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CABINET FOR HEALTH  
AND FAMILY SERVICES

**Commonwealth of Kentucky  
KY Medicaid**

**KYHealthNet Dental  
User Manual**

Version 4.7

May 29, 2025



## Revision History

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<b>Version</b>	<b>Date</b>	<b>Name</b>	<b>Comments</b>
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## 1 Introduction

### 1.1 What is MEUPS?

MEUPS is an acronym for the Medicaid Enterprise User Provisioning System. It is a single sign-on system that allows users to access multiple applications via a single user name and password. What that means to Kentucky Medicaid Providers is that you can manage your own account, as well as any agent account which you have granted access. You will not see the word *MEUPS* on your screen, but you may hear someone refer to your MEUPS account. It is the same thing as your KYHealth Choices account.

### 1.2 How Do I Use this System?

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

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

### 1.3 What is a Provider Administrator?

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

### 1.4 What is a Billing Agent?

A Billing Agent is an account holder who works on behalf of a Provider but is not the Provider Administrator. In other words, the Billing Agent may submit claims on behalf of the Provider, but only 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\\_EDH\\_Helpdesk@dxc.com](mailto:KY_EDH_Helpdesk@dxc.com)

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

The PIN release email example is below:

**From:** [Jane.doe@dxc.com](mailto:Jane.doe@dxc.com)  
**Sent:** Monday, August 9, 2019 10:30 AM  
**To:** [Daisy.Duck@anywhere.com](mailto:Daisy.Duck@anywhere.com)  
**Subject:** KY Medicaid PIN release request

**To create a KYHealthNet account, use the following information:**

**Provider ID = XXXXXXXXXX**

**PIN # = 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\\_EDH\\_Helpdesk@dxc.com](mailto:KY_EDH_Helpdesk@dxc.com).**

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

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

**Create New Account**

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

Provider ID

PIN

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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.

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

**USER AGREEMENT**

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

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

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

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

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

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

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

## Create New Account

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

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

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

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

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

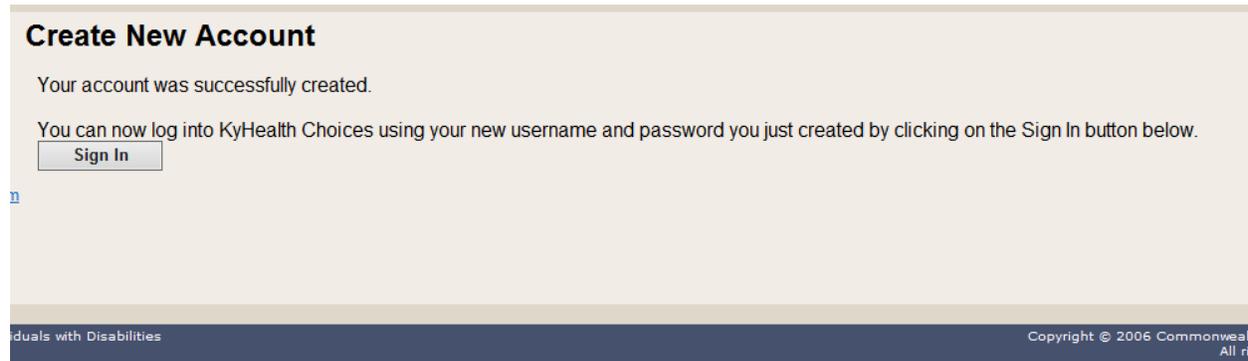
Username	<input type="text"/>
Password	<input type="text"/>
Password (verify)	<input type="text"/>

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

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

\* Indicates required field.

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



**Create New Account**

Your account was successfully created.

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

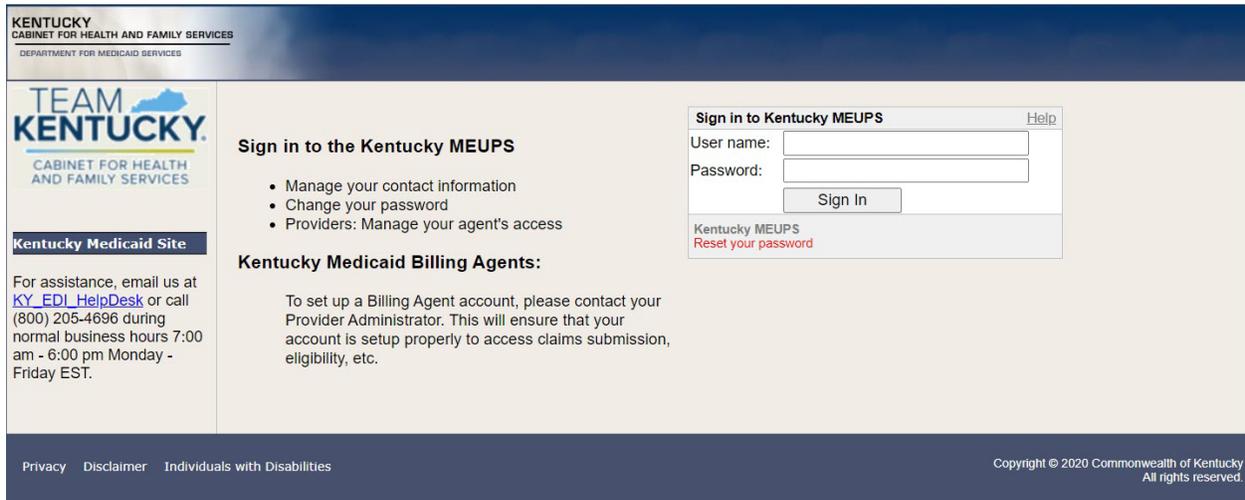
[n](#)

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## 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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**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](#)

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.

[Kentucky Medicaid Site](#)

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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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**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>

The **Account Management** screen displays.

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

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

Close Application

## Account Home

Good morning Jane Doe.

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

Jane Doe  
janedoe@janedoe.com

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

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

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

Close Application

## My Information

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

Name

First Name: Jane  
Middle Name:  
Last Name: Doe

Contact

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

Phone Number:

E-Mail Address: janedoe@janedoe.com

Security Question & Answer

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

Question: In what city were you born? (Enter full name of city only) [v]  
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 shows the 'Change Password' page of the KYHealthNet system. The page header includes 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and navigation buttons for 'Account Home', 'My Information', and 'Change Password'. The main content area is titled 'Change Password' and contains instructions: 'Fill out the form below to change your password. A password must be at least 8 characters in length and contain at least one of each: uppercase letter, lowercase letter, numeric digit, and special character (eg. ~!@#%, etc.)'. It also lists additional rules: 'Also, passwords can: be no more than 12 characters, not be repeated'. The form includes three input fields: 'Old Password', 'New Password', and 'New Password (verify)'. Below the fields are 'Cancel' and 'Change Password' buttons. The footer contains contact information and a copyright notice: 'Copyright © 2007 Commonwealth of Kentucky All rights reserved.'

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Account Home My Information **Change Password** Close Application

### Change Password

Fill out the form below to change your password.  
A password must be at least 8 characters in length and contain at least one of each:

- uppercase letter
- lowercase letter
- numeric digit
- special character (eg. ~!@#%, etc.)

Also, passwords can:

- be no more than 12 characters
- not be repeated

Old Password

New Password

New Password (verify)

Cancel Change Password

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## 2.2.2 Email Examples of Password Reminder and Account Change Notification

**From:** MEUPS Automated Mailer [mailto:MEUPS\_DoNotReply@email.kymmis.com]  
**Sent:** Friday, July 16, 2019 1:30 PM  
**To:** Doe, Jane  
**Subject:** PASSWORD EXPIRATION REMINDER: 10 days left  
**Sensitivity:** Confidential

Kentucky user Jane Doe,

Your Medicaid system account password will expire in 10 days on Monday, July 26, 2010. Please change your password before then to ensure uninterrupted system access.

