

# Member Portal Reference Guide

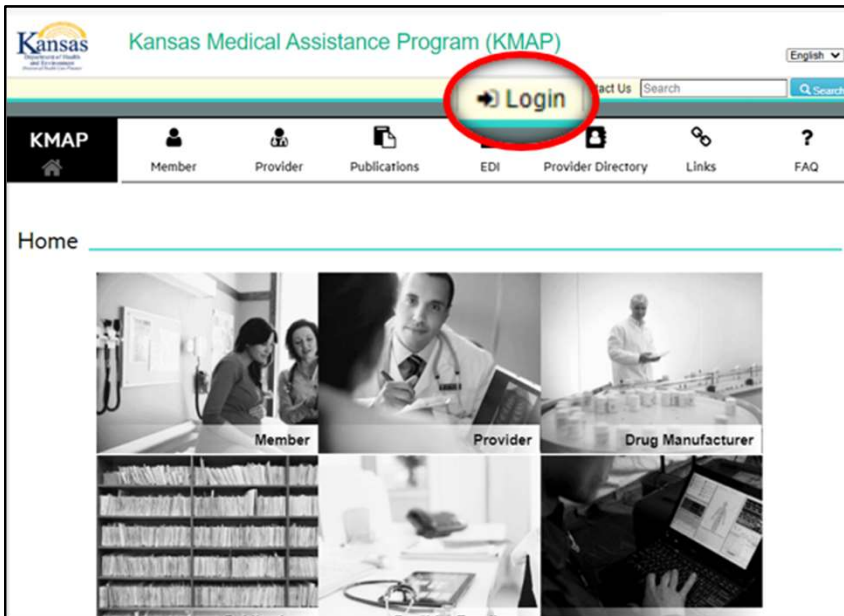
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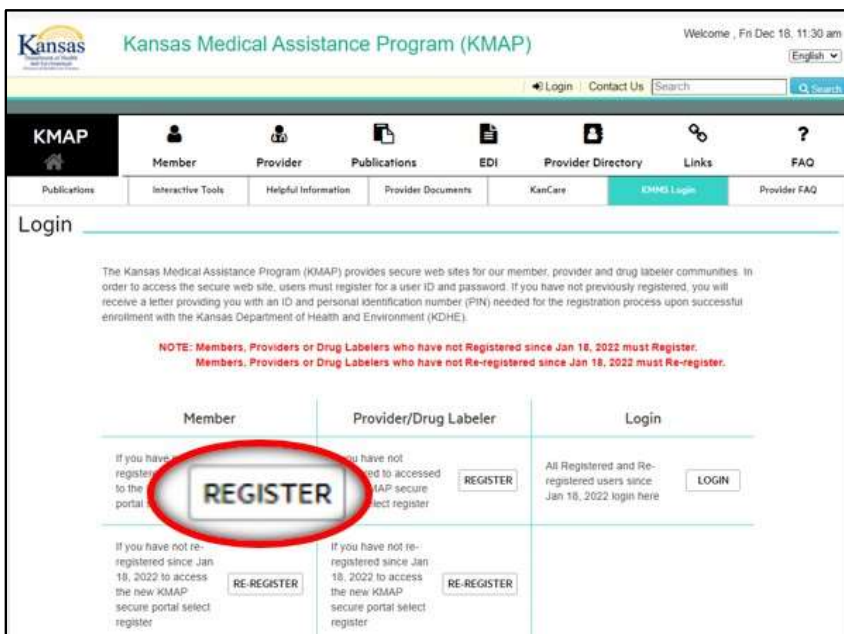
# Registering for the KMAP Member Portal

If you are new to the Member Portal, you will receive a letter with a Member ID, Member PIN, and a link to the Registration Page. You cannot complete your registration without this information. If you are already registered in the current Member Portal, view the **Re-Registering** section.

Complete these steps to register for the KMAP Member portal: <https://portal.kmap-state-ks.us/PublicPage>



- From the **KMAP** landing page, click **Login**.



