



CABINET FOR HEALTH  
AND FAMILY SERVICES

**Commonwealth of Kentucky  
KY Medicaid**

# **KYHealthNet Long Term Care (LTC) User Manual**

Version 4.2

May 29, 2025

## Revision History

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Version	Date	Name	Comments
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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's the same thing as your KYHealth Choices account.

## 1.2 How Do I Use this System?

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

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

## 1.3 What is a Provider Administrator?

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

## 1.4 What is a Billing Agent?

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

## 1.5 What is a PIN Number?

Each Kentucky Medicaid Provider has been issued a Personal Identification Number (PIN) which can be used to set up an account. This PIN is the key that "unlocks" the account initially. Instructions for obtaining the PIN are in the next section of this document.

### 1.5.1 Creating a New Provider User Account for KYHealthNet

The user creating the KYHealthNet account should be the office manager or someone deemed responsible for accessing provider information. A PIN number is required to create a user account. The Electronic Data Interchange (EDI) Helpdesk will assign a PIN number to each KY Medicaid provider ID.

### 1.5.2 How to Obtain a PIN Number

1. Go to the KY Medicaid Website, [www.kymmis.com](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\\_EDI\\_Helpdesk@dxs.com](mailto:KY_EDI_Helpdesk@dxs.com)

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

The PIN release email example is below:

**From:** [Jane.doe@dxs.com](mailto:Jane.doe@dxs.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 # = XXXXXXXXX**

To create a KYHealthNet account, access <https://public.kymmis.com/pinletter/>

To access the user account: <http://home.kymmis.com/>

**The password expires every 30 days. A reminder is sent on the 20th day to update the password. To change your password, click Account Management, Change my password.**

**In the future you can do the following: If the account user password is expired, click the 'Forgot my password' button on the sign in page under password to complete a password update. This function only works if a security question is linked to the account. If you have questions, contact the EDI Helpdesk at 800.205.4696 or [KY\\_EDI\\_Helpdesk@dxs.com](mailto:KY_EDI_Helpdesk@dxs.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	<input type="text"/>
PIN	<input type="text"/>
<input type="button" value="Sign In"/>	
KyHealth Choices Account Migration	

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

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

## Create New Account

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

### USER AGREEMENT

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

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

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

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

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

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

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

### Create New Account

First Name	hp instit
Middle Name	
Last Name	KYHealthnet

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

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

E-Mail Address	
E-Mail Address (verify)	

Provider ID	
Provider NPI	
Provider Taxonomy ID	
Trading Partner ID	

E-Mail Address	
E-Mail Address (verify)	

Provider ID	
Provider NPI	
Provider Taxonomy ID	
Trading Partner ID	

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

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

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

\* Indicates required field.

Next

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



## 2 Signing into KYHealth Choices

### 2.1 Sign into KYHealth Choices

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

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CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

**TEAM KENTUCKY.**  
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**Kentucky Medicaid Site**

For assistance, email us at [KY EDI HelpDesk](#) or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

**Sign in to the Kentucky MEUPS**

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

**Kentucky Medicaid Billing Agents:**

To set up a Billing Agent account, please contact your Provider Administrator. This will ensure that your account is setup properly to access claims submission, eligibility, etc.

**Sign in to Kentucky MEUPS** [Help](#)

User name:

Password:

Kentucky MEUPS  
[Reset your password](#)

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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.kymmis.com/home">https://home.kymmis.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.

The screenshot shows the 'Account Home' page of the TEAM KENTUCKY system. The header includes the Kentucky Cabinet for Health and Family Services logo and navigation buttons: Account Home, My Information, Change Password, View Agent Roles, and Add Agent. A 'Close Application' button is in the top right. The left sidebar contains links for KyHealth Choices, Kentucky Medicaid Web Site, and contact information. The main content area greets Jane Doe and prompts her to select a button to view or edit her account. It displays her name, email (janedoe@janedoe.com), and last accessed date (10/24/2019 11:27:55 AM). It also shows the last password change date (10/24/2019 11:27:55 AM) and a 30-day expiration notice. The footer contains contact links and copyright information.

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**TEAM KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES

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

### Account Home

Good morning Jane Doe.

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

Jane Doe

janedoe@janedoe.com

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

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

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

The screenshot shows the 'My Information' page. It has the same header and sidebar as the previous page. The main content area instructs the user to use the page to modify account information and to click the 'Save' button at the bottom. It contains form fields for Name (First, Middle, Last), Contact (Address Line 1, Address Line 2, City, State, Zip Code, Phone Number, E-Mail Address), and Security Question & Answer. The Security Question dropdown is set to 'In what city were you born? (Enter full name of city only)'. 'Cancel' and 'Save' buttons are at the bottom.

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CABINET FOR HEALTH AND FAMILY SERVICES

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

### My Information

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

Name

First Name: Jane  
Middle Name:  
Last Name: Doe

Contact

Address Line 1:  
Address Line 2:  
City:  
State:  
Zip Code:

Phone Number:

E-Mail Address: janedoe@janedoe.com

Security Question & Answer

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

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

Cancel | Save

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### 2.2.1 How to Change the Password

The account password expires every 30 days. A pink banner will display on the Home page showing the days remaining to password expiration beginning with 10. The user will receive an email notification from MEUPS prior to the expiration on the 20<sup>th</sup> day.

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

The screenshot displays the 'Change Password' form within the KYHealthNet LTC User Manual interface. The form is titled 'Change Password' and includes instructions for filling out the form. It lists requirements for a new password: it must be at least 8 characters in length and contain at least one of each: uppercase letter, lowercase letter, numeric digit, and special character (e.g., ~!@#%, etc.). It also lists additional rules: passwords can be no more than 12 characters and 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 application window titled 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' with a 'Close Application' button in the top right corner. The left sidebar contains links to 'Account Home', 'My Information', and 'Change Password', as well as 'KyHealth Choices' and 'Kentucky Medicaid Web Site'. The footer includes 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2007 Commonwealth of Kentucky All rights reserved.'

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**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.

**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)

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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@dx.com](mailto:KY_EDI_HelpDesk@dx.com) or call (800) 205-4696 between 7:00 am - 6:00 pm Monday - Friday EST should you have questions regarding this notification.

Medicaid Enterprise Users Provisioning System

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@dx.com](mailto:KY_EDI_HelpDesk@dx.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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**View Agent Roles**

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

Close Application

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.

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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.

The screenshot shows a web application interface for the Kentucky Cabinet for Health and Family Services. At the top, there is a dark blue header with the text 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES'. Below this, on the left, is the 'TEAM KENTUCKY' logo and contact information for 'KylHealth Choices' and 'Kentucky Medicaid Web Site'. The main navigation bar includes links for 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. The 'Add Agent' link is highlighted. The main content area is titled 'Add Agent' and contains instructions: 'Use this screen to add access to an agent for your application.' and 'Enter the email address of the agent you are adding access to your application and click search.' Below this is a text input field and a 'Search' button. At the bottom, there is a footer with 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2007 Commonwealth of Kentucky All rights reserved.'

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AND FAMILY SERVICES

KylHealth 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.

Account Home My Information Change Password View Agent Roles Add Agent

Close Application

### 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.

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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.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES

**TEAM KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES

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.

