



Medicaid Enterprise Users Provisioning Subsystem
User Manual
Kentucky MMIS Project

Cabinet for Health and Family Services
Kentucky Medicaid Office

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1 Introduction

This user manual is designed to cover the information necessary to perform the tasks of the Medicaid Enterprise Users Provisioning System (MEUPS) functional area.

This manual covers the following areas:

- Subsystem Overview;
- Getting Started;
- Procedures;
- Windows;
- Reports;
- Letters; and,
- Glossary of Terms.

1.1 User Manual Audience

This manual is designed to serve the needs of the following staff:

- System and Functional Area Users; and,
- System Testers.

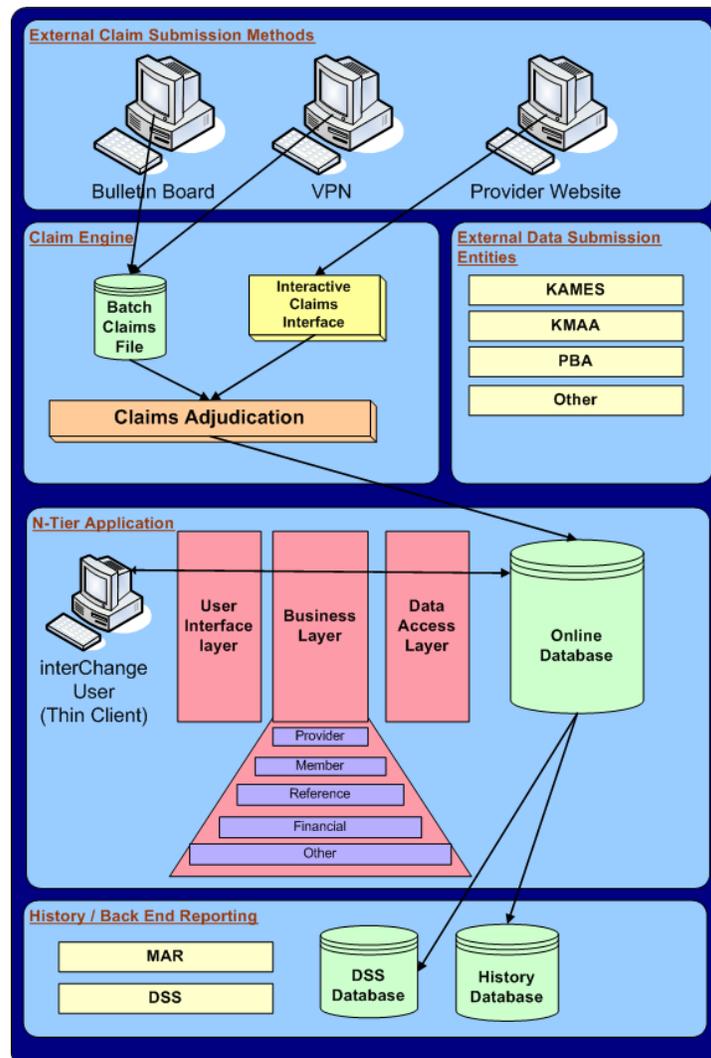
1.2 Table of Contents Help Function

The Table of Contents (TOC), in the PDF document, contains a user-friendly point and click capability. When the user moves the mouse over a section name in the TOC, the pointer changes from a hand to a pointing finger. When the user clicks, while it is a pointing finger, it takes them to that section."

2 Overview

2.1 interChange System Architecture

The system is logically divided into four primary components: Claims engine, User Interface, Batch, and the History and Back End Reporting. The Claims engine is responsible for receiving interactive transactions from external sources, adjudicating them, and returning the appropriate response. The User Interface is an N-tier application providing segregated and loosely coupled presentation, business logic, and data logic layers. The user interface provides access to the online subsystem functions through a thin client, the web browser. The Batch component is responsible for maintaining and reporting on data contained within the online database. The History and Back End reporting component is responsible for analyzing, reporting, and supporting the management of the activities that have occurred in the two front end systems. The system interfaces with a variety of data sources which influence processing within the system. The External data submission entities are organizations that supply information to the Medicaid Management Information System (MMIS).



2.1.1 User Type and Role Assignment Cross-Reference

The User type and role assignment cross reference is maintained in a separate document and located at the following location on the PWB. This is a dynamic document (workbook).

<https://ddipwb.kymmis.com/KYXIXDDI/ProjMgmt/DeliverableMgmt/Drafts/DSD%20Refresh/MEUPS%5FProduction%5FRoles/>

2.2 Subsystem Description

2.2.1 Introduction to MEUPS

MEUPS is the mechanism to allow and or grant access to various Medicaid systems provided by HP Enterprise Services and First Health on behalf of the Commonwealth of Kentucky. MEUPS allows state staff to control access to this system with a variety of integrated approaches which includes an Active Directory Federated Server (ADFS) technology, custom application synchronizers, and a graphical user interface to request and approve access to various systems.

Applications from different organizations can be put under MEUPS control for central account management. Using Active Directory Federated Services (ADFS) these applications will be authenticated and authorized based on user group membership and along with a custom authorization process integrated into MEUPS and ADFS. MEUPS can manage account stores such as *Active Directory* across multiple organizations for any user or security group. MEUPS provides web based interfaces for easy account and application administration. These interfaces can be used to change user passwords, update account information or add new applications for access control.

2.2.2 User Types

There are four distinct user types: Providers, Billing Agents, Agents and Internal Users. Each user type has certain features and limitations that affect how the user types get created and used.

2.2.2.1 Providers

A provider is the most privileged of all external user types. By default, providers are granted access to parts of the system that are not available to other external users unless delegated to them by a provider. Upon completion of the provider enrollment process, the provider is mailed a letter containing a PIN number. The provider uses that PIN and their Provider ID to create their permanent User ID.

2.2.2.2 Billing Agents

A billing agent is the default external user type. Billing agents do not have any useful privileges unless they are granted those privileges by one or more providers. When a user self-enrolls from the public website, their user type will be a billing agent.

2.2.2.3 Agents

The agent user type is created by a billing agent or by a provider. An agent has no permissions unless given those permissions by a provider or billing agent. When a provider or billing agent creates an agent, that provider or billing agent becomes the agent's owner and has the ability to lock the agent's User ID from gaining access to the system.

2.2.2.4 Internal User

An Internal user is the only type of internal user. This user can be assigned roles that are defined as Internal Only. Only an Internal user can be assigned a Help Desk or System Administrator role.

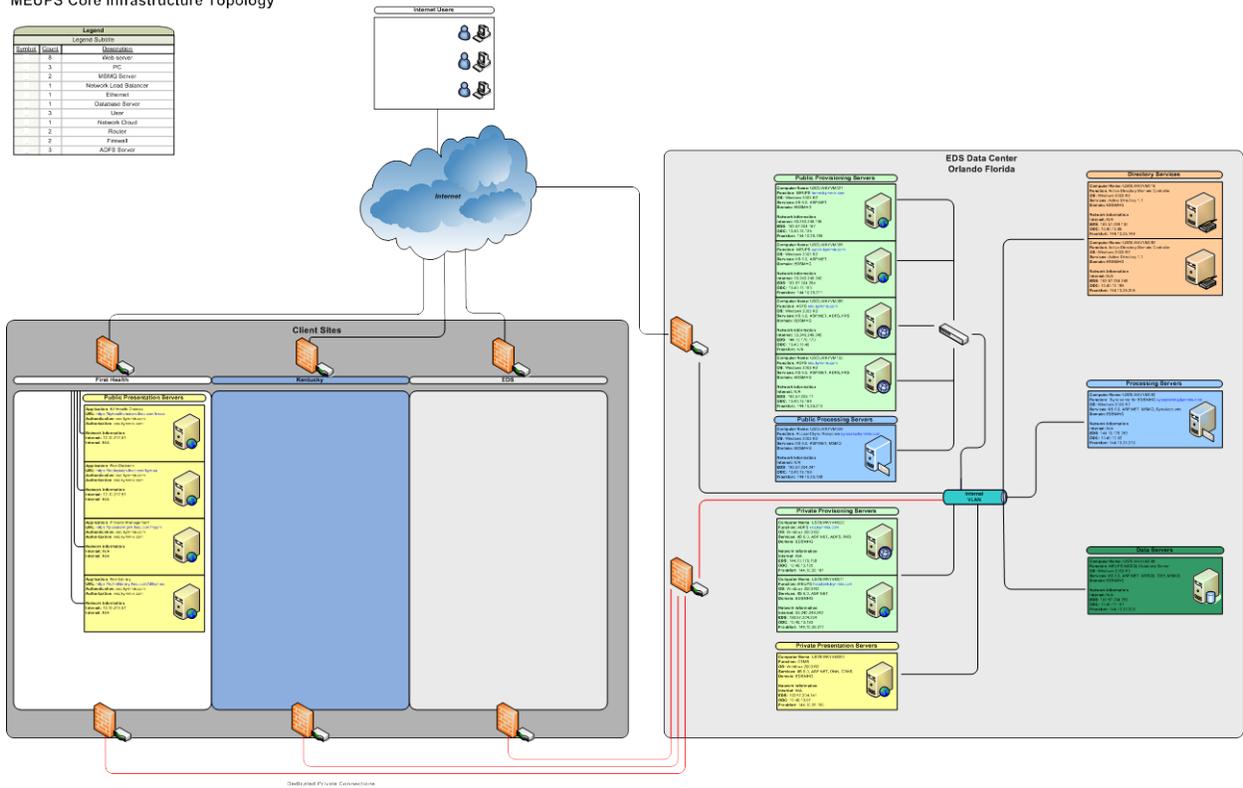
2.2.3 Infrastructure Design Principles

This section is used to define the overall infrastructure design principles for the MEUPS solution. These design principles include items such as leveraging existing infrastructure or replacing specific components; building a highly flexible and dynamic infrastructure that can grow or shrink with system demand; and meeting the requirement for ultra-high availability using server clustering and load balancing, and etc.

The architecture goal is to minimize complexity and simplify system scaling. Microsoft Systems Architecture along with industry best practices is heavily utilized in the design approach for the MEUPS system. Information on these architecture designs can be found in the Supplemental Information section.

Diagram – MEUPS Infrastructure Topology

MEUPS Core Infrastructure Topology



2.3 Design Considerations

2.3.1 Assumptions and Dependencies

MEUPS assumes the following conditions are met for successful operation:

- Applications
 - ADFS / WS-Federation interoperability;
- or –
- NT token based
- Clients
 - IE 6.x using default settings; and,
 - High speed Internet connection.
- Development
 - Visual Studio 2005;
 - C#;
 - Windows XP; and,
 - Access to Server 2003 R2 for testing.
- Servers
 - Microsoft Windows Server 2003 R2;
 - ADFS;
 - MSMQ;
 - IIS 6.0;
 - ASP.NET;
 - .NET Framework 2.0;
 - SQL Server 2005; and,
 - Active Directory

MEUPS was designed to integrate with existing systems and has compatibility requirements enforced from those legacy systems.

- Usernames must be between six and eight characters in length;
- Passwords must be eight to 12 characters in length;
- Custom claims are used to communicate delegated authorizations; and,

- Any Active Directory user under MEUPS synchronization must use MEUPS to manage that user for those applications under MEUPS control.

NOTE: MEUPS cannot communicate delegated authorizations to NT-token based applications.

2.3.2 Development Methods

MEUPS was developed using the agile methodology to achieve the following:

- Customer satisfaction by rapid, continuous delivery of usable and useful software;
- Frequent communication between business people and developers;
- Attention to Industry standards and best practices;
- Working software as the principal measure of progress;
- Welcoming late changes in requirements;
- Simplicity; and,
- Regular adaptation to changing circumstances.

2.3.3 User Interface Design

2.3.3.1 Navigation Flows

MEUPS uses top horizontal menus as its primary navigation. Given that MEUPS is designed as an application rather than a Web site, many pages are accessible only through command buttons. A page is the entire contents shown in a browser window; a panel is a logic grouping of information into a portion of the page. To help assist in navigation in these conditions, MEUPS uses breadcrumbs to reference the hierarchy of the category of page being accessed. These breadcrumbs allow a user to quickly navigate the hierarchy of their current context.

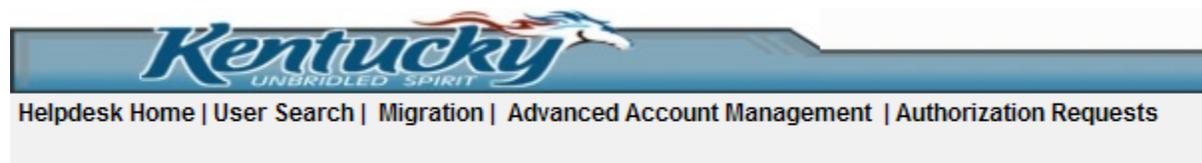


Figure 1 Example of top horizontal navigation and use of breadcrumbs in the Help Desk application

2.3.3.2 Common Dialogs and/or Controls

MEUPS attempts to create a consistent interface by using similar controls throughout its design. There are two major elements that are used throughout the interface, a modal Dialog Box and the Results Panel.

2.3.3.3 Modal Dialog Box

The Modal Dialog Box (MDB) is a user custom control that was inspired by the design of the Message Box found in System Windows Forms. This MDB supports prompting a user with a message and allowing the user feedback using one or two configurable buttons. The MDB was also designed to allow rapid development across many pages and while customizable, supports the following without customization.

- Title – The text displayed at the top of the dialog box;

- Text – The text displayed in the body of the dialog box;
- Button Type – The text displayed on the buttons;
 - OK;
 - OK, Cancel; and,
 - Yes, No.
- Alert Type – The icon displayed in the dialog box;

None;

 Alerts the user to a condition or situation that requires the user's decision and input before proceeding, such as an impending action with potentially destructive, irreversible consequences. The message can be in the form of a question — for example, "Save changes to MyReport?"

 Informs the user of a serious problem that requires intervention or correction before work can continue;

 Provides information about the results of a command; and,

 Provides a choice of actions to the user.



Figure 2 Modal Dialog Box Example

MEUPS uses the following guidelines when defining its messages to provide a consistent feel throughout the application. The title should be brief, but descriptive. Because dialog boxes generally appear after the user clicks a particular command button, define the title text for the dialog box window to be the name of the associated command. Use book title capitalization.

The Text, or body of the message, should state the outcome of the action and any helpful background information. If the dialog box is asking a question, the last sentence of the text should always be the question.

If the prompt is asking for user input, the No or Cancel button should always stop the action.

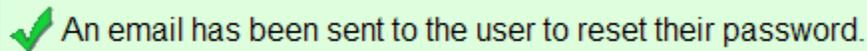
Developers should avoid the use of information-only dialog boxes. Dialog boxes require an additional click for users and post back to the server. Developers should consider using the Results Panel element whenever appropriate.

2.3.3.4 Results Panel

The results panel was created to provide feedback to a user without the disruption that a dialog box can cause. The panel is designed for two themes, a successful and unsuccessful outcome.

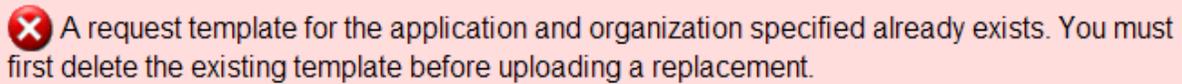
The results panel should always appear at or near the top the page. The text of the message should be informative and provide context. If the message is displaying an error, whenever possible, explain why the error occurred and suggest to the user how they can solve the problem. The results panel should disappear, when appropriate, after the next action performed by the user.

The action required result panel can also be useful for displaying non-action driven items that require additional user input, such as in Figure 5.



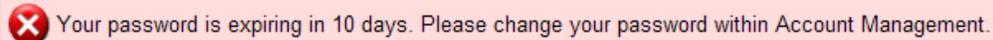
✓ An email has been sent to the user to reset their password.

Figure 3 Results Panel - Example of successful outcome



✗ A request template for the application and organization specified already exists. You must first delete the existing template before uploading a replacement.

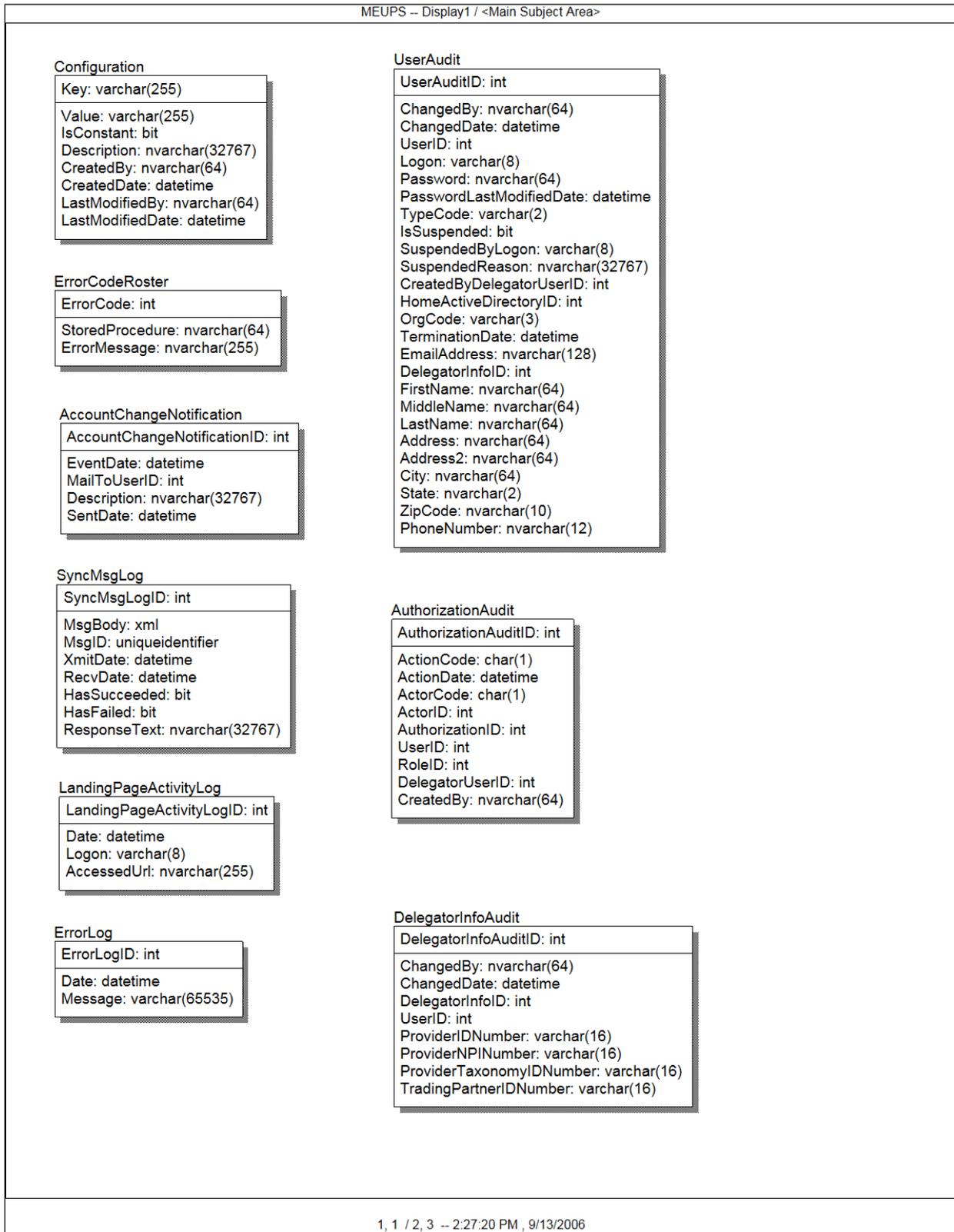
Figure 4 Results Panel - Example of an unsuccessful outcome

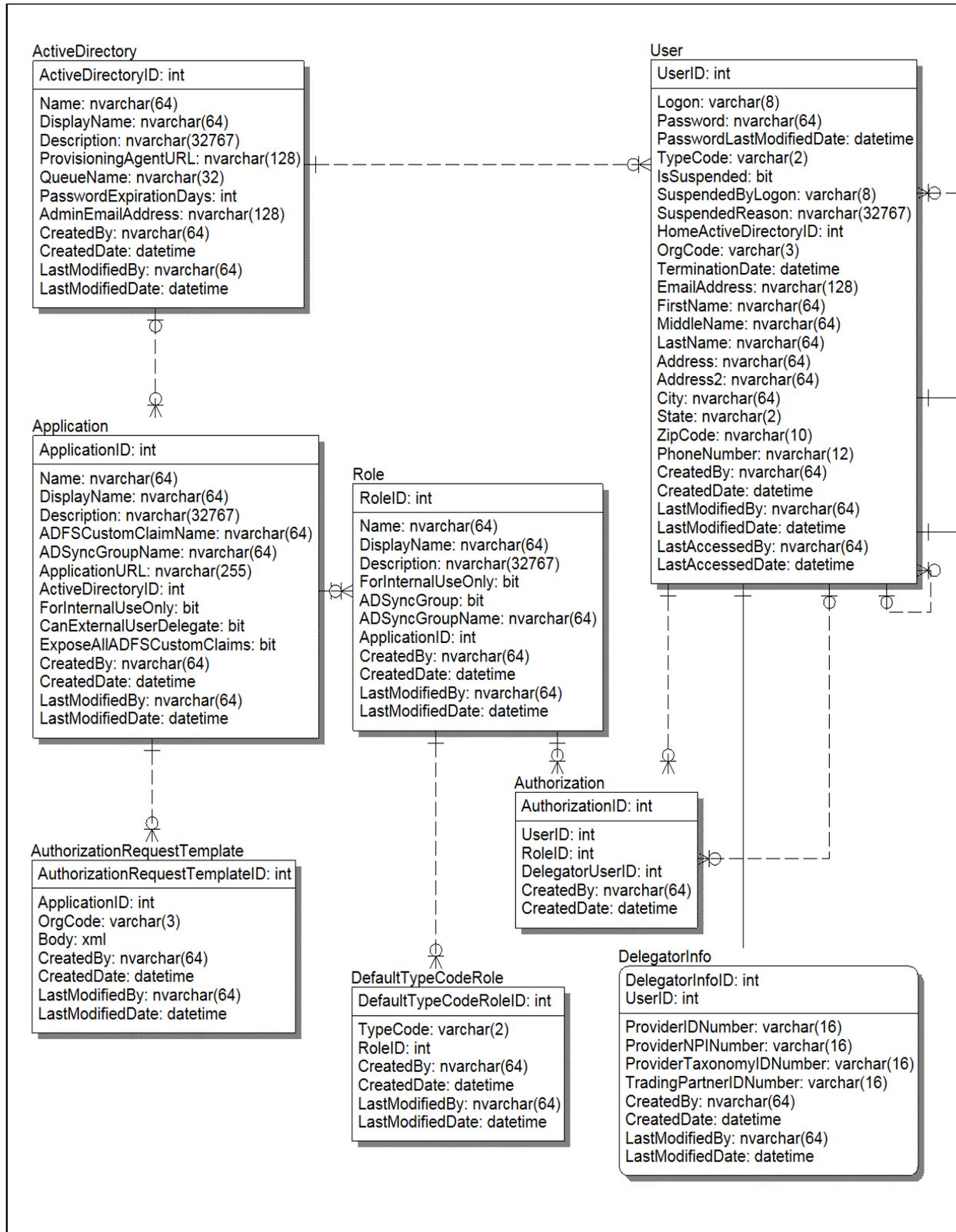


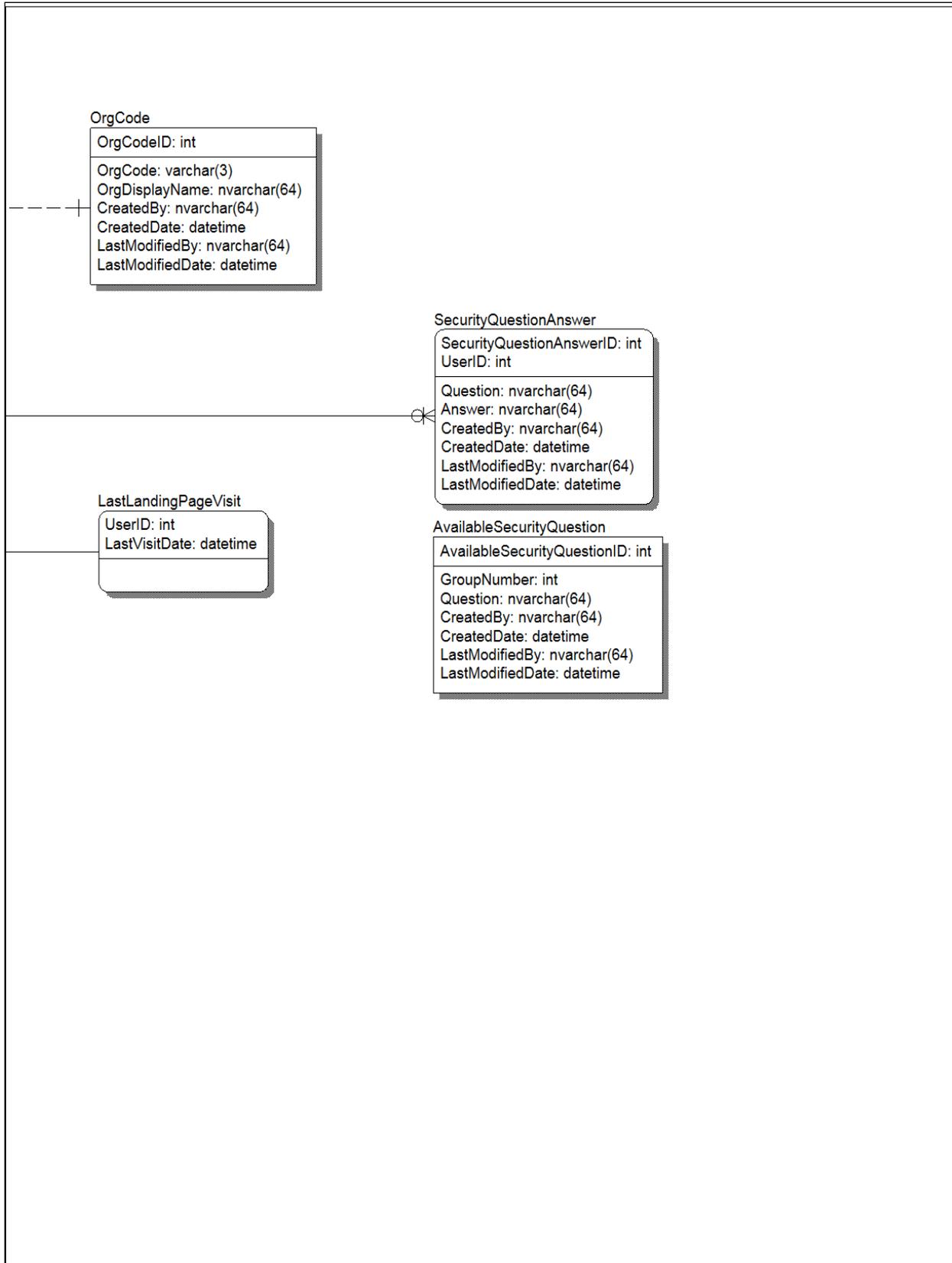
✗ Your password is expiring in 10 days. Please change your password within Account Management.

Figure 5 Results Panel - Example of displaying non-action driven feedback

2.4 Data Model







AuthorizationRequest

AuthorizationRequestID: int
InstanceID: uniqueidentifier
Body: xml
IsActive: bit
TimeoutDate: datetime
CreatedBy: nvarchar(64)
CreatedDate: datetime
LastModifiedBy: nvarchar(64)
LastModifiedDate: datetime
ChangeControl: timestamp

RedirectionUrl

RedirectionUrlID: int
Guid: uniqueidentifier
Url: nvarchar(255)
CreatedDate: datetime
ExpirationDate: datetime
Parameters: xml
RequiresAuthentication: bit

EmailTemplate

EmailTemplateID: int
Name: nvarchar(64)
DisplayName: nvarchar(64)
Subject: nvarchar(64)
Template: xml
CreatedBy: nvarchar(64)
CreatedDate: datetime
LastModifiedBy: nvarchar(64)
LastModifiedDate: datetime

UploadedProviderInfo

UploadedProviderInfoID: int
UploadedDate: datetime
ProviderIDNumber: varchar(16)
ProviderNPINumber: varchar(16)
ProviderTaxonomyIDNumber: varchar(16)
TradingPartnerIDNumber: varchar(16)
FirstName: nvarchar(64)
MiddleName: nvarchar(64)
LastName: nvarchar(64)
Address: nvarchar(64)
Address2: nvarchar(64)
City: nvarchar(64)
State: nvarchar(2)
ZipCode: nvarchar(10)
EmailAddress: nvarchar(128)
PhoneNumber: nvarchar(12)

ProviderPin

ProviderPinID: int
ProviderIDNumber: varchar(16)
PinNumber: varchar(8)
CreatedBy: nvarchar(64)
CreatedDate: datetime

2.5 Applications Accessed via MEUPS

2.5.1 Applications Available to Internal Users

- interChange .NET Pages and Panels;
- OnBase;
- Business Objects; and,
- Project Workbook.

2.5.2 Applications Available to External Users

- KyHealth Net;
- First Decision; and,
- Provider management.

2.5.3 Roles

Each application has roles available to be assigned to users. The assigned role governs the user's access. For example, some roles have inquiry-only access, while others may allow users to add or change information within an application.

2.5.3.1 Internal Application Roles

2.5.3.2 interChange

There are four levels of privileges defined for each of the sub-systems that make up interChange. The following table shows one sub-system and the roles and their privileges.

Role Name	Role Description	Privileges
EDS_IC_PROD_CLAIMS_READONLY	EDS interChange Claims Read Only	Read only
EDS_IC_PROD_CLAIMS_SPECIALIST	EDS interChange Claims Specialist	Add, Change
EDS_IC_PROD_CLAIMS_SUPERVISOR	EDS interChange Claims Supervisor	Add, Change, Code table updates
EDS_IC_PROD_CLAIMS_ADMINISTRATOR	EDS interChange Claims Administrator	Add, Change, Delete

2.5.3.3 OnBase Roles

Role Name	Role Description	Privileges
EDS_ONBASE_ALL	All OnBase Documents	Read only
EDS_ONBASE_BUYIN	Buy-In Reports	Read only

Role Name	Role Description	Privileges
EDS_ONBASE_CTMS	CTMS Reports	Read only
EDS_ONBASE_CLAIMS	Claim Reports	Read only
EDS_ONBASE EDI	EDI Reports	Read only
EDS_ONBASE_EPSDT	EPSDT Reports	Read only
EDS_ONBASE_FINANCIAL	Financial Reports	Read only
EDS_ONBASE_INTERNET	Internet Reports	Read only
EDS_ONBASE_MANAGED_CARE	Managed Care Reports	Read only
EDS_ONBASE_MAR	Mar Reports	Read only
EDS_ONBASE_MEMBER	Member Reports	Read only
EDS_ONBASE_PA	PA Reports	Read only
EDS_ONBASE_PRODUR	ProDUR Reports	Read only
EDS_ONBASE_PROVIDER	Provider Reports	Read only
EDS_ONBASE_REFERENCES	Reference Reports	Read only
EDS_ONBASE_TPL	TPL Reports	Read only
EDS_ONBASE_ALL_IMAGES	All Images	Read only
EDS_ONBASE_IMAGES_FIRSTHEALTH	First Health Images	Read only
EDS_ONBASE_IMAGES_CLAIMS	Claims Images	Read only
EDS_ONBASE_IMAGES_FINANCIAL	Financial Images	Read only
EDS_ONBASE_IMAGES_PA	Prior Authorization Images	Read only
EDS_ONBASE_IMAGES_PROVIDER	Provider Images	Read only
EDS_ONBASE_MAINFRAME_RPTS_ONLY	Mainframe Reports	Read only

2.5.3.4 Business Objects Roles

Role Name	Role Description	Privileges
BusinessObjects NT Users	BusinessObjects NT Users can use their NT user accounts to log on to the Enterprise family of products.	TBD

2.5.3.5 Project Workbook Roles

Role Name	Role Description	Privileges
EDS_DDIPWB_ReadOnly	Read only access to the DDI project Workbook	Read only
EDS_DDIPWB_Editors	Add, Change and Delete access to individual files located on the DDI project Workbook	Add, Change, Delete
EDS_DDIPWB_Admin	Add, change, and delete access to the DDI project Workbook directory structure.	Full control of Directory Structure
Structure. Full		

2.5.3.6 Max MC Roles

Role Name	Role Description	Privileges
EDS_TRNPWB_ReadOnly	Read only access to the Transition project Workbook	Read only
EDS_TRNPWB_Editors	Add, Change and Delete access to individual files located on the Transition project Workbook	Add, Change, Delete
EDS_TRNPWB_Admin	Add, change, and delete access to the Transition project Workbook directory structure.	Full control of Directory Structure

2.5.3.7 DMS PORTAL Roles

Role Name	Role Description	Privileges
EDS_DMSIP_PROD_ACCESS	Access to the functions in the DMS Interactive Portal	
EDS_DMSIP_PROD_COMPLETE	Allows an individual to mark a change order or defect as complete.	

Role Name	Role Description	Privileges
EDS_DMSIP_PROD_DIRECTORAPPROVAL	Allows an individual to assign the Director Approved status to a change order or defect.	
EDS_DMSIP_PROD_ESTIMATES_APPROVED	Allows an individual to approve the estimates and scope submitted to the Commonwealth by EDS	
EDS_DMSIP_PROD_IDENTIFIED	allows an individual to set the status of a preliminary change order or defect to identified, thereby changing it from a preliminary item to a formal change order or defect.	
EDS_DMSIP_PROD_REQUIREMENTS_APPROVAL	Allows DMS to add and update change orders and defects	
EDS_DMSIP_PROD_REQUIREMENTS_DENIED	Allows DMS to add and update Change Orders and defects	
EDS_DMSIP_PROD_CORRECTIVE_ACTION_PLAN_DENIED	allows DMS to add and update change orders and defects	
EDS_DMSIP_PROD_UPLOAD	Allows DMS to upload attachments.	
EDS_DMSIP_PROD_ON_HOLD	Allows DMS to add and update change orders and defects.	
EDS_DMSIP_PROD_DMS_ANALYST_REVIEW_COMPLETE	This application allows DMS to add and update change orders and defects.	
EDS_DMSIP_PROD_ON_HOLD	Allows DMS to add and update change orders and defects.	

2.5.3.8 CTMS Roles

Role Name	Role Description	Privileges
EDS_IC_PROD_CTMS_RO	User has Inquiry Only permission to data.	Read only
EDS_IC_PROD_CTMS_SPECIALIST	User has add and change	Add, Change, Delete

Role Name	Role Description	Privileges
	permissions to data	
EDS_IC_PROD_CTMS_SUPERVISOR	A user has add change and delete permissions to data.	Add, Change, Delete
EDS_IC_PROD_CTMS_ADMIN	User has code table update permissions.	Full control of Directory Structure

2.5.3.9 MCO Provider Specialist Role

Role Name	Role Description	Privileges
MCO_IC_PROVIDER_SPECIALIST	This Role allows the Managed Care Offices to request a limited Provider Specialist role for the MCO users. ²	User has add and change permissions to data.

2.5.3.10 External Application Roles

2.5.3.11 KyHealth Net Roles

Role Name	Role Description	Privileges
Claims Inquiry	Allows the provider to search all of the claims associated with their provider number.	Read
Claims Submission (Professional)	Allows the provider to create professional (HCFA) claims and submit them for adjudication.	Read, Write
Claims Submission (Institutional)	Allows the provider to create institutional claims and submit them for adjudication.	Read, Write
Claims Submission (Dental)	Allows the provider to create dental claims and submit them for adjudication.	Read, write
LTC Claims	The Long Term Care Roster gives LTC providers the ability to re-submit old claims as new claims and to change the dates of service for the current billing cycle.	Read, write
Eligibility Verification	Allows providers to verify	read

Role Name	Role Description	Privileges
	eligibility of members for benefit programs.	
Presumptive Eligibility	Allows certain Kentucky Medicaid providers to presume a person is eligible for Kentucky Medicaid and submit an eligibility application through the Internet.	Read, write
Reference Search	Allows providers to query limitation information on procedures or diagnosis.	read
RA Viewer	Allows providers to view a list of documents stored on the ONBASE server.	read
Pharmacy History	Allows providers to view prescriptions a member has received during the last year.	read
Card Issuance	Allows providers to view ID card issuance data for a member.	read
Trade Files	Allows providers to upload or download files.	Read, write
DMS/EDS (Admin)	Allows HP Enterprise Services support personnel the ability to impersonate a provider by entering the provider number during logon.	Read, write
DMS/EDS (Power User)	Allows HP Enterprise Services support personnel the ability to impersonate a provider by entering the provider number during logon.	Read, write
DMS/EDS (User)	Allows HP Enterprise Services support personnel the ability to impersonate a provider by entering the provider number during logon.	Read
PA Inquiry	Allows the provider to inquire on a previously entered Prior Authorization (PA).	read

2.5.3.12 First Decision Roles

Role Name	Role Description	Privileges
FH_HCD_Interface	Interface	
FH_HCD_Expert	Expert	
FH_HCD_Admin	Admin	
FH_HCD_DSM	DSM	
FH_1STLIB_Library	First Library (Deprecated)	

2.5.3.13 Provider Management Roles

Role Name	Role Description	Privileges
FH_PRMGT_Appliant	Applicant	
FH_PRMGT_Provider	Provider	
FH_PRMGT_Business_Analyst	Business Analyst	
RH_PRMGT_Provider_CSR	Provider CSR	
FH_PRMGT_Call_Center_CSR	Call Center CSR	
FH_PRMGT_Member_CSR	Member CSR	
FH_PRMGT_Provider_Services_Manager	Provider Services Manager	
FH_PRMGT_Supervisor	Supervisor	
FH_PRMGT_Mailroom	Mailroom	
FH_PRMGT_EDS	EDS	
FH_PRMGT_System_Administrator	System Administrator	
FH_PRMGT_DMS	DMS	
FH_PRMGT_OIG	OIG	
FH_PRMGT_OIT	OIT	

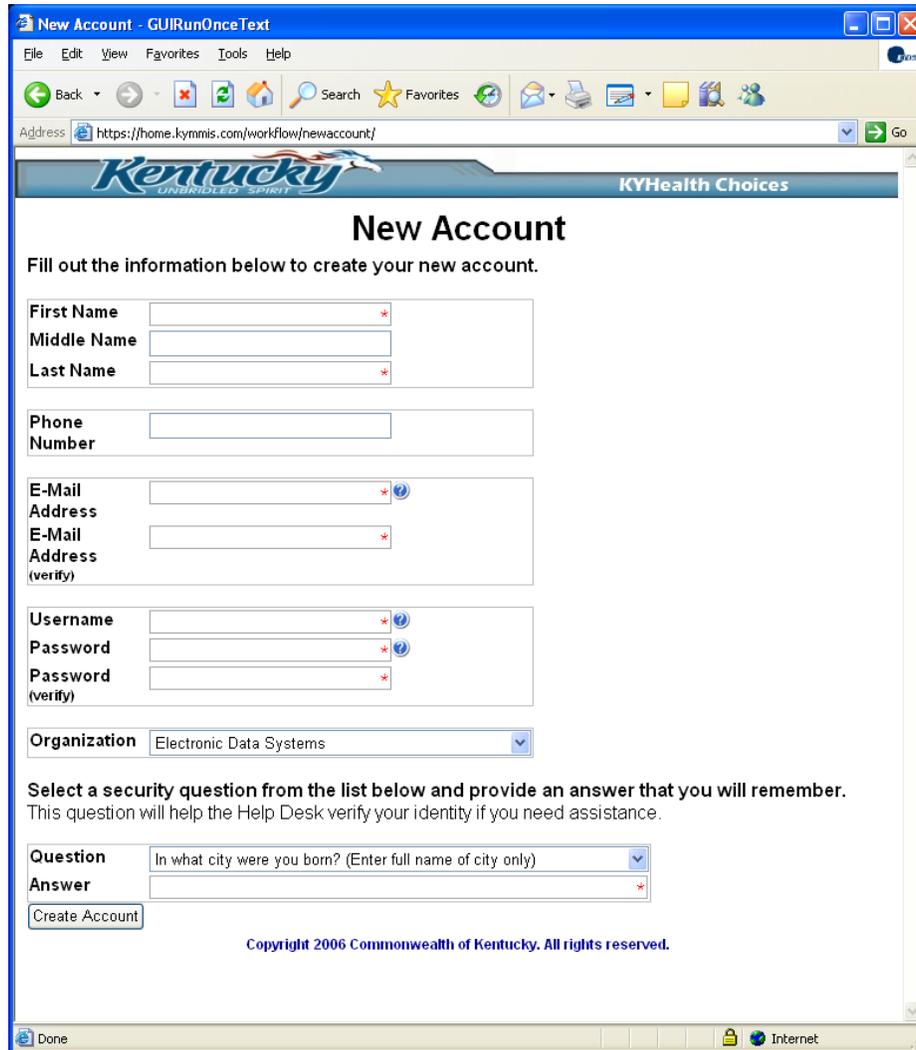
Role Name	Role Description	Privileges
FH_PRMGT_Business_Analyst	Business Analyst	
RH_PRMGT_Provider_CSR	Provider CSR	
FH_PRMGT_Call_Center_CSR	Call Center CSR	
FH_PRMGT_Member_CSR	Member CSR	
FH_PRMGT_Provider_Services_Manager	Provider Services Manager	
FH_PRMGT_Supervisor	Supervisor	
FH_PRMGT_Mailroom	Mailroom	
FH_PRMGT_EDS	EDS	
FH_PRMGT_System_Administrator	System Administrator	
FH_PRMGT_DMS	DMS	
FH_PRMGT_OIG	OIG	
FH_PRMGT_OIT	OIT	

3 Getting Started

3.1 System Access

3.1.1 Creating Your Account

Go to <https://home.kymmis.com/workflow/newaccount> and enter your personal information. You will see the following screen.