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

Medicaid Enterprise Users Provisioning System

MO

**From:** MEUPS Automated Mailer [mailto:MEUPS\_DoNotReply@email.kymmis.com]  
**Sent:** Wednesday, August 18, 2019 2:00 PM  
**To:** Doe, Jane  
**Subject:** ACCOUNT CHANGE NOTIFICATION  
**Sensitivity:** Confidential

Kentucky user Jane Doe,

KYHealth Choices sends you this account change notification for your information. No action on your part is required. The following changes have been made recently against your systems account:

Date of Change	Description
Aug 18 2019 1:30PM	Account access has been reinstated
Aug 18 2019 1:32PM	Password changed

Please contact the EDI helpdesk at [KY EDI HelpDesk@dxc.com](mailto:KY_EDI_HelpDesk@dxc.com) or call (800) 205-4696 between 7:00 am - 6:00 pm Monday - Friday EST if you have questions about any of these changes.

KYHealth Choices

## 2.3 Viewing Agent Roles

Provider Administrators and Billing Agents have the ability to add agents to an account, giving them access to submit claims, check claim status, check eligibility, or perform other functions on behalf of the provider. Clicking **View Agent Roles** will allow a Provider Administrator or Billing Agent to see the agents associated with an account. If no agents have been added, “No agents found” will appear.

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

**View Agent Roles**

Use this screen to manage the roles for your agents.

To edit the user's permissions, select the user by browsing below.

**No agents found.**  
You are not sharing permissions to any agents. To begin the process of giving access to your agents, click on the Add Agent button above.

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

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## 2.4 Add an Agent or New Employee

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

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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

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

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### 2.4.1 No Email Address Found: Create Username

The Provider Administrator or Billing Agent may search for an existing agent by entering the email address of the agent and clicking **Search**. If no agent is found, the screen below will appear, allowing the user to create an Agent account and associate that agent with the Provider account.

1. Complete the fields boxed in red below.
2. Click the **Add & Manage Agent** button.

The screenshot shows the 'Add Agent' page in the KYHealthNet system. At the top, there is a navigation bar with 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. Below this, the 'Add Agent' section contains instructions and a search field. A message states: 'An agent with the email address you specified was not found in the system. Please verify that the address is correct.' Below this, a form for creating a new agent account is shown, with fields for Email Address, Email Address (verify), First Name, Last Name, Username, and Phone. The 'Add & Manage Agent' button is at the bottom of the form. The form fields are highlighted with a red border.

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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.

Search Search criteria is required.

An agent with the email address you specified was not found in the system. Please verify that the address is correct.

Fill out the fields below with the agent's information to create a new agent account in the system.

Email Address

Email Address (verify)

First Name

Last Name

Username

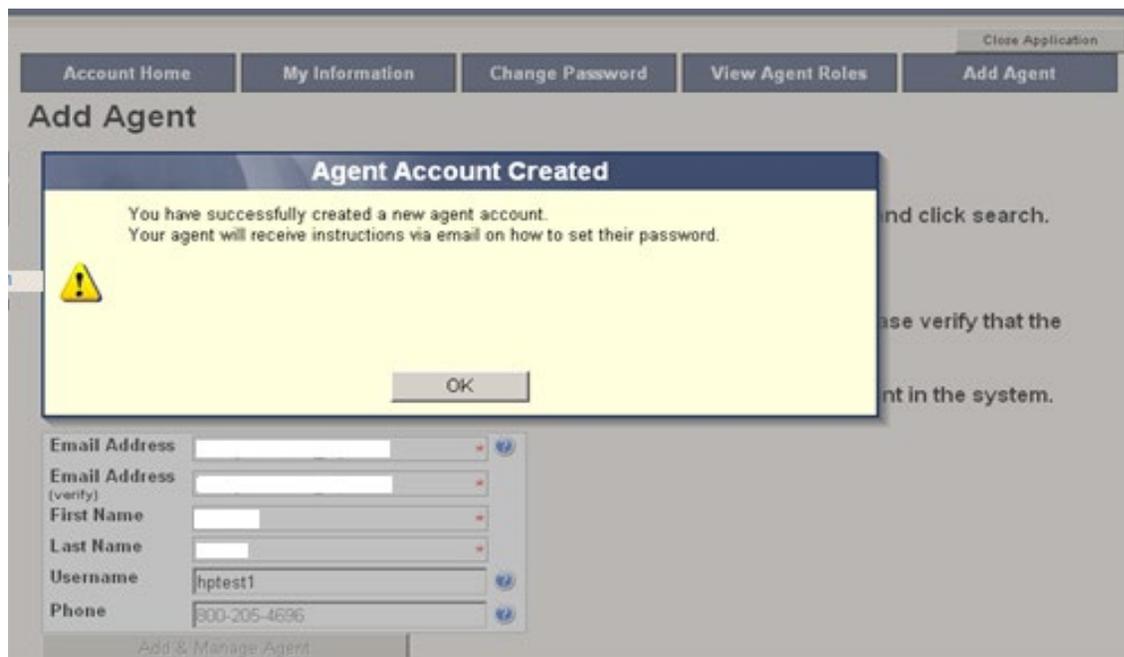
Phone

Add & Manage Agent

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



4. The user will receive an email as shown below.

Automated MEUPS email example:

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

Kentucky user Jane Doe,

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

DXCTest1

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

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

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

Medicaid Enterprise Users Provisioning System

5. When the user clicks the link in the email (example above), the **Terms of Service User Agreement** window appears as shown below.

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

Close Application

## Terms of Service

You must agree to the terms below before delegating permissions.

### USER AGREEMENT

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

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

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

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

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

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

## 2.5 Manage Agent Roles

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

1. Click the **KYHealthNet** link.

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

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

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

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

### 3. Roles are granted or removed in this section.

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.**

<p>Agent Details</p> <p><b>Name</b> Jane Doe</p> <p><b>Email Address</b> janedoe@yahoo.com</p> <p><b>Address</b></p> <p><b>Telephone</b></p> <p><b>Account Owner</b></p> <p style="text-align: center;"><a href="#">Remove All Roles</a></p>	<p style="text-align: right;"><b>Account Status</b> Active</p>
--	--

**1 Select the system to modify access**

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

**2 Modify the permissions for KYHealthNet**

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

[Create Screen Clipping](#)

4. Check the roles you wish to grant the agent.

5. Click the **Save Changes** button to save the modifications.

The screen returns **Successful adding role of ....**

### Manage Agent Roles

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

- ✓ Successful adding 'Card Issuance' role for system 'KYHealthNet'
- ✓ Successful adding 'Claims Inquiry' role for system 'KYHealthNet'
- ✓ Successful adding 'Claims Submission (Institutional)' role for system 'KYHealthNet'
- ✓ Successful adding 'Eligibility Verification' role for system 'KYHealthNet'
- ✓ Successful adding 'Ra Viewer' role for system 'KYHealthNet'

**Agent Details**

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

**1 Select the system to modify access**

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

**2 Modify the permissions for KYHealthNet**

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

(W)

### 3 Accessing KYHealthNet

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

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

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

**KyHealth Choices Home** Sign Out

Friday 23 January 2015 11:29 am

**Jane Doe, Welcome to KyHealth Choices**

Applications	
Application	Description
<a href="#">Account Management</a>	Manages contact information, password, and authorizations for applications.
<a href="#">KYHealthNet</a>	Eligibility Verification, Claims submission and inquiry, Presumptive Eligibility, RA Viewer.

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

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

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

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

**Provider Main Page**

Wednesday 27 February 2019 11:47 am

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

Provider

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

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



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

Last Updated:11/16/2018

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

## 4 Functionality

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

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

KYHealthNet offers the following functions:

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

The hyperlinks on the Home page also offer quick access to commonly used functions.

## 5 Member Information

### 5.1 Member Benefit Issuance

1. Select **Member** from the menu.
2. Choose **Benefit Issuance** from the drop-down.

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

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

Wednesday 2 Oct

### Provider Main Page

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

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

[Click Here for Important Messages](#) (last updated 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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3. Enter the Member ID or SSN# and click the **Search** button to find the Medicaid benefits issue date.

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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[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. The Benefit Issuance is no longer receiving current data as of Sept of 2023. However, historical records are available.

**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](#)

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.