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 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

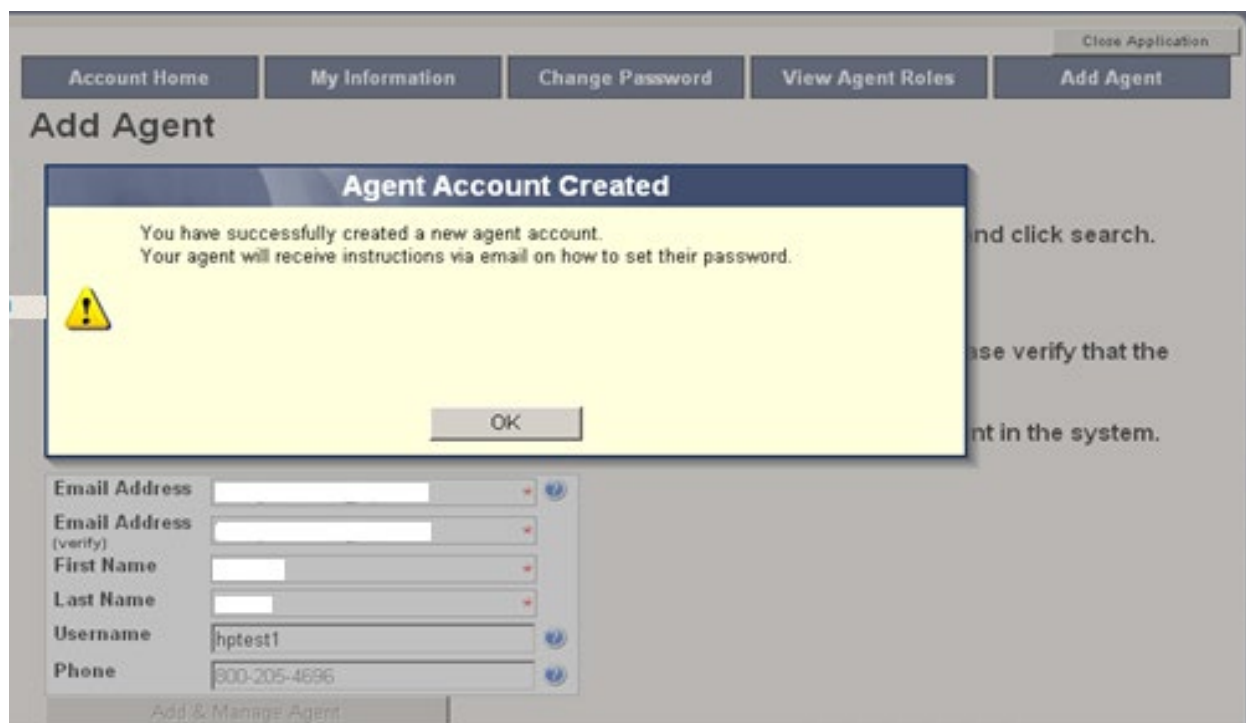
Username

Phone

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



4. User will receive an email as shown below.

Automated MEUPS email example:

**From:** MEUPS Automated Mailer [mailto:MEUPS\_DoNotReply@email.kymmis.com]

**Sent:** Friday, July 16, 2019 1:30 PM

**To:** Doe, Jane

**Subject:** PASSWORD SETUP

**Sensitivity:** Confidential

Kentucky user Jane Doe,

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

DXCTest1

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

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

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

Medicaid Enterprise Users Provisioning System

5. When the user clicks the link in the email (example above), the **Terms of Service User Agreement** window appears as shown below.
6. The user must click **I agree** in order to proceed.

## Terms of Service

You must agree to the terms below before delegating permissions.

### USER AGREEMENT

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

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

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

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

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

Do you agree to the Terms of Service as stated above?

## 2.5 Manage Agent Roles

After an agent is associated with a Provider account, permissions or “roles” must be granted in order for that agent to act on the Provider’s behalf. To add roles for KYHealthNet (claims, eligibility, etc.), follow the instructions below.

1. Click the **KYHealthNet** link.

The screenshot shows a web application titled "Manage Agent Roles". At the top, there is a navigation bar with buttons: "Account Home", "My Information", "Change Password", "View Agent Roles", and "Add Agent". A "Close Application" button is in the top right corner. Below the navigation bar, the main heading is "Manage Agent Roles". A descriptive text states: "This page allows you to add and remove roles from the agent. Begin by selecting the system in which you want to view or modify the Agent's access." Below this is a section for "Agent Details" containing a table with the following information:

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

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

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

Below these instructions are two input fields. The first, labeled "System", is a dropdown menu with two options: "Account Management" and "KYHealthNet", both preceded by a "Select" label. The second, labeled "Roles", is an empty text input field.

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

3. Roles are granted or removed in this section.

[Account Home](#) [My Information](#) [Change Password](#) [View Agent Roles](#) [Add Agent](#)

## Manage Agent Roles

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

**Agent Details**

<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),		

[Remove All Roles](#)

**1 Select the system to modify access**

System	
Select	Account Management
Select	KYHealthNet

**2 Modify the permissions for KYHealthNet**

<b>Roles</b>	
<input type="checkbox"/> Card Issuance	<a href="#">?</a>
<input type="checkbox"/> Claims Inquiry	<a href="#">?</a>
<input type="checkbox"/> Claims Submission (Dental)	<a href="#">?</a>
<input type="checkbox"/> Claims Submission (Institutional)	<a href="#">?</a>
<input type="checkbox"/> Claims Submission (Professional)	<a href="#">?</a>
<input type="checkbox"/> KenPAC Referral Confidential Message Inquiry	<a href="#">?</a>
<input type="checkbox"/> KenPAC Referral Confidential Message Submit	<a href="#">?</a>
<input type="checkbox"/> KenPAC Referral Inquiry	<a href="#">?</a>
<input type="checkbox"/> KenPAC Referral Submit	<a href="#">?</a>
<input checked="" type="checkbox"/> Eligibility Verification	<a href="#">?</a>
<input type="checkbox"/> LTC Claims	<a href="#">?</a>
<input checked="" type="checkbox"/> PA Inquiry	<a href="#">?</a>
<input type="checkbox"/> PA Submission	<a href="#">?</a>
<input type="checkbox"/> Pharmacy History	<a href="#">?</a>
<input type="checkbox"/> Presumptive Eligibility	<a href="#">?</a>
<input type="checkbox"/> Pricing	<a href="#">?</a>
<input checked="" type="checkbox"/> Ra Viewer	<a href="#">?</a>
<input checked="" type="checkbox"/> TPL Carrier	<a href="#">?</a>

[Save Changes](#)

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 ...**

**ID FAMILY SERVICES**

Close Application

Account Home My Information Change Password View Agent Roles Add Agent

### Manage Agent Roles

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

✓ Successful adding role of 'Eligibility Verification' for system 'KYHealthNet'

**Agent Details**

<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).		

Remove All Roles

**1 Select the system to modify access**

System

Select	Account Management	ⓘ
Select	KYHealthNet	ⓘ

**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)	ⓘ

### 3 Accessing KYHealthNet

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

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

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

**KyHealth Choices Home**

Friday 23 January 2015 11:29 am Sign Out

**Jane Doe, Welcome to KyHealth Choices**

Applications	
Application	Description
<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.kymmis.com/home">https://home.kymmis.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.

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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 (KYMIS)

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

Wednesday 2 Oct 2019 10:00 AM

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

**Provider Main Page**


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

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

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

Benefit Issuance

Wednesday 28 May 2025 07:59 am

Information is not being updated for the Benefit Issuance screen and this is not an accurate representation of the member's current Medicaid eligibility. Please use Eligibility Verification.

Member ID:  SSN:

Last Updated: 3/27/2025

The benefit issuance dates include eligibility begin and end dates along with card type. An **R** in the retroactive column indicates the segment was issued retroactively. Benefit issuance does not contain current data as of September 2023. However, historical records are available.

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

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

Benefit Issuance

Thursday 23 May 2019 2:52 pm

Member ID:  SSN:

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



## 5.2 Member Eligibility Verification

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

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

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

Wednesday 2 Oct 2019 10:10 AM

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

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

Provider

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

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

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The following screen will appear.

