



Commonwealth of Kentucky KY Medicaid

KyHealth Net Long Term Care (LTC) Companion Guide

Version 3.0

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2.8	6/25/2015	Martha Senn	Updates to screenshots.
2.9	8/28/2015	Martha Senn	Update screen shots for Suspension/Disenrollment status pages 33 and 34
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Table of Contents

1	Introduction	1
1.1	What it is MEUPS?	1
1.2	How do I use this system?	1
1.3	What is a Provider Administrator?	1
1.4	What is a Billing Agent?	1
1.5	What is a PIN Number?	2
1.5.1	How to obtain a PIN number:	2
1.5.2	Using the PIN to Create a New Account	3
2	Signing into KyHealth Choices	6
2.1	Sign into KyHealth Choices	6
2.2	Accessing User Applications	7
2.2.1	How to Change the Password:	10
2.2.2	Email examples of password reminder and account change notification	10
2.3	Viewing Agent Roles	12
2.4	Add an Agent or New Employee	12
2.4.1	No Email Address Found: Create Username	13
2.5	Manage Agent Roles	16
3	Accessing KY Health Net	19
4	Functionality	21
5	Member Information	22
5.1	Member Card Issuance	22
5.2	Member Eligibility Verification	25
5.2.1	Searching for a Member	26
5.2.2	Member Eligibility Suspension/Disenrollment	34
5.3	View Pharmacy Claim History	36
6	Patient Liability	38
7	Spend Down	40
8	PA – Prior Authorization	42
8.1	Prior Authorization Check list	42
8.2	Radiology Prior Authorization Procedure Code List	45
8.3	PA Letters	47
8.3.1	PA Letter List	49
8.4	PA Inquiry	50
9	Provider References	54
9.1	Provider Reference Search	54
9.2	TPL Carriers	58
9.3	Provider References Documentation	60
10	RA Viewer	62
11	Claims	65
11.1	Claim Inquiry	65
11.2	Submitting LTC Roster	67
11.3	Verify Provider Box	68
11.4	Long Term Care Roster	69
11.4.1	LTC Roster of Members	69
11.4.2	Current Month Submitted Claims Screen	71
11.4.3	Current Month Submitted Claims Table	71
11.4.4	Successful Submission	73
11.4.5	Add New Member	73

11.4.6	Completing the Claim	74
11.4.7	Billing Code Screens	77
11.4.8	Billing Codes– Diagnosis	78
11.4.9	Detail Screen	90
11.4.10	Summary Screen	93
11.4.11	Adjust or Void Claim Screen	94
11.4.12	Medicare crossover	97
12	Provider Status	100
12.1	The Provider Status Information	100
13	Appendix A	103
13.1	Forms	103
13.2	Billing Instructions	103

1 Introduction

1.1 What it is MEUPS?

MEUPS is an acronym for the Medicaid Enterprise User Provisioning System. It's 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, and others' access to it. You won't see the word MEUPS on your screen, but you may hear someone refer to your MEUPS account. It's the same thing as your KyHealth Choices account.

1.2 How do I use this system?

When you log in, you'll see the KyHealth Choices Home Page, and any applications available to you will appear on your menu, including Account Management, Authorization Request, KyHealth Net and EMAX.

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.
KyHealth Net	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 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 isn't the Provider Administrator. In other words, the Billing Agent may submit claims on behalf of the Provider, but only as long as the Provider Administrator has granted access to the Billing Agent. A single Billing Agent may work on behalf of multiple providers. An individual may set up his or her own Billing Agent account, but may not access claims submission, eligibility, etc. until a Provider Administrator grants access.

1.5 What is a PIN Number?

Each Kentucky Medicaid Provider has been issued a Personal Identification Number 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. Creating a New Provider User Account for KYHealthnet

The user creating the KYHealth Net 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.

1.5.1 How to obtain a PIN number:

1. Go to the KY Medicaid Website www.kymmis.com.
2. Click on Electronic Claims.
3. Click on EDI Forms
4. Click on PIN Release Form.
5. Complete the attached PIN Release form and return 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: 502-209-3242 or 502-209-3200.
 - b. E-mail your form to: KY_EDI_Helpdesk@hpe.com.

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

The PIN release email example is below:

From: Jane.doe@hp.com
Sent: Monday, August 9, 2010 10:30 AM
To: Daisy.Duck@anywhere.com
Subject: KY Medicaid PIN release request

To create a KY Health Net account user the following information:

Provider ID = XXXXXXXXXX

PIN # = XXXXXXXXXX

To create a KYHealth Net 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 on Account Management, Change my password.

In the future you can do the following: If the account user password is expired click on '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@hpe.com.

1.5.2 Using the PIN to Create a New Account

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

Kentucky
CABINET FOR HEALTH AND FAMILY SERVICES

Create New Account

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

Provider ID

PIN

KyHealth Choices
Account Migration

For assistance, email us at KY_EDU_HelpDesk@hp.com
or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Contact Us

Privacy | Disclaimer | Individuals with Disabilities

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User Agreement to Terms of Service window will display,

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

Create New Account

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

USER AGREEMENT

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

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


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

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

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

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

4. Enter the data On the “Create New Account” Form

**Create New Account**

KyHealth Choices
Kentucky Medicaid Web Site
For assistance, email us at KY_EDL_HelpDesk@hp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

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

Contact Us

The “Your account was successfully created” window will display.



2 Signing into KyHealth Choices

2.1 Sign into KyHealth Choices

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

The screenshot shows the login interface for the Kentucky Medicaid Web Site. At the top, the header reads "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "DEPARTMENT FOR MEDICAID SERVICES". Below this is the Kentucky state logo with the tagline "UNBROKEN SPIRIT". A sidebar on the left contains contact information for the Kentucky Medicaid Web Site, including an email address and phone number. The main content area is titled "Sign in to the KyHealth Choices" and lists three bullet points: "Manage your contact information", "Change your password", and "Providers: Manage your agent's access". Below this, a paragraph states: "If you are a billing agent or you wish to complete a provider application you may register [here](#)." To the right of this text is a login form titled "Sign in to KyHealth Choices" with a "Help" link. The form includes fields for "Username" and "Password", a "Sign In" button, and a link to "Reset your password". The footer of the page includes a "Contact Us" link, a "Privacy | Disclaimer | Individuals with Disabilities" link, and a copyright notice: "Copyright © 2006 Commonwealth of Kentucky All rights reserved."

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Kentucky Medicaid Web Site

For assistance, email us at KY_EDH_HelpDesk@hp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Sign in to the KyHealth Choices

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

If you are a billing agent or you wish to complete a provider application you may register [here](#).

Sign in to KyHealth Choices [Help](#)

Username

Password

Sign In

KyHealth Choices
[Reset your password](#)

Contact Us

Privacy | Disclaimer | Individuals with Disabilities

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2.2 Accessing User Applications

1. Click on "Account Management" under "Application".

The Administrator to the provider account can view or add Agents. An agent has limited access to change password or update security questions.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAL SERVICES

KyHealth Choices Home

Thursday 16 December 2010 1:58 pm [Sign Out](#)

Jane Doe, Welcome to KyHealth Choices

Applications	
Application	Description
Account Management	Modify your account information. Providers can also use this application to give application permissions to their agents.
KyHealth Choices	This is the KyHealth Choices portal application
KYHealthNet	Model Office KYHealthNet. For Eligibility, Claims, PA, PE Transactions to the Model office environment

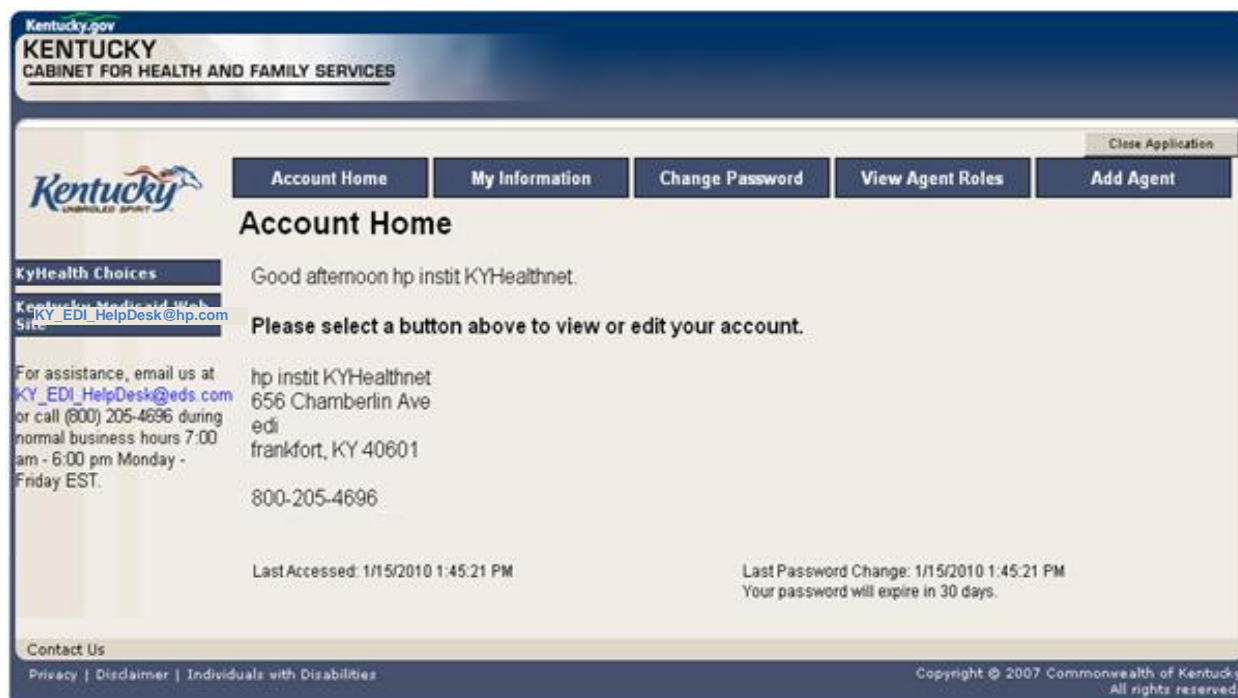
Messages	
Date	Message
12-01-10	Reminder: Electronic Prior Authorization is available for use by all providers today (excluding orthodontics and school based providers). Training materials can be found at http://www.kymmis.com/kymmis/Provider%20Relations/KYHealthNetManuals.aspx . The Electronic Prior Authorization link has been automatically loaded to all administrator accounts and the system administrator will need to delegate the EMAX role for agents wanting to utilize the new system.

[Contact Us](#) Last Updated: 6/8/2009

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All rights reserved.

Account Management screen displays.

The functionality available is:	
Account Home	Click and return to home page (Admin and Agent)
My Information	Allows user to update 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 user to change the current password (Admin and Agent)
Add Agent	Allows the provider administrator to add agents.



2. Click on the "My Information" button the following screen displays.
3. Scroll to the "Security Question & Answer" section.
4. Select the security question.
5. Enter the answer.
6. Click on Save.

For assistance, email us at KY_EDL_HelpDesk@hsp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Name	
First Name	hsp instit
Middle Name	
Last Name	KYHealthnet
Contact	
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	
Security Question & Answer	
Select a security question from the list below and provide an answer that you will remember. This question will help the Help Desk verify your identity if you need assistance.	
Question	In what city were you born? (Enter full name of city only)
Answer	frankfort
Cancel	Save

Contact Us

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 on the “Change Password” button;
2. Complete form;
3. Click the “Change Password” button.