The screenshot displays the 'Provider Main Page' of the KYHealthNet Dental system. At the top, the header reads 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and 'KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)'. A navigation bar includes links for 'Provider Home', 'Member', 'Claims', 'PA', 'Provider References', 'Trade Files', 'RA Viewer', and 'Logout'. A dropdown menu is open under the 'Member' link, with 'Eligibility Verification' highlighted. Other menu items include 'Benefit Issuance', 'MCO Member Information', 'Pharmacy History', 'Patient Liability', and 'Spend Down'. A date indicator shows 'Wednesday 2 Oct'. A welcome message states: 'Welcome to the secure website of the Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.' Below this is a link for 'Click Here for Important Messages (last updated June 17, 2019)'. A 'Provider' dropdown menu is set to 'Switch Working Provider'. A survey question asks: 'You currently receive paper and electronic PA Letters, in an effort to go green would you like to discontinue Paper PA Letters?' with a 'Yes!' button. A list of links includes 'Claim Inquiry', 'Submit Dental Claim', 'Submit Professional Claim', 'Submit Institutional Claim', 'Eligibility Verification', and 'Provider Status'. An image shows a doctor examining a patient's eye. A warning box at the bottom states: 'Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.' The footer contains 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', 'Last Updated: 9/10/2019', and 'Copyright © 2005 Commonwealth of Kentucky All rights reserved'.

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

Service Type: Emergency Services  
Family Planning  
Health Plan Coverage

Last Updated: 11/16/2018

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

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

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

**Member Eligibility Verification**

Tuesday 26 March 2019 12:51 pm

Provider:

Select Lookup Type: Member ID Lookup

Service Type: Emergency Services  
Family Planning  
Health Plan Coverage

Member ID:

From Date: 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:  Service Type:

Member ID:

From Date:  To Date:

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

Error code 05 - Recipient ID missing or not on file

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.

**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](#)

**Member Eligibility Verification**

Tuesday 6 May 2025 3:07 pm

Provider:  ▼

Select Lookup Type:  ▼ Service Type:  ▼  ▼  ▼

Member ID:

From Date:   To Date:

Verification No. 2512600016 - 5/6/2025 Status: Active

Member			
<b>Current ID:</b> 7575422749	<b>Last Name:</b> GABBERT	<b>First Name:</b> COLLETTE	<b>Date of Birth:</b> 04/04/1931
<a href="#">Previous IDs</a>	<b>Check Digit:</b> 4	<b>Gender:</b> F	<b>Date of Death:</b>
<b>SSN:</b> 584968028	<b>Phone Number:</b> (506) 201-7337	<b>County:</b> 008 - Boone	
<b>Physical Address:</b> 1925 1363 DOGWOOD LANE			<b>View Member's Mailing Address:</b> <a href="#">here</a>
<b>City:</b> DOZIER	<b>State:</b> KY	<b>ZipCode:</b> 16719-7577	
<b>Hospice Election Date:</b>			
<b>Medicare A:</b> 05/06/2025 - 05/31/2025		<b>Medicare B:</b> 05/06/2025 - 05/31/2025	
<b>Medicare C:</b> 10/01/2017 - 12/31/2299			
Contract ID: H9730			
Contract Name: WELLCARE			
<b>Case Number:</b>	<b>Case Name:</b>	<b>Above FPL:</b> 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
<p><b>Copay will be waived for all members, regardless of the member's Benefit Plan. DMS will follow Medicare policy guidelines regarding codes U0001, U0002, G2012 and G2010. The codes will be retroactively effective on February 4, 2020 but will not be billable until after April 1, 2020.</b></p>					
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			
<p><b>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.</b></p> <p><b>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.</b></p>					
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

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

### 5.3 MCO Member Information

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

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

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

Thursday 3 Oct

Welcome to the

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

## Provider Main Page

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

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

Provider

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



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Would you like to start receiving paper PA Letters also?

[Contact Us](#)

Last Updated: 8/16/2019

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The following screen will appear.

3. Enter the member’s Medicaid ID or SSN and click **Search**.

The member’s MCO information will appear:

## 5.4 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 (KYMMS)

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

Wednesday 2 Oct

Welcome to the

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

### Provider Main Page

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

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

Provider

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

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



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The following screen will appear.

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

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

**Pharmacy Claims History**

Friday 17 December 2010 10:01 am

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

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

Member ID:

Last Updated: 9/15/2010

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

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

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

**Pharmacy Claims History**

Thursday 15 January 2015 4:48 pm

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

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

Member ID:

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

Last Updated: 8/28/2014

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## 5.5 Patient Liability

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

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

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

Thursday 3 Octo

Provider Main Page

Welcome to the

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

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

Provider

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



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

Would you like to start receiving paper PA Letters also?

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Save Date: 6/9/2025

Page 34

The following screen will appear.

3. Enter the Member's ID or SSN and click **Search**.
4. The Member's patient liability information will appear.

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

## 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 (KYMMS)

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

Wednesday 2 Oct 2019

**Provider Main Page**

Welcome to the

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

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

Provider

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

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



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The following screen will appear.

3. Enter the Member ID or SSN and click the **Search** button to find the spend down data.

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

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

**Spend Down**

Thursday 19 November 2009 08:08 am

Member ID:  SSN:

Last Updated: 4/30/2009

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

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

**Spend Down**

Thursday 23 May 2019 11:24 am

Member ID:  SSN:

**Member**

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

**Spend Down**

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

Last Updated: 5/23/2019

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## 6 PA – Prior Authorization

### 6.1 Prior Authorization Checklist

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

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

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

Wednesday 2 October 2019 2:35 pm

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

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

Provider

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

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



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

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

Search: ? Go [Advanced Search](#)

[kymmis > 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](#)

## 6.2 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 (KYMMS)

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

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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**  
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KY MEDICAID MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Search: ? [Advanced Search](#)

kymmis > [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 (KYMMIS)

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

Friday 18 October 2019 10:43 am

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

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

Provider

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

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



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

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

**Prior Authorization (PA) Letters**

Thursday 24 October 2019 09:51 am

**Search Criteria**

Provider:  Member ID:

Letter Type:

Date Sent:

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

Last Updated: 8/16/2019

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

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

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

**Prior Authorization (PA) Letters**

Thursday 24 October 2019 09:56 am

**Search Criteria**

Provider:  Member ID:

Letter Type:

Date Sent:

Letter Type	Member ID	Member Name	Request Date	Sent Date
<a href="#">Other PA Types (Provider Only)</a>			10/21/2019	10/22/2019
<a href="#">Inpatient Letter</a>			10/18/2019	10/19/2019
				1

Last Updated: 8/16/2019

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4. Click the link of the letter to generate a PDF to view, download, or print.

## 6.4 CareWise PA Letters

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

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

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

Friday 18 October 2019 1:07 pm

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

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

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

Provider

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



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Would you like to start receiving paper PA Letters also?

Contact Us Last Updated: 8/16/2019

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The following screen will appear.

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

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

**CareWise Prior Authorization Letters**

Friday 18 October 2019 1:08 pm

Provider

**Search Criteria**

Member ID:  Case Number:

Member First Name:  Member Last Name:

From Date:  To Date:

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

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

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

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

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

**CareWise Prior Authorization Letters**

Friday 18 October 2019 1:08 pm

Provider

**Search Criteria**

Member ID:   
**Member ID is required**

Case Number:

Member First Name:  Member Last Name:

From Date:   
**From Date is required**

To Date:   
**To Date is required**

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

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

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

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

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

### CareWise Prior Authorization Letters

Monday 4 May 2020 1:31 pm

Provider

#### Search Criteria

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

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

#### Letter

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

1

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

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## 6.5 PA Inquiry

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

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

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

Monday 14 October 2019 1:12 pm

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](#)