### 5.2.1 Searching for a Member

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

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

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

**Member Eligibility Verification**

Tuesday 26 March 2019 12:48 pm

Provider:

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

Member ID Lookup  
SSN Lookup  
Case Number Lookup

Emergency Services  
Family Planning  
Health Plan Coverage

Last Updated: 11/16/2018

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

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

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

**Member Eligibility Verification**

Tuesday 26 March 2019 12:51 pm

Provider:

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

Member ID Lookup

Emergency Services  
Family Planning  
Health Plan Coverage

**Member ID:**

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

Last Updated: 11/16/2018

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

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

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

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (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:  Member ID Lookup  Service Type:  Emergency Services  
Family Planning  
Health Plan Coverage

Search

Member ID:  123456789999

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

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

Print

Error code 05 - Recipient ID missing or not on file

Last Updated: 11/16/2018

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

Member Eligibility Verification			
Thursday 8 May 2025 10:02 am			
Provider	1518911338 - 282N00000X ▼		
Select Lookup Type:	Member ID Lookup ▼	Service Type:	Emergency Services Family Planning Health Plan Coverage
<input type="button" value="Search"/>			
Member ID:	7575422749		
From Date:	05/06/2025	To Date:	05/31/2025
Verification No. 2512600016 - 5/6/2025 Status: Active <input type="button" value="Print"/>			
Member			
Current ID: 7575422749	Last Name: GABBERT	First Name: COLLETTE	Date of Birth: 04/04/1931
<a href="#">Previous IDs</a>	Check Digit: 4	Gender: F	Date of Death:
SSN: 584968028	Phone Number: (506) 201-7337	County: 008 - Boone	
Physical Address: 1925 1363 DOGWOOD LANE		<b>View Member's Mailing Address:</b> <a href="#">here</a>	
City: DOZIER	State: KY	ZipCode: 16719-7577	
Hospice Election Date:			
Medicare A: 05/06/2025 - 05/31/2025		Medicare B: 05/06/2025 - 05/31/2025	
Medicare C: 10/01/2017 - 12/31/2299 Contract ID: H9730 Contract Name: WELLCARE			
Case Number:	Case Name:	Above FPL: N	
<a href="#">7688943272</a>	GABBERT, COLLETTE S	<b>Redetermination Date: Redetermination not required</b>	
<a href="#">963072524</a>	ZAMORANO, LUBA		
<a href="#">963072524C</a>	GABBERT, COLLETTE S		

Member's Authorized Representative						
No Authorized Representative on file for current member.						

Eligibility					
<a href="#">Eligibility 5 Year History</a>					
Eligibility Group	Program Code	Program Status	From Date	To Date	Last Update
KY Managed Care Organization with Co-Pay	A - Aged indiv 65 and over who rec SSI	ZZ - SSI w/QMB	05/06/2025	05/31/2025	09/23/2022

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

PACE	From Date	To Date
N	05/06/2025	05/31/2025

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

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

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

Service Limitation	
<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>						
Carrier Name	Policy Number	Policy Holder	Coverage Type	Carrier Code	From Date	To Date
AETNA PHARMACY MANAGEMENT	MEBDTNPB	BERNARD, DANETTE	MEDICAL	<a href="#">G01459</a>	05/06/2025	05/31/2025

Managed Care					
<a href="#">Managed Care 5 Year History</a>					
MCO Name	MCO Member ID	Region	Date Added	From Date	To Date
HUMANA		06	08/22/2016	05/06/2025	05/31/2025

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

Last Updated: 3/20/2025

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

### 5.2.2 Member Eligibility Suspension/Disenrollment

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

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

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

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

Provider

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

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

Would you like to start receiving paper PA Letters also?

Contact Us

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Last Updated: 8/16/2019

The following screen will appear.

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

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

**MCO Member Information**

Thursday 3 October 2019 1:29 pm

Member ID:  SSN:

[Contact Us](#)

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Last Updated: 8/16/2019

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 (KYMMS)

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

**MCO Member Information**

Thursday 3 October 2019 1:20 pm

Member ID:  SSN:

**Member**

DOB:  Member ID:   
DOD:  Name:

**MCO Member Information**

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

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

[Managed Care 5 Year History](#)

[Contact Us](#)

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## 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

**Provider Main Page**

Wednesday 2 Oct 2019 10:10 AM


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

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

Provider

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

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



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

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Last Updated: 9/10/2019

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The following screen will appear.

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

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

**Pharmacy Claims History**

Friday 17 December 2010 10:01 am

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

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

Member ID:

[Contact Us](#)

[Privacy](#) | [Disclaimer](#) | [Individuals with Disabilities](#)

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	

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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 October

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

**Provider Main Page**

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

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

Provider

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



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

Would you like to start receiving paper PA Letters also?

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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](#)

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Last Updated: 9/15/2010

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

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

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

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

**Patient Liability**

Thursday 3 October 2019 2:30 pm

Member ID:  SSN:

**Member**

DOB: \_\_\_\_\_ Member ID: \_\_\_\_\_

DOD: \_\_\_\_\_ Name: \_\_\_\_\_

**Liability**

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

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Last Updated: 8/16/2019

## 5.6 Spend Down

1. Select **Member** from the menu.
2. Choose **Spend Down** from the drop-down.

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

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

Wednesday 2 Oct 2019 10:00 AM

**Provider Main Page**

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


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

[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 (KYMIS)

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

**Spend Down**

Thursday 19 November 2009 08:08 am

Member ID:  SSN:

Search

Last Updated: 4/30/2009

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**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

**Spend Down**

Thursday 23 May 2019 11:24 am

Member ID:  SSN:

Search

**Member**

DOB:  Member ID:

DOD:  Name:

**Spend Down**

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

Last Updated: 5/23/2019

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## 6 PA – Prior Authorization

### 6.1 Prior Authorization Checklist

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

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

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

Wednesday 2 October 2019 2:35 p

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


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

Provider

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

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



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- 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 (KYMIS)


Search: ? [Advanced Search](#)

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

**TEAM KENTUCKY**

**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
MAP 5	<a href="#">EPSDT Dental Evaluation Form</a>	March 2008
MAP 9	<a href="#">Prior Authorization for Health Services Instructions</a>	July 2010
MAP 9A	<a href="#">Orthodontic Services Agreement</a>	June 2005
MAP 130	<a href="#">PA Fax Form</a>	Sept. 2011
	<a href="#">Instructions for PA Fax</a>	
MAP 249	<a href="#">MAP 249 PDN Clinical Review</a>	April 2014
MAP 306	<a href="#">Temporomandibular Joint (TMJ) Assessment</a>	June 2005
MAP 396	<a href="#">Orthodontic Evaluation</a>	June 2005
MAP 414	<a href="#">Application for Approval of Nurse Aide Training Program</a>	June 2005
MAP 556	<a href="#">Orthodontic Referral</a>	June 2005
MAP 559	<a href="#">Six Month Orthodontic Progress</a>	June 2005
MAP 569	<a href="#">Psychiatric Preadmission Review of Elective Admissions</a>	June 2005
MAP 570	<a href="#">Certification of Need for Inpatient Psychiatric Svcs for Individuals under Age 21</a>	June 2005
MAP 575	<a href="#">Request for Reconsideration of Resources Utilization Group Audit Determination</a>	June 2005
Map 576	<a href="#">Nurse Aide Training Expense Report and Authorization for Payment Instructions</a>	July 2012
MAP 650	<a href="#">Home Health Fax Form 2009</a>	Nov. 2008
MAP 700	<a href="#">Orthodontic Final Case Submission</a>	June 2005

**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

- Select **PA** from the menu.

