Commonwealth of Kentucky
KY Medicaid

KYHealthNet Professional
User Manual

Version 5.3

May 29, 2025

Revision History

Version	Date	Name	Comments
1.0	04/27/2010	EDI	Created.
1.1	06/09/2010	Suzanne Willson Ron Chandler	Revised per request.
1.2	06/10/2010	Suzanne Wilson Ron Chandler	Removed PHI from images.
1.3	10/8/2010	Stayce Towles	Updated
1.4	10/5/2010	Stayce Towles Ron Chandler	Revised.
1.5	10/14/2010	Stayce Towles Ron Chandler	Revised.
1.6	10/18/2010	Martha Senn Ron Chandler	DMS approved 10/18/2010.
1.7	12/08/2010	Ann Murray	Global corrections and changes.
1.8	12/09/2011 12/15/2011	Brenda Orberson Ann Murray	Updated screen shots. Pg. 90, field 14 – changed EPSDT/Family Planning to EPSDT.
1.9	02/14/2013	Martha Senn Keri Hicks	CO 19321 – Updated Member Eligibility Verification screen and the Managed Care 5 year History screen. CO 19280 – Inserted Adjusted Primary Care Attestation screens.
2.0	02/14/2013	Keri Hicks	Finalized Tech Writer Updates. DMS Approved 02/14/2013.
2.1	02/26/2013	Martha Senn	Update to Adjusted Primary Care Attestation information by provider type.
2.2	03/04/2013	Keri Hicks	Finalized Tech Writer Updates. DMS Approved 03/01/2013.
2.3	6/20/2013	Martha Senn	CO – 19925 Update to Adjusted Primary Care Attestation screen shot eligibility period for adjusted rates. CO – 20055 Lockin, comment If member has MCO eligibility.
2.3	7/1/2013	Martha Senn	Finalized: DMS approved 7/1/2013.
2.4	7/3/2013	Martha Senn	CO 19849 Supplemental claim inquiry for Primary Care and Rural Health Providers.
2.5	7/15/2013	Martha Senn	New eligibility screens with ACA changes.

Version	Date	Name	Comments
2.6	10/29/2013	Martha Senn	Updates for ADO.
2.7	12/12/2013	Jamie Redmon	Updates for EFT.
2.8	12/27/2013	Jamie Redmon	Updates for PE and Eligibility Group.
2.9	01/08/2014	Jamie Redmon	Replacing Screen Shots for Eligibility Group.
3.0	5/6/2014	Jamie Redmon	Updating Attestation Form per CO 19856.
3.0	5/29/2014	Martha Senn	DMS approved.
3.1	7/25/2014	Martha Senn	Updates to screen shots.
3.2	8/4/2014	Martha Senn	Updates to PA screen shots and Claim billing codes.
3.2	8/20/2014	Martha Senn	DMS approved.
3.3	8/27/2014	Martha Senn	CO 22265 and 22673 Provider Status Information screen shots.
3.3	9/2/2014	Martha Senn	DMS approval.
3.4	12/16/2014	Martha Senn	CO 23838 removal of Attestation screenshots. DMS approved 12/19/2014.
3.5	2/11/2015	Martha Senn	Updates to screen shots, removal of ADO and EFT. DMS approved 3/31/2015.
3.6	6/24/2015	Martha Senn	Removal of PE screen shots.
3.7	7/24/2015	Martha Senn	Removal of BCCTP screen shots.
3.8	8/28/2015	Martha Senn	Update screen shots for Suspension / Disenrollment status pages 36 and 37.
3.9	9/24/2015	Martha Senn	Updated eligibility verification screenshots for CO 25433. DMS approved 10/6/2015.
4.0	12/12/2016	Martha Senn	Removed all ADO screen shots, CO 27164. DMS approved 12/9/2016.
4.1	3/21/2017	Martha Senn	CO 26242 ORP added new screenshots to Professional Claim example. DMS approved 3/21/2017.
4.2	2/20/2018	Martha Cohorn	CO 28561 removal of MAP 552.
4.3	12/21/2018	Megan Freeman	Updated section 1.4 and log in screenshot, on page 6, to reflect updated billing agent information. DMS Approved 1/8/2019.
4.4	10/14/2019	Jamie Redmon Megan Freeman	Updates to multiple screens and pages due to multiple change orders. DMS Approved: 06/30/2020

Version	Date	Name	Comments
4.5	2/8/2021	Megan Freeman/ Annette Jimmerson	Update to claim pages due to KYHealthNet claim attachments, CO30588
4.6	5/13/2021	Annette Jimmerson	CO 31255 Missed/Cancelled Member Appointments CO 30956 - KYH changes for EDI claim Attachments
4.7	10/19/2021	Annette Jimmerson	CO 33083 KHN-CHFS New Logo and Presentation Template 2021
4.8	01/25/2022	Annette Jimmerson	CO 33020 Display Medicare Part C info to KYHealthNet CO 32804 KYHealthnet_Report generation for PT 31/35 & MCO CO 33093 Missed Cancelled New Fields Added
4.9	09/28/2022	Annette Jimmerson	CO 32466 Display member PACE information on KYHealthNet CO 33388 Update KYH copay verbiage for providers CO 33724 Updates to the Claim Summary Screen CO 33731 PT 31,35 & 16 -KY Healthnet-Threshold report CO 33769 Modify number lines Supplemental Claims Report CO 33917 KHN-Create System wide Logo update School Based Services section added
5.0	12/15/2022	Annette Jimmerson	CO 34076 KHN - CLIA Addition
5.1	2/14/2023	Megan Freeman	CO 34062 KHN-Add Medicare Copay Field
5.2	05/08/2025	Jackie Washabaugh Mary Larson	Updated the document content with current data.
5.3	05/29/2025	Jackie Washabaugh Mary Larson	Updated the Benefit Issuance panel in section 5.1 – Member Benefit Issuance,

Table of Contents

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 username 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 accountholder 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.