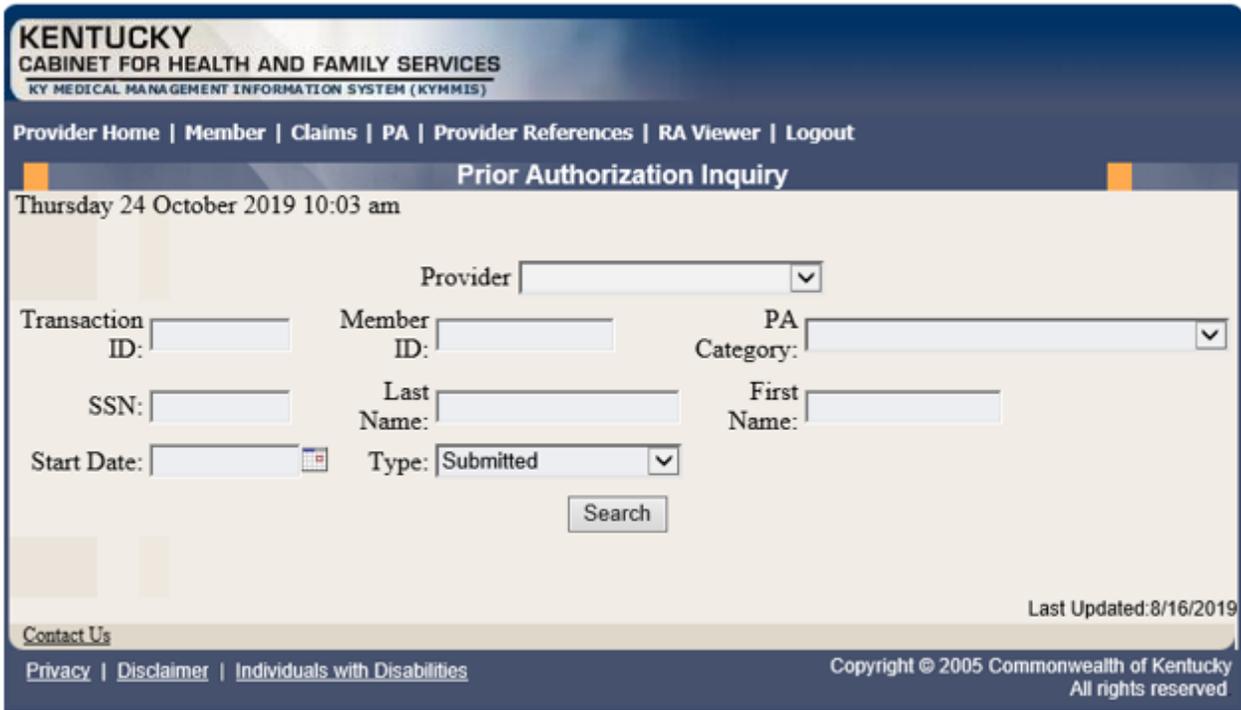


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The following screen will appear.



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

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

### Prior Authorization Inquiry

Thursday 24 October 2019 10:03 am

Provider:

Transaction ID:  Member ID:  PA Category:

SSN:  Last Name:  First Name:

Start Date:  Type: Submitted

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

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A PA search is completed by entering:

- Transaction ID – is the PA number
  - or
  - Member ID
  - or
  - SSN
  - or
  - Name of member
  - Start Date is required with all search criteria.
3. Select **Search** to return the results.

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

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

**Prior Authorization Inquiry**

Wednesday 23 October 2019 4:37 pm

Provider:

Transaction ID:

SSN:

Start Date:

Member ID:

Last Name:

Type:

PA Category:

First Name:

Transaction ID	Member ID	SSN	Last Name	First Name	PA Category
<a href="#">1419059004</a>					WAIVER - SCL2 PDS

Last Updated: 9/10/2019

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

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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

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

**PA Header**

Wednesday 23 October 2019 4:15 pm

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

Requesting  
Provider  
Number:

PA Category\*:

Servicing  
Provider  
Number\*:

Nursing Facility Type:

Servicing  
Provider  
Taxonomy:

Member ID\*:

Diagnosis Code\*:

Last Name:

First Name:  MI:

Emergency:

Admission Date:

Accident:

Discharge Date:

Special  
Considerations:

Case Management/Disease Management

Indicator:

Program:

Level:

Last Updated: 9/10/2019

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

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

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

**PA Details**

Wednesday 23 October 2019 4:19 pm

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

Line Item Number:  Status:

Service Type Code\*:

Revenue Code From:  Revenue Code To:

Procedure Code From\*:  Procedure Code To:

Modifiers:

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

Tooth:  Tooth Quad:

Payment Method:

IAC

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

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

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

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PA Summary

Wednesday 23 October 2019 4:20 pm

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

**Header**

Requesting Provider Number:	PA Category: <b>WAIVER - SCL2 PDS</b>
Servicing Provider Number:	Nursing Facility Type:
Member ID:	Diagnosis Code: <b>F320</b>
Last Name:	First Name: <span style="float: right;">MI:</span>
Emergency: N	Admission Date:
Accident: N	Discharge Date:
Special Consideration: N	

**Case Management/Disease Management**

Indicator: Program:

Level:

**Approved Details**

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

Last Updated: 9/10/2019

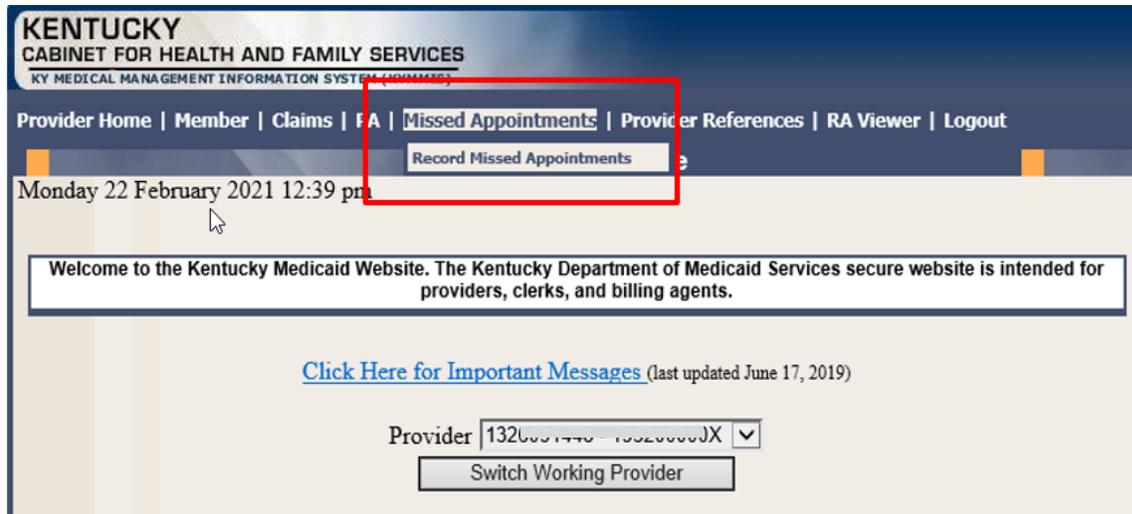
[Contact Us](#)

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

## 7 Missed Appointments

### 7.1 Record Missed Appointments

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



### 7.1.1 Add a missed appointment

**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:  00X ▼

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

Edits can only be made by the provider who entered the missed/cancelled appointment.

Record Missed Appointment

Monday 22 February 2021 1:56 pm

Provider:  ▼  
Switch Provider

Member ID:  (Leave blank for ALL members)

Date Range: MONTH:  YEAR:

Search

Missed Appointments

Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
7572640718	OREN, BRUNILDA	02/22/2021	2:00 PM	CANCELLED/Insurance Issue		Edit Delete
7519472128	STUCKEY, BUFFY	02/22/2021	9:00 AM	MISSED/Other	Member did not call or show up for their appointment this morning.	Edit Delete
7570165708	LUTER, VERTIE	02/15/2021	8:15 AM	MISSED/Other		Edit Delete
7570165708	LUTER, VERTIE	02/10/2021	12:00 PM	MISSED/Unknown		Edit Delete

Update Missed Appointment

Member ID\*:

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

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

Explanation: 

Never heard from the member regarding their appointment on the 15th on Feb. Still have not heard from member. - ABC 2/22 1:56PM

Update    Cancel

- To Edit a segment, click on the Edit button.
- The segment will refresh with a yellow highlight to indicate the segment 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.

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

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	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>

- Click **OK** to remove the deleted segment

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>

- The member segment is deleted.