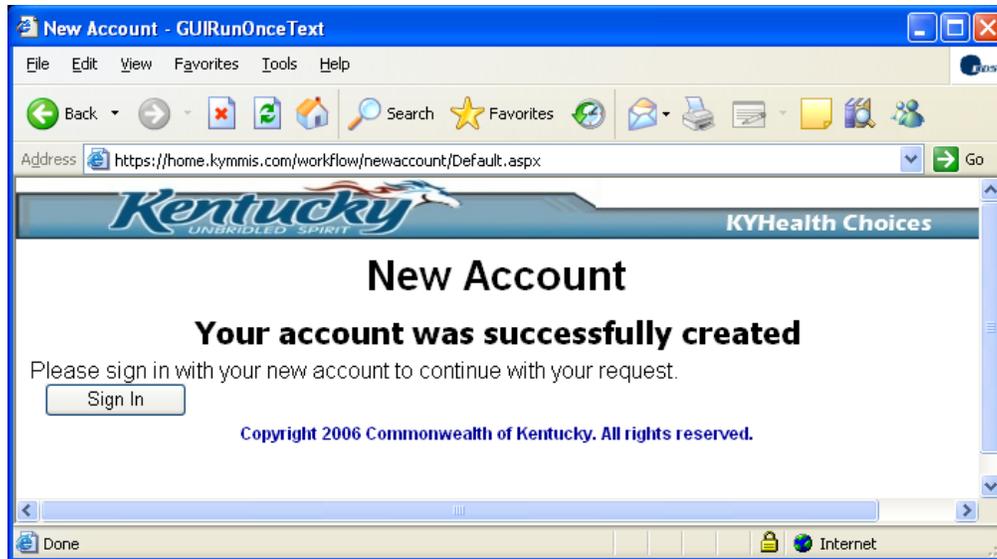


The screenshot shows a web browser window titled "New Account - GUIRunOnceText". The address bar displays <https://home.kymmis.com/workflow/newaccount/>. The page features the "Kentucky UNBROKEN SPIRIT" logo and "KYHealth Choices" branding. The main heading is "New Account", followed by the instruction: "Fill out the information below to create your new account." The form includes the following fields:

- First Name (required)
- Middle Name
- Last Name (required)
- Phone Number
- E-Mail Address (required, with a blue checkmark icon)
- E-Mail Address (verify) (required)
- Username (required, with a blue checkmark icon)
- Password (required, with a blue checkmark icon)
- Password (verify) (required)
- Organization (dropdown menu, currently set to "Electronic Data Systems")

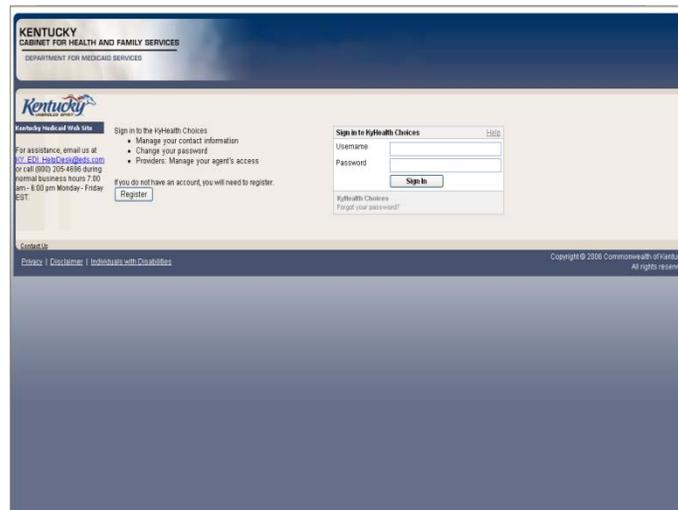
Below the form, there is a section for a security question: "Select a security question from the list below and provide an answer that you will remember. This question will help the Help Desk verify your identity if you need assistance." The "Question" dropdown is set to "In what city were you born? (Enter full name of city only)". The "Answer" field is required. A "Create Account" button is located at the bottom left of the form. At the bottom center, the text reads: "Copyright 2006 Commonwealth of Kentucky. All rights reserved."

After completing your secret question, click on the "Create Account" button. That will take to a page like the following.



3.2 Accessing MEUPS

To access MEUPS, go to <https://www.home.kymmis.com>



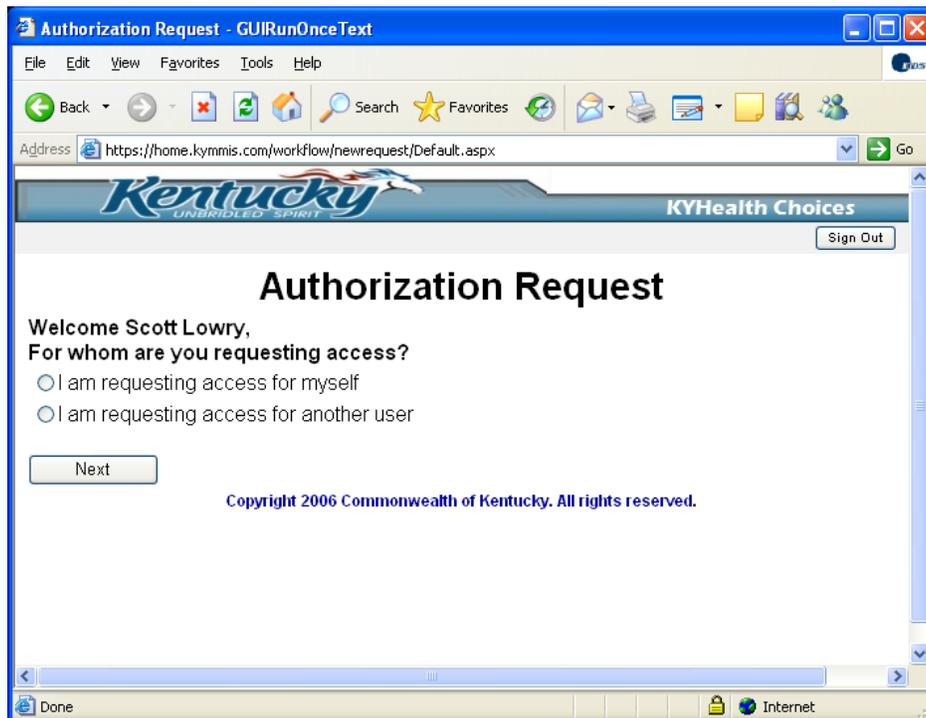
Log in using your User ID and password.



The applications to which you have access will appear as hyperlinks on the “Applications” menu.

3.3 Requesting Access to Applications

To request access to applications, click “Authorization Request” on the Applications menu.



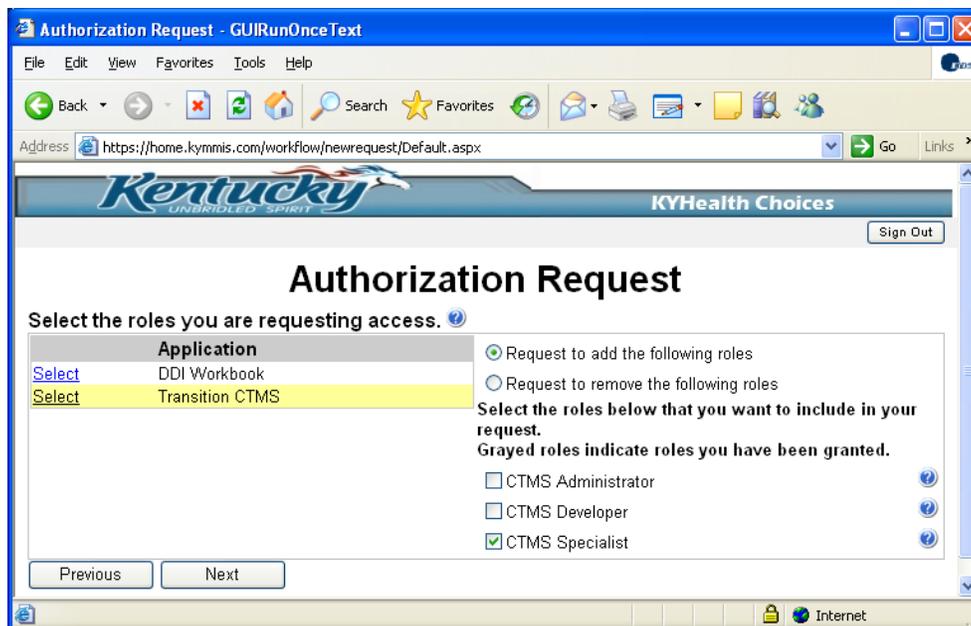
Indicate that you are requesting access for yourself and click next.

That will take you to the authorization request selection page.



All of the applications that are available to you are listed on this page. You may select an application and the available roles for that application will be shown.

You would select from the roles presented. In the following example, you would select “CTMS Specialist” by clicking in the box to the left of the role.



Click “Next.” Depending on the application you are requesting to access, you may be asked to answer some questions about your request. In the following example, you would be asked to enter the business purpose for the request.

Authorization Request - GUIRunOnceText

File Edit View Favorites Tools Help

Address <https://home.kymmis.com/workflow/newrequest/Default.aspx>

Kentucky UNBRIDLED SPIRIT **KYHealth Choices** Sign Out

Authorization Request

Please answer the following questions.

Please enter the business purpose for this request.

So I can record the days call activities.

Previous Next

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After you have answered the questions, click “Next” and you will see a confirmation page as follows.

Authorization Request - GUIRunOnceText

File Edit View Favorites Tools Help

Address <https://home.kymmis.com/workflow/newrequest/Default.aspx>

Kentucky UNBRIDLED SPIRIT **KYHealth Choices** Sign Out

Authorization Request

Confirm your request below. If the information is correct, click Start Request.

You have requested to **add** the following authorization for the "Transition CTMS" application for yourself:

- CTMS Specialist

Other Information:

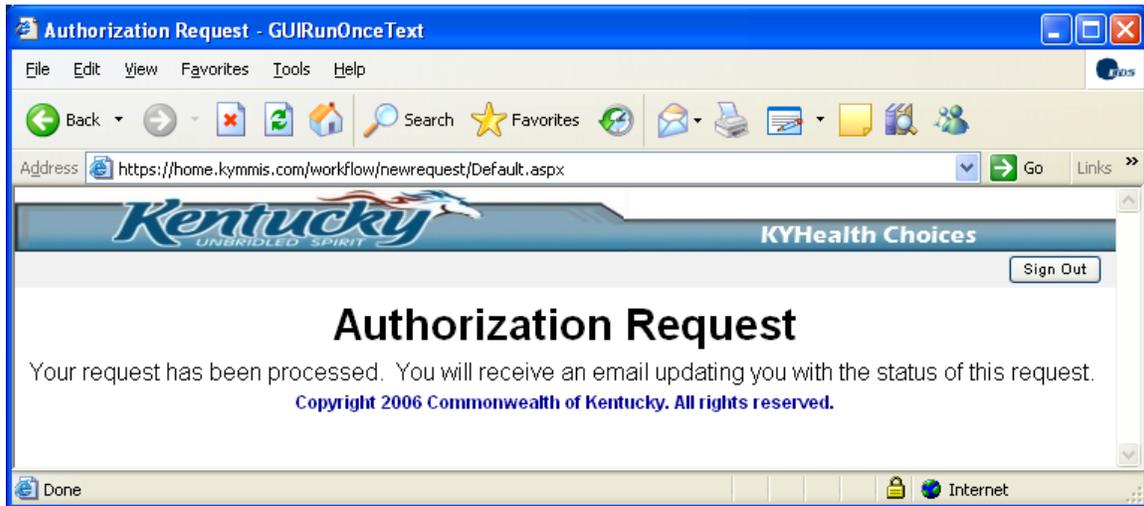
- Please enter the business purpose for this request:
So I can record the days call activities.

Notify me on each step of the request

Previous Start Request

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You should confirm the information on this page. You may also choose to be notified about the progress of the request, or not to be notified on the progress of the request. Click the “Start Request” button.



You and the approvers will receive emails about this request. When all the approvers have approved, you will receive a confirmation email. You may then access the system you requested. If any of the approvers deny the request, you will be notified of that as well.

4 Pages

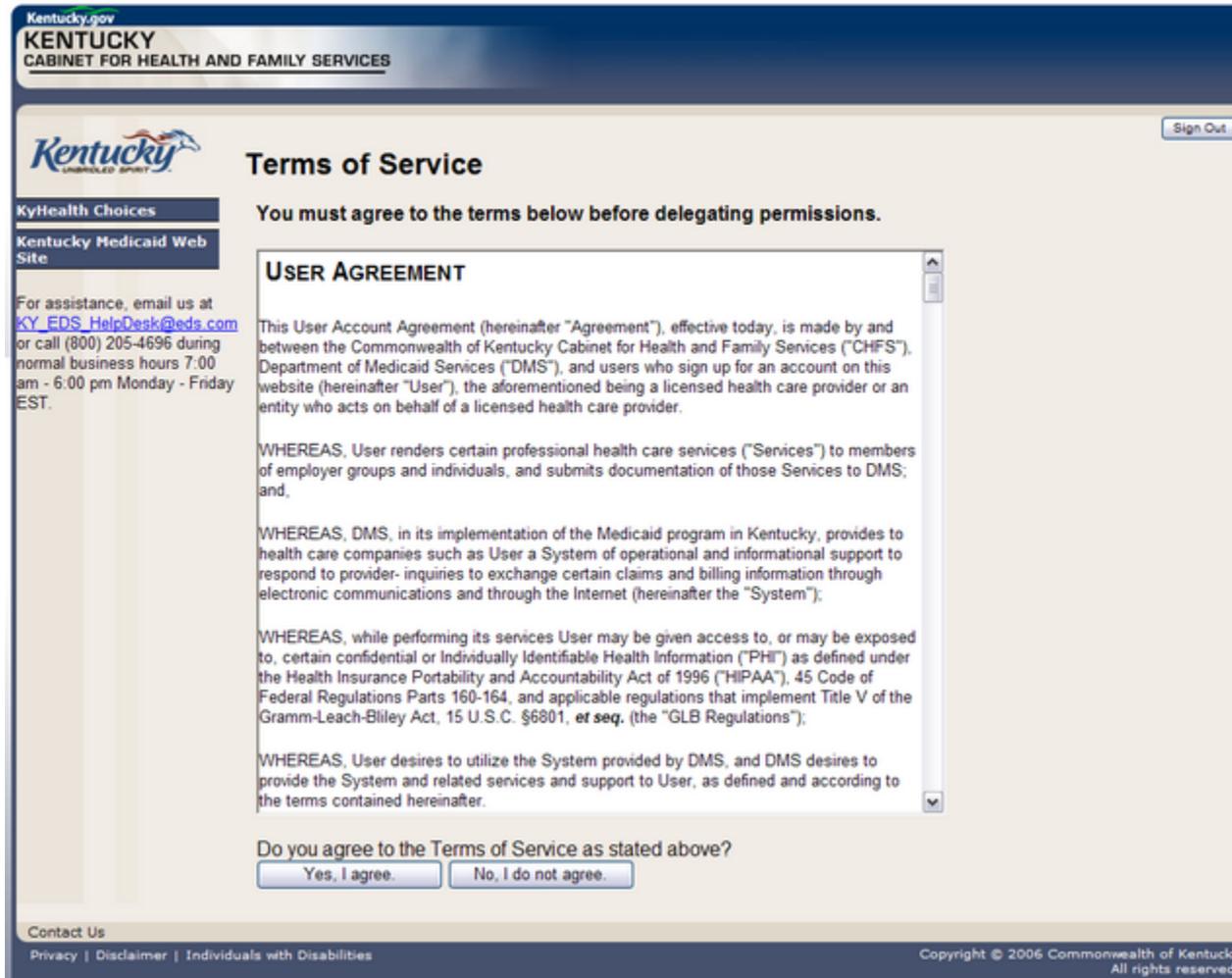
4.1 Introduction

MEUPS pages are presented in four sections. The first section covers the Terms of Service agreement which requires the user to abide by HIPAA regulations and other items. The Public MEUPS section covers those pages that are unsecured and available on the public internet without signing into MEUPS. The Authorization Request section covers all of the pages associated with an internal user requesting access to an application. The final section covers the pages associated with the Help Desk.

4.1.1 HIPAA Terms of Service

The general purpose section consists of a single page that is reused for both the Account Management and Authorization Request sections of the application.

4.1.1.1 HIPAA Terms of Service Layout



4.1.1.2 Purpose

HIPAA compliance. This screen requires a user to agree to the terms before establishing a new relationship with an agent.

4.1.1.3 Field Description

Field	Description	Max Length	Comments
Account Home	Takes you to the Account Home Page	Menu Button	
My Information	Takes you to the My Information Page	Menu Button	
Change Password	Takes you to the Change Password Page	Menu Button	
View Agent Roles	Takes you to the View Agent Roles Page	Menu Button	
Add Agent	Takes you to the Add Agent page	Menu Button	
Yes, I agree	Acknowledges acceptance of the agreement and returns continues to page that was intercepted.	Menu Button	
No, I do not agree	Denies acceptance of the agreement and terminates the page flow return the user to the page that is appropriate for the flow that was intercepted.	Menu Button	

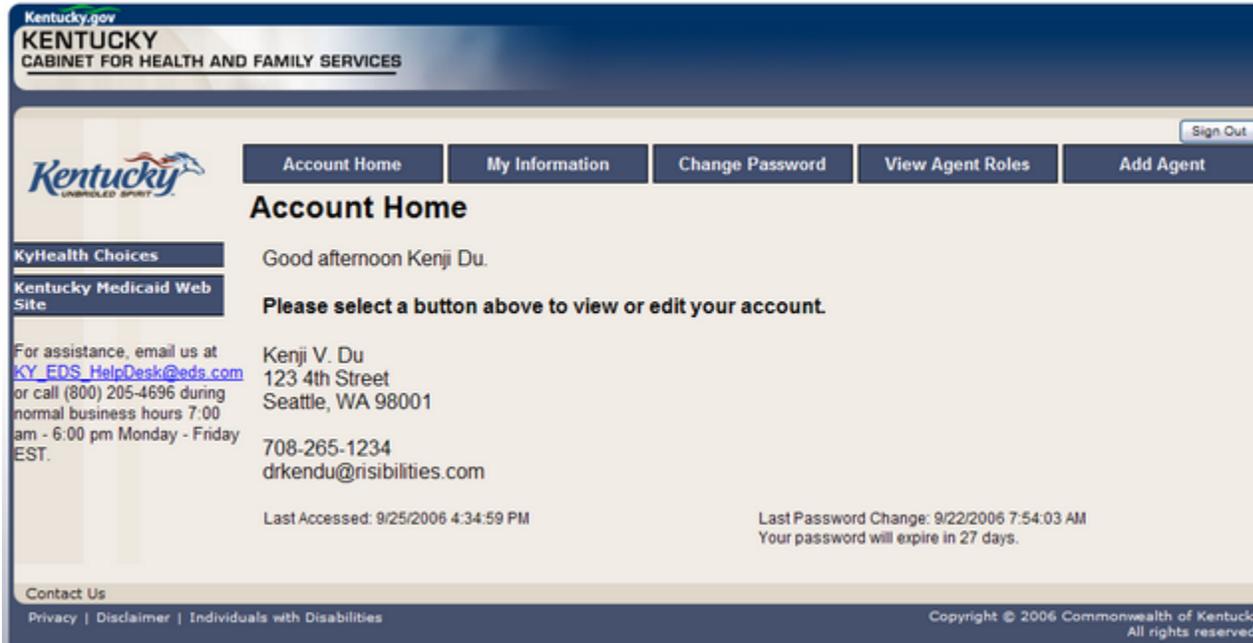
4.1.1.4 Error Messages

Not applicable.

4.1.2 Account Management –

4.1.3 Account Home

4.1.3.1 Layout



4.1.3.2 Purpose

The welcome screen, or Account Home, for the Account Management application allows a user to overview account information.

4.1.3.3 Field Description

Field	Description	Max Length	Comments
Account Home	Takes you to the Account Home Page (This Page)	Menu Button	
My Information	Takes you to the My Information Page	Menu Button	
Change Password	Takes you to the Change Password Page	Menu Button	
View Agent Roles	Takes you to the View Agent Roles Page	Menu Button	

Field	Description	Max Length	Comments
Add Agent	Takes you to the Add Agent page	Menu Button	

4.1.3.4 Error Messages

Not applicable.

4.1.4 My Information

4.1.4.1 Layout

Kentucky
CABINET FOR HEALTH AND FAMILY SERVICES

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

My Information

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

Name

First Name	Kenji
Middle Name	V.
Last Name	Du

Contact

Address Line 1	123 4th Street
Address Line 2	
City	Seattle
State	WA
Zip Code	98001
Phone Number	708-265-1234
E-Mail Address	drkandu@isibilities.com

Security Question & Answer

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

Question	What is your mother's middle name?
Answer	Sue

Cancel | Save

Contact Us | Privacy | Disclaimer | Individuals with Disabilities | Copyright © 2006 Commonwealth of Kentucky. All rights reserved.

4.1.4.2 Purpose

The My Information screen allows a user to view and modify their account details. The user is allowed to edit any of the displayed fields except their email address. They must contact the helpdesk to modify their email address. This information does not replicate to the MMIS.

4.1.4.3 Field Descriptions

Field	Description	Max Length	Comments
Account Home	Takes you to the Account Home Page	Menu Button	
My Information	Takes you to the My Information Page (This page)	Menu Button	
Change Password	Takes you to the Change Password Page	Menu Button	
View Agent Roles	Takes you to the View Agent Roles Page	Menu Button	
Add Agent	Takes you to the Add Agent page	Menu Button	
First Name	The user's first name	64	Required.
Middle Name	The user's middle name	64	Optional.
Last Name	The user's last name	64	Required.
Address Line 1	The user's postal address	64	
Address Line 2	The user's postal address (line 2)	64	
City	The user's city	64	
State	The user's state	2	
Zip Code	The user's zip code	10	Must be in a valid zip-code format. Either ##### or #####-####.
Phone Number	The user's phone number	12	Must be in a valid phone number format. ###-###-####
Email Address	The user's email address	128	Read Only. Help Desk must change e-mail address for user.

Field	Description	Max Length	Comments
Question	The security question	64	Drop down selection box.
Answer	The answer for the selected security question	64	

4.1.4.4 Error Messages

- First name is required;
- Last name is required;
- An answer to the question is required;
- Invalid phone number. Should be in the formation 555-123-4567;
- Invalid Zip Code; and,
- There was an error in trying to save your account details. Verify the information below and try again.

4.1.5 Change Password

4.1.5.1 Layout



4.1.5.2 Purpose

The Change Password screen allows a user to modify their password.

4.1.5.3 Field Descriptions

Field	Description	Max Length	Comments
Account Home	Takes you to the Account Home Page	Menu Button	
My Information	Takes you to the My Information Page (This page)	Menu Button	
Change Password	Takes you to the Change Password Page	Menu Button	
View Agent Roles	Takes you to the View Agent Roles Page	Menu Button	

Field	Description	Max Length	Comments
Add Agent	Takes you to the Add Agent page	Menu Button	
Old Password	The user's original password.	12	
New Password	The user's new password.	12	Cannot be the same as the original password. Must meet complexity requirements.
New Password (verify)	The user's new password. Must verify to confirm accuracy.	12	Must be the same as "New Password"
Cancel	Stop the process of changing the password and return to the account home page.	Button	
Change Password	Checks the password for the validity and		

4.1.5.4 Error Messages

- The password entered does not match your current password;
- A password must be at least eight characters in length and contain at least one number, one lower case letter, and one uppercase letter;
- The passwords you entered do not match; and,
- Your new password cannot match your old password.

4.1.6 View Agent Roles

4.1.6.1 Layout

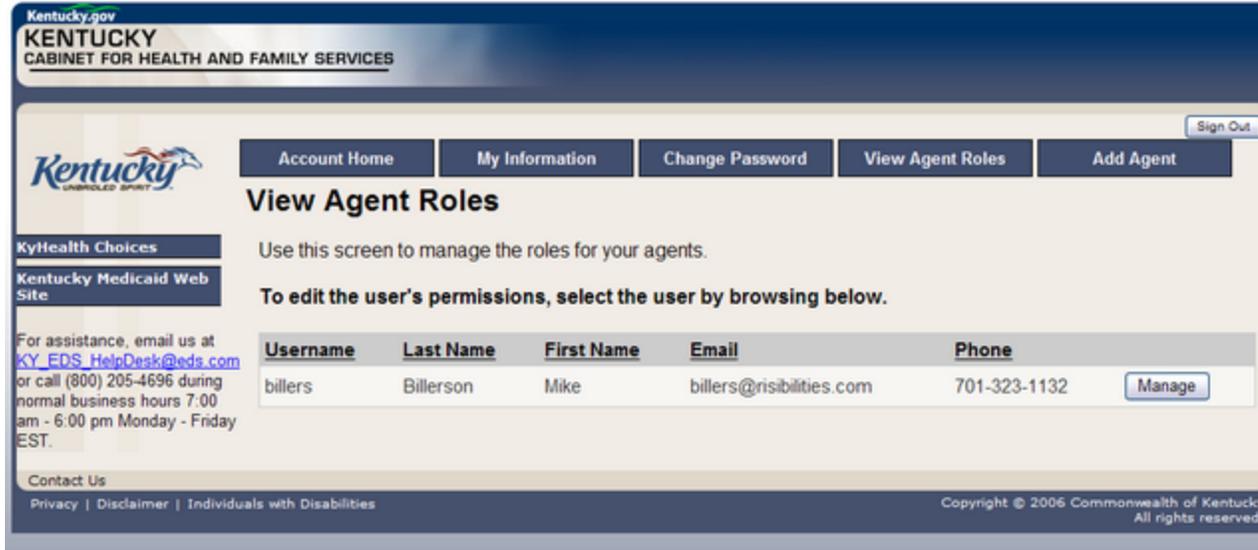


Figure 6 View Agent Roles with agent

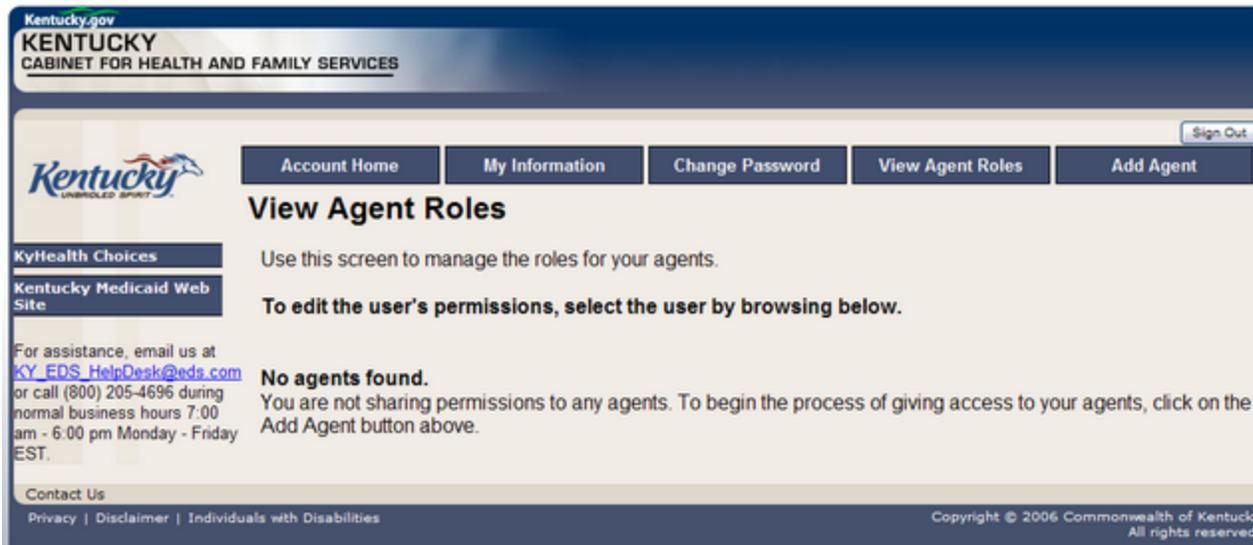


Figure 7 View Agent Roles without an agent

4.1.6.2 Purpose

The View Agent Roles page allows a Delegator to view and manage all the users that currently have delegated permissions. Figure 6 shows what the page looks like when one or more agents are allowed to work on the users behalf. Figure 7 shows the page when there are no delegated agents.

4.1.6.3 Field Descriptions

Field	Description	Max Length	Comments
Account Home	Takes you to the Account Home Page	Menu Button	Figure 6 and 7
My Information	Takes you to the My Information Page (This page)	Menu Button	Figure 6 and 7
Change Password	Takes you to the Change Password Page	Menu Button	Figure 6 and 7
View Agent Roles	Takes you to the View Agent Roles Page	Menu Button	Figure 6 and 7
Add Agent	Takes you to the Add Agent page	Menu Button	Figure 6 and 7
Username	The user name of the agent delegated access by the current user.	Display Only	Figure 6

Field	Description	Max Length	Comments
First Name	The first name of the agent delegated access by the current user.	Display Only	Figure 6
Last Name	The last name of the agent delegated access by the current user.	Display Only	Figure 6
Email	The email address of the agent delegated access by the current user.	Display Only	Figure 6
Phone	The user name of the agent delegated access by the current user.	Display Only	Figure 6
Manage	Takes you to the manage agent roles page.	Button	Figure 6

4.1.6.4 Error Messages

N/A

4.1.7 Add Agent

4.1.7.1 Layout

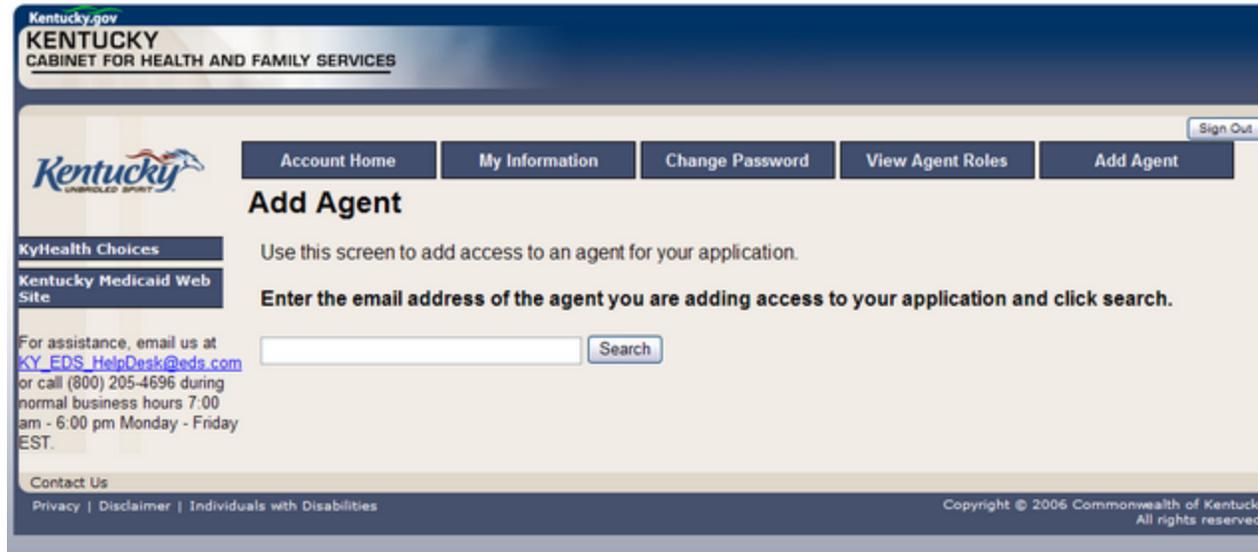


Figure 8 Initial view of Add Agent screen

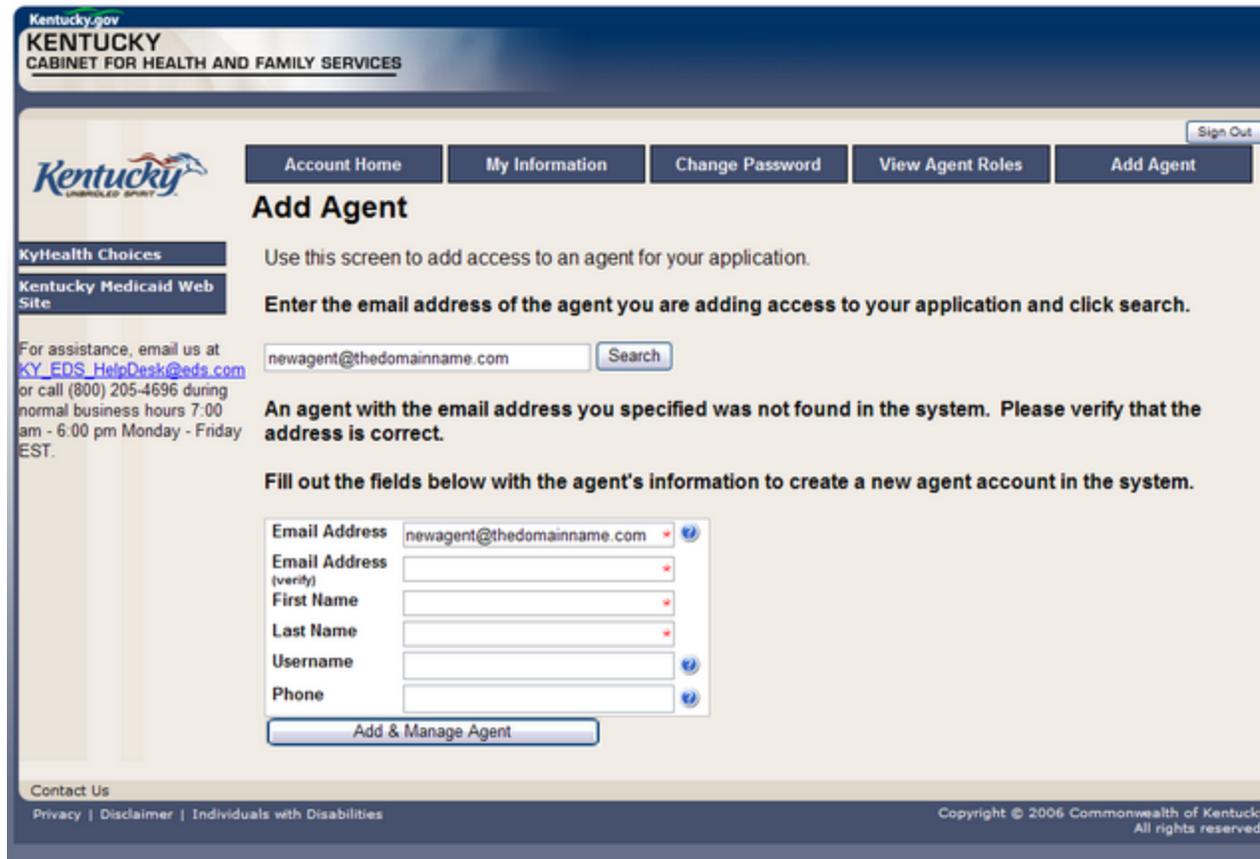


Figure 9 Add Agent after entering an email address not found in the system

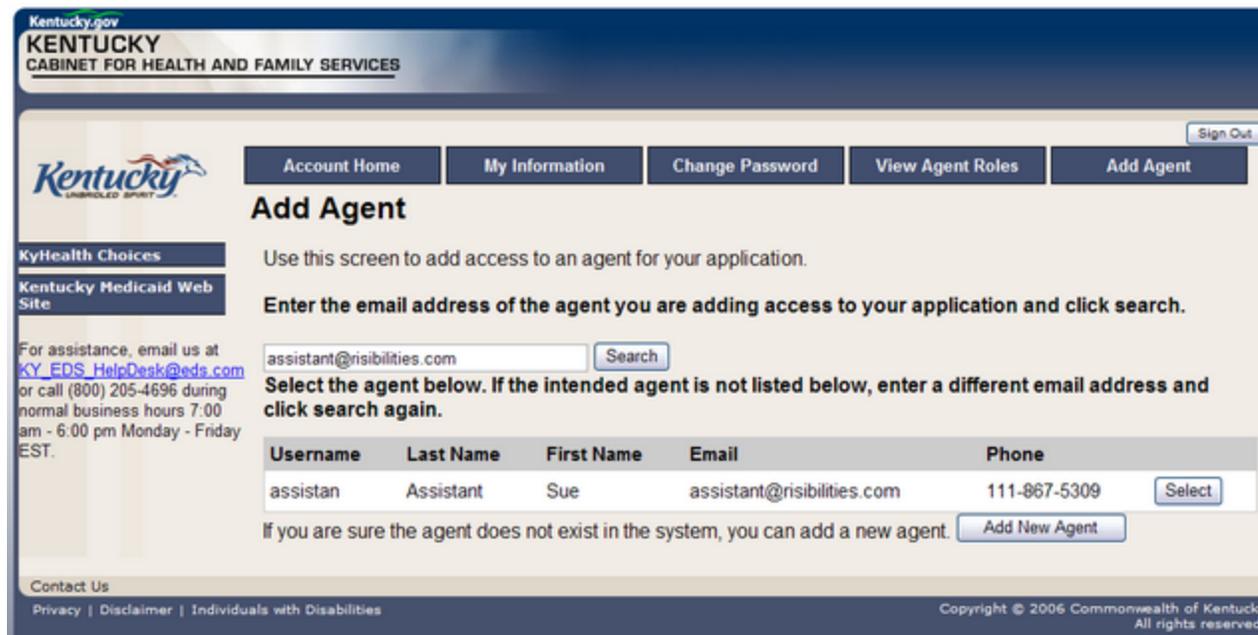


Figure 10 Add agent after entering an email address of an agent in the system

4.1.7.2 Purpose

The Add Agent page allows a provider, billing agent or super-agent (“Delegator”) to create a new relationship with an existing agent or billing agent. If the user does not exist, this page also allows the Delegator to create a new agent account.

The user enters the e-mail address of the agent in the search field on Figure 8. If no agent is found, the user enters the agent’s information on the page as it appears in Figure 9. If an agent is found, they will get a listing of all matching agent’s as in Figure 10. The user can select from any of the found agents. The agent is then added as someone to whom they can delegate access to applications and role.

4.1.7.3 Field Descriptions

Field	Description	Max Length	Comments
Account Home	Takes you to the Account Home Page	Menu Button	Figure 8, 9 and 10
My Information	Takes you to the My Information Page	Menu Button	Figure 8, 9 and 10
Change Password	Takes you to the Change Password Page	Menu Button	Figure 8, 9 and 10
View Agent Roles	Takes you to the View Agent Roles Page	Menu Button	Figure 8, 9 and 10
Add Agent	Takes you to the Add Agent page	Menu Button	Figure 8, 9 and 10
Search Field	Search criteria	128	Figure 8, 9 and 10 Required to start search. Must be a valid email address.
Search Button	Causes page to search for entered criteria and display search results	Button	Figure 8, 9 and 10
Email Address	Email address of new agent.	64	In figure 9 the email address is required and must be a valid format for an email address. In Figure 10 the email address is display only.
Email Address (verify)	Confirmation of email address.	64	Figure 9 Required Must be the same as Email Address
First Name	First name of new agent	64	Figure 9 Required Figure 10 Display Only
Last Name	Last name of new agent	64	Figure 9 Required Figure 10 Display Only

Field	Description	Max Length	Comments
Username	Username of new agent	8	Figure 9 Optional. If left blank, system will generate a random username. Figure 10 Display Only
Phone	Telephone number of agent	12	Figure 9 Optional. If provided, must be a valid phone number entered as ###-###-#### Figure 10 Display Only
Add and Manage Agent	Add the agent information entered and navigates to the manage agent page.	Button	Figure 9
Select Button	Select the row of the agent and navigates to the manage agent page.	Button	Figure 10
Add New Agent	Used when the agent that was found by entering the email address is not the correct agent and the user want to create a new agent as in Figure 9	Button	Figure 10

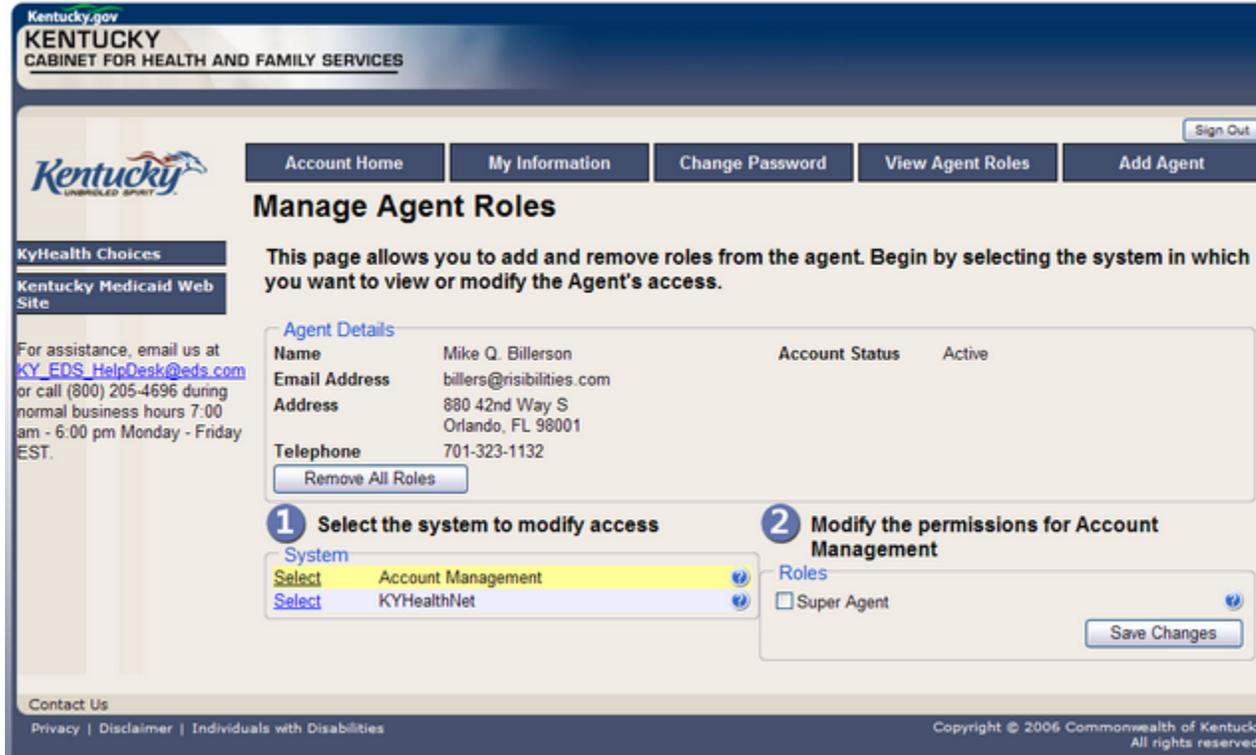
4.1.7.4 Error Messages

- Invalid email address;
- Email is required;
- Email addresses do not match;
- First name is required;
- Last name is required;
- Invalid username;

- The username provided already exists. Either specify a different username or leave blank to have the system generate one for you;
- Invalid phone number. The phone number must be formatted as 555-123-456; and,
- An error occurred when attempting to create the new agent. Please try again or contact the Help Desk for assistance.