2. Click **Electronic Claims**.

3. Click **EDI Forms**.

4. Click **PIN Release Form**.

5. Complete the attached PIN Release form and return it to the EDI Helpdesk along with a copy of a valid driver's license via e-mail or fax. Include your phone number and e-mail address and someone will contact you with your PIN and website information.

    a. Fax your PIN Release form to: 502-209-3200

    b. E-mail your form to: KY_EDI_Helpdesk@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
Sent: Monday, August 9, 2019 10:30 AM
To: Daisy.Duck@anywhere.com
Subject: KY Medicaid PIN release request

To create a KYHealthNet account use the following information:

Provider ID = XXXXXXXXXX

PIN # = XXXXXXXXX

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

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

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

In the future you can do the following: If the account user password is expired, click the 'Forgot my password' button on the sign in page under password to complete a password update. This function only works if a security question is linked to the account. If you have questions, contact the EDI Helpdesk at 800.205.4696 or KY_EDI_Helpdesk@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.

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

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

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

Create New Account

First Name	hp instit	*
Middle Name		
Last Name	KYHealthnet	*

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

Phone Number	800-205-4696

E-Mail Address		*
E-Mail Address (verify)		*

Provider ID		*
Provider NPI		
Provider Taxonomy ID		
Trading Partner ID		

E-Mail Address		*
E-Mail Address (verify)		*

Provider ID		*
Provider NPI		
Provider Taxonomy ID		
Trading Partner ID		

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

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

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

* indicates required field.

[Next]

The **Your account was successfully created** window will display.
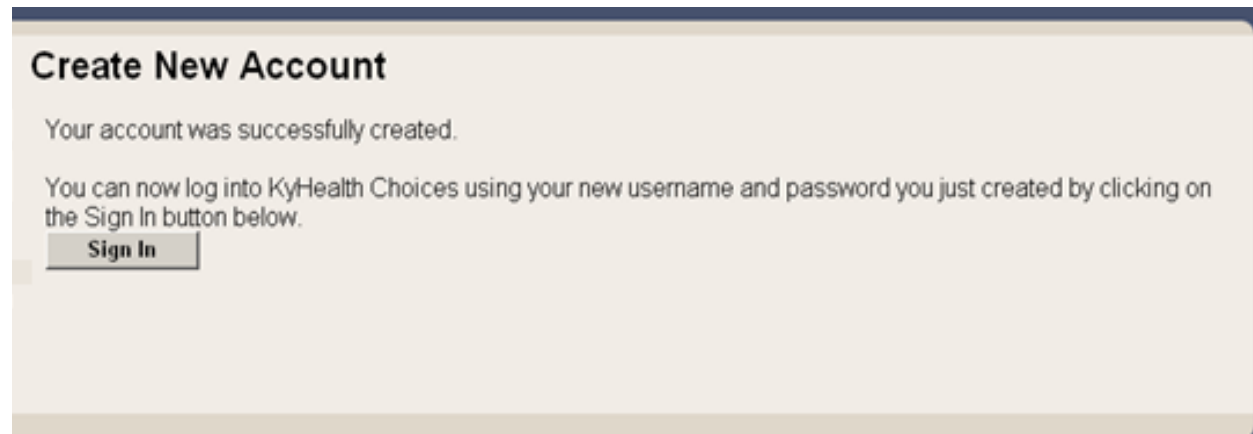
2   Signing into KYHealth Choices

2.1   Sign into KYHealth Choices

1.   Access https://home.kymmis.com

2.   Enter the username and password.

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**.

The **Account Management** screen displays.

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

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.

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 20th day.

1. Click the **Change Password** button.

2. Complete the form

3. Click the **Change Password** button.

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 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 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.

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.

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.

3.   The Agent Account Created window appears.
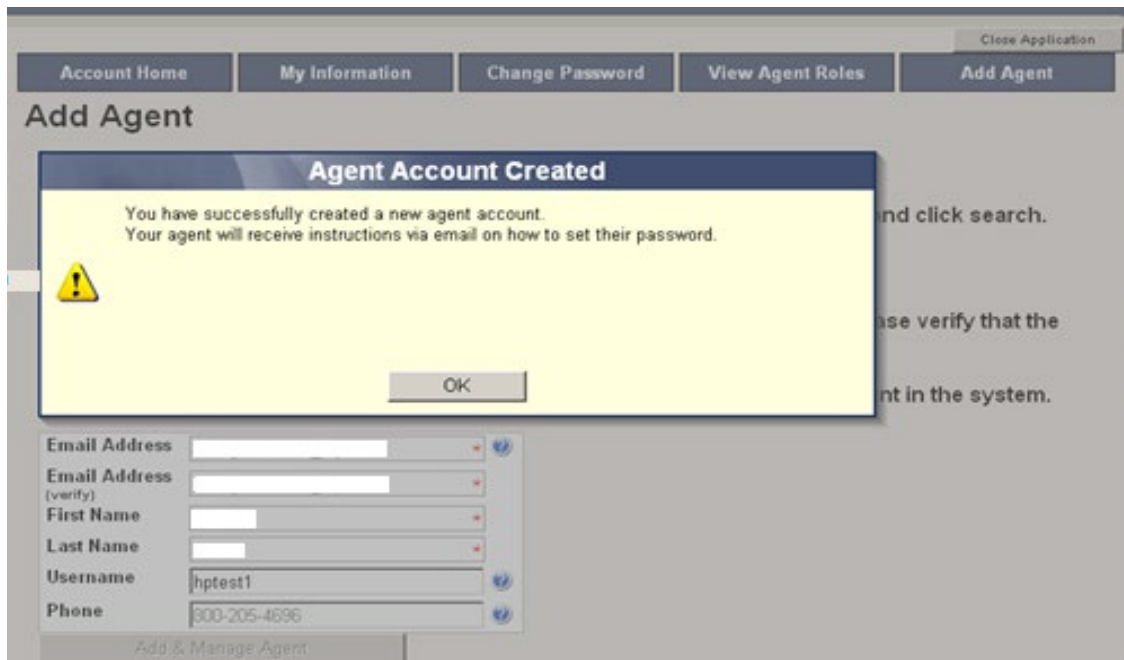
4. User will receive an email as shown below.

Automated MEUPS email example:

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

Kentucky user Jane Doe,

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

DXCTest1

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

https://public.kymmis.com/testexampleurllink

Please contact the EDI helpdesk at KY_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.

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

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.