### 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.

Member ID	Appt Date	Appt Time	Reason/Code	Explanation	Delete
VERTIE	03/11/2021	11:00 AM	CANCELLED/Unforeseen Issue		<a href="#">Edit</a> <a href="#">Delete</a>
BRUNILDA	03/10/2021	10:00 AM	CANCELLED/Financial Issue		<a href="#">Edit</a> <a href="#">Delete</a>
BRUNILDA	03/04/2021	9:00 AM	CANCELLED/Financial Issue		<a href="#">Edit</a> <a href="#">Delete</a>
STUCKEY, BUFFY	02/23/2021	10:00 AM	MISSED/Child Care Issue	Test	<a href="#">Edit</a> <a href="#">Delete</a>
VERTIE	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 (KYMMIS)

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

Wednesday 2 October 2019 1:11 pm

[TPL Carrier](#) | [Documentation](#) | **Main Page**

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

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

Provider

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

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



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

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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**

Thursday 24 October 2019 10:06 am

**Business Name:**

[Contact Us](#)

Last Updated: 8/16/2019

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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 #

[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 (KYMMIS)

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

TPL Carrier  
 Documentation

Main Page

Wednesday 2 October 2019 1:14 pm

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

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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.

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

1. Click **RA Viewer** from the menu.

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

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

**Provider Main Page**

Wednesday 2 October 2019 1:17 pm

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

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Provider

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

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



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The following screen will appear.

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

The screenshot shows the RA Viewer interface. At the top, it displays 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and 'KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)'. Below this is a navigation bar with links: 'Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout'. The main header area shows 'RA Viewer' and the date 'Thursday 24 October 2019 10:07 am'. A 'Provider' dropdown menu is present. Below the dropdown, 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 All rights reserved', and 'Last Updated: 8/16/2019'.

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

4. Select the applicable Run Date.

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

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

**RA Viewer**

Thursday 24 October 2019 10:10 am

Provider

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

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

1 2 3

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## 10 Claims

### 10.1 Claim Inquiry

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

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

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

Monday 14 October 2019

Welcome to the Kentucky

[Claims Inquiry](#)

- [Claims Submission \(Dental\)](#)
- [Claims Submission \(Professional\)](#)
- [Claims Submission \(Institutional\)](#)
- [LTC Roster/Submittal](#)
- [DRG Letter](#)
- [EOB Code Listing](#)

**Main Page**

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

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

Provider

Switch Working Provider

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

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



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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

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

Claim Inquiry:

Thursday 24 October 2019 10:40 am

Provider

Search Criteria

Member ID: <input style="width: 100%;" type="text"/>	Claim Status: <input style="width: 100%;" type="text" value="Any Status"/> <input type="button" value="v"/>		
Patient Acct. #: <input style="width: 100%;" type="text"/>	Date Type: <input checked="" type="radio"/> Date Of Service <input type="radio"/> Warrant Date		
ICN or TCN: <input style="width: 100%;" type="text"/>	From Date: <input style="width: 100%;" type="text" value="10/17/2019"/>	Thru Date: <input style="width: 100%;" type="text" value="10/24/2019"/>	

No Unfinished Claim Records Found

Last Updated: 8/16/2019

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

Enter Member ID and From Date/Thru Date or Patient Acct #	
<b>Claim Status</b>	Any Status, Paid, Denied, and Suspended.
<b>Warrant Date</b>	Warrant Date should read as RA date.
<b>ICN</b>	Enter the ICN and remove From Date/Thru Date.
<b>Date of Service</b>	A search for claim using the dates of service entered.
<b>Unfinished claims</b>	A claim not completed but saved for future submission.

Save Date: 6/9/2025

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## 10.2 Submitting a Dental Claim

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

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

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Wednesday 2 October 201

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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Last Updated: 9/10/2019

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### 10.2.1 Dental Claim Header

The claim “Header” information appears on this screen, divided into sections. The section on the left is the Billing Information, the top right contains the Service Information, and the section on the bottom right has the Claim Charges.

Please follow the Provider type Billing Instructions for detailed field-by-field instructions. Appendix A includes a website link for all Medicaid Billing Instructions.

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

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

**Dental Claim**

Monday 28 October 2019 10:43 am

*Header*

<p><b>Billing Information</b></p> <p>Provider Number <input type="text"/> <b>1</b></p> <p>Member ID* <input type="text"/> <b>2</b></p> <p>Last Name <input type="text"/> <b>3</b></p> <p>First Name <input type="text"/> <b>4</b></p> <p>Date of Birth <input type="text"/> <b>5</b></p> <p>Gender <input type="text"/> <b>6</b></p> <p>Patient Acct. # <input type="text"/> <b>7</b></p> <p>Insurance Denied? <input type="text"/> <b>8</b></p> <p>Prior Authorization <input type="text"/> <b>9</b></p>	<p><b>Service Information</b></p> <p>Emergency <input type="text"/> No <b>10</b></p> <p>Accident <input type="text"/> None <b>11</b> Accident Date: <input type="text"/> <b>12</b></p> <p>EPSDT <input type="text"/> No <b>13</b></p> <p>Place of Service* <input type="text"/> <b>14</b></p> <p>Rendering Provider* <input type="text"/> <b>15</b></p> <p>Referring Provider <input type="text"/> <b>16</b></p>
<p><b>Claim Charges</b></p> <p>Total Charges <input type="text"/> 0.00 <b>17</b></p> <p>TPL Amount <input type="text"/> 0.00 <b>18</b></p> <p>Total Amount Paid <input type="text"/> 0.00 <b>19</b></p>	

**20** Next

Print **21**

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## Dental Claim Header Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
<b>Billing Information Section</b>	
<b>1</b>	<b>Provider Number</b> Enter the Kentucky Health Choices NPI number. This field is auto-populated based on the previous screen selection.
<b>2</b>	<b>Member ID*</b> Enter the Member's Kentucky Health Choices ID number. The * indicates that this is a mandatory field.
<b>3</b>	<b>Last Name</b> The member's last name. This field is auto-populated after the member number is entered.
<b>4</b>	<b>First Name</b> The member's first name. This field is auto-populated after the member number is entered.
<b>5</b>	<b>Date of Birth</b> The member's date of birth. This field is auto-populated after the member number is entered.
<b>6</b>	<b>Gender</b> The member's gender. This field is auto-populated after the member number is entered.
<b>7</b>	<b>Patient Account #</b> Enter the provider-assigned patient account number. This field is optional.
<b>8</b>	<b>Insurance Denied?</b> Paper bill with attachment.
<b>9</b>	<b>Prior Authorization</b> If the service requires Prior Authorization, enter the 10-digit PA number here.
<b>Service Information Section</b>	
<b>10</b>	<b>Emergency</b> If the service is the result of an emergency, choose <b>Yes</b> from the drop-down menu. If not, leave the default selection, <b>No</b> .
<b>11</b>	<b>Accident</b> If the service is the result of an accident, choose the type of accident from the drop-down menu. If not, leave the default selection, <b>None</b> .

Field Number / Menu Selection	Definition of Field Description
12	<p><b>Accident Date</b></p> <p>If anything, other than <b>None</b> is selected from the <b>Accident</b> drop-down menu, enter the date of the accident. If a date is entered indicating an accident, the claim must be filed on paper rather than electronic.</p>
13	<p><b>EPSDT</b></p> <p>If the service is the result of an EPSDT screening, choose <b>Yes</b> from the drop-down menu. If not, leave the default selection, <b>No</b>.</p>
14	<p><b>Place of Service</b></p> <p>Select the appropriate Place of Service from the drop-down menu.</p>
15	<p><b>Rendering Provider and Taxonomy</b></p> <p>Select the Kentucky Health Choices rendering NPI number and matching taxonomy that is in the drop-down box. The * indicates that this is a mandatory field. When the NPI has multiple matches on Taxonomy, the Taxonomy drop-down box will display to allow the user to select the correct taxonomy code.</p>
16	<p><b>Referring Provider Taxonomy</b></p> <p>Select the Kentucky Health Choices referring NPI number and matching taxonomy that is in the drop-down box. When the NPI has multiple matches on Taxonomy, the Taxonomy drop-down box will display to allow the user to select the correct taxonomy code.</p>
<b>Claim Charges Section</b>	
17	<p><b>Total Charges</b></p> <p>This field will auto-populate after detail charges are entered in the detail screen.</p>
18	<p><b>TPL Amount</b></p> <p>This field will auto-populate after detail TPL payments are entered in the detail screen.</p>
19	<p><b>Total Amount Paid</b></p> <p>This field will auto-populate after all charges and payments are entered in the detail screen.</p>
20	<p><b>Next</b></p> <p>Click the <b>Next</b> button to continue to the detail screen.</p>
21	<p><b>Print</b></p> <p>Allows the user to print the page for recordkeeping.</p>

### 10.2.1.1 Dental Claim Detail Screen

Below are instructions for filling in the fields.