- From the **KMAP** Landing page click **REGISTER**.



- Choose **Member** in the dropdown.

If you have not received your letter or if you have any technical issues, please contact: 1-800-766-9012.

# Registering for the KMAP Member Portal – Continued

The screenshot shows the 'Member Registration' form on the KMAP portal. The form has a header with the Kansas Department of Health and Environment logo and the text 'Kansas Medical Assistance Program (KMAP)'. Below the header is a navigation bar with 'KMAP' and icons for Member, Provider, Publications, EDI, Provider Directory, Links, and FAQ. The main form area contains four input fields: Member PIN, Case Number, Member ID, and Date of Birth. There are 'RESET', 'CANCEL', and 'SUBMIT' buttons at the bottom. A red arrow points to the 'SUBMIT' button.

- Enter your **Member PIN**, **Case Number**, **Member ID**, and **Date of Birth**.
- Click **Submit**.

The screenshot shows the 'Member Registration' form on the KMAP portal, now with additional fields. The form includes fields for User Name, Password, Confirm Password, First Name, Last Name, Phone, Email, and Confirm Email. There is also a reCAPTCHA box with the text 'I'm not a robot' and a 'SUBMIT' button. A red arrow points to the 'SUBMIT' button.

- Complete the **Member Registration** form.
- Select the "I'm not a robot" Captcha box.
- Click **SUBMIT**.



If you have not received your letter or if you have any technical issues, please contact: 1-800-766-9012.

# Re-registering for the KMAP Member Portal

If you are a registered member in the previous **Member Portal**, use your existing username and password to register for the new portal.

Complete these steps to re-register for the KMAP Member portal: <https://portal.kmap-state-ks.us/PublicPage>

The Kansas Medical Assistance Program (KMAP) provides secure web sites for our member, provider and drug labeler communities. In order to access the secure web site, users must register for a user ID and password. If you have not previously registered, you will receive a letter providing you with an ID and personal identification number (PIN) needed for the registration process upon successful enrollment with the Kansas Department of Health and Environment (KDHE).

**NOTE: Members, Providers or Drug Labelers who have not Registered since Jan 18, 2022 must Register. Members, Providers or Drug Labelers who have not Re-registered since Jan 18, 2022 must Re-register.**

| Member                                                                                                                 | Provider/Drug Labeler                                                                                                     | Login                                                                              |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| If you have not registered to accessed to the KMAP secure portal select register: <b>REGISTER</b>                      | If you have not registered to accessed to the KMAP secure portal select register: <b>REGISTER</b>                         | All Registered and Re-registered users since Jan 18, 2022 login here: <b>LOGIN</b> |
| If you have not registered since Jan 18, 2022 to access the new KMAP secure portal select register: <b>RE-REGISTER</b> | If you have not re-registered since Jan 18, 2022 to access the new KMAP secure portal select register: <b>RE-REGISTER</b> |                                                                                    |

- From the **KMAP Landing** page click **Re-Register**.

Kansas Medical Assistance Program (KMAP)

I want to register as: **Register as**

- Select a Value...
- Drug Rebate Delegate
- Drug Rebate Labeler
- MCO Clerk
- Member**
- Provider

- Choose **Member** in the dropdown.

Kansas Medical Assistance Program (KMAP)

Member Re- registration

Case Number: User Name: Password:

RESET CANCEL **SUBMIT**

- Enter your **Case Number**, **User Name**, and **Password**.
- Click **Submit**.

Kansas Medical Assistance Program (KMAP)

Member Registration

User Name: Password: Confirm Password:

First Name: Last Name: Phone:

Email: Confirm Email:

I'm not a robot

RESET CANCEL **SUBMIT**

- Complete the **Member Registration** form.
- Check the Captcha box.
- Click **SUBMIT**.



If you have any technical issues, please contact: 1-800-766-9012.

