, it says 'Last Updated: 8/16/2019'. The footer includes 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2005 Commonwealth of Kentucky All rights reserved'.

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



4. Select the applicable Run Date.

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

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

**RA Viewer**

Thursday 24 October 2019 10:10 am

Provider

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

Report Name	Provider Number	Run Date	Load Date
10/18/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">10-18-2019</a>	10-19-2019
10/11/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">10-11-2019</a>	10-12-2019
10/04/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">10-4-2019</a>	10-5-2019
09/27/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">9-27-2019</a>	9-28-2019
09/20/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">9-20-2019</a>	9-21-2019
09/13/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">9-13-2019</a>	9-14-2019
09/06/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">9-6-2019</a>	9-7-2019
08/30/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">8-30-2019</a>	8-31-2019
08/23/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">8-23-2019</a>	8-24-2019
08/16/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">8-16-2019</a>	8-19-2019

1 2 3

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## 10 Claims

### 10.1 Claim Inquiry

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

KENTUCKY  
 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

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.

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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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

Claim Inquiry: 1518911338

Tuesday 6 September 2022 4:09 pm

Provider  ▼

Search Criteria

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

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

Enter Member ID and From Date/Thru Date or Patient Acct #	
<b>Claim Status</b>	Any Status, Paid, Denied, and Suspended.
<b>Warrant Date</b>	Warrant Date should read as RA date.
<b>ICN</b>	Enter the ICN and remove From Date/Thru Date.
<b>Date of Service</b>	A search for claim using the dates of service entered.
<b>Unfinished claims</b>	A claim not completed, but saved for future submission.
<b>Thresholded Encounters Only</b>	Search for a Thresholded Encounters. Report is only accessible to PT 31,35,16

DMS approved: 06/30/2020

Page 68

## 10.2 Submitting an Institutional Claim

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

KENTUCKY  
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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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Monday 28 October 2019

Welcome to the Kentucky

Main Page

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

Claims Inquiry

Claims Submission (Dental)

Claims Submission (Professional)

**Claims Submission (Institutional)**

LTC Roster/Submittal

DRG Letter

EOB Code Listing

[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?

[Contact Us](#)

Last Updated: 9/10/2019

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### 10.2.1 Institutional Claim Header

The claim “Header” information appears on this screen, divided in two columns. The column on the left is the Billing Information and the section on the right contains the Service Information.

Please follow the Provider type Billing Instructions for detailed field-by-field instructions.

Appendix A includes a website link for all Medicaid Billing Instructions.

**KENTUCKY**  
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 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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

**Institutional Claim**

Friday 25 October 2019 3:51 pm

*Header*

**Billing Information:**

Provider Number:  (1)

Member ID\*:  (2)

Last Name:  (3)

First Name:  (4)

Patient Acct. #:  (5)

Date of Birth\*:  (6)

Gender:  (7)

Attending Provider:  (8)

Referring Provider:  (9)

Facility Number:  (10)

Other Physician:  (11)

Prior Authorization:  (12)

**Service Information**

Claim Type\*:  (13)

Type of Bill:  (14)

From Date\*:  (15)

Thru Date\*:  (16)

Covered Days:  (17)

Non-Covered Days:  (18)

Patient Status:  (19)

Admit Source:  (20)

Admission Type:  (21)

Admission Date:  (22)

Admission Hour:  (23)

Discharge Time:  (24)

Lifetime Reserve Days:  (25)

EPSDT?:  (26)

EPSDT Condition:  (27)

(28)

(29)

Last Updated: 9/10/2019

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**Institutional Claim Header Screen Descriptions**

Field Number / Menu Selection	Definition of Field Description
<b>Billing Information Section</b>	
1	<b>Provider Number</b> NPI Number of billing provider (auto-populated).
2	<b>Member ID</b> Enter the 10-digit Member's KY MEDICAID ID number.
3	<b>Last Name</b> The member's last name (auto-populated).
4	<b>First Name</b> The member's first name (auto-populated).
5	<b>Patient Account Number</b> Patient's account number (optional).
6	<b>Date of Birth</b> The member's date of birth. This field is auto-populated after the member number is entered.
7	<b>Gender</b> The member's gender (auto-populated).
8	<b>Attending Provider</b> Enter the attending provider's NPI number if applicable.
9	<b>Referring Provider</b> Enter the referring provider NPI number.
10	<b>Facility Number</b> Enter Billing NIP number.
11	<b>Other Physician</b> Enter the other treating physician's NPI number.
12	<b>Prior Authorization</b> Enter the Prior Authorization number or Treatment Authorization Number if applicable.
<b>Service Information Section</b>	
13	<b>Claim Type</b> Select the appropriate claim type from the drop down box.