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

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

**Dental Claim**

Monday 28 October 2019 10:50 am

Header > [Details](#)

Detail Information

Item	<input type="text" value="1"/>	DOS+	<input type="text" value=""/>	Place of Service*	<input type="text" value=""/>
Procedure*	<input type="text" value=""/>	Tooth Number	<input type="text" value=""/>	Surfaces	<input type="text" value=""/>
Quadrant	<input type="text" value=""/>	Prosthesis	<input type="text" value=""/>		
Cavity Codes	<input type="text" value=""/>				
Units*	<input type="text" value="1.00"/>	Charges*	<input type="text" value="0.00"/>		
Status	<input type="text" value=""/>	Allowed Amount	<input type="text" value="0.00"/>	Warrant Amount	<input type="text" value="0.00"/>

Save Add Delete

Next

Print

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Last Updated: 9/10/2019

## Dental Claim Detail Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
<b>Detail Information Section</b>	
<b>1</b>	<b>Item</b> Line number of the detail. This field is auto-populated.
<b>2</b>	<b>DOS*</b> Enter the date the service was provided. The * indicates that this field is required.
<b>3</b>	<b>Place of Service</b> Select the appropriate place of service from the drop-down menu.
<b>4</b>	<b>Procedure*</b> Enter the ADA procedure code that identifies the service provided. The * indicates that this field is required.
<b>5</b>	<b>Tooth Number</b> Enter the tooth number on which the procedure was performed, if applicable.
<b>6</b>	<b>Surfaces</b> Enter the tooth surface on which the procedure was performed, if applicable.
<b>7</b>	<b>Quadrant</b> Use the drop-down menu to select the quadrant, if applicable.
<b>8</b>	<b>Prosthesis</b> Use the drop-down menu to select the prosthesis, if applicable.
<b>9</b>	<b>Cavity Codes</b> Enter the Arch code.
<b>10</b>	<b>Units*</b> Enter the number of units (1.00 is the default value). The * indicates that this field is required.
<b>11</b>	<b>Charges*</b> Enter the usual and customary charge for the procedure. The * indicates that this field is required.
<b>12</b>	<b>Status</b> Status of the claim (if you are accessing a previously submitted claim).
<b>13</b>	<b>Allowed Amount</b> The amount allowed by Kentucky Health Choices (paid claims only).

<b>Field Number / Menu Selection</b>	<b>Definition of Field Description</b>
<b>14</b>	<b>Warrant Amount</b> Total amount of the check.
<b>15</b>	<b>Save</b> Saves the detail line on the claim.
<b>16</b>	<b>Add</b> Allows the user to add an additional detail line.
<b>17</b>	<b>Delete</b> Allows the user to remove the detail line previously entered.
<b>18</b>	<b>Next</b> Click <b>Next</b> to continue to the <b>Attachment</b> screen.
<b>19</b>	<b>Print</b> Allows the user to print this screen.

## 10.2.2 Dental Claim Attachment Screen

Below are instructions for utilizing screen functionality.

1. Select **Browse** to find the file to attach,
2. Select **Upload** to attach file to claim.

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

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

**Dental Claim**

Monday 9 March 2020 3:10 pm

Header > Details > Attachments > Summary

**Claim Status:** Unfinished  
**ICN Region:** 22  
**Medicaid Id:**  
**Member Name:**

**For claims requiring attachments, file size should not exceed 5MB and files quantity should not exceed 10**  
**The accepted file types are: docx, xlsx, pdf, jpg, png, tif, tiff, gif, bmp**

File:  
C:\Users\msatterwhit2\Desktop\megan\BA Doco\test.pdf  **1**

**2**

**Attachments**  
There are no attachments associated with the current claim

**3**  
 **4**

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**Attachments Continued:**

Screen displays after upload is selected

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

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

### Dental Claim

Monday 9 March 2020 3:11 pm

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

<b>Claim Status:</b>	Unfinished
<b>ICN Region:</b>	23
<b>Medicaid Id:</b>	
<b>Member Name:</b>	

For claims requiring attachments, file size should not exceed 5MB and files quantity should not exceed 10  
The accepted file types are: docx, xlsx, pdf, jpg, png, tif, tiff, gif, bmp

File:

Attachments		
File Name	File Status	Delete
<a href="#">test.pdf</a> <b>5</b>	Received	<del>X</del> <b>6</b>

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**Attachment Screen Field Descriptions**

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

### 10.2.3 EDI Claim Attachments

When an EDI claim comes in with an 'FT' transmission code in the PWK segment, KYHealthNet will recognize this as an EDI claim with attachment(s) and allow the user to finalize the claim by uploading the respective attachment(s).

- These are EDI claims, and per X12 guidelines there can be **header** and **detail** attachments.
- There is a limit of 10 attachments at the header level and 10 attachments at the detail level.
- If an EDI claim has more than 10 header or detail 'FT' PWK segments, KYHealthNet will only recognize the first 10 (per header and detail).
- The ICN region for EDI claims with attachments is '21'.
- If a user submits 5 PWK segments with 'FT' on the EDI claim, then they will have to upload 5 attachments on KYHealthNet for this claim, in order to be able to finalize it.
- Adjustments will work the same as KYHealthNet claims with attachments (cannot adjust a PAID '23' or '21' ICN)
- If a user goes in to resubmit a denied '21' ICN, the attachments will follow the KYHealthNet claim attachments guidelines (since they will be resubmitting, it will change the ICN to a region '23' – KYHealthNet claim with attachments and will no longer be an EDI claim)

### Search Claim

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

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

Claim Inquiry: 1831530641

Sunday 18 April 2021 7:41 pm

Provider:

Search Criteria

Member ID:  Claim Status:

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

ICN or TCN:  From Date:  Thru Date:

ICN	From DOS	To DOS	Adjudicated Date	Amount Billed	Claim Status	Member ID	Claim Type
2121108001004	02/01/2021	02/01/2021		\$660.00	Suspended	8572139573	DENTAL CLAIMS

No Unfinished Claim Records Found

Last Updated: 3/30/2021

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View Header

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

Claim Status	Suspended
Claim ICN	2121108001004
Paid Date	0
Allowed Amount	0.000
Spended Amount	
Header EOB Description	9663 ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.

Billing Information	Service Information
Provider Number: <input type="text" value="183"/>	Emergency: <input type="text" value="No"/>
Member ID*: <input type="text" value="8572"/>	Accident: <input type="text" value="None"/> Accident Date: <input type="text"/>
Last Name: <input type="text" value="CHEMISTH"/>	EPSDT: <input type="text" value="No"/>
First Name: <input type="text" value="MAF"/>	Place of Service*: <input type="text" value="Office"/>
Date of Birth: <input type="text" value="12/12/1980"/>	Rendering Provider*: <input type="text" value="183"/>
Gender: <input type="text" value="M"/>	Referring Provider: <input type="text"/>
Patient Acct. #: <input type="text" value="SW4"/>	
Insurance Denied?: <input type="text" value="No"/>	
Prior Authorization: <input type="text"/>	

Claim Charges
Total Charges: <input type="text" value="660.00"/>
TPL Amount: <input type="text" value="0.00"/>
Total Amount Paid: <input type="text" value="0.000"/>

Navigate to Attachments Screen

1. Select **Browse** to find the EDI file to attach.
2. Select a **File ID** from the dropdown.
3. Select **Upload File** button to attach the EDI file to the claim.