The screenshot shows the 'Change Password' page of the Kentucky Cabinet for Health and Family Services. The page has a blue header with the Kentucky logo and navigation buttons: 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. A 'Close Application' button is in the top right. The main content area is titled 'Change Password' and includes instructions: 'Fill out the form below to change your password. Your new password must:'. Below this are three bullet points: 'Have a length of at least 8 characters', 'Contain at least one number', and 'Contain both lower and uppercase letters'. The form fields are 'Old Password', 'New Password', and 'New Password (verify)'. There are 'Cancel' and 'Change Password' buttons at the bottom of the form. A sidebar on the left contains 'KyHealth Choices', 'Kentucky Medicaid Web Site', and contact information for the KY EDI HelpDesk. The footer includes 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and a copyright notice for 2007.

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, 2010 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 EDS helpdesk at KY_EDH_HelpDesk@hp.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, 2010 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 2010 1:30PM	Account access has been reinstated
-----------------------	------------------------------------

Aug 18 2010 1:32PM	Password changed
-----------------------	------------------

Please contact the EDI helpdesk at [KY EDH_HelpDesk@hp.com](mailto:KY_EDH_HelpDesk@hp.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.

The screenshot shows the 'View Agent Roles' page. At the top, there's a header with 'Kentucky.gov' and 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES'. Below this is a navigation bar with buttons: 'Account Home', 'My Information', 'Change Password', 'View Agent Roles' (which is highlighted), and 'Add Agent'. A 'Close Application' button is in the top right. The main content area has the title 'View Agent Roles' and instructions: 'Use this screen to manage the roles for your agents. To edit the user's permissions, select the user by browsing below.' Below this, it states '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.' On the left side, there's a sidebar with 'KyHealth Choices' and 'Kentucky Medicaid Web Site'. At the bottom, there's a footer with 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2007 Commonwealth of Kentucky All rights reserved.'

2.4 Add an Agent or New Employee.

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

The screenshot shows the 'Add Agent' page. At the top, there's a header with 'Kentucky.gov' and 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES'. Below this is a navigation bar with buttons: 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent' (which is highlighted). A 'Close Application' button is in the top right. The main content area has the title 'Add Agent' and instructions: '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.' Below this, there's a text input field and a 'Search' button. On the left side, there's a sidebar with 'KyHealth Choices' and 'Kentucky Medicaid Web Site'. At the bottom, there's a footer with 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2007 Commonwealth of Kentucky All rights reserved.'

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 “Add & Manage Agent” button.

KyHealth Choices
Kentucky Medicaid Web Site

For assistance, email us at KY_EDL_HelpDesk@hsp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

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

Add Agent

Use this screen to add access to an agent for your application.

Enter the email address of the agent you are adding access to your application and click search.

Search

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

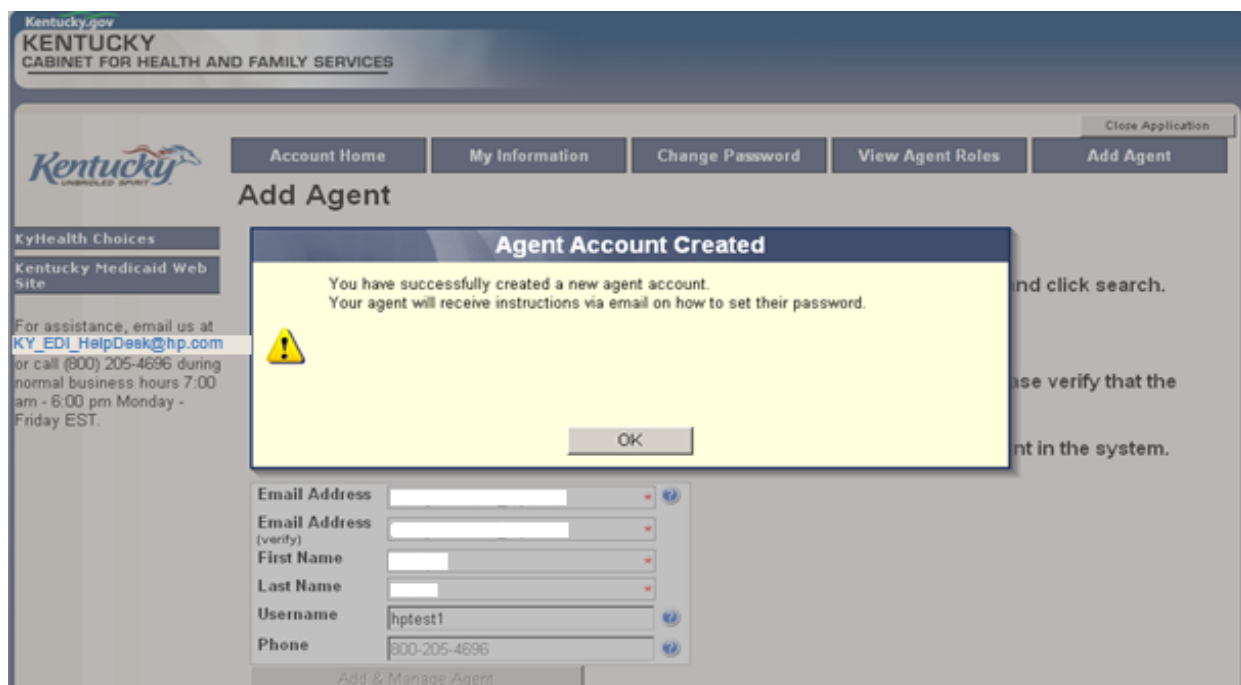
Phone

Add & Manage Agent

Contact Us
Privacy | Disclaimer | Individuals with Disabilities

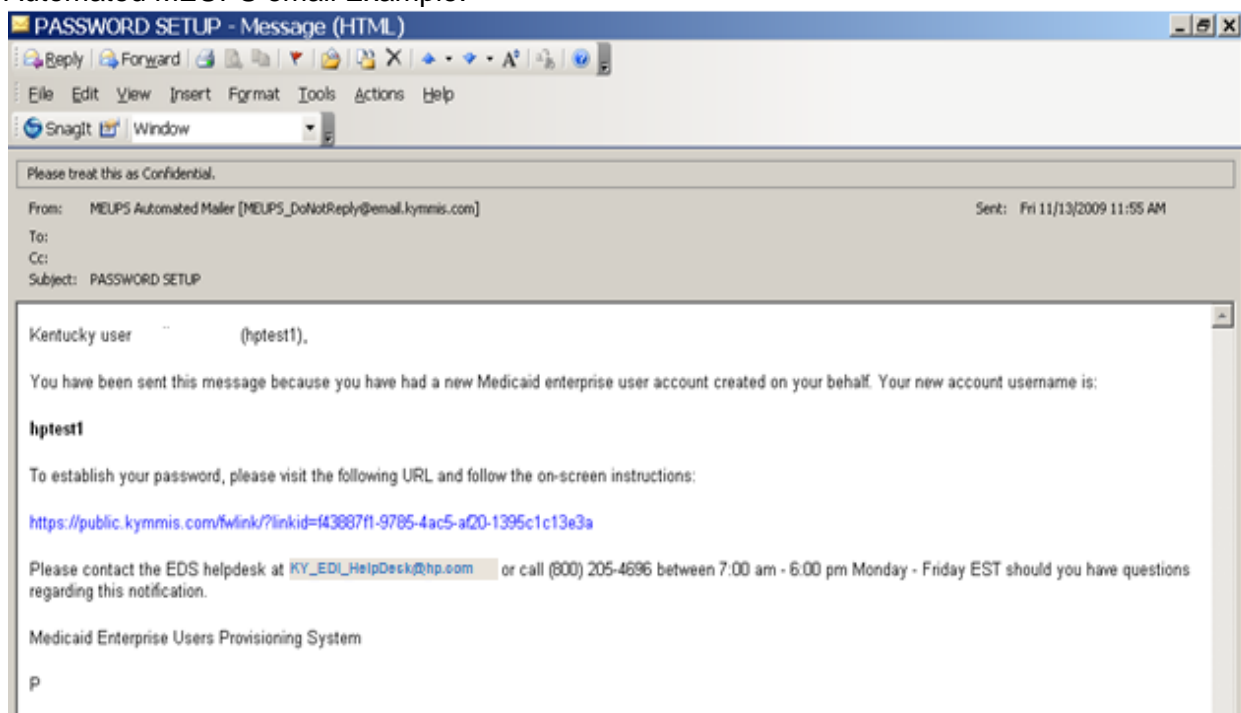
Copyright © 2007 Commonwealth of Kentucky. All rights reserved.

3. The “Agent Account Created” window appears.



4. User will receive an email as shown below.

Automated MEUPS email Example:



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

6. User must click "I agree" in order to proceed.

Kentucky
COMMONWEALTH OF KENTUCKY

KyHealth Choices

Kentucky Medicaid Web Site

For assistance, email us at KY_EDJ_HelpDesk@hp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

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 KyHealth Net (claims, eligibility, etc.), follow the instructions below.

1. Click on the “KYHealth Net” link.

The screenshot shows the 'Manage Agent Roles' page within the Kentucky Cabinet for Health and Family Services portal. The page includes a navigation bar with links like 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. A sidebar on the left contains 'KyHealth Choices' and 'Kentucky Medicaid Web Site' links, along with contact information for the KY EDI HelpDesk. The main content area is titled 'Manage Agent Roles' and contains a table of agent details. Below the table, there are two numbered steps: '1 Select the system to modify access' and '2 Modify the permissions for selected system'. Step 1 shows a dropdown menu with 'Account Management' and 'KYHealthNet' options. Step 2 shows a 'Roles' dropdown menu.

Kentucky
CABINET FOR HEALTH AND FAMILY SERVICES

Close Application

Account Home My Information Change Password View Agent Roles Add Agent

Manage Agent Roles

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

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

Remove All Roles

- 1 Select the system to modify access**
System
Select Account Management
Select KYHealthNet
- 2 Modify the permissions for selected system**
Roles

Contact Us

2. Notice section **2** Modify the permissions for KYHealthNet section opens.
3. Roles are granted or removed in this section.

4. Check the roles you wish to grant agent.
5. Click the “Save Changes” button to save modifications.

The screen returns “Successful adding role of ...”

Kentucky
CABINET FOR HEALTH AND FAMILY SERVICES

Close Application

Account Home My Information Change Password View Agent Roles Add Agent

Manage Agent Roles

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

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

Agent Details

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

Remove All Roles

1 Select the system to modify access

System	
Select	Account Management
Select	KYHealthNet

2 Modify the permissions for KYHealthNet

Roles

- ☐ Card Issuance
- ☐ Claims Inquiry
- ☐ Claims Submission (Dental)
- ☐ Claims Submission (Institutional)
- ☐ Claims Submission (Professional)

For assistance, email us at KY_EDL_HelpDesk@hp.com or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

3 Accessing KY Health Net

KyHealth Net 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 on the “KYHealth Net” link.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

KyHealth Choices Home

Friday 23 January 2015 11:29 am Sign Out

Jane Doe, Welcome to KyHealth Choices

Applications	
Application	Description
Account Management	Manages contact information, password, and authorizations for applications.
KYHealthNet	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 https://home.kymmis.com/home . 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 http://www.chfs.ky.gov/dms/provEnr/
10/30/2014	Important KYHealthNet Announcement - Providers who are already enrolled in KY Medicaid are now able to access their provider enrollment file online through https://home.kymmis.com/home/ . If you already have access to KYHealthNet, you are now able to view your contract dates, licensure information, physical, correspondence and pay to address, phone number, fax number, taxonomy, NPI, group practice provider is affiliated with, providers that participate in group practice, annual disclosure of ownership (ADO), and revalidation dates. Once you log on to KYHealthNet, click on the Provider Status tab to access your file. If you do not have access to KYHealthNet, please visit http://www.chfs.ky.gov/dms/kyhealth.htm for instructions on how to sign up for this feature. If you have questions, please contact the EDI Department at HP by email (KY_EDH_HelpDesk@hp.com) or by phone at (800) 205-4696.

