Kentucky Medicaid Webinar

Spring 2017
Agenda

• How Medicaid Works
• Kentucky Medicaid Websites
• Accessing KYHealth Net
• KYHealth Net
  o Member Eligibility Verification
  o Patient Liability
  o Claim Inquiry
  o Prior Authorization
  o Remittance Advice
• ORP
• Contacts
• Questions and Answers
Department for Medicaid Services (DMS) and Medicaid Policy enforces the rules and regulations that were designed by legislation.

The Local DCBS office enrolls members according to the rules and regulations.

DXC Technology (formerly known as Hewlett Packard Enterprise) the KYMMIS contractor, can only process claims according to the rules and regulations that Medicaid has designed.

DXC Technology (formerly known as Hewlett Packard Enterprise) holds the prior authorization contract. Carewise, the subcontractor for DXC Technology, can only issue prior authorizations according to the rules and regulations that Medicaid has designed.
Medicaid Websites

**Department of Medicaid Services**
http://chfs.ky.gov/dms

- Regulations
- Provider Enrollment
- Provider updates/letters

**KYMMIS**
www.kymmis.com

- Forms
- Provider Workshop Information
- Billing Instructions
- KYHealth Net User Manual
- Electronic Claims
- Companion Guides

**Kentucky Health Net**
https://home.kymmis.com

- Member Eligibility
- Patient Liability
- Claims Inquiry
- Claims Submission
- Prior Authorization Letters
- Prior Authorization Inquiry
- Remittance Advice
KYMMIS Website
www.kymmis.com

Welcome to the Kentucky Medicaid Management Information System (KYMMIS)

Search: [ ] Go [ ] Advanced Search

Welcome to the Kentucky Medicaid Management Information System (KYMMIS)

Thank you for visiting the Kentucky Medicaid Website. Please use the navigation buttons at the left to navigate the site. If you have any questions, send email to: KY EDI HelpDesk

This site requires Internet Explorer 11. Certain pages require the use of the Adobe Acrobat Reader, version 8.0 and above

Site Updates

March 31, 2017
Effective 3/31/2017 members who are enrolled in an MCO will no longer be receiving a KyHealth Choices card. Members will only be receiving a card from the MCO in which they are enrolled. This change is being made to reduce duplication of effort as all required Medicaid information is located on their MCO card. This change does not affect Fee For Service members.

In addition, members who have had 6 months or more loss in eligibility will not be receiving a new card.

Provider Relations

Site Updates
### KYMMIS Website

**Provider Relations**

<table>
<thead>
<tr>
<th>Forms</th>
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</thead>
<tbody>
<tr>
<td>Workshop Info.</td>
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<tr>
<td>Billing Instructions</td>
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<tr>
<td>KYHealth Net User Manual</td>
</tr>
<tr>
<td>Electronic Claims</td>
</tr>
<tr>
<td>Companion Guides</td>
</tr>
</tbody>
</table>

**Provider Resources**

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

Please refer to the [DMS Provider Enrollment](https://example.com) website for specific forms and documentation required for enrollment.

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

**Page Updates**

- December 22, 2015
- [New Provider Rep Listing (PDF)](https://example.com)
KYHealth Net Access
PIN Release From

To create a KYHealth Net account you must access the system with a PIN number received from the EDI Helpdesk.

PIN Release form can be found at:
www.kymmis.com
- Electronic Claims
- EDI Forms

Complete the PIN Release form, attach a copy of your driver’s license and fax to 502-209-3242

An email will be sent containing a PIN number and a link to set up your account.

Username can never be changed once created. Password must be changed every 30 days.
KYHealth Net Sign-In page
KYHealth Net Home Screen

Account Management

KYHealth Net

Messages

Password expiring message

Do not share username and passwords. Each office personnel should have their own.
KYHealth Net Provider Main Page

Subjects

Working Provider

NPI & Taxonomy

Quick Reference

Provider Status
KYHealth Net Member Eligibility Verification

When placing your cursor over a subject, a drop down box appears with additional topics within that subject.
KYHealth Net Member Eligibility Verification

Service Type is automatically selected as Health Plan Coverage

Look up type by Member ID or SS#

Enter Member ID#

Enter the From Date of Service and To Date of Service

Click Search
KYHealth Net Member Eligibility 5-Year History

Benefit Plan

<table>
<thead>
<tr>
<th>Program Code</th>
<th>Program Status</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Pov Ind</th>
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<td>N</td>
<td>03/31/2017</td>
<td>05/31/2017</td>
<td>N</td>
</tr>
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</table>
KYHealth Net Patient Liability

Member

Patient Liability
KYHealth Net Patient Liability Search

Enter Member ID and click search

Patient Liability information

View Map 552
KYHealth Net Patient Liability Viewing MAP 552

Only the requesting provider can view the MAP 552

Select to view by effective date
KYHealth Net Claim Inquiry

Please contact HP at 1-800-807-1232 for assistance with questions about submitting prior authorizations under the EPSDT FT-45 number to replace prior authorizations approved under the new provider type. For questions about the EPSDT Therapy Services procedure codes and rates or other questions about EPSDT Special Services, contact Cathareen Terry at 502-564-9444, ext 2120.