2. Choose **Radiology Prior Auth Proc Code List** from the drop-down.

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

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

Monday 14 October 2019 12:55 pm

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


Welcome to the Kentucky Medicaid e 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 (KYMIS)


Search: ? [Go](#) [Advanced Search](#)

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

**TEAM KENTUCKY**

**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

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

### 6.3 MMIS PA Letters

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

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

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

Friday 18 October 2019 10:43 am

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

**Welcome to the Kentucky Medicaid** **Providers** **Secure Website** **is intended for**  
**providers, clerks, and billing agents.**


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

Provider

Switch Working Provider

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

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



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

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

**Prior Authorization (PA) Letters**

Thursday 24 October 2019 09:51 am

**Search Criteria**

Provider:  Member ID:

Letter Type:

Date Sent:

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

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

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

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

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

**Prior Authorization (PA) Letters**

Thursday 24 October 2019 09:56 am

**Search Criteria**

Provider:  Member ID:

Letter Type:

Date Sent:

Letter Type	Member ID	Member Name	Request Date	Sent Date
<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 (KYMIS)

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

Friday 18 October 2019 1:07 pm


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

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

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

Provider

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



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

Would you like to start receiving paper PA Letters also?

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Last Updated: 8/16/2019

The following screen will appear.

The screenshot shows the 'CareWise Prior Authorization Letters' search interface. At the top, the header includes 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and 'KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMIS)'. Navigation links include 'Provider Home', 'Member', 'Claims', 'PA', 'Provider References', 'RA Viewer', and 'Logout'. The page title is 'CareWise Prior Authorization Letters' with a timestamp 'Friday 18 October 2019 1:08 pm'. A 'Provider' dropdown menu is present. Below is a 'Search Criteria' section with input fields for 'Member ID', 'Case Number', 'Member First Name', 'Member Last Name', 'From Date', and 'To Date'. A message states: '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.' A 'Search' button is at the bottom of the criteria section. A warning bar indicates: 'Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.' The footer contains 'Contact Us', 'Privacy', 'Disclaimer', 'Individuals with Disabilities', 'Last Updated: 8/16/2019', and 'Copyright © 2005 Commonwealth of Kentucky All rights reserved'.

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

This screenshot shows the same search interface as the previous one, but with validation errors. The 'Member ID' field has a red error message 'Member ID is required'. The 'From Date' field has a red error message 'From Date is required.' and the 'To Date' field has a red error message 'To Date is required'. The 'Search' button remains visible. All other elements, including the header, navigation links, and footer, are identical to the previous screenshot.

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

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

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

**CareWise Prior Authorization Letters**

Monday 4 May 2020 1:31 pm

Provider

**Search Criteria**

Member ID:  Case Number:

Member First Name:  Member Last Name:

From Date:  To Date:

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

Search

**Letter**

4/24/2020 PA SHPS -Mem ID: -Name: RUDY-Prov ID: -Rev Type:OUTPATIENT THERAPIES

4/24/2020 PA SHPS -Mem ID: -Name: RUDY-Prov ID: -Rev Type:TRANSPLANT

1

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

Last Updated:5/1/2020

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## 6.5 PA Inquiry

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

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

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

Monday 14 October 2019 1:12 pm

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


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

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

Provider

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

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



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

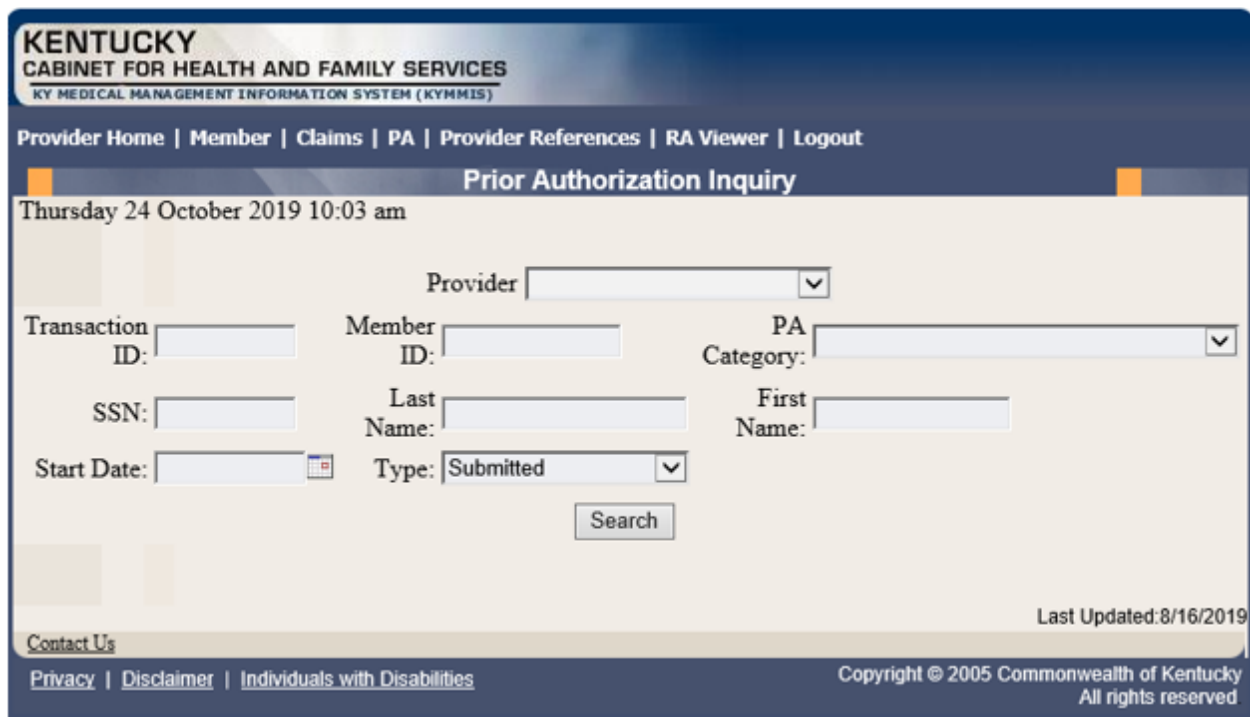
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Last Updated: 9/10/2019

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](#)

### 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:

[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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Last Updated: 9/10/2019

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

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

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

**PA Header**

Wednesday 23 October 2019 4:15 pm

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

Requesting  
Provider  
Number:

PA Category\*:

Servicing  
Provider  
Number\*:

Nursing Facility Type:

Servicing  
Provider  
Taxonomy:

Member ID\*:

Diagnosis Code\*:

Last Name:

First Name:  MI:

Emergency:

Admission Date:

Accident:

Discharge Date:

Special  
Considerations:

Case Management/Disease Management

Indicator:  Program:

Level:

Next

Last Updated: 9/10/2019

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

Save Date: 6/9/2025

Page 52

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

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

PA Details

Wednesday 23 October 2019 4:19 pm

Header > Details > Summary

Line Item Number: 01

Status: Approved

Service Type Code\*: Procedure Code

Revenue Code From:

Revenue Code To:

Procedure Code From\*: T1005

Procedure Code To:

Modifiers: HI U2

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

Tooth:

Tooth Quad:

Payment Method: Pay System Calculated Price

Save

Add

Delete

IAC

Code	Description
149	FREE FORM COMMENTS

Next

Last Updated: 9/10/2019

Contact Us

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

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

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

**PA Summary**

Wednesday 23 October 2019 4:20 pm

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

Header

Requesting Provider Number:

PA Category: **WAIVER - SCL2 PDS**

Servicing Provider Number:

Nursing Facility Type:

Member ID:

Diagnosis Code: **F320**

Last Name:

First Name:

MI:

Emergency: N

Admission Date:

Accident: N

Discharge Date:

Special Consideration: N

Case Management/Disease Management

Indicator:

Program:

Level:

Approved Details

Line	Item Number	Status	Procedure Code	Revenue Code	App. Eff. Date	App. End Date	App. Units	App. Amount
<a href="#">01</a>		<b>A</b>	<b>T1005</b>		<b>01/01/2019</b>	<b>04/30/2019</b>	<b>900</b>	<b>2250</b>

Finish

Contact Us

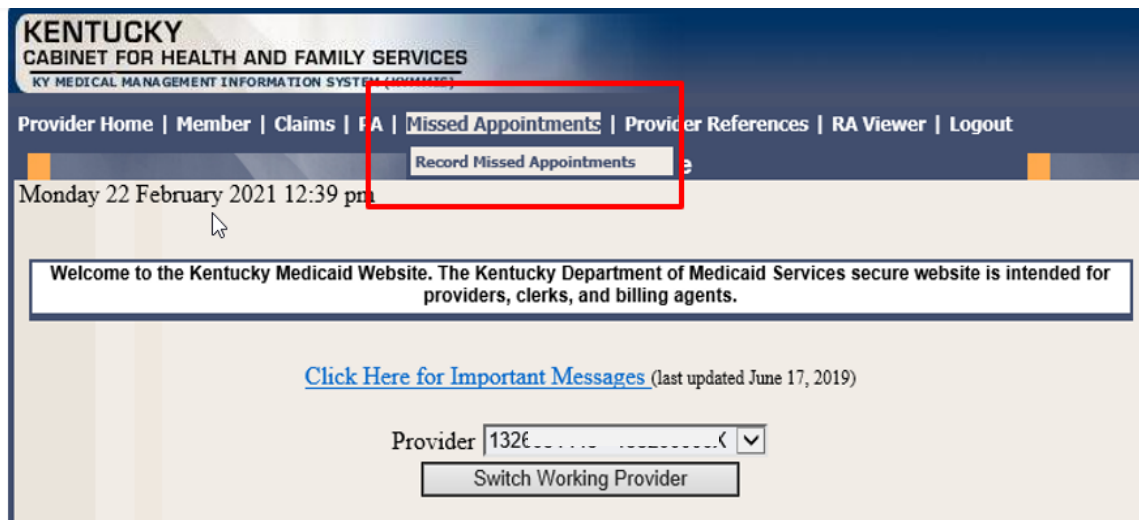
Last Updated: 9/10/2019

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

## 7 Missed Appointments

### 7.1 Record Missed Appointments

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



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

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

Record Missed Appointments

Monday 22 February 2021 12:39 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 1326.....< ▾

Switch Working Provider

### 7.1.1 Add a missed appointment

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

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

**Record Missed Appointment**

Tuesday 25 January 2022 11:26 am

Provider:

Member ID:  (Leave blank for ALL members)

Date Range: MONTH:  YEAR:

**Add Missed Appointment**

Member ID\*:

Reason\*: ☒ MISSED ☐ CANCELLED

Practice/Group Name\*:

Appointment Date\*:

Appointment Time\*:  ☒ AM ☐ PM

Reason Code\*:

Appointment Type\*:

Explanation:

Enter the following fields:

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

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

## 7.1.2 Search for a Missed or Cancelled Appointment

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

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

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

Record Missed Appointment

Monday 3 May 2021 1:34 pm

Provider  0X ▼

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: . ▼  
Switch Provider

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

Missed Appointments

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

Update Missed Appointment

Member ID\*:  ENEDINA KIDDER

Reason\*: ☒ MISSED ☐ CANCELLED

Practice/Group Name\*:

Appointment Date\*:  📅

Appointment Time\*:  ☒ AM ☐ PM

Reason Code\*: Unknown ▼

Appointment Type\*: PCP ▼

Explanation:

Update Cancel

- The record will refresh with a yellow highlight to indicate the line to edit.
- Enter the updated information as applicable.
- Click the Update button.

### 7.1.4 Delete a record

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

Select Delete

Record Missed Appointment

Monday 22 February 2021 2:57 pm

Provider:

Member ID:  (Leave blank for ALL members)

Date Range: MONTH:  YEAR:

Missed Appointments

Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
7572640718	OREN, BRUNILDA	02/22/2021	2:45 PM	CANCELLED/Insurance Issue		<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\*:

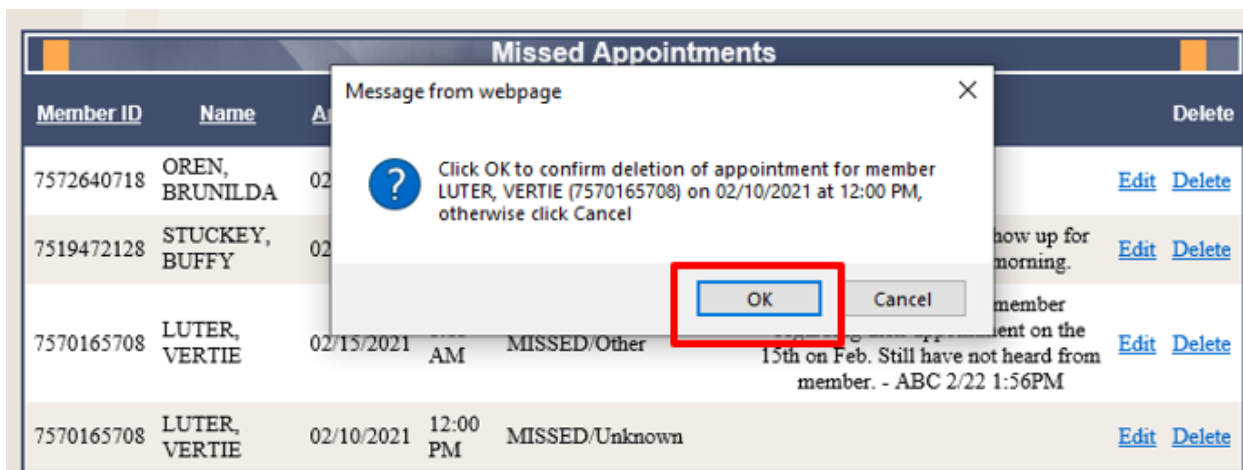
Appointment Time\*:  ☒ AM ☐ PM

Explanation:

Last Updated:12/1/2020

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

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



- Once OK is selected the appointment record is deleted.

**Missed Appointments**

Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
7572640718	OREN, BRUNILDA	02/22/2021	2:45 PM	CANCELLED/Insurance Issue		<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.

	Appt Date	Appt Time	Reason/Code	Explanation	Delete
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 (KYMIS)

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

Wednesday 2 October 2019 1:11 pm

**TPL Carrier**  
Documentation

**Main Page**

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


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

Provider

Switch Working Provider

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

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



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

Contact Us

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Last Updated: 9/10/2019

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The following screen will appear.

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

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

**TPL Carriers**

Friday 20 August 2010 12:47 pm

**Business Name:**

[Contact Us](#) Last Updated: 7/1/2010

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

The response will return all carrier information on file.

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

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

**TPL Carriers**

Thursday 23 May 2019 3:01 pm

**Business Name:**

Carrier Code	Business Name	Address	Telephone #
			1

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

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## 8.2 Provider References Documentation

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

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

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

Wednesday 2 October 2019 1:14 pm

TPL Carrier  
**Documentation**

Main Page

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


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

Provider

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](#)



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Last Updated: 9/10/2019

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The following screen will appear.