<b>Claim Status:</b> S <b>ICN Region:</b> <input type="text"/> <b>Medicaid Id:</b> <input type="text"/> <b>Member Name:</b> <input type="text"/>																												
<p><b>To finalize your electronic claim with attachment(s):</b></p> <ol style="list-style-type: none"> <li>1. Click <b>Choose File / Browse</b> to browse for appropriate attachment for the selected file id</li> <li>2. Use <b>File Id</b> dropdown to select header or detail</li> <li>3. Click <b>Upload File</b></li> <li>4. Repeat Steps 1-3 until ALL File Id numbers have attachments uploaded</li> </ol> <p><b>*You MUST add an attachment for each file id or you will not be able to finalize the claim*</b></p> <ol style="list-style-type: none"> <li>5. Once all attachments have been uploaded, click Finalize.</li> </ol> <p><b>*This is the final step and will send the attachments through to be processed with the claim*</b></p> <p><b>*If any changes are needed, you will have to wait until the claim adjudicates, as per normal process of a suspended claim*</b></p> <p><b>For claims requiring attachments, file size should not exceed 5MB and files quantity should not exceed 10</b></p> <p><b>The accepted file types are: docx, xlsx, pdf, jpg, png, tif, tiff, gif, bmp</b></p>																												
<p>File: <input style="width: 100%;" type="text"/> <input type="button" value="Browse..."/></p> <p>File Id: <input type="text" value="Header_1"/> <input type="button" value="v"/></p> <p style="text-align: center;"><input type="button" value="Upload File"/></p>																												
<p><b>Header Attachments</b></p> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #ffffcc;"> <thead> <tr> <th style="text-align: left;">File Id</th> <th style="text-align: left;">File Status</th> <th style="text-align: left;">File Name</th> <th style="text-align: left;">Delete</th> </tr> </thead> <tbody> <tr><td>Header_1</td><td></td><td></td><td></td></tr> <tr><td>Header_2</td><td></td><td></td><td></td></tr> <tr><td>Header_3</td><td></td><td></td><td></td></tr> <tr><td>Header_4</td><td></td><td></td><td></td></tr> <tr><td>Header_5</td><td></td><td></td><td></td></tr> <tr><td>Header_6</td><td></td><td></td><td></td></tr> </tbody> </table>	File Id	File Status	File Name	Delete	Header_1				Header_2				Header_3				Header_4				Header_5				Header_6			
File Id	File Status	File Name	Delete																									
Header_1																												
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Header_3																												
Header_4																												
Header_5																												
Header_6																												
<p><b>Detail Attachments</b></p> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #ffffcc;"> <thead> <tr> <th style="text-align: left;">File Id</th> <th style="text-align: left;">File Status</th> <th style="text-align: left;">File Name</th> <th style="text-align: left;">Delete</th> </tr> </thead> <tbody> <tr><td>Detail_1</td><td></td><td></td><td></td></tr> <tr><td>Detail_2</td><td></td><td></td><td></td></tr> <tr><td>Detail_3</td><td></td><td></td><td></td></tr> </tbody> </table>	File Id	File Status	File Name	Delete	Detail_1				Detail_2				Detail_3															
File Id	File Status	File Name	Delete																									
Detail_1																												
Detail_2																												
Detail_3																												
<input type="button" value="Next"/> <input type="button" value="Print"/>																												

Attachments Screen continued

Detail Attachments

1. Select **Browse** to find the EDI file to attach.
2. Select **File ID** from the dropdown.
3. Select **Upload File** button to attach the EDI file to the claim.

File:

File Id:

Detail\_1 ▼

---

Header Attachments

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

---

Detail Attachments

File Id	File Status	File Name	Delete
Detail_1			
Detail_2			
Detail_3			

Last Updated: 3/30/2021

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

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

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

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

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

Header Attachments

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

Detail Attachments

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

Last Updated: 3/30/2021

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The claim is now finalized no other updates can be made.

Header Attachments			
File Id	File Status	File Name	Delete
Header_1	In Process	EDI_claim_attachment_TEST_attach.docx	
Header_2	In Process	EDI_claim_attachment_TEST_attach2.docx	
Header_3	In Process	EDI_claim_attachment_TEST_attach3.docx	
Header_4	In Process	EDI_claim_attachment_TEST_attach4.docx	
Header_5	In Process	EDI_claim_attachment_TEST_attach5.docx	
Header_6	In Process	EDI_claim_attachment_TEST_attach6.docx	

Detail Attachments			
File Id	File Status	File Name	Delete
Detail_1	In Process	EDI_claim_attachment_TEST_attach7.docx	
Detail_2	In Process	EDI_claim_attachment_TEST_attach8.docx	
Detail_3	In Process	EDI_claim_attachment_TEST_attach9.docx	

Last Updated: 3/30/2021

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Summary Page

View the finalized claim.

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

### Dental Claim

Sunday 18 April 2021 7:44 pm

Header > Details > Attachments > Summary

Claim Status	Suspended
Claim ICN	2121108001004
Paid Date	0
Allowed Amount	0.000
Spended Amount	
Header EOB Description	9663 ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.

<p><b>Billing Information</b></p> <p>Provider Number Member ID Last Name First Name Date of Birth Gender Patient Acct. # Insurance Denied? Prior Authorization</p>	<p><b>Service Information</b></p> <p>Emergency Accident Accident Date EPSDT Place of Service <b>Office</b> Rendering Provider Referring Provider</p>
--	--

<b>Claim Charges</b>	
Total Charges	<b>660.00</b>
TPL Amount	<b>0.00</b>
Total Amount Paid	<b>0.00</b>

Header Attachments	
File Id	File Name
1	EDI_claim_attachment_TEST_attach.docx
2	EDI_claim_attachment_TEST_attach2.docx
3	EDI_claim_attachment_TEST_attach3.docx
4	EDI_claim_attachment_TEST_attach4.docx
5	EDI_claim_attachment_TEST_attach5.docx
6	EDI_claim_attachment_TEST_attach6.docx

Detail Attachments	
File Id	File Name
1	EDI_claim_attachment_TEST_attach7.docx
2	EDI_claim_attachment_TEST_attach8.docx
3	EDI_claim_attachment_TEST_attach9.docx

Details					
Item	From DOS	TO DOS	Procedure Code	Units Billed	Charges
<a href="#">1</a>	01/30/2021	01/30/2021	99213	1.00	20.00
<a href="#">2</a>	01/21/2021	01/21/2021	99213	1.00	10.00
<a href="#">3</a>	01/22/2021	01/22/2021	99213	1.00	10.00

### 10.2.4 Dental Summary Screen

Below are instructions for filling in the fields.

1. Verify the Summary.
2. Click **Submit Claim**.

**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

**Dental Claim**

Monday 9 March 2020 3:11 pm

Header > Details > Attachments > **Summary** 1

<p><b>Billing Information</b></p> <p>Provider Number <b>149789033</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">2</span></p> <p>Member ID 75</p> <p>Last Name LI</p> <p>First Name VI</p> <p>Date of Birth 03</p> <p>Gender F</p> <p>Patient Acct. #</p> <p>Insurance Denied? N</p> <p>Prior Authorization</p>	<p><b>Service Information</b></p> <p>Emergency N</p> <p>Accident <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">3</span> Accident Date</p> <p>EPSDT N</p> <p>Place of Service <b>Office</b></p> <p>Rendering Provider <b>1518911338 282N00000X</b></p> <p>Referring Provider</p>
<p><b>Claim Charges</b></p> <p>Total Charges <b>200.00</b></p> <p>TPL Amount <b>0.00</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">4</span></p> <p>Total Amount Paid <b>0.00</b></p>	

**Attachments** 5

File Name
test.pdf

**Details** 6

Item	Date Of Service	Procedure Code	Units Billed	Charges
<a href="#">1</a> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">6</span>	02/01/2020	D0150	1.00	200.00

7 

8

Last Updated: 3/6/2020

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### Dental Summary Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
<b>1</b>	<p><b>Summary</b></p> <p>Identifies this as the <b>Summary</b> screen.</p>

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

### Submitted Claim

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

**Dental Claim**

Monday 9 March 2020 3:12 pm

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

Claim Status	Suspended
<b>Claim ICN</b>	<b>2320069001005</b>
Paid Date	
Adjudicated Date	
Adjusted Claim ICN	
Patient Liability	
Spended Amount	
Copay Amount	0.00
Total Allowed Amount	
Allowed Amount	

Header	EOB	Description
	9998	CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICIES.