Attn: Presumptive Eligibility and BCCTP Providers - Applications will now be online via ky.gov. Any confirmation numbers that were previously provided by HP, and were not submitted for an application, are no longer valid. If you have any questions, please call 1-855-637-6576.

The Electronic Annual Disclosure of Ownership (EADO) process has been disabled. This functionality may be available in the future. If you have an EADO currently in process, you may be contacted for further information if additional information is needed to process your EADO. We apologize for any inconvenience.

You currently receive paper and electronic PA Letters, in an effort to go green would you like to discontinue Paper PA Letters? Yes
KYHealth Net Claim Inquiry Search

Search by Member ID **and** From and Thru Date

**OR**

ICN ONLY (remove dates)
KYHealth Net Claim Inquiry Search Results

Click on the ICN to view claim details, adjust and void.
KYHealth Net Prior Authorization

To view PA letter select: MMIS Prior Authorization Letter

To view LOC select: CareWise Prior Authorization Letter
KYHealth Net Prior Authorization Letter and LOC letter

To search for a PA Letter, enter the Member ID **AND** Date Sent

- click Search PA Letters.

- Click on the blue link for the letter you wish to view
KYHealth Net Prior Authorization Inquiry

Search by:
Member ID OR Transaction ID (PA Number)

A Start Date must be entered.

Click the blue link under Transaction ID to view the appropriate PA.
KYHealth Net Prior Authorization Inquiry

Screens to view within PA Inquiry

Servicing Provider Number
KYHealth Net Prior Authorization Inquiry

Diagnosis Code

To view additional Diagnosis codes Click on the arrows
KYHealth Net Prior Authorization Inquiry

Requested Details

Approved Details
Prior Authorization Modifications

Provider Reps cannot make changes to prior authorizations. If CareWise advises the provider to contact HPE or their Provider Rep, the provider will need to contact Utilization Management via email UM_research@hpe.com and include the following information: Provider ID #, Member ID #, service code, and dates along with a detailed explanation of the issue.

Waiver Providers: Please contact the UM department at the email provided above if Carewise states your Plan of Care is on file but you continue to have issues billing due to the Plan of Care.
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.

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

Click the blue link in the “Run Date” column to view details of RA.
KYHealth Net Remittance Advices

Download and save

Remits are available for 6 months on KYHealth Net
KYHealth Net Remittance Advices

REPORT: CBA-BANK-R
RA#: 9999999

COMMONWEALTH OF KENTUCKY (H1)
MEDICAID MANAGEMENT INFORMATION SYSTEM

PROVIDER REMITTANCE ADVICE
CMS 1500 CLAIMS PAID

DATE: 01/23/2017

PAYEE ID: 999999999
NPI ID: 999999999
CHECK/EFT NUMBER: 999999999
ISSUE DATE: 

PROVIDER
555 ANY STREET
CITY, KY 55555-0000

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MEMBER NAME: JANE DOE
MEMBER NO.: 99999999999

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TOTAL CMS 1500 CLAIMS PAID: 200.00

18.05
0.00
16.05
KYHealth Net Remittance Advices

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<td>130,784.46</td>
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<td>4,098,535.78</td>
<td>4,098,535.78</td>
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What is ORP?

Traditionally, most providers have enrolled in the Kentucky Medicaid program to furnish covered services to Medicaid recipients and to submit claims for such services. However, as part of the Affordable Care Act (ACA), the Center for Medicare and Medicaid Services (CMS) now requires physicians or other eligible practitioners to enroll in the Medicaid program to order, refer, or prescribe items or services for Medicaid recipients (§455.410 Enrollment and Screening of Providers).

As part of this initiative new claim editing has been created to ensure all Ordering, Referring, and Attending Providers submitted on Kentucky Medicaid claims are enrolled in Kentucky Medicaid, eligible for the claim date(s) of service, and are an approved ORP provider type. This editing applies to all provider types and all claim types, including crossovers.
When was ORP editing implemented?

ORP claim editing was implemented at the end of March 2017. Initially, all editing has been set to ‘Pay & List/Informational’ as part of a 3-month ‘phase-in’ period. During this time if a claim fails any of the ORP edits, the error code will be set on the claim and the appropriate EOB reported. However, claims will NOT be denied during the phase-in period due to ORP edit failure.

Please review your claim submission results during the phase-in period to determine if you are submitting invalid ordering, referring, or attending provider data or if these providers are not eligible for Kentucky Medicaid.

ORP editing will begin denying claims on July 1st, 2017.
Which types of providers are eligible to be Ordering, Referring, or Attending providers?

- Dentist (provider type 60)
- Physician (provider type 64)
- Nurse Anesthetist (provider type 74)
- Optometrist (provider type 77)
- Certified Nurse Practitioner (provider type 78)
- Podiatrist (provider type 80)
- Chiropractor (provider type 85)
- Physician Assistant (provider type 95)
Can clinics/groups/agencies be Ordering, Referring, or Attending providers?