Field Number / Menu Selection	Definition of Field Description
14	<b>Type of Bill</b> Select the applicable type of bill.
15	<b>From Date</b> Enter the first date of service.
16	<b>Thru Date</b> Enter the through date of service.
17	<b>Covered Days</b> Enter the number of days billed on the claim.
18	<b>Non-Covered Days</b> Enter the number of non-covered days billed on the claim.
19	<b>Patient Status</b> Enter the patient's status on "through" date.
20	<b>Admit Source</b> Select the admission source.
21	<b>Admission Type</b> Select the admission type.
22	<b>Admission Date</b> Enter the patient's date of admission to the facility.
23	<b>Admission Hour</b> Enter the patient's hour of admission.
24	<b>Discharge Time</b> Enter the time of patient's discharge.
25	<b>Lifetime Reserve Days</b> Number of lifetime reserve days (Medicare only).
26	<b>EPSDT</b> Indicates an EPSDT related service (if applicable).
27	<b>EPSDT Condition</b> Indicate the appropriate condition from the drop-down.
28	<b>Next</b> Advance to the diagnosis screen.
29	<b>Print</b> Allows the user to print this screen.

### 10.2.2 Billing Code Screens

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

Field-by-field instructions follow.

#### 10.2.2.1 Billing Codes – Diagnosis

**KENTUCKY**  
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 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

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

**Institutional Claim**

Monday 28 October 2019 2:21 pm

Header > [Billing Codes](#) >

Billing Codes

[Diagnosis\\*](#) | Procedure | Condition | Value | Occurrence / Span | Payer

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

**Diagnosis\*** **Diagnosis Code\***

**3**  **4**

**Present on Admission Indicator\***

**5**

**6**  **7**  **8**

**9**

**10**

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#### Present on Admission (POA) Indicator

Claim Type	Requirement
<b>Inpatient Claim</b>	The <b>POA</b> field is displayed for all but Admitting and Emergency diagnosis code fields.
<b>Inpatient crossover claim/TOB 111-114 and 121-124</b>	The POA field is displayed for all diagnosis codes except Admitting and Emergency.
<b>Outpatient Claims</b>	No POA required.



## POA Indicator values

3. Blank/space
4. Yes (Y)
5. No (N)
6. Unknown (U)
7. Clinically Undetermined (W)

\*The **POA** field is not available for Admitting Diagnosis and Emergency Diagnosis.

Field Number / Menu Selection	Definition of Field Description
1	<b>Sequence Number</b> The sequence number of the diagnosis. This field is auto-populated.
2	<b>ICD Version – Feature available with ICD-10 implementation</b> Select the appropriate ICD version.
3	<b>Diagnosis (drop-down)</b> Select the type of diagnosis, i.e., Principle, Admitting.
4	<b>Diagnosis Code</b> Enter the appropriate code for the member's diagnosis. (Do not enter a decimal in Diagnosis Code.)
5	<b>POA</b> Choose the appropriate POA indicator.
6	<b>Save Code</b> Saves the diagnosis information on the claim. A save is required to continue.
7	<b>Add Code</b> Allows the user to add an additional diagnosis code to the claim. Save the code after each additional code is added.
8	<b>Delete Code</b> Allows the user to remove a diagnosis code previously entered on the claim.
9	<b>Next</b> Advance to the next screen.
10	<b>Print</b> Allows the user to print this screen.

10.2.2.2 Billing Codes – External Cause of Injury

Field Number / Menu Selection	Definition of Field Description
1	<p><b>Sequence Number</b></p> <p>The sequence number of the procedure codes. This field is auto-populated.</p>
2	<p><b>Injury Code</b></p> <p>Enter the appropriate code for the member’s injury.</p>
3	<p><b>Present on Admission</b></p> <p>Choose the appropriate POA indicator.</p>

<b>Field Number / Menu Selection</b>	<b>Definition of Field Description</b>
<b>4</b>	<b>Save</b> Saves the Present on Admission code on the claim. A save is required to continue.
<b>5</b>	<b>Save Code</b> Saves the procedure information on the claim. A save is required code to continue.
<b>6</b>	<b>Add Code</b> Allows the user to add an additional procedure code to the claim. Save the code after each additional code is entered.
<b>7</b>	<b>Delete Code</b> Allows the user to remove a procedure code previously entered on the claim.
<b>8</b>	<b>Next</b> Advance to the next screen.
<b>9</b>	<b>Print</b> Allows the user to print this screen.