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 | RA Viewer |


Provider Main Page

Thursday 29 January 2015 4:33 pm

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

Provider

- [Claim Inquiry](#)
- [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?

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 KyHealth Net. 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 doesn't 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.

KyHealth Net offers the following functions:

Menu Selection	Functions
Member	Check eligibility, card issuance, spend down, patient liability, pharmacy history and enroll a Member in Presumptive Eligibility (PE providers only).
Claims	Check claim status, submit claims, adjust paid claims or void paid claims.
Prior Authorization (PA)	Access PA information; download a PA letter or lookup a PA number.
Provider References	Check coverage on a procedure code, lookup commercial insurance carrier information and access other references 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 Card Issuance

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

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

Thursday 29 Jan

Welcome to the

Card 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.

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

Provider

Switch Working Provider

- [Claim Inquiry](#)
- [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.

1. Select Member from the Menu.
2. Choose "Card Issuance" from the drop-down.

3. Enter the Member ID or SSN# and click the “Search” button to find the Medicaid card issue date.

The screenshot shows the 'Card Issuance' page of the KYMMIS system. At the top, the header reads '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 | [dropdown] | Logout'. The main heading is 'Card Issuance'. The page timestamp is 'Friday 30 January 2015 11:47 am'. There are two input fields: 'Member ID:' and 'SSN:'. A 'Search' button is positioned below these fields. At the bottom right, it says 'Last Updated: 8/11/2014'. The footer contains links for 'Contact Us', 'Privacy', 'Disclaimer', and 'Individuals with Disabilities', along with the copyright notice 'Copyright © 2005 Commonwealth of Kentucky All rights reserved.'

The card issuance dates include eligibility begin and end dates along with card type. An “R” in the retroactive column indicates the segment was issued retroactively.

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

Card Issuance

Friday 30 January 2015 11:50 am

Member ID:

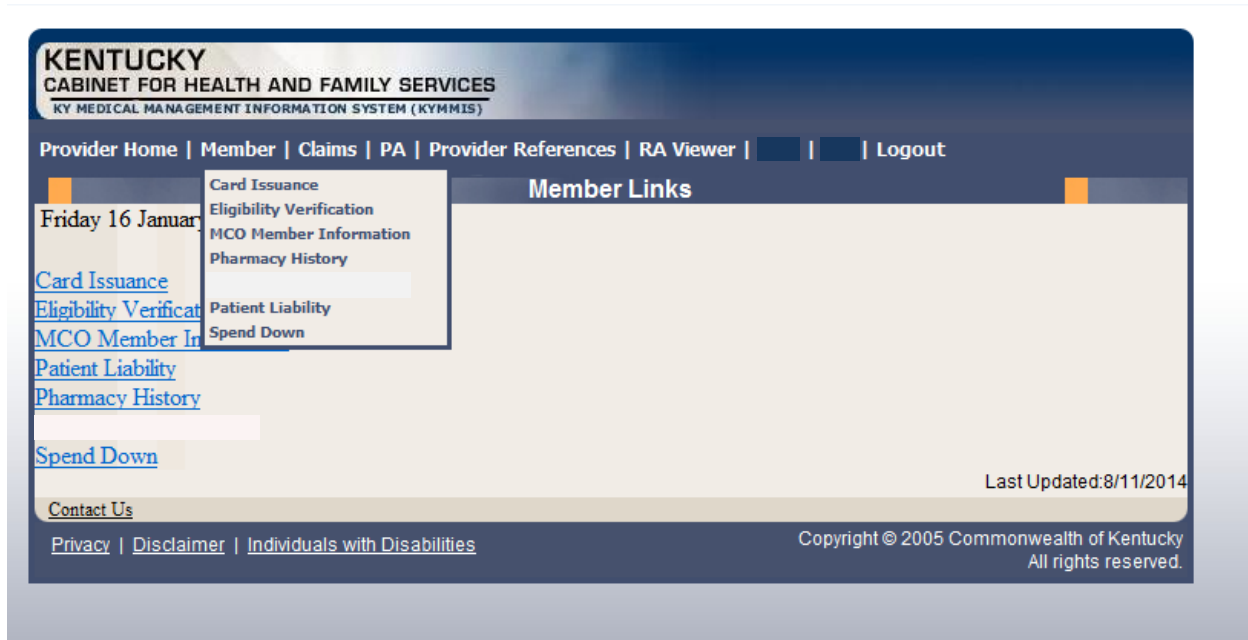
SSN:

Issue Date	Retroactive	Beginning Date	End Date	Type	Source	Currently Billable
01/21/2015		02/01/2015	03/01/2015	Regular	KMIDC	Yes
12/18/2014		01/01/2015	02/01/2015	Regular	KMIDC	Yes
11/17/2014		12/01/2014	01/01/2015	Regular	KMIDC	Yes
10/22/2014		11/01/2014	12/01/2014	Regular	KMIDC	Yes
09/19/2014		10/01/2014	11/01/2014	Regular	KMIDC	Yes
08/20/2014		09/01/2014	10/01/2014	Regular	KMIDC	Yes
07/22/2014		08/01/2014	09/01/2014	Regular	KMIDC	Yes
06/19/2014		07/01/2014	08/01/2014	Regular	KMIDC	Yes
05/20/2014		06/01/2014	07/01/2014	Regular	KMIDC	Yes
04/21/2014		05/01/2014	06/01/2014	Regular	KMIDC	Yes
03/20/2014		04/01/2014	05/01/2014	Regular	KMIDC	Yes
02/19/2014		03/01/2014	04/01/2014	Regular	KMIDC	Yes
01/22/2014		02/01/2014	03/01/2014	Regular	KMIDC	No
12/17/2013		01/01/2014	02/01/2014	Regular	KISS	No
11/18/2013		12/01/2013	01/01/2014	Regular	KISS	No
10/22/2013		11/01/2013	12/01/2013	Regular	KISS	No
09/19/2013		10/01/2013	11/01/2013	Regular	KISS	No
08/21/2013		09/01/2013	10/01/2013	Regular	KISS	No
07/22/2013		08/01/2013	09/01/2013	Regular	KISS	No
06/19/2013		07/01/2013	08/01/2013	Regular	KISS	No
05/21/2013		06/01/2013	07/01/2013	Regular	KISS	No
04/19/2013		05/01/2013	06/01/2013	Regular	KISS	No
03/20/2013		04/01/2013	05/01/2013	Regular	KISS	No
02/19/2013		03/01/2013	04/01/2013	Regular	KISS	No
01/31/2013		02/01/2013	03/01/2013	Regular	KISS	No
12/17/2012		01/01/2013	02/01/2013	Regular	KISS	No
11/19/2012		12/01/2012	01/01/2013	Regular	KISS	No
10/22/2012		11/01/2012	12/01/2012	Regular	KISS	No
09/19/2012		10/01/2012	11/01/2012	Regular	KISS	No
08/22/2012		09/01/2012	10/01/2012	Regular	KISS	No
07/20/2012		08/01/2012	09/01/2012	Regular	KISS	No
06/20/2012		07/01/2012	08/01/2012	Regular	KISS	No
05/21/2012		06/01/2012	07/01/2012	Regular	KISS	No
04/19/2012		05/01/2012	06/01/2012	Regular	KISS	No
03/21/2012		04/01/2012	05/01/2012	Regular	KISS	No
03/06/2012	R	03/01/2012	04/01/2012	Regular	KISS	No

5.2 Member Eligibility Verification

1. Select Member from the Menu.
2. Choose "Eligibility Verification" from the drop-down.

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.

The screenshot shows the 'Member Eligibility Verification' page of the KYMMIS system. At the top, the header reads '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 title of the page is 'Member Eligibility Verification'. The date and time are displayed as 'Friday 30 January 2015 11:53 am'. The form includes a 'Provider' dropdown menu, a 'Select Lookup Type:' dropdown menu (currently showing '-- Select --'), and a 'Service Type:' dropdown menu (showing 'Ambulatory Service Center Facility', 'Anesthesia', and 'Cardiac Rehabilitation'). A 'Search' button is located to the right of the 'Service Type' dropdown. At the bottom right of the form area, it says 'Last Updated: 8/11/2014'. The footer contains links for 'Contact Us', 'Privacy', 'Disclaimer', and 'Individuals with Disabilities', along with the copyright notice 'Copyright © 2005 Commonwealth of Kentucky All rights reserved.'

When the search criteria is selected, the screen will expand to include fields for dates of service and Service Type. The Service Type will display all 12 of the CORE ACA required service types, the page will automatically default to Health Plan Coverage. The current date will automatically be plugged in the date's fields. The user may change the dates to the desired dates of service.

2. Enter the search criteria.
3. Click “search.”

The Member Eligibility Verification page will appear.

This screen will display the most current eligibility information 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](#)

Member Eligibility Verification

Wednesday 23 September 2015 10:22 am

Provider

Select Lookup Type:

Service Type:

Member ID:

From Date of Service:

To Date of Service:

Verification No. 3ecb59972f - 9/23/2015 Status: Active

Member

Current ID:

Last Name:

First Name:

Date of Birth:

Old ID:

Check Digit:

Gender:

Date of Death:

[Other IDs](#)

Phone Number:

SSN:

County Code:

County Name:

Physical Address:

[View Member's Mailing Address: here](#)

City:

State:

ZipCode:

Hospice Election Date:

Medicare A:

Medicare B:

Case Number:

Case Name:

Eligibility

[Eligibility 5 Year History](#)

Eligibility Group	Program Code	Program Status	Pov Ind	From Date of Service	To Date of Service
KY Managed Care	XC -	P1 - Child at least 6 and under	N	09/23/2015	09/23/2015
Organization without Co-Pay	Child	19, Attending School if 18			

- Link on the hyper link to view member mailing address

- The member mail address information

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

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

Member Mail Address

Wednesday 23 September 2015 10:24 am

I.D.: Last Name: First Name:

Address1:

Address2:

Address3:

City: State: KY ZipCode: 40213-3060

Displayed Member Geographic Information is Members Current Information

Last Updated: 8/20/2015

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- If the member is not eligible an error code is returned

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](#)

Member Eligibility Verification

Monday 21 September 2015 4:05 pm

Provider:

Select Lookup Type: Service Type:

Member ID Lookup Emergency Services

Family Planning

Health Plan Coverage

Member ID:

From Date of Service: 09/21/2015 To Date of Service: 09/21/2015

Verification No. cc940dfa06 - 9/21/2015 Status: Non-Active

Print

Error code 05 - Recipient ID missing or not on file

Last Updated: 8/28/2015

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When the link under Eligibility Group is selected a new window displays the service types:

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

Service Type Coverage

Friday 30 January 2015 12:10 pm

Member

I.D: Last Name: First Name: Date of Birth:

SSN: County Code:

Case Number: Case Name:

Displayed Member Geographic Information is Members Current Information

***Service Type Coverage for Eligibility Group:
Opt Chc - Exp pop - Tgt - no Copay**

Service Type	Date Effective	Date End	Coverage	Co-Pay	Co-Insurance	Base Deductible	Deductible Remaining
1 - Medical Care	01/30/2015	01/30/2015	Y	0	0	0	0
33 - Chiropractic	01/30/2015	01/30/2015	Y	0	0	0	0
35 - Dental Care	01/30/2015	01/30/2015	Y	0	0	0	0
47 - Hospital	01/30/2015	01/30/2015	Y	0	0	0	0
48 - Hospital - Inpatient	01/30/2015	01/30/2015	Y	0	0	0	0
50 - Hospital - Outpatient	01/30/2015	01/30/2015	Y	0	0	0	0
86 - Emergency Services	01/30/2015	01/30/2015	Y	0	0	0	0
88 - Pharmacy	01/30/2015	01/30/2015	Y	0	0	0	0
98 - Professional (Physician) Visit - Office	01/30/2015	01/30/2015	Y	0	0	0	0
AL - Vision (Optometry)	01/30/2015	01/30/2015	Y	0	0	0	0
MH - Mental Health	01/30/2015	01/30/2015	Y	0	0	0	0
UC - Urgent Care	01/30/2015	01/30/2015	Y	0	0	0	0

***Accurate information regarding KY Medicaid member copay/coinsurance for MCO plans should be obtained directly from the appropriate MCO.**

For Medicaid members not enrolled in Managed Care, please refer back to the "Copay/Coinsurance/Cost Share 5 year history" section, under member eligibility verification, for current information.

Last Updated: 8/11/2014

[Contact Us](#)

If the member eligibility has end dated the following message will display:

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](#)

Member Eligibility Verification

Monday 21 September 2015 4:05 pm

Provider:

Select Lookup Type: Member ID Lookup

Service Type: Emergency Services
Family Planning
Health Plan Coverage

Member ID:

From Date of Service: 09/21/2015

To Date of Service: 09/21/2015

Verification No. cc940dfa06 - 9/21/2015 Status: Non-Active

Error code 78 - Subscriber/Insured Not in Group/Plan Identified

Last Updated: 8/28/2015

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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](#)

TPL 5 Year History

Monday 4 February 2013 10:18 am

Member			
I.D:	Last Name:	First Name:	Date of Birth:
SSN:	County Code:		
Case Number:	Case Name:		

Displayed Member Geographic Information is Members Current Information

TPL History

No Rows Found

Last Updated: 1/22/2013

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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

Managed Care 5 Year History

Tuesday 29 January 2013 5:53 pm

Member

I.D: Last Name: First Name: Date of Birth:
SSN: County Code: 015
Case Number: Case Name:

Displayed Member Geographic Information is Members Current Information

Managed Care History

MCO Name	PMP ID	Region	Date Added	Effective Date	End Date
<input type="text"/>	<input type="text"/>				

Last Updated: 1/29/2013

Contact Us

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

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

KenPAC 5 Year History

Monday 4 February 2013 10:20 am

Member

I.D: Last Name: First Name: Date of Birth:
SSN: County Code:
Case: Case Name:

Displayed Member Geographic Information is Members Current Information

KenPAC History

Provider Name	Site Phone #	Begin Date	End Date
<input type="text"/>			
<input type="text"/>			

Last Updated: 1/22/2013

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

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

Lockin 5 Year History

Monday 4 February 2013 10:20 am

Member			
I.D:	Last Name:	First Name:	Date of Birth:
SSN:	County Code:		
Case Number:	Case Name:		
Displayed Member Geographic Information is Members Current Information			

Lockin History	
No Rows Found	

Last Updated: 1/22/2013

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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](#)

Lockin 5 Year History

Tuesday 11 June 2013 1:54 pm

If member is enrolled in Managed Care, please refer to [MCO Member Information](#) panel

Member			
I.D:	Last Name:	First Name:	Date of Birth:
SSN:	County Code:		
Case Number:	Case Name:		
Displayed Member Geographic Information is Members Current Information			

Lockin History				
Provider Name	Provider Phone	Service Type	Effective	End
		LOCK-IN (MEDICAL)	02/01/2009	05/31/2009
		LOCK-IN (PHARMACY)	05/01/2005	05/31/2009

Last Updated: 6/10/2013

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

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

Waiver 5 Year History

Monday 4 February 2013 10:21 am

Member			
I.D:	Last Name:	First Name:	Date of Birth:
SSN:	County Code:		
Case Number:	Case Name:		

Displayed Member Geographic Information is Members Current Information

Waiver History
No Rows Found

Last Updated: 1/22/2013

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5.2.2 Member Eligibility Suspension/Disenrollment

The new indicators for member who have the following status at the time of member inquiry; if the member does not have one of these indicators on file this panel will not display.

- I – Suspended - Incarcerated
- A – Eligible but dis-enrolled due to address mismatch
- W – Address Mismatch warning

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](#)

Member Eligibility Verification

Thursday 27 August 2015 11:28 am

Provider:

Select Lookup Type: Member ID Lookup

Service Type: Emergency Services
Family Planning
Health Plan Coverage

Search

Member ID:

From Date of Service: 06/01/2015 To Date of Service: 08/31/2015

Verification No. 3ecb59972f - 9/23/2015 Status: Active

Member

Current ID:	Last Name:	First Name:	Date of Birth:
Old ID:	Check Digit:	Gender: M	Date of Death:
Other IDs	Phone Number:		
SSN:	County Code:	County Name:	
Address:			
City:	State: KY	ZipCode:	
Hospice Election Date:			
Medicare A:		Medicare B:	
Case Number:	Case Name:		

Service Limitation

[Service Limitation 5 Year History](#)
 No current coverage for date of service entered.

Copay/Coinsurance/Cost Share

[Copay/Coinsurance/Cost Share 5 Year History](#)
 No current coverage for date of service entered.

TPL

[TPL 5 Year History](#)
 No current coverage for date of service entered.

Managed Care

[Managed Care 5 Year History](#)

MCO Name	PMP ID	Region	Date Added	From Date of Service	To Date of Service
		06	08/21/2014	06/01/2015	08/26/2015

KenPAC

[KenPAC 5 Year History](#)
 No current coverage for date of service entered.

Lockin

[Lockin 5 Year History](#)
 No current coverage for date of service entered.
 If member is enrolled in Managed Care, please refer to [MCO Member Information](#) panel

Waiver

[Waiver 5 Year History](#)
 No current coverage for date of service entered.

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

Last Updated: 8/20/2015

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Suspensions/Disenrollments

Address Mismatch Warning! Please have the member call the Department for Community Based Services (DCBS) at 855-306-8959 or kynect at 1-855-4kynect (459-6328) to update their address.

Suspension/Disenrollment Type	Date Effective	Date End
I - Suspended - Incarcerated	08/15/2015	08/31/2015
A - Eligible but Disenrolled - Address Mismatch	07/01/2015	08/31/2015
W - Address Mismatch Warning	06/01/2015	06/30/2015

Alert! Individuals with an incarceration suspension (Ind - I) or an address hold (Ind - A) will not be eligible for claims payment or MCO enrollment. If this information is incorrect, have member call DCBS at 855-306-8959 or kynect at 1-855-4kynect (459-6328).

Eligibility

Eligibility 5 Year History

Eligibility Group	Program Code	Program Status	Pov Ind	From Date of Service	To Date of Service
KY Managed Care Organization without Co-Pay	XC - Child	P3 - Newborn Child less than 1	N	06/01/2015	08/31/2015
Copay Indicator	From Date		To Date		
N	06/01/2015		08/31/2015		

Note: POV_IND - 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.

5.3 View Pharmacy Claim History

1. Select Member from the Menu.
2. Choose "Pharmacy History" from the drop-down.

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

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

Monday 13 Dec

Card Issuance
Eligibility Verification
Pharmacy History
Patient Liability
Spend Down

Provider Main Page

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

Provider

Switch Working Provider

[Claim Inquiry](#)
[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.

Contact Us

Last Updated: 9/15/2010

The following screen will appear.

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

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

Pharmacy Claims History

Friday 17 December 2010 10:01 am

Note: Pharmacy information is updated every two weeks.

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

Member ID:

[Contact Us](#)

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

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Last Updated: 9/15/2010

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 (KYMIS)

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

Pharmacy Claims History

Thursday 15 January 2015 4:48 pm

Note: Pharmacy information is updated every two weeks.

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

Member ID:

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

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Last Updated: 8/28/2014

6 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

Monday 13 Dec

Card Issuance
Eligibility Verification
Pharmacy History
Patient Liability
Spend Down


Provider Main Page

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

Provider

Switch Working Provider

- [Claim Inquiry](#)
- [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.

Contact Us

Last Updated: 9/15/2010

The following screen will appear.

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

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

Patient Liability

Friday 17 December 2010 10:10 am

Member ID: SSN:

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Last Updated: 9/15/2010

3. Enter the Member ID or SSN and click the “Search” button to find the patient liability.
4. Click on the View button to populate the MAP 552.

Liability				
Begin Date	End Date	Amount	Type of Liability	
01/01/2006	12/31/2299	\$32.00	LTC (Long Term Care)	<input type="button" value="View"/>
02/01/2005	12/31/2005	\$13.00	LTC (Long Term Care)	<input type="button" value="View"/>

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Last Updated: 11/24/2009

7 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 (KYMMIS)

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

Monday 13 Dec

Provider Main Page

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

Card Issuance
Eligibility Verification
Pharmacy History
Patient Liability
Spend Down

Provider

- [Claim Inquiry](#)
- [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.

[Contact Us](#)

Last Updated: 9/15/2010

The following screen will appear.

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

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

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

Spend Down

Thursday 19 November 2009 08:08 am

Member ID: SSN:

Last Updated: 4/30/2009

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

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

Spend Down

Friday 20 August 2010 12:21 pm

Member ID: SSN:

Member

DOB: 07/04/1965 Member ID:
DOD: 09/04/2009 Name:

Spend Down

Begin Date	End Date	Amount	Balance
03/10/2009	04/30/2009	\$396.52	\$396.52
05/01/2009	07/31/2009	\$3,915.00	\$0.00
08/01/2009	10/31/2009	\$3,915.00	\$0.00

Last Updated: 7/1/2010

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8 PA – Prior Authorization

8.1 Prior Authorization Check list

1. Select PA from the Menu.
2. Choose “Prior Authorization” 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 16 January 2015 11:25 am

Welcome to the Kentucky Medicaid Services secure website is intended for agents.

Prior Authorization Checklist
Radiology Prior Auth Proc Code List
MMIS Prior Authorization Letter
CareWise Prior Authorization Letter
PA Inquiry
DME PA Smart Sheets

Provider

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

The following provider id(s) require renewal of their Annual Disclosure of Ownership.

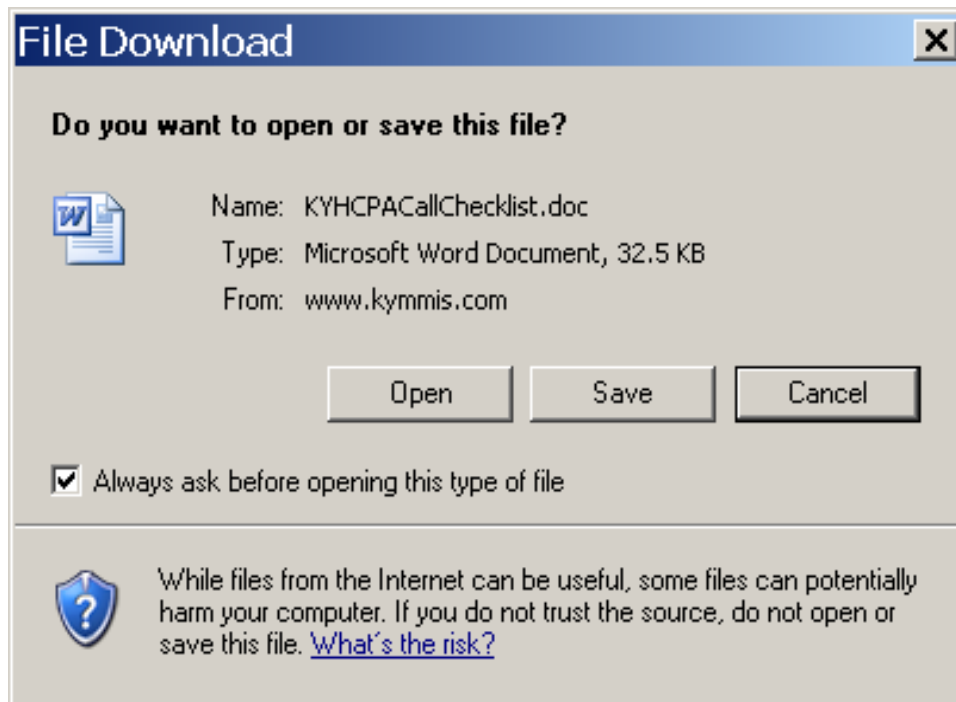
Provider ID	NPI	Provider Name	Due Date

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

[Provider Status](#)

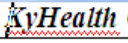


The following dialogue box will appear.



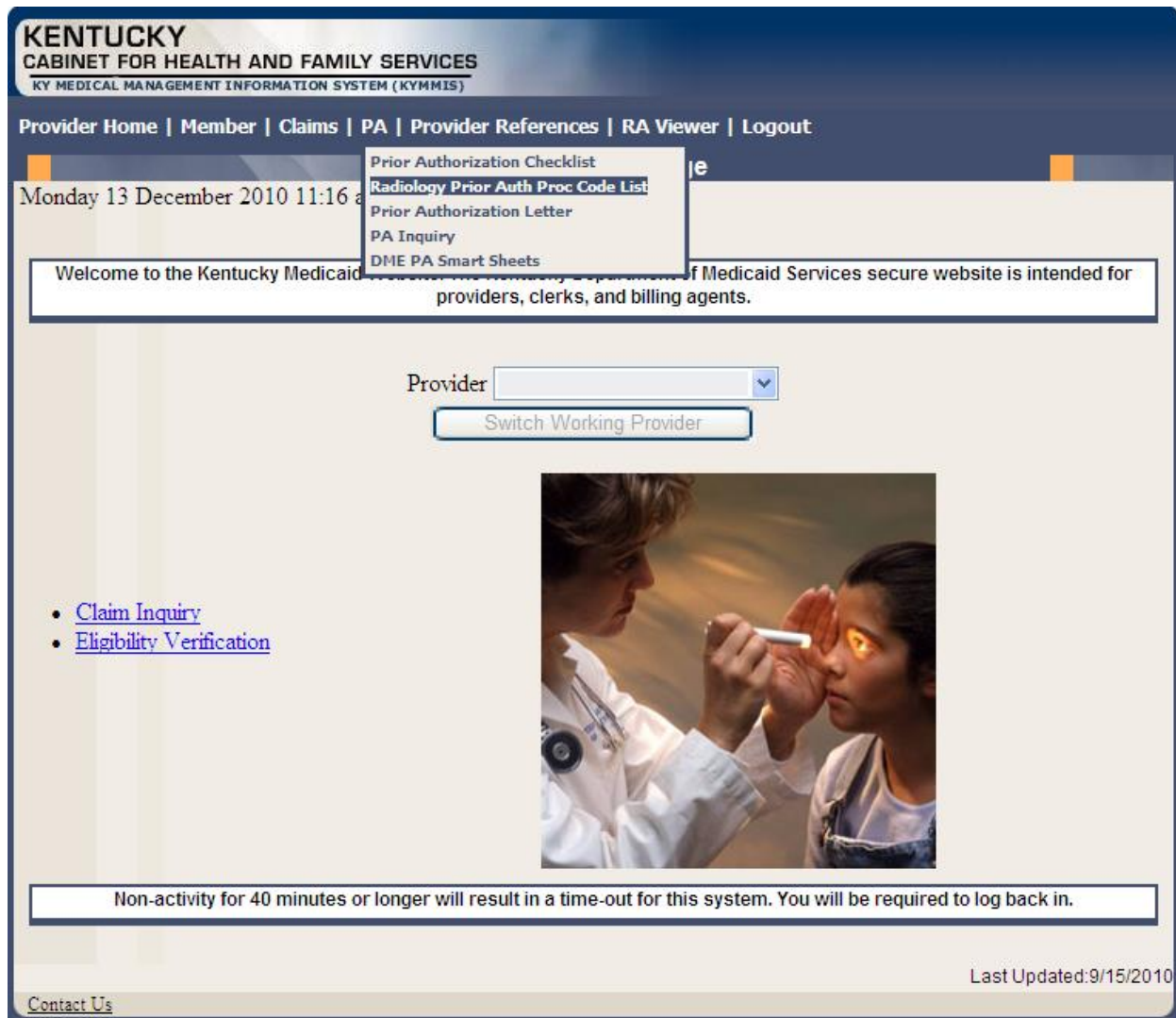
3. Select Open or Save.

An example of the checklist follows:

 KyHealth Choices Prior Authorization Call Checklist			
<p>Prior to calling or faxing this request to prior authorize services, please complete the following information for each Medicaid member when requesting services. By completing this form our representatives will be able to process your request more quickly. We thank you for your assistance.</p>			
<p>Clinical staff should make the Prior Authorization request.</p>			
<p>Review the attached list to see if service requires prior authorization (which would be the letter) and add below.</p>			
<p>All fields are required to process the Prior Authorization request.</p>			
<p>This request does not guarantee these services will be authorized.</p>			
Member Last Name	Member First Name	Member Middle Initial	Member Medicaid ID Number
Member Address	City	Zip Code	Responsible Party for Member Under Age of 18.
Ordering Provider Name		Ordering Provider's Medicaid Number (non-Medicaid providers should enter license number and state)	
Ordering Provider Contact Person Name		Ordering Provider Contact Person Phone # ()	
Facility Name		Facility's Medicaid Number	
Facility Contact Person Name		Facility Contact Person Phone # ()	
Date(s) of Service			
Diagnosis Codes			
Clinical Criteria			
Procedure Codes			

8.2 Radiology Prior Authorization Procedure Code List

1. Select PA from the Menu.
2. Choose "Radiology Prior Auth Proc Code List" from the drop-down.



A PDF version of the Radiology Prior Authorization Procedure Code List will appear.

**Revised KyHealth Choices Radiology Codes Requiring Prior Authorization
Effective September 15, 2006**

Code	Description
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s)
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; with contrast material(s)
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	Magnetic resonance angiography, head; without contrast materials (Effective 03/01/2007)
70545	Magnetic resonance angiography, head; with contrast materials (Effective 03/01/2007)
70546	Magnetic resonance angiography, head; without contrast materials followed by contrast materials and further sequences (Effective 03/01/2007)
70547	Magnetic resonance angiography, neck; without contrast material(s)
70548	Magnetic resonance angiography, neck; with contrast material(s)
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (eg, Proton) imaging, brain (including brain stem); without contrast material
70552	Magnetic resonance (eg, Proton) imaging, brain (including brain stem); with contrast material
70553	Magnetic resonance (eg, Proton) imaging, brain (including brain stem); without contrast material followed by contrast material and further sequences
70557	Magnetic resonance (eg, Proton) imaging, brain (including brain stem and skull base), during open intracranial procedures (eg, To assess for residual tumor or residual vascular malformation; without contrast material
70558	Magnetic resonance (eg, Proton) imaging, brain (including brain stem and skull base), during open intracranial procedures (eg, To assess for residual tumor or residual vascular malformation; with contrast material
70559	Magnetic resonance (eg, Proton) imaging, brain (including brain stem and skull base), during open intracranial procedures (eg, To assess for residual tumor or residual vascular malformation; without contrast material, followed by contrast

8.3 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

Monday 21 July 2014 1:26 pm

Welcome to the Kentucky Medicaid Website

medicaid Services secure website is intended for providers, []nts.

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?

The following provider id(s) require renewal of their Annual Disclosure of Ownership.

Provider ID	NPI	Provider Name	Due Date
[]	[]	[]	[]

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



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](#)

CareWise Prior Authorization Letters

Monday 21 July 2014 1:28 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.

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: 12/14/2013

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Searches may be conducted by Provider or by using a specific Member ID.

8.3.1 PA Letter List

Select "Member letter" under letter type.

The screenshot displays the 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' logo and the 'KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)' title. The navigation bar includes links for 'Provider Home', 'Member', 'Claims', 'PA', 'Provider References', 'RA Viewer', and 'Logout'. The main heading is 'CareWise Prior Authorization Letters', with a timestamp of 'Tuesday 29 July 2014 1:30 pm'. A 'Provider' dropdown menu is present. Below this is a 'Search Criteria' section with input fields for 'Member ID', 'Case Number', 'Member First Name', 'Member Last Name', 'From Date', and 'To Date'. A red instruction text states: 'Click the Search button below to find Carewise Prior Authorization Letters associated with your provider number. When the Letter listing displays, click the Letter to view the details.' A 'Search' button is located below the text. At the bottom, a 'Letter' section shows a list item: '7/23/2014 PA SHPS -Mem ID: -Name: -Prov ID: -Rev Type: WAIVER'.

Searches may be conducted by Provider or by using a specific Member ID.

8.4 PA Inquiry

1. Select PA from the Menu.
2. Choose "PA Inquiry" from the drop-down.

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

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


Monday 13 December 2010 11:19 a

Prior Authorization Checklist
Radiology Prior Auth Proc Code List
Prior Authorization Letter
PA Inquiry
DME PA Smart Sheets

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

Provider

[Claim Inquiry](#)
[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.

Last Updated: 9/15/2010

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The following screen will appear.

The screenshot shows the 'Prior Authorization Inquiry' screen of the KYMMIS system. The header includes the Kentucky Cabinet for Health and Family Services logo and navigation links: Provider Home, Member, Claims, PA, Provider References, RA Viewer, and Logout. The page title is 'Prior Authorization Inquiry' and the date/time is 'Wednesday 18 August 2010 4:03 pm'. The search form contains fields for Transaction ID, Member ID, PA Category, SSN, Last Name, First Name, Start Date (with a calendar icon), and Type (set to 'Submitted'). A 'Search' button is located below the form. The footer includes a 'Contact Us' link, privacy/disclaimer links, and copyright information for the Commonwealth of Kentucky (2005).

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 18 August 2010 4:03 pm

Provider:

Transaction ID: Member ID: PA Category:

SSN: Last Name: First Name:

Start Date: Type: Submitted

Last Updated: 7/1/2010

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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; and,
- Start date is required with all search criteria.