# Logging Into and Logging Out of the KMAP Member Portal

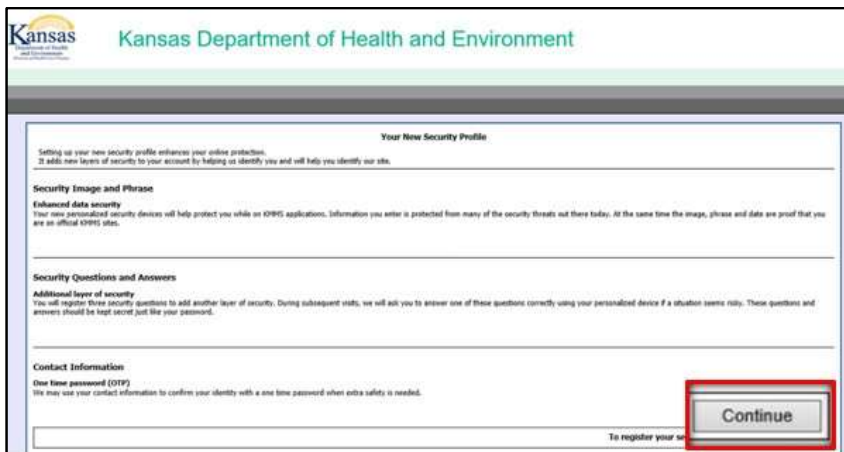
Complete these steps to login to the KMAP Member portal: <https://www.kmap-state-ks.us/Public/homepage.asp>



- Enter your **User Name**.
- Click **Continue**.



- Enter your **Password**.
- Click **enter**.



- Click **Continue**.

If you have not received your letter or if you have any technical issues, please contact: 1-800-766-9012.

# Logging Into and Logging Out of the KMAP Member Portal – Continued

**Your Security Device**  
This is your personalized virtual authentication device.  
From now on, never enter your password unless you see this exact device.

← Your personal security image

← Your personal security phrase

Learn more about your device

Get a new image and phrase

To accept this security device, image and phrase, click >>

The system provides a personal security image and phrase.

- Click **Continue**.

**Security Questions**  
We will use your security questions and answers to confirm your identity at times when extra safety is needed.  
Questions (Choose a question from each list below.)

1) Select One

2) Select One

3) Select One

Answers

enter

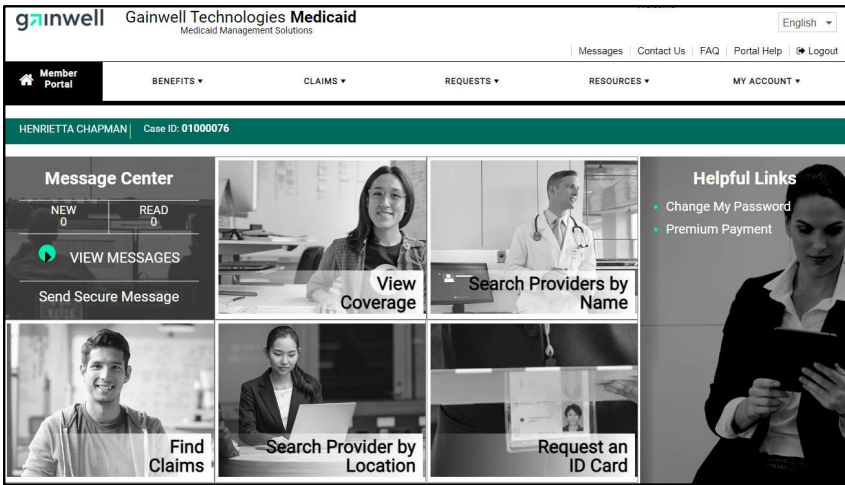
- Choose three security questions.
- Type the answers into the secure text pad and click **enter** after each question.
- Click **enter**.

**One-Time Password (OTP) Registration**  
For your protection please enter your email address so we may use it to verify your identity in the future. Please ensure this email address is valid that you receive emails.