10.2.2.3 Billing Codes – Procedure

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

**Institutional Claim**

Thursday 24 October 2019 4:09 pm

Header > [Billing Codes](#) > Detail

Billing Codes

Diagnosis\* | [Procedure](#) | Condition | Value | Occurrence / Span | Payer

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

Procedure Code  **3** Date  **4**

Save Code **5** Add Code **6** Delete Code **7**

Next **8**

Print **9**

Last Updated: 9/10/2019

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Field Number / Menu Selection	Definition of Field Description
1	<b>Sequence Number</b> The sequence number of the procedure codes. This field is auto-populated.
2	<b>ICD Version – Feature available with ICD-10 implementation</b> Select the appropriate ICD version.
3	<b>Procedure Code</b> Enter the ICD-CM procedure code.
4	<b>Date</b> Enter the DOS that the procedure was done.
5	<b>Save Code</b> Saves the procedure information on the claim. A save is required to continue.

<b>Field Number / Menu Selection</b>	<b>Definition of Field Description</b>
<b>6</b>	<b>Add Code</b> Allows the user to add an additional procedure code to the claim. Save the code after each additional code is added.
<b>7</b>	<b>Delete Code</b> Allows the user to remove a procedure code previously entered on the claim.
<b>8</b>	<b>Next</b> Advance to the next screen.
<b>9</b>	<b>Print</b> Allows the user to print this screen.

## 10.2.2.4 Billing Codes – Condition

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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMIS)

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

**Institutional Claim**

Thursday 24 October 2019 4:12 pm

Header > [Billing Codes](#)

Billing Codes

Diagnosis*	Procedure	Condition	Value	Occurrence / Span	Payer
Sequence Number: 1		Condition Code			

Save Code Add Code Delete Code

Next Print

Last Updated: 9/10/2019

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Field Number / Menu Selection	Definition of Field Description
1	<b>Sequence Number</b> The sequence number of the diagnosis. This field is auto-populated.
2	<b>Condition Code (drop-down)</b> Select the appropriate condition. Home Health agencies will use the first Payer Codes option when a MAP 34 is on file. This option is coded to the HIPAA qualifier of 12, which is the equivalent to the old Y1 indicator.
3	<b>Save Code</b> Saves the condition information on the claim. A save is required to continue.
4	<b>Add Code</b> Allows the user to add an additional condition code to the claim. Save the code after each additional code is added.

<b>Field Number / Menu Selection</b>	<b>Definition of Field Description</b>
<b>5</b>	<b>Delete Code</b> Allows the user to remove a condition code previously entered on the claim.
<b>6</b>	<b>Next</b> Advance to the next screen.
<b>7</b>	<b>Print</b> Allows the user to print this screen.

## 10.2.2.5 Billing Codes – Value

**KENTUCKY**  
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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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

**Institutional Claim**

Thursday 24 October 2019 4:13 pm

Header > [Billing Codes](#)

Billing Codes

[Diagnosis\\*](#) | [Procedure](#) | [Condition](#) | [Value](#) | [Occurrence / Span](#) | [Payer](#)

Sequence Number:  **1**

Value Code  **2** Amount  **3**

**4**  **5**  **6**

**7**  **8**

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Field Number / Menu Selection	Definition of Field Description
1	<b>Sequence Number</b> The sequence number of the diagnosis. This field is auto-populated.
2	<b>Value Code (drop-down)</b> Select the appropriate value code.
3	<b>Amount</b> Enter the corresponding dollar amount.
4	<b>Save Code</b> Saves the value code information on the claim. A save is required to continue.
5	<b>Add Code</b> Allows the user to add an additional value code to the claim. Save the code after each additional code is added.



<b>Field Number / Menu Selection</b>	<b>Definition of Field Description</b>
<b>6</b>	<b>Delete Code</b> Allows the user to remove a value code previously entered on the claim.
<b>7</b>	<b>Next</b> Advance to the next screen.
<b>8</b>	<b>Print</b> Allows the user to print this screen.

## 10.2.2.6 Billing Codes – Occurrence/Span

**KENTUCKY**  
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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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Institutional Claim

Thursday 24 October 2019 4:13 pm

Header > [Billing Codes](#)

Billing Codes

[Diagnosis\\*](#) | [Procedure](#) | [Condition](#) | [Value](#) | [Occurrence / Span](#) | [Payer](#)

Sequence Number:  (1)

Occurrence/Span Code (2) From (3) Thru (4)

Save Code (5) Add Code (6) Delete Code (7)

Next (8) Print (9)

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Field Number / Menu Selection	Definition of Field Description
1	<b>Sequence Number</b> The sequence number of the occurrence. This field is auto-populated.
2	<b>Occurrence/Span Code (drop-down)</b> Select the appropriate code.
3	<b>From</b> Enter the corresponding <b>From</b> date.
4	<b>Thru</b> Enter the corresponding <b>Through</b> date.
5	<b>Save Code</b> Saves the occurrence code information on the claim. A save is required to continue.