4.1.8 Manage Agent Roles

4.1.8.1 Layout



4.1.8.2 Purpose

Manage Agent Roles allows a provider, billing agent, or super-agent (“Delegator”) to add and remove roles for a delegated agent. This screen also allows the Delegator to view account details for that agent.

4.1.8.3 Fields

Field	Description	Max Length	Notes
Account Home	Takes you to the Account Home Page	Menu Button	
My Information	Takes you to the My Information Page	Menu Button	
Change Password	Takes you to the Change Password Page	Menu Button	
View Agent Roles	Takes you to the View Agent Roles Page	Menu Button	
Add Agent	Takes you to the Add Agent page	Menu Button	
Remove All Roles	Removes all roles from the agent	Menu Button	
System	Displays a list of applications that may be assigned to the agent. When the user clicks on one of the applications, the list of available roles changes.	Menu List	
Roles	The list of roles are may be assigned to the agent. Selecting a role will modify it from checked to unchecked and back.	Menu List	
Save Changes	Once the application and roles have been selected, this button saves the state of the selections.	Button	

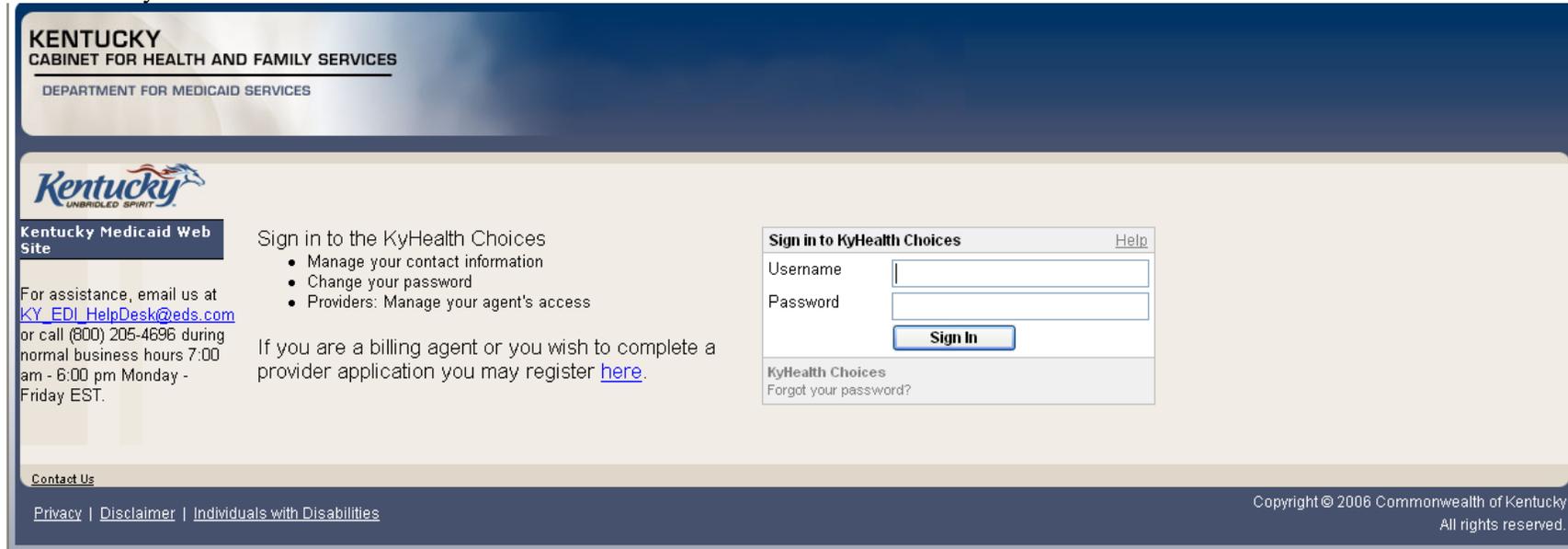
4.1.8.4 Error Messages

- An error occurred when attempting to remove all roles. You may need to manually remove the roles; and,
- You cannot delegate a role that you have not been assigned access.

4.1.9 Public MEUPS

4.1.10 KY Medicaid Sign in

4.1.10.1 Layout



4.1.10.2 Purpose

The KY Medicaid Sign In page allows a user to sign into the system. This page provides a link for non-registered users to register and create an account as well as the ability for current users to reset their password.

4.1.10.3 Field Descriptions

Field	Description	Max Length	Comments
Username	The user's logon	8	Required.
Password	The user's password.	Only 12 characters will be valid.	Required. Only 12 characters will be valid.
Register	Navigates to the Register for Account page	Button	

Field	Description	Max Length	Comments
Sign In	Authenticates the user and navigates to the Landing Page	Button	
Forgot Your Password	Navigates to the Reset Password page		

4.1.10.4 Error Messages

- You must supply a username and password. Please retype the username and password and try again;
- Your account has been locked by the Help Desk. Please contact the Help Desk for assistance;
- The username or password you entered is incorrect. Please retype the username and password and try again;
- You have entered an incorrect password too many times. Your account is now locked. Please contact the Help Desk for assistance;
- Your account has expired. Please contact the Help Desk for assistance;
- You are not authorized to Logon to the system at this time. Please try again later; and,
- An error has occurred while attempting to sign in. Please try again. # (Error ID)

4.1.11 Reset Password

4.1.11.1 Layout

Kentucky.gov
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

KyHealth Choices
Kentucky Medicaid Web Site

Reset Password

Please enter your KyHealth Choices username and email address to start the password recovery process.

Username

Email

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

If you do not remember your KyHealth Choices username or do not have access your email account, you will need to contact the Help Desk for further assistance.

Contact Us

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Figure 11 Reset Password - Initial View

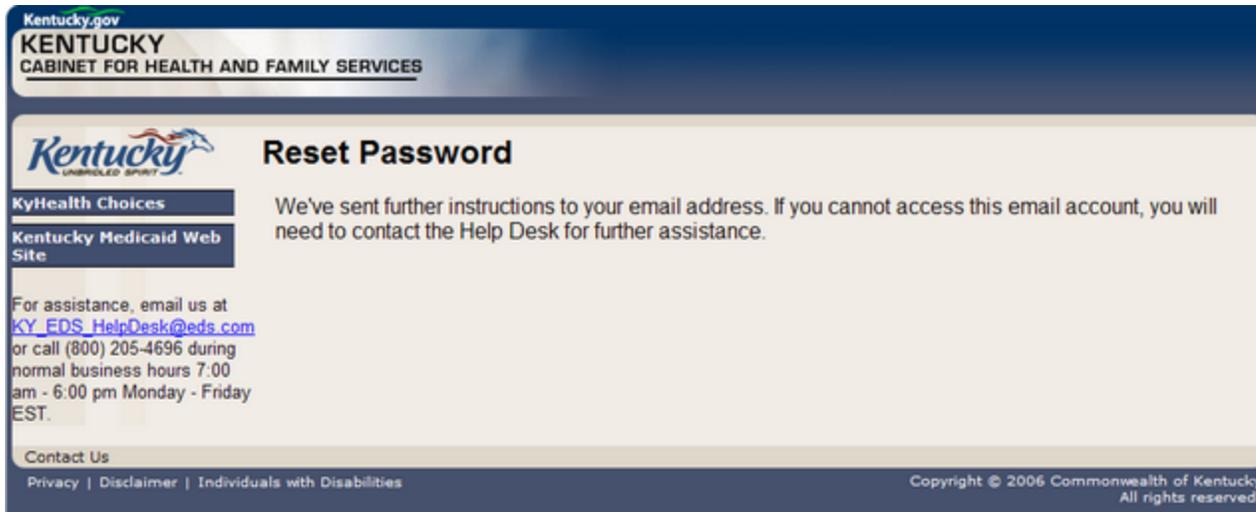


Figure 12 Reset Password - Valid username and email address entered



Figure 13 Reset Password – Security answer prompt is displayed after user clicks on email link



Figure 14 Reset Password – After successfully answering the security question, the user is prompted to set their new password



Figure 15 Reset Password - After successfully setting the new password

4.1.11.2 Purpose

The reset password page as shown in figure 34 starts the password recovery process. The user must enter a valid username with the matching email address. If either one of them does not match, the user is not able to proceed further. Once both the username and email address match, the page display changes to figure 35 and an email is sent to the user.

Upon receipt of the reset password email, the user clicks on the link provided in the email and is taken to the reset password page in figure 36. The user will enter the answer to their security question on the page represented in figure 36. If the answer does not match, they will be given four additional attempts, if they do not enter the correct answer in four attempts, the account will be locked and they will need to contact the helpdesk to get it reset. If they enter the correct answer, the page will display as represented in figure 37.

The user will enter their new password twice. Both entries must match or they will be required to enter the passwords again. After correctly entering a new password, the page will appear as in figure 38.

4.1.11.3 Fields

Field	Description	Max Length	Comments
Username	The user's Logon	8	Required. (Figure 34)
Email	The user's email address	128	Required. (Figure 34)
Security Question	The security question chosen by the user during id creation.	NA	Read Only (Figure 36)
Security Answer	The answer to the user's security question	64	Required. (Figure 36)
Verify	Verifies the answer to the security question. When successful, navigates to Figure 37.	Button	(Figure 36)
New Password	The user's new password.	12	Required. Cannot be the same as the user's old password. (Figure 37)
Confirm Password	Confirmation of the user's new password.	12	Required. Must match the New Password field. (Figure 37)
Change Password	Verifies that the new password meet security requirements. When successful, navigates to Figure 38.	Button	(Figure 37)

Field	Description	Max Length	Comments
Sign In	Navigates to the Sign In page	Button	(Figure 38)

4.1.11.4 Error Messages

- Username is required;
- Email address is required;
- Invalid email address;
- The username and/or email address you entered was not found in the system. Please check these values and try again;
- The security answer you provided did not match what you specified in your account. You are on attempt (Current Attempt) of (Maximum Allowed Attempts), please try again;
- The security answer you provided did not match what you specified in your account. For security purposes, you cannot make any more attempts. Please contact the Help Desk for further assistance;
- A password must be at least eight characters in length and contain at least one number, one lower case letter, and one uppercase letter;
- There was an error that occurred when setting your password. Please try again or contact the Help Desk for assistance;
- Your new password cannot be the same as your old password;
- Password is required;
- Password confirmation is required; and,
- Your passwords do not match.

4.1.11.5 Figure 39 Intentionally left blank

4.1.12 Register For Account

4.1.12.1 Layout

The screenshot shows a web browser window displaying the 'Register For Account' page. The page header includes the Kentucky state logo and the text 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES'. The main heading is 'Register For Account'. Below the heading, there is a message: 'Thank you for your interest in KyHealth Choices. Please answer the following questions to setup an account. Fill out the information below. When finished, click Next to create your account.' The form contains several input fields: 'First Name', 'Middle Name', and 'Last Name' (all with red asterisks indicating they are required); 'Address Line 1', 'Address Line 2', 'City', 'State', and 'Zip Code'; 'Phone Number'; two 'E-Mail Address' fields (one with a blue checkmark icon and the second labeled '(verify)'); 'Trading Partner ID'; 'Username', 'Password', and 'Password (verify)' (all with blue checkmark icons); and a 'Security Question' dropdown menu with the selected question 'In what city were you born? (Enter full name of city only)' and an 'Answer' field. A legend indicates that a red asterisk denotes a required field. At the bottom of the form are 'Cancel', 'Previous', and 'Next' buttons. The footer contains 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2006 Commonwealth of Kentucky All rights reserved.'

Figure 16A Register For Account - User Details

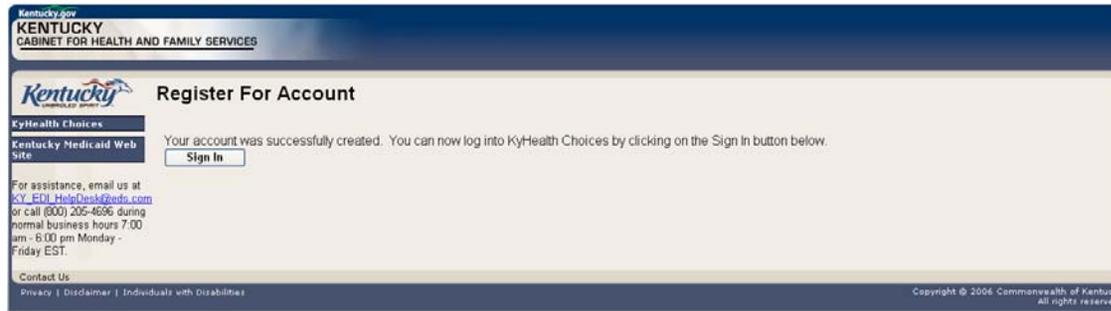


Figure 170B Register For Account – Registration Complete

4.1.12.2 Purpose

Navigation to the Register for Account User Details (Figure 40A) page is intercepted by the HIPAA terms of service page. After approval of the terms of service, control returns to this page. This page is used by Billing Agents to enter account information during the creation of their account.

4.1.12.3 Fields

Field	Description	Max Length	Comments
First Name	The new user’s first name.	64	Required.
Middle Name	The new user’s middle name.	64	Optional.
Last Name	The new user’s last name.	64	Required.
Address Line 1	The new user’s postal address.	64	Optional.
Address Line 2	The new user’s postal address (line 2).	64	Optional.
City	The new user’s city.	64	Optional.
State	The new user’s state.	2	Optional.
Zip Code	The new user’s zip code.	10	Optional. Must be a valid zip code format: ##### or #####-####

Field	Description	Max Length	Comments
Phone Number	The new user's telephone number.	12	Optional. Must be a valid telephone number format: ###-###-####
Email Address	The new user's email address.	128	Required. Must be a valid email address format.
Email Address (verify)	The new user's email address verification.	128	Required. Must match the e-mail Address field.
Trading Partner ID	The new user's Trading Partner Identification.	16	Optional.
Username	The new user's username.	8	Required. Must meet the username requirements.
Password	The new user's password.	12	Required. Must meet the password complexity requirements.
Password (verify)	The new user's password verification.	12	Required. Must match the Password field.
Question	The new user's security question.	-	Required.
Answer	The new user's answer to the security question.	64	Required.
Cancel	Stops the registration process and returns to the KY Medicaid Sign In page.	Button	
Previous	Returns to the HIPAA terms of service page.	Button	
Next	Navigates to Figure 40B	Button	

4.1.12.4 Error Messages

- First name is required;
- Last name is required;
- Invalid Zip Code;
- Invalid phone number. Number should be in the format: 555-123-4567;
- Email address is required;
- Invalid email address;
- Email addresses do not match;
- Invalid username. Must be between six and eight characters;
- Username already exists. Please specify a different username;
- Username is required;
- Invalid password;
- Password is required;
- Your passwords do not match and,
- An answer to the question is required.

4.1.13 Provider Migration / PIN Letter

4.1.13.1 Layout

Kentucky.gov
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Kentucky
UNBRIDLED SPIRIT

KyHealth Choices

Kentucky Medicaid Web Site

For assistance, email us at KY_EDS_HelpDesk@eds.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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Create New Account

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

Provider ID

PIN

KyHealth Choices
Account Migration

Figure 18 Provider Migration / PIN Letter - Initial View

Figure 19 Intentionally left blank

Kentucky
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

KyHealth Choices
Kentucky Medicaid Web Site

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

Create New Account

First Name *
Middle Name
Last Name *

Address Line 1
Address Line 2
City
State
Zip Code

Phone Number

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

Provider ID *
Provider NPI
Provider Taxonomy ID
Trading Partner ID

Username *
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 *
Answer *

* indicates required field.

Contact Us

Figure 20 Provider Migration / PIN Letter - User Details

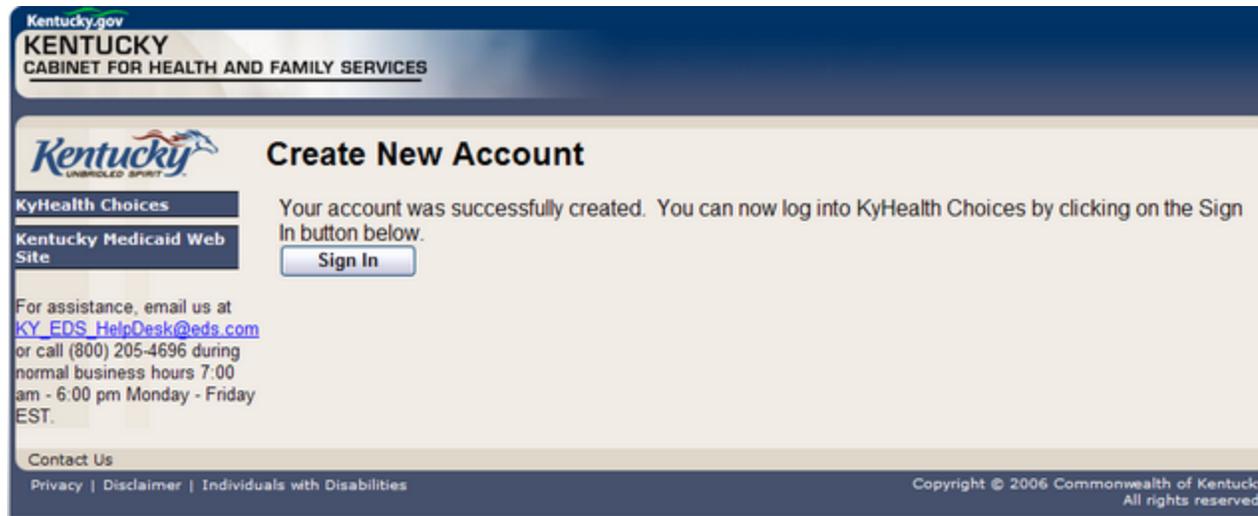


Figure 21 Provider Migration / PIN Letter - Successful Account Creation

4.1.13.2 Purpose

The Provider Migration / PIN Letter page allows a provider to create an account using a PIN that is provided to the user in a letter. The letter contains the address of this page (public.kymmms.com/pinletter). Entering the URL will take them to figure 18 where they will enter their provider ID and PIN number from the letter. When the provider ID and PIN number match the information on file, navigation continues to the HIPAA Terms of Service page then to what is represented in figure 20 where they enter information about the account they are creating.

After entering the information for their account, they click the next button which completes the entry of the information, verifies that all required information is present and the page display changes to Figure 21.

4.1.13.3 Fields

Field	Description	Max Length	Comments
Provider ID	The Provider's Provider Identifier	8	Required.
PIN	The Personal Identification Number received in a letter	12	Required.
First Name	The Provider's first name	64	Required.
Middle Name	The Provider's middle name	64	
Last Name	The Provider's last name	64	Required.
Address Line 1	The Provider's postal address	64	
Address Line 2	The Provider's postal address (line 2)	64	
City	The Provider's city	64	
State	The Provider's state	2	
Zip Code	The Provider's zip code	10	Optional. Must be in a valid zip code format: ##### or #####-####
Phone Number	The Provider's telephone number	12	Optional. Must be in a valid telephone number format: ###-###-####
Email Address	The Provider's email address	128	Required. Must be in a valid email address format.
Email Address (verify)	The Provider's email address verification	128	Required. Must match the Email Address field.
Provider ID	The Provider's Provider Identifier	16	Required.
Provider NPI	The Provider's National Provider Identifier	16	
Provider Taxonomy ID	The Provider's Taxonomy ID	16	

Field	Description	Max Length	Comments
Trading Partner ID	The Provider's Trading Partner Identifier	16	
Username	The Provider's new username	8	Required. Must be unique.
Password	The Provider's new password	12	Required. Must meet complexity requirements.
Password (verify)	The Provider's new password verification	12	Required. Must match the Password field.
Question	The Provider's security question	-	Required.
Answer	The Provider's answer to the selected security question	64	Required.
Next	Confirms that all required fields are present and changes the display to figure 21.	Button	Figure 20
Sign In	Navigates to the Sign In page	Button	Figure 21

4.1.13.4 Error Messages

- Provider ID is required;
- PIN is required;
- The Provider ID and/or PIN are invalid;
- Your account has already been migrated;
- This PIN has expired;
- You must accept the terms before creating your new account;
- First Name is required;
- Last Name is required;
- Invalid Zip Code;
- Invalid phone number. Number should be in the format: 555-123-4567;
- Email address is required;
- Invalid email address;
- Email addresses do not match;
- Provider ID is required;
- Username already exists. Please specify a different username;
- Invalid username. Must be between six and eight characters;
- Invalid password;
- Password is required;
- You must confirm your password;
- Your passwords do not match; NS; and,

- An answer to the question is required.

4.1.14 Confirm Account

4.1.14.1 Layout

Kentucky.gov
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Kentucky
UNBROKEN SPIRIT

KyHealth Choices
Kentucky Medicaid Web Site

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

Confirm New Account

Welcome Brad Newagent. Please fill out the information below to finish creating your new account.

Fill out the form below to set your password. Your new password must:

- Have a length of at least 8 characters
- Contain at least one number
- Contain both lower and uppercase letters

New Password

New 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

Contact Us
Privacy | Disclaimer | Individuals with Disabilities
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Figure 22 Confirm Account - Initial view of page after clicking confirmation link in email

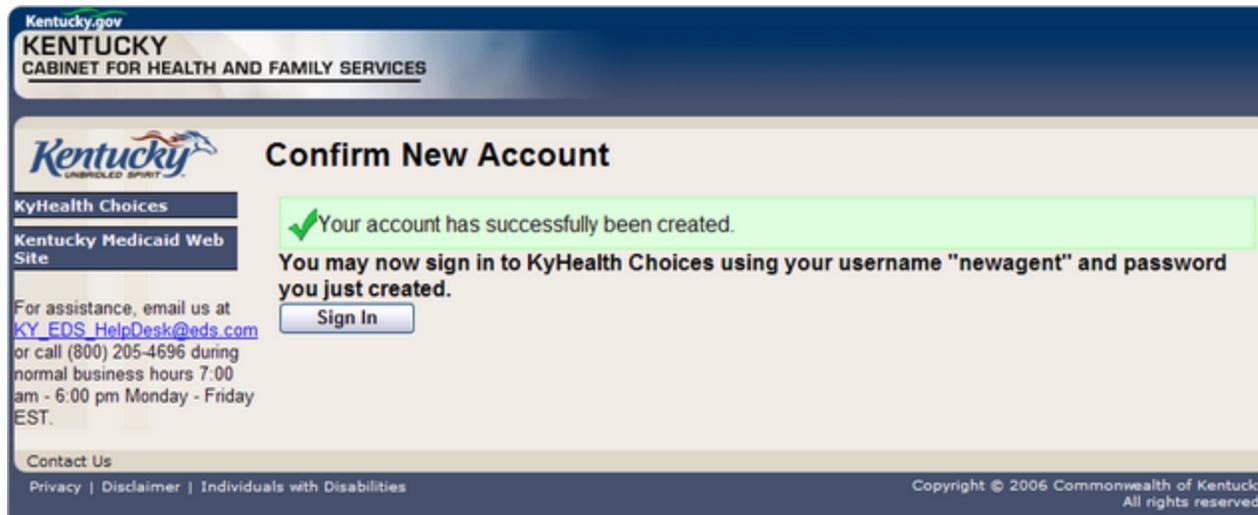


Figure 23 Confirm Account - Successful confirmation

4.1.14.2 Purpose

When a Provider or Billing Agent creates a new Agent or a Help Desk user creates any user, a confirmation email is sent to that new user’s email address. The Confirm New Account page allows that user to set their Password and Security Question and Answer.

4.1.14.3 Fields

Field	Description	Max Length	Comments
New Password	The user’s new password	12	Required. Must meet complexity requirements.
New Password (verify)	The user’s new password confirmation	12	Required. Must match the New Password field.
Question	The user’s security question	-	Required.
Answer	The user’s security answer	64	Required.
Confirm Account	Navigates to figure 23	Button	Figure 22

Field	Description	Max Length	Comments
Sign In	Navigates to the Sign In page	Button	Figure 23

4.1.14.4 Error Messages

- Invalid Password;
- Your password does not meet the criteria;
- Passwords do not match;
- Password confirmation is required; and,
- An answer to the question is required.

4.1.15 Authorization Request

4.1.16 New Request

4.1.16.1 Layout



Figure 24 New Request - Initial view for Requestor users

Kentucky UNBROILED SPIRITS

KYHealth Choices

Sign Out

Authorization Request

Welcome Hugh Jazz,
For whom are you requesting access?
 I am requesting access for myself
 I am requesting access for another user

Either enter search criteria or browse for the user below. If they do not have an account, click on the Create Account button below.

Results 1 - 15 of 81

Username	Last Name	First Name	Email	Phone	
anitab	Batten	Anita	anita.batten@risibilities.com		<input type="button" value="Select"/>
sambea	Bea	Samantha	samantha.bea@risibilities.com		<input type="button" value="Select"/>
bbrigger	Briggerman	Brad	test@risibilities.com		<input type="button" value="Select"/>
elaine90	Bullington	Elaine	elaine@risibilities.com	748-433-9032	<input type="button" value="Select"/>
judybu	Bullock	Judy	judy.bullock@risibilities.com		<input type="button" value="Select"/>
kcasey	Casey	Kevin	test@risibilities.com		<input type="button" value="Select"/>
gemilss	Emilsson	Gunnar	test@risibilities.com		<input type="button" value="Select"/>

1 2 3 4 5 6

If the user does not exist, you will need to create a new user.

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Figure 25 New Request - Requestor chooses to request access for another user

Kentucky UNBROKEN SPIRIT

KYHealth Choices

Sign Out

Authorization Request

First Name

Middle Name

Last Name

Phone Number

E-Mail Address

E-Mail Address (verify)

Username

Organization: Electronic Data Systems

Previous Next

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Figure 26 New Request - Requestor chooses to create a new account

Authorization Request

Select the roles you are requesting access for Anita Batten.

Application
Select Provider Management
Select First Decision
Select Help Desk
Select OnBase
Select interChange
Select KYHealthNet
Select Authorization Request

Request to add the following roles
 Request to remove the following roles

Select the roles below that you want to include in your request.
Grayed roles indicate roles the requested user has been granted.

- Business Analyst
- Call Center CSR
- Contract Manager
- DMS
- EDS
- Mailroom
- Member CSR
- OIG
- OIT

Previous Next

Figure 27 New Request - Selecting application and roles for request



Authorization Request

Please answer the following questions.

Date Required

Comments

Previous

Next

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Figure 28 New Request - Question/Answers for the specific workflow

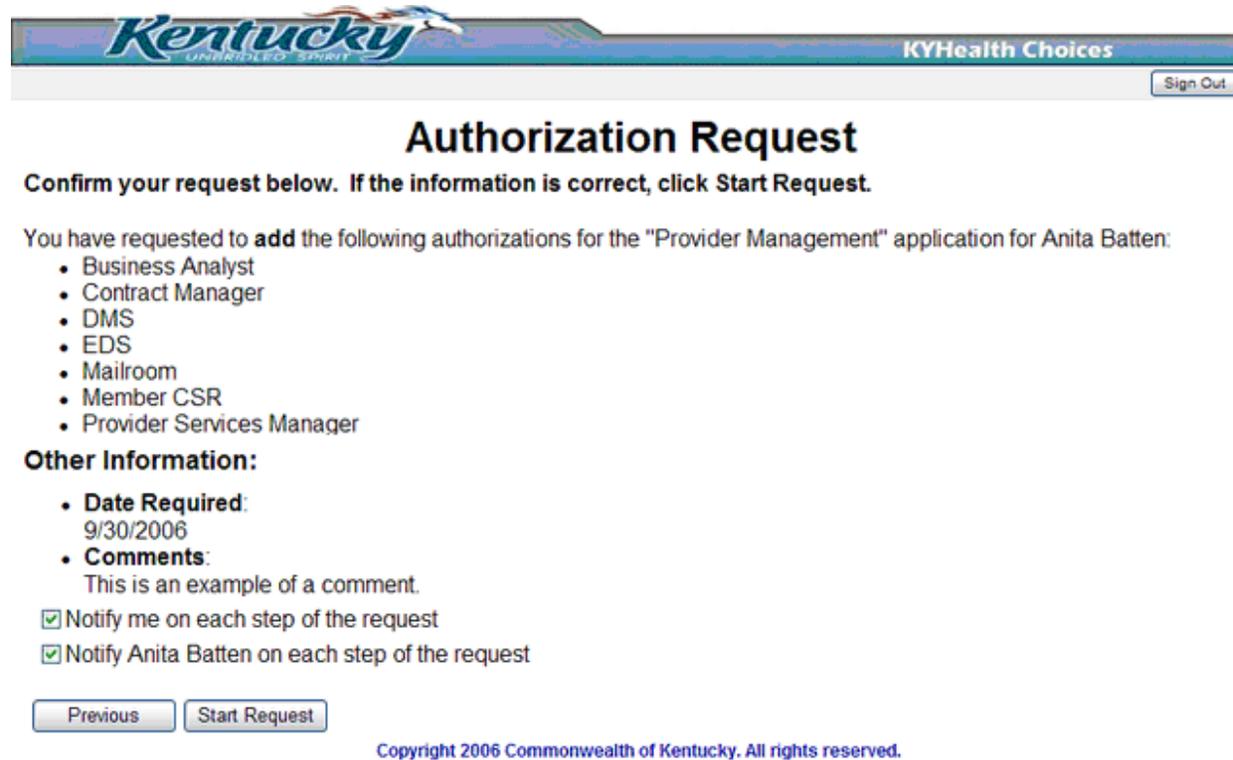


Figure 29 New Request - Confirmation



Figure 30 New Request - Confirmation message

4.1.16.2 Purpose

The Authorization Request: New Request page allows a user to create a request for an authorization change. This page is accessed by selecting Authorization Request from the landing page, or by entering the URL <https://home.kymmis.com/workflow/newrequest>.

This page also allows users who have the Requestor role to create new Internal users as well as create requests on behalf of another user.

Users who are not already signed in are prompted to do so at the start of this process. Users who are not members of the Requestor role see the Authorization Request screen (figure 27) next. Users who are members of the requestor role are taken to the screen displayed in figure 24 where they can indicate whether this request is for themselves or someone else. If the request is for them, they proceed to figure 27. If the request is for someone else, the display changes to figure 25 where they can indicate on whose behalf they are making the request.

The display on figure 25 allows users either to identify an existing user for whom to make an access request, or to create a new user on whose behalf they can request access. If they select an existing user they are taken to figure 26. If they choose to create a new user, they are taken to figure 26 where they can enter the information for that user. Once they enter the new user's information they are taken to figure 27.

Figure 27 presents the user with the applications and roles that can be requested for the selected user, whether that user is making the request for himself/herself or someone else. Once the application role is selected, the user clicks the next button and proceeds to figure 28 where they enter information appropriate for that request before progressing to figure 29 where they can review the request and confirm the information.

After confirming the request information, the user is taken to figure 30.

4.1.16.3 Fields

Field	Description	Max Length	Comments
Request Type	Radio buttons that allow the user to select whether the request is for themselves or someone else.	Radio Button	Figure 24 & Figure 25
Next	Navigates to either Figure 25 or 27 depending on the option selected.	Button	Figure 24
Search Value	The information regarding a user for whom the current user is searching.	256	Figure 25
Search	Executes the specified search.	Button	Figure 25
User list	A listing of the users meeting the specified search criteria. When Select is chosen on the line for a specific user the display will change to Figure 27.	NA	Figure 25
New User	Navigates to Figure 25	Button	Figure 25
Next	Only valid if the request type is “for myself”. Navigates to Figure 27.	Button	Figure 25
First Name	The new user’s first name	64	Required. (Figure 26)
Middle Name	The new user’s middle name	64	Optional. (Figure 26)
Last Name	The new user’s last name	64	Required. (Figure 26)
Phone Number	The new user’s telephone number	12	Optional. Must be in a valid telephone number format: ###-###-####. (Figure 26)
Email Address	The new user’s email address	128	Required. Must be in a valid email address format. (Figure 26)
Email Address (verify)	The new user’s email address verification	128	Required. Must match the email address field. (Figure 26)

Field	Description	Max Length	Comments
Username	The new user's username	8	Required. Must be unique. (Figure 26)
Organization	The new user's organization	-	Required. (Figure 26)
Application	The list of applications for which the selected user can request access.	List	Figure 27
Role Action	Radio buttons to select whether the current request is to add or remove roles from the selected user.	Radio Buttons	Figure 27
Roles	The list of roles applicable to this application for the selected user.	Check List	Figure 27
Previous	Navigates back to the previous display.	Button	Figure 27

Field	Description	Max Length	Comments
Question(s)	The questions that were configured for a particular workflow. The questions may vary from	128	Figure 28
Previous	Navigates back to Figure 27	Button	Figure 28
Next	Navigates to Figure 29	Button	Figure 28
Confirmation Information	A summary of the information gathered presented for the user to confirm its correctness before starting the request.	Read Only	Figure 29
Notification List	Allows the user to select whether the system should notify the requestor and/or subject of the request regarding the actions taken in each step of the workflow process.	Read Only	Figure 29
Previous	Navigates back to Figure 28	Button	Figure 29
Start Request	Starts the workflow process, sends emails to the approvers and navigates to Figure 30	Button	Figure 29

4.1.16.4 Error Messages

- First Name is required;
- Last Name is required;
- Invalid phone number. Number should be in the format: 555-123-4567;
- Email address is required;
- Invalid email address;
- Email addresses do not match;
- Invalid username. Must be between six and eight characters; and,
- Username already exists. Please specify a different username.

4.1.17 View Request

4.1.17.1 Layout

Kentucky UNBROKEN SPIRIT **KYHealth Choices** [Sign Out](#)

Hugh Jazz has requested to add the following authorizations for Anita Batten:

Provider Management

- Business Analyst
- Contract Manager
- DMS
- EDS
- Mailroom
- Member CSR
- Provider Services Manager

Other Information

1. Date Required
 - 9/30/2006
2. Comments
 - This is an example of a comment.

Requestor		Requested User	
Name	Hugh Jazz	Name	Anita Batten
Username	mrjazz	Username	anitab
Email	mrjazz@risibilities.com	Email	anita.batten@risibilities.com
Telephone	253-383-1244	Telephone	
Organization	Department of Medicaid Services	Organization	Electronic Data Systems

Request Status
Current Status: **Pending Action**
Step 1 of 2

Step 1
Patti George Pending 9/27/2006 10:33:03 AM

This request is pending your action.

[Deny](#) [Approve](#)

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Figure 31 View Request - View for approver

Kentucky UNBROKEN SPIRIT

KYHealth Choices

Sign Out

Hugh Jazz has requested to add the following authorizations for Anita Batten:

Provider Management

- Business Analyst
- Contract Manager
- DMS
- EDS
- Mailroom
- Member CSR
- Provider Services Manager

Other Information

1. Date Required
 - 9/30/2006
2. Comments
 - This is an example of a comment.

Requestor

Name Hugh Jazz
Username mrjazz
Email mrjazz@risibilities.com
Telephone 253-383-1244
Organization Department of Medicaid Services

Requested User

Name Anita Batten
Username anitab
Email anita.batten@risibilities.com
Telephone
Organization Electronic Data Systems

Request Status
Current Status: **Pending Action**
Step 1 of 2
Step 1

Patti George
Pending
9/27/2006 10:33:03 AM

Cancel Request

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Figure 32 View Request - View for requestor

4.1.17.2 Purpose

The View Request page allows an approver to view request details and approve or deny the request. This page also allows a requestor or requested user to cancel a request. Figure 31 is the view of this page if the user is an approver. Figure 32 is the view of this page if the user is the requestor.

4.1.17.3 Fields

Field	Description	Max Length	Comments
Request	The information about the request including the name of the application, the roles being requested and the answer to the questions for this request.	Read Only	Figure 31 & Figure 32
Requestor	Information about the user that initiated the request.	Read Only	Figure 31 & Figure 32
Requested User	Information about the user for whom authorization is being requested	Read Only	Figure 31 & Figure 32
Request Status	The current status of the request, including which step of the process is pending and who has authority to act.	Read Only	Figure 31 & Figure 32
Deny	Allows a user that can act on a particular step of a request to deny the request.	Button	Figure 31
Approve	Allows a user that can act on a particular step of a request to approve the request.	Button	Figure 31
Cancel Request	Allows the requestor or the subject of the request to cancel the request.	Button	Figure 29

4.1.17.4 Error Messages

4.1.18 New Account

4.1.18.1 Layout

Kentucky UNBROKEN SPIRIT **KYHealth Choices**

New Account

Fill out the information below to create your new account.

First Name

Middle Name

Last Name

Phone Number

E-Mail Address ⓘ

E-Mail Address (verify)

Username ⓘ

Password ⓘ

Password (verify)

Organization

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

Answer

Create Account

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4.1.18.2 Purpose

The New Account page is accessed by going to <https://home.kymmis.com/workflow/newaccount>. This page allows an internal user to create a new account.

4.1.18.3 Fields

Field	Description	Max Length	Comments
First Name	The user's first name	64	Required.
Middle Name	The user's middle name	64	
Last Name	The user's last name	64	Required.
Phone Number	The user's telephone number	12	Optional. Must be in a valid telephone number format: ###-###-####
Email Address	The user's email address	128	Required. Must be in a valid email address format.
Email Address (verify)	The user's email address verification	128	Required. Must match the Email Address field.
Username	The user's new username	8	Required. Must be unique.
Password	The user's new password	12	Required. Must meet complexity requirements.
Password (verify)	The user's new password verification	12	Required. Must match the Password field.
Organization	The user's organization	-	Required.
Question	The user's security question	-	Required.
Answer	The user's answer to the selected security question	64	Required.
Create Account	Verifies that all required information is present, creates the account and navigates to the sign-in page.	Button	

4.1.18.4 Error Messages

- First Name is required;
- Last Name is required;
- Invalid phone number. Number should be in the format: 555-123-4567;
- Email address is required;
- Invalid email address;
- Email addresses do not match;
- Invalid username. Must be between six and eight characters;
- Username already exists. Please specify a different username;
- Username is required;
- Invalid password;
- Password is required;
- Your passwords do not match;
- Password confirmation is required; and,
- An answer to the question is required.

4.1.19 Help Desk

4.1.20 Help Desk Home

4.1.20.1 Layout



4.1.20.2 Purpose

The Help Desk Home page provides a minimal interface with the ability to quickly search for a user as well as access to all the major functionality of the system from this one page.

4.1.20.3 Fields

Field	Description	Max Length	Comments
Helpdesk Home	Navigate to the Help Desk home page	Menu Item	
User Search	Navigate to the User Search Page	Menu Item	
Migration	Navigate to the Migration Page	Menu Item	
Advanced Account Management	Navigate to the Advanced Account Management Page	Menu Item	
Authorization Requests	Authorization Requests	Menu Item	

Field	Description	Max Length	Comments
Manage User	A panel on the help desk home page that provides the ability to search for a user in the system.	Panel	
Search Criteria	The search criteria by which a user should be found.	128	
Search	Executes the search function	Button	
System Administration	List of functions available to administer MEUPS	Panel	
Active Directories	Navigates to the Manage Active Directories page.	Link	
Applications / Roles	Navigates to the Applications / Roles page.	Link	
Organizations	Navigates to the Manage Organizations page	Link	
Default Roles	Navigates to the Default Roles page.	Link	
Request Templates	Navigates to the Manage Templates page.	Link	

4.1.20.4 Error Messages

Not applicable.