Detail	EOB	Description
#1	1010	RENDERING PROVIDER NOT A MEMBER OF BILLING GROUP.
	409	INVALID PROVIDER TYPE BILLED ON CLAIM FORM.

<p><b>Billing Information</b></p> <p>Provider Number <input type="text"/></p> <p>Member ID* <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>First Name <input type="text"/> V</p> <p>Date of Birth <input type="text"/></p> <p>Gender <input type="text"/></p> <p>Patient Acct. # <input type="text"/></p> <p>Insurance Denied? <input type="text"/> No <input type="text"/></p> <p>Prior Authorization <input type="text"/></p>	<p><b>Service Information</b></p> <p>Emergency <input type="text"/> No <input type="text"/></p> <p>Accident <input type="text"/> None <input type="text"/> Accident Date: <input type="text"/></p> <p>EPSDT <input type="text"/> No <input type="text"/></p> <p>Place of Service* <input type="text"/> Office <input type="text"/></p> <p>Rendering Provider* <input type="text"/></p> <p>Referring Provider <input type="text"/></p>
--	---

<p><b>Claim Charges</b></p> <p>Total Charges <input type="text"/> 200.00</p> <p>TPL Amount <input type="text"/> 0.00</p> <p>Total Amount Paid <input type="text"/> 0.000</p>	
--	--

### 10.2.5 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.

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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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

### Dental Claim

Monday 28 October 2019 12:01 pm

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

Claim Status	Paid
Claim ICN	
Paid Date	20190326
Allowed Amount	4.50
Spended Amount	
Detail	EOB Description
#1	
	9918 PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
	0380 CO-PAY WAS DEDUCTED FROM REIMBURSEMENT.

<b>Billing Information</b>	<b>Service Information</b>
Provider Number <input type="text"/>	Emergency <input type="text" value="No"/>
Member ID* <input type="text"/>	Accident <input type="text" value="None"/> Accident Date: <input type="text"/>
Last Name <input type="text"/>	EPSDT <input type="text" value="No"/>
First Name <input type="text"/>	Place of Service* <input type="text" value="Telehealth"/>
Date of Birth <input type="text"/>	Rendering Provider* <input type="text"/>
Gender <input type="text" value="F"/>	Referring Provider <input type="text"/>
Patient Acct. # <input type="text"/>	
Insurance Denied? <input type="text" value="No"/>	<b>Claim Charges</b>
Prior Authorization <input type="text"/>	Total Charges <input type="text" value="100.00"/>
	TPL Amount <input type="text" value="0.00"/>
	Total Amount Paid <input type="text" value="4.50"/>

**1**

**2**    **3**    **4**    **5**

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**Adjust/Void Field Descriptions**

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 Supplemental Claims

#### 10.3.1 Supplemental Claims Display of Encounter Data

The **Supplemental Claims** page allows Primary Care Center (provider type 31) and Rural Health Center (provider type 35) providers to view additional supplemental claim data. The page will display the encounter or encounters that generated the supplemental claim, along with the MCO Paid Amount, Calculated Medicaid Allowed Amount, and TPL Amount for the encounter(s). Users can click the ICN of the encounter(s) to view additional information for that encounter.

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Thursday 24 October 2019

Welcome to the Kentucky

Main Page

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

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

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

Provider

Switch Working Provider

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Supplemental Claims](#)
- [Eligibility Verification](#)



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

Would you like to start receiving paper PA Letters also?

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 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

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**Supplemental Claim Information**

Thursday 24 October 2019 11:00 am

Provider:

Claim ICN:

Last Updated: 8/16/2019

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**Supplemental Claim Information**

Thursday 24 October 2019 11:02 am

Provider:

Claim ICN:

Physician Claim ICN:			
Linked ICN	MCO Paid Amount	Encounter Medicaid Allowed Amount	Encounter TPL Amount
	\$47.41	\$154.36	\$0.00

Last Updated: 8/16/2019

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The new **Supplemental Claims** panel will allow the provider to click each encounter ICN and it will pull up the matching encounter in KYHealthNet so that they can see additional data from the encounter. Please note that these are the standard KYHealthNet claims panels and nothing has been changed/added to these panels.

## 10.4 Supplemental Report

### 10.4.1 Supplemental Report

The **Supplemental Report** page allows Primary Care Center (provider type 31) and Rural Health Center (provider type 35) providers to run a report to view supplemental claim data. The report link is located under Claims.

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

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

Thursday 28 October 2019

Welcome to the Kentucky

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

Home Page

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

[Pages](#) (last updated June 17, 2019)

Provider: 1427574862 - 261QF0400X

Switch Working Provider

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



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

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

**Supplemental Report**

**Report Criteria**

Provider: 1427574862 - 261QF0400X

**Generate Supplemental report based on the criteria entered below:**

Optional Criteria

Member ID:

Claim Status:  Paid  Denied

Paid Date  Date of Service Date:

**NOTE: Report may not reflect Supplemental data to be processed during the next weekly financial cycle that runs every Friday night**

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

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

Supplemental Report

Report Criteria

Provider 1427574862 - 261QF0400X ▾

Generate Supplemental report based on the criteria entered below:

Optional Criteria

Member ID:

Claim Status:  Paid  Denied

Paid Date      From Date: 
From date is required

Date of Service      To Date: 
To Date is required

NOTE: Report may not reflect Supplemental data to be processed during the next weekly financial cycle that runs every Friday night

### Report Criteria

#### Optional Criteria:

- Member ID
- Claim Status

#### Required Criteria:

- Paid Date **or** Date of Service must be selected

Once the criteria is entered, select the Generate Report button. The report is ready for download.

### Report Layout

Supplemental Report

Billing Provider NPI:										
Billing Provider Type: 31										
MEMBER ID	FDOS	MRN NUM	MCO ICN	MMIS ICN	MCO PAID AMOUNT	TPL AMOUNT SUBMITTED	SUPP ICN	SUPP PAID AMOUNT	SUPP PAID DATE	MEDICARE PAID AMOUNT

## 10.5 DRG Letter

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

KENTUCKY  
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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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

Monday 14 October 2019

Welcome to the Kentucky

Main Page

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

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](#)



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The following screen will appear.

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

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

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

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

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

Diagnostic Related Group (DRG) Letters

Monday 14 October 2019 2:35 pm



**DXC.technology**

Enterprise Services  
 456 Chamberlin Ave.  
 Frankfort, KY 40601  
 502.209.3000

Date: 09/22/2019

To: From:

**Re: Technical Denial**

---

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

---

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

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

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

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

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



Save a copy (Shift+Ctrl+S)

## 10.6 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**  
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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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

**EOB Descriptions**

Monday 14 October 2019 2:24 pm

EOB	Description
0001	PLEASE VERIFY THE DATES OF SERVICE. HEADER FROM DATE OF SERVICE IS MISSING OR INVALID.
0002	THE ADMITTING DATE OF SERVICE IS MISSING/INVALID OR LATER THAN THE FROM DATE OF SERVICE.
0003	PLEASE VERIFY THE DATES OF SERVICE. THE TO DATE OF SERVICE IS INVALID, MISSING, FUTURE DATE OR LESS THAN THE FROM DATE OF SERVICE.
0004	MEDICARE PAID DATE IS MISSING OR INVALID.
0005	EACH PROVIDER IS LIMITED TO BILLING ONLY 1 OF THE FOLLOWING PROCEDURES(HOSP ADMER VIS,CONSULT,OV)MEMBER SAME DOS. YOU HAVE ALREADY RECEIVED PAYMENT FOR IOF 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.

[1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) ...

Last Updated: 9/10/2019

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## 11 Provider Status

### 11.1 Provider Status Information

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

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

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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

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**Provider Status Information**

Thursday 3 October 2019 11:54 am

Provider

Provider Name:

**Identification**

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

[Providers that participate in Group Practice](#)

**Taxonomy**

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

- 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.			



### 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.

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 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

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.

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 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

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

**Providers That Participate in Group Practice**

Friday 15 August 2014 1:34 pm

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

Last Updated: 8/11/2014

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## 12 Appendix A

### 12.1.1 Forms

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

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

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

### 12.1.2 Billing Instructions

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

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