<b>Field Number / Menu Selection</b>	<b>Definition of Field Description</b>
<b>6</b>	<b>Add Code</b> Allows the user to add an additional occurrence code to the claim. Save the code after each additional code is added.
<b>7</b>	<b>Delete Code</b> Allows the user to remove an occurrence code previously entered on the claim.
<b>8</b>	<b>Next</b> Advance to the next screen.
<b>9</b>	<b>Print</b> Allows the user to print this screen.

## 10.2.2.7 Billing Codes – Payer

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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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

Institutional Claim

Thursday 24 October 2019 4:13 pm

Header > [Billing Codes](#)

Billing Codes

[Diagnosis\\*](#) | [Procedure](#) | [Condition](#) | [Value](#) | [Occurrence / Span](#) | [Payer](#)

Sequence Number:  **1**

Payer Code  **2** | Prior Payment  **3** | Estimated Due  **4**

**5** |  **6** |  **7**

**8** |  **9**

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Field Number / Menu Selection	Definition of Field Description
1	<b>Sequence Number</b> The sequence number of the Payer. This field is auto-populated.
2	<b>Payer Code (drop-down)</b> Select the appropriate code: Medicare, TPL, or Medicaid.
3	<b>Prior Payment</b> TPL private insurance payment (not Medicaid, not Medicare).
4	<b>Estimated Due</b> Enter the estimated amount due.
5	<b>Save Code</b> Saves the payer code information on the claim.
6	<b>Add Code</b> Allows the user to add an additional payer code to the claim.

<b>Field Number / Menu Selection</b>	<b>Definition of Field Description</b>
<b>7</b>	<b>Delete Code</b> Allows the user to remove a payer code previously entered on the claim.
<b>8</b>	<b>Next</b> Advance to the next screen.
<b>9</b>	<b>Print</b> Allows the user to print this screen.

### 10.2.3 Detail Screen

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

Field Number / Menu Selection	Definition of Field Description
3	<p><b>To DOS*</b></p> <p>Enter the last date the services were provided. The * indicates that this field is required.</p>
4	<p><b>Revenue Code</b></p> <p>Enter the four-digit revenue code which identifies the service provided (the first digit will be a zero).</p>
5	<p><b>HCPCS/Rates</b></p> <p>Enter the procedure code which further identifies the service provided. This field is for all out patient claims.</p>
6	<p><b>Modifiers</b></p> <p>Enter the appropriate two-digit modifier(s) which further describes the service performed.</p>
7	<p><b>Units</b></p> <p>Enter the number of units.</p>
8	<p><b>Units of Measurement</b></p> <p>Enter units of measurement, i.e., days.</p>
9	<p><b>Charges</b></p> <p>The amount charged by the provider.</p>
10	<p><b>Co-pay</b></p> <p>The co-payment deducted from reimbursement. No information should be entered into this field.</p>
11	<p><b>TPL Amount</b></p> <p>Enter the amount paid by other insurance.</p>
12	<p><b>Referring Provider</b></p> <p>Enter the Referring Provider number.</p>
13	<p><b>Status</b></p> <p>The status of the claim.</p>
14	<p><b>Allowed Amount</b></p> <p>The amount allowed by Kentucky Medicaid (paid claims only).</p>
15	<p><b>Non Covered Charges</b></p> <p>The amount of charges not covered by Kentucky Medicaid.</p>
16	<p><b>Units Allowed</b></p> <p>The number of units allowed.</p>

<b>Field Number / Menu Selection</b>	<b>Definition of Field Description</b>
17	<b>Paid Amount</b> The amount paid by Kentucky Medicaid.
18	<b>Add NDC</b> Enter the 11-digit NDC code. This is currently only used by hospitals for outpatient services.
19	<b>Save Detail</b> This button saves the detail line on the claim.
20	<b>Add Detail</b> This button allows the user to add an additional detail line.
21	<b>Delete Detail</b> This button allows the user to remove the detail line previously entered.
22	<b>Next</b> Click <b>Next</b> to continue to the <b>Attachments</b> screen.
23	<b>Print</b> Allows the user to print this screen.



## 10.2.4 Attachments 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.

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

**Institutional Claim**

Monday 9 March 2020 3:10 pm

Header > Details > 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.pdf  **1**

**2**

Attachments

There are no attachments associated with the current claim

**3**  
 **4**

Last Updated: 3/6/2020

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**Attachments Screen Continued:**

Screen displays after upload is selected

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**Institutional Claim**

Monday 9 March 2020 3:11 pm

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

File Name	File Status	Delete
<a href="#">test.pdf</a>	Received	<a href="#">X</a>

Last Updated: 3/6/2020

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**Attachment Screen Field Descriptions**

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

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

Claim Inquiry: 1831173467

Friday 16 April 2021 4:08 pm

Provider:

Search Criteria

Member ID:  Claim Status:

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

ICN or TCN:  From Date:   Thru Date:

ICN	From DOS	To DOS	Adjudicated Date	Amount Billed	Claim Status	Member ID	Claim Type
<a href="#">2121105001009</a>	02/17/2021	02/17/2021		\$1,586.20	Suspended	7571391228	OUTPATIENT CLAIMS
							1

View Header

**KENTUCKY**  
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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

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

Institutional Claim

Friday 16 April 2021 4:08 pm

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

Claim Status	Suspended
Claim ICN	2121105001009
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.