4.1.21 User Search

4.1.21.1 Layout


Thursday, November 03, 2011

Helpdesk Home | User Search | Migration | Advanced Account Management | Authorization Requests
KyHealth Choices

User Search

Results 26 - 50 of 158

Username	Last Name	First Name	Email	Phone	Type	
bbrigger	Briggerman	Brad	test@risibilities.com			<input type="button" value="Manage"/>
elaine90	Bullington	Elaine	elaine@risibilities.com	748-433-9032		<input type="button" value="Manage"/>
judybu	Bullock	Judy	judy.bullock@risibilities.com			<input type="button" value="Manage"/>
archie	Bunker	Archie	archie15525@risibilities.com	800-555-1212		<input type="button" value="Manage"/>
jburns	Burns	John	test@risibilities.com			<input type="button" value="Manage"/>
kcasey	Casey	Kevin	test@risibilities.com			<input type="button" value="Manage"/>
pconners	Connors	Pat	test@risibilities.com			<input type="button" value="Manage"/>
bcronhol	Cronholm	Bob	test@risibilities.com			<input type="button" value="Manage"/>
drdavey	Davey	Jennifer	daveyjenn@risibilities.com	392-393-9875		<input type="button" value="Manage"/>
jdavis	Davis	Jonathan	jon.davis@risibilities.com	502-695-1929		<input type="button" value="Manage"/>
jdevine	Devine	Jim	test@risibilities.com			<input type="button" value="Manage"/>
drkendu	Du	Kenji	drkendu@risibilities.com	708-265-1234		<input type="button" value="Manage"/>
dondunn	Dunn	Donald	dunn@risibilities.com	567-333-1211		<input type="button" value="Manage"/>
gemilsson	Emilsson	Gunnar	test@risibilities.com			<input type="button" value="Manage"/>
Fr125929	Fr125929_Requestor	Test	test@risibilities.com			<input type="button" value="Manage"/>
Fr223368	Fr223368_Requestor	Test	test@risibilities.com			<input type="button" value="Manage"/>
Fr272070	Fr272070_Requestor	Test	test@risibilities.com			<input type="button" value="Manage"/>
Fr286857	Fr286857_Other-Requestee	Test	test@risibilities.com			<input type="button" value="Manage"/>
Fr302655	Fr302655_Requestor	Test	test@risibilities.com			<input type="button" value="Manage"/>
Fr485558	Fr485558_Requestor	Test	test@risibilities.com			<input type="button" value="Manage"/>
Fr504323	Fr504323_Requestor	Test	test@risibilities.com			<input type="button" value="Manage"/>
Fr614728	Fr614728_Requestor	Test	test@risibilities.com			<input type="button" value="Manage"/>
Fr672787	Fr672787_Requestee	Test	test@risibilities.com			<input type="button" value="Manage"/>
Fr708187	Fr708187_Requestee	Test	test@risibilities.com			<input type="button" value="Manage"/>
Fr718282	Fr718282_Requestee	Test	test@risibilities.com			<input type="button" value="Manage"/>

1 2 3 4 5 6 7

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4.1.21.2 Purpose

Allows a user of the helpdesk to search and browse through users of the system and select a user to manage.

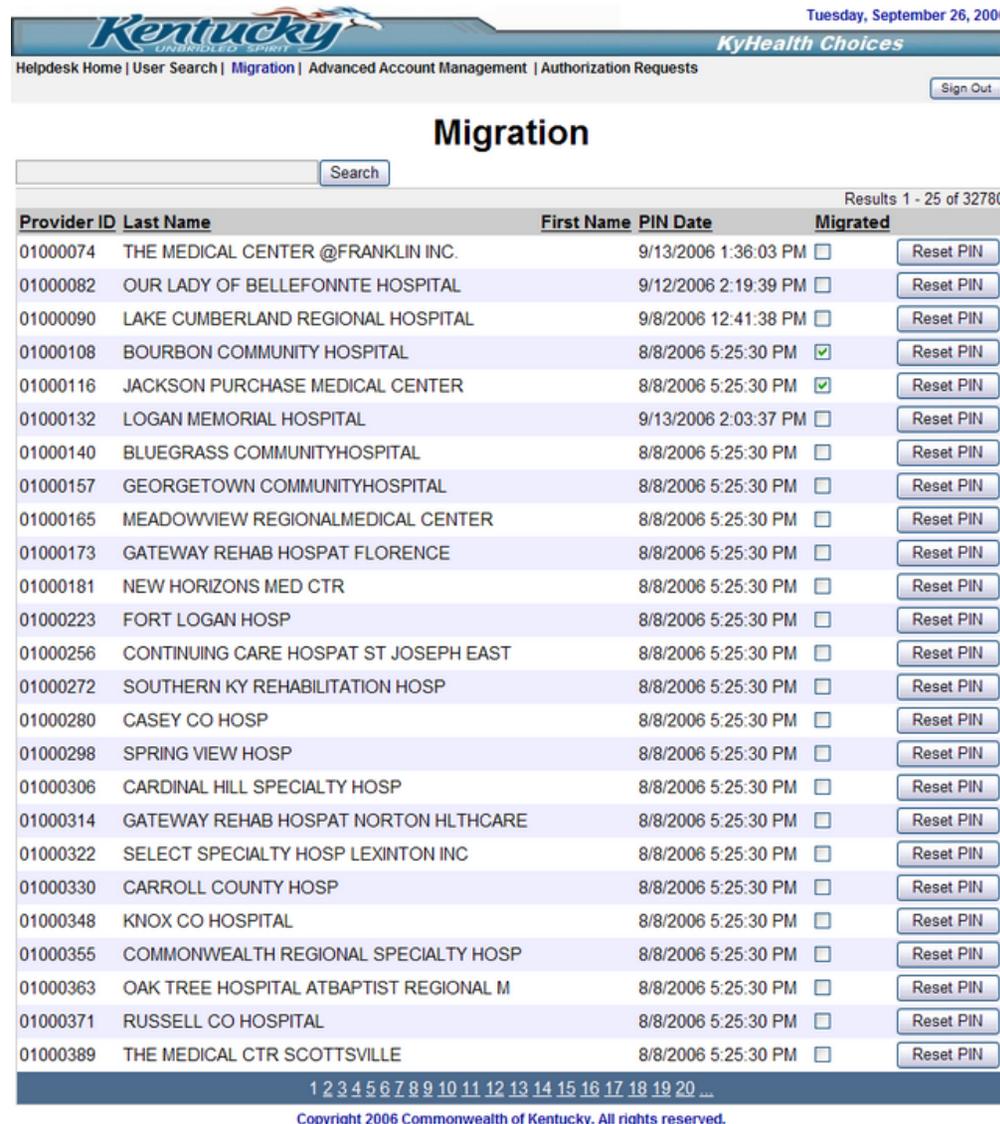
4.1.21.3 Fields

Field	Description	Max Length	Comments
Helpdesk Home	Navigate to the Help Desk home page	Menu Item	
User Search	Navigate to the User Search Page	Menu Item	
Migration	Navigate to the Migration Page	Menu Item	
Advanced Account Management	Navigate to the Advanced Account Management Page	Menu Item	
Authorization Requests	Authorization Requests	Menu Item	
Search	Search criteria for user search	128	Optional. Filters search results.
Username	List of usernames for users that matched the criteria	Read Only	
Last Name	List of Last Names for users that matched the criteria.	Read Only	
First Name	List of First Names for users that matched the criteria.	Read Only	
Email	List of email addresses for users that matched the criteria	Read Only	
Phone	List of phone numbers for users that matched the criteria.	Read Only	
Type	List of user types for users that matched the criteria.	Read Only	
Manage	The button associated with each user in the list. Clicking this button will navigate to the User Details page.	Button	

4.1.21.4 Error Messages

Not applicable.

4.1.22 Migration



Tuesday, September 26, 2006

Helpdesk Home | User Search | Migration | Advanced Account Management | Authorization Requests Sign Out

Migration

Results 1 - 25 of 32780

Provider ID	Last Name	First Name	PIN Date	Migrated
01000074	THE MEDICAL CENTER @FRANKLIN INC.		9/13/2006 1:36:03 PM	<input type="checkbox"/> Reset PIN
01000082	OUR LADY OF BELLEFONNTE HOSPITAL		9/12/2006 2:19:39 PM	<input type="checkbox"/> Reset PIN
01000090	LAKE CUMBERLAND REGIONAL HOSPITAL		9/8/2006 12:41:38 PM	<input type="checkbox"/> Reset PIN
01000108	BOURBON COMMUNITY HOSPITAL		8/8/2006 5:25:30 PM	<input checked="" type="checkbox"/> Reset PIN
01000116	JACKSON PURCHASE MEDICAL CENTER		8/8/2006 5:25:30 PM	<input checked="" type="checkbox"/> Reset PIN
01000132	LOGAN MEMORIAL HOSPITAL		9/13/2006 2:03:37 PM	<input type="checkbox"/> Reset PIN
01000140	BLUEGRASS COMMUNITYHOSPITAL		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000157	GEORGETOWN COMMUNITYHOSPITAL		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000165	MEADOWVIEW REGIONALMEDICAL CENTER		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000173	GATEWAY REHAB HOSPAT FLORENCE		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000181	NEW HORIZONS MED CTR		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000223	FORT LOGAN HOSP		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000256	CONTINUING CARE HOSPAT ST JOSEPH EAST		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000272	SOUTHERN KY REHABILITATION HOSP		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000280	CASEY CO HOSP		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000298	SPRING VIEW HOSP		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000306	CARDINAL HILL SPECIALTY HOSP		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000314	GATEWAY REHAB HOSPAT NORTON HLTHCARE		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000322	SELECT SPECIALTY HOSP LEXINTON INC		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000330	CARROLL COUNTY HOSP		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000348	KNOX CO HOSPITAL		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000355	COMMONWEALTH REGIONAL SPECIALTY HOSP		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000363	OAK TREE HOSPITAL ATBAPTIST REGIONAL M		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000371	RUSSELL CO HOSPITAL		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN
01000389	THE MEDICAL CTR SCOTTSVILLE		8/8/2006 5:25:30 PM	<input type="checkbox"/> Reset PIN

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 ...

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4.1.22.1 Layout

4.1.22.2 Purpose

The Migration screen allows a Help Desk user to search and browse the providers who can migrate. This also allows the user to reset the PIN for that provider.

4.1.22.3 Fields

Field	Description	Max Length	Comments
Helpdesk Home	Navigate to the Help Desk home page	Menu Item	
User Search	Navigate to the User Search Page	Menu Item	
Migration	Navigate to the Migration Page	Menu Item	
Advanced Account Management	Navigate to the Advanced Account Management Page	Menu Item	
Authorization Requests	Authorization Requests	Menu Item	
Search	Search criteria for user search	128	Optional. Filters search results.
Provider ID	List of provider ID's for provider type users that match the search results	Read Only	
Last Name	List of Last names for provider type users that matched the criteria	Read Only	
First Name	List of First Names for provider type users that matched the criteria.	Read Only	
PIN Date	List of Dates the pin letter was sent out for provider type users that matched the search criteria.	Read Only	
Migrated	List of Migrated statuses for provider type users that matched the criteria.	Read Only	Checked means the provider has created their id based on the pin letters.
Reset Pin	Selection button that will regenerate the provider pin letter with a new pin.	Button	

4.1.22.4 Error Messages

You cannot reset a PIN for a Provider that has already migrated.

4.1.23 Advanced Account Management

4.1.23.1 Layout

Tuesday, September 26, 2006

KyHealth Choices

Helpdesk Home | User Search | Migration | [Advanced Account Management](#) | Authorization Requests

Sign Out

Advanced Account Management

Create Account

Users

- External
- Agents
 - Billing Agents
 - Bill Agent, Test
 - Bill Agent, Test
 - Bill Agent, Test
 - Bill Agent, Test
 - Billerson, Mike**
 - Davis, Jonathan
 - Gorder, Gene
 - Horning, Kenneth
 - Sterrenburg, Lucas
- Providers
- Internal

User Information

Name	Mike Billerson	Account Type	Billing Agent
Username	billers	Status	Active
Email	billers@risibilities.com	Termination Date	
Phone	701-323-1132	Active Directory	ORG1

[User Details](#)

- Account Management
- KyHealth Choices
 - Portal User
- KYHealthNet
- Provider Management
- Provider Services
- WebAdmin
- Kenji Du (drkendu@risibilities.com)
 - Account Management
 - Super Agent
 - KyHealth Choices
 - KYHealthNet
 - Provider Management
 - Provider Services
 - WebAdmin

Add Delegator

bishop

Username	Last Name	First Name	Email	Phone	Type	
drbishop	Bishop	Michael	bishopm@risibilities.com	360-474-7878	<input type="radio"/>	Add

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4.1.23.2 Purpose

The Advanced Account Management page allows a System Administrator to manage a user's permissions and establish new relationships between users. This page also allows the user to create new accounts.

4.1.23.3 Fields

Field	Description	Max Length	Comments
Helpdesk Home	Navigate to the Help Desk home page	Menu Item	
User Search	Navigate to the User Search Page	Menu Item	
Migration	Navigate to the Migration Page	Menu Item	
Advanced Account Management	Navigate to the Advanced Account Management Page	Menu Item	
Authorization Requests	Authorization Requests	Menu Item	
Create Account	Navigates to the Create Account page.	Button	
Search	Filters the user list based on entered criteria.	128	
User Tree	List of users alphabetical within user type.	Tree Control	
User Information	Information on selected user	Panel	
User Details	Navigates to the User Details page	Button	
Roles tree	List of applications and their associated roles.	Tree control	
Add Delegator	Adds delegated authorities to selected user.	Panel	

4.1.23.4 Error Messages

- No users found;
- You cannot reset a PIN for a Provider that has already migrated; and,
- You must enter search criteria before attempting to search.

4.1.24 Create Account

4.1.24.1 Layout

Tuesday, September 26, 2006

**KyHealth Choices**

Helpdesk Home | User Search | Migration | Advanced Account Management | Authorization Requests Sign Out

Create Account

General

First Name <input style="width: 90%;" type="text"/> *	Address <input style="width: 90%;" type="text"/>
Middle Name <input style="width: 90%;" type="text"/>	Address (line 2) <input style="width: 90%;" type="text"/>
Last Name <input style="width: 90%;" type="text"/> *	City <input style="width: 90%;" type="text"/>
Email Address <input style="width: 90%;" type="text"/> *	State <input style="width: 90%;" type="text"/>
Username <input style="width: 90%;" type="text"/> <small>Leave blank to auto generate</small>	Zipcode <input style="width: 90%;" type="text"/>
Password <input style="width: 90%;" type="text"/> <small>Leave blank to auto generate</small>	Phone <input style="width: 90%;" type="text"/>

User Type

Agent

Billing Agent

Internal

Provider

Home Active Directory

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Figure 33 Create Account - Initial Screen

Create Account

Account Owner
 Enter part of the Account Owner's name, username, or email address and click Search or browse below.

Search

Username	Last Name	First Name	Email	Phone	Type
Fr849598	Bill Agent	Test	test@risibilities.com		<input type="radio"/> Select
Th587792	Bill Agent	Test	test@risibilities.com		<input type="radio"/> Select
Th280490	Bill Agent	Test	test@risibilities.com		<input type="radio"/> Select
Th861962	Bill Agent	Test	test@risibilities.com		<input type="radio"/> Select
billers	Billerson	Mike	billers@risibilities.com	701-323-1132	<input type="radio"/> Select
drbishop	Bishop	Michael	bishopm@risibilities.com	360-474-7878	<input type="radio"/> Select
drdavey	Davey	Jennifer	daveyjenn@risibilities.com	392-393-9875	<input type="radio"/> Select
jdavis	Davis	Jonathan	jon.davis@risibilities.com	502-695-1929	<input type="radio"/> Select
drkendu	Du	Kenji	drkendu@risibilities.com	708-265-1234	<input type="radio"/> Select
benfrank	Frank	Benjamin	benfrank@risibilities.com	425-123-5309	<input type="radio"/> Select
ggorder	Gorder	Gene	test@risibilities.com		<input type="radio"/> Select
bgrant	Grant	Brian	test@risibilities.com	859-987-3600	<input type="radio"/> Select
Th377778	HelpDeskCreateProviderAccount	Test	test@risibilities.com		<input type="radio"/> Select
Th441590	HelpDeskCreateProviderAccount	Test	test@risibilities.com		<input type="radio"/> Select
Th674955	HelpDeskCreateProviderAccount	Test	test@risibilities.com		<input type="radio"/> Select
kholman	Holman	Kelly	kelly.holman@risibilities.com	270-566-7000	<input type="radio"/> Select
kenbill	Horning	Kenneth	ken@risibilities.com	253-278-9004	<input type="radio"/> Select
drobrien	Obrien	Jacob	obrienj@risibilities.com	450-837-9878	<input type="radio"/> Select
Th776868	Provider	Test	test@risibilities.com		<input type="radio"/> Select
Th165938	Provider	Test	test@risibilities.com		<input type="radio"/> Select
Th357566	Provider	Test	test@risibilities.com		<input type="radio"/> Select
Fr202782	Provider	Test	test@risibilities.com		<input type="radio"/> Select
Fr131072	Provider	Test	test@risibilities.com		<input type="radio"/> Select
Fr481047	Provider	Test	test@risibilities.com		<input type="radio"/> Select
Fr715918	Provider	Test	test@risibilities.com		<input type="radio"/> Select

1 2

Cancel Previous Next Finish

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Figure 34 Create Account - Select Agent's Account Owner

The screenshot shows the 'Create Account' page for Billing Agent Details. At the top, there is a header with the Kentucky logo and 'KyHealth Choices' branding. The date 'Tuesday, September 26, 2006' is displayed in the top right. Below the header is a navigation menu with links: 'Helpdesk Home | User Search | Migration | Advanced Account Management | Authorization Requests'. A 'Sign Out' button is located in the top right corner. The main heading is 'Create Account'. Below it, the section is titled 'Billing Agent Details'. There is a text input field labeled 'Trading Partner ID'. Below the input field are four buttons: 'Cancel', 'Previous', 'Next', and 'Finish'. At the bottom, there is a copyright notice: 'Copyright 2006 Commonwealth of Kentucky. All rights reserved.'

Figure 35 Create Account - Billing Agent Details

The screenshot shows the 'Create Account' page for Internal User Details. It has the same header and navigation as Figure 35. The main heading is 'Create Account'. Below it, the section is titled 'Internal User Details'. There is a dropdown menu labeled 'Organization'. Below the dropdown are four buttons: 'Cancel', 'Previous', 'Next', and 'Finish'. At the bottom, there is a copyright notice: 'Copyright 2006 Commonwealth of Kentucky. All rights reserved.'

Figure 36 Create Account - Internal User Details

Tuesday, September 26, 2006

Kentucky
UNBROKEN SPIRIT

KyHealth Choices

Helpdesk Home | User Search | Migration | Advanced Account Management | Authorization Requests

Sign Out

Create Account

[Provider Details](#)

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

Cancel Previous Next Finish

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Figure 37 Create Account - Provider Details

Tuesday, September 26, 2006



KyHealth Choices

Helpdesk Home | User Search | Migration | Advanced Account Management | Authorization Requests

[Sign Out](#)

Create Account

[Review New Account](#)

First Name	New	Address	
Middle Name		Address (line 2)	
Last Name	User	City	
Email Address	newuser@theirdomain.com	State	
Username	AY98WFD5	Zipcode	
Password	Ln94VzJd	Phone	
Account Type	Provider	Account Owner	N/A
Provider ID	636324576	Provider NPI	
Trading Partner ID		Home Directory	ORG1
Provider Taxonomy ID		Organization	N/A

[Cancel](#) [Previous](#) [Next](#) [Finish](#)

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Figure 38 Create Account - Confirmation

4.1.24.2 Purpose

The Create Account page allows a System Administrator to manually create an account of any user type. This page is accessed by clicking the Create Account button on the Advanced Account Management page.

If the account type selected on Figure 33 is an Agent, the NEXT button changes the display as shown on Figure 34 where the owner of the new account can be selected.

If the account type selected on Figure 33 is a Billing Agent, the NEXT button changes the display as shown on figure 35 where the Trading Partner ID for that billing agent is entered.

If the account type selected on Figure 33 is an internal user, the NEXT button changes the display as shown on figure 36 where the Organization for that user is selected.

If the account type selected on Figure 33 is a Provider, the NEXT button changes the display as shown on figure 37 where the providers identifying numbers are entered.

After all the relevant information for an account is entered, the summarized information is presented for confirmation as shown in Figure 38.

4.1.24.3 Fields

Field	Description	Max Length	Comments
Helpdesk Home	Navigate to the Help Desk home page	Menu Item	Figure 33, 34, 35, 36, 37 & 38
User Search	Navigate to the User Search Page	Menu Item	Figure 33, 34, 35, 36, 37 & 38
Migration	Navigate to the Migration Page	Menu Item	Figure 33, 34, 35, 36, 37 & 38
Advanced Account Management	Navigate to the Advanced Account Management Page	Menu Item	Figure 33, 34, 35, 36, 37 & 38
Authorization Requests	Authorization Requests	Menu Item	Figure 33, 34, 35, 36, 37 & 38
General	The general panel allows entry of the information for the account being created.	Panel	Figure 33, 34, 35, 36, 37 & 38
First Name	The new user's first name.	64	Required. Figure 33
Middle Name	The new user's middle name.	64	Optional. Figure 33
Last Name	The new user's last name.	64	Required. Figure 33
Email Address	The new user's email address.	128	Required. Must be a valid email address format. Figure 33
Username	The new user's username.	8	Optional. If provided, must be unique. Figure 33
Password	The new user's password.	12	Optional. If provided, must be complexity requirements. Figure 33
Account Type	The new user's account type.	-	Figure 33

Field	Description	Max Length	Comments
Provider ID	The new user's Provider Identification.	16	Required for Providers. Figure 33
Trading Partner ID	The new user's Trading Partner Identification.	16	Optional. Figure 33
Provider Taxonomy ID	The new user's Provider Taxonomy Identification.	16	Optional. Figure 33
Provider NPI	The new user's Provider National Provider Identification.	16	Optional. Figure 33
Address	The new user's postal address.	64	Optional. Figure 33
Address (line 2)	The new user's postal address (line 2).	64	Optional. Figure 33
City	The new user's city.	64	Optional. Figure 33
State	The new user's state.	2	Optional. Figure 33
Zip code	The new user's zip code.	10	Optional. Must be a valid zip code format, ##### or #####-#### Figure 33
Field	Description	Max Length	Comments
Helpdesk Home	Navigate to the Help Desk home page	Menu Item	Figure 33, 34, 35, 36, 37 & 38
Phone	The new user's telephone number.	12	Optional. Must be a valid phone number format, ###-###-#### Figure 33
Account Owner	The new user's account owner.	-	Required for Agents. Figure 33
Home Active Directory	The new user's home Active Directory.	-	Required. Figure 33
Search	Allows the user to search for a provider or billing agent that can be assigned ownership of an agents account.	Button	Figure 34

Field	Description	Max Length	Comments
User List	The list of users that match the search criteria. Choosing select one of these records assigns that user as the owner of the account being created.	List	Figure 34
Trading Partner ID	The trading partner id for a new account when the account type is Billing Agent.	12	Figure 35
Provider ID	The provider ID for a new account when account type is Provider	10	Figure 37
Provider NPI	The NPI of the provider when account type is Provider	12	Figure 37
Provider Taxonomy	The Taxonomy of the new account when account type is Provider.	12	Figure 37
Trading Partner ID	The trading partner id for the new account when the account type is Provider.	12	Figure 37
Organization	The new user's organization when account type is internal.	-	Required for Internal Users. Figure 36
Review Panel	Summary of the information for the new account.	Panel	Figure 38
Cancel	Cancel the action on the current page and returns to the previous page.	Button	Figure 33, 34, 35, 36, 37 & 38
Previous	Returns to the previous page.	Button	Figure 33, 34, 35, 36, 37 & 38
Next	Validates that required information is present and navigates to the page that is appropriate for the information entered.	Button	Figure 33, 34, 35, 36, 37 & 38
Finish	Complete the creation of the new account	Button	Figure 33, 34, 35, 36, 37 & 38

4.1.24.4 Error Messages

- First Name is required;

- Last Name is required;
- Invalid email address;
- Email address is required;
- Invalid Logon name;
- Invalid Password;
- Invalid zip code;
- Invalid phone number. A phone number must be entered in the following format: 555-123-4567;
- User type is required;
- Active Directory is required;
- Provider ID is required;
- Organization is required;
- The username provided already exists. Either specify a different username or leave blank to have the system generate one for you;
- A username must be between six to eight characters in length; and,
- An unknown error occurred while attempting to add the user. Please try again. Error # Error ID

4.1.25 Authorization Requests

4.1.25.1 Layout

Tuesday, September 26, 2006

Helpdesk Home | User Search | Migration | Advanced Account Management | Authorization Requests KyHealth Choices

Authorization Request Management

Request Search

Search Criteria

Status Approved Canceled By Requested User Canceled By Requestor Denied
 Expired Pending Action Stopped By Administrator

Requestor / Requested User:

Approver:

Results 1 - 20 of 46

Date Created	Requestor	Requested	Application	Status	
9/22/2006 12:01:37 PM	Test Fr272070_Requestor	Test Fr272070_Requestor	Help Desk	Expired	<input type="button" value="View Details"/>
9/22/2006 11:32:23 AM	Test Fr891965_Requestor	Test Fr708187_Requestee	Help Desk	Expired	<input type="button" value="View Details"/>
9/22/2006 11:27:20 AM	Test Fr504323_Requestor	Test Fr718282_Requestee	Help Desk	Expired	<input type="button" value="View Details"/>
9/22/2006 11:21:06 AM	Test Fr125929_Requestor	Test Fr672787_Requestee	OnBase	Expired	<input type="button" value="View Details"/>
9/20/2006 11:50:39 AM	Scott Robertson	Scott Robertson	Help Desk	Canceled By Requestor	<input type="button" value="View Details"/>
9/20/2006 9:20:24 AM	Hugh Jazz	Jim Devine	Help Desk	Expired	<input type="button" value="View Details"/>
9/13/2006 8:37:25 AM	Brian Grant	Brian Grant	Help Desk	Approved	<input type="button" value="View Details"/>
9/12/2006 10:59:41 AM	Doris Goldstein	Gwen Sharp	interChange	Denied	<input type="button" value="View Details"/>
9/12/2006 10:57:15 AM	Kenneth Franklin	Chris Harris	Provider Management	Expired	<input type="button" value="View Details"/>
9/12/2006 10:50:04 AM	Kenneth Franklin	Julia Richards	Provider Management	Approved	<input type="button" value="View Details"/>
9/11/2006 1:38:41 PM	Tim Requestor	Mark Vetter	Account Management	Approved	<input type="button" value="View Details"/>
9/11/2006 12:46:46 PM	Mark Vetter	Mark Vetter	OnBase	Expired	<input type="button" value="View Details"/>
9/11/2006 11:25:36 AM	Tim Kelly	Tim Kelly	First Decision	Approved	<input type="button" value="View Details"/>
9/11/2006 7:43:44 AM	Tim Requestor	Brad Briggerman	OnBase	Canceled By Requested User	<input type="button" value="View Details"/>
9/8/2006 3:34:22 PM	Tim Requestor	Mark Vetter	KYHealthNet	Approved	<input type="button" value="View Details"/>
9/8/2006 3:31:14 PM	Tim Requestor	Jeff Smialek	First Decision	Stopped By Administrator	<input type="button" value="View Details"/>
9/8/2006 3:05:49 PM	Tim Requestor	Mark Vetter	KYHealthNet	Expired	<input type="button" value="View Details"/>
9/7/2006 2:44:47 PM	Hugh Jazz	Elaine Bullington	interChange	Canceled By Requestor	<input type="button" value="View Details"/>
9/7/2006 2:17:41 PM	Hugh Jazz	Hugh Jazz	WebAdmin	Expired	<input type="button" value="View Details"/>
9/7/2006 10:03:49 AM	Tim Requestor	Kevin Casey	KYHealthNet	Expired	<input type="button" value="View Details"/>

1 2 3

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Figure 39 Authorization Request Management - Request Search

Tuesday, September 26, 2006

KyHealth Choices

[Helpdesk Home](#) | [User Search](#) | [Migration](#) | [Advanced Account Management](#) | [Authorization Requests](#)

[Sign Out](#)

[Request Search](#) > Request Details

Authorization Request Management

Request Details

Requestor

Name: Tim Requestor
Username: requestor
Email: test@insibilities.com
Telephone:
Organization: SHP

Requested User

Name: Mark Vetter
Username: mvetter
Email: test@insibilities.com
Telephone:
Organization: SHP

Overview

Status: Approved
Application: KYHealthNet
Roles:

- Add: Card Issuance

Other Information:

- Date Required
 - No response
- Comments
 - No response

Event Log

Date	Description
9/8/2006 3:34:22 PM	Approval request for billsil
9/8/2006 3:35:25 PM	Approval request for bcronhol
9/8/2006 3:36:25 PM	Approval request for mvetter
9/8/2006 3:37:26 PM	Approval request for tkelly
9/8/2006 3:38:30 PM	Response from tkelly of Approved
9/8/2006 3:38:30 PM	Approval request for gemisso
9/8/2006 3:41:59 PM	Response from gemisso of Approved
9/8/2006 3:41:59 PM	Approval request for mtrude
9/8/2006 3:51:23 PM	Response from mtrude of Approved

Workflow Details

Step 1:

Approver	Name	Type	Primary	Status	Expired	Backup	bcronhol	Timeout	1 min.	Anonymous	True
Approver	Bill Sill (billsil)	Request	Primary	Expired	9/8/2006 3:34:22 PM	Timeout	9/8/2006 3:35:22 PM				
Approver	Bob Cronholm (bcronhol)	Request	Backup	Expired	9/8/2006 3:35:25 PM	Timeout	9/8/2006 3:36:25 PM				
Approver	Mark Vetter (mvetter)	Request	Backup	Expired	9/8/2006 3:36:25 PM	Timeout	9/8/2006 3:37:25 PM				
Approver	Tim Kelly (tkelly)	Request	Backup	Completed	9/8/2006 3:37:26 PM	Timeout	9/8/2006 3:42:26 PM		5 min.	Anonymous	False
		Response		Approved	9/8/2006 3:38:30 PM	Type					

Step 2:

Approver	Name	Type	Primary	Status	Completed	Backup	Timeout	5 min.	Anonymous	False
Approver	Gunnar Emilsson (gemisso)	Request	Primary	Completed	9/8/2006 3:38:30 PM	Timeout	9/8/2006 3:43:30 PM			
		Response		Approved	9/8/2006 3:41:59 PM	Type				

Step 3:

Approver	Name	Type	Primary	Status	Completed	Backup	Timeout	10 min.	Anonymous	False
Approver	Mary Trudenowski (mtruda)	Request	Primary	Completed	9/8/2006 3:41:59 PM	Timeout	9/8/2006 3:51:59 PM			
		Response		Approved	9/8/2006 3:51:23 PM	Type				

[Stop Request](#)

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Figure 40 Authorization Request Management - Request Details

4.1.25.2 Purpose

The Authorization Request Management page allows a System Administrator to monitor and manage Authorization Requests. The System Administrator is able to search and browse through the requests using detailed criteria. The System Administrator also has the ability to stop a request if the request is still pending approval.

4.1.25.3 Fields

Field	Description	Max Length	Comments
Helpdesk Home	Navigate to the Help Desk home page	Menu Item	Figure 39, 40
User Search	Navigate to the User Search Page	Menu Item	Figure 39, 40
Migration	Navigate to the Migration Page	Menu Item	Figure 39, 40
Advanced Account Management	Navigate to the Advanced Account Management Page	Menu Item	Figure 39, 40
Authorization Requests	Authorization Requests	Menu Item	Figure 39, 40
Status	Allows the user to select one or more status values to include in the search filter.	Check Box List	Figure 39
Requestor / Requested User	Search criteria for authorization requests	-	Optional. Filters search results. Leaving blank will return all requestors / requested users. Figure 39
Approver	Search criteria for authorization requests	-	Optional. Filters search results. Leaving blank will return all approvers. Figure 39
Request List	The list of requests that match the filter criteria. An individual record is selected by clicking the View Details button which will navigate to Figure 40.		Figure 39.

Field	Description	Max Length	Comments
Requestor	The information about the individual that initiated the request.	Panel	Figure 40
Requested User	The information about the person for whom authorization is being requested.	Panel	Figure 40
Overview	Information about the request itself.	Panel	Figure 40
Event Log	A list of the events that have taken place for a particular request	Panel	Figure 40
Stop Request	If the request is still in progress, it cancels the request and sends an email to anyone that has been notified of the request.	Button	

4.1.25.4 Error Messages

- No results found

4.1.26 User Details

4.1.26.1 Layout

Tuesday, September 26, 2006



KyHealth Choices

[Helpdesk Home](#) | [User Search](#) | [Migration](#) | [Advanced Account Management](#) | [Authorization Requests](#)

[User Search](#) > User Details

User Details

User Details

Account Type	Provider
Status	Active
Logon	drkendu
Name	Kenji V. Du
Email Address	drkendu@risibilities.com
Address	123 4th Street Seattle, WA 98001
Phone Number	708-265-1234
Password Modified	9/22/2006 7:54:03 AM
Termination Date	N/A
Provider ID	123
Provider NPI	789
Taxonomy ID	456
Trading Partner ID	
Last Accessed	9/26/2006 8:51:06 AM
Account Owner	N/A
Security Questions	Q: What is your mother's middle name? A: Sue
Active Directory	ORG1 Domain
Organization	External/Public

Account Actions

Reports

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Figure 41 User Details - Overview

Tuesday, September 26, 2006

Kentucky *KyHealth Choices*
UNBROKEN SPIRIT

Helpdesk Home | User Search | Migration | Advanced Account Management | Authorization Requests Sign Out

[User Search](#) > User Details

User Details

[User Details](#)

Account Type	Provider
Status	Active
logon	drkendu
First Name	<input type="text" value="Kenji"/>
Middle Name	<input type="text" value="V."/>
Last Name	<input type="text" value="Du"/>
Email address	<input type="text" value="drkendu@risibilities.com"/>
Address	<input type="text" value="123 4th Street"/>
Address (line 2)	<input type="text"/>
City	<input type="text" value="Seattle"/>
State	<input type="text" value="WA"/>
Zip Code	<input type="text" value="98001"/>
Phone Number	<input type="text" value="708-265-1234"/>
Active Directory	<input type="text" value="ORG1 Domain"/> ▼
Organization	<input type="text" value="External/Public"/> ▼
Termination Date	<input type="text" value="≤ September 2006 ≥"/> <input type="button" value="Deselect Date"/>

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Account Actions

Reports

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Figure 42 User Details - Modify User Details

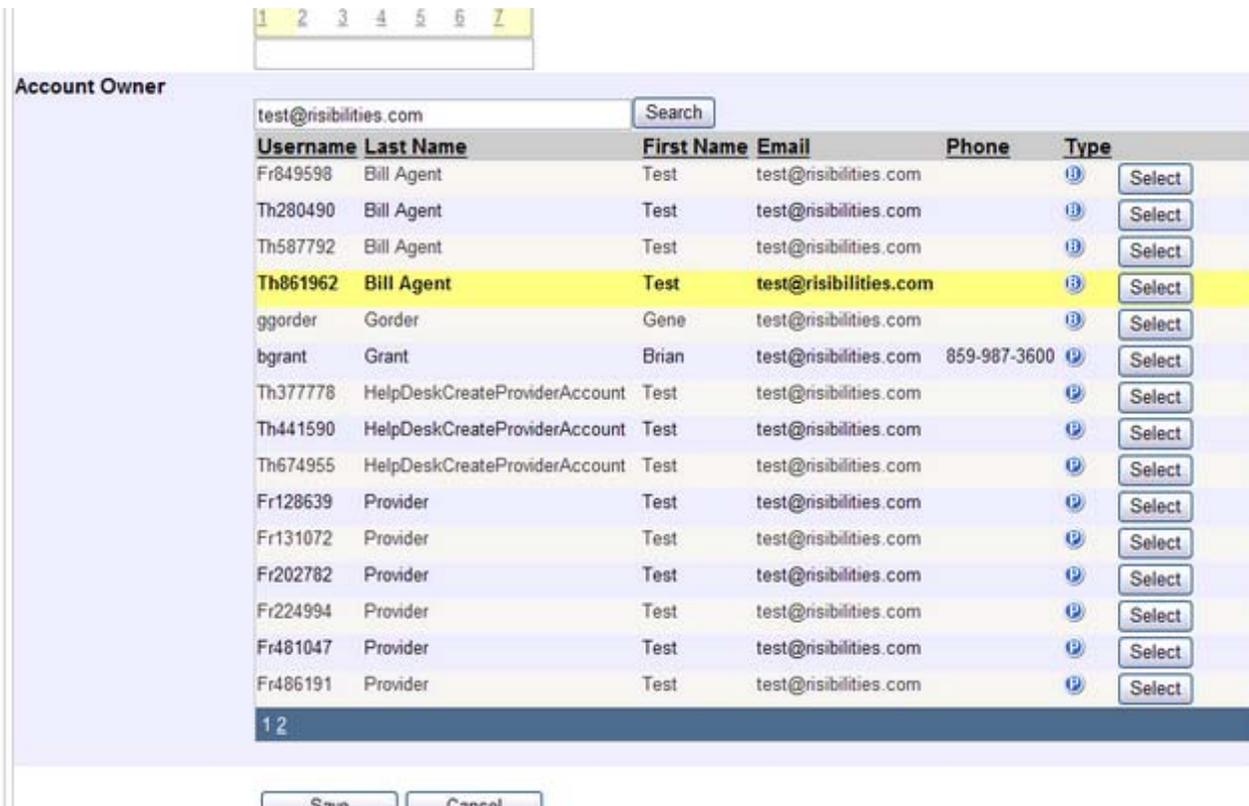


Figure 43 User Details - Modify User Details (Agent). Selection showing Account Owner section.

4.1.26.2 Purpose

The User Details page allows a Help Desk user to manage a user account. The initial view (Figure 41) of the page displays the information necessary to answer most phone inquiries about an account. This view also provides access to many functions that may be needed to maintain the account. An individual data item about the user is to be modified; the Manage User button will change the display to that shown in Figure 42. When the user being maintained is an Agent, the page will include the ability to assign an account owner as shown in Figure 43.

4.1.26.3 Fields

Field	Description	Max Length	Comments
Helpdesk Home	Navigate to the Help Desk home page	Menu Item	Figure 41, 42, 43
User Search	Navigate to the User Search Page	Menu Item	Figure 41, 42, 43
Migration	Navigate to the Migration Page	Menu Item	Figure 41, 42, 43
Advanced Account Management	Navigate to the Advanced Account Management Page	Menu Item	Figure 41, 42, 43
Authorization Requests	Authorization Requests	Menu Item	Figure 41, 42, 43
User Details	Information about the current user	Read Only	Figure 41 & 42.
Modify User Details	Navigate to Figure 42	Button	Figure 41 & 42.
Reset Password	Generate a reset password email to the user.	Button	Figure 41 & 42.
Generate Password	Set a specific password for a user.	Button	Figure 41 & 42.
Lock Account	Sets the locked account flag in active directory preventing the user from authenticating.	Button	Figure 41 & 42.
Unlock Account	Resets the locked account flag in active directory allowing the user to authenticate.	Button	Figure 41 & 42.
Manage Roles	Navigate to the Manage User Roles Page	Button	Figure 41 & 42.
Account History	Shows all historical changes to this account.	Button	Figure 41 & 42.
Authorization History	Shows all historical changes to roles for this account.	Button	Figure 41 & 42.
Application Activity	Shows all landing page activity for this account.	Button	Figure 41 & 42.

Field	Description	Max Length	Comments
First Name	The user's first name.	64	Required. Figure 42.
Middle Name	The user's middle name.	64	Optional. Figure 42.
Last Name	The user's last name.	64	Required. Figure 42.
Email Address	The user's email address.	128	Required. Must be formatted as valid email address. Figure 42.
Address	The user's postal address.	64	Optional. Figure 42.
Address (line 2)	The users postal address (line 2).	64	Optional. Figure 42.
City	The user's city.	64	Optional. Figure 42.
Field	Description	Max Length	Comments
State	The user's state.	2	Optional Figure 42.
Zip Code	The user's zip code.	10	Optional. Must be a valid zip code format: ##### or #####-#### Figure 42.
Phone Number	The user's telephone number.	12	Optional. Must be a valid phone number format: ###-###-####. Figure 42.
Active Directory	The user's Active Directory.	-	Required. Figure 42.
Organization	The user's organization.	-	Required. Figure 42.
Termination Date	The date the account will be permanently terminated (disabled).	-	Optional. Cannot be a date in the past. Figure 42.
Account Owner	The agent's account owner.	-	Only available for agents. Must be a user that is a Billing Agent or Provider. Figure 42.

Field	Description	Max Length	Comments
Lock Reason	The justification for locking the account.	-	Figure 42.

4.1.26.4 Error Messages

- First name is required;
- Last name is required;
- Email address is required;
- Active Directory is required;
- Organization is required;
- Account Owner is required;
- Invalid email address;
- Invalid phone number;
- Invalid zip code; and,
- The date you entered was invalid. Try entering the date again or select a date from the calendar.

4.1.26.5 Reports

The User Details page contains buttons that generate and retrieve reports from the Reporting Services server as PDFs. The following are the reports available on the User Details page:

- Account History;
This button generates the SEC-0002-D User Account Change History report for the selected user;
- Authorization History;
This button generates the SEC-0003-D Authorization Activity report for the selected user; and,
- Application Activity. (This button generates the SEC-0005-D Landing Page Activity for the selected user.)

4.1.27 Manage User Roles

4.1.27.1 Layout

The screenshot displays the 'Manage User Roles' interface. At the top, there is a navigation bar with the Kentucky logo, the date 'Tuesday, September 26, 2006', and the text 'KyHealth Choices'. Below this is a breadcrumb trail: 'User Search > User Details > Manage Roles'. The main heading is 'Manage User Roles'. A descriptive text states: 'This page allows you to add and remove roles from the user.' Below this is a box for 'Agent Details' containing the following information:

Name	Kenji V. Du
Status	Active
Email Address	drkendu@risibilities.com
Address	123 4th Street Seattle, WA 98001
Telephone	708-265-1234

Below the agent details are two numbered steps:

- 1 Select the system you want to modify access.** This step features a 'System' dropdown menu with the following options:

Select	Account Management	⌵
Select	KyHealth Choices	⌵
Select	KYHealthNet	⌵
Select	Provider Management	⌵
Select	Provider Services	⌵
Select	WebAdmin	⌵
- 2 Modify the permissions for Account Management** This step features a 'Roles' dropdown menu with the following options:

Roles	⌵	
<input checked="" type="checkbox"/>	Super Agent	⌵

At the bottom of the page, there is a copyright notice: 'Copyright 2006 Commonwealth of Kentucky. All rights reserved.'