The screenshot shows the 'Provider Resources' page on the KYMMIS website. The header includes a search bar and the text 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES KY MEDICAID MANAGEMENT INFORMATION SYSTEM (KYMMS)'. A breadcrumb trail reads 'kymms > Provider Relations : Index'. The left sidebar contains a 'TEAM KENTUCKY' logo and a list of navigation links: Contact Information, Forms, F.A.Q., Presumptive Eligibility, Provider Letters, Provider Workshop, Provider Billing Instructions, KY Health Net user manuals, Department for Medicaid Services, Home, Phone Directory, Provider Directory, Provider Relations, Electronic Claims, HIPAA, Companion Guides and EDI Guides, and Medicaid Preferred Drug List. The main content area features a 'Provider Resources' title, a description of the Provider Relations team, a link to the DMS Provider Enrollment website, and a link to the Provider Information Resources page. It also states the service hours: 8:00 a.m. until 6:00 p.m. ET, Monday through Friday. A 'Page Updates' box shows the date 'October 30, 2018' and a link to 'New Provider Rep Listing (PDF)'. A 'Contact Information' box at the bottom left provides an email address: 'KY EDI HelpDesk'. The footer indicates the page was 'Last Updated 5/15/2019'.

Search:  [Go](#) [Advanced Search](#)

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

[kymms](#) > [Provider Relations](#) : Index

**TEAM KENTUCKY**

**Provider Resources**

**Contact Information**

**Forms**

**F.A.Q.**

**Presumptive Eligibility**

**Provider Letters**

**Provider Workshop**

**Provider Billing Instructions**

**KY Health Net user manuals**

**Department for Medicaid Services**

**Home**

**Phone Directory**

**Provider Directory**

**Provider Relations**

**Electronic Claims**

**HIPAA**

**Companion Guides and EDI Guides**

**Medicaid Preferred Drug List**

**Contact Information**

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

[KY EDI HelpDesk](#)

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

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

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

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

**Page Updates**

October 30, 2018

[New Provider Rep Listing \(PDF\)](#)

Last Updated 5/15/2019

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

## 9 RA Viewer

Click **RA Viewer** from the menu.

**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

**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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Last Updated: 9/10/2019

The following screen will appear.

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

The screenshot shows the 'RA Viewer' interface of the KY Medical Management Information System (KYMMIS). The header includes the Kentucky Cabinet for Health and Family Services logo and navigation links: Provider Home, Member, Claims, PA, Provider References, RA Viewer, and Logout. The page title is 'RA Viewer' and the date/time is 'Thursday 24 October 2019 10:07 am'. A 'Provider' dropdown menu is present. Below it, instructions state: 'Click the Search button below to find RA reports associated with your provider number. When the RA listing displays, click the Run Date link beside a specific RA to view or download RA report details.' There are 'Search' and 'Print' buttons. A warning box indicates: 'Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.' The footer includes 'Contact Us', 'Privacy', 'Disclaimer', 'Individuals with Disabilities', 'Copyright © 2005 Commonwealth of Kentucky', and 'All rights reserved'. The last updated date is 8/16/2019.

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

## 3. 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

Search

Print

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

Last Updated: 8/16/2019

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## 10 Claims

### 10.1 Claim Inquiry

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

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

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

Monday 14 October 2019

Welcome to the Kentucky

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

**Main Page**


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

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

Provider

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

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



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

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

**Claim Inquiry: 1518911338**  
 Tuesday 6 September 2022 4:09 pm

Provider  ▼

**Search Criteria**

Member ID:

Claim Status:  ▼

Thresholded Encounters Only: ☐

Patient Acct. #:

Date Type: ☒ Date Of Service  
☐ Warrant Date

ICN or TCN:

From Date:  📅

Thru Date:  📅

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

## 10.2 Submitting an LTC Roster

1. Select **Claims** from the menu.
2. Choose **LTC Roster/Submittal** from the drop-down.

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

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

Thursday 24 October 2019

Welcome to the Kentucky

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

Main Page

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

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

Provider

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



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

Would you like to start receiving paper PA Letters also?

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Last Updated: 9/10/2019

### 10.3 Long Term Care Roster

The Long Term Care Roster is a unique application designed for Nursing Facilities to submit a monthly batch of claims.

Please follow the Billing instructions for the applicable claim type when completing fields.

Use the web site link in Appendix A for all Medicaid Billing instructions.

#### 10.3.1 LTC Roster of Members

The **Previously Submitted Claims** includes members' previously-submitted claims, detailing (the numbers correspond to the call-outs on the graphic below):

3. Member name
4. ID number
5. Claim ICN
6. Revenue code
7. Date of last submission

The members may be edited, deleted, and/or copied.

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

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

**LTC Roster**

Thursday 24 October 2019 2:47 pm

Provider

**The Department for Medicaid Services is aligning the Nursing Facility billing structure with that of the National Uniform Billing Committee (NUBC).**

1. To edit a roster member:

- a. Press the Edit button and navigate to the Billing Codes page.
- b. Use the arrows to scroll to the last diagnosis code and click the Delete Code button.
- c. Continue deleting the remaining diagnosis codes until only the principal diagnosis code remains.
- d. Enter a diagnosis code.
- e. Click the Save Code button.
- f. Click the Add Code button if additional diagnosis codes are necessary.
- g. Navigate to the detail page and click the Update Roster button.

**Previously Submitted Claims**

Click on  to view claim or

2	3	4	5	6	7	9
Member Name	MAID	ICN	REV CODE	TYPE OF BILL	Date Last Submitted	
✓			110	0	08/30/2019	<input type="button" value="Edit"/> <input type="button" value="Delete"/> <input type="button" value="Copy"/>

8 10

Field Number / Menu Selection	Definition of Field Description
1	<b>Add New Member</b> Click the box to add a new member to the Roster.
2	<b>Member Name</b> The member's name is shown after the entry of information on a previously submitted claim.
3	<b>MAID</b> The member's KY Medicaid ID number.
4	<b>ICN</b> The unique 13-digit internal control number for a previously submitted claim.
5	<b>REV CODE</b> The revenue code previously submitted for the member.
6	<b>TYPE OF BILL</b> The type of bill for the previously submitted claim.
7	<b>Date Last Submitted</b> The date the claim was previously submitted.
8	<b>Edit</b> To edit a claim.
9	<b>Delete</b> To delete a claim.
10	<b>Copy</b> To copy a claim.

### 10.3.2 Current Month Submitted Claims Screen

#### Current Month Submitted Claims Table

Field Number / Menu Selection	Definition of Field Description
1	<b>Member Name</b> Name of Patient from most recent month's billing.
2	<b>MAID</b> Member's KY Medicaid ID number.
3	<b>ICN</b> The internal control number of this month's claims.
4	<b>REV CODES</b> The revenue codes for this month's claims.
5	<b>DATE LAST SUBMITTED</b> The date of last month's submission.
6	<b>SUBMIT BILLING</b> Fill in the current month's from and through dates.
7	<b>SUBMITTED AMOUNT</b> Enter the amounts of each Rev codes for the month.
8	<b>SUBMIT ALL CLAIMS</b> When you are done, click this button to submit your claims for the month.

### 10.3.3 Successful Submission

**Submission successful! Tracking number: w.paper.500005501.155930.xml**

[Print Previously Submitted](#)

**Current Month Submitted Claims**

Member Name	MAID	ICN	REV CODE	Date Last Submitted
-------------	------	-----	----------	---------------------

[Print Current Month](#)

The roster response returns a tracking number.

### 10.3.4 Add New Member

1. Click the **Add New Member** button.

**Previously Submitted Claims**

Click on name to view claim or [Add New Member](#)

2. Complete the claim with the applicable information required for long term care.

### 10.3.5 Completing the Claim

Follow the field-by-field instructions for completing the claim.

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

[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 39312  
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 Long Term Care  
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 No  
EPSDT Condition: 27

28 Next

Print 29

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Field Number / Menu Selection	Definition of Field Description
1	<b>Provider Number</b> The NPI Number of the 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 #</b> The Patient's account number (optional).
6	<b>Date of Birth</b> The member's date of birth (auto-populated).
7	<b>Gender</b> The member's gender (auto-populated).
8	<b>Attending Provider</b> Enter attending provider's NPI number, if applicable.
9	<b>Referring Provider</b> Enter referring provider's NPI number.
10	<b>Facility Number</b> Enter the billing NPI number.
11	<b>Other Physician</b> Enter other treating physician NPI number.
12	<b>Prior Authorization</b> Enter the Prior Authorization number or Treatment Authorization Number, if applicable.
13	<b>Claim Type</b> Select the appropriate claim type from the drop down box.
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.

Field Number / Menu Selection	Definition of Field Description
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 the "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 the patient's discharge.
25	<b>Lifetime Reserve Days</b> The number of lifetime reserve days (Medicare only).
26	<b>EPSDT</b> Indicates an EPSDT related service (if applicable).
27	<b>EPSDT Condition</b> Select the EPSDT condition.
28	<b>Next</b> Advance to the diagnosis screen.
29	<b>Print</b> Allows the user to print this screen.

### 10.3.6 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.

#### 10.3.6.1 Billing Codes – Diagnosis

**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 4:04 pm

Header > [Billing Codes](#) > Detail

Billing Codes

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

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

Diagnosis\*  **3** Diagnosis Code\*  **4**  
Diagnosis Code Required

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

**8** Next **9** Print

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#### Institutional Claim Diagnosis Screen Field Descriptions

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

Field Number / Menu Selection	Definition of Field Description
<b>4</b>	<b>Diagnosis Code</b> Enter the appropriate code for the member's diagnosis. (Do not enter a decimal in Diagnosis Code.)
<b>5</b>	<b>Save Code</b> Saves the diagnosis information on the claim. A save is required to continue.
<b>6</b>	<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.
<b>7</b>	<b>Delete Code</b> Allows the user to remove a diagnosis 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.

## 10.3.6.2 Billing Codes – Procedure

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

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:  ICD Version: ☐ ICD-9 ☒ ICD-10

Procedure Code  Date

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 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.
6	<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.

Field Number / Menu Selection	Definition of Field Description
<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.

## 10.3.6.3 Billing Codes – Condition

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
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

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

## 10.3.6.4 Billing Codes – Value

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

[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:

Value Code  Amount

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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.
6	<b>Delete Code</b> Allows the user to remove a value code previously entered on the claim.

Field Number / Menu Selection	Definition of Field Description
<b>7</b>	<b>Next</b> Advance to the next screen.
<b>8</b>	<b>Print</b> Allows the user to print this screen.

## 10.3.6.5 Billing Codes – Occurrence/Span

**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**

Occurrence/Span Code  **2** From  **3** Thru  **4**

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

**8**  **9**

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

Field Number / Menu Selection	Definition of Field Description
<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.

## 10.3.6.6 Billing Codes – Payer

**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:

Payer Code  Prior Payment  Estimated Due

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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.

Field Number / Menu Selection	Definition of Field Description
<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.

## 10.3.7 Detail Screen

**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**

Thursday 24 October 2019 4:14 pm

[Header](#) > [Detail](#)

**Detail Information**

Item <b>1</b>	From DOS <b>2</b>	To DOS <b>3</b>
Revenue Code* <b>4</b>	HCPSC / Rates <b>5</b>	Modifiers <b>6</b>
Units* <b>7</b>	Units of Measurement <b>8</b>	
Charges <b>9</b>	Co-Pay <b>10</b>	TPL Amount <b>11</b>
Referring Provider <b>12</b>		
Status <b>13</b>	Allowed Amount <b>14</b>	Non Covered Charges <b>15</b>
Units Allowed <b>16</b>	Paid Amount <b>17</b>	
<b>Save Detail</b> <b>18</b>	<b>Add Detail</b> <b>19</b>	<b>Delete Detail</b> <b>20</b>

**21** **Add to Roster** **Print** **22**

Last Updated: 9/10/2019

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Field Number / Menu Selection	Definition of Field Description
<b>1</b>	<b>Item</b> Line number of the detail. This field is auto-populated.
<b>2</b>	<b>From DOS</b> From Date of Service. This field is disabled for Roster claims. This date was entered on the <b>Header</b> page.
<b>3</b>	<b>To DOS</b> To Date of Service. This field is disabled for Roster claims. This date was entered on the <b>Header</b> page.

Field Number / Menu Selection	Definition of Field Description
<b>4</b>	<b>Revenue Code</b> Select the appropriate revenue code from the drop-down box, which identifies the service(s) provided.
<b>5</b>	<b>HCP/CS/Rates</b> The procedure code which further identifies the service provided. This field is disabled for Roster claims.
<b>6</b>	<b>Modifiers</b> Two-digit modifier(s) which further describes the service performed. This field is disabled for Roster claims.
<b>7</b>	<b>Units</b> Enter the number of units.
<b>8</b>	<b>Units of Measurement</b> Select the units of measurement, i.e., days, from the drop-down box.
<b>9</b>	<b>Charges</b> The amount charged by the provider. This field is disabled for Roster claims.
<b>10</b>	<b>Co-pay</b> The co-payment deducted from reimbursement. This field is auto-populated and disabled for Roster claims.
<b>11</b>	<b>TPL Amount</b> The amount paid by other insurance. This field is auto-populated and disabled for Roster claims.
<b>12</b>	<b>Referring Provider</b> Enter the Referring Provider number.
<b>13</b>	<b>Status</b> The status of the claim. This field will be auto-populated after submission.
<b>14</b>	<b>Allowed Amount</b> The amount allowed by Kentucky Medicaid (paid claims only). This field is auto-populated.
<b>15</b>	<b>Non Covered Charges</b> The amount of charges not covered by Kentucky Medicaid. This field is auto-populated.
<b>16</b>	<b>Units Allowed</b> The number of units allowed. This field is auto-populated.
<b>17</b>	<b>Paid Amount</b> The amount paid by Kentucky Medicaid. This field is auto-populated.
<b>18</b>	<b>Save Detail</b> This button saves the detail line on the claim.

Field Number / Menu Selection	Definition of Field Description
19	<b>Add Detail</b> This button allows the user to add an additional detail line.
20	<b>Delete Detail</b> This button allows the user to remove the detail line previously entered.
21	<b>Add to Roster</b> This button adds this claim to the Roster.
22	<b>Print</b> Allows the user to print this screen.

### 10.3.8 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 (KYMMIS)

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

Print

**8**

## Summary Screen Field Descriptions

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

## Submitted Claim

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

Institutional Claim	
Monday 9 March 2020 3:19 pm	
<a href="#">Header</a> > <a href="#">Billing Codes</a> > <a href="#">Detail</a> > <a href="#">Attachments</a> > <a href="#">Summary</a>	
Claim Status	Denied
Claim ICN	2320069001006
Paid Date	
Adjudicated Date	
Adjusted Claim ICN	
Patient Liability	
Spenddown Amount	
Copay Amount	0.00
Total Allowed Amount	
Allowed Amount	
Header EOB Description	1780 ATTENDING PROVIDER NPI IS REQUIRED.
Billing Information:	Service Information:
Provider Number:	Claim Type*: <input type="text"/>
Member ID*: <input type="text"/>	Type of Bill*: 131 - Hospital <input type="text"/>
Last Name: <input type="text"/>	From Date*: 03/01/2020 <input type="text"/>
First Name: <input type="text"/>	Thru Date*: 03/01/2020 <input type="text"/>
Patient Acct. #: <input type="text"/>	Covered Days: 0 <input type="text"/>
Date of Birth*: <input type="text"/>	Non-Covered Days: 0 <input type="text"/>
Gender: <input type="text"/>	Patient Status: <input type="text"/>
Attending Provider: <input type="text"/>	Admit Source: <input type="text"/>
Referring Provider: <input type="text"/>	Admission Type: <input type="text"/>
Facility Number: <input type="text"/>	Admission Date: <input type="text"/>
Facility Taxonomy: <input type="text"/>	Admission Hour: 0000 <input type="text"/>
Other Physician: <input type="text"/>	Discharge Time: -1 <input type="text"/>
Prior Authorization: <input type="text"/>	Lifetime Reserve Days: <input type="text"/>
	EPSDT?: No <input type="text"/>
	EPSDT Condition: <input type="text"/>
<input type="button" value="Next"/>	