**Billing Information:**

Provider Number:

Member ID\*:  x

Last Name:

First Name:  U

Patient Acct. #:

Date of Birth\*:

Gender:

Attending Provider:

Referring Provider:

Facility Number:

Other Physician:

Prior Authorization:

**Service Information:**

Claim Type\*:

Type of Bill\*:

From Date\*:

Thru Date\*:

Covered Days:

Non-Covered Days:

Patient Status:

Admit Source:

Admission Type:

Admission Date:

Admission Hour:

Discharge Time:

Lifetime Reserve Days:

EPSDT?:

EPSDT Condition:

[Contact Us](#)
Last Updated: 3/30/2021

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.

<b>Claim Status:</b>	S
<b>ICN Region:</b>	2121105001008
<b>Medicaid Id:</b>	7571:
<b>Member Name:</b>	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, tiff, 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:

File Id:

Detail\_1 ▼

---

Header Attachments

File Id	File Status	File Name	Delete
Header_1	Received	<a href="#">EDI claim attachment TEST attach.docx</a>	<del>X</del>
Header_2	Received	<a href="#">EDI claim attachment TEST attach2.docx</a>	<del>X</del>
Header_3	Received	<a href="#">EDI claim attachment TEST attach3.docx</a>	<del>X</del>
Header_4	Received	<a href="#">EDI claim attachment TEST attach4.docx</a>	<del>X</del>
Header_5	Received	<a href="#">EDI claim attachment TEST attach5.docx</a>	<del>X</del>
Header_6	Received	<a href="#">EDI claim attachment TEST attach6.docx</a>	<del>X</del>

---

Detail Attachments

File Id	File Status	File Name	Delete
Detail_1			
Detail_2			
Detail_3			

Last Updated: 3/30/2021

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

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

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

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

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

Header Attachments

File Id	File Status	File Name	Delete
Header_1	Received	<a href="#">EDI claim attachment TEST attach.docx</a>	<a href="#">X</a>
Header_2	Received	<a href="#">EDI claim attachment TEST attach2.docx</a>	<a href="#">X</a>
Header_3	Received	<a href="#">EDI claim attachment TEST attach3.docx</a>	<a href="#">X</a>
Header_4	Received	<a href="#">EDI claim attachment TEST attach4.docx</a>	<a href="#">X</a>
Header_5	Received	<a href="#">EDI claim attachment TEST attach5.docx</a>	<a href="#">X</a>
Header_6	Received	<a href="#">EDI claim attachment TEST attach6.docx</a>	<a href="#">X</a>

Detail Attachments

File Id	File Status	File Name	Delete
Detail_1	Received	<a href="#">EDI claim attachment TEST attach7.docx</a>	<a href="#">X</a>
Detail_2	Received	<a href="#">EDI claim attachment TEST attach8.docx</a>	<a href="#">X</a>
Detail_3	Received	<a href="#">EDI claim attachment TEST attach9.docx</a>	<a href="#">X</a>

Last Updated: 3/30/2021

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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	

Last Updated: 3/30/2021

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### Summary Page

View the finalized claim.

<b>Billing Information</b> 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		<b>Service Information</b> From Date 01/21/2021 To Date 01/30/2021 Accident Date EPSDT																									
<b>Service Facility Location</b> Service Location ID: Service Location Name: Address: City: State: Zip Code:		<b>Claim Charges</b> Total Charges 40.00 TPL Amount 0.00 Total Amount Paid Carrier Denied? Co-Pay Amount 0.00																									
<b>Diagnosis Codes</b> <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																										
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File Id	File Name																										
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File Id	File Name																										
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3	EDI_claim_attachment_TEST_attach9.docx																										
<b>Details</b> <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

### 10.2.6 Summary Panels

#### 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 (KYMMS)

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

**Institutional Claim**

Header > Billing Codes > Detail > Attachments > Summary

**1** Billing Information

Provider Number:  
 Member ID:  
 Last Name:  
 First Name:  
 Patient Acct. #:  
 Date of Birth:  
 Gender:  
 Attending Provider:  
 Referring Provider:  
 Facility Number:  
 Other Physician:  
 Prior Authorization:

**2** Service Information

Claim Type:  
 Type of Bill:  
 From Date:  
 Thru Date:  
 Covered Days:  
 Non-Covered Days:  
 Patient Status:  
 Admit Source:  
 Admission Type:  
 Admission Date:  
 Admission Hour:  
 Discharge Time:  
 Lifetime Reserve Days:  
 EPSDT?:  
 EPSDT Condition:

**3** Charges

Total Charges: **\$10000.00**

**4** Payment Details

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

**5** Diagnosis Codes

Item	Diagnosis Type	Diagnosis Code (ICD-10)	Present on Admission Indicator
<b>1</b>	<b>PRINCIPAL</b>	<b>M623</b>	<b>YES</b>
<b>2</b>	<b>ADMITTING</b>	<b>M623</b>	<b>-</b>

**6** Details

Item	Date Of Service	Revenue Code	Units	Amt Billed	Amount TPL
<b>1</b>	<b>08/11/2021</b>	<b>110</b>	<b>2.00</b>	<b>10000.00</b>	<b>0.00</b>

**7** Submit Claim **8** Print

### Summary Screen Field Descriptions

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

### Submitted Claim

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

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

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

Institutional Claim

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

Claim Status	Suspended
Threshold	N
Claim ICN	2322277001001
Paid Date	
Adjudicated Date	
Adjusted Claim ICN	
Patient Liability	
Spenddown Amount	
Copay Amount	0.00
Total Allowed Amount	
Allowed Amount	
Header EOB	Disposition Description
9663 S -	ATTACHMENT BEING SENT BY PROVIDER FOR SUSPENDED AN ELECTRONIC CLAIM.

**Billing Information:**

Provider Number:

**Member ID\*:**

Last Name:

First Name:  0

Patient Acct. #:

**Date of Birth\*:**

Gender:

Attending Provider:

Referring Provider:

Facility Number:

Facility Taxonomy:

Other Physician:

Prior Authorization:

**Service Information:**

**Claim Type\*:**

**Type of Bill\*:**

**From Date\*:**

**Thru Date\*:**

**Covered Days\*:**

**Non-Covered Days\*:**

**Patient Status\*:**

**Admit Source\*:**

**Admission Type\*:**

**Admission Date\*:**

**Admission Hour\*:**

**Discharge Time\*:**

Lifetime Reserve Days:

EPSDT?:

EPSDT Condition:

### 10.2.7 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.

Claim Status Paid  
Claim ICN  
Paid Date 20191008  
Allowed Amount 5004.17  
Spended Amount  
Header EOB Description  
9932 PRICING ADJUSTMENT - DRG PRICING APPLIED  
Detail EOB Description  
#1  
9932 PRICING ADJUSTMENT - DRG PRICING APPLIED

Billing Information:	Service Information:
Provider Number: <input type="text"/>	Claim Type*: <input type="text" value="Inpatient"/>
Member ID*: <input type="text"/>	Type of Bill*: <input type="text" value="111 - Inpatient"/>
Last Name: <input type="text"/>	From Date*: <input type="text" value="07/01/2019"/>
First Name: <input type="text"/>	Thru Date*: <input type="text" value="07/03/2019"/>
Patient Acct. #: <input type="text"/>	Covered Days*: <input type="text" value="2"/>
Date of Birth*: <input type="text"/>	Non-Covered Days*: <input type="text" value="0"/>
Gender: <input type="text" value="F"/>	Patient Status*: <input type="text" value="01 - DISCHARGED TO HOME OR"/>
Attending Provider: <input type="text"/>	Admit Source*: <input type="text" value="Clinic Referral"/>
Referring Provider: <input type="text"/>	Admission Type*: <input type="text" value="1 - EMERGE"/>
Facility Number: <input type="text"/>	Admission Date*: <input type="text" value="07/01/2019"/>
Facility Taxonomy: <input type="text"/>	Admission Hour*: <input type="text" value="1100"/>
Other Physician: <input type="text"/>	Discharge Time*: <input type="text" value="2000"/>
Prior Authorization: <input type="text"/>	Lifetime Reserve Days: <input type="text"/>
	EPSDT?: <input type="text" value="No"/>
	EPSDT Condition: <input type="text"/>

1 Next  
2 Adjust 3 Void Claim 4 Copy Claim 5 Print

Last Updated: 10/28/2019

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



### 10.2.8 Medicare Crossover

1. Follow the regular billing instructions for an Institutional claim submission.
  - a. Under **Claim Type**, select either **Crossover (Inpatient or Long Term Care)** or **Crossover (Outpatient)**.
2. Continue with the regular instructions.
  - a. Under **Medicare Information**, enter the following Medicare information from the Medicare EOMB:
    - Date Paid
    - Amount Paid
    - and
    - Amount Allowed