No. Only individual providers can be ordering, referring, or attending providers.

Is ORP editing applied regardless of date of service?

No. ORP editing is only applied to claims with dates of service of 04/01/2017 and after.

Does the ORP editing apply to claims submitted by out-of-state providers?

Yes.
In what scenarios will Ordering/Referring Provider be required on Professional claims?

From a claim editing standpoint, ordering or referring provider must be entered by the following provider types:

- All services billed by a DME provider (provider type 90)
- All crossover services billed by a Pharmacy (provider type 54)
- All services billed by an Independent Lab (provider type 37)
- All services billed by an X-Ray/Miscellaneous Supplier (provider type 86)
- All services billed by a Private Duty Nurse (provider type 18)
- All services billed by a Physical Therapist (provider type 87)
- All services billed by an Occupational Therapist (provider type 88)
- All services billed by a Speech Language Pathologist (provider type 79)
- All services billed by an Optician (provider type 52)
- All services billed by a Hearing Aid Dealer (provider type 50)
- All services billed by an Ambulatory Surgery Center (provider type 36)
- All services billed by a Multi-therapy Agency (provider type 76)
- All services billed by an Audiologist (provider type 70)

**Reminder – even though the above scenarios are the only ones that will fail claim editing if a Referring or Ordering Provider NPI is NOT entered, the entry of Ordering or Referring Provider is still expected if a service provided by a provider type other than those above is ordered or referred.**
When is Attending Provider required on UB-04 claims?

Attending Provider is required on all UB-04 claims, including crossovers.

There is no field for Attending Provider Taxonomy on the UB-04 PAPER claim form. What field should be used for Attending Provider Taxonomy on PAPER UB-04 claims?

For PAPER UB-04 billers, the Attending Provider Taxonomy (if required) should be entered in Form Locator 80 – Remarks.

Note - The 837I layout and KYHealthNet both include specific fields for Attending Provider Taxonomy so the ‘Remarks’ field should be used for paper claims only.
There is no field for Referring Provider on the **PAPER** Dental claim form. What field should be used for Referring Provider on PAPER Dental claims if the claim was the result of a referral?

For **PAPER** Dental claim billers, the Referring Provider NPI and Taxonomy (if required) should be entered in Field 35 – Remarks.

**Note** - The 837D layout and KYHealthNet both include specific fields for Referring Provider so the ‘Remarks’ field should be used for paper claims only.
<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>PHONE NUMBER</th>
<th>EMAIL OR WEB ADDRESS</th>
<th>ROLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>DXC Technology Provider Billing Inquiry</td>
<td>1-800-807-1232</td>
<td><a href="mailto:Ky_provider_inquiry@hpe.com">Ky_provider_inquiry@hpe.com</a></td>
<td>Claim status, billing questions, claims processing, (Providers ONLY)</td>
</tr>
<tr>
<td>EDI Helpdesk</td>
<td>1-800-205-4696</td>
<td><a href="mailto:Ky_edi_helpdesk@hpe.com">Ky_edi_helpdesk@hpe.com</a></td>
<td>Electronic billing, Electronic RA’s, PIN request and password resets</td>
</tr>
<tr>
<td>Carewise</td>
<td>1-800-292-2392</td>
<td></td>
<td>Prior Authorizations, Waiver Eligibility</td>
</tr>
<tr>
<td>Department for Medicaid Services (DMS) Member</td>
<td>1-800-635-2570</td>
<td><a href="mailto:Ms.services@ky.gov">Ms.services@ky.gov</a></td>
<td>Questions or updates to a members file or benefit coverage. (Members ONLY)</td>
</tr>
<tr>
<td>Department for Medicaid Services (DMS) Provider</td>
<td>1-877-838-5085</td>
<td><a href="mailto:Program.integrity@ky.gov">Program.integrity@ky.gov</a></td>
<td>Provider file updates for ADO, contract, revalidation,, address or enrolling as a new provider. Any other Questions or updates pertaining to provider files.</td>
</tr>
<tr>
<td>Department for Community Based Services (DCBS)</td>
<td>1-855-306-8959</td>
<td><a href="https://prd.chfs.ky.gov/Office_Phone/index.aspx">https://prd.chfs.ky.gov/Office_Phone/index.aspx</a></td>
<td>Member eligibility, patient liability (MAP 552), hospice election and termination</td>
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<td>DXC Technology Provider Field Representatives</td>
<td>Varies by County</td>
<td>Varies by County</td>
<td>Provider training, virtual provider visits, conference calls, association meetings and any escalated issue. (Providers Only)</td>
</tr>
<tr>
<td>Department for Medicaid Services (DMS) Provider</td>
<td>1-855-824-5615</td>
<td></td>
<td>Questions pertaining to policy and questions or updates to a members file. (Providers ONLY)</td>
</tr>
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Don’t be alarmed if your email from your representative shows as @dxc.com. On April 3, 2017 Hewlett Packard Enterprise and CSC performed a spin-merge that created a new company DXC Technology. Our great Customer Service for Kentucky Medicaid remains the same, just with a new company name.
Questions