Figure 44 Manage User Roles - Layout for Providers or Internal Users

Tuesday, September 26, 2006

KyHealth Choices

Helpdesk Home | User Search | Migration | Advanced Account Management | Authorization Requests Sign Out

User Search > User Details > Manage Roles

Manage User Roles

This page allows you to add and remove roles from the user.

Agent Details

Name	Test Bill Agent
Status	Active
Email Address	test@risibilities.com
Address	
Telephone	

1 Select Provider or Self

2 Select the system you want to modify access.

System	Roles
Select Account Management	
Select KyHealth Choices	
Select KYHealthNet	
Select Provider Management	
Select Provider Services	
Select WebAdmin	

3 Modify the permissions for selected system

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Figure 45 Manage User Roles - Layout for Billing Agents

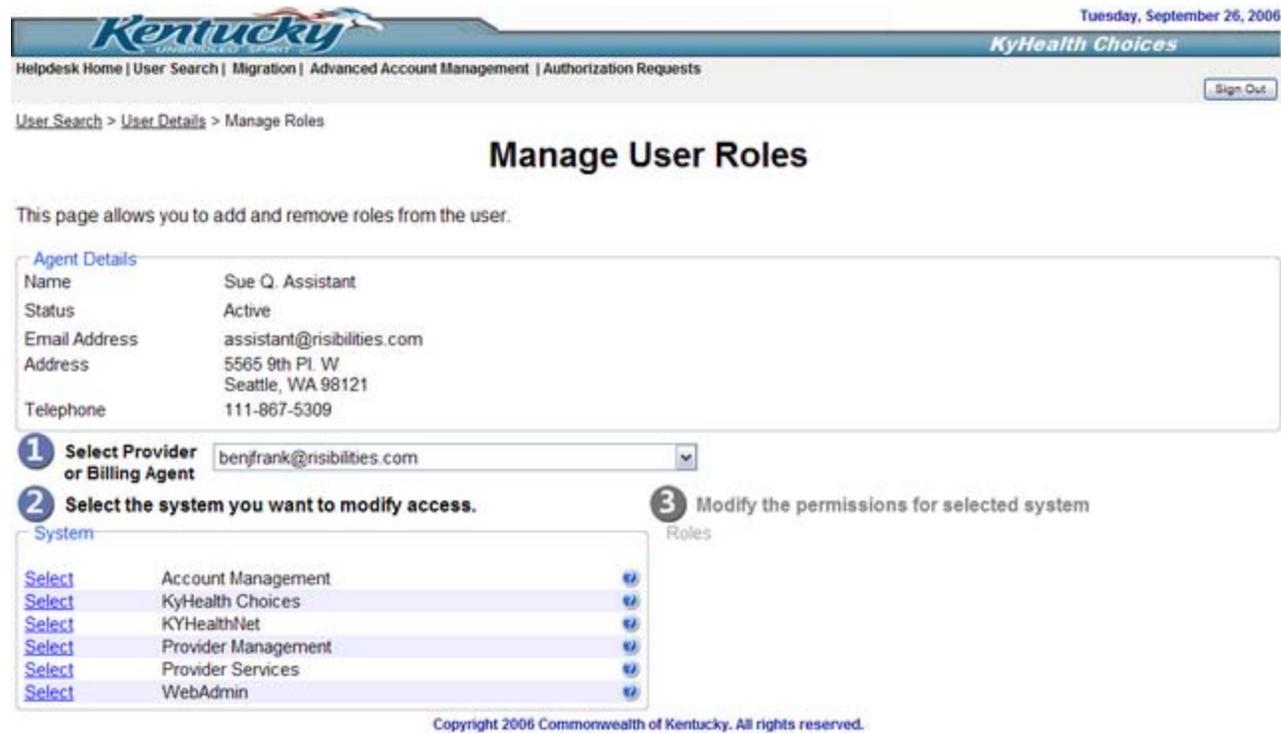


Figure 46 Manage User Roles - Layout for Agents

4.1.27.2 Purpose

The Manage User Roles page allows a Help Desk user to modify direct authorizations for users as well as delegated roles for existing relationships. The three views of this page reflect the differences based on the type of user whose roles are being modified.

4.1.27.3 Fields

Field	Description	Max Length	Comments
Helpdesk Home	Navigate to the Help Desk home page	Menu Item	Figure 44, 45, 46
User Search	Navigate to the User Search Page	Menu Item	Figure 44, 45, 46
Migration	Navigate to the Migration Page	Menu Item	Figure 44, 45, 46
Advanced Account Management	Navigate to the Advanced Account Management Page	Menu Item	Figure 44, 45, 46
Authorization Requests	Authorization Requests	Menu Item	Figure 44, 45, 46
Agent Details	Information about the user whose roles are being modified.	Panel	Figure 44, 45, 46
System	List of applications which are available in the system. Clicking select on one of the applications lists the roles.	List	Figure 44, 45, 46
Roles	List of roles available for the selected application	List	Figure 44, 45, 46
Delegator	The context of the delegated permissions.	-	This drop down will display if the user is a Billing Agent or Agent. If the user is a Billing Agent, their name will display in the drop down signifying the ability to modify direct-authorizations.

4.1.27.4 Error Messages

You cannot assign a role to an agent for a delegator that does not have that role. First assign the role to the delegator and then assign the role to the agent;

This role has been defined as an internal role. You cannot assign an internal role to an external user;

Error # (Error ID) occurred while attempting to add (Role Name) role; and,

- Error # (Error ID) occurred while attempting to remove (Role Name) role.

4.1.28 Manage Active Directories

4.1.28.1 Layout

Tuesday, September 26, 2006

Kentucky
UNBROKEN SPIRIT

KyHealth Choices

Helpdesk Home | User Search | Migration | Advanced Account Management | Authorization Requests

Sign Out

Manage Active Directories

Active Directory Search

Name	System Name	Description	Admin Email
ORG1 Domain	ORG1	ORG1 domain for all users of the system	admin@risibilities.com

New Active Directory

Manage

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Figure 47 Manage Active Directories - Active Directory Search

Tuesday, September 26, 2006

KyHealth Choices

Helpdesk Home | User Search | Migration | Advanced Account Management | Authorization Requests Sign Out

[Active Directory Search](#) > Active Directory Details

Manage Active Directories

Active Directory Details

Active Directory Information

System Name	ORG1
Display Name	ORG1 Domain
Description	ORG1 domain for all users of the system
MSMQ URL	http://ava-org1-web01.org1.lab/MSMQ
Queue	Private\$\meups
Maximum Password Age	31
Administrator Email	admin@risibilities.com

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Figure 48 Manage Active Directories - Active Directory Details

4.1.28.2 Purpose

The Manage Active Directories page allows a System Administrator to add, update, and delete the Active Directories that MEUPS synchronizes.

4.1.28.3 Fields

Field	Description	Max Length	Comments
Helpdesk Home	Navigate to the Help Desk home page	Menu Item	Figure 47, 48
User Search	Navigate to the User Search Page	Menu Item	Figure 47, 48
Migration	Navigate to the Migration Page	Menu Item	Figure 47, 48
Advanced Account Management	Navigate to the Advanced Account Management Page	Menu Item	Figure 47, 48
Authorization Requests	Authorization Requests	Menu Item	Figure 47, 48
Directory List	List of Active Directories configured in the system. Selecting manage changes the display to Figure 48 populated with the details of the selected active directory.	List	Figure 47
New Active Directory	Navigates to Figure 48 with no data populated.	Button	Figure 47.
System Name	The internal/system name of the Active Directory	64	Required. Figure 48.
Display Name	The display name that is shown in the drop down boxes	64	Required Figure 48.
Description	The description of the Active Directory	-	Optional. Figure 48.
MSMQ URL	The URL of the MSMQ service	128	Required. Figure 48.
Queue	The name of the queue on the MSMQ server	32	Required. Figure 48.
Maximum Password Age	The maximum number of days to allow a password to remain unchanged	3	Optional. Maximum password age determines how many days a password can be used before the user is required to change it. The value of this setting can be between 0 and 999; if it is set to 0, passwords never expire. Figure 48.

Field	Description	Max Length	Comments
Administrator Email	The email address of the point of contact for the Active Directory.	128	Optional. Must be in a valid email address format. For informational purposes only. Figure 48.
Save	Saves the information for Active Directory.	Button	Figure 48.
Delete	Deletes the information for the active directory.	Button	Figure 48.
Cancel	Cancel any changes to the active directory and returns to Figure 47	Button	Figure 48.

4.1.28.4 Error Messages

- System Name is required;
- Display name is required;
- MSMQ URL is required;
- AD Queue is required;
- Password Expiration must be between 0 and 999;
- Invalid email address;
- An Active Directory of that name already exists;
- A correctly formatted URL is required;
- The Active Directory cannot be deleted because it has one or more dependent applications;
- The Active Directory cannot be deleted because it has one or more dependent users;
- An Active Directory of this name already exists;
- An Active Directory with the same queue name already exists;
- The organization code already exists and,
- An error occurred when adding the organization.

4.1.29 Manage Applications / Roles

4.1.29.1 Layout



Helpdesk Home | User Search | Migration | Advanced Account Management | Authorization Requests

Tuesday, September 26, 2006

KyHealth Choices

[Sign Out](#)

Manage Applications / Roles

Application Search

System Name	Name	Description	Internal	
Account Management	Account Management	Manages contact information, password, and authorizations for applications.	<input type="checkbox"/>	Manage
AuthRequest	Authorization Request	Allows a user to request access to applications	<input checked="" type="checkbox"/>	Manage
CTMS	Call Tracking Management System	This is the Call Tracking Management System	<input checked="" type="checkbox"/>	Manage
DSS	DSS	DSS	<input checked="" type="checkbox"/>	Manage
First Decision	First Decision	Web based reporting tool that provides a gateway to data analysis and reporting of data marts associated with KMAA	<input checked="" type="checkbox"/>	Manage
First Library	First Library	The First Library description goes here	<input checked="" type="checkbox"/>	Manage
Help Desk	Help Desk	Medicaid Enterprise User Provisioning System Help Desk application to manage the system and users of MEUPS	<input checked="" type="checkbox"/>	Manage
interChange	interChange	interChange	<input checked="" type="checkbox"/>	Manage
KyHealth Choices	KyHealth Choices	This is the KyHealth Choices portal application	<input type="checkbox"/>	Manage
KYHealthNet	KYHealthNet	The KYHealthNet description goes here	<input type="checkbox"/>	Manage
OnBase	OnBase	OnBase Document Management System	<input checked="" type="checkbox"/>	Manage
Provider Management	Provider Management	Web based system designed to complete, submit, track and process an initial provider enrollment application via the web	<input type="checkbox"/>	Manage
Provider Services	Provider Services	This is the Provider Services portal application	<input type="checkbox"/>	Manage
TestClaimApp	Test Claim Application	Tool for dumping ADFS claims for testing. Do not define roles against this application to prevent NT groups from getting created	<input checked="" type="checkbox"/>	Manage
WebAdmin	WebAdmin	DMS Helpdesk	<input type="checkbox"/>	Manage
Workbook	Workbook	This is the Workbook application	<input checked="" type="checkbox"/>	Manage

[New Application](#)

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Figure 49 Manage Applications / Roles - Application Search

Tuesday, September 26, 2006

KyHealth Choices

Helpdesk Home | User Search | Migration | Advanced Account Management | Authorization Requests Sign Out

Application Search > Application Details

Manage Applications / Roles

Account Management Details

Application Information

System Name	Account Management
Display Name	Account Management
Description	Manages contact information, password, and authorizations for applications.
Active Directory	- No Active Directory -
Active Directory Group Name	EDS_ApplicationAdministration
ADFS Custom Claim Name	EDS_ApplicationAdministrationAuth
Internal Users Only	<input checked="" type="radio"/> False <input type="radio"/> True
External Users Can Delegate Roles	<input type="radio"/> False <input checked="" type="radio"/> True
Expose All ADFS Custom Claims	<input checked="" type="radio"/> False <input type="radio"/> True
Application URL	https://ava-org1-web01.org1.lab/meups/sso.aspx

Save Delete Cancel

Users

Account Management Roles

Application Roles

Name	System Name	Internal	AD Group Name
Super Agent	Super Agent	<input type="checkbox"/>	Manage

New Role

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Figure 50 Manage Applications / Roles - Application Details

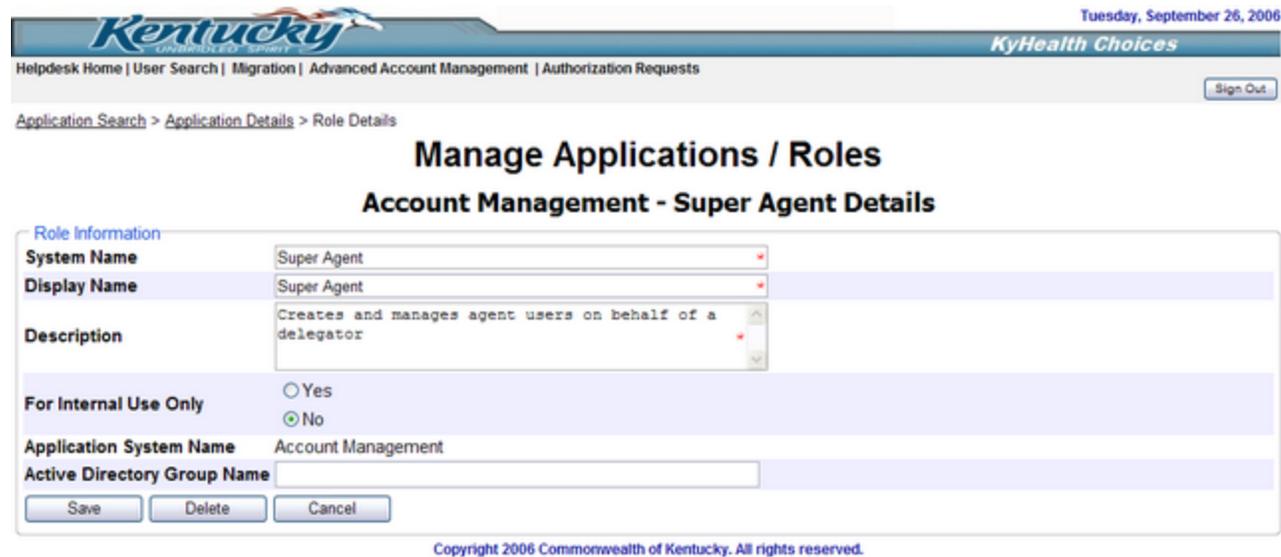


Figure 51 Manage Applications / Roles – Role Details

4.1.29.2 Purpose

The Manage Applications / Roles page allows a System Administrator to add, remove, and modify applications and their roles.

Figures 49 through 51 as depicted in static form can be slightly confusing. The second heading of the page isn't obvious as to its meaning unless you navigated to the page yourself. In figure 50 for example, the heading says Account Management Details. That heading implies that the application called "Account Management" was selected from Figure 49. In Figure 51, the second heading implies that Super-Agent role was selected from figure 50.

Figure 49 provides a list of all applications that have been configured in the system. A new application can be added by clicking the New Application button at the bottom of the list. An existing application can be modified by selecting the Manage button on the row of the application.

4.1.29.3 Fields

Field	Description	Max Length	Comments
Helpdesk Home	Navigate to the Help Desk home page	Menu Item	Figure 49, 50, 51.
User Search	Navigate to the User Search Page	Menu Item	Figure 49, 50, 51.
Migration	Navigate to the Migration Page	Menu Item	Figure 49, 50, 51.
Advanced Account Management	Navigate to the Advanced Account Management Page	Menu Item	Figure 49, 50, 51.
Authorization Requests	Authorization Requests	Menu Item	Figure 49, 50, 51.
Application List	List of applications configured in MEUPS. Clicking Manage on one of these rows will navigate to Figure 50.	List	Figure 49
New Application	Will navigate to a blank Figure 50 so a new application can be configured in MEUPS.	List	Figure 49
System Name	Internally referenced system name of the application	64	Required.
Display Name	Name of the application that is displayed to the end user	64	
Description	Description of the application that displays in help windows	-	
Active Directory	The Active Directory in which the application is tied	-	Optional.
Active Directory Group Name	The name of the group that is created in Active Directory.	64	Required.
ADFS Custom Claim Name	The name of the custom claim passed in the Custom Claims Transformation Module.	64	Required.
Field	Description	Max Length	Comments
For Internal Users Only	Determines whether the application can be accessible by only Internal users (not External users).	1	True/False

Field	Description	Max Length	Comments
External Users Can Delegate Roles	Determines whether Delegators can delegate the role to an agent.	1	True/False. This cannot be true if the Internal Users Only is true.
Expose All ADFS Custom Claims	Determines if the Custom Claim Transformation Module will pass all applications' custom claims to the application or only the application's own custom claims.	1	True/False
Application URL	The URL used to access the application.	255	Required. This URL should match the URL configured in ADFS. This can also be referred to as Return URL.
Save	Save the information for the configured application.	Button	Figure 50
Delete	Deletes the application.	Button	Figure 50
Cancel	Cancels any changes that have not been saved and returns to Figure 49.	Button	Figure 50
Users	Displays a list of users that have access to that application.	Button	Figure 50
Application Roles	List of roles configured for the current application.	List	Figure 50.
New Role	Navigates to Figure 51 where a new role can be added.	Button	Figure 50.
System Name	Internally referenced system name of role	64	Required. Figure 51.
Display Name	Name of the role that is displayed to the end user	64	Required. Figure 51
Description	Description of the role that displays in help windows	-	Figure 51.
For Internal Use Only	Determines if the role is for Internal users only.	1	True/False. If the Application is Internal Only, this can only be true. Figure 51.
Active Directory Group Name	The name of the group that is created in Active Directory.	64	Required. Figure 51.
Save	Saves the role being configured.	Button	Figure 51

Field	Description	Max Length	Comments
Delete	Deletes the current role	Button	Figure 51
Cancel	Cancels any unsaved changes to the current role.	Button	Figure 51

4.1.29.4 Error Messages

- The role requires a unique Active Directory sync group name;
- The role cannot be changed to 'Internal Only' because it is currently assigned to one or more external users;
- The role cannot be updated because the role being updated does not exist;
- The role cannot be added or saved because the associated application does not exist;
- The role cannot be updated because the new associated application does not exist;
- The role must be set to internal users only because the application it belongs to is internal only;
- The role cannot be added or saved because another role with the same name and application already exists;
- The application's URL is not unique;
- The application's Active Directory sync group name is not unique;
- An application of that name already exists;
- The application cannot be deleted because it contains one or more roles that are currently assigned to one or more users;
- The application cannot be deleted because it is associated with one or more dependent authorization request templates; and,
- The application cannot be set to internal only because external authorizations exist.

4.1.29.5 Reports

The Manage Applications / Roles page contains a button that generates and retrieves a report from the Reporting Services server as a PDF.

- Users generate the SEC-0001-M Active User Authorizations report for the selected application.

4.1.30 Manage Organizations

4.1.30.1 Layout

The screenshot shows the 'Manage Organizations - Organization Search' page. At the top, there is a navigation bar with the Kentucky logo, 'KyHealth Choices', and a date of 'Tuesday, September 26, 2006'. Below the navigation bar are links for 'Helpdesk Home', 'User Search', 'Migration', 'Advanced Account Management', and 'Authorization Requests', along with a 'Sign Out' button. The main heading is 'Manage Organizations' followed by 'Organization Search'. A table lists several organizations with their names, organization codes, and 'Manage' buttons. A 'New Organization' button is located at the bottom left of the table area. A copyright notice 'Copyright 2006 Commonwealth of Kentucky. All rights reserved.' is at the bottom.

Name	Organization Code	
Department of Medicaid Services	DMS	<input type="button" value="Manage"/>
Electronic Data Systems	EDS	<input type="button" value="Manage"/>
External/Public	EXT	<input type="button" value="Manage"/>
First Health	FH	<input type="button" value="Manage"/>
PCG	PCG	<input type="button" value="Manage"/>
SHP	SHP	<input type="button" value="Manage"/>
This is a very long description of the ebay account to test disp	eby	<input type="button" value="Manage"/>

Figure 52 Manage Organizations - Organization Search

The screenshot shows the 'Manage Organizations - Organization Details' page. It features the same top navigation bar as Figure 52. Below the navigation bar, there is a breadcrumb trail 'Organization Search > Organization Details' and a 'Sign Out' button. The main heading is 'Manage Organizations' followed by 'Organization Details'. A form titled 'Organization Information' contains two dropdown menus: 'Organization Code' (set to 'EDS') and 'Display Name' (set to 'Electronic Data Systems'). Below the form are 'Save', 'Delete', and 'Cancel' buttons. A copyright notice 'Copyright 2006 Commonwealth of Kentucky. All rights reserved.' is at the bottom.

Figure 53 Manage Organizations - Organization Details

4.1.30.2 Purpose

The Manage Organizations page allows a System Administrator to browse, modify, add, and delete organizations. An organization is any company, department or other reporting structure that results in the need for a unique approval workflow.

4.1.30.3 Fields

Field	Description	Max Length	Comments
Helpdesk Home	Navigate to the Help Desk home page	Menu Item	Figures 51, 52.
User Search	Navigate to the User Search Page	Menu Item	Figures 51, 52.
Migration	Navigate to the Migration Page	Menu Item	Figures 51, 52.
Advanced Account Management	Navigate to the Advanced Account Management Page	Menu Item	Figures 51, 52.
Authorization Requests	Authorization Requests	Menu Item	Figures 51, 52.
Organization List	List of organizations configured in MEUPS.	List	Figure 52.
New Organization	Navigates to Figure 53	Button	Figure 52.
Organization Code	The three character code to internally reference the organization.	3	Required. Figure 53.
Display Name	The name of the organization as displayed to an end user.	64	Required. Figure 53.
Save	Saves the information for the organization being configured.	Button	Figure 53
Delete	Deletes the currently selected organization.	Button	Figure 53.
Cancel	Cancels and unsaved changes to the current organization.	Button	Figure 53.

4.1.30.4 Error Messages

- The organization code already exists; and,
- An error occurred when adding the organization.

4.1.31 Manage Default Roles

4.1.31.1 Layout



4.1.31.2 Purpose

The Manage Default Roles page allows a System Administrator to add and remove the default roles that are assigned for each account type upon account creation.

For example, if the account type selected is Provider. Once this is configured any new providers are given the configured roles by default. This does not affect any existing providers.

Once the account type is selected, the drop down box in the Add Default Roles panel allows the selection of an application that is valid for that account type. After selecting an application the list of roles for that application are displayed. The add button on the same line as the role is used to add the role to the default for that user type.

4.1.31.3 Fields

Field	Description	Max Length	Comments
Helpdesk Home	Navigate to the Help Desk home page	Menu Item	
User Search	Navigate to the User Search Page	Menu Item	
Migration	Navigate to the Migration Page	Menu Item	
Advanced Account Management	Navigate to the Advanced Account Management Page	Menu Item	
Authorization Requests	Authorization Requests	Menu Item	
Account Type	Drop down box to select the type of account being modified.	Drop Down Box	
Defaults List	The applications and roles that are the defaults for when a user of that type are created.	List	
Application	Drop down box to select the application that has the role to assign as a default for this user type.	Drop Down Box	
Role List	List of roles for the selected application. Clicking Add will made the role a default when a user of the current type is created.	List	

4.1.31.4 Error Messages

- Failure. #(Error ID)

4.1.32 Manage Request Templates

4.1.32.1 Layout

Tuesday, September 26, 2006

Helpdesk Home | User Search | Migration | Advanced Account Management | Authorization Requests Sign Out

Manage Request Templates

Template Search

Application	Organization	Date Created	
Account Management	SHP	9/21/2006 11:54:07 AM	View Details
Authorization Request	Electronic Data Systems	8/22/2006 7:40:35 PM	View Details
First Decision	Electronic Data Systems	9/12/2006 12:09:54 PM	View Details
First Decision	SHP	8/31/2006 8:44:44 AM	View Details
Help Desk	This is a very long description of the ebay account to test disp	9/13/2006 8:34:30 AM	View Details
Help Desk	Electronic Data Systems	8/30/2006 6:38:35 AM	View Details
Help Desk	SHP	9/14/2006 12:11:17 PM	View Details
interChange	Department of Medicaid Services	8/31/2006 7:08:42 AM	View Details
interChange	Electronic Data Systems	8/28/2006 9:51:08 PM	View Details
interChange	SHP	9/5/2006 12:13:30 PM	View Details
KYHealthNet	Electronic Data Systems	8/28/2006 3:41:06 PM	View Details
KYHealthNet	SHP	9/12/2006 3:19:17 PM	View Details
OnBase	Electronic Data Systems	8/28/2006 10:58:52 AM	View Details
OnBase	SHP	8/31/2006 8:38:08 AM	View Details
Provider Management	Electronic Data Systems	8/30/2006 10:31:55 AM	View Details
WebAdmin	Department of Medicaid Services	8/30/2006 6:19:45 AM	View Details

Upload Template

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Figure 54 Manage Request Templates - Template Search


Tuesday, September 26, 2006

Helpdesk Home | User Search | Migration | Advanced Account Management | Authorization Requests
KyHealth Choices

Template Search > Template Details

Manage Request Templates

Template Details

[Request Overview](#)

Application	interChange
Organization	Electronic Data Systems
Name	Interchange for EDS
Description	Authorization request for the Interchange application for EDS employees
Roles	EDS_IC_CLMADJSPEC EDS_IC_CLMINQ EDS_IC_CLMRTEUPD EDS_IC_MEMINQ EDS_IC_MEMLOCKUPD EDS_IC_MEMUPD EDS_IC_PRVINQ EDS_IC_PRVUPD
Questions	Date Required Comments

[Step Details](#)

Step 1:

Approver	Type	Status	Backup	Timeout	Anonymous
Patti George (pattig)	Primary	None	scottl	5 min.	False
Scott Lowry (scottl)	Backup	None		5 min.	False

Step 2:

Approver	Type	Status	Backup	Timeout	Anonymous
Anita Batten (anitab)	Primary	None		5 min.	False

[Step Hierarchy](#)

- Approval Steps
 - Step 1
 - Patti George
 - Scott Lowry
 - Step 2
 - Anita Batten

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Figure 55 Manage Request Templates - Template Details

4.1.32.2 Purpose

Request templates define a workflow. Templates are created in XML and uploaded via this page. Figure 54 shows the templates that have been loaded into MEUPS Figure 55 shows the details of an individual request template.

4.1.32.3 Fields

Field	Description	Max Length	Comments
Helpdesk Home	Navigate to the Help Desk home page	Menu Item	Figure 54, 55.
User Search	Navigate to the User Search Page	Menu Item	Figure 54, 55.
Migration	Navigate to the Migration Page	Menu Item	Figure 54, 55.
Advanced Account Management	Navigate to the Advanced Account Management Page	Menu Item	Figure 54, 55.
Authorization Requests	Authorization Requests	Menu Item	Figure 54, 55.
Template List	Lists all templates currently configured in MEUPS. Selecting View Details will navigate to Figure 55.	List	Figure 54.
Browse	Allows the user to find the XML file containing the template to upload.	Button	Figure 54.
Upload	Uploads and validates the template.	Button	Figure 55.
Details	Information about the selected template.	Read Only	Figure 55.
Download XML	Exports a template into an XML file that can be modified and reloaded into MEUPS.	Button	Figure 55.
Delete	Deletes a template.	Button	Figure 55.
Steps	Information about the workflow steps and the approval process.	Read Only	Figure 56.

4.1.32.4 Error Messages

- Invalid file format of (file format) uploaded. Please upload an XML file;
- A request template for the application and organization specified already exists. You must first delete the existing template before uploading a replacement;
- Application (Application Name) does not exist;
- Approver (Approver Username) has already been defined in sequence (1). An approver cannot exist more than once per step;
- Approver (Approver Username) does not exist;
- Backup user (Approver Username) is not defined for user '(Approver Username)' in sequence (Sequence ID);
- Backup approver (Approver Username) is defined as an approver but has not been defined as an approver's backup in sequence (Sequence ID);
- Role '(Role Name)' does not exist;
- Approval step (Sequence ID) has already been defined;
- An error occurred while attempting to delete the request. # (Error ID);
- (Organization Code) – Not Found;
- User not found;
- A request template for the application and organization specified already exists. You must first delete the existing template before uploading a replacement;
- The application specified in the request template does not exist;
- The request template you uploaded failed the verification test. The error is as follows: (Error Description);
- The file you uploaded was not a valid XML file;
- The organization code specified in the request template does not exist; and,
- An unexpected error occurred while trying to save this template.

5 Reports

5.1 Introduction

The following reports are implemented using SQL Server Reporting Services. As long as the data sources are configured with a security account bound to the MEUPS_WebUser database role, they will have access to all necessary objects to execute successfully.

The Reporting Service can be interfaced either programmatically (such as MEUPS does via the UI) or directly via the URL I included previously. Currently, Help Desk users can access all but one report (System Configuration) from within the MEUPS Help Desk application. The System Configuration report can only be accessed by:

- If on the HP Enterprise Services network, open a browser to: <https://192.57.204.252/Reports/>;
- Enter your EDSMHG credentials: EDSMHG\username and your password; and,
- Click on the link SEC-0004-D MEUPS DB Configuration.

The information provided in this report is not generally needed for day-to-day usage and is designed for DBAs (since the values must be manually changed).

All of the rest of the reports do not require these additional steps and can be accessed by clicking a button within the Help Desk.

5.1.1 SEC-0001-M Active User Authorizations

This report shows “who has access to what” at the time the report is run—which is documented on the right side of the report header.

Note that not all users will show a Delegator Logon. When they do, this means the authorization is a *delegated authorization* and the existence of one or more of these types of authorizations between two user accounts define the provider-agent relationship—at least within the context of the MEUPS database.

5.1.1.1 Sort Order Application Role, User ID

For readability, the layout displays on the next page.

5.1.1.2 SEC-0001-M Active User Authorizations Report Layout

Report : SEC-0001-M
 Process : SEC?????
 Location: SEC?????

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 ACTIVE USER AUTHORIZATIONS REPORT
 09/29/2006

Run Date: 09/29/2006
 Run Time: 11:32:17
 Page : 0001

Account Management

Manages contact information, password, and authorizations for applications.

<u>Application Role</u>	<u>Type</u>	<u>User Logon</u>	<u>Type</u>	<u>Delegator Logon</u>
Super Agent	EA	apayne	EP	ssuther1
	EA	assistan	EP	benfrank
	EA	bethward	EP	ssuther1
	EA	bmiller	EP	ssuther1
	EA	ckulig	EP	ssuther1
	EA	cwideman	EP	ssuther1
	EA	dhamama	EP	ssuther1
	EA	egavin	EP	ssuther1
	EA	Fr225928	EP	Fr224994
	EA	Fr551061	EP	Fr486191
	EA	Fr909247	EP	Fr128639
	EA	hasleyki	EP	ssuther1
	EA	jburns	EP	ssuther1
	EA	jlucches	EP	ssuther1
	EA	jmothers	EP	ssuther1
	EA	joehung	EP	ssuther1
	EA	jthien	EP	ssuther1
	EA	jwelsh	EP	ssuther1
	EA	jyaeger	EP	ssuther1
	EA	kyaeager	EP	ssuther1
	EA	lrobinso	EP	ssuther1
	EA	mpeterso	EP	ssuther1
	EA	newagent	EP	drkendu
	EA	omutoka	EP	ssuther1
	EA	pconners	EP	ssuther1
	EA	stevenhu	EP	ssuther1

5.1.1.3 Field Descriptions

Column	Description
Application Role	The name of the role within the application. This defines the subsection of users with authorizations for that role.
Type	The account type of the user. Possible values are I, EP, EB, and EA, which stand for Internal, Provider, Billing Agent, and Agent.
User Logon	The username of the user who has access.
User Name	The first and last name of the user who has access.
Password Modified	The date and time the user last modified their password.
Type	The Delegator's (optional) account type. Possible values are EP and EB, which stand for Provider and Billing Agent.
Delegator Logon	The Delegator's username (optional). This value appears if the user has authorization to this role in context of another user.

5.1.2 SEC-0002-D User Account Change History

Every time a user record is updated within the MEUPS database, the prior version of the record is inserted into a designated audit table for long-term retention. This report allows this data to be conveniently browsed by only exposing fields that have changed between generations. Notice the first generation in the example below, marked by the underlined Changed Date. Logically, the first generation will reveal all fields on the user record since there is no earlier generation. The subsequent generations go on to show only what has changed.

Password cipher text is never shown. But observe that password changes can be identified by looking for changes in the PasswordLastModifiedDate field. These two fields always change in tandem.

5.1.2.1 Sort Order

Date

For readability, the report displays on the next page.

5.1.2.2 SEC-0002-D User Account Change History Report Layout

Report : SEC-0002-D
Process : SEC?????
Location: SEC?????

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
USER ACCOUNT CHANGE HISTORY
For Logon: mrjazz

Run Date: 09/29/2006
Run Time: 12:16:30
Page : 0001

Changed Date: 2006 07-27 14:22

User Type: Internal User
Organization: Department of Medicaid Services
First Name: Hugh
Middle Name: G.
Last Name: Jazz
Address: 11235 Fibonacci Ave.
City: Tacoma
State: WA
Zip Code: 98034
Phone: 253-383-1244
Password Last Modified: 2006 07-05 15:21
Email Address: mrjazz@risibilities.com
Home Active Directory: ORG1 Domain
Is Suspended?: True

Changed Date: 2006 07-27 14:26

Is Suspended?: False

Changed Date: 2006 09-11 11:12

Address2: Suite 100

Changed Date: 2006 09-11 11:15

Address2:

5.1.2.3 Field Descriptions

Column Name	Description
Email Address	The email address in which two or more accounts have defined as their email address.
User Logon	The username of the user who has the email address defined.
Last Name	The last name of the user.
First Name	The first name of the user.

5.1.3 SEC-0003-D Authorization Activity

This report shows all Authorization Activity for a particular day. Authorization Activity consists of the granting or revoking of roles on applications, as well as the creation and termination of user accounts. The following describes the columns from left to right:

- Action Date—The date the action took place;
- Action—One of the following: GRANT, REVOKE, CREATED, TERMINATED;
- Subject of the Action—Logon that uniquely identifies a user in the system; and,
- Object of the Action—Either “[role] on [application]” or “User Account”.

Actor—The entity that initiated the action. When HELPDESK, this will be accompanied by a user Logon that will identify specifically which Help Desk user initiated the action. “Unknown” will be shown if the user record has since been deleted (not possible under expected operational circumstances.) When AUTHREQ, this indicates the action was implemented by an Authorization Request workflow. A GUID will be provided that identifies the specific Authorization Request instance.

5.1.3.1 Sort Order

Date

For readability, the layout displays on the next page.

5.1.3.2 SEC-0003-D Authorization Activity Report Layout

Report :	SEC-0003-D	COMMONWEALTH OF KENTUCKY	Run Date:	09/29/2006
Process :	SEC?????	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time:	12:17:55
Location:	SEC?????	AUTHORIZATION ACTIVITY	Page :	0003

2006 09-08 15:26	GRANT	jsmialek	Portal User role on KyHealth Choices application	By HELPDISK (unknown)
2006 09-08 15:26	GRANT	jsmialek	Portal User role on Provider Services application	By HELPDISK (unknown)
2006 09-08 15:26	GRANT	jsmialek	User role on Authorization Request application	By HELPDISK (unknown)
2006 09-08 15:51	GRANT	mvetter	Card Issuance role on KYHealthNet application	By AUTHREQ (8419C889-8863-432A-BAF2-7863F35409C3)
2006 09-11 07:42	CREATED	bbrigger	User Account	
2006 09-11 11:34	GRANT	tkelly	Admin role on First Decision application	By AUTHREQ (6DD49320-A84B-4A4F-8A82-C23C453E5B20)
2006 09-11 11:34	GRANT	tkelly	DSM role on First Decision application	By AUTHREQ (6DD49320-A84B-4A4F-8A82-C23C453E5B20)
2006 09-11 11:34	GRANT	tkelly	Expert role on First Decision application	By AUTHREQ (6DD49320-A84B-4A4F-8A82-C23C453E5B20)
2006 09-11 11:34	GRANT	tkelly	Interface role on First Decision application	By AUTHREQ (6DD49320-A84B-4A4F-8A82-C23C453E5B20)
2006 09-11 12:41	REVOKE	mvetter	User role on Authorization Request application	By HELPDISK (unknown)
2006 09-11 13:03	REVOKE	mrjazz	User role on Authorization Request application	By HELPDISK (unknown)
2006 09-11 13:04	REVOKE	mrjazz	Requestor role on Authorization Request application	By HELPDISK (unknown)
2006 09-11 13:05	GRANT	mrjazz	Requestor role on Authorization Request application	By HELPDISK (unknown)
2006 09-11 13:05	GRANT	mrjazz	User role on Authorization Request application	By HELPDISK (unknown)
2006 09-11 13:05	REVOKE	mrjazz	User role on Authorization Request application	By HELPDISK (unknown)
2006 09-11 13:05	GRANT	mrjazz	User role on Authorization Request application	By HELPDISK (unknown)
2006 09-11 13:07	REVOKE	mrjazz	User role on Authorization Request application	By HELPDISK (unknown)
2006 09-11 13:07	REVOKE	mrjazz	Requestor role on Authorization Request application	By HELPDISK (unknown)
2006 09-11 13:07	GRANT	mrjazz	User role on Authorization Request application	By HELPDISK (unknown)
2006 09-11 13:07	GRANT	mrjazz	Requestor role on Authorization Request application	By HELPDISK (unknown)
2006 09-11 13:45	GRANT	mvetter	Super Agent role on Account Management application	By AUTHREQ (DD5919DF-EF7B-4AA7-B9ED-8A7DEBFB8E53)
2006 09-11 13:51	REVOKE	juliar	Business Analyst role on Provider Management application	By HELPDISK (unknown)
2006 09-11 13:51	REVOKE	juliar	Contract Manager role on Provider Management application	By HELPDISK (unknown)
2006 09-11 13:51	REVOKE	juliar	EDS role on Provider Management application	By HELPDISK (unknown)
2006 09-11 13:53	REVOKE	jdavis	Super Agent role on Account Management application	By HELPDISK (unknown)

5.1.3.3 Field Descriptions

Column	Description
Changed Date	The date and time in which the modification occurred.
Field Name	The name of the user attribute that was modified.
Field Value	The new value of the user attribute.

5.1.4 SEC-0004-D MEUPS Configuration

This is a simple report that dumps the contents of the Configuration table of the MEUPS database.

This report is currently only accessible by direct access via the reporting services interface.

5.1.4.1 Sort Order

Not applicable to this report.

For readability, the report displays on the next page.

5.1.4.2 SEC-0004-D MEUPS Configuration Report Layout

```
Report : SEC-0004-D                COMMONWEALTH OF KENTUCKY                Run Date: 09/29/2006
Process : SEC?????                MEDICAID MANAGEMENT INFORMATION SYSTEM        Run Time: 12:19:45
Location: SEC?????                MEUPS DATABASE CONFIGURATION                Page : 0001
                                     AS OF 09/29/2006

ACNFlushAge                        15
                                     When the latest account change event has aged beyond this number of minutes,
                                     flush out the email notification
                                     Created: 2006 07-05 15:21
                                     Last Modified: 2006 07-05 15:21

ACNFlushCount                      25
                                     When number of account change events exceed this quantity, flush out the email
                                     notification
                                     Created: 2006 07-05 15:21
                                     Last Modified: 2006 07-05 15:21

AuthorizationRequestAdminEmailAddress sysadmin@donotsendtome.local
                                     A semi-colon delimited list (if more than one) of designated
                                     AuthorizationRequest administrators
                                     Created: 2006 07-31 11:30
                                     Last Modified: 2006 09-07 15:57

BuildVersion                       2.10.00.0000
                                     The MEUPS database build version number
                                     Created: 2006 07-05 15:21
                                     Last Modified: 2006 08-17 11:32
                                     *** This is a constant, meaning this value should never be changed ***
```

5.1.4.3 Field Descriptions

Column Name	Description
Date	The date and time of the authorization change
Action	The action for the authorization change. Valid values are: Created, Grant, or Revoke
Logon	The username affected by the authorization change.
Description	The description of the role and application involved.
Initiator	The user (or system job) which initiated the authorization change

5.1.5 SEC-0005-D Landing Page Activity

Every visit of the Landing Web Page is documented with a call to the MEUPS database. The who (user Logon), when (timestamp), and what (URL) are captured each time. Application names may not always appear, as they are determined by matching the URL to the Application table. Non-matching URLs can still be reported to MEUPS, they simply will not have anything displayed for Application Name.

For readability, the layout displays on the next page.