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

3. Roles are granted or removed in this section.

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

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

[Remove All Roles]

1 Select the system to modify access

System	
Select	Account Management
Select	Electronic Prior Authorization
Select	KYHealthNet
Select	Magellan Web Portal
Select	Magellan Web Portal (resource partner URI)

2 Modify the permissions for KYHealthNet

Roles

- ☑ Card Issuance
- ☑ Claims Inquiry
- ☐ Claims Submission (Dental)
- ☑ Claims Submission (Institutional)
- ☐ Claims Submission (Professional)
- ☐ KenPAC Referral Confidential Message Inquiry
- ☐ KenPAC Referral Confidential Message Submit
- ☐ KenPAC Referral Inquiry
- ☐ KenPAC Referral Submit
- ☑ Eligibility Verification
- ☐ Electronic ADO
- ☐ Electronic EFT
- ☐ Provider Status
- ☐ LTC Claims
- ☐ PA Inquiry
- ☐ PA Submission
- ☐ Pharmacy History

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.

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

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

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

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (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:** [   ]

[Search]

Last Updated:3/27/2025

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

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (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:** [   ]

[Search]

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 following screens 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.

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.

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.

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

Member Eligibility Verification

Thursday 8 May 2025 10:02 am

Provider 1518911338 - 282N00000X ⌄

Select Lookup Type: Member ID Lookup ⌄   Service Type:
Emergency Services
Family Planning
Health Plan Coverage

Search

Member ID: 7575422749

From Date: 05/06/2025   To Date: 05/31/2025

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

Print

Member

Current ID: 7575422749	Last Name: GABBERT	First Name: COLLETTE	Date of Birth: 04/04/1931
Previous IDs	Check Digit: 4	Gender: F	Date of Death:
SSN: 584968028	Phone Number: (506) 201-7337		County: 008 - Boone
Physical Address: 1925 1363 DOGWOOD LANE			View Member's Mailing Address: here
City: DOZIER	State: KY	ZipCode: 16719-7577	

Hospice Election Date:

Medicare A: 05/06/2025 - 05/31/2025   Medicare B: 05/06/2025 - 05/31/2025

Medicare C: 10/01/2
            Contract ID: H9730
            Contract Name: WELLCARE

Case Number:	Case Name:		Above FPL: N
7688943272	GABBERT, COLLETTE S		
963072524	ZAMORANO, LUBA	Redetermination Date: Redetermination not required	
963072524C	GABBERT, COLLETTE S		

Member's Authorized Representative

No Authorized Representative on file for current member.

Eligibility

Eligibility 5 Year History

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

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

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

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

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

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

Service Limitation

Service Limitation 5 Year History

No Service Limitation segment for the dates entered.

Cost Share

Cost Share 5 Year History

No Cost Share segment for the dates entered.

Third Party Liability

Third Party Liability 5 Year History

Carrier Name	Policy Number	Policy Holder	Coverage Type	Carrier Code	From Date	To Date
AETNA PHARMACY MANAGEMENT	MEBDTNPB	BERNARD, DANETTE	MEDICAL	G01459	05/06/2025	05/31/2025

Managed Care					
Managed Care 5 Year History					
MCO Name	MCO Member ID	Region	Date Added	From Date	To Date
HUMANA		06	08/22/2016	05/06/2025	05/31/2025

Waiver
Waiver 5 Year History
No Waiver segment for the dates entered.

Last Updated

Contact Us

Privacy | Disclaimer | Individuals with Disabilities

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

4.   Select **Member** from the menu.

5.   Choose **MCO Member Information** from the drop-down.

The following screen will appear.

6. Enter the member's Medicaid ID or SSN and click **Search**.

The member's MCO information will appear:

5.4   View Pharmacy Claim History

1. Select **Member** from the menu.

2. Choose **Pharmacy History** from the drop-down.

The following screen will appear.

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

4. The **Pharmacy Claims History** screen will appear.

5.5 Patient Liability

1. Select **Member** from the menu.

2. Choose **Patient Liability** from the drop-down.

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.

5.6 Spend Down

1. Select **Member** from the menu.

2. Choose **Spend Down** from the drop-down.

The following screen will appear.

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

6 PA – Prior Authorization

6.1 Prior Authorization Checklist

1. Select **PA** from the menu.

2. Choose **Prior Authorization Checklist** from the drop-down.

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

6.2 Radiology Prior Authorization Procedure Code List

1. Select **PA** from the menu.

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

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

6.3   MMIS PA Letters

1. Select **PA** from the menu.

2. Choose **MMIS Prior Authorization Letter** from the drop-down.

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

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

Prior Authorization Checklist

Radiology Prior Auth Proc Code List

MMIS Prior Authorization Letter

CareWise Prior Authorization Letter

PA Inquiry

Friday 18 October 2019 10:43 am

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 [   ] ▼

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? Yes!

- 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:9/10/2019

Contact Us

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: [🔲]

[Search PA Letters]

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

Last Updated:8/16/2019

Contact Us

Privacy | Disclaimer | Individuals with Disabilities   Copyright © 2005 Commonwealth of Kentucky
                                                                All rights reserved

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: [🔲]

[Search PA Letters]

Letter Type	Member ID	Member Name	Request Date	Sent Date
Other PA Types (Provider Only)			10/21/2019	10/22/2019
Inpatient Letter			10/18/2019	10/19/2019
				1

Last Updated:8/16/2019

Contact Us

Privacy | Disclaimer | Individuals with Disabilities   Copyright © 2005 Commonwealth of Kentucky
                                                                All rights reserved

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.

The following screen will appear.

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

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

6.5 PA Inquiry

1. Select **PA** from the menu.

2. Choose **PA Inquiry** from the drop-down.

The following screen will appear.

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.

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

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

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

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

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

PA Summary

Wednesday 23 October 2019 4:20 pm

Header > Details > *Summary*

Header

Requesting Provider Number:	PA Category: **WAIVER - SCL2 PDS**
Servicing Provider Number:	Nursing Facility Type:
Member ID:	Diagnosis Code: **F320**
Last Name:	First Name: MI:
Emergency: **N**	Admission Date:
Accident: **N**	Discharge Date:
Special Consideration: **N**	

Case Management/Disease Management

Indicator: Program:

Level:

Approved Details

Line Item Number	Status	Procedure Code	Revenue Code	App. Eff. Date	App. End Date	App. Units	App. Amount
01	A	T1005		01/01/2019	04/30/2019	900	2250

Finish

Last Updated:9/10/2019

Contact Us

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

6.6   School Based Provider

1. Select PA from the menu (This option is only available to PT 21)
2. Choose School Based Services from the list

ASBHS Home Screen displays

Field	Description
ASBHS Home (Authorization for School Based Health Services)	Takes the user to the School Based Services home page
Cancel	Takes the user back to the Provider Main Page

3. Select ASBHS Home
   The following options are available:
   - Search
   - Amend
   - Report
   - Print
   - Cancel

Search

A School Based PA search is completed by entering:

- Member ID

Or

- Pre-Existing Authorization Number

Provider ID is auto-populated from the user's login.