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

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

**Institutional Claim**

Friday 25 October 2019 4:27 pm

*Header*

<b>Billing Information:</b> Provider Number: <input type="text"/> Member ID*: <input type="text"/> Last Name: <input type="text"/> First Name: <input type="text"/> Patient Acct. #: <input type="text"/> Date of Birth*: <input type="text"/> Gender: <input type="text"/> Attending Provider: <input type="text"/> Referring Provider: <input type="text"/> Facility Number: <input type="text"/> Other Physician: <input type="text"/> Prior Authorization: <input type="text"/>	<b>Service Information</b> <span style="float: right; color: red; font-weight: bold;">1</span> <b>Claim Type*:</b> Crossover (Inpatient or Long Term <input type="text"/> ) <b>Type of Bill*:</b> <input type="text"/> <b>From Date*:</b> <input type="text"/> <b>Thru Date*:</b> <input type="text"/> Covered Days: <input type="text"/> 0 Non-Covered Days: <input type="text"/> 0 Patient Status: <input type="text"/> Admit Source: <input type="text"/> Admission Type: <input type="text"/> Admission Date: <input type="text"/> Admission Hour: <input type="text"/> Discharge Time: <input type="text"/> Lifetime Reserve Days: <input type="text"/> EPSDT?: <input type="text"/> No <input type="text"/> EPSDT Condition: <input type="text"/>
<b>Medicare Information</b> Date Paid*: <input type="text"/> <span style="color: red; font-weight: bold;">2</span> <small>Date Required</small> Amount Paid*: <input type="text"/> 0.00 <span style="color: red; font-weight: bold;">3</span> Amount Allowed*: <input type="text"/> 0.00 <span style="color: red; font-weight: bold;">4</span>	

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<b>Field Number / Menu Selection</b>	<b>Definition of Field Description</b>
<b>1</b>	<b>Claim Type</b> Choose the applicable crossover claim type.
<b>2</b>	<b>Date Paid</b> Enter Medicare's paid date.
<b>3</b>	<b>Amount Paid</b> Enter the Medicare paid amount on the services being billed.
<b>4</b>	<b>Amount Allowed</b> Enter Medicare's allowed amount on the services being billed.

## 10.2.8.1 Billing Codes – Medicare, Value

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

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

**Institutional Claim**

Thursday 24 October 2019 4:13 pm

Header > [Billing Codes](#)

Billing Codes

[Diagnosis\\*](#) | [Procedure](#) | [Condition](#) | [Value](#) | [Occurrence / Span](#) | [Payer](#)

Sequence Number:  **1**

Value Code  **2** Amount  **3**

**4**  **5**  **6**

**7**  **8**

Last Updated: 9/10/2019

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Field Number / Menu Selection	Definition of Field Description
1	<b>Sequence Number</b> The sequence number of the diagnosis. This field is auto-populated.
2	<b>Value Code (drop down)</b> Select <b>Co-Payment Payer A</b> or <b>Coinsurance Payer A</b> or <b>Deductible Payer A</b> from the drop down and enter the corresponding amount in field 3.
3	<b>Amount</b> Enter the corresponding dollar amount.
4	<b>Save Code</b> Saves the value code information on the claim. A save is required to continue.
5	<b>Add Code</b> Allows the user to add an additional value code to the claim. Save the code after each additional code is entered.

<b>Field Number / Menu Selection</b>	<b>Definition of Field Description</b>
<b>6</b>	<b>Delete Code</b> Allows the user to remove a value code previously entered on the claim.
<b>7</b>	<b>Next</b> Advance to the next screen.
<b>8</b>	<b>Print</b> Allows the user to print this screen.

10.2.8.2 Billing Codes – Medicare, Payer

Field Number / Menu Selection	Definition of Field Description
1	<b>Sequence Number</b> The sequence number of the Payer. This field is auto-populated.
2	<b>Payer Code</b> Select <b>Medicaid</b> .
3	<b>Prior Payment</b> This field is auto-populated as <b>0.00</b> ; leave as is.
4	<b>Estimated Due</b> Enter the estimated amount due from Kentucky Medicaid (the total of Medicare copay, coinsurance and deductible).
5	<b>Save Code</b> Saves the payer information on the claim.

Field Number / Menu Selection	Definition of Field Description
6	<b>Add Code</b> Allows the user to add an additional value code to the claim. Save the code after each additional code is entered.
7	<b>Delete Code</b> Allows the user to remove a value code previously entered on the claim.
8	<b>Next</b> Advance to the next screen.
9	<b>Print</b> Allows the user to print this screen.