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

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

Prior Authorization Inquiry

Friday 20 August 2010 12:27 pm

Provider:

Transaction ID: Member ID: PA Category:

SSN: Last Name: First Name:

Start Date: Type:

Transaction ID	Member ID	SSN	Last Name	First Name	PA Category
					Inpatient Hospital

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Last Updated: 7/1/2010

1. Selecting Search returns the Transaction ID.
2. Click to open the PA.
3. Click on the next button to view the Summary page.

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

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

PA Summary

Friday 20 August 2010 12:29 pm

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

[Header](#)

Requesting Provider Number:	PA Category: Inpatient Hospital
Servicing Provider Number:	Nursing Facility Type:
Member ID:	Diagnosis Code: 1490
Last Name:	First Name: MI:
Emergency: N	Admission Date: 07/07/2009
Accident: N	Discharge Date:
Special Consideration: N	

[Case Management/Disease Management](#)

Indicator:	Program:
Level:	

[Detail](#)

Line Item Number	Status	Procedure Code	Revenue Code	Req. Eff. Date	Req. End Date	Req. Units	Req. Amount
01	A		100	07/07/2009	07/07/2009	1	0

Finish

9 Provider References

9.1 Provider Reference Search

1. Select Provider References from the Menu.
2. Choose "Reference Search" from the drop-down.

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

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

Monday 13 December 2010 11:30 am

Reference Search
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.

Provider

Switch Working Provider

- [Claim Inquiry](#)
- [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.

Last Updated: 9/15/2010

[Contact Us](#)

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The following screen will appear.

The screenshot shows the 'Reference Search' interface of the KYMMIS 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'. Below this, a banner states 'Eligibility listed does not guarantee payment of a claim.' The date and time 'Wednesday 8 January 2014 1:53 pm' are displayed. The main form area contains a 'Provider' dropdown menu, a 'Choose Search Type' dropdown set to 'Procedure Code', and three required fields: 'Procedure Code*', 'Eligibility Group*' (set to 'CCEBA - Compr Chces - Exp Pop Bas ABI'), and 'Date Of Service*' with a calendar icon. A 'Search' button is positioned below these fields. The footer includes a 'Contact Us' link, privacy and disclaimer links, and copyright information for 2005.

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](#)

Reference Search
Eligibility listed does not guarantee payment of a claim.

Wednesday 8 January 2014 1:53 pm

Provider

Choose Search Type

Procedure Code*

Eligibility Group*

Date Of Service*

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Last Updated: 12/14/2013

3. Enter the procedure code and date of service

4. Select the Benefit Plan click Search

The response will return the Limitation for the date of service.

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

Reference Search
Eligibility listed does not guarantee payment of a claim.

Wednesday 8 January 2014 3:41 pm

Provider

Choose Search Type

Procedure Code*

Eligibility Group*

Date Of Service*

Procedure 99213: - Compr Chces - Exp Pop Bas ABI
Limitations for date of service 08/01/2010:

- No PA Required
- Age Restriction: 0 - 999
- Maximum Units: 999
- Gender: Both
- Attachment is Not Required
- CLIA is Not Required
- Not a Lifetime Procedure
- Not Restricted to any Diagnosis
- Restricted to Type/Speciality(s):
 - 85/000

Procedure 99213: - Compr Chces - Exp Pop Bas ABI
Limitations for date of service 08/01/2010:

- No PA Required
- Age Restriction: 0 - 999
- Maximum Units: 999
- Gender: Both
- Attachment is Not Required
- CLIA is Not Required
- Not a Lifetime Procedure
- Not Restricted to any Diagnosis
- Restricted to Type/Speciality(s):
 - 80/000

Procedure 99213: - Compr Chces - Exp Pop Bas ABI

Limitations for date of service 08/01/2010:

- No PA Required
- Age Restriction: 0 - 999
- Maximum Units: 999
- Gender: Both
- Attachment is Not Required
- CLIA is Not Required
- Not a Lifetime Procedure
- Not Restricted to any Diagnosis
- Restricted to Type/Speciality(s):
 - 01/000

Procedure 99213: - Compr Chces - Exp Pop Bas ABI

Limitations for date of service 08/01/2010:

- No PA Required
- Age Restriction: 0 - 999
- Maximum Units: 999
- Gender: Both
- Attachment is Not Required
- CLIA is Not Required
- Not a Lifetime Procedure
- Not Restricted to any Diagnosis
- Restricted to Type/Speciality(s):
 - 40/000

Procedure 99213: - Compr Chces - Exp Pop Bas ABI

Limitations for date of service 08/01/2010:

- No PA Required
- Age Restriction: 0 - 999
- Maximum Units: 999
- Gender: Both
- Attachment is Not Required
- CLIA is Not Required
- Not a Lifetime Procedure
- Not Restricted to any Diagnosis
- Restricted to Type/Speciality(s):
 - 22/000
 - 31/000
 - 35/000
 - 64/000
 - 65/000
 - 77/000
 - 78/000

Last Updated: 12/14/2013

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9.2 TPL Carriers

1. Select Provider References from the Menu.
2. Choose "TPL Carrier" from the drop-down.

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


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

Monday 13 December 2010 11:32 am


Reference Search
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.

Provider 

- [Claim Inquiry](#)
- [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.

Last Updated: 9/15/2010

[Contact Us](#)

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

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The following screen will appear.

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

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

TPL Carriers

Friday 20 August 2010 12:47 pm

Business Name:

Last Updated: 7/1/2010

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

The response will return all carrier information on file.

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

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

TPL Carriers

Friday 20 August 2010 12:50 pm

Business Name: MEDICARE

Code	Business Name	Address	Telephone #
555555	MEDICARE D	FIRST HEALTH CARRIER FRANKFORT, KY 40601	
777777	MEDICARE A	FIRST HEALTH CARRIER FRANKFORT, KY 40601	
888888	MEDICARE B	FIRST HEALTH CARRIER FRANKFORT, KY 40601	
P00000	MEDICARE PART B	NO ADDRESS AVAILABLE PROVIDER RECOUPMENTS ANYTOWN, KY 99999-9999	

1

Last Updated: 7/1/2010

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9.3 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](#) | [RA Viewer](#) | [Logout](#)

Monday 13 December 2010 11:32 am

Reference Search
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.

Provider 

[Switch Working Provider](#)

- [Claim Inquiry](#)
- [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.

Last Updated: 9/15/2010

[Contact Us](#)

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

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The following screen will appear.

The screenshot shows the Kentucky Cabinet for Health and Family Services website. The header includes the Kentucky.gov logo, a search bar, and the text "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)". The breadcrumb trail is "kymmis > Provider Relations : Index". The main heading is "Provider Resources". On the left is a vertical menu with links: Contact Information, Forms, F.A.Q., Presumptive Eligibility, Provider Letters, Provider Workshop, Provider Billing Instructions, KY Health Net user manuals, Department for Medicaid Services, Home, Phone Directory, Provider Directory, Provider Relations, Electronic Claims, HIPAA, Companion Guides and EDI Guides, and Medicaid Preferred Drug List. The main content area features a blue graphic of a telephone, text explaining the Provider Relations role, a link to the DMS Provider Enrollment website, and service hours. A "Page Updates" box shows a date of August 16, 2013, and a link to a new provider rep listing PDF.

Kentucky.gov Search: ? Go Advanced Search

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

kymmis > Provider Relations : Index

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

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.

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

Page Updates

August 16, 2013
[New Provider Rep Listing \(PDF\)](#)

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

10 RA Viewer

1. Click RA Viewer on the menu.

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

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

Provider Main Page


Thursday 29 January 2015 4:20 pm

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.

[Contact Us](#)

Last Updated: 8/11/2014

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 of the Kentucky Medical Management Information System (KYMMIS). The header includes the Kentucky Cabinet for Health and Family Services logo and navigation links: Provider Home, Member, Claims, PA, Provider References, RA Viewer, and Logout. The page title is 'RA Viewer' and the date/time is 'Friday 20 August 2010 1:08 pm'. A 'Provider' dropdown menu is present. Below it, a red instruction states: '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', 'Last Updated: 7/1/2010', and 'Copyright © 2005 Commonwealth of Kentucky All rights reserved.'

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 29 January 2015 4:24 pm

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
01/23/2015 - RA - Payee ID: <input type="text"/> - RA #: 13323870 - NPI: <input type="text"/> - SEQ: <input type="text"/>	<input type="text"/>	1-23-2015	1-26-2015
01/16/2015 - RA - Payee ID: <input type="text"/> - RA #: 13317888 - NPI: <input type="text"/> - SEQ: <input type="text"/>	<input type="text"/>	1-16-2015	1-19-2015
01/09/2015 - RA - Payee ID: <input type="text"/> - RA #: 13311781 - NPI: <input type="text"/> - SEQ: <input type="text"/>	<input type="text"/>	1-9-2015	1-10-2015
01/02/2015 - RA - Payee ID: <input type="text"/> - RA #: 13306059 - NPI: <input type="text"/> - SEQ: <input type="text"/>	<input type="text"/>	1-2-2015	1-3-2015
12/26/2014 - RA - Payee ID: <input type="text"/> - RA #: 13300107 - NPI: <input type="text"/> - SEQ: <input type="text"/>	<input type="text"/>	12-26-2014	12-27-2014
12/19/2014 - RA - Payee ID: <input type="text"/> - RA #: 13293811 - NPI: <input type="text"/> - SEQ: <input type="text"/>	<input type="text"/>	12-19-2014	12-22-2014
12/12/2014 - RA - Payee ID: <input type="text"/> - RA #: 13287423 - NPI: <input type="text"/> - SEQ: <input type="text"/>	<input type="text"/>	12-12-2014	12-14-2014
12/05/2014 - RA - Payee ID: <input type="text"/> - RA #: 13281242 - NPI: <input type="text"/> - SEQ: <input type="text"/>	<input type="text"/>	12-5-2014	12-6-2014
11/28/2014 - RA - Payee ID: <input type="text"/> - RA #: 13274846 - NPI: <input type="text"/> - SEQ: <input type="text"/>	<input type="text"/>	11-28-2014	11-29-2014
11/21/2014 - RA - Payee ID: <input type="text"/> - RA #: 13268460 - NPI: <input type="text"/> - SEQ: <input type="text"/>	<input type="text"/>	11-21-2014	11-23-2014

1 2 3

11 Claims

11.1 Claim Inquiry

1. Select Claims from the Menu.
2. Choose "Claims Inquiry" from the drop-down.

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

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

Friday 17 December 2010

Welcome to the Kentucky

Claims Inquiry
Claims Submission (Dental)
Claims Submission (Professional)
Claims Submission (Institutional)
LTC Roster/Submittal
DRG Letter


Main Page

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

Provider

Switch Working Provider

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [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.

Last Updated: 9/29/2010

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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](#)

Claim Inquiry:
 Friday 17 December 2010 2:25 pm

Provider

Search Criteria

Member ID:

Claim Status:

Patient Acct. #:

Date Type: ☒ Date Of Service
☐ Warrant Date

ICN or TCN:

From Date:

Thru Date:

Unfinished Claim Entry

Claim	Claim Type	
		<input type="button" value="Delete"/>
		<input type="button" value="Delete"/>

- 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 ICN and remove From Date/Thru Date
Date of Service	A search for claim using the dates of service entered or
Unfinished claims	A claim not completed but saved for future submission

11.2 Submitting LTC Roster

1. Select Claims from the Menu.
2. Choose "LTC Roster/Submittal" from the drop-down.

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

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

Wednesday 5 January 2011

Welcome to the Kentucky

Claims Inquiry
Claims Submission (Dental)
Claims Submission (Professional)
Claims Submission (Institutional)
LTC Roster/Submittal
DRG Letter


Main Page

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

Provider

Switch Working Provider

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



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11.3 Verify Provider Box

3. Verify the correct NPI and taxonomy display
4. Click Next.

The screenshot displays the 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' logo at the top, with the subtitle 'KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)'. Below the logo is a navigation bar with links: 'Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout'. The main content area shows the date and time 'Friday 17 December 2010 2:32 pm'. A 'Provider' dropdown menu is visible, followed by a large redacted area. Below the redaction are 'Next' and 'Print' buttons. The footer includes a 'Contact Us' link, a copyright notice 'Copyright © 2005 Commonwealth of Kentucky All rights reserved.', and a 'Last Updated: 9/29/2010' timestamp.

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

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

Friday 17 December 2010 2:32 pm

Provider

Next

Print

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Last Updated: 9/29/2010

11.4 Long Term Care Roster

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

Please follow Billing Instructions for applicable claim type when completing fields.

Appendix A: Web site link for all Medicaid Billing Instructions

11.4.1 LTC Roster of Members

The Previously Submitted Claims includes members' previously-submitted claims, detailing:

- Member name;
- ID number;
- Claim ICN;
- Revenue code; and,
- Date of last submission.

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

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

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

LTC Roster

Thursday 6 January 2011 09:06 am

Provider

Previously Submitted Claims

Click on name to view claim or

	2 Member Name	3 MAID	4 ICN	5 REV CODE	6 Date Last Submitted			
✓				120	04/30/2008	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	<input type="button" value="Copy"/>
✓				120	09/03/2007	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	<input type="button" value="Copy"/>
✓				110	11/30/2006	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	<input type="button" value="Copy"/>
✓				110	11/30/2006	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	<input type="button" value="Copy"/>
✓				110	11/30/2006	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	<input type="button" value="Copy"/>

Field Number/ Menu Selections	Description
1	Add New Member
	Click box to add new member to the Roster
2	Member Name
	The member's name is shown after entry of information on a previously submitted claim
3	Maid
	The member's KY Medicaid ID number.
4	ICN
	The unique 13-digit internal control number for previously submitted claim.
5	Rev Code
	The revenue code previously submitted for member.
6	Date Last Submitted
	The date the claim was previously submitted.
7	Edit
	To edit a claim.
8	Delete/Copy
	For deleting a claim
9	Copy
	For copying a claim.

7	SUBMITTED AMOUNT
	Enter amounts of each Rev codes for the month.
8	SUBMIT ALL CLAIMS
	When you are done, click this button to submit your claims for the month.

11.4.4 Successful Submission

1 2 3

Submission successful! Tracking number: w.paper.500005448.180705.xml

Current Month Submitted Claims

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

[Add New Member](#)

Roster response returns a tracking number.

11.4.5 Add New Member

1. Click the Add New Member button.

Previously Submitted Claims

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

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

2. Complete the claim with the applicable information required for Long Term Care.

11.4.6 Completing the Claim

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

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

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

Institutional Claim

Thursday 6 January 2011 09:42 am

Billing Information:
Provider Number: 1
Member ID*: 2
Last Name: 3
First Name: 4
Patient Acct. #: 5
Date of Birth*: 6
Gender: 7
Attending Phys: 8
Referring Phys: 9
Facility Number: 10
Other Physician: 11
Insurance Denied?: No 12
Prior Authorization: 13

Service Information:
Claim Type*: Long Term Care 14
Type of Bill*: 15
From Date*: 16
Thru Date*: 17
Covered Days: 0 18
Non-Covered Days: 0
Patient Status: 19
Admit Source: 20
Admission Type: 21
Admission Date: 22
Admission Hour: 23
Discharge Time: 24
Co-insurance Days: 25
Lifetime Reserve Days: 26
EPSDT?: No 27

Next 28

Print 29

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Field Number/ Menu Selection	Definition of Field Description
1	Provider Number
	NPI Number of billing provider (auto-populated)
2	Member ID
	Enter 10 digit Member's KY MEDICAID ID number.
3	Last Name
	Member's last name (auto-populated).
4	First Name
	Member's first name (auto-populated).
5	Patient Account #
	Patient's account number. (Optional)
6	Date of Birth
	Member's date of birth (auto-populated).
7	Gender
	Member's gender (auto-populated).
8	Attending Physician
	Enter Attending physician's NPI number if applicable.
9	Referring Physician
	Enter Referring physician NPI number. This is the KenPac provider, otherwise leave blank
10	Facility Number
	Enter Billing NPI number.
11	Other Physician
	Enter Other treating physician NPI number.
12	Insurance Denied?
	Indicates a denial from commercial insurance. If yes is selected the claim must be billed paper with the insurance denial.
13	Prior Authorization
	Enter Prior Authorization number or Treatment Authorization Number if applicable

14	Claim Type
	Select the appropriate claim type in drop down box.
15	Type of Bill
	Select the applicable type of bill.
16	From Date
	Enter the first date of service.
17	Thru Date
	Enter the through date of service.
18	Covered Days
	Enter number of days billed on claim.
19	Patient Status
	Enter Patient's status on "through" date.
20	Admit Source
	Select the admission source.
21	Admission Type
	Select the admission type.
22	Admission Date
	Enter the patient's date of admission to the facility.
23	Admission Hour
	Enter the patient's hour of admission.
24	Discharge Time
	Enter the time of patient's discharge.
25	Co-insurance Days
	Number of co-insurance days. (Medicare Only)
26	Lifetime Reserve Days
	Number of lifetime reserve days. (Medicare Only)
27	EPSDT
	Indicates an EPSDT related service. (if applicable)
28	Next
	Advance to the diagnosis screen

29	Print
	Allows user to print this screen

11.4.7 Billing Code Screens

This portion includes separate screens accessed by clicking the appropriate links: “Diagnosis, Procedure, Condition, Value, Occurrence/Span and Payer.” Be sure and click the “save code” button after entering the information on each screen.

Field-by-field instructions follow.

11.4.8 Billing Codes– Diagnosis

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

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

Institutional Claim

Thursday 6 January 2011 09:42 am

Billing Information:

Provider Number:

Member ID*:

Last Name:

First Name:

Patient Acct. #:

Date of Birth*:

Gender:

Attending Phys:

Referring Phys:

Facility Number:

Other Physician:

Insurance Denied?:

Prior Authorization:

Service Information

Claim Type*:

Type of Bill*:

From Date*:

Thru Date*:

Covered Days:

Non-Covered Days:

Patient Status:

Admit Source:

Admission Type:

Admission Date:

Admission Hour:

Discharge Time:

Co-insurance Days:

Lifetime Reserve Days:

EPSDT?:

Next

Print

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KENTUCKY
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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

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

Institutional Claim

Friday 25 July 2014 3:46 pm

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

Billing Codes

[Diagnosis*](#) | [Procedure](#) | [Condition](#) | [Value](#) | [Occurrence / Span](#) | [Payer](#) 21

Sequence Number: 11

Diagnosis* **Diagnosis Code***

Principal 31 41

Present on Admission Indicator*

51

61 71 81

91

101

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Last Updated: 12/14/2013

Field Number/ Menu Selections	Definition of Field Description
1	Sequence Number The sequence number of the diagnosis. This field is auto-populated.
2	ICD-CM Select the appropriate option
3	Diagnosis (drop down) Select the type of diagnosis (i.e. Principle, Admitting)
4	Diagnosis Code Enter the appropriate code for the member's diagnosis. (Do not enter Decimal in Diagnosis code)
5	POA Choose the appropriate POA indicator

Field Number/ Menu Selections	Definition of Field Description
6	Save Code
	Saves the diagnosis information on the claim. Must save to continue.
7	Add Code
	Allows the user to add an additional diagnosis code to the claim. Save code after each additional code added
8	Delete Code
	Allows the user to remove a diagnosis code previously entered on the claim.
9	Next
	Advance to the next screen
10	Print
	Allows user to print this screen

11.4.8.1 Billing Codes- Procedure

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

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

Institutional Claim

Thursday 6 January 2011 10:17 am

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

[Billing Codes](#)

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

Sequence Number: **1**

Procedure Code **2** Date **3**

4 **5** **6**

7

8

Last Updated: 9/29/2010

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Field Number/ Menu Selection	Definition of Field Description
1	Sequence Number The sequence number of the procedure codes. This field is auto-populated.
2	Procedure Code Enter the ICD-CM procedure code.
3	Date Enter the DOS that the procedure was done.
4	Save Code Saves the procedure information on the claim. Must save code to continue.

5	Add Code
	Allows the user to add an additional procedure code to the claim. Save code after each additional code entered.
6	Delete Code
	Allows the user to remove a procedure code previously entered on the claim.
7	Next
	Advance to the next screen
8	Print
	Allows user to print this screen

11.4.8.2 Billing Codes – Condition

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

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

Institutional Claim

Thursday 6 January 2011 10:14 am

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

Billing Codes

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

Sequence Number:

Condition Code

Last Updated: 9/29/2010

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Field Number/ Menu Selection	Definition of Field Description
1	Sequence Number
	The sequence number of the diagnosis. This field is auto-populated.
2	Condition Code (drop down)
	Select the appropriate condition.
3	Save Code
	Saves the condition information on the claim. Must save code to continue.
4	Add Code
	Allows the user to add an additional condition code to the claim. Save code after each additional code entered.
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 user to print this screen

11.4.8.3 Billing Codes - Value

The screenshot shows the 'Billing Codes' screen in the KYMMIS system. The header includes the Kentucky Cabinet for Health and Family Services logo and navigation links. The main content area has a table with columns: Diagnosis*, Procedure, Condition, Value, Occurrence / Span, and Payer. Below the table, there is a 'Sequence Number' field with a value of '1' (callout 1). To the right is a 'Value Code' dropdown menu (callout 2) and an 'Amount' input field (callout 3). Below these are three buttons: 'Save Code' (callout 4), 'Add Code' (callout 5), and 'Delete Code' (callout 6). At the bottom, there are 'Next' (callout 7) and 'Print' (callout 8) buttons. The footer includes a 'Contact Us' link, privacy/disclaimer links, and copyright information.

Field Number/ Menu Selection	Definition of Field Description
1	Sequence Number
	The sequence number of the diagnosis. This field is auto-populated.
2	Value Code (drop down)
	Select the appropriate value code.

Field Number/ Menu Selection	Definition of Field Description
3	Amount
	Enter the corresponding dollar amount.
4	Save Code
	Saves the value code information on the claim. Must save to continue.
5	Add Code
	Allows the user to add an additional value code to the claim. Save code after each additional code entered.
6	Delete Code
	Allows the user to remove a value code previously entered on the claim.
7	Next
	Advance to the next screen
8	Print
	Allows user to print this screen

11.4.8.4 Billing Codes – Occurrence/Span

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

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

Institutional Claim

Thursday 6 January 2011 10:15 am

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

[Billing Codes](#)

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

Sequence Number: **1**

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

5 **6** **7**

8

9

Last Updated: 9/29/2010

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Field Number/ Menu Selection	Definition of Field Description
1	Sequence Number The sequence number of the Occurrence. This field is auto-populated.
2	Occurrence/Span Code (drop down) Select the appropriate code.
3	From Enter the corresponding "From" date.
4	Thru Enter the corresponding "Through" date.

5	Save Code
	Saves the occurrence code information on the claim. Must save code to continue.
6	Add Code
	Allows the user to add an additional occurrence code to the claim. Save code after each additional code entered.
7	Delete Code
	Allows the user to remove an occurrence code previously entered on the claim.
8	Next
	Advance to the next screen
9	Print
	Allows user to print this screen

11.4.8.5 Billing Codes -Payer

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

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

Institutional Claim

Thursday 6 January 2011 10:22 am

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

[Billing Codes](#)

Diagnosis*	Procedure	Condition	Value	Occurrence / Span	Payer
Sequence Number: 1	Payer Code	Prior Payment	Estimated Due		
	<div> <div>▼</div> <div> Medicare TPL Medicaid </div> </div>				
	Save	Add Code	Delete Code		

Next

Print

Last Updated: 9/29/2010

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Field Number/ Menu Selection	Definition of Field Description
1	Sequence Number The sequence number of the Payer. This field is auto-populated.
2	Payer Code (drop down) Select the appropriate code. Medicare, TPL or Medicaid
3	Prior Payment TPL private insurance payment (not Medicaid) (not Medicare)
4	Estimated Due Enter the estimated amount due.
5	Save Code Saves the occurrence code information on the claim.

Field Number/ Menu Selection	Definition of Field Description
6	Add Code
	Allows the user to add an additional occurrence code to the claim.
7	Delete Code
	Allows the user to remove an occurrence code previously entered on the claim.
8	Next
	Advance to the next screen
9	Print
	Allows user to print this screen

11.4.9 Detail Screen

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

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

Institutional Claim

Tuesday 24 August 2010 12:28 pm

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

Detail Information

Item	1	From DOS*		To DOS	
Revenue Code*	0	HCPCS / Rates		Modifiers	
Units*	0.00	Units of Measurement	DA - Day		
Charges	0.00	Co-Pay	0.00	TPL Amount	0.00
Status		Allowed Amount	0.00	Non Covered Charges	0.00
Units Allowed		Paid Amount			

[Add NDC](#)

Save Detail Add Detail Delete Detail

Next Print

Last Updated: 7/1/2010

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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.
3	To DOS* Enter the last date the services were provided. The * indicates that this field is required.
4	Revenue Code Enter the four digit revenue code which identifies the service provided. (the first digit will be a zero)

Field Number/ Menu Selection	Definition of Field Description
5	HCPCS/Rates
	Enter the procedure code which further identifies the service provided. For all out patient claims.
6	Modifiers
	Enter the appropriate two-digit modifier(s) which further describes the service performed.
7	Units
	Enter number of units.
8	Units of Measurement
	Enter units of measurement (i.e. days)
9	Charges
	Amount charged by the provider.
10	Co-pay
	The co-payment deducted from reimbursement. No information should be entered into this field.
11	TPL Amount
	Enter amount paid by other insurance.
12	Status
	Status of claim.
13	Allowed Amount
	The amount allowed by Kentucky Medicaid (paid claims only).
14	Non Covered Charges
	Amount of charges not covered by Kentucky Medicaid.
15	Units Allowed
	Number of units allowed.
16	Paid Amount
	Amount paid by Kentucky Medicaid.
17	Add NDC
	Enter the 11 digit NDC code. This is currently only used by hospitals for outpatient services.

Field Number/ Menu Selection	Definition of Field Description
18	Save Detail
	Saves the detail line on the claim
19	Add Detail
	Allows user to add an additional detail line
20	Delete Detail
	Allows user to remove the detail line previously entered
21	Next
	Advance to the next screen
22	Print
	Allows user to print this screen

11.4.10 Summary Screen

The summary screen allows the user to verify the data entered.

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

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

Institutional Claim

Thursday 6 January 2011 10:17 am

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

Billing Information

Provider Number
Member ID*
Last Name
First Name
Patient Acct. #
Date of Birth*
Gender M
Attending Phys
Referring Phys
Facility Number
Other Physician
Insurance Denied? No
Prior Authorization

Service Information

Claim Type* L
Type of Bill* 287
From Date* 11/01/2010
Thru Date* 11/30/2010
Covered Days 30
Non-Covered Days 0
Patient Status 30
Admit Source 4
Admission Type 2
Admission Date 11/01/2010
Admission Hour 0200
Discharge Time
Co-insurance Days
Lifetime Reserve Days
EPSDT? No

Charges

Total Charges \$1000.00

Diagnosis Codes

Item	Diagnosis Code
1	2902

Details

Item	Date Of Service	Revenue Code	Units	Amt Billed	Amount TPL
1	11/01/2010	120	30.00	1000.00	0.00

Submit Claim

Print

Last Updated:9/29/2010

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11.4.11 Adjust or Void Claim Screen

To ADJUST a paid claim:

1. Select Claim Inquiry.
2. Enter 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 Member information and dates of service or enter the claim Internal Control Number.
3. Click the Next button to advance.
4. Click the VOID button.

If the claim does not show an Adjust or Void Claim button, the claim was previously adjusted or voided.

Detail EOB Description
#1

9945 PRICING ADJUSTMENT - PROVIDER UNIT RATE
PRICING APPLIED

Detail EOB Description
#2

4975 THIS REVENUE CODE IS NOT COVERED FOR THIS
MEMBER.

Billing Information:	Service Information
Provider Number: <input type="text"/>	Claim Type*: <input type="text" value="Long Term Care"/>
Member ID*: <input type="text"/>	Type of Bill*: <input type="text" value="673 - Intermediate Care"/>
Last Name: <input type="text"/>	From Date*: <input type="text" value="06/01/2008"/>
First Name: <input type="text"/>	Thru Date*: <input type="text" value="06/30/2008"/>
Patient Acct. #: <input type="text"/>	Covered Days: <input type="text" value="30"/>
Date of Birth*: <input type="text"/>	Non-Covered Days: <input type="text" value="0"/>
Gender: <input type="text"/>	Patient Status: <input type="text" value="30 - STILL PATIENT OR EXPECTED TO RETURN FOR C"/>
Attending Phys: <input type="text"/>	Admit Source: <input type="text" value="Emergency room"/>
Referring Phys: <input type="text"/>	Admission Type: <input type="text" value="1 - EMERGENCY"/>
Facility Number: <input type="text"/>	Admission Date: <input type="text" value="08/04/2004"/>
Other Physician: <input type="text"/>	Admission Hour: <input type="text" value="0001"/>
Insurance Denied?: <input type="text" value="No"/>	Discharge Time: <input type="text" value="2359"/>
Prior Authorization: <input type="text"/>	Co-insurance Days: <input type="text"/>
	Lifetime Reserve Days: <input type="text"/>
	EPSDT?: <input type="text" value="No"/>



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Field Description	Definition of Field Description
1	Next
	Will navigate the user through the claim.

Field Description	Definition of Field Description
2	Adjust
	To adjust a paid claim make the correction and click save when a save button is available.
3	Void Claim
	To reverse a paid claim click on Void.
4	Print
	Allows user to print this screen.

11.4.12 Medicare crossover

1. Follow the regular billing instructions for Institutional claim submission
 - a. Under “Claim Type”, select either Crossover (inpatient or Long Term Care) or Crossover (Outpatient).
2. Continue with the regular instructions
 - a. Under Medicare Information, enter the following Medicare information from the Medicare EOMB.
 - Date Paid;
 - Amount Paid; and,
 - Amount Allowed.

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

Institutional Claim

Tuesday 24 August 2010 1:23 pm

Billing Information:

Provider Number:

Member ID*:

Last Name:

First Name:

Patient Acct. #:

Date of Birth*:

Gender:

Attending Phys:

Referring Phys:

Facility Number:

Other Physician:

Insurance Denied?:

Prior Authorization:

Service Information

Claim Type*: 1

Type of Bill*:

From Date*:

Thru Date*:

Covered Days:

Non-Covered Days:

Patient Status:

Admit Source:

Admission Type:

Admission Date:

Admission Hour:

Discharge Time:

Co-insurance Days:

Lifetime Reserve Days:

EPSDT?:

Medicare Information

Date Paid*: 2
Date Required

Amount Paid*: 3
Amount Required

Amount Allowed*: 4
Amount Required

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

11.4.12.1 Billing Codes - Medicare

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

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

Institutional Claim

Friday 15 January 2010 2:30 pm

Header > [Billing Codes](#)

Billing Codes

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

Sequence Number:

1 Value Code Amount

CO-PAYMENT PAYER F
COIN AMT IN 2ND CAL YR
COINSURANCE DAYS
COINSURANCE PAYER A
COINSURANCE PAYER B
COINSURANCE PAYER C
COINSURANCE PAYER D
COINSURANCE PAYER E
COINSURANCE PAYER F
COVERED DAYS
COVERED SELF-ADMIN DRUGS - DIAG STUDY

Delete Code

Last Updated: 11/24/2009

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Field Number/ Menu Selection	Definition of Field Description
1	Value Code (drop down list)
	Medicare crossover claim click on Billing Codes. Choose if it's a coinsurance or deductible claim and list amount and save.

12 Provider Status

12.1 The 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.

- Identification panel is the provider's NPI and KY Medicaid provider number
- Taxonomy panel is the effective and end date of each taxonomy associate to the provider
- Group Practice panel is each individual provider effective and end dates linked to the group name. (if applicable)

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

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

Provider Status Information
 Wednesday 27 August 2014 08:09 am

Provider
 Switch Working Provider

Provider Name:

Identification			
Provider Number	ID Type	Effective Date	End Date
<input type="text"/>	National Provider ID	01/01/1978	12/31/2299
	Medicaid Provider Number	01/01/1978	12/31/2299

Taxonomy		
Taxonomy	Effective Date	End Date
<input type="text"/>	01/01/1978	12/31/2299

Group Practice		
Group Name	Effective Date	End Date
<input type="text"/>	11/01/1997	12/31/2299
	05/01/1998	12/31/2299
	11/01/2011	12/31/2299
	03/01/2013	12/31/2299

- Annual Disclosure (ADO) panel displays the last ADO received by Provider Enrollment

- Contracts panel displays the current contract effective and end dates
- Licenses panel displays the provider's license number, state issued, effective date and end date
- Revalidation panel displays when the revalidation application is due

Annual Disclosure (ADO)			
ADO Date Received: 04/01/2014			
<i>*Note: Your ADO Must be received within one Year from the ADO Date Recieved Date.</i>			

Contracts		
Contract	Effective Date	End Date
<input type="text"/>	01/01/1978	12/31/2299
	01/01/1978	12/31/2299
	01/01/1978	12/31/2299

Licenses			
License Number	State Issued	Effective Date	End Date
<input type="text"/>	KY	01/01/1978	12/31/2299

Revalidation	
60 Day Letter Date:	30 Day Letter Date:
<i>*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.</i>	

- Location Address panel displays the provider physical, pay to and correspondence addresses

Location Address

Physical Address

Address 1:
Address 2:
City:
State:
Email:

Zip:
Phone:

County:
Fax:

Pay-To Address

Address 1:
Address 2:
City:
State:
Email:

Zip:
Phone:

Fax:

Correspondence Address

Address 1:
Address 2:
City:
State:
Email:

Zip:
Phone:

Fax:

Last Updated:8/20/2014

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13 Appendix A

13.1 Forms

Web site link for blank PIN Release form:

www.kymmis.com

1. Click on electronic claims
2. Click on EDI Forms
3. Click on link for PIN Release Form

13.2 Billing Instructions

www.kymmis.com

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