Search Results Display

- User can view an existing prior authorization, submit new, or amend an existing prior authorization.

Field	Description
Member ID#	The member ID for the prior authorization.

Field	Description
Provider ID#	The provider ID for the prior authorization.
Member Name	The first and last name of the member.
Provider Name	The first name and last name for the provider.
Authorization #	The prior Authorization number.
Service	The service displays a list of services that was either submitted or selected for the current Prior Authorization request.
Frequency	The Frequency displays the quantity X frequency of the service selected for this prior authorization request. Valid frequency will be Day, Month, Week, or Year.
X	The frequency of the service. Valid values are Day, Week, Month or Year.
Begin Date	The begin date lists all the services begin dates selected for the current prior authorization request.
End Date	The end date displays all the end dates selected for the current prior authorization request.
Add	The add button adds the data in the edit panel to the data grid for submitting services for the school prior Authorization request.
Reset	The Reset button resets the edit panel by removing the data from Service, frequency, begin date and end date. Also resets the save button back to Add.
Services Grid	
Edit	The edit button sends the data of the row clicked to the edit panel to allow a user to change that rows data. The add button will change to save to allow that data to overwrite the data on the row clicked.
Delete	The delete button deletes that row on which the delete was clicked from the data grid.
Certify IEP	Certify that the prior authorization is included in the members IEP (Individualized Education Program).
Click this box if this is an ESY condition	Service is an ESY (Extended School Year) Condition
Please enter the Add or Amended date for this PA	The date the PA was amended.
Amend	Amend the data on this prior authorization
New	Blanks out the form to submit a new request.
Cancel	Takes the user back to the Provider Main Page

Amend

Allows the provider to amend or make changes to the most recent Prior Authorization on file. The amendments can be for long term or short-term depending on the needs of the student/member.

Report

Allows a user to create reports based on Date, Provider or Member.

    School Year Report Results

Provider Report Results

Member Report Results

Print

Allows user to print authorization or reports

Cancel

Takes the user back to the Provider Main Page

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

TEAM KENTUCKY.
CABINET FOR HEALTH AND FAMILY SERVICES

⊘ ASBHS Home

⊘ Cancel

TIP: To go back to KYHealthNet, click Cancel

School Based Services

WELCOME to *KyHealth Choices*, Authorization for "School Based Health Services" website. From this website providers are able to create a Prior Authorization request and receive a Prior Authorization number upon completion of a request for state services for eligible students. Providers will also be able to search for previous Prior Authorizations and review and amend the most recent Prior Authorizations.

The first step is to click on the "ASBHS" button on the left of your screen.
The next screen is the main menu screen where providers will launch all of their requests. From here you have five (5) choices; they are as follows:

SEARCH-This function allows for the creation of a Prior Authorization request at the same time the system checks for eligibility.
AMEND-This function allows the provider to amend or make changes to the most recent Prior Authorization on file. The amendments can be for long term or short term depending on the needs of the student/member.
REPORT-This function allows for the provider to create reports based on provider or member or both.
PRINT-This function allows for the printing of completed documents and reports.
CANCEL-This function allows the provider to end any previous jobs without altering any of the information already present.

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

7   Missed Appointments

7.1   Record Missed Appointments

1.   Select **Missed Appointments** from the menu.

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

7.1.1   Add a missed appointment

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
    o AM: Radio Button (default option)- Field is not validated. User must manually select option.
    o 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

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

Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete	
8572928103	PIERCE, STEVIE	03/11/2021	11:00 AM	CANCELLED/Unforeseen Issue		Edit	Delete
8572710403	BALLING, ILDA	03/10/2021	10:00 AM	CANCELLED/Financial Issue		Edit	Delete
8572710403	BALLING, ILDA	03/04/2021	9:00 AM	CANCELLED/Financial Issue		Edit	Delete
7503303488	JONES, LONG	02/23/2021	10:00 AM	MISSED/Child Care Issue	Test	Edit	Delete

7.1.3   Edit a record

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

Select Edit

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

7.1.4   Delete a record

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

Record Missed Appointment

Monday 22 February 2021 2:57 pm

Provider [   ] [▾]

[Switch Provider]

Member ID: [   ] (Leave blank for ALL members)

Date Range: MONTH: [ALL   ▾] YEAR: [2021 ▾]

[Search]

Missed Appointments

Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
7572640718	OREN, BRUNILDA	02/22/2021	2:45 PM	CANCELLED/Insurance Issue		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	Never heard from the member regarding their appointment on the 15th on Feb. Still have not heard from member. - ABC 2/22 1:56PM	Edit Delete
7570165708	LUTER, VERTIE	02/10/2021	12:00 PM	MISSED/Unknown		Edit Delete

Add Missed Appointment

Member ID*: [   ]

Reason*: (●) MISSED ( ) CANCELLED   Reason Code*: [Select Reason Code...   ▾]

Appointment Date*: [   ] [📅]   Appointment Time*: [   ] (●) AM ( ) PM

Explanation: [   ]

[Add]

Last Updated:12/1/2020

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

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

Once OK is selected the appointment record 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.

8   Provider References

8.1   TPL Carrier

3.   Select **Provider References** from the menu.

4.   Choose **TPL Carrier** from the drop-down.

The following screen will appear.

5. Enter the TPL Carrier name.

6. Click **Search**.

The response will return all carrier information on file.

8.2 Provider References Documentation

1. Select **Provider References** from the menu.

2. Choose **Documentation** from the drop-down.

The following screen will appear.

Selected documentation for additional provider resources are available at www.kymmis.com.

9   RA Viewer

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

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**.

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

4. Select the applicable Run Date.

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

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 #: - SEQ:	- NPI:		10-18-2019	10-19-2019
10/11/2019 - RA - Payee ID:	- RA #: - SEQ:	- NPI:		10-11-2019	10-12-2019
10/04/2019 - RA - Payee ID:	- RA #: - SEQ:	- NPI:		10-4-2019	10-5-2019
09/27/2019 - RA - Payee ID:	- RA #: - SEQ:	- NPI:		9-27-2019	9-28-2019
09/20/2019 - RA - Payee ID:	- RA #: - SEQ:	- NPI:		9-20-2019	9-21-2019
09/13/2019 - RA - Payee ID:	- RA #: - SEQ:	- NPI:		9-13-2019	9-14-2019
09/06/2019 - RA - Payee ID:	- RA #: - SEQ:	- NPI:		9-6-2019	9-7-2019
08/30/2019 - RA - Payee ID:	- RA #: - SEQ:	- NPI:		8-30-2019	8-31-2019
08/23/2019 - RA - Payee ID:	- RA #: - SEQ:	- NPI:		8-23-2019	8-24-2019
08/16/2019 - RA - Payee ID:	- RA #: - SEQ:	- NPI:		8-16-2019	8-19-2019

1 2 3

[Search] [Print]

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

Last Updated:8/16/2019

Contact Us

Privacy | Disclaimer | Individuals with Disabilities

10 Claims

10.1 Claim Inquiry

1. Select **Claims** from the menu.

2. Choose **Claims Inquiry** from the drop-down.

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

10.2 Submitting a Professional Claim

1. Select **Claims** from the menu.

2. Choose **Claims Submission (Professional)** from the drop-down.

10.2.1 Professional Claim Header

The claim "Header" information appears on this screen, divided in two 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

Professional Claim Header Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
Billing Information Section	
1	**Provider Number** The NPI Number of the billing provider (auto-populated).
2	**Member ID** Enter the 10-digit Member's KY MEDICAID ID number.
3	**Last Name** The member's last name (auto-populated).
4	**First Name** The member's first name (auto-populated).
5	**Date of Birth** The member's date of birth (auto-populated).
6	**Gender** The member's gender (auto-populated).
7	**Patient Account Number** The patient's account number (optional).
8	**Referring Provider** Enter the referring provider NPI number.
9	**CLIA #** Enter the CLIA number (optional)
10	**Prior Authorization** Enter the Prior Authorization number or Treatment Authorization number if applicable.
Service Information Section	
11	**Claim Type** Select the appropriate claim type from the drop- down box.
12	**From Date** Enter the first date of service.
13	**To Date** Enter the through date of service.
14	**Accident** Indicate whether accident related, **Yes** or **No**.

Field Number / Menu Selection	Definition of Field Description
15	**Accident Date** The date of the accident.
16	**EPSDT** Indicates an EPSDT-related service, if applicable.
Claim Charges Section	
17	**Total Charges** This field is auto-populated from detail line charges.
18	**TPL Amount** Enter any amount paid by private insurance, not Medicare.
19	**Total Amount Paid** This field is auto-populated after the claim is adjudicated.
20	**Carrier Denied?** A drop down to answer **Yes** or **No**.
21	**Co-Pay Amount** This field will auto-populate after the claim is adjudicated.
22	**Next** Advance to the diagnosis screen.
23	**Print** Allows the user to print the page for recordkeeping.

10.2.2 Billing Code Screens

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

10.2.2.1 Billing Codes – Diagnosis

Diagnosis codes for all claim services will be entered on this screen.

Professional Claim Diagnosis Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
1	**Sequence Number** The sequence number of the anesthesia. This field is auto-populated.
2	**Anesthesia Code** Select the appropriate code.
3	**Diagnosis (drop-down)** Select the type of diagnosis, i.e., Principle, Other 1.

Field Number / Menu Selection	Definition of Field Description
4	**Diagnosis Code** Enter the appropriate code for the member's diagnosis. (Do not enter a decimal in Diagnosis Code.)
5	**Save Code** Saves the diagnosis information on the claim. A save is required to continue.
6	**Add Code** Allows the user to add an additional diagnosis code to the claim. Save the code after each additional code is added.
7	**Delete Code** Allows the user to remove a diagnosis code previously entered on the claim.
8	**Next** Advance to the next screen.
9	**Print** Allows the user to print this screen.

10.2.2.2 Billing Code – Anesthesia

Professional Claim Anesthesia Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
1	**Sequence Number**
	The sequence number of the anesthesia. This field is auto-populated.
2	**Anesthesia Code**
	Enter the appropriate code.
3	**Save Code**
	Saves the anesthesia information on the claim. A save is required to continue.
	Add Code
	Allows the user to add an additional anesthesia code to the claim. Save the code after each additional code is added.
7	**Delete Code**
	Allows the user to remove an anesthesia code previously entered on the claim.

Field Number / Menu Selection	Definition of Field Description
8	**Next** Advance to the next screen.
9	**Print** Allows the user to print this screen.

10.2.2.3 Billing Code – Condition

Professional Claim Condition Code Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
1	**Sequence Number** The sequence number of the condition. This field is auto-populated.
2	**Condition Code (drop-down)** Choose the appropriate condition code.
3	**Save Code** Saves the condition information on the claim. A save is required to continue.
4	**Add Code** Allows the user to add an additional condition code to the claim. Save the code after each additional code is added.
5	**Delete Code** Allows the user to remove a condition code previously entered on the claim.

Field Number / Menu Selection	Definition of Field Description
6	**Next** Advance to the next screen.
7	**Print** Allows the user to print this screen.

10.2.3 Detail Screen

Professional Claim Detail Screen Field Descriptions

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

Field Number / Menu Selection	Definition of Field Description
3	**To DOS** Enter the last date the services were provided. The * indicates that this field is required.
4	**POS** Select the appropriate place of service from the drop-down box. The * indicates that this field is required.
5	**School ID** Enter the School's Employee ID number (only if you are a school-based provider).
6	**Procedure** Enter the code that represents the service provided. The * indicates that this field is required.
7	**Modifiers** Enter the appropriate two-digit modifier(s) that further describes the service performed.
8	**Number of Children** Enter the number of students when billing for a group service (school-based only).
9	**Diagnosis Cross Reference** Enter the one-byte digit which refers to the diagnosis code line item that is primary to the procedure. This field must be entered or the claim will deny.
10	**Units** Enter the number of units (1 is default).
11	**Charges** The amount charged by the provider.
12	**Pregnancy** Check the box if the service is related to pregnancy.
13	**Emergency** Check the box if the service was an emergency.
14	**EPSDT** Choose the appropriate selection from the drop-down if it is applicable to the procedure.