5.1.5.1 SEC-0005-D Landing Page Activity Report Layout

Report :	SEC-0005-D	COMMONWEALTH OF KENTUCKY	Run Date:	09/29/2006
Process :	SEC?????	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time:	12:20:10
Location:	SEC?????	LANDING PAGE ACTIVITY	Page :	0001

drkendu	2006 09-25 04:12:46	Account Management	https://ava-org1-web01.org1.lab/meups/sso.aspx
assistan	2006 09-25 04:47:19	Account Management	https://ava-org1-web01.org1.lab/meups/sso.aspx
drkendu	2006 09-25 04:55:47	Account Management	https://ava-org1-web01.org1.lab/meups/sso.aspx
drkendu	2006 09-25 05:04:03	Account Management	https://ava-org1-web01.org1.lab/meups/sso.aspx
drkendu	2006 09-26 08:51:03	Account Management	https://ava-org1-web01.org1.lab/meups/sso.aspx
mrjazz	2006 09-26 08:59:20	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
mrjazz	2006 09-26 09:35:01	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
mrjazz	2006 09-26 01:12:37	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
drdavey	2006 09-27 06:19:10	Account Management	https://ava-org1-web01.org1.lab/meups/sso.aspx
mrjazz	2006 09-27 06:20:35	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
mrjazz	2006 09-27 06:22:02	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
drkendu	2006 09-27 06:27:07	Account Management	https://ava-org1-web01.org1.lab/meups/sso.aspx
drdavey	2006 09-27 06:27:44	Account Management	https://ava-org1-web01.org1.lab/meups/sso.aspx
mrjazz	2006 09-27 06:27:59	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
drkendu	2006 09-27 06:28:17	Account Management	https://ava-org1-web01.org1.lab/meups/sso.aspx
mrjazz	2006 09-27 06:28:50	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
We414162	2006 09-27 06:29:52	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
mrjazz	2006 09-27 06:30:12	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
mrjazz	2006 09-27 06:30:39	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
We619616	2006 09-27 06:31:28	Account Management	https://ava-org1-web01.org1.lab/meups/sso.aspx
mrjazz	2006 09-27 06:31:52	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
mrjazz	2006 09-27 06:32:52	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
We932142	2006 09-27 06:33:19	Account Management	https://ava-org1-web01.org1.lab/meups/sso.aspx
mrjazz	2006 09-27 06:34:15	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
We839760	2006 09-27 06:35:56	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
drkendu	2006 09-27 06:36:14	Account Management	https://ava-org1-web01.org1.lab/meups/sso.aspx
mrjazz	2006 09-27 06:37:16	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
mrjazz	2006 09-27 06:37:59	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
assistan	2006 09-27 06:38:29	Account Management	https://ava-org1-web01.org1.lab/meups/sso.aspx
mrjazz	2006 09-27 06:38:55	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx
mrjazz	2006 09-27 06:39:25	Help Desk	https://ava-org1-web01.org1.lab/helpdesk/sso.aspx

5.1.5.2 Field Descriptions

Column Name	Description
Logon	The username of the user who clicked on the link.
Date	The date and time the link was clicked.
Application Name	The name of the application launched (if available).
URL	The URL of the link clicked.

6 Glossary of Terms and Acronyms

6.1 Terms and Acronyms

- 270/271 Eligibility/Benefit Inquiry/Response – The Eligibility and Benefit transactions are designed so that inquiry submitters (information receivers) can determine: a) whether an information source organization (e.g., payer, employer, HMO) has a particular subscriber or dependent on file, and b) the health care eligibility and/or benefit information about that subscriber and/or dependent(s). The data available through these transaction sets is used to verify an individual's eligibility and benefits, but cannot provide a history of benefit use. The information source organization may provide information about other organizations that may have third party liability for coordination of benefits. These are x-12 transactions mandated by HIPAA regulations.
- 276/277 Claim Status Request/Claim Status Response – The 276 and 277 transaction sets are intended to meet specific needs of the health care industry. The 276 is used to request the current status of a specified claim(s). The 277 transaction set can be used as the following: a) a solicited response to a health care claim status request (276), b) a notification about health care claim(s) status, including front end acknowledgments, or c) a request for additional information about a health care claim(s). The 276 is used only in conjunction with the 277 Health Care Claim Status Responses. These are x-12 transactions mandated by HIPAA regulations.
- 277 Unsolicited Claim Status – The Unsolicited Claim Status (277) transaction set can be used to transmit an unsolicited notification about a health care claim status. This is an x-12 transaction mandated by HIPAA regulations.
- 820 Premium Payment – The 820 can be used by premium remitters to report premium payment remittance information, as well as premium payment to a premium receiver. The premium remitter can be: a) an employer-operated internal department or an outside agency which performs payroll processing on behalf of an employer, b) a government agency paying health care premiums, or c) an employer paying group premiums. The premium receiver can be an insurance company, a government agency, or a health care organization. The 820 can be sent from the premium remitter to the premium receiver either directly, through a VAN, or through a financial institution using an ACH (Automated Clearing House) Network to facilitate both the remittance and dollars movement. This is an x-12 transaction mandated by HIPAA regulations.
- 834 Enrollment/Maintenance – The 834 is used to transfer enrollment information from the sponsor, the party that ultimately pays for the coverage, benefit, or policy to a payer, the party that pays claims and/or administers the insurance coverage, benefit, or product. This is an x-12 transaction mandated by HIPAA regulations.

- 835 Payment Advice – The 835 contains information about the payee, the payer, the amount, and any identifying information of the payment. In addition, the 835 can authorize a payee to have a DFI (Depository Financial Institutions) take funds from the payer's account and transfer those funds to the payee's account. This is an x-12 transaction mandated by HIPAA regulations.
- 837 Dental/Professional/ Institutional Claim – The Claims/Encounters (837) is intended to originate with the health care provider or the health care provider's designated agent. The 837 provides all necessary information to allow the destination payer to at least begin to adjudicate the claim. The 837 coordinates with a variety of other transactions including, but not limited to, the following: Claim Status (277), Remittance Advice (835), and Functional Acknowledgment (997). This is an x-12 transaction mandated by HIPAA regulations
- 997 Functional Acknowledgement – The Functional Acknowledgement is generated by the receiver of an 837 and is used to notify the sender that the acknowledged transaction has been: a) accepted, b) rejected, c) accepted with errors, or d) partially accepted. This is an x-12 transaction mandated by HIPAA regulations.

6.1.1 A

ABANDONED CALL	A call is considered abandoned if the caller is connected to the system but hangs up before being connected with an agent or informational announcement. Also known as a lost call.
ABR	Automatic Backup and Recovery
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT	A lump sum payment made upon the loss of life of an insured as a direct cause of an accident or upon the accidental loss of a limb or sight of an insured.
ACCOMMODATION	A hospital room with one or more beds.
ACCOMMODATION CHARGE	A Charge billed on inpatient hospital claims for bed, board, and nursing care (revenue codes 100-219).
ACCOUNTS RECEIVABLES (AR, A/R)	Money owed to the State by a provider, beneficiary, insurance company, drug manufacturer, etc.
ACCRETION	A process that occurs when a beneficiary is eligible for coverage under both Medicaid and Medicare. Medicaid pays the beneficiary's Medicare premium, thus buying into the Medicare Program.
ACG	Ambulatory Care Grouper
ACTUAL CHARGE	A Charge made by a physician or other supplier of medical services and used in the determination of reasonable Charges.
AD HOC REQUEST	A request to provide non-production support. This support may be in the form of one-time updates to production files or the creation of specific one-time or as needed output reports.
ADA	Americans with Disabilities Act
ADC	Adult Day Care
ADJUDICATE (CLAIM)	The adjudication process occurs during claims processing to determine the disposition of a claim (paid or denied). A claim passes through all the edit and audit criteria until it is determined whether all program requirements have been met and whether the claim is to be paid or denied.
ADJUSTMENT (ADJ)	A change made to a previously processed claim that is not in denied status by correcting underpayments, overpayments, or history. Adjustments also include capitation correction of a payment or credit to capitation. The provider, contractor, or State can submit adjustments.
ADJUDICATION CYCLE	This cycle refers to the daily or daily/weekly claims processing cycles that are known as the system processing of claims to the point where a decision has been made to pay, deny, or suspend the claim.

ADJUSTED CLAIM	A previously paid claim that has undergone data modification. The need to adjust a claim may result from data entry errors, billing errors, file updates, or program logic modifications. (See Adjustment.)
ADJUSTMENT PROCESSING	A batch process that sends a file of adjustment request records to the Financial Subsystem for incorporation into the claims processing cycle.
ADJUSTMENT REASON CODES (PRIMARY AND SECONDARY)	The adjustment reason codes specify why the initial adjustment took place, whereas the secondary adjustment reason indicates the second adjustment occurrence on a claim. These codes are also known as the primary reason and the secondary adjustment reason.
ADMISSION	The first day on which a patient is furnished inpatient hospital or extended care services by a qualified provider.
ADR	Address
Advanced Registered Nurse Practitioner (ARNP)	A registered nurse with specialized training in advanced nursing skills.
AG	Attorney General
AGGREGATE	A collection of data at the summary level.
AHA	American Hospital Association
AID CATEGORY	Program category under which a member can be eligible for Medicaid.
Aid to Families with Dependent Children (AFDC)	A welfare program funded by federal and State dollars that provides cash and Medicaid benefits to families with at least one child where one or both parents are absent, deceased, or incapacitated.
AIDS	Acquired Immune-Deficiency Syndrome
ALLOWABLE AMOUNT	The maximum dollar amount assigned for a particular procedure based on various pricing mechanisms. Medicaid reimburses hospitals for certain, but not all costs. Excluded costs include non-covered services, luxury accommodations, and unnecessary and unreasonable costs.
ALLOWED AMOUNT	The amount billed for a medical service or the amount determined payable by the State, whichever is the lesser figure.
ALPHANUMERIC	The use of alphabetic letters mixed with numbers and special Characters as in name, address, city, and state.
ALS	Advanced Life Support
AMERICAN DENTAL ASSOCIATION (ADA)	The national professional association for dentists.

AMERICAN MEDICAL ASSOCIATION (AMA)	The national professional association of physicians. This organization publishes the highly utilized CPT-4 books.
AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI)	In computer programming, ANSI most often denotes the standard versions of C, FORTRAN, COBOL, or other programming languages. ANSI-standard escape sequences control computer screens; whereas ANSI extended Character set used in Microsoft's Windows products includes all of the ASCII Characters.
AMERICAN STANDARD CODE FOR INFORMATION INTERCHANGE (ASCII)	The most popular coding method used by small computers for converting letters, numbers, punctuation and control codes into digital form. Once defined, ASCII Characters can be recognized and understood by other computers and by communications devices. ASCII represents Characters, numbers, punctuation marks or signals in seven on-off bits. Capital "C", for example, is 1000011, while "3" is 0110011. This compatible coding allows all PCs to talk to each other, if they use a compatible modem or null modem cable and transmit and receive at the same speed (Imaging).
ANCILLARY CHARGE	A Charge used only in institutional claims for any item except hospital and doctor fees (examples include drug, laboratory, and x-ray Charges).
ARCHIVE	A copy of data on disks, CD-ROM, magnetic tape, etc., for long-term storage and later possible access. Archived files are often compressed to save storage space (Imaging).
AS OF DATE	Based on parameters entered, the date of the cycle run.
ASC	Ambulatory Surgical Center
ASSIGNED CLAIM	A claim for which the provider of service has agreed to accept the program allowed Charge as payment in full without recourse to the patient, except for coinsurance or deductible amounts.
ASSIGNMENT	When a provider accepts the maximum allowable Charge offered for a given procedure under the Medicare Program, it is said that this person accepts assignment. The provider has waived the right to bill the beneficiary for the difference between what Medicare pays and what the provider usually Charges for a fee. The term assignment is not related to the administration of the Medicaid Program except that some Medicaid agencies treat crossover claims differently depending upon whether or not the provider accepts assignment.
ATTACHMENT	Attachments may accompany claims to provide additional claim-related information for which no field is specified on the corresponding claim form, or when the specified field is not adequate to submit the required information.
AUDIT	Limitations applied to specific procedures, diagnoses or other data elements after editing and validation of the claim to ensure conformity and consistency of claim payment.
AUTHENTICATION	A query method that ensures that both the sender and receiver of an electronic message are valid and are authorized to transmit and receive messages.

AUTO ASSIGNMENT An automated process used to make 'intelligent' Managed Care assignments for beneficiaries who do not make a selection of a Primary Medical Provider of their own accord.

AUTOMATED VOICE RESPONSE SYSTEM (AVRS) This is the machine and the application that enable users to access KY Medicaid information by using a touch-tone telephone.

AUTOMATIC RECOUPMENT Automatic recoupment occurs when an A/R with a credit balance has recoupments applied to it by adjustments or new-day claims. Money is recouped only through the payment process, which is automatic, and cannot be posted online with a refund.

6.1.2 B

BACKUP	Duplicate copy of data placed in a separate, safe place - electronic storage, on a tape, on a disk, in a vault - to guard against total loss in the event the original data somehow become inaccessible. Generally for short-term safety. Contrast with archive, which is a filed-away record of data meant to be maintained a long time, in the event of future reference. (Imaging)
BALANCED BUDGET ACT OF 1997 (BBA)	Federal legislation enacted in 1997 that gave beneficiaries certain rights related to Managed Care enrollment and disenrollment. Most significant changes in the Medicaid/Medicare Program since their inception. Provides for state option to use Managed Care. Provides that an MMIS must be compatible with Medicare claims processing and must, after January 1, 1999, transmit data in a format consistent with the Medicaid Statistical Information System (MSIS).
BATCH	A set of claims.
BENEFICIARY DATA EXCHANGE SYSTEM (BENDEX)	An interface system between the Commonwealth of Kentucky and Social Security Administration that provides Social Security beneficiary information. Information includes eligibility for benefits as well as Medicare Part A and Part B entitlement and eligibility information.
BENEFIT PERIOD	The period of time a health plan will pay for covered benefits.
BENEFIT PLAN	A group of covered services (benefits) that are granted to a beneficiary who is deemed eligible for the program the benefit plan represents.
BENEFITS	A schedule of health care service coverage that an eligible KY Medicaid member receives for the treatment of illness, injury, or other conditions allowed under the State Plan.
BILLED AMOUNT	The billed amount is the dollar figure submitted by a provider for medical services rendered.
BILLING PROVIDER	The provider who will receive payment (if a group/clinic number is present, it would be the "Billing Provider")
BIN	Bank Identification Number
BITMAP	Representation of Characters or graphics by individual pixels, or points of light, dark or color, arranged in row (horizontal) and column (vertical) order. Each pixel is represented by either one bit (simple black and white) or up to 32 bits (fancy high definition color). (Imaging)
BLS	Basic Life Support
BUNDLED CHARGES	Charges that are combined together or represent a flat rate such as in capitated reimbursed where there would be a specified fee for a service. In an example of a surgery procedure, the bundled Charges would include supplies, surgery Charges, anesthesia Charges, recovery, etc. In contrast, unbundled Charges would be separate Charges for each entity.

BUY-IN	Procedure whereby states pay a monthly premium to the Social Security Administration on behalf of Medicaid beneficiaries, enrolling them in Medicare Title XVIII Part A, Part B and/or Part D program.
BUY-IN DATA MAINTENANCE	Medicaid beneficiaries who are entitled to receive Medicare benefits may have Medicare premiums paid by the State. This is known as Medicare buy-in. Automated data exchanges between HP Enterprise Services and the Centers for Medicare and Medicaid Services (CMS), are conducted monthly to identify, update, resolve differences, and monitor new and ongoing Medicare buy-in cases. The State is responsible for initiating Medicare buy-in for eligible members. Because Medicare is usually primary to the State, payment of Medicare premiums, coinsurance, and deductibles costs the State less than paying the entire cost of medical care for a beneficiary. In addition, the State receives Federal Financial Participation (FFP) for premiums paid on behalf of members eligible as Qualified Medicare Beneficiaries (QMB), Qualified Disabled Working Individual (QWSI), Specified Low Income Medicare Beneficiaries (SLMB), and Cash Assistance beneficiaries (Supplemental Security Income (SSI) and cash assistance from Temporary Assistance for Families (TAF).
BYTE	Common unit of computer storage. A byte is eight bits of information, one of which may be a parity bit. Generally, eight bits equals one Character. Also called 'octet'. (Imaging)

6.1.3 C

CACHE	(Pronounced “cash”) Small portion of high-speed memory used for temporary storage of frequently used data. Reduces the time it would take to access that data, since it no longer has to be retrieved from the disk. (Imaging)
CAPITATION	A specified amount paid periodically to a health care provider for a group of specified health care services regardless of quantity rendered. A fee is paid per person. Capitation fees are paid for each enrollee, regardless of whether an enrollee actually received a service. The use of capitation separated the payment process from the claims submission process. Encounter claims are submitted for historical data, not for payment. Also known as capitation payment or rate.
CAPITATION RATE	The payment of a fixed dollar amount, per person, for the provision of a defined set of health services to a defined population for a specified period of time (e.g. one month). Capitation is a fixed revenue system that pays the same amount each month no matter how many or how few services are actually provided.
CARRIER	A carrier refers to a private insurance company.
CASE	A file opened at the DCBS office when an individual applies for government assistance.
CASE MANAGEMENT/MANAGER	Method designed to accommodate the specific health services needed by an individual through a coordinated effort to achieve the desired health outcome in a cost-effective manner.
CASE MIX INDEX	A numeric score with a specific range that identifies the relative resources used by a particular group of residents and represents the average resource consumption across a population or sample.
CASE NUMBER	The number assigned to each Medicaid case opened by DCBS.
CASH CONTROL NUMBER (CCN)	This is the unique number assigned to a Cash Receipt.
CATEGORICALLY NEEDY	Individuals certified by the state welfare agency as being low income and thus being eligible for Medicaid benefits. A person is categorically needy and may receive assistance if that person’s income and resources do not exceed the categorically needy maximums and they fit into one of six categories: Age 65, Blind, Disabled, Families with dependent children (TANF), Pregnant, and Incapacitated. A person must still meet various other criteria (categorical relationship, citizenship etc.) before receiving Medicaid payments from the Commonwealth of Kentucky. This applies to all cases. Individuals whose income and resources are in excess of the

	<p>maximums but still cannot pay their medical expenses are considered medically needy. However, to receive aid, the client must still fall into one of the six) categories.</p>
CATEGORY OF SERVICE (CAT OF SRVC, COS)	The type of service that a provider renders. An indication of the general classification of the procedures performed. Examples include: inpatient hospital, outpatient hospital, and skilled nursing facility, hospice, prescribed drugs, physician care, dental care, transportation, family planning services, therapy services, and crossover.
CCN	Cash Control Number
CDC	Centers for Disease Control
CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)	The agency within the U.S. Department of Health and Human Services responsible for administering Title XIX and Title XXI of the Social Security Act. With the help of Health Resources and Services Admin, CMS also runs the Child Health Insurance program.
CENTRAL PROCESSING UNIT (CPU)	The computing part of the computer. Also called the processor, it is made up of the control unit and ALU.
CERTIFICATION	A review by the U.S. Department of Health and Human Services/CMS of an operational MMIS, in response to a state's request for 75 percent FFP, to ensure that all legal and operational requirements are met by the system and the ensuing certification resulted from a favorable review.
CERTIFICATION DATE	An effective date specified in a written approval notice from CMS to the State when 75 percent federal financial participation (FFP) is authorized for the administrative costs of an MMIS.
CHANGE ORDER (CO)	The documentation of a modification to the transfer system. A change order is not a modification of a requirement; it is the modification of the base system to meet an existing requirement.
CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)	A classification given to children who require special health services. The classification comes through the Title V program.
CIVILIAN HEALTH AND MEDICAL PROGRAMS OF THE UNIFORMED SERVICES (CHAMPUS)	The medical benefit program for military personnel or retirees and their dependents who exercise their option to obtain civilian medical treatment. CHAMPUS can be considered as a possible source for third-party coverage.
CLAIM	The form required for providers to bill their services. Each claim is formatted into three levels of information: Header, Detail, and Trailer or Footer.
CLAIM ADJUSTMENT	A claim adjustment is a modification to some part of the data of a previously paid claim. All adjustments will maintain an audit trail to deny adjustments to a previously adjusted claim. A message is

	displayed stating that the claim has already been adjusted or denied. (See Adjusted Claim).
CLAIM HISTORY	All claims processed in the MMIS are kept available in the system and are referred to as being “in history.” The Kentucky MMIS adjustment process has access to 60 months of claims data plus a lifetime file.
CLAIM TYPE	Claim types indicate the classification of claims by origin or type of service provided to a beneficiary. In the MMIS, this is a user-defined data element that refers to the kind of service being billed. For example, common claim types are dental, pharmacy, transportation, nursing, EPSDT, physician, inpatient, etc. Outside of the MMIS, the term often refers to the invoice type, i.e., HCFA-1500, UB-92, etc. The invoice type could be the claim type in an MMIS, but because more than one type of service can be billed on an invoice, the term “claim type” is usually defined in more detail.
CLAIMS PROCESSING ASSESSMENT SYSTEM (CPAS)	A State-administered Medicaid quality-control program that serves as a management tool for examining and evaluating the accuracy of claims processing and payments.
CLERK ID	A code assigned to personnel involved with processing records in the MMIS claims processing system.
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA)	A certification process done by CMS to ensure the proficiency of medical laboratories.
COINSURANCE (also CO-INSURANCE)	The dollar amount or percentage of the cost of medical care that a patient pays. The coinsurance or a percentage amount that will be paid by KY Medicaid if the beneficiary is eligible for Medicaid.
COMMON BUSINESS-ORIENTED LANGUAGE (COBOL)	A third generation computer language developed by the Federal Government and adopted by computer manufacturers in the 1960s. It is the most utilized language on mainframe business computers.
COMMON GATEWAY INTERFACE (CGI)	One of the most common ways to add programs or scripting languages that execute on the server to your Web-based applications.
COMMON PROCEDURAL TERMINOLOGY (CPT)	A unique structure scheme for all medical procedures approved by the American Medical Association.
COMMUNITY MENTAL HEALTH CENTER (CMHC)	A center that provides many services necessary for treatment of mental health conditions. Services include diagnostic evaluations, psychological testing, therapy (family, group, and individual), and medication checks.
COMPACT DISK (CD)	A standard medium for storage of digital data in machine-readable

form, accessible with a laser-based reader. CDs are 4-3/4 in diameter. CDs are faster and more accurate than magnetic tape for data storage: Faster, because even though data is generally written on a CD contiguously within each track, the tracks themselves are directly accessible. This means the tracks can be accessed and played back in any order. More accurate, because data is recorded directly into binary code; whereas magnetic tape requires data to be translated into analog form. In addition, extraneous noise (tape hiss) associated with magnetic tape is absent from CDs.

COMPACT DISK-READ ONLY MEMORY (CD-ROM)	A data storage system using CDs as the medium. CD-ROMs hold more than 600 megabytes of data.
COMPUTER OUTPUT TO LASER DISK (COLD)	A system that provides the ability to take output from a report program that often runs on a mainframe computer and makes the information useful without the use of paper.
CONSOLIDATION OF BENEFITS IN RETIREMENT ACT (COBRA)	Cobra is a law that makes an employer let an employee remain covered under the employer's group health plan for a period of time after: the death of your spouse, losing your job, work hours reduction, or getting a divorce. The employee may have to pay both their share and the employer's share of the premium.
CONTACT TRACKING NUMBER (CTN)	A unique number assigned in CTMS.
CONTRACTOR	Successful bidder under an RFP or ITB. A person or organization from which the State contracts for products or service.
CONTRACT START DATE	The date the Contract for Services requested by an RFP becomes effective.
CONTROLLED DRUGS / SCHEDULED DRUGS	Drugs that have a high potential for abuse. These are drugs classified as narcotics. There are five schedules, with Schedule I drugs being the most dangerous.
CONVERSION FACTOR	The factor used to convert units of service; applicable to drug claims being processed in Drug Rebate.
COORDINATION OF BENEFITS (COB)	When Medicaid and other primary insurance companies coordinate their benefits to ensure that beneficiaries/providers do not receive duplicate payments for a service.
COPAY/COPAYMENT (also CO-PAY)	A Charge the beneficiary is responsible for paying on selected procedures or services. It is the patient's responsibility to pay some fixed portion of the cost of the medical service received, while the insurer pays the remainder.
CONTACT TRACKING MAINTENANCE SYSTEM (CTMS)	This ancillary application provides a means of access and storage for all information associated with a customer service contact. All contact information is associated with an assigned CTN. This

information includes contact type, demographic information, questions, resolutions, and contact reasons. HP Enterprise Services and DMS staffs enter information for each contact through online windows. Search windows allow users to sort and access contacts based on a variety of criteria. Reports are available based on open dates, status, clerk IDs and department.

COS	Category of Service
COST AVOIDANCE	A claim may be denied when coverage exists and there is no indication that the carrier has been billed (cost avoided).
COST SHARING	Provisions of an insurance policy requiring the covered individual to pay some portion of covered medical expenses. Premium amounts are not included in cost sharing. Deductibles (a set amount paid before payment of benefits occurs), co-payments (a fixed amount paid for each service), and coinsurance (payment of a set portion of the cost per service), are forms of cost sharing.
COVERAGE CODE	A system of letters or numbers assigned to the type of coverage provided by the third party carrier policy.
CLAIM CREDIT	A financial transaction that reverses a previously paid claim to zero amount. A credit is entered in the MMIS just like a claim. A provider can request a credit if he has been paid for a service he did not perform. The State agency can also request a credit. It is one type of adjustment. Also known as Credit-Only Adjustment.
CRNA	Certified Registered Nurse Anesthetist
CROSSOVER CLAIM	If a beneficiary is eligible for both Medicare and Medicaid, the Medicare claim is automatically sent to Medicaid after the Medicare carrier processes it. The claim, in effect, crosses over from one system to the other via tapes or disks. It is important to know that Medicaid is considered the payer of last resort. Therefore, claims must always be sent to Medicare first when a beneficiary is eligible for both programs.
CROSS WALK	A table used to relate one code to another code
CURRENT PROCEDURAL TERMINOLOGY, FOURTH EDITION (CPT-4)	Contains procedure codes that are used by medical practitioners in billing for services rendered to Medicaid beneficiaries. The book is published by the American Medical Association. The CPT codes are also included as the Level One codes in the HCPCS list of codes.
CURSOR	A highlighted mark on the screen that shows where the next Character you enter will appear.
CUSTOMARY CHARGE	A dollar amount that represents the median Charge for a given service by an individual physician or supplier.
CUSTOMER INFORMATION	An IBM software system that provides the on-line user interface to

CONTROL SYSTEM (CICS)	MMIS data. This is the “front” end of the mainframe-based MMIS online system. CICS was originally developed to provide transaction processing for IBM mainframes. It controls the interaction between applications and users and lets programmers develop screen displays without detailed knowledge of the terminals used. It provides terminal routing, password security, transaction logging for error recovery and activity journals for performance analysis. CICS commands are written along with and into the source code of the applications, typically COBOL.
CUTBACK	A reduction in quantity or rate.

6.1.4 D

DATA ELEMENT DICTIONARY (DED)	Describes the fields (data elements) within a database.
DATA ENTRY	Entering data into the computer, which includes keyboard entry, scanning and voice recognition. When transactions are entered after the fact (batch data entry), they are just stacks of source documents to the keyboard operator. Deciphering poor handwriting from a source document is a judgment call that is often error prone.
DATA WAREHOUSE	The architecture that serves as the secondary storage area for a collection of data, both at a detailed and aggregated level. The EIS/DSS Data Warehouse is a collection of ORACLE tables that contain the data extracted from flat files generated from the Kentucky MMIS on a monthly basis.
DATABASE (DB)	Data that has been organized and structured in a disciplined fashion, so that access to information of interest is as quick as possible. Database management programs form the foundation for most document storage indexing systems. (Imaging)
DATABASE ADMINISTRATOR (DBA)	The person responsible for maintaining the database system: managing data, designing database objects, database performance and data recovery and integrity at a physical level. This person is not an applications programmer.
DATABASE TABLE	A collection of similar records in a database.
DATE OF SERVICE (DOS)	The date of service on a claim; the date the beneficiary received medical service.
DC	Doctor of Chiropractic
DD	Developmentally Disabled
DDE	Direct Data Entry
DDI	Design, development, and implementation.
DDS	Doctor of Dentistry
DECISION SUPPORT SYSTEM (DSS)	The Decision Support System (DSS) function provides access to the MMIS data and various external data sources. The data is stored in an Oracle RDBMS and is accessed through the Business Objects application. A computer program application that analyzes and presents business data in a form that assists users in making business decisions more easily. It is an informational ad-hoc reporting application, not an operational one. A DSS may present information graphically and may include an expert system or artificial intelligence.

DECOMPRESS	To reverse the procedure conducted by compression software, and thereby return compressed data to its original size and condition. (Imaging)
DEDUCTIBLE	The out-of-pocket expense a beneficiary must pay before other third party will begin payment for covered medical expenses, usually based on a calendar year. This amount, or a percentage thereof, is paid by Medicaid for beneficiaries also eligible for Medicaid.
DEFAULT	An automated process used to make random Managed Care assignments for beneficiaries who do not make a selection of a Primary Medical Provider of their own accord or were not assigned through auto assignment.
DEFENSE ENROLLMENT AND ELIGIBILITY REPORTING SYSTEM (DEERS)	A system that contains eligibility information on CHAMPUS, the insurance company for military dependents.
DELIMITER	A special Character used to separate fields of data. The three used in an EDI file are the segment delimiter, the element delimiter, and the sub-element delimiter.
DENIED CLAIM	Claim for services not paid by KY Medicaid, including services provided to an ineligible member, services provided by an ineligible provider, or services not billed in the correct manner.
DENY	Claim denial.
DETAIL (DTL)	A term that refers to the actual health care service provided to a member, billed on a claim form as the only service or possibly as one of several services provided. This is frequently called a line item or detail line.
DETAILED SYSTEM DESIGN (DSD)	Document created by the Fiscal Agent as a detailed guide to developing a new system or subsystem.
DIAGNOSIS CODE (DIAG, DX)	<p>The medical classification of a disease or condition according to ICD-9-CM or HCPCS.</p> <p>A numeric code that identifies the patient's condition as determined by the provider of the performed service.</p>
DIAGNOSIS-RELATED GROUP (DRG)	DRGs are the basis for one type of hospital reimbursement. A hospital specific fee is calculated for each diagnosis group for each hospital. Factors of age, sex, length of stay data, and historical costs for each hospital are taken into consideration in calculating the reimbursement amount. Usually, mental institutions and pediatric hospitals are excluded from DRG reimbursement due to the abnormal length of stay experienced by most patients.

DIAGNOSTIC AND STATISTICAL MANUAL FOR MENTAL DISORDERS, THIRD EDITION, REVISED (DSM III)	A publication of the American Psychiatric Association establishing a coding system for mental diagnoses.
DISABILITY	A physical or mental condition that makes an insured incapable of performing one or more duties of his occupation or any occupation.
DISABILITY BENEFIT	A payment that arises because of the total and/or permanent disability of an insured; a provision added to a policy that provides for a waiver of premium in case of total and permanent disability.
DISABILITY DETERMINATION SERVICES (DDS)	A division of SRS that contract with the Social Security Administration to determine the disability status of Social Security Disability applicants.
DISABILITY INCOME INSURANCE	A form of health insurance that provides periodic payments when the insured is unable to work as a result of illness, disease, or injury.
DISASTER RECOVERY (DR)	Facilities, plans, tests, etc. for the recovery of the MMIS from a total loss.
DISENROLLMENT	Removal of assignment or from the Managed Care program.
DISPOSITION	The actual status of a claim. The result of processing a claim is the assignment of a status or disposition. The disposition of a claim is determined by the Exception Control File.
DISPROPORTIONATE SHARE HOSPITAL (DSH)	Qualified hospitals that provide inpatient services to a disproportionate number of Medicaid beneficiaries and/or to other low-income persons.
DO	Doctor of Osteopathy
DOB	Date of Birth
DOCTOR	Specifically, any person with a doctoral degree. In common usage, a synonym for physician; a person with a doctor of medicine degree.
DOCUMENT	Structured file sent to a trading partner. In ASC X 12 usages, a document is synonymous with a transaction set.
DOCUMENT IMAGES	A computerized representation of a picture or graphic. (Imaging)
DOCUMENT RETRIEVAL	The ability to search for, select and display a document or its facsimile from storage. (Imaging)
DOD	Date of Death
DOING BUSINESS AS (DBA)	Refers to a type of Provider Name and Address.
DOT	Department of Transportation

DP	Data Processing
DPM	Doctor of Podiatric Medicine
DRILLDOWN	Applies additional criteria to an existing subset of data displayed on the DSS.
DROP DOWN DATAWINDOW (DDDW)	This is a tabular presentation of data that is used as a drop-down list on a window.
DRUG	Any substance or its components recognized in one of the official drug compendia for use in the diagnosis, cure, mitigation, treatment or prevention of disease, or intended to affect the structure or function of the body.
DRUG FORMULARY	A listing of drugs covered by a state Medicaid Program, which includes the drug code, description, strength and manufacturer.
DRUG REBATE SYSTEM (DR, DRS)	Federal regulations provide for drug manufacturers, with whom CMS has a formal agreement and whose drug products are covered by Medicaid, to give financial rebates to Medicaid based upon the volume of the manufacturer's products dispensed by Medicaid. The Kentucky Drug Rebate Subsystem maintains the information to carry out the federal mandates related to drug rebate processing.
DSS	Decision Support System
DUPLICATE PAYMENT	A payment to a provider for services provided to a beneficiary resulting from the processing of a duplicate or near-duplicate claim by the contractor.
DURABLE MEDICAL EQUIPMENT (DME)	Equipment that can withstand repeated use and is primarily and customarily used to serve a medical purpose, such as crutches, wheelchairs, and walkers.
DX	Diagnosis Code, Diagnosis.

6.1.5 E

E&M	Evaluation and Management
E-DOS	Ending Date of Service
EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)	As described in Title XIX of the Social Security Act.
EDIT	As applied to MMIS, an edit is a set of parameters against which a claim transaction is "edited." These edits can stop payment and/or generate reports. The verification and validation of claims data for detection of errors or potential error situations. Logic placed in the MMIS programming to cause claims that have specific errors to be placed in a suspend or deny mode due to not having successfully passed these edits.
EDP	Electronic Data Processing
EFT	Electronic Fund Transfer
ELECTRONIC BENEFITS TRANSFER (EBT)	EBT capabilities allow the State to issue food stamps and benefit checks electronically by utilizing the plastic Beneficiary ID Cards. Conforms to the ANSI Uniform Health Care ID Card Standards.
ELECTRONIC CLAIMS SUBMISSION (ECS)	See EDI.
ELECTONIC DATA INTERCHANGE (EDI)	Standard format for exchanging business data. The standard is ANSI x12, which was developed by the data interchange standards association (DISA). ANSI x12 is either closely coordinated with or is being merged with an international standard, EDIFACT. Standards for EDI include: ANSI for claims, eligibility, enrollment, EBT, and remittance. CCIT for others. NCPDP for pharmacy, HEDIS for managed care.
ELECTONIC DATA SYSTEMS (EDS)	The Fiscal Agent for the Commonwealth of Kentucky.
ELECTRONIC FUNDS TRANSFER (EFT)	An electronic deposit system for provider remittance amounts, and the process of authorizing a computer system to transfer funds between accounts.
ELECTRONIC MEDIA CLAIMS (EMC)	Claims that are electronically transmitted to the MMIS through media such as telephone lines, diskettes, or tapes. This term is no longer used.
ELECTRONIC REMITTANCE ADVICE (ERA)	Generally, RAs are submitted to the provider using the same media that the provider uses when submitting a claim. If the claim is submitted using a particular standard format, the RA is returned in the same format. See RA, NCPDP.

ELIG	Eligibility
ELIGIBLE PROVIDER	An institute, facility, agency, person, partnership, corporation, or association as enrolled and approved by the State that accepts, as payment in full for providing eligible services, reimbursement provisions, regulations, and schedules.
ENCOUNTER	A record of a medically related service rendered to a beneficiary who is enrolled in a participating health plan (HMO) or in a PCCM plan during date of service. It includes (but is not limited to) all services for which the plan incurred any financial responsibility. Encounters are priced at the Medicaid value of a similar claim, but the reimbursement amount is zero (see STOP-LOSS). If a service is not covered under the HMO/PCCM plan, the claim will be billed by the provider as a FFS claim. Encounters are sometimes referred to as Shadow Claims as no money is paid out.
ER	Emergency Room
ESC	Error Status Code
EXCEPTION	The phrase “posts an exception” is commonly used when discussing claims processing to indicate there is data on the claim that fails an edit; therefore, an exception is posted to the claim.
EXCEPTION CODE	This code indicates that there is data on a claim that has caused the claim to fail an edit. An exception is then posted to the claim in question. Depending on the disposition of the edit on the Claim Edit Disposition Listing, the claim may pay, even with edits posted to it. An exception code can have different dispositions dependent upon media type.
EXPENDITURES (EXP)	The issuance of checks, disbursement of cash, or electronic transfer of funds as reported by the State.
EXPLANATION OF BENEFITS (EOB)	A notice issued to a provider that explains in detail the payment or nonpayment of a specific claim processed. Also a three-digit code that prints on the remittance advice to explain why a claim was either denied or suspended.
EXTENSIBLE MARKUP LANGUAGE (XML)	Universal format for structured documents and data on the Web.

6.1.6 F

FAIR HEARING (FH)	A formal meeting where a Hearings Officer listens to all the facts and then makes a decision based on the law.
FAMILY PLANNING (FP)	A medically approved treatment, counseling, drugs, supplies, or devices that are prescribed or furnished by a provider to individuals of child-bearing age for purposes of enabling such individuals to freely determine the number and spacing of their children.
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	Number assigned to a business entity for tax purposes. This number might be of value in identifying all the businesses owned by a corporation.
FEDERAL INSURANCE CONTRIBUTIONS ACT (FICA)	Social Security taxes deducted by the employer.
FEDERAL POVERTY LEVEL (FPL)	The poverty threshold is a statistical measure used to indicate the level of cash income needed by a family to purchase a “minimally adequate” market basket of goods and services. The threshold is adjusted for family size and updated every February for inflation. It is a nationwide standard of poverty.
FEDERAL REGISTER (FR)	The Federal Register is the official daily publication for Rules, Proposed Rules, and Notices of Federal agencies and organizations, as well as Executive Orders and other Presidential Documents.
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	A federally funded agency that provides medical services on a sliding fee schedule to the general public.
FEE FOR SERVICE (FFS)	The payment method by which KY Medicaid reimburses providers on a service-by-service basis.
FEE SCHEDULE	A listing of acceptable Charges or established allowances, normally representative of either standard or maximum Charges, for the listed medical or dental procedures.

FIELD	An on-screen area used for entering specific information, such as a name or extension number, within the telephone system. A field prompt identifies the type of information that belongs in each field.
FILE MAINTENANCE	The periodic updating of master files. For example, adding or deleting employees and customers, making address changes and changing product prices. It does not refer to daily transaction processing and batch processing.
FILE TRANSFER PROTOCOL/PROGRAM (FTP)	A method of transferring files between heterogeneous computing platforms. Since most large scale computing systems interface between mainframes, mini, PC's, and the Internet, a method is needed to transfer data between these different platforms. (See TCP/IP)
FIREWALL	Security protection for a Web site (see proxy server), LAN, and Intranet. May check incoming and outgoing messages.
FISCAL AGENT (FA)	The contractor retained by the State for operation of the MMIS and for the performance of claims processing and other related Medicaid functions in KY Medicaid.
FISCAL INTERMEDIARY (FI)	Similar to a fiscal agent. A corporation is designated to have complete responsibility for a government health program, including all data processing functions, program administration, professional relations, and clerical staffing for claims processing.
FISCAL YEAR (FY)	Any twelve-month period for which manual accounts are retained. The fiscal year may, but need not, correspond to the calendar year. The federal Fiscal Year starts October 1 and ends September 30 of the following year. States usually operate on July 1 through June 30 of the following year.
FLAT FILE	A database consisting of one table. It is a stand-alone data file that does not have any predefined linkages or pointers to locations of data in other files. This is the type of file used in a relational database; however, the term is often used to refer to a type of file that has no relational capability, which is exactly the opposite.

FOOD AND DRUG ADMINISTRATION (FEDERAL DRUG AGENCY, FDA)	A federal agency responsible for the monitoring and regulation of foods and drugs distributed in the United States.
FORMULARY	A listing of drugs and the regulations that govern payment.
FPA	Family Planning Agency
FROM DATE OF SERVICE (FDOS)	Date used in the claim.
FRAUD AND ABUSE (F&A)	Fraud: To purposely bill for services that were never given or to bill for a service that has a higher reimbursement than the service produced. Abuse: Payment for items or services that are billed by mistake by providers, but should not be paid for by KMAP. This is not the same as fraud.
FTE	Full-Time Equivalent
FULL TEXT SEARCH	The ability to search text files for occurrences of certain words, digits, sentences, or patterns of Characters. Generally, a scanned document cannot be full text searched. To do that, the document would have to be retyped or scanned with an OCR to create a text file. (Imaging)
FUNCTIONAL ACKNOWLEDGEMENT	An EDI message that is sent in response to the receipt of an EDI message or packet of messages to notify the sender of the original message that it was received. It acknowledges only the receipt of the message or message packet, and does not imply agreement with or understanding of its content.