### 10.3 Thresholded Report

Located under Claim Inquiry

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

The screenshot shows the KYMMIS interface for Claim Inquiry. At the top, it displays 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and 'KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMIS)'. Below this is a navigation bar with links: Provider Home, Member, Claims, PA, Missed Appointments, Provider References, RA Viewer, and Logout. The main header shows 'Claim Inquiry: 1427574862' and the date 'Tuesday 27 September 2022 3:06 pm'. A dropdown menu for 'Provider' is set to '1427574862 - 261QF0400X', with a 'Refresh Unfinished Claims' button below it. The 'Search Criteria' section contains several input fields: Member ID, Patient Acct. #, and ICN or TCN. It also includes a 'Claim Status' dropdown set to 'Any Status', a 'Date Type' section with radio buttons for 'Date Of Service' (selected) and 'Warrant Date', and a date range from '09/20/2022' to '09/27/2022'. A checkbox labeled 'Thresholded Encounters Only' is highlighted with a red box and is currently unchecked. A 'Search' button is located at the bottom of the search criteria section.

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

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

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

**Claim Inquiry: 1427574862**

Tuesday 27 September 2022 3:10 pm

Provider: 1427574862 - 261QF0400X ▾

**Search Criteria**

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

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

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

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

4. Select Generate Threshold Report
5. Report Returns

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

**Report Fields**

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

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

The screenshot shows the KY HealthNet Institutional User Manual interface. At the top, it displays "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)". Below this is a navigation bar with links: "Provider Home | Member | Claims | PA | Missed Appointments | Provider References | RA Viewer | Logout". The main header area shows "Claim Inquiry: 1427574862" and the date "Thursday 14 July 2022 11:10 am". A "Provider" dropdown menu is set to "261QF0400X" with a "Refresh Unfinished Claims" button below it. The "Search Criteria" section contains several input fields: "Member ID:", "Patient Acct. #:", and "ICN or TCN:". The "Claim Status" dropdown is set to "Any Status". The "Date Type" section has radio buttons for "Date Of Service" (selected) and "Warrant Date". The "From Date" is "06/07/2022" and the "Thru Date" is "07/14/2022". A "Search" button is located below the search criteria. At the bottom of the form, a red error message reads: "Data is unavailable due to Encounters Retention Policy".



## 10.4 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

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?

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Last Updated: 8/16/2019

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The following screen will appear.

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

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

Letter Type	Case Number	Member ID	Member Name	Request Date	Date Sent
<a href="#">Technical Denial Letter (EDS Case Number; Provider No.; Member ID)</a>				09/20/2019	09/22/2019
<a href="#">Technical Denial Letter (EDS Case Number; Provider No.; Member ID)</a>				09/20/2019	09/22/2019
<a href="#">Technical Denial Letter (EDS Case Number; Provider No.; Member ID)</a>				09/20/2019	09/22/2019

- 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  
456 Chamberlin Ave.  
Frankfort, KY 40601  
502.209.8000

Date: 09/22/2019

To: From:

Re: **Technical Denial**

Patient Name:	Member Id:
Patient DOB:	Medical Record No:
DXC Case No:	Hospital Provider No:
Patient Status:	NP:
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)

## 10.5 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)	
<a href="#">Provider Home</a>   <a href="#">Member</a>   <a href="#">Claims</a>   <a href="#">PA</a>   <a href="#">Provider References</a>   <a href="#">Trade Files</a>   <a href="#">RA Viewer</a>   <a href="#">Logout</a>	
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 1OF 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 WHICHVER 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 SPECIFICPROCEDURE 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 drop-down selection to view provider status information covered in this section.

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

**KENTUCKY**  
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[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

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			
<b>Physical Address</b>			
Address 1:			
Address 2:			
City:			
State:	Zip:	County:	
Email:	Phone:	Fax:	
<b>Pay-To Address</b>			
Address 1:			
Address 2:			
City:			
State:	Zip:		
Email:	Phone:	Fax:	
<b>Correspondence Address</b>			
Address 1:			
Address 2:			
City:			
State:	Zip:		
Email:	Phone:	Fax:	
Last Updated:10/27/2016			
<a href="#">Contact Us</a>			
<a href="#">Privacy</a>   <a href="#">Disclaimer</a>   <a href="#">Individuals with Disabilities</a>		Copyright © 2005 Commonwealth of Kentucky All rights reserved	

## 11.2 Provider Group Practice Hyperlink

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

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

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

**Provider Status Information**

Thursday 3 October 2019 11:54 am

Provider

Provider Name:

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

[Providers that participate in Group Practice](#)

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

**KENTUCKY**  
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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

### 12.1.1 Forms

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

[www.kymmis.com](http://www.kymmis.com)

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

### 12.1.2 Billing Instructions

[www.kymmis.com](http://www.kymmis.com)

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