Field Number / Menu Selection	Definition of Field Description
15	**Employee ID** Enter the Employee ID number (only if you are a Community Mental Health provider).
16	**CLIA #**
17	**CLIA Qualifier-** field is required if CLIA # is entered Select from the following options: F4 – Facility Certification Number (Referring CLIA Number) X4 – Clinical Laboratory Improvement Amendment Number
18	**Rendering Provider and taxonomy** Enter the NPI of the rendering provider. Enter taxonomy if applicable.
19	**Referring Provider** Enter the NPI of the referring provider.
20	**Ordering Provider** Enter the NPI of the ordering provider.
21	**Status** The status of the claim.
22	**Allowed Amount** The amount allowed by Kentucky Medicaid (paid claims only).
23	**Co-Pay Amount** The co-payment deducted from reimbursement. No information should be entered in this field.
24	**Add NDC** Add NDC code, if applicable.
25	**Save** This button saves the detail line on the claim.
26	**Add** This button allows the user to add an additional detail line.
27	**Delete** This button allows the user to remove the detail line previously entered.
28	**Next** Advance to the next screen.
29	**Print** Allows the user to print this screen.

Detail Screen – Ambulance

Professional Claim Ambulance Detail Screen Field Descriptions

Note: An asterisk (*) on the panel indicates a required field.

Field Number / Menu Selection	Definition of Field Description
1	**Time of Pick-Up** Enter the military time of pick-up.
2	**Pick-Up Address 1** Enter the physical address where the member was picked up.
3	**Pick-Up Address 2** Enter the physical address where the member was picked up.
4	**City** Enter the city where the member was picked up.
5	**State** Enter the state where the member was picked up.
6	**Zip Code** Enter the zip code where the member was picked up.
7	**Drop-Off Address 1** Enter the physical address where the member was dropped off.
8	**Drop-Off Address 2** Enter the physical address where the member was dropped off.
9	**City** Enter the city where the member was dropped off.
10	**State** Enter the state where the member was dropped off.
11	**Zip Code** Enter the zip code where the member was dropped off.
12	**Next** Advance to the next screen.
13	**Print** Allows the user to print this screen.

10.2.4 Special Instructions

10.2.4.1 Submitting a Medicare Primary Claim

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

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

Professional Claim

Tuesday 29 October 2019 3:10 pm

Header

Billing Information:

Provider Number:	
Member ID*:	
Last Name:	
First Name:	
Date of Birth:	
Gender:	
Patient Acct. #:	
Referring Provider:	
Prior Authorization:	

Service Information:

Claim Type: CrossOver ☑ **①**

From Date*: [   ] **To Date*:** [   ]

Accident: None ☑   Accident Date: [   ]

EPSDT: No ☑

Claim Charges:

Total Charges:	0.00
TPL Amount:	0.00
Total Amount Paid:	0.00
Carrier Denied?:	No ☑
Co-Pay Amount:	0.00

Medicare:

Paid Date*: [   ] **②**

Medicare Paid Date is required when claim is a crossover

Net Amount: 0.00

Next

Print

Last Updated:10/28/2019

Contact Us

Medicare Crossover Header Field Descriptions

Note: An asterisk (*) on the panel indicates a required field.

Field Number / Menu Selection	Definition of Field Description
1	**Claim Type** Select **Crossover** from the drop-down box when Medicare is primary.
2	**Paid Date** Enter the Medicare paid date from the Medicare EOMB.

10.2.4.2 Medicare Crossover Detail

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

Professional Claim

Header > Billing Codes > *Detail* > Attachments > Summary

Detail Information

Item: 1   From DOS*: [   ]   To DOS*: [   ]

POS*: [▾]   School ID: [   ]

Procedure*: [   ]   Modifiers: [ ][ ][ ][ ]   Number of Children: [   ]

Diag. Cross-Ref*: [ ][ ][ ][ ]   Units*: 0.00   Charges*: 0.00

☐ Pregnancy?   ☐ Emergency?

EPSDT: [▾]   Employee ID: [   ]

CLIA #: [   ]   CLIA Qualifier: Select a value...[▾]

Rendering Provider*: [   ]

Referring Provider: [   ]   Ordering Provider: [   ]

Status: [   ]   Allowed Amount: 0.00   Co-Pay Amount: 0.00

1 Patient Responsibility: 0.00   **4** Medicare Paid Amount*: 0.00

2 Medicare Deductible*: 0.00   **5** Medicare Coinsurance*: 0.00

3 Medicare Co-Pay*: 0.00

Add NDC

[Save]   [Add]   [Delete]

[Next]

[Print]

Medicare Crossover Detail Field Descriptions

Note: An asterisk (*) on the panel indicates a required field.

Field Number / Menu Selection	Definition of Field Description
1	**Patient Responsibility** Enter the patient responsibility amount from the Medicare EOMB.
2	**Medicare Deductible** Enter the deductible from the Medicare EOMB, if applicable.
3	**Medicare Copay** Enter the Copay from the Medicare EOMB, if applicable.
4	**Medicare Paid Amount** Enter the paid amount from the Medicare EOMB.
5	**Medicare Coinsurance** Enter the Medicare coinsurance from Medicare EOMB if applicable.

10.2.5 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.

Attachments Screen Continued:

 Screen displays after upload is selected

Attachment Screen Field Descriptions

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

10.2.6 Summary Screen
Summary Screen

Allows the user to verity the data before submitting the claim.