6.1.7 G

GARNISHMENT	A court-ordered attachment, or withholding, of a provider's earnings to pay a debt.
GATEWAY	The interconnection between public or private networks that allow the transmission of documents in X12 format across multiple networks. Also called interconnect.
GB	Gigabyte
GENERAL PRACTITIONER	A doctor of medicine who generally performs a wide range of medical services as opposed to one who specializes only in certain areas of practice.
GENERIC	A term used in reference to drugs that meet the following criteria: <ol style="list-style-type: none">1) The product is available from more than one source.2) The Average Wholesale Price of the product is significantly lower than the non-generic.3) The product is not under patent.
GENERIC CODE NUMBER (GCN)	The standard generic code for drugs.
GLOBAL POSITIONING SOFTWARE (GPS)	This software is incorporated into the MMIS interChange allowing default and auto assignment of beneficiaries to providers. It utilizes longitude and latitude for assignment purposes.
GRAPHICAL USER INTERFACE (GUI)	A "windows" based computer interface that allows for consistency of this application with other applications used by the operators. The device drivers associated with these GUIs optimize the painting of snippets and the rendering of fonts to take full advantage of the high-performance graphic cards installed in PCs. (Imaging)

- GRAY SCALE** The spectrum, or range, of shades of black an image has. Scanners and terminals gray scales are determined by the number of gray shades, or steps, they can recognize and reproduce. A scanner that can only see a gray scale of 16 will not produce as accurate an image as one that distinguishes a gray scale of 256. (Imaging)
- GROUP PRACTICE** A medical practice where more than one provider render and bill for services under a single provider number.
- GSD** General System Design

6.1.8 H

HARD DISK	A storage device that uses a magnetic recording material. Generally, hard disks are fixed inside a PC, but there are removable cartridge versions. Hard disks store anywhere from five to hundreds of megabytes. (Imaging)
HCFA-1500	CMS-approved uniform claim form that is required for most professional providers to bill for most non-institutional services. The form is mandated for use in billing both Medicare and Medicaid programs for medically related services.
HEADER (HDR)	This term refers to data on a claim that is not line item specific, but applies to the entire claim. An example of header information would be the provider's name, address and SSN.
HEALTH AND HUMAN SERVICES (HHS)	The executive department of the federal government responsible for social and economic security, educational opportunity, national health and child welfare. Specifically, the department is responsible for Medicaid and Medicare Programs. Formerly DHEW.
HEALTH CARE FINANCING ADMINISTRATION (HCFA)	See CMS.
HEALTH INSURANCE	A contract under which a company guarantees payment for specified loss by disease or accidental bodily injury normally by covering a portion of the associated medical costs.
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)	A Federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, the Kassebaum-Kennedy Bill, K2, or Public Law 104-191. Accountability Act of 1996.

HIPAA	Health Insurance Portability and Accountability Act of 1996
HEALTH INSURANCE PREMIUM PAYMENT SYSTEM (HIPPS)	A program where Medicaid-eligible beneficiaries may receive insurance premium assistance using Medicaid funds when it is determined cost-effective to purchase group health insurance.
HEALTH MAINTENANCE ORGANIZATION (HMO)	A prepaid cost-effective health plan that provides a range of preventative and maintenance services in return for a fixed monthly premium that entitles the enrollees to a predetermined set of basic and supplemental services. A health care providing organization, which Charges a flat fee per month (Capitation) per person, enrolled. The services provided are defined by contract and generally are comprehensive. HMO enrollment is an alternative form of health care delivery that is offered to Medicaid beneficiaries.
HEALTH PLAN EMPLOYER DATA AND INFORMATION SET (HEDIS)	Used to measure a plan's performance. Utilized in Quality Assurance for Managed Care. HEDIS and HEDIS and Compliance Audit are registered trademarks of the National Committee for Quality Assurance (NCQA). NCQA encourages and promotes the use of performance measures that comprise HEDIS. HEDIS Compliance Audit is a rigorous process for evaluating the accuracy and validity of plan-reported performance results.
HEALTH PLAN EMPLOYER DATA AND INFORMATION SET STANDARD (HEDIS STANDARD)	A Federal standard for Electronic Data Interchange (EDI) for Medicaid Managed Care programs.
HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)	<p>A uniform health care procedural coding system approved by CMS. It describes the physician and non-physician patient services covered by the Medicaid and Medicare programs. It is used primarily to report reimbursable services provided to patients.</p> <p>There are three types of HCPCS codes.</p> <p>Level 1 includes the CPT-4 codes.</p> <p>Level 2 includes the alphanumeric codes A through V which CMS maintains for a wide range of services from ambulance trips to hearing aids which are not addressed by the CPT-4 coding.</p> <p>Level 3 includes the alphanumeric codes W through Z, which are assigned for use by the state agencies.</p>

HOME AND COMMUNITY BASED SERVICES (HCBS)	Home and Community Based services are for persons with mental retardation or other developmental disabilities are made possible through Medicaid waivers. These services are intended as an alternative to institutional services. Each waiver offers services for a specific group: Head Injury, Technology Assistance, Physical Disability, Frail and Elderly, Developmental Disabilities, and Children with Severe Emotional Disturbance.
HOME HEALTH AGENCY (HHA)	An agency that provides home health care services such as home health aide visits, LPN and RN visits, and therapy services.
HOSPICE	A program that provides an integrated program of appropriate hospital and home care for the terminally ill patient. A hospice is a public agency or private organization that provides services for terminally ill people. It is usually affiliated with a hospital. Hospice care may be home care, inpatient care, or respite care. Respite care is inpatient care provided for the beneficiary to give the family temporary relief from the strain of caring for a loved one at home.
HOSPITAL	A health care institution whose primary function is to provide inpatient services for a variety of surgical and non-surgical medical conditions. Hospitals are classified by length of stay, teaching or non-teaching, major type of services, and by control.
HOSPITAL INSURANCE PROGRAM (PART A)	The compulsory portion of Medicare that automatically enrolls all persons 65 years of age or older, entitled to railroad retirement and eligible for disability for over two years, and insured workers and their dependents requiring dialysis or kidney transplants.
HOST	Computer in which an application or database resides or to which a user is connected. Sometimes used generically as synonym for computer. (Imaging)
HYPertext MARKUP LANGUAGE (HTML)	Programming language used to develop and maintain web pages on the Internet.
HYPertext TRANSFER PROTOL (HTTP)	The underlying protocol used by the World Wide Web. HTTP defines how messages are formatted and transmitted, and what actions Web servers and browsers should take in response to various commands.

HYPertext
TRANSFER
PROTOCOL SECURE
(HTTPS) Protocol to provide encrypted transmission of data between Web browsers and Web servers.

6.1.9 I

ICD-10-CM	International Classification of Diseases, Tenth Revision
iCE	interChange Enhanced
ICF/MR	Intermediate Care Facility/Mental Retardation
ICN	Internal Control Number.
ICON	The basis of a graphical user interface, an icon is a picture or drawing of a device or program that is activated, usually with a mouse, to access the device or run the program.
IMAGE	The computerized representation of a picture or graphic. (Imaging)
IMAGING	A method of electronically capturing a representation of a form, whether it is a claim or other piece of correspondence, to allow rapid retrieval and processing of the source document copy.
IMAGING SYSTEM	Collection of units that work together to capture and recreate images. At its simplest, it has an acquisition device (scanner, camera), an image processor and an imaging device (printer, microfilm, and computer). (Imaging)
INCOME MAINTENANCE (IM)	A division within the Commission of Income Maintenance/Employment Preparation Services of SRS. The division is responsible for administration and oversight of programs relating to eligibility for Public Assistance programs, including AFDC, Medicaid, and food stamps.
INFORMATION TECHNOLOGY (IT)	A broad term referring to the entire field – computers, communications, Internet, imaging, etc.

INPATIENT (IN, INP, IP)	A patient who has been admitted, at least overnight, to a health care facility. A patient who is literally in residence or in bed in the facility.
INQUIRY MODE	An window mode where the user is viewing data as the result of an inquiry rather than having accessed the specific window in order to add, change or delete data from certain financial records and/or claims. Inquiry Mode allows flow between the various parts of the system but does not allow changes to the data being viewed.
INSURANCE	Health insurance.
INTEGRATED TEST FACILITY (ITF)	Copy of MMIS production system used for testing changes and enhancements to the MMIS.
INTENSIVE CARE UNIT (ICU)	The level of care rendered by the attending physician to a critically ill patient requiring additional time and study beyond regular medical care.
INTERACTIVE	Back-and-forth dialog between the user and a computer.
INTERMEDIARY	A public or private insurance organization under contract with the government to handle claims from hospitals, skilled nursing facilities and home health agencies (Part A Medicare).
INTERMEDIATE CARE FACILITY (ICF)	Any facility that provides room, board, and all routine services and supplies.
INTERMEDIATE CARE FACILITY FOR MENTAL RETARDATION (ICF/MR)	Facilities that have met state licensure standards and that provide habilitation-related care and services, prescribed by a physician, in conjunction with active treatment programming for beneficiaries who are mentally retarded and who have related health and physical conditions.
INTERNAL CONTROL NUMBER (ICN)	A unique 13-digit identification number assigned to every KMAP claim in order to distinguish it from all other claims received by the system. The ICN consists of: 2-byte Region, which represents claim media and claim type; a 5-byte Date of Receipt, which consists of the YY – year and JJJ – Julian; and a 6-byte Sequence number.

INTERNATIONAL CLASSIFICATION OF DISEASES (ICD)	A classification and coding structure of diseases used by the health care community to describe patients' conditions and illness, and to facilitate the collection of statistical and historical data.
INTERNATIONAL CLASSIFICATION OF DISEASES, NINTH REVISION (ICD-9-CM)	A three-volume coding manual that contains the diagnosis codes used in coding claims, as well as the procedure codes used in billing for services performed in a hospital setting.
INTERNATIONAL STANDARDS ORGANIZATION (ISO)	An international organization, working with the United Nations that maintains the standards for all applications of technology and mechanics for global industry.
INTERNET CONTROL MESSAGE PROTOCOL (ICMP)	Extension to IP supporting packets containing error and control information. For example. The PING command uses ICMP to test an Internet connection. (See IP, TCP/IP.)
INTERNET PROTOCOL (IP)	Works like the postal system. There is no direct connection – just the packet address to send messages to, and the address for returned messages.
INTERNET SERVICE PROVIDER (ISP)	Commercial provider of Internet services; e.g., AOL, Sprynet, Flashnet, etc. To use the Internet a user must have a commercial ISP that maintains a computer system through which the user accesses the Internet.
IP	Inpatient

6.1.10 J

JCAHO	Joint Commission On The Accreditation Of Health Care Organizations
JCODE	A five-digit procedure code that begins with the letter J.
JOB CONTROL LANGUAGE (JCL)	A language designed to express statements in a computer job that are used to identify the job or describe its requirements to an operating system.
JOINT APPLICATION DESIGN (JAD)	The process where the system user and designer meet together to define the application. Generally, requirements are reviewed, validated, and clarified.
JULIAN DATE	The representation of month and day by a consecutive number starting with January 1. For example, February 1 is Julian 032. Dates are converted into Julian dates for calculation.

6.1.11 K

KenPAC Kentucky Patient Access and Care program.

KEY Keys are indexed columns in tables, often used to join tables. Keys uniquely identify each record, or row, in a table. Examples would be Cust-ID or Provider Number.

A word, number or phrase associated with a document to aid in its retrieval from storage. Sometimes called descriptors. There are often many keys used together to fully locate a document; together they are called an index. Also called a retrieval key. (Imaging)

KILOBYTE One thousand bytes. To a computer, its actually 1,024. So, 16 kbytes, or 16K, is actually 16,384 bytes; 64K is 65,536 bytes, etc. (Imaging)

6.1.12 L

LASER DISC	An optical disc with the same technology as a Compact Disc, except laser discs is 12 inches in diameter. (Imaging)
LEGACY	Term used to refer to the prior MMIS used in Kentucky
LENGTH OF STAY/SERVICE (LOS)	A designation generally correlated to the patient's diagnosis that refers to the number of days that a patient is confined to an inpatient facility.
LIFETIME RESERVE DAYS	A nonrenewable sixty-day period of additional hospital days awarded to Medicare beneficiaries.
LINE ITEM	A term used in reference to a level of detail on a claim. Line item details are services billed using a procedure code, a quantity, and a date of service for a specific fee. Claims may have multiple line items or detail lines.
LKN	Lock-In
LMB	Low-Income Medicare Beneficiary
LOC	Level of Care

LOCAL AREA NETWORK (LAN)	<p>A communications network that serves users within a confined geographical area. It is made up of servers, workstations, a network operating system and a communications link.</p> <p>Servers are high-speed machines that hold programs and data shared by all network users. The workstations, or clients, are the users' personal computers, which perform stand-alone processing and access the network servers as required.</p> <p>The controlling software in a LAN is the network operating system, such as NetWare, UNIX, and Appletalk, which resides in the server. A component part of the software resides in each client and allows the application to read and write data from the server as if it were on the local machine.</p> <p>The message transfer is managed by a transport protocol such as IPX, SPX, and TCP/IP. The physical transmission of data is performed by the access method (Ethernet, Token Ring, etc.), which is implemented in the network adapters that plug into the machines. The actual communications path is the cable (twisted pair, coax, optical fiber) that interconnects each network adapter.</p>
LOCAL CODES	<p>A generic term for code values that are defined for a state or other political subdivision, or for a specific payer. This term is most commonly used to describe HCPCS Level III Codes, but also applies to state-assigned Institutional Revenue Codes, Condition Codes, Occurrence Codes, Value Codes, etc.</p>
LOCAL OFFICE	<p>The DCBS office in an individual county. Local county offices are grouped into a management area for administrative efficiency.</p>
LOCK-IN	<p>The punitive restriction of a Medicaid beneficiary to a particular provider for a period of time as determined by the State.</p>
LONG TERM CARE (LTC)	<p>Beneficiary care that includes room, board, and all routine services and supplies. The LTC program includes the SNF, ICF and ICF/MR services.</p>
LPN	<p>Licensed Practical Nurse</p>

6.1.13 M

MAGNETIC DISK AND TAPE	The primary computer storage media. The choice depends on accessing requirements. Disk is direct access; tape is sequential access. Locating a program or data on disk can take a fraction of a second. On tape, it can take seconds or minutes.
MAGNETIC RESONANCE IMAGING (MRI)	A noninvasive diagnostic technique that produces computerized images of internal body tissues and is based on nuclear magnetic resonance of atoms within the body induced by the application of radio waves.
MAINFRAME	A large, powerful computer, often serving several connected terminals.
MANAGED CARE (MC)	Comprehensive health care integrating clinic/admin for cost effective care (HMO). Managed Care includes Capitated HMO, PCCM, and Fee-For-Service managed care.
MANAGED CARE ORGANIZATION (MCO)	An organization paid to provide services to a select group of beneficiaries assigned to them for a given time period.
MANAGEMENT ADMINISTRATIVE REPORTING SUBSYSTEM (MAR, MARS)	The MMIS subsystem that produces the management data required for financial, benefit, provider and beneficiary reporting.
MANUAL CHECKS	Checks written outside the automated check writing cycle.
MAPPING	The act of determining what pieces of information in the company's database should be placed into each data element of an EDI message or transaction set, or in reverse, what data elements of an EDI message or transaction set should be placed into the company's database.

MASS ADJUSTMENTS The systematic adjustment of more than one claim at the same time for the same reason. Multiple adjustments entered at one time. Mass adjustments are requested on line and they are particularly useful when it is necessary to reprocess hundreds or thousands of claims. Mass adjustment requests are submitted for a specific population of claims. In other words, claims that have something in common. They may be the entire drug claims processed after a certain date; they may be a subset of claims for a specific provider, or they may be all of the claims processed for a specific beneficiary. The criterion for claims selection is highly variable.

MB Megabyte

MEDICAID (MCD) The joint federal and state medical assistance program that is described in Title XIX of the Social Security Act, designed to provide health benefits assistance to medically needy young persons (less than 21 years of age) and to the aged (more than 65 years of age). A health insurance program for the poor which is jointly funded by the state and federal governments. Also, referred to as Title XIX of the Social Security Act. The Medicaid Program is administered by the states under the management of the Centers for Medicare and Medicaid (CMS).

Federal/State partnership of medical assistance for low income (title XIX, SS act) persons. There are 33 million people eligible. Includes ABD, low-income with children, low-income pregnant, and people with very high medical bills. In order to receive medical assistance a client must qualify into one of six categories: age 65, Blind, disabled, families with dependent children (TANF), pregnant, incapacitated (= categorically needy).

MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) Reporting required by CMS in standard formats. MSIS reports are required by each state and combined by CMS.

MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS, MMIS INTERCHANGE) Computer application that makes up the Medical Assistance Program system. A system composed of at least six subsystems for the general design of Title XIX systems as defined, outlined, and documented by the Department of Health and Human Services. All states with Medicaid Programs are required to have an MMIS. The MMIS processes medical claims and produces reports which track expenditures by aid category, claim type, category of service, or some other parameter.

MEDICAL NECESSITY (MN) A documented decision by a medical practitioner that a therapy, treatment, drug, item, or service prescribed or provided is essential to treat or diagnose a specific physical or psychiatric condition.

MEDICALLY NEEDY (MN)	<p>Individuals whose income and resources equal or exceed the levels for assistance established under a state or federal plan, but are insufficient to meet their costs of health and medical services.</p> <p>Beneficiary who has a catastrophic illness and cannot pay the incurred costs. (See “CATEGORICAL NEEDY”). Must still fall into one of the six categories.</p>
MEDICAL REVIEW (MR)	<p>Analysis of Medicaid claims to ensure that the service was necessary and appropriate.</p>
MEDICARE	<p>The federal medical assistance program that is described in Title XVIII of the Social Security Act for people 65 years of age or older, for persons eligible for Social Security disability payments, and for certain workers of their dependents who require kidney dialysis or transplantation. A health insurance program for individuals over 65 years of age, as well as certain disabled persons. Medicare is 100 percent federally funded. The Medicare Program is administered by the Health Care Financing Administration (HCFA). Applications for Medicare benefits are processed by the Social Security Administration. Medicare has two distinct plans: Part A is hospital insurance covering inpatient, hospice, home health, and skilled nursing facility care; and Part B is medical insurance covering physicians’ services, outpatient care, diagnostic tests, durable medical equipment, and ambulance services. Refer to Title XVIII.</p>
MEDICARE PART A	<p>Part A of Title XVIII of the Social Security amendments of 1965 that provided benefits principally for hospital and hospital-related services. The formal designation is “Hospital Insurance Benefits for the Aged”.</p>
MEDICARE PART B	<p>Part B of Title XVIII of the Social Security amendments of 1965 that provided benefits principally for physician’s services. The formal designation is “Supplementary Medical Insurance Benefits for the Aged”.</p>
MEDIGAP	<p>In relation to Medicare, this private health insurance pays most of the health care service Charges not covered by Parts A or B of Medicare. These policies, which must meet federally imposed standards, are offered by many commercial health insurance companies.</p>
MEGABYTE	<p>Approximately one million bytes. Precisely, 1,024 kilobytes or 1,048,576 bytes. (Imaging)</p>

MENTAL RETARDATION (MR)	Significantly sub-average intellectual functioning, evidenced by an IQ rating of 70 or below on any standardized measure of intelligence, concurrently existing deficits in adaptive behavior as listed in the Other Development Disability definition.
MICROMEDIA	For the purpose of this document, micromedia refer to microfilm, microfiche, or the ability to access online those documents residing on the State's imaging database.
MSIS	Medicaid Statistical Information System
MSW	Master of Social Work
MTD	Month to Date
MULTIMEDIA	Combining more than one media for the dissemination of information, i.e., using text, audio, graphics, animation and full-motion video all together. Requires enormous amounts of bandwidth and processing power. (Imaging)

6.1.14 N

**NATIONAL COUNCIL FOR
PRESCRIPTION DRUG
PROGRAMS (NCPDP)**

An ANSI-accredited council developed to review and define national standards for the billing of prescription drug services for reimbursement by private insurance as well as state and federal agencies. Some of the standard formats are included in the HIPAA mandates.

Provides standards for data interchange and standards for processing pharmacy services in the health care industry. The NCPDP Telecommunications Standard defines the record layout for interactive prescription drug claim transactions between providers and adjudicators. Version 5 of this standard is currently in draft form.

**NATIONAL DATA
CORPORATION/NATIONAL
DRUG CODE (NDC)**

Provider of communication software/hardware for pharmacies. (See ENVOY.) or

A generally accepted system for drug identification that is the primary drug ID used.

(1) A standard coding scheme of eleven digits that assigns a unique numeric code to all drugs on the market. (The first five digits indicate the drug manufacturer; the next four digits specify the particular drug and the last two digits refer to the package size.)

(2) A 10-Character code assigned to all prescription drug products by the labeler/distributor of the product under FDA regulation. Each NDC is composed of three sub-codes, which can assume different configurations. The NDC codes are impractical to use for data processing applications such as sorting, searching, etc., because of the variable structure of the sub-codes. The National Drug Data File (NDDF) Code therefore is always eleven digits in length and each of its sub-codes always contains the same number of Characters (5-4-2). This is achieved by inserting a leading zero in one of the three sub-codes in the NDC.

**NATIONAL PROVIDER FILE
(NPF)**

A national repository of provider identification data to support assignment of a national provider identifier.

**NATIONAL PROVIDER
IDENTIFIER (NPI)**

A national system of provider identification that is used nationally by all providers starting in 1997.

NATIONAL STANDARD FORMAT (NSF)	The NSF was designed to standardize and increase the submission of electronic claims and coordination of benefits exchange. The NSF is used to electronically submit health care claims and encounter information from providers of health care services to payers. It is also used to exchange health care claims and payment information between payers with different payment responsibility.
NEMT	Non-Emergency Transportation
NH	Nursing Home
NON-COVERED SERVICES (NC)	The service does not meet the requirements of a Medicaid benefit category, or the service is excluded from coverage or is not reasonable and necessary.
NON EMERGENT MEDICAL TRANSPORTATION (NEMT)	Non-commercial medical transportation provided to beneficiaries in private vehicles, including their own.
NURSE PRACTITIONER (NP)	A registered nurse who has advanced training in a specialized nursing field such as geriatrics or pediatrics.

NURSING FACILITY (NF)

Any facility that provides room, board, and all routine services and supplies. All NFs are required to be licensed by the secretary of the state Department of Health.

An institution or a distinct part of an institution which is primarily engaged in providing to residents: nursing care and related services, rehabilitation services or health related care, and services (above the level of room and board) which can be made available only in an institutional facility. The facility must have in effect a transfer agreement with one or more hospitals and must meet Medicaid participation requirements.

Any place or facility operating for not less than twenty-four (24) hours in any day and caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who by reason of aging, illness, disease or physical or mental infirmity are unable to sufficiently or properly care for themselves, and for whom reception, accommodation, board and skilled nursing care and treatment is provided, and which place or facility is staffed to provide 24-hour-a-day, licensed, nursing personnel plus additional staff, and is maintained and equipped primarily for the accommodation of individuals who are not acutely ill and are not in need of hospital care but who require skilled nursing care.

6.1.15 O

OCC	Occurrence Codes (Inpatient claims)
OCCUPATIONAL THERAPY (OT)	The use of life related activities to restore and evaluate motor skills so that disabled persons may attain health, social, or economic independence.
OCR DATA RECOGNITION (OCR)	Images passed to the OCR subsystem are fed to the recognition engines one claim at a time. The recognition engines interpret each Character or mark sense field based on the form definition used. All recognized data is placed in an ASCII data file. (Imaging)
OD	Doctor of Optometry
OIG	Office of Inspector General
OMNIBUS BUDGET RECONCILIATION ACT (OBRA)	See PASARR. OBRA-90 establishes the Drug Rebate program.
OMNIBUS BUDGET AND RECONCILIATION ACT OF 1990 (OBRA-90)	Establishes the Drug Rebate program.
ONBASE	OnBase processes the print output of application programs, extracts index fields from the data, stores the index information in a relational database, and stores one or more copies of the data in the system so that the user can archive newly created and frequently accessed reports or images on high speed, disk storage volumes and automatically migrate them to other types of storage volumes as they age.

ONLINE	<p>The use of a computer terminal to display computer data interactively.</p> <p>Available for immediate use. If your data is on disk attached to your computer, the data is online. If it is on a disk in your desk drawer, it is offline.</p> <p>A peripheral device (terminal, printer, etc.) that is turned on and connected to the computer is said to be online. However, a printer can be taken offline by simply pressing the ONLINE or SEL button. It is still attached and connected, but is internally cut off from receiving data from the computer. Pressing the ONLINE or SEL button will turn it back on-line.</p> <p>Systems are designed as either online or batch. Online means terminals are connected to a central computer, and batch means entering batches of transactions on a second or third shift. Other terms, such as real-time and transaction processing evolved from online processing.</p>
OPERATING SYSTEM (OS)	<p>The master control program that runs the computer. It is the first program loaded when the computer is turned on, and its main part, called the kernel, resides in memory at all times. It may be developed by the vendor of the computer it's running in or by a third party. It is an important component of the computer system, because it sets the standards for the application programs that run in it. All programs must "talk to" the operating system. See API, JCL.</p>
ORACLE	<p>The Corporation that provides the ORACLE software which is the major Relational Database software for minicomputers and PCs.</p>
OTHER INSURANCE (OI)	<p>A term used to describe primary insurance payers. Any health insurance benefits that a patient might possess in addition to Medicaid or Medicare.</p>
OUTPATIENT (OPT)	<p>A patient who is receiving care at a hospital or other health facility without being admitted. Outpatient normally does not include patients receiving services from a facility that does not also give inpatient care.</p>
OUTPATIENT CARE	<p>Hospital services and supplies furnished in the hospital outpatient department or emergency room and billed by a hospital in connection with the care of a patient who is not a registered bed patient.</p>
OVER THE COUNTER (OTC)	<p>A drug classification used to describe pharmaceuticals that do not require a prescription.</p>

6.1.16 P

PA	Physician's Assistant Prior Authorization
PAID CLAIM	A claim that has been processed through the adjudication and payment cycles. In the MMIS, the term "paid" refers to a claim with a payment status of either "paid" or "denied". A paid claim can result in the provider being reimbursed for some dollar amount or a zero paid amount.
PARAMETER	Any value passed to a program by the user or by another program in order to customize the program for a particular purpose. A parameter may be anything; for example, a file name, a coordinate, a range of values, a money amount or a code of some kind. Parameters may be required as in parameter-driven software or they may be optional. Parameters are often entered as a series of values following the program name when the program is loaded.
PASSPORT	Managed care organization which serves Medicaid members in Jefferson and surrounding counties.
PASSWORD	Confidential code used in conjunction with the User ID to gain access to a system.
PATIENT	A person receiving treatment or care from a physician or other health professional.
PATIENT LIABILITY (PAT LIAB)	A beneficiary's monetary obligation to a nursing facility that is determined by his or her income level.
PAY AND CHASE	Under certain circumstances, the claims are initially paid by the Claims processing system and then the claims must accumulate to a pre-determined threshold prior to payment by the third party insurance. In this situation, a claim is paid, despite coverage, and the carrier is billed (pay and chase).

PAYER OF LAST RESORT	The insurance program that pays after all of a patient's other insurance programs has paid for a service. Medicaid is usually the payer of last resort.
PAYMENT CYCLE	The processing of adjudicated claims to a paid or denied status. Users determine the frequency of running payment cycles. Most state agencies pay providers weekly.
PAY-TO PROVIDER	The provider who will receive payment (if a group/clinic number is present, it would be the "Pay-to Provider"
PAYOUT (PAY)	Non-claim specific payment to a provider or other entity (i.e.: insurance company).
PDD	Procedure, Drug, Diagnosis
PE	Presumptive Eligibility
PEER	A person or committee in the same profession as the provider whose claim is being reviewed.
PEER REVIEW	An activity performed by a group or groups of practitioners or other providers to review the medical practices of their peers for conformance to generally accepted standards.
PEER REVIEW ORGANIZATION (PRO)	A quality assurance or peer review program that reviews Medicare, Medicaid and Maternal and Child Health program claims. Mandated by the federal government to review the necessity and appropriateness of admissions to hospitals and continued stay in hospitals. PROs have the authority to deny payment or recoup payment for services that are deemed unnecessary.
PER DIEM	A daily rate usually associated with payment to an institution such as a hospital or a skilled nursing facility assigned to institutional providers.

PERSONAL COMPUTER (PC)	Although the term "PC" is sometimes used to refer to any kind of personal computer, PC refers to computers that conform to the PC standard originally developed by IBM. PCs are used as stand-alone personal computers or as workstations and file servers in a LAN (local area network). They are predominantly used as single-user systems under DOS; however, they are occasionally used as a central computer in a multi-user environment under UNIX and other operating systems.
PERSONAL IDENTIFICATION NUMBER (PIN)	A number used to provide a password into the system for security purposes.
PF KEY	The function keys at the top of a computer keyboard which serve as commands (for example, F1, F2, F3, etc.).
PHARMACIST	A professional qualified by education and authorized by law to prepare, preserve, compound, dispense and give appropriate instruction in the use of drugs.
PHARMACY BENEFIT MANAGEMENT (PBM)	Pharmacy Benefit Management (PBM) applies managed care principles to prescription drug programs, with the goal of optimal and cost-effective drug prescribing and use. PBM functions include (1) claims processing and adjudication, (2) data management, reporting, and trending (3) formulary management and clinical review services, (4) prospective Drug Utilization Review (ProDUR), and (5) drug rebate management.
PHARMACY POINT- OF-SERVICE (RX-POS, POS)	The Pharmacy POS system enables Medicaid providers to submit electronic pharmacy claims in an on-line, real-time environment. The electronic claim submission will verify beneficiary eligibility; including other health insurance coverage, and monitor Medicaid drug policies. Claims will also be screened against beneficiary medical and prescription history within the Medicaid system. Once these processes are complete, the provider will receive an electronic response indicating payment or denial within seconds of submitting the electronic claim. Also referred to Point of Sale.
PHD	Doctorate of Philosophy.
PHYSICAL THERAPY (PT)	Rehabilitation concerned with the restoration of function and prevention of disability following disease, injury, or loss of a body part.

PHYSICIAN (PHY, PHYS)	A professional qualified by education and authorized by law to practice medicine.
PHYSICIANS DESK REFERENCE (PDR)	PDR is considered the standard prescription drug reference.
POS	Place Of Service The location at which a service was rendered, such as office, home, emergency room, etc.
POS	Point Of Sale
PLAN OF CARE	A document completed following the determination of long-term care eligibility and the individual elects home and community based services instead of nursing facility services. This document must include: the services to be provided, the frequency of each service, who will provide each service, and the cost of each service.
PM	Project Manager
PMP	Primary Medical Provider
POD	Podiatrist
POVERTY LEVEL	The poverty threshold is a statistical measure used to indicate the level of cash income needed by a family to purchase a “minimally adequate” market basket of goods and services. The threshold is adjusted for family size and updated every February for inflation. It is a nationwide standard of poverty.
PPO	Preferred Provider Organization
PRE-CERTIFICATION (PRE-CERT)	Serves as an entry and approval process PA requests. It interfaces with the PA subsystem to provide automated update to the PA files.

PREMIUM	The periodic payment (e.g. monthly, quarterly) made to an insurance company to keep an insurance policy in force.
PRICING INDICATOR CODE (PIC)	An indicator that determines the reimbursement restrictions for drug and procedure codes.
PRIMARY CARE	Basic level of health care rendered by general practitioners.
PRIMARY CARE PROVIDER (PCP)	A professional, which could be a physician, ARNP, health department, or clinic, who manages a beneficiary's health care needs.
PRIMARY CARE SERVICES	Those services provided by a duly licensed medical practitioner who has contracted with SRS to initiate or approve specified medical services for participating Medicaid beneficiaries.
PRIMARY MEDICAL PROVIDER	An individual provider or organization assigned to a beneficiary with the responsibility of providing the majority of a beneficiary's medical services.
PRIOR AUTHORIZATION (PA)	Authorization granted by SRS staff, or its designated representative, to a provider to render specified services to a designated beneficiary. Acknowledgement, given before payment may occur that certain specified services meet an established criterion. Acquiring permission before performing a service. Prior authorization is a condition for payment for many services reimbursed by Medicaid.
PROCEDURE (PROC)	A numeric or alphanumeric code used to describe the specific service rendered to a patient by a provider.
PROCEDURE, DRUG, AND DIAGNOSIS FILE (PDDF FILE)	A file within the Reference Subsystem that contains records on all billable codes. The file also contains information on provider restrictions, beneficiary eligibility, and service limitations.
PROCESSED CLAIM	A claim that has been adjudicated, properly paid or denied, and the remittance has been sent.

PROFESSIONAL COMPONENT (PC)	Charges associated with a physician's expert reading of and interpreting some x-ray, lab, and diagnostic procedures.
PROFESSIONAL STANDARDS REVIEW ORGANIZATIONS (PSRO)	A quality assurance or peer review program that reviews Medicare, Medicaid and Maternal and Child Health program claims.
PROJECT WORKBOOK (PWB)	HP Enterprise Services proprietary WEB application that serves as a repository of HP Enterprise Services interChange information. The Project Workbook contains administrative, application, and project information.
PROMPT	To request input from the user by displaying a message on the computer screen or by playing an audio message on the telephone.
PROTOCOL	In information technology, it is a set of rules describing the contents of an electronic communication. To communicate, both the sender and receiver must adhere to the protocol. See TCP/IP, HTTP, and FTP.
PROVIDER	An eligible institution, facility, agency, managed care organization, administrative service organization, person, partnership, corporation, or association as enrolled and approved by the State which accepts, as payment in full for providing eligible services, reimbursement provisions, regulations, and schedules.
PROVIDER CATEGORY OF SERVICE	A code that indicates on a claim the type of service given by the provider in question. This code indicates the specific categories of service a provider may bill for.
PROVIDER SPECIALITY (PS)	A code that specifies the type of service a provider renders.
PROVIDER TYPE	A general code that indicates the type of service a provider can perform.
PROXY SERVER	A firewall security for a web site. A server that acts as an intermediary between a workstation user and the Internet and is associated with the gateway server that separates the enterprise network from outside intrusion.

PSY Psychologist

PSYCHIATRIC
HOSPITAL An institution that is primarily engaged in providing psychiatric services for the diagnosis and treatment of mentally ill persons.

PURGE Refers to moving data from the master files to the archive files. For example, beneficiary eligibility records may be purged if there is no activity within a three-year period.

6.1.17 Q

QA Quality Assurance

**QUALIFIED
DISABLED
WORKING
INDIVIDUAL (QDWI)** A federal category of Medicaid eligibility for disabled individuals whose incomes are less than 200 percent of the federal poverty level.
Certain formerly disabled persons who lost Medicare benefits because of their return to work are allowed to purchase Medicare Part A coverage. The State Medicaid Program must pay the Part A premium for those individuals entitled to enroll in Part A if their income does not exceed twice the SSI limit and they are not otherwise eligible for Medicaid benefits.

**QUALIFIED
MEDICARE
BENEFICIARY
(QMB)** A State program that pays for a beneficiary's Medicare premiums, coinsurance, and deductible amounts within limits.

**QUALIFIED
WORKING
DISABLED (QWD)** See QDWI. A special program authorized by the Social Security Administration that allows certain individuals to work and still collect their disability payments for a period of time. SRS allows these individuals to remain on Medicaid while in QWD status.

QUARTER Calendar quarter unless otherwise specified.

QUEUE DIRECTORY A directory on a hard drives into which batch requests to unit storage are placed.
(Imaging)

6.1.18 R

RA Remittance Advice

RAILROAD RETIREMENT BOARD (RRB) A separate insurance program that covers some aged people who would otherwise be covered by Medicare.

RANDOM ACCESS An accessing process that finds any record in a database quickly by using two logical reads; the first read being the accessing of the index pointing to that data, the second read accessing the actual record or data. This process is the opposite of sequential accessing.

RANDOM ACCESS MEMORY (RAM) The primary memory in a computer. Memory that can be overwritten with new information. The random access part of its name comes from the fact that all information in RAM can be located -- no matter where it is -- in an equal amount of time. This means that access to and from RAM memory is extraordinarily fast. By contrast, other storage media -- like magnetic tape -- require searching for the information, and therefore take longer. (Imaging)

RD Registered Dietitian

REALTIME SYSTEM A computer system that responds to input signals fast enough to keep an operation moving at its required speed.

RECORD A set of related fields used to enter and store information in the telephone system. A table is a set of records.

RECOUPMENT (REC) Money withheld from a provider's payment due to overpayment of claims during adjudication cycles. Recoupments may be established ion line by accessing the Accounts Receivable Set Up window. They may be set up as a percentage or as a set amount to be recouped. An Accounts Receivable record is established for each recoupment type a provider might have.

REFERENCE DATA MAINTENANCE SUBSYSTEM	The Reference Data Maintenance subsystem maintains a consolidated source of reference information that is accessed by the MMIS during performance of claims and adjustment processing functions, prior authorization functions, and Third Party Liability (TPL) processing. The Reference Data Maintenance function also supports MMIS reporting functions.
REFERRING PROVIDER	Provider who gives referral (such as the KenPAC provider)
REFORMAT	To change the record layout of a file or database. To initialize a disk over again.
REGULATION	A federal or state agency legal statement of general or specific applicability designed to implement or interpret law.
REHABILITATION THERAPIES	Services designed to improve the skills and adjustment of the head injured individual, integrating prevocational, educational, and independent living goals, in order to return, or maintain the individual at their most optimum level of functioning at the least restrictive level of care. Services include occupational therapy, physical therapy, speech-language therapy, cognitive therapy, behavioral therapies, and drug and alcohol abuse counseling.
REJECTED CLAIM	A claim that contains errors such as missing data, incorrect claim form, or missing provider signature and is returned to the responsible provider without being adjudicated.
RELATIONAL DATABASE	A database or collection of data organized into related tables comprised of rows and columns. The tables define relationships between the records.
RELATIVE VALUE SCALE	A type of fee schedule which uses unit values (multiplied times a dollar conversion factor) to price procedures, instead of using a flat fee. The methodology establishes value relationships between procedures. For example, a limited office visit might be valued at five units and an extended office visit (which is more complex) at 8 units. RVS based fee schedules have the advantage of being easier to revise because it is not necessary to change the units, only the conversion factors. These are carried as system parameters in the MMIS.

RELEASE	The release is associated with a specific version of a product being made available to the client. Also known as system release or version.
REMITTANCE ADVICER (RA)	The statement mailed to a provider detailing Charges pending, paid, denied.
REMITTANCE ADV	A document sent to providers to explain the payment status of claims. The statement mailed to the provider detailing the outcome of the claims processed in the most recent payment cycle. The claims are listed by claim type and then disposition, i.e., paid, denied, suspense, and History only. RAs are generated in the financial system in accordance with the providers' RA media type indicator. Only those providers sending the majority of their claims electronically will be allowed a choice of media. All providers will be allowed only one type of media for RAs.
REMOTE ACCESS SERVICES (RAS)	A feature built into Windows NT that enables users to log into an NT-based LAN using a modem, X.25 connection or WAN link. RAS works with several major network protocols, including TCP/IP, IPX, and Netbeui.
RENDERING PROVIDER	Provider who actual provides the service (for example, an individual physician)
REQUEST FOR PROPOSAL (RFP)	The bidding mechanism used to purchase goods and services.
RESOLUTION	Usually used in context as claims resolution, pending resolution, or suspense resolution. It refers to the process of working or correcting errors on a claim, forcing edits, updating or modifying inaccurate data such as a provider number or category of service, or any other activity necessary to complete the adjudication of the claim. Measure of imager output capability, usually expressed in dots per inch (DPI). Measure of halftone quality, usually expressed in lines per inch (LPI). (Imaging)
RETRIEVE	To call up data that has been stored in a computer system. When a user queries a database, the data is retrieved into the computer first and then transmitted to the screen.
RETURN TO PROVIDER (RTP)	Request for additional information from the provider in the form of a letter.

REVENUE CODES	The three-digit accounting codes used on hospital claims to designate the service which generated the income, e.g., room and board = 110, laboratory pathology = 300, and physical therapy = 420. Revenue codes are used in billing both inpatient and outpatient services. These codes are essential to the hospital cost reporting process.
RN	Registered Nurse
RN BSN	Registered Nurse with Bachelor of Science Degree in Nursing
ROUTE TABLE	A database table that specifies resources, such as agent groups or trunks that calls can be routed to within the telephone system.
RULES BASED PROCESS	Rules Based Processing, or Table Driven System, or Parameter Based Processing is terms that refer to systems that store data element variables in user-alterable tables rather than storing them inside a fixed computer program.
RUN DATE	The date a report was generated.
RURAL HEALTH CLINIC (RHC)	A federally funded rural agency that provides medical services on a sliding fee schedule to the general public.
RVS	Relative Value Scale
RX	Prescription

6.1.19 S

SAK	System Assigned Key
SCALING	Process of uniformly changing the size of Characters or graphics. (Imaging)
SCAN	To convert human-readable images into bitmapped or ASCII machine-readable code. (Imaging)
SCAN RATE	Number, measured in times per second, a scanner samples an image. (Imaging)
SCANNER	A device that reads text, images and bar codes. Text and bar code scanners recognize printed fonts and bar codes and convert them into a digital code. Graphics scanners convert a printed image into a video image without recognizing the actual content of the text or pictures.
SCHOOL-BASED SERVICES	Medicaid reimbursable services provided to Medicaid eligible children in local education agencies (LEAs) by enrolled providers.
SCL	Supports for Community Living
SCU	Storage Control Unit
SKILLED NURSING FACILITY (SNF)	Any facility that provides room, board, and all routine services and supplies. A nursing home facility requiring qualified professional personnel to remain on site twenty-four hours a day.
SOBRA	Sixth Omnibus Budget Reconciliation Act
SOCIAL SECURITY ADMINISTRATION (SSA)	Branch of the Department of Health and Human Services which administers the Medicare and Medicaid Programs.