### 10.3.9 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.

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

Claim Status	Paid
Claim ICN	
Paid Date	20190520
Allowed Amount	0.00
Spenddown Amount	
Header EOB Description	9970 PRICING ADJUSTMENT - LT1918 PRICING APPLIED
Detail EOB Description	#1
	9940 PRICING ADJUSTMENT - PROVIDER PERCENT BILLED APPLIED

<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"/> Facility Taxonomy: <input type="text"/> Other Physician: <input type="text"/> Prior Authorization: <input type="text"/>	<b>Service Information:</b> Claim Type*: <input type="text"/> Type of Bill*: <input type="text"/> From Date*: 04/02/2019 Thru Date*: 04/02/2019 Covered Days: 0 Non-Covered Days: 0 Patient Status: 01 - DISCHARGED TO HOME OR S Admit Source: Physician Referral Admission Type: 3 - ELECTIVE Admission Date: <input type="text"/> Admission Hour: 0000 Discharge Time: <input type="text"/> Lifetime Reserve Days: <input type="text"/> EPSDT?: No EPSDT Condition: <input type="text"/>
	<b>Medicare Information:</b> Date Paid*: 04/25/2019 Amount Paid*: 47.84 Amount Allowed*: 47.84

1 Next  
2 Adjust
3 Void Claim
4 Print

Last Updated: 9/10/2019

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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.

### 10.3.10 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 (KYMMIS)

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

**Institutional Claim**

Friday 25 October 2019 4:27 pm

**Header**

Billing Information:	Service Information:
Provider Number:	<b>Claim Type*:</b> Crossover (Inpatient or Long Term) <span>1</span>
Member ID*:	<b>Type of Bill*:</b> [Dropdown]
Last Name:	<b>From Date*:</b> [Date Picker]
First Name:	<b>Thru Date*:</b> [Date Picker]
Patient Acct. #:	Covered Days: 0
<b>Date of Birth*:</b>	Non-Covered Days: 0
Gender:	Patient Status: [Dropdown]
Attending Provider:	Admit Source: [Dropdown]
Referring Provider:	Admission Type: [Dropdown]
Facility Number:	Admission Date: [Date Picker]
Other Physician:	Admission Hour: [Time Picker]
Prior Authorization:	Discharge Time: [Time Picker]
	Lifetime Reserve Days: [Text Box]
	EPSDT?: No [Dropdown]
	EPSDT Condition: [Dropdown]

Medicare Information:
<b>Date Paid*:</b> [Date Picker] <span>2</span> <small>Date Required</small>
<b>Amount Paid*:</b> 0.00 <span>3</span>
<b>Amount Allowed*:</b> 0.00 <span>4</span>

Next  
Print

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

## 10.3.10.1 Billing Codes – Medicare, Value

**KENTUCKY**  
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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 4:13 pm

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

**Billing Codes**

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

Sequence Number:

Value Code  Amount

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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> Choose if it is a Medicare copay, coinsurance or deductible claim from the value code drop-down.
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.
6	<b>Delete Code</b> Allows the user to remove a value code previously entered on the claim.

Field Number / Menu Selection	Definition of Field Description
<b>7</b>	<b>Next</b> Advance to the next screen.
<b>8</b>	<b>Print</b> Allows the user to print this screen.

## 10.3.10.2 Billing Codes – Medicare, Payer

**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:

Payer Code:

Prior Payment:

Estimated Due:

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 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.
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.

Field Number / Menu Selection	Definition of Field Description
<b>7</b>	<b>Delete Code</b> Allows the user to remove a value 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.

## 10.4 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



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

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

Would you like to start receiving paper PA Letters also?

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The following screen will appear.

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

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

**Diagnostic Related Group (DRG) Letters**

Monday 14 October 2019 2:32 pm

**Search Criteria**

Provider:  Member ID:

Letter Type:  Date Sent:

Case #:

Last Updated: 8/16/2019

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

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

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

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

**Diagnostic Related Group (DRG) Letters**

Monday 14 October 2019 2:33 pm

**Search Criteria**

Provider:  Member ID:

Letter Type:  Date Sent:

Case #:

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

1

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

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

**Diagnostic Related Group (DRG) Letters**

Monday 14 October 2019 2:35 pm

 **DXC.technology**

Enterprise Services  
656 Chamberlin Ave.  
Frankfort, KY 40601  
502.209.8000

Date: 09/22/2019

Tec: From:

Re: **Technical Denial**

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





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

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





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

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

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



1 (1 of 1)



Save a copy (Shift+Ctrl+S)

## 10.5 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 ADMER 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 CLAIMWITH 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.
<a href="#">1</a> <a href="#">2</a> <a href="#">3</a> <a href="#">4</a> <a href="#">5</a> <a href="#">6</a> <a href="#">7</a> <a href="#">8</a> <a href="#">9</a> <a href="#">10</a> ...	
<a href="#">Contact Us</a>	
Last Updated: 9/10/2019	

## 11 Provider Status

### 11.1 Provider Status Information

The **Provider Status Information** panel allows a user to view active provider status items from the provider file. Select the provider **NPI** and **Taxonomy** combination or the **KY Medicaid ID** from the dropdown selection to view provider status information covered in this section.

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

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

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

**Provider Status Information**

Thursday 3 October 2019 11:54 am

Provider

Provider Name:

**Identification**

<u>Provider Number</u>	<u>ID Type</u>	<u>Effective Date</u>	<u>End Date</u>
	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**

<u>Taxonomy</u>	<u>Effective Date</u>	<u>End Date</u>
	02/01/1978	12/31/2299
	01/04/1978	12/31/2299
	02/01/1978	12/31/2299
	02/01/1978	12/31/2299
	02/01/1978	12/31/2299

1 2 3

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

Group Practice		
Group Name	Effective Date	End Date
	11/01/1997	12/31/2299
	07/01/2007	12/31/2299
	01/01/2014	12/31/2299
	01/01/2014	12/31/2299
	01/01/2014	12/31/2299

1 2

Contracts		
Contract	Effective Date	End Date
Physician	02/01/1978	12/31/2299
Prsumpt Enroll Prov	11/01/2001	12/31/2299

Licenses	
No Rows Found.	

Revalidation	
60 Day Letter Date:	12/16/2018
30 Day Letter Date:	01/15/2019
*Note: If no dates are indicated for 60 Day Letter Date and 30 Day Letter Date, you are not due for revalidation at this time.	

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

Location Address		
<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

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## 11.2 Provider Group Practice Hyperlink

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

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

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

**Provider Status Information**

Thursday 3 October 2019 11:54 am

Provider

Provider Name:

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

[Providers that participate in Group Practice](#)

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

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

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

**Providers That Participate in Group Practice**

Friday 15 August 2014 1:34 pm

**Group Practice:**

Provider Name	Effective Date	End Date
	12/10/1996	12/31/2299
	05/01/1994	12/31/2299
	09/01/2001	12/31/2299
	05/01/1994	12/31/2299
	05/01/1994	12/31/2299
	05/01/1994	12/31/2299

Last Updated: 8/11/2014

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## 12 Appendix A

### 12.1 Forms

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

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

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

### 12.2 Billing Instructions

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

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