Professional Claim

Header > Billing Codes > Detail > Attachments > Summary — 1

2 Billing Information
Provider Number:
Member ID:
Last Name:
First Name:
Date of Birth:
Gender:
Patient Acct. #:
Referring Provider:
CLIA Number:
Prior Authorization:

4 Service Facility Location
Service Location ID:
Service Location Name:
Address:
City:
State: Zip Code:

3 Service Information
From Date: 04/20/2013   To Date: 04/20/2013
Accident: N   Accident Date:
EPSDT: N

5 Claim Charges
Total Charges: 3715.00
TPL Amount: 0.00
Total Amount Paid:
Carrier Denied?:   N
Co-Pay Amount: 0.00

6 Payment Details
Check Number: N/A
Payment Amount: 0.00
RA #:

7 Diagnosis Codes

Item	Diagnosis Code (ICD-9)	
1	110	

8 Header Attachments

File Id	File Name
1	Attachment_test.docx

Detail Attachments

9 Details

Item	From DOS	TO DOS	Procedure Code	Units Billed	Charges
1	04/20/2013	04/20/2013	44205	1.00	3715.00

10 Submit Claim   Print **11**

Summary Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
1	**Summary** Identifies this as the **Summary** screen.
2	**Billing Information** Identifies this section as the **Billing Information** section of the **Summary** screen.
3	**Service Information** Identifies this section as the **Service Information** section of the **Summary** screen.
4	**Service Facility Location** Identifies this section as the **Service Facility Location** section of the **Summary** screen.
5	**Claim Charges** Identifies this section as the **Claim Charges** section of the **Summary** screen.
6	**Payment Details** Identifies this section as the **Payment Details** section of the **Summary** screen.
7	**Diagnosis Codes** Identifies this section as the **Diagnosis Codes** section of the **Summary** screen. (Click the diagnosis item number to return to that diagnosis code).
8	**Attachments** Identifies this section as the **Attachments** section of the **Summary** screen.
9	**Details** Identifies this section as the **Details** section of the **Summary** screen. (Click the **Details Item** link to return to that detail.)
10	**Submit Claim** Click the **Submit Claim** button to finalize the claim.
11	**Print** Allows the user to print this screen.

Submitted Claim

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

10.3 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

View Header

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

Professional Claim

Sunday 18 April 2021 4:37 pm

——— *Header* > **Billing Codes** > **Detail** > **Attachments** > **Summary** ———

Claim Status	Suspended
Claim ICN	2121105001008
Paid Date	0
Allowed Amount	
Spenddown Amount	

Header	EOB	Description
	9663	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.
	9663	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.
	1863	HEADER RENDERING PROVIDER TAXONOMY CODE NOT VALID FOR PROVIDER FOR DATE OF SERV
	1863	HEADER RENDERING PROVIDER TAXONOMY CODE NOT VALID FOR PROVIDER FOR DATE OF SERV

Detail #1	EOB	Description
	9663	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.
	9663	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.
	1010	RENDERING PROVIDER NOT A MEMBER OF BILLING GROUP.
	1010	RENDERING PROVIDER NOT A MEMBER OF BILLING GROUP.

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.

Claim Status:	S
ICN Region:	2121105001008
Medicaid Id:	7571:
Member Name:	KIDI

To finalize your electronic claim with attachment(s):

1. Click **Choose File / Browse** to browse for appropriate attachment for the selected file id
2. Use **File Id** dropdown to select header or detail
3. Click **Upload File**
4. Repeat Steps 1-3 until ALL File Id numbers have attachments uploaded
You MUST add an attachment for each file id or you will not be able to finalize the claim
5. Once all attachments have been uploaded, click Finalize.
This is the final step and will send the attachments through to be processed with the claim
If any changes are needed, you will have to wait until the claim adjudicates, as per normal process of a suspended claim

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

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

File:

[_____] Browse...

File Id:

[Header_1 ▼]

[Upload File]

Header Attachments

File Id	File Status	File Name	Delete
Header_1			
Header_2			
Header_3			
Header_4			
Header_5			
Header_6			

Detail Attachments

File Id	File Status	File Name	Delete
Detail_1			
Detail_2			
Detail_3			

[Next]

[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:

	Browse...

File Id:

Detail_1 ▼

Upload File

Header Attachments

File Id	File Status	File Name	Delete
Header_1	Received	EDI_claim_attachment_TEST_attach.docx	X
Header_2	Received	EDI_claim_attachment_TEST_attach2.docx	X
Header_3	Received	EDI_claim_attachment_TEST_attach3.docx	X
Header_4	Received	EDI_claim_attachment_TEST_attach4.docx	X
Header_5	Received	EDI_claim_attachment_TEST_attach5.docx	X
Header_6	Received	EDI_claim_attachment_TEST_attach6.docx	X

Detail Attachments

File Id	File Status	File Name	Delete
Detail_1			
Detail_2			
Detail_3			

Next

Print

Last Updated:3/30/2021

Contact Us

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	EDI_claim_attachment_TEST_attach.docx	**X**
Header_2	Received	EDI_claim_attachment_TEST_attach2.docx	**X**
Header_3	Received	EDI_claim_attachment_TEST_attach3.docx	**X**
Header_4	Received	EDI_claim_attachment_TEST_attach4.docx	**X**
Header_5	Received	EDI_claim_attachment_TEST_attach5.docx	**X**
Header_6	Received	EDI_claim_attachment_TEST_attach6.docx	**X**

Detail Attachments

File Id	File Status	File Name	Delete
Detail_1	Received	EDI_claim_attachment_TEST_attach7.docx	**X**
Detail_2	Received	EDI_claim_attachment_TEST_attach8.docx	**X**
Detail_3	Received	EDI_claim_attachment_TEST_attach9.docx	**X**

Finalize Claim

Next

Print

Last Updated:3/30/2021

Contact Us

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	

Finalize Claim

Next

Print

Last Updated:3/30/2021

Contact Us

Summary Page

View the finalized claim.

- Billing Information -
Provider Number	1326
Member ID	7571
Last Name	KID
First Name	LAC_ _
Date of Birth	03/07/2005
Gender	F
Patient Acct. #	0001(
Referring Provider	1326(
Prior Authorization	

- Service Facility Location -

Service Location ID:

Service Location Name:

Address:

City:

State: Zip Code:

- Service Information -
From Date	01/21/2021	To Date	01/30/2021
Accident		Accident Date	
EPSDT			

- Claim Charges -
Total Charges	40.00
TPL Amount	0.00
Total Amount Paid	
Carrier Denied?	
Co-Pay Amount	0.00

- Diagnosis Codes -

Item	Diagnosis Code (ICD-10)
1	F959
2	G514
3	G5139
4	F840
5	M62838
6	E6601
7	R5382
8	Z79899

- 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
1	01/30/2021	01/30/2021	99213	1.00	20.00
2	01/21/2021	01/21/2021	99213	1.00	10.00
3	01/22/2021	01/22/2021	99213	1.00	10.00

Print

10.4 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.