SOCIAL SECURITY INCOME (SSI)	A program of income support administered by the Social Security Administration that replaces the previously stated administered programs for low-income aged, blind and disabled individuals. Federal dollars paid to aged, blind, or disabled individuals to help pay their living expenses.
SOCIAL SECURITY NUMBER (SSN)	An account number issued and used by the SSA to identify an individual on whose earnings SSA benefits are being paid. It is a Social Security account number followed by a three-digit suffix designating the type of beneficiary.
SOCIAL SERVICES (SS)	Services that seek to improve the quality of life for individuals and families (i.e., public assistance, medical assistance, food stamps, etc.).
SPECIALIST	A physician, dentist, or other health professional who works primarily in a certain field of medicine, related to specific services, certain categories of patients or types of diseases.
SPECIALTY	The specialized area of practice of a provider, such as general practice, surgery, endocrinology, pathology.
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLMB)	Medicare beneficiaries who would meet the QMB requirements, except for having income in excess of the QMB limit but less than 110 percent of the federal poverty level in 1994 and less than 120 percent of the federal poverty level in 1995. The state Medicaid Program must pay the Medicare Part B premium for these individuals.

SPENDDOWN (SPN)	<p>A type of Medicaid insurance deductible. The dollar amount of medical bills the beneficiary is responsible for taking care of before Medicaid can help the beneficiary pay his or her medical bills. Spenddown is the difference between the beneficiary's income and the Medicaid income limit. A qualifying county nurse may assign this dollar amount to a beneficiary (based on the beneficiary's income, etc.), which must be spent on medical needs prior to Medicaid benefits being available.</p> <p>A process whereby an otherwise Medicaid-eligible person, but for excess income, may become eligible through obligation of the excess amount of incurred medical expenses. A requirement that certain beneficiaries, in order to be eligible for Medicaid, must spend money on their medical bills to offset their excess income. This is a requirement for the Medically Needy category of eligible beneficiaries. In cases of short-term spenddown, the spenddown amount is defined as being the amount that should be used for a beneficiary's provided services prior to Medicaid being involved.</p>
SQL SERVER	Relational Database Management Software which uses Structured Query Language.
SSDI	Social Security Disability Income
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)	A program providing medical benefits for beneficiaries under the age of 19 who are between 150 and 200 percent of poverty. Also referred to as Title XX. In Kentucky, this is referred to as K-CHIP.
STD	Sexually Transmitted Diseases
STOP-LOSS	Portion of a claim that exceeds the Stop-Loss cap. Provides protection for a managed care provider (as agreed to in the HCA/HMO contract) from catastrophic expenses (losses). For example, if the HMO refers a beneficiary to a specialist whose fee ends up to be greater than the Stop-Loss amount and the HCA/HMO contract provides for Stop-Loss, then the excess will be paid at a percentage factor (70% or 90%) contained on the Plan File for this Plan and Service Class. PCP/CM claims are paid at 100% when the cap is reached.
STRUCTURED QUERY LANGUAGE (SQL)	The programming language used to access data in relational databases.

SUBCONTRACTOR	The entity contracting with the prime Contractor to perform services.
SUBJECT MATTER EXPERT (SME)	A person who is an expert for a particular subject matter and becomes the contact for information in that area.
SURVEILLANCE AND UTILIZATION REVIEW (SUR)	The processes and procedures by which the quality, quantity, appropriateness, cost of care, and services provided are evaluated against established standards.
SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM (SURS)	A subsystem within the KMMIS that reports on benefit usage, profiles beneficiaries and providers, and reports on anomalies in payment or services.
SUSPENDED	When a claim is being processed, it is considered a “suspended” claim. The claim has neither paid nor denied.
SUSPENDED ADJUSTMENT	An adjustment that cannot pay or deny until data is corrected.
SUSPENDED CLAIM	A claim that cannot pay or deny until data is supplied or corrected. Claims which could not be processed during an initial or previous submission cycle.
SUSPENSE FILE LIST	A list containing all ICNs that should remain in cache is provided by the mainframe and transferred to the PC imaging network. (Imaging)
SYSTEM	This term refers to all of the subsystems within the MMIS collectively.
SYSTEM GENERATED	Information not input from another source (e.g., a data file, data transmission or keyed by the user). Examples are date, time, calculated numbers, etc.

6.1.20 T

T-1 CONNECTION	A high-speed connection to the Internet. Required in organizations having a large number of employees accessing the Internet.
TAGGED IMAGE FILE FORMAT (TIFF) (Imaging)	A bit map file format for describing and storing color and gray scale images.
TB	Tuberculosis
TCN	Transaction Control Number
TDOS	To Date of Service - Date used in the claim.
TECHNICAL COMPONENT (TC)	The technician's services used in some x-ray, lab, and diagnostic procedures.
TEFRA	Tax Equity and Fiscal Responsibility Act of 1982
TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)	<p>Replaces AFDC rules. Must use old AFDC eligibility standards for Medicaid, so a person may be eligible for Medicaid but not TANF whereas before if a person was eligible for AFDC he/she was automatically eligible for Medicaid.</p> <p>A welfare program funded by federal and state dollars that provides cash and Medicaid benefits to families with at least one child where one or both parents are absent, deceased, or incapacitated.</p>
TEXT-STRING SEARCHES	When a text-string search is performed, each page returns whether the specific text-string value was found. A page is searched for specific text string based on the columns in which that text string appears. (Imaging)
TFAL	Technical Functional Area Lead

THERAPEUTIC CLASS	Drugs are categorized according to their beneficial effects or their ingredients. First DataBank offers three different therapeutic classifications systems. Therapeutic class is used as a selection criterion to group together claims for different drugs that have the same effect, e.g., central nervous system depressants.
THIRD PARTY LIABILITY (TPL)	<p>A system that provides cost containment of the Medicaid program through the identification of services for which other insurance should be the primary payer. This includes, but is not limited to, private health insurance, any applicable Medicare coverage, worker's compensation, and accident-related liability insurance.</p> <p>Implies that another insurance company has primary responsibility to pay for the service - not the patient or Medicaid. A term referring to a situation in which a submitted claim is the result of an accident or injury where another individual or organization may be at fault and responsible for payment, or in which an individual has health insurance resources other than Medicaid or Medicare.</p>
TITLE I (1)	The Old Age Assistance program (OAA) that was replaced by the Supplemental Security Income program (SSI).
TITLE IV (4)	The Aid to Families with Dependent Children program (AFDC).
TITLE IV-E	Title IV-E of the Social Security Act provides federal funds for the purposes of providing maintenance cost of care for eligible children in foster care, administration of the foster care program and training of workers and foster parents. Title IV-E Adoption subsidy is also available for eligible children placed for adoption with special needs and provides support for maintenance cost of care.
TITLE X (10)	The Aid to the Blind program (AB) that was replaced by the Supplemental Security Income program (SSI).
TITLE XIV (14)	The Permanently and Totally Disabled program (PTD) that was replaced by the Supplemental Security Income Program (SSI).
TITLE XVI (16)	The Supplemental Security Income program (SSI). Grants to states for ABD— Supplemental Security Income for ABD – SS Act.

TITLE XVIII (18)	ABD Health Insurance Program as part of SS Act. The Medicare Health Insurance program covering hospitalization (Part A) and medical insurance (Part B) of the Social Security Act. See Medicare.
TITLE XIX (T19)	Medicaid law as part of the Social Security Act (Medicaid). Federal law authorizing federal payments to states that have elected to provide Medicaid services to residents. See Medicaid.
TITLE XXI (T21)	Child Health Insurance Program as part of SS Act. A program providing medical benefits for beneficiaries under the age of 19 who are between 150 and 200 percent of poverty. Also referred to as SCHIP. Refer to HealthWave.
TOC	Table of Contents
TOC	Type of Coverage
TOOLBAR	Icons that work as short cuts to many system functions are located on the top or side of the screen within a toolbar.
TRANSACTION PROCESSING	Processing transactions as they are received by the computer. Also called online or real-time systems, transaction processing means that master files are updated as soon as transactions are entered at terminals or received over communications lines.
TRANSACTION SET	A block of information in EDI, making up a business transaction or part of a business transaction.
TRANSACTION SET STANDARDS	The system of syntax, data elements, segments, and transaction sets (messages) with which EDI will be conducted.
TRANSLATOR	A program used to convert information from flat file to EDI format or from EDI format to flat file.

TRANSMISSION CONTROL PROTOCOL/INTERNET PROTOCOL (TCP/IP)	A set of protocols developed to allow cooperating computers to share resources across a network. This methodology is used to communicate on the Internet and the Wide Area Network. Also used to transfer data between a web site (Internet or Intranet) and other computing platforms. The IP portion refers to the addressing scheme used to address the Internet Network, hence the IP address for a packet. And while the IP does not establish a direct link (just to/from address), the TCP enables two computers to have a connection and exchange streams of data. See IP, ICMP.
TREATMENT	Any type of medical care and services recognized under state law to prevent, correct or ameliorate disease or abnormalities detected by screening and diagnostic procedures.
TRUNK	A telephone line used to make and/or receive calls within the telephone system.
TYPE OF SERVICES (TOS)	A code indicating a general category of service, such as medical, surgical, consultation, laboratory or x-ray. A broad classification of services used in conjunction with a procedure code to uniquely define a service.

6.1.21 U

UAT	User Acceptance Testing
UB-92	A standard claim form used to bill hospitals, home-health, and LTC services. (HCFA) Uniform Billing Form for all hospital services used by all payers (HCFA 1450) – Universal Billing form that was revised in 1992. Previously it was UB-16, then UB-82. This form is in use nationally for billing hospital-based services. In some states, it is also used for billing home health, rural health, hospice, and nursing home services.
UNIX	A computer operating system used primarily in mini computers. The IBM 390 mainframe platform provides this OS as a sub-operating system to OS 390.
UPIN	Universal Provider Identification Number
USER	A data processing system customer.
USER ID	The code unique to an individual which allows the user to sign-on to the computer system and defines the user's security status.
USUAL AND CUSTOMARY CHARGE (UCC, U&C)	Those Charges most commonly billed for a service by each provider. The price the provider Charges his patients for a given service.
USUAL AND CUSTOMARY RATE (UCR)	A method of calculating a reasonable Charge based on profiles generated from historical billed Charges.
UTILIZATION MANAGEMENT (UM)	A unit of the fiscal agent that promotes cost-effective, quality health care through research, thorough reviews, and networks with agencies and committees.
UTILIZATION REVIEW (UR/UTLIZATION REV)	Methods and procedures related to the utilization of covered care and services necessary to safeguard against unnecessary or inappropriate use of care and services.

6.1.22 V

VACCINE FOR CHILDREN (VFC)	A federally funded program that provides immunization serum for qualified children.
VALUE-ADDED NETWORK (VAN)	A vendor of EDI data communications and translation services. (Switched network provider).
VDT	Video Display Terminal (Screen)
VENDOR	An institution, agency, organization, or an individual practitioner who provides health care services.
VIRTUAL PRIVATE NETWORK (VPN)	Internet software for the client desktop. This allows two users to communicate via the Internet and for security purposes; it is a closed network between the two sites. Along with this technique is "tunneling" which allows data to be sent through a private tunnel rather than over the Internet connection.
VIRTUAL STORAGE ACCESS METHOD (VSAM)	An IBM access method for storing data, widely used in IBM mainframes.

6.1.23 W

WAIVER	A CMS-approved process that allows states to customize specific rules and regulations to their medical assistance programs to provide more cost-effective services.
WAN	Wide Area Network. See LAN.
WARRANT	An order for payment/reimbursement. After adjudication, a claim is marked for payment or denial. For the ones marked for payment, a warrant is issued for State finance to issue a check.
WARRANT NUMBER	The actual check number issued for claims payments to providers.
WARRANT TYPE	The type of warrant that is issued to Medicaid providers, be it a value of E (electronic funds transfer) or P (paper).
WIC	Women, Infants, and Children
WINDOWS	A graphics-based windows environment from Microsoft that integrates with and interacts with DOS. It provides a desktop environment similar to the Macintosh, in which applications are displayed in re-sizable, movable windows on screen.
WITHHOLD	An amount which SRS instructs the Fiscal Agent to withhold from the monthly capitation of an HMO.
WORKERS' COMPENSATION	A type of third party liability for medical services rendered as the result of an on-the-job accident or injury to an individual for which the employer's insurance company may be obligated under the Workers' Compensation Act.
WORKSTATION	A single-user microcomputer or terminal, usually one that is dedicated to a single type of task (graphics, CAD, scientific applications, etc.). (Imaging)

6.1.24 X

X12	An ANSI-accredited group that defines EDI standards for many American industries, including health care insurance. Most of the electronic transactions standards mandated or proposed under HIPAA are X12 standards.
X.25	A CCITT protocol that defines a standard way of arranging data in packets to be shipped over transmission lines. (Standard for packet switched networks). See CCITT.
X.400	A CCITT mail and messaging standard.
X.500	A CCITT directory services standard.
XA	Extended Architecture
XOVER	Cross Over
XREF	Cross-Reference

6.1.25 Y

YEARLY ENROLLMENT Managed Care re-enrollment opportunity that includes formal education on enrollment for all members annually after the actual county conversion.

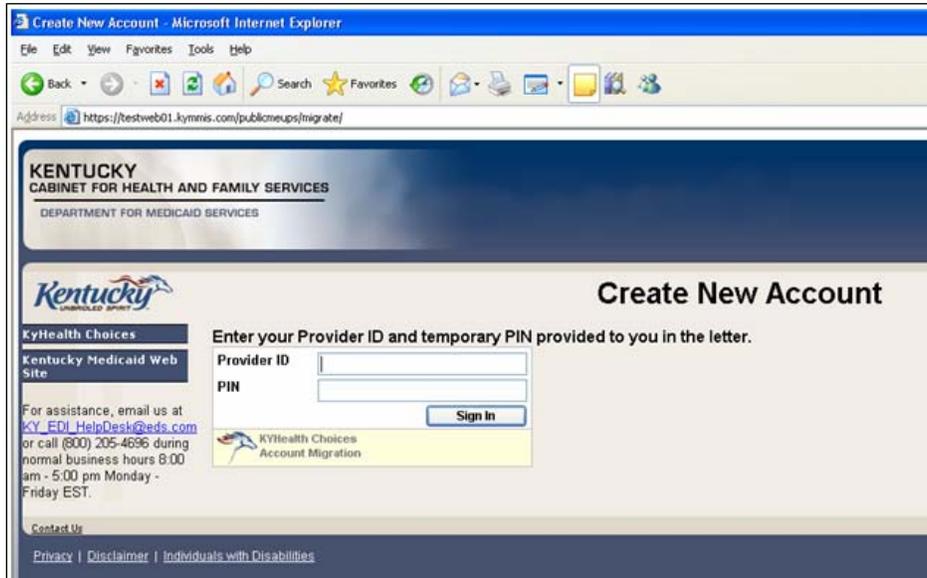
YTD Year to Date

7 Appendix – A - MEUPS Provider Accounts

7.1 Creating a MEUPS Provider Account Using a PIN Number

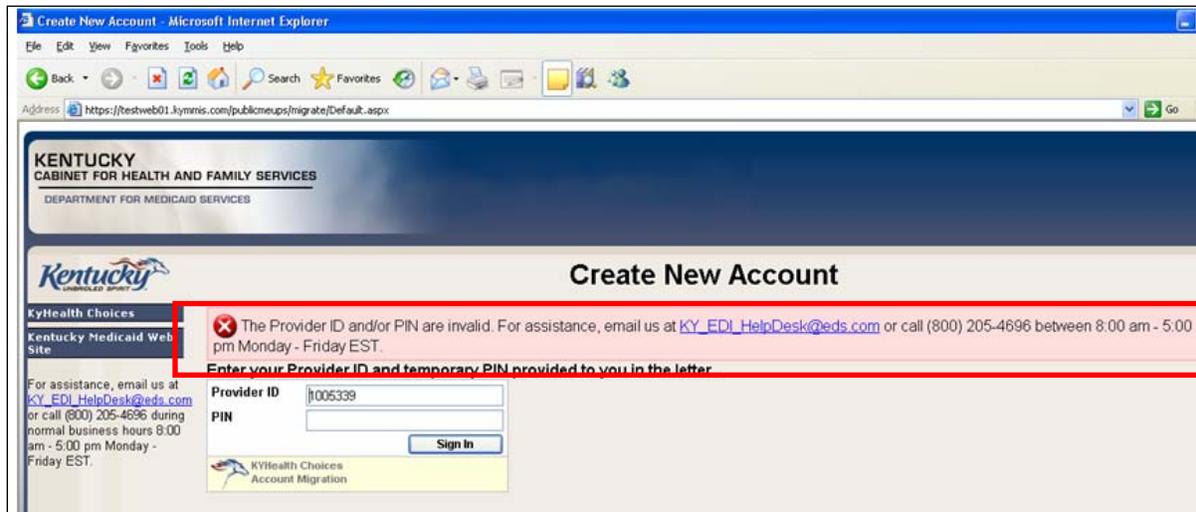
To access the MEUPS page, the provider will access a URL provided in the PIN letter.

The screen will look like this:



The Provider ID is the Providers *KY Medicaid* ID number. The PIN comes from the letter mailed to each provider.

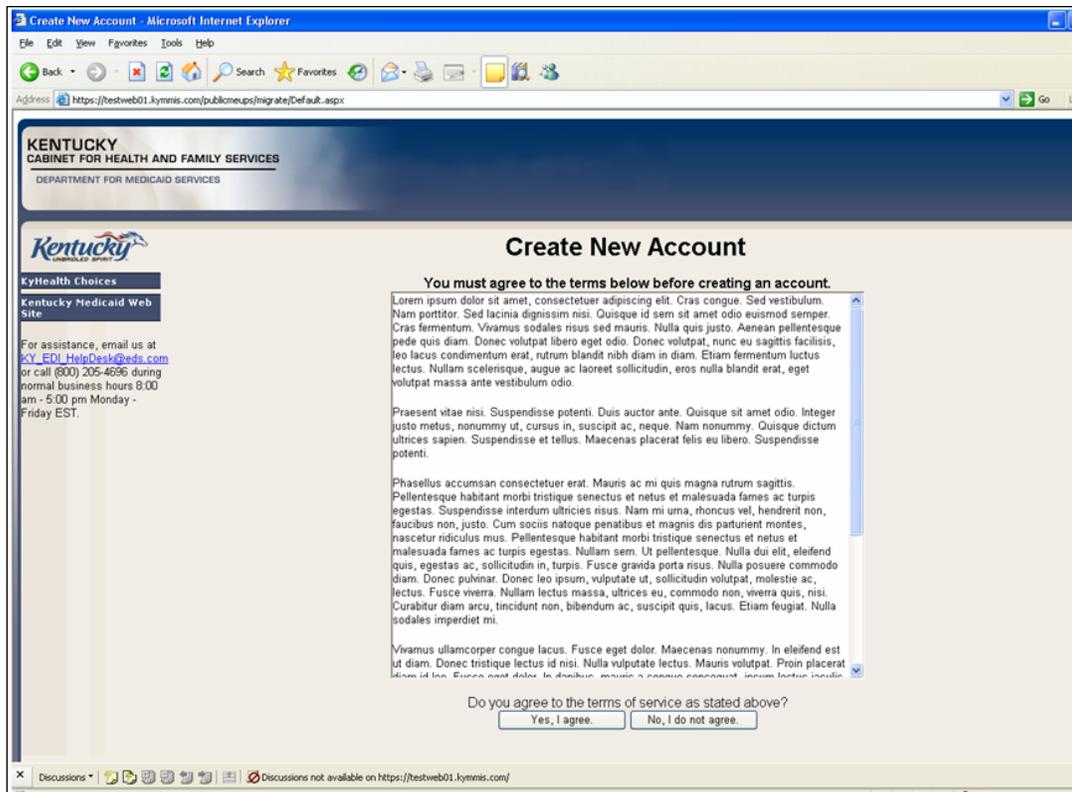
To begin the registration process, the provider will enter both and click “Sign In.” Remember that the PIN is case-sensitive. If the Provider ID or PIN is invalid, this error message will appear on the screen:



If this occurs, the provider should check the letter and verify the PIN, then attempt reenter the information one time before contacting the EDI help desk at the number on the MEUPS page.

7.2 Conditions and Activations

When the Provider ID and PIN are entered successfully, a user agreement will appear, and the screen will look like this.



The provider must read the agreement and click the appropriate button at the bottom of the screen. If the “Yes, I agree” button is selected, the new account information screen will appear.

7.3 Provider Account Information

Kentucky
UNIVERSAL HEALTH CHOICES

KyHealth Choices
Kentucky Medicaid Web Site

For assistance, email us at KY_FDI_HelpDesk@eds.com or call (800) 205-4696 during normal business hours 8:00 am - 5:00 pm Monday - Friday EST.

Create New Account

First Name: Donald
Middle Name:
Last Name: Bell

Address Line 1:
Address Line 2: PARK AVE BOX 407
City: PINEVILLE
State: KY
Zip Code: 40377

Phone Number:
E-Mail Address: dbellmd@hotmail.com
E-Mail Address (verify): dbellmd@hotmail.com

Provider ID: 32007015
Provider NPI:
Provider Taxonomy ID:
Trading Partner ID:

Username: dbellmd
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: Hazard

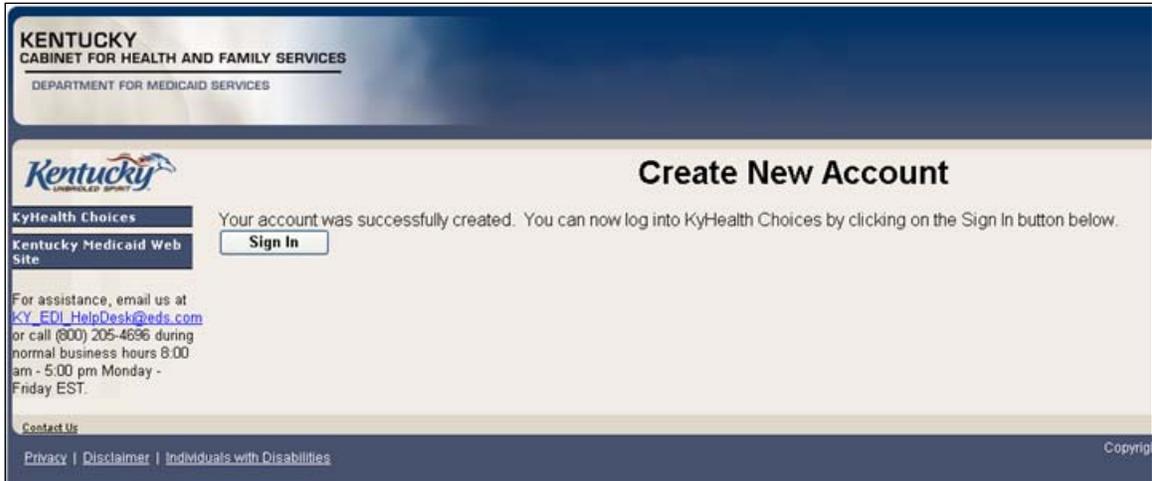
* indicates required field.

Next

Contact Us
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Name and address information from the Provider master file will auto-populate the fields on the top portion of the screen. The bottom portion of the screen will be used to create a user ID and password. The password must be 8 characters, must contain at least one numeric character, and must contain both capital and lowercase letters.

After all fields are completed, the provider will click “Next” to continue. If all information is entered in the system in acceptable format, this screen will appear:



The provider will click “Sign In” to access the newly-created account.

7.4 Account Home and Links

The Account Home page is automatically displayed. This shows the provider information. There are five links at the top of the screen, which will allow easy navigation through the website

The screenshot shows the 'Account Home' page. At the top, there is a navigation bar with five buttons: 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. The page title is 'Account Home'. Below the navigation bar, there is a greeting: 'Good afternoon Donald Bell.' A message says: 'Please select a button above to view or edit your account.' On the left side, there is a sidebar with 'KyHealth Choices' and 'Kentucky Medicaid Web Site'. Below this, contact information for Donald Bell is provided: 'PARK AVE BOX 407 PINEVILLE, KY 40977' and 'dbellmd@hotmail.com'. At the bottom, it shows 'Last Accessed: 7/12/2006 12:32:50 PM' and 'Last Password Change: 7/12/2006 12:32:50 PM'.

7.5 My Information

“My Information” will pull up the information screen for the specified provider. From this screen, the account information may be modified.

The screenshot shows the 'My Information' page. At the top, there is a navigation bar with three buttons: 'Account Home', 'My Information', and 'Change Password'. The page title is 'My Information'. Below the navigation bar, there is a message: 'Use this page to modify your account information. When finished, click the Save button as the bottom of the screen.' The page contains several form fields for user information:

- Name:** First Name (Archie), Middle Name (S), Last Name (Bunker)
- Contact:** Address Line 1 (1 Union St.), Address Line 2 (Unit C), City (Los Angeles), State (CA), Zip Code (56001), Phone Number (800-555-1212), E-Mail Address (archie15525@yahoo.com)
- Security Question & Answer:** Question (In what city were you born? (Enter full name of city only)), Answer ()

 The page also includes a 'Sign Out' button in the top right corner and a sidebar with 'KyHealth Choices' and 'Kentucky Medicaid Web Site' on the left. The browser address bar shows 'https://testweb01.kymmis.com/ineups/account/modifycontact.aspx'.

7.6 Changing the Password

The Home page includes a “Change Password” link, which can also be accessed thru the “My Information” screen. The security guidelines for passwords are displayed on the screen.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Kentucky
UNBRIDLED SPIRIT

Account Home My Information **Change Password**

Change Password

Fill out the form below to change your password. Your new password must:

- Have a length of at least 8 characters
- Contain at least one number
- Contain both lower and uppercase letters

Old Password

New Password

New Password (verify)

Cancel Change Password

KyHealth Choices
Kentucky Medicaid Web Site

For assistance, email us at KY_EDI_HelpDesk@eds.com or call (800) 205-4696 during normal business hours 8:00 am - 5:00 pm Monday - Friday EST.

7.7 Adding Agents to Account

The “Account Home” page also displays the link “Add Agent.” This allows the addition of another agent to this account.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Kentucky
UNBRIDLED SPIRIT

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

Add Agent

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

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

Search

KyHealth Choices
Kentucky Medicaid Web Site

For assistance, email us at KY_EDI_HelpDesk@eds.com or call (800) 205-4696 during normal business hours 8:00 am - 5:00 pm Monday - Friday EST.

The provider will search the system for agents by entering the agent's email address. Entering an email address in the field and then clicking on "Search" displays one of two screens. If there is no agent on file with that email address, the provider will be asked to add this agent. The following screen will appear:

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Account Home My Information Change Password View Agent Roles Add Agent

Add Agent

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

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

mzwtp9@yahoo.com 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 mzwtp9@yahoo.com

Email Address (verify)

First Name

Last Name

Username

Phone

Add & Manage Agent

7.7.1 Adding a New Agent

To the agent, the provider will complete the required fields and click "Add & Manage Agent."

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Account Home My Information Change Password View Agent Roles Add Agent Sign Out

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.

mzwtp9@yahoo.com 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 mzwtp9@yahoo.com

Email Address (verify) mzwtp9@yahoo.com

First Name Patti

Last Name George

Username pgeorge6

Phone 502-209-3167

Add & Manage Agent

Contact Us

The “Agent Account Created” message will appear, showing you the agent’s Username and system-generated password. It is important that the user note the password, so that he or she can later access the system.



7.7.2 Adding an Existing Agent to an Account

If the provider entered an email address for an existing agent, this screen will appear:

Username	Last Name	First Name	Email	Phone
pgeorge6	George	Patti	mzwt9@yahoo.com	502-209-3167

The matching agent’s information will appear on the screen. On the right side of the screen there is a “Select” button. The provider will click the “Select” button to add this agent to his account. If the agent displayed is not the agent desired, the provider will click the “Add New Agent” button at the bottom of the page and follow the instructions for adding a new agent.

7.8 Managing Agents

MEUPS allows the provider to manage each of the Agents associated with an account. Each Agent can have access to different applications or functions. The accessible applications are listed below “Select the system to modify access.” The provider will click the “Select” link to the left of the appropriate application.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

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

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

Name	Patti George	Account Status	Active
Email Address	mzwtp9@yahoo.com		
Address			
Telephone	502-209-3167		
Account Owner	Donald Bell (dbellmd), dbellmd@hotmail.com		

[Remove All Roles](#)

1 Select the system to modify access

System	Select
Application Administration	<input type="checkbox"/>
FIGM	<input type="checkbox"/>
KYHealth Choices	<input checked="" type="checkbox"/>

2 Modify the permissions for selected system

Roles

A list of permissions with corresponding boxes will appear on the right under “Modify the permissions of...” The provider will click the appropriate boxes to grant permissions and click the “Save Changes” button on the bottom right.

1 Select the system to modify access

System	Select
Application Administration	<input type="checkbox"/>
FIGM	<input type="checkbox"/>
KYHealth Choices	<input checked="" type="checkbox"/>

2 Modify the permissions for KYHealth Choices

Roles

- Card Issuance
- Claims Inquiry
- Claims Submission (Dental)
- Claims Submission (Institutional)
- Claims Submission (Professional)
- Disease Management Manager
- DMS/EDS (Admin)
- DMS/EDS (Power User)
- DMS/EDS (User)
- Eligibility Verification
- KMAA
- LTC Claims
- Pharmacy History
- Presumptive Eligibility
- Pricing
- Provider Credentialing Clerk
- Provider Enrollment Clerk
- Ra Viewer
- Trade Files

[Save Changes](#)

A “Successful adding role of...” message in green on the screen will appear (like the example below).

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

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 'Card Issuance' for system 'KYHealth Choices'
Successful adding role of 'Claims Inquiry' for system 'KYHealth Choices'
Successful adding role of 'Claims Submission (Professional)' for system 'KYHealth Choices'
Successful adding role of 'Presumptive Eligibility' for system 'KYHealth Choices'
Successful adding role of 'Ra Viewer' for system 'KYHealth Choices'

Agent Details

Name	Patti George	Account Status	Active
Email Address	mzwtp9@yahoo.com		
Address			
Telephone	502-209-3167		
Account Owner	Donald Bell (dbellmd), dbellmd@hotmail.com		

[Remove All Roles](#)

1 Select the system to modify access

System

- Select Application Administration
- Select FIQM
- Select **KYHealth Choices**

2 Modify the permissions for KYHealth Choices

Roles

- Card Issuance
- Claims Inquiry
- Claims Submission (Dental)
- Claims Submission (Institutional)
- Claims Submission (Professional)
- Disease Management Monitor

For assistance, email us at KY_ERL_HelpDesk@sds.com or call (800) 205-4636 during normal business hours 8:00 am - 5:00 pm Monday - Friday EST.

Discussions not available on <https://testweb01.kymms.com/>

If a provider is not sure what a listed permission is, the provider may click the  icon to the right of the permission, and a “Help” box, which displays a longer description of the permission, will appear.



7.9 Viewing Agent Roles

A provider may also view agents associated with his account. From the Home page, “View Agent Roles” is an option that will display at the top.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

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

View Agent Roles

Use this screen to manage the roles for your agents.

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

Username	Last Name	First Name	Email	Phone	
pgeorge6	George	Patti	mzwtp9@yahoo.com	502-209-3167	Manage

For assistance, email us at KY_FDI_HelpDesk@eds.com or call (800) 205-4696 during normal business hours 8:00 am - 5:00 pm Monday - Friday EST.

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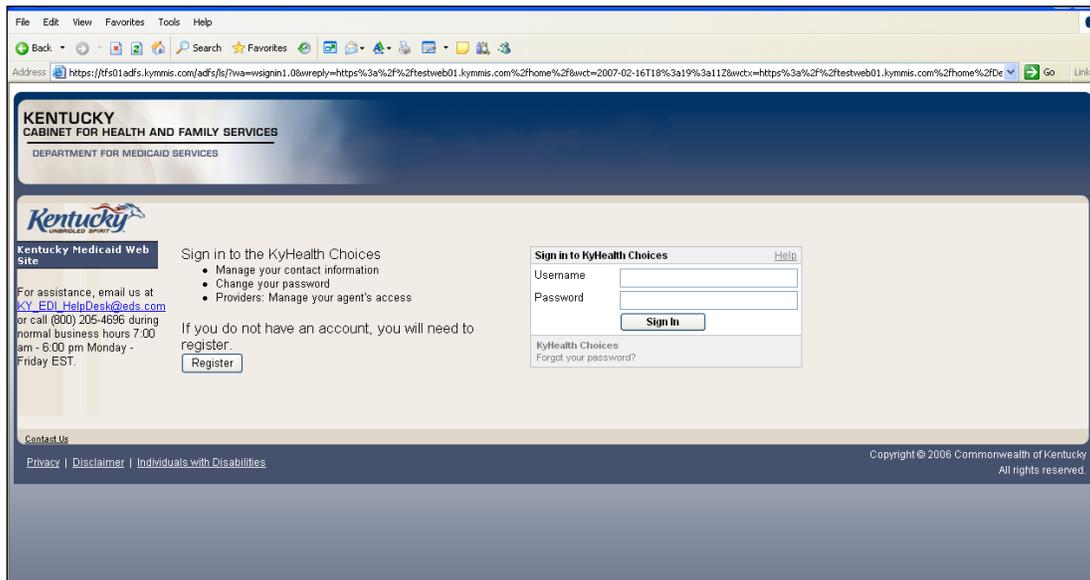
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To view the agents, the provider will click “View Agent Roles.” A list of Agents associated with the account will appear on the screen. The provider will click the “Manage” button to the right of the agent he wishes to view or modify. The provider will follow the instructions for managing agents to grant or change permissions.

8 Appendix B - MEUPS Billing Agent Accounts

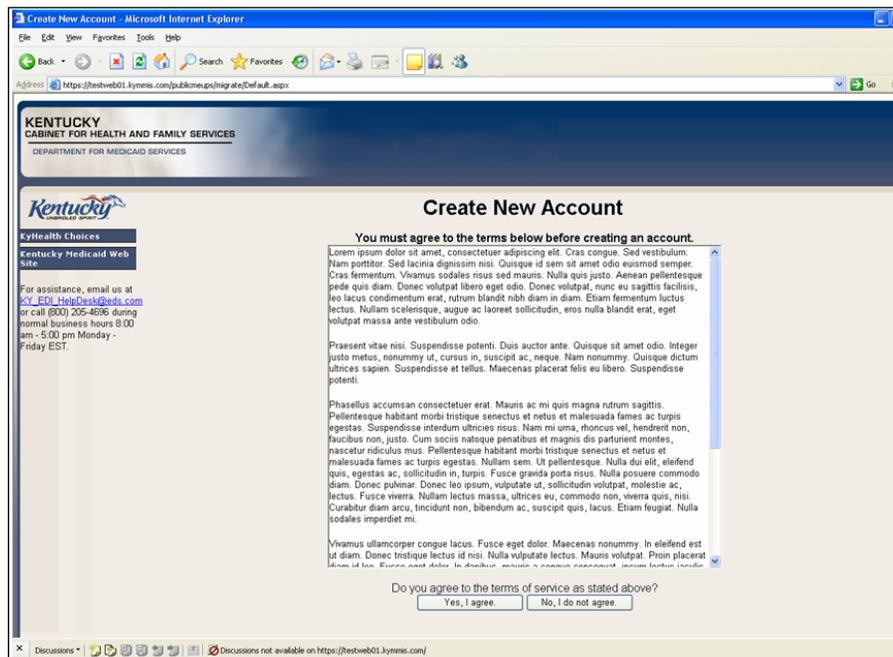
The Billing Agent will access this screen via a URL:

The Billing Agent will click the “Register” button.



8.1 Conditions and Activations

A user agreement will appear, and the screen will look like this.



The user must read the agreement and click the appropriate button at the bottom of the screen.

The “Register for Account” screen will appear.

8.2 Account Information

Kentucky.gov
KENTUCKY
 CABINET FOR HEALTH AND FAMILY SERVICES

Register For Account

Thank you for your interest in KyHealth Choices. Please answer the following questions to setup an account.

Fill out the information below. When finished, click Next to create your account.

First Name

Middle Name

Last Name

Address Line 1

Address Line 2

City

State

Zip Code

Phone Number

E-Mail Address

E-Mail Address (verify)

Trading Partner ID

Username

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

Answer

* indicates required field.

Cancel Previous Next

The user will complete the screen and click the “Next” button.

This screen will appear:

Kentucky.gov
KENTUCKY
 CABINET FOR HEALTH AND FAMILY SERVICES

Register For Account

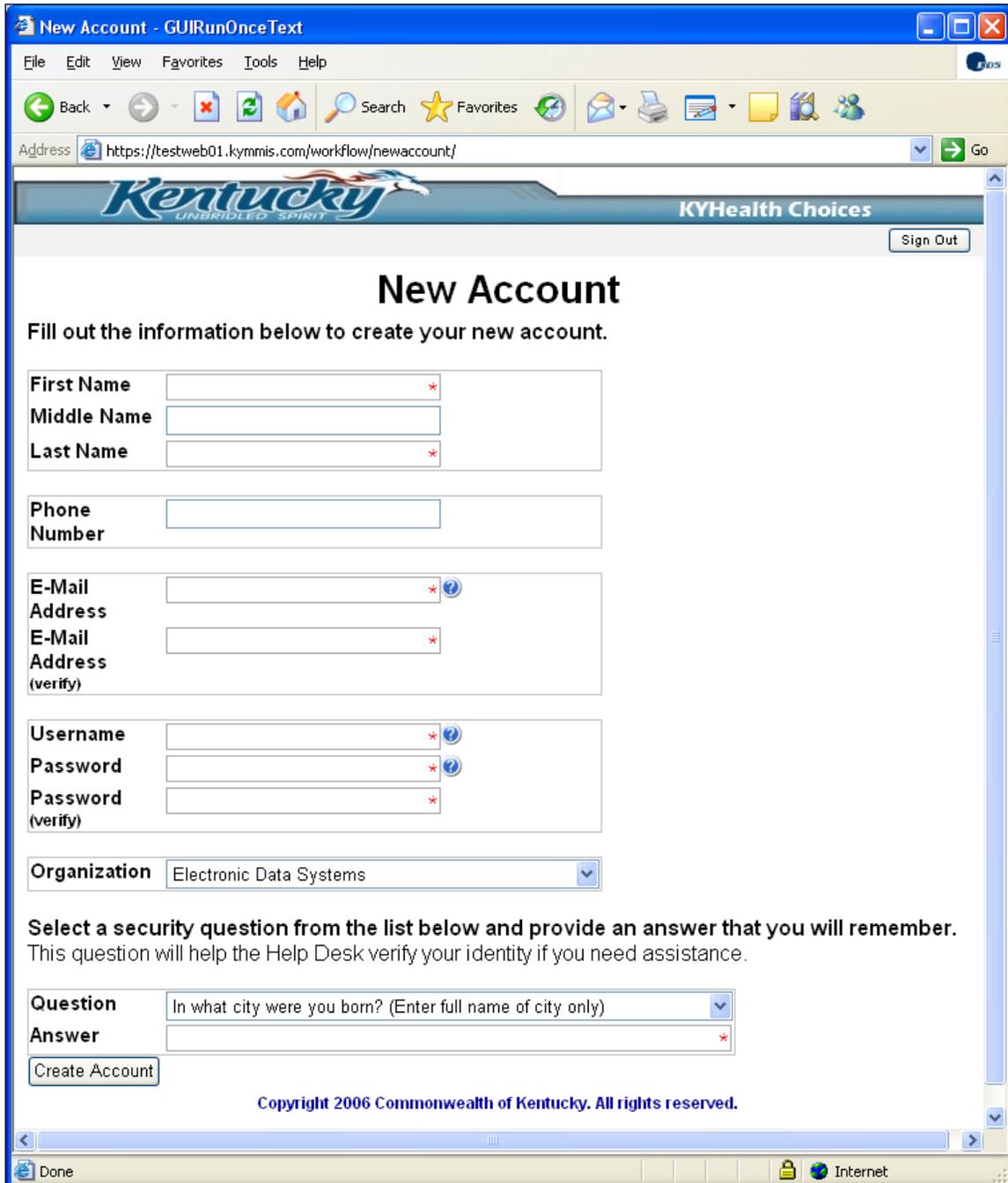
Your account was successfully created. You can now log into KyHealth Choices by clicking on the Sign In button below.

Sign In

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

9 Appendix C - MEUPS Internal User Accounts

The User will access this screen via a URL:



The screenshot shows a web browser window titled "New Account - GUIRunOnceText". The address bar displays "https://testweb01.kymmis.com/workflow/newaccount/". The page header features the "Kentucky UNBRIDLED SPIRIT" logo and "KYHealth Choices" text, with a "Sign Out" button. The main heading is "New Account", followed by the instruction: "Fill out the information below to create your new account." The form contains the following fields:

- First Name (required)
- Middle Name
- Last Name (required)
- Phone Number
- E-Mail Address (required, with a help icon)
- E-Mail Address (verify) (required)
- Username (required, with a help icon)
- Password (required, with a help icon)
- Password (verify) (required)
- Organization (dropdown menu, currently set to "Electronic Data Systems")

Below the form, there is a section for a security question:

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) (dropdown menu)

Answer: (required)

A "Create Account" button is located below the answer field. At the bottom of the page, it says "Copyright 2006 Commonwealth of Kentucky. All rights reserved."

The User will complete the following information:

9.1 Name and Phone Number

The first and last names are required fields. The middle name and phone number are not required. It is useful to the helpdesk staff to have phone numbers.

9.2 Email Address

The User will have to enter the email address twice. A correct email address is essential to the operations of MEUPS. The user will receive all notifications, including password resets, at this email address. Email address changes must be made by the Help Desk.

9.3 Username and Password

Your username should be an EDSNET ID. The user may select any password that conforms to the following rules:

- It must be at least eight characters long

- It must have at least one upper and one lower case letter

- It must have at least one number

9.4 Organization

The User will choose from the drop-down list.

9.5 Secret Question

The User may choose to answer one of five secret questions. This secret question will be used by the helpdesk to identify Users. It will also be used by the automated password reset feature if a User forgets a password. The User must enter the exact spelling of the answer.

9.6 Create Account

After completing the secret question, the User will click on the “Create Account” button. This page will appear:

