Electronic Registration Instructions Kentucky Medicaid Webinars and Workshops

Website

Go to: www.kymmis.com

• On the left click on Provider Relations

Kentucky.gov	Search: ? Go Advanced Search						
KENTUCKY							
CABINET FOR HEALTH AND KY MEDICAID MANAGEMENT INFORMA							
kymmis : Home							
TFAM	Welcome to the Kentucky Medicaid						
KENTUCKY	-						
CABINET FOR HEALTH AND FAMILY SERVICES	Management Information System (KYMMIS)						
YHealthNet							
(Y Training	Thank you for visiting the Kentucky Medicaid Website. Please use						
	the navigation buttons at the left to navigate the site. If you have						
Department for Medicaid Services	any questions, send email to: <u>KY EDI HelpDesk</u>						
lome	This site should be viewed in Google Chrome or Microsoft Edge. Certain pages require						
hone Directory	the use of the Adobe Acrobat Reader, version 8.0 and above						
Provider Directory							
	Site Messages						
Provider Relations	June 24, 2022						
lectronic Claims	Attention: Effective 7/1/2022, all Physician and CRNA Anesthesia providers must use						
ΙΙΡΑΑ	additional modifiers. See the Physician Services and Advanced Registered Nurse Practitioner Billing Instructions for details.						
Companion Guides and EDI	April 30, 2021						
Guides	Public Notification Revised Notification Revised-alphabetical by last name (Excel)						

• On the left, click Provider Workshop



 Center of website under the title Workshop Schedule click on the hyperlink Workshop Calendar

Contact Information	The links below are available in the Adobe Acrobat format, and require the Adobe Acrobat Reader 5.0.					
Forms	Get Adobe Reader					
F.A.Q.	·					
Presumptive Eligibility	Provider Webinar Letter					
Provider Letters	Provider Letter					
Provider Workshop	Electronic Registration Instructions for Webinars and					
Provider Billing Instructions	<u>Workshops</u>					
KY Health Net user manuals	Instructions					
	Workshop Schedule					
Department for Medicaid Services	Workshop Calendar					
Home	PRESENTATIONS					
Phone Directory	DXC Provider Training					
Provider Directory	Kentucky HEALTH My Rewards Provider Training					
Provider Relations	FAO's					

Calendar

Scroll through the months to see different classes using the arrows at the top of the page beside the header title.

• In the example, the arrows are on either side of January 2023 header.

Once you find the name of your class to register for, click the hyperlink.

Once you click on the link you will be given detailed information about the class.



Workshop Description

Click on the button

Register for Workshop

at bottom of screen.



Workshop Registration

Fill out all the fields.

- <u>All fields are required</u> except Telephone Ext.
- NPI or Provider ID <u>MUST BE A VALID KY</u> <u>MEDICAID NPI OR PROVIDER ID</u>

Kentucky.gov	Search: ? Go Advanced Search						
KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)							
kymmis >	Provider Relations > Workshop > Workshop Schedule :WorkShop Registration						
WorkShop Registration							
Provider Workshop	Please enter all fields below and click on the button to register for Class B on Jun 22, 2015 at 9:00 AM.						
Provider Billing Instructions	When successfully submitted, you will receive an email with a confirmation.						
KY Health Net User Manuals	First Name:						
Department for Medicald	Last Name:						
Department for Medicaid Services	Email:						
Home	Telephone:						
Phone Directory	Telephone ext:						
Provider Directory	NPI or Provider ID:						
Provider Relations	Facility Name:						
Electronic Claims	Number of Participants:						
HIPAA							
Companion Guides and EDI	Number of Computers:						
Medicaid Preferred Drug List	Submit						
KYHealthNet	1						
Contact Information If you need assistance, contact us by sending an e- mail to the following address: <u>KY EDI HelpDesk</u>							

Workshop Registration

Once you have completed all the fields, click the button Submit at the bottom of the page.

	Kentucky.gov		Sear	ch: ?	Go Advanced Sea
C	CENTUCKY ABINET FOR HEALTH AND F KY MEDICAL MANA GEMENT INFORMATION		a la company		
	kymmis >	Provider Polation > We	orkshop > Workshop Sched	ule :WorkShop Registra	tion
		WorkSh	op Regist	ration	
Pr	ovider Workshop		fields below and clic 22, 2015 at 9:00 AM		o register for
Pr	ovider Billing Instructions				il with a confirmation.
KY	/ Health Net User Manuals	First Name:	Jane]
		Last Name:	Dee		
	partment for Medicaid rvices	Email	janedoe@123.com		
He	ome	Telephone:	5555551234		
P	ione Directory	Telephone ext:	123		
Pr	ovider Directory	NPI or Provider	00123456		
Pr	ovider Relations	Facility Name:	ABC Hospital		
EI	ectronic Claims	Number of	4		
113	PAA	Participants:			
Ca	ompanion Guides and EDI	Number of Computers:	4		
				Submit	
100	/HealthNet				
	Contact Information If you need assistance, contact us by sending an e- mail to the following				
	address:				
	KY EDI HelpDesk				

Workshop Registration

A message will appear below the Submit button to let you know you have successfully registered.

You have successfully registered for the above class. An email was sent to you confirming the registration.

*Note: If you do not receive this message, you ARE NOT registered. If you do not receive an email, it may have been stopped by your firewall. You may contact the Provider Inquiry line for confirmation of registration.

Kentucky.gov		Searc	:h: ?	Go Advanced Searc		
KENTUCKY CABINET FOR HEALTH AND F RY MEDICAL MANAGEMENT INFORMATE		100				
kymmin >		on Pogist		istration		
	WORKSH	op Regist	ration			
Provider Workshop	Please enter all fields below and click on the button to register for Class B on Jun 22, 2015 at 9:00 AM. When successfully submitted, you will receive an email with a confirmation.					
Provider Billing Instructions	When successfu	illy submitted, you wi	Il receive an e	email with a confirmation.		
KY Health Net User Manuals	First Name:	Jane				
Department for Medicaid	Last Name:	Dee				
Services	Email:	janedoe@123.com				
Home	Telephone:	5555551234				
Phone Directory	Telephone ext:	123				
Provider Directory	NPI or Provider ID:	00012345				
Provider Relations	Facility Name:	ABC Hospital				
Electronic Claims	Number of	4				
НІРАА	Participants:					
	Number of	4				
Companion Guides and EDI	Computers:					
Medicaid Preferred Drug List			Submit			
	You have succe	ssfully registered for	the above cla	ss. An email was sent to you		
Contact Information If you need assistance, contact us by sending an e- mail to the following	confirming the r	egistration.				
address:						
KY EDI HelpDesk						

Confirmation of Registration

You will receive an email confirming your registration.

Webinar Workshops will receive an additional email closer to the date of the class. This email will contain all details needed to attend such as, link, key, call-in phone #, etc.