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

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

Professional Claim

Tuesday 29 October 2019 3:05 pm

Header > **Billing Codes** > **Detail** > **Summary**

Claim Status	Paid
Claim ICN	
Paid Date	20190620
Allowed Amount	78.75
Spenddown Amount	

Detail EOB Description
#1

9935 PRICING ADJUSTMENT - MAX FLAT FEE PRICING
APPLIED

Billing Information:

Provider Number:	
Member ID*:	
Last Name:	
First Name:	
Date of Birth:	
Gender:	M
Patient Acct. #:	
Referring Provider:	
Prior Authorization:	

Service Information:

Claim Type:	Medical
From Date*:	07/03/2019
To Date*:	07/03/2019
Accident:	None
Accident Date:	
EPSDT:	No

Claim Charges:

Total Charges:	200.00
TPL Amount:	0.00
Total Amount Paid:	78.75
Carrier Denied?:	No
Co-Pay Amount:	0.00

Next **(1)**

(2) Adjust **(3)** Void Claim **(4)** Copy Claim **(5)** Print

Last Updated:10/28/2019

Contact Us

Adjust/Void Field Descriptions

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

10.5 Supplemental Claims

10.5.1 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.

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

Supplemental Claim Information

Thursday 24 October 2019 11:00 am

Provider [▼]

Claim ICN: [   ] [Search]

Last Updated:8/16/2019

Contact Us

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

Supplemental Claim Information

Thursday 24 October 2019 11:02 am

Provider [▼]

Claim ICN: [   ] [Search]

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

Contact Us

The **Supplemental Claims** panel will allow the provider to click on 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 these are the standard KYHealthNet claims panels and nothing has been changed/added to these panels.

10.6 Supplemental Report

10.6.1 Supplemental Report

The **Supplemental Report** page allows Primary Care Center (provider type 31), Rural Health Center (provider type 35) and Certified Community Behavioral Health Clinic (provider type 16) providers to run a report to view 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

Supplemental Report

Report Criteria

Provider 1427574862 - 261QF0400X ⌄

Generate Supplemental report based on the criteria entered below:

Optional Criteria

Member ID: [   ]

Claim Status: ○ Paid ○ Denied   [Clear Status]

Required Fields

Paid Date or DOS is Required
◉ Paid Date   From Date: [   ] 📅
○ Date of Service   To Date: [   ] 📅

Report Layout

Select Report Layout: ◉ CSV ○ PDF

[Generate Report]

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 (Date range is limited to 7 days , no limit on Month or Year)

Report Layout

- CSV - Comma Separated Values (can be downloaded to Excel)
- PDF - Portable Document Format

Once criteria is entered, select the Generate Report button. The screen displays a 'Loading the Report' message until the report is compiled and ready for download.

The report is ready for download.

Report Output

Report Fields

- Billing Provider NPI
- Billing Provider Type
- Member ID
- FDOS
- MRN Number
- MCO ICN
- MMIS ICN
- MCO Paid Amount

- TPL Amount Submitted
- Supplemental ICN
- Supplemental Paid Amount
- Supplemental Paid Date
- Medicare Paid Amount
- Clinic Name
- Clinic Address
- Clinic City
- Clinic State
- Clinic Zip

10.7 Thresholded Report

Located under Claim Inquiry

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

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

4. Select Generate Threshold Report
5. Report Returns

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

Report Fields

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

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

10.8 DRG Letter

1. Select **Claims** from the menu.

2. Choose **DRG Letter** from the drop-down.

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.

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

10.9 EOB Code Listing

1. Select **Claims** from the menu.

2. Choose **EOB Code Listing** from the drop-down.

This page lists all the EOB errors that are available in the MMIS.

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

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 ADM,ER VIS,CONSULT,OV)/MEMBER/SAME DOS. YOU HAVE ALREADY RECEIVED PAYMENT FOR 1OF THESE PROCEDURES.
0006	THE DISCHARGE DATE IS MISSING OR INVALID.
0007	TOTAL DAYS DO NOT EQUAL THE DIFFERENCE BETWEEN FROM AND TO DATES.
0008	CLAIM DENIED REQUEST FOR PAYMENT WAS REC'D BEYOND MEDICAID FILING LMT CLAIMS MUST BE FILED WITHIN 1 YR OF THE DOS OR WITHIN 6 MONTHS OF MEDICARE PD DATE WHICHVER IS LATER
0009	CLAIM DENIED. RESEARCH DATA UNAVAILABLE TO PROCESS CLAIM PLEASE RESUBMIT 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 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

Contact Us

11 Provider Status

11.1 Provider Status Information

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

- The **Identification** panel is the provider's NPI and KY Medicaid provider number.

- The **Taxonomy** panel is the effective and end date of each taxonomy associate to the provider.

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

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

Provider Status Information

Thursday 3 October 2019 11:54 am

Provider [   ] [v]

[Switch Working Provider]

Provider Name:

Identification

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

Providers that participate in Group Practice

Taxonomy

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

1 2 3

- The **Group Practice** panel is each individual provider effective and end dates linked to the group name (if applicable).

- The **Contracts** panel displays the current contract effective and end dates.

- The **Licenses** panel displays the provider's license number, state issued, effective date, and end date.

- The **Revalidation** panel displays when the revalidation application is due.

Group Practice

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

1 2

Contracts

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

Licenses

No Rows Found.

Revalidation

60 Day Letter Date: 12/16/2018   30 Day Letter Date: 01/15/2019

*Note: If no dates are indicated for 60 Day Letter Date and 30 Day Letter Date, you are not due for revalidation at this time.

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

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.

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

12 Appendix A

12.1 Forms

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

www.kymmis.com

3. Click **Electronic Claims**.

4. Click **EDI Forms**.

5. Click the link for the PIN Release Form.

12.2 Billing Instructions

www.kymmis.com

6. Click **Provider Relations**.

7. Click **Billing Instructions**.

8. Click **Provider Type**.