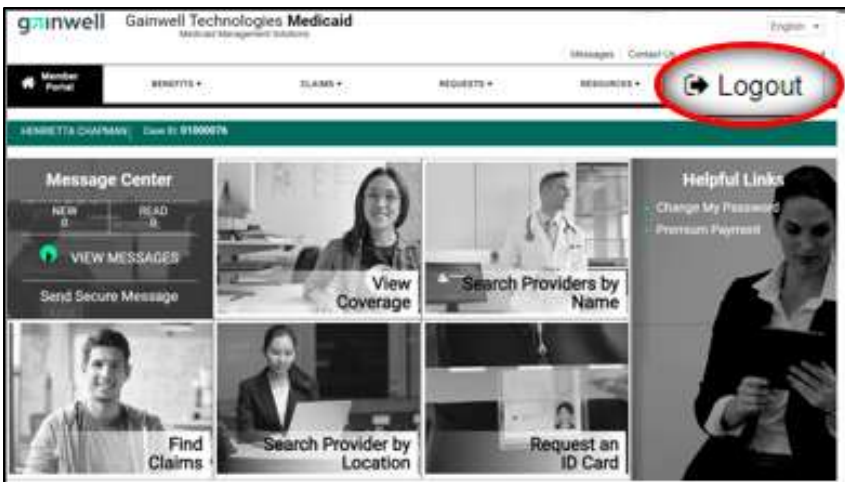
Email Address

- Enter your email address.
- Click **Continue**.

# Logging Into and Logging Out of the KMAP Member Portal – Continued

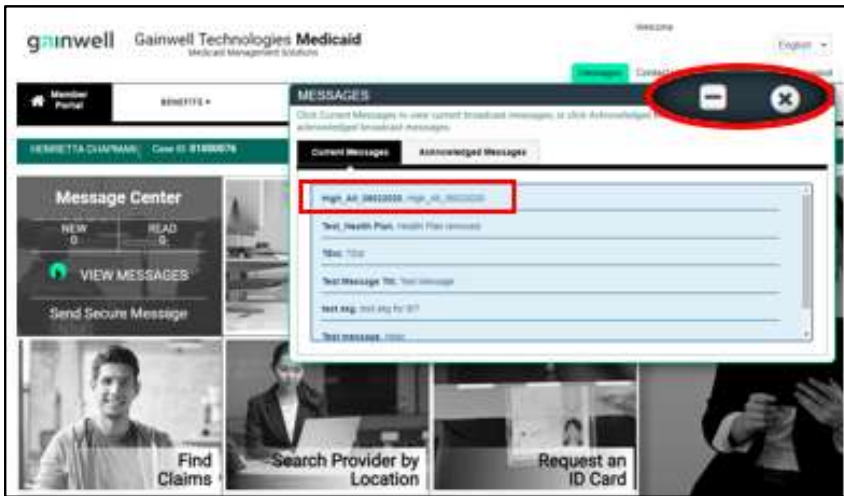


- The system displays the **Member Portal Home** page.



# Viewing Broadcast Messages

Once you are logged into the **Member Portal**, you have the option to use the following features and functions. The **Messages** panel is displayed when you have unread messages. Some messages will need to be viewed before you can close the **Messages** tab.



Unread messages are automatically displayed when you log into the **Member Portal**.

- Click **X** to close the panel.
- The **Acknowledged** tab will show messages that you have seen.



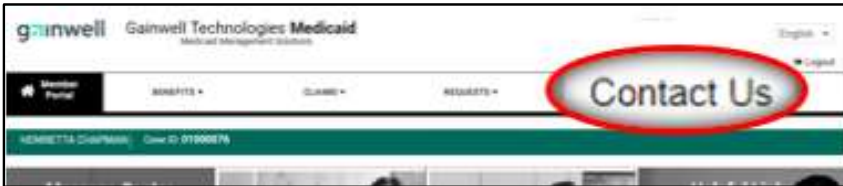
The panel's **X (close)** icon will remain inactive until the messages that have to be acknowledged are viewed.

- Click **Read** once the acknowledgeable messages have been read.
- Click **X** to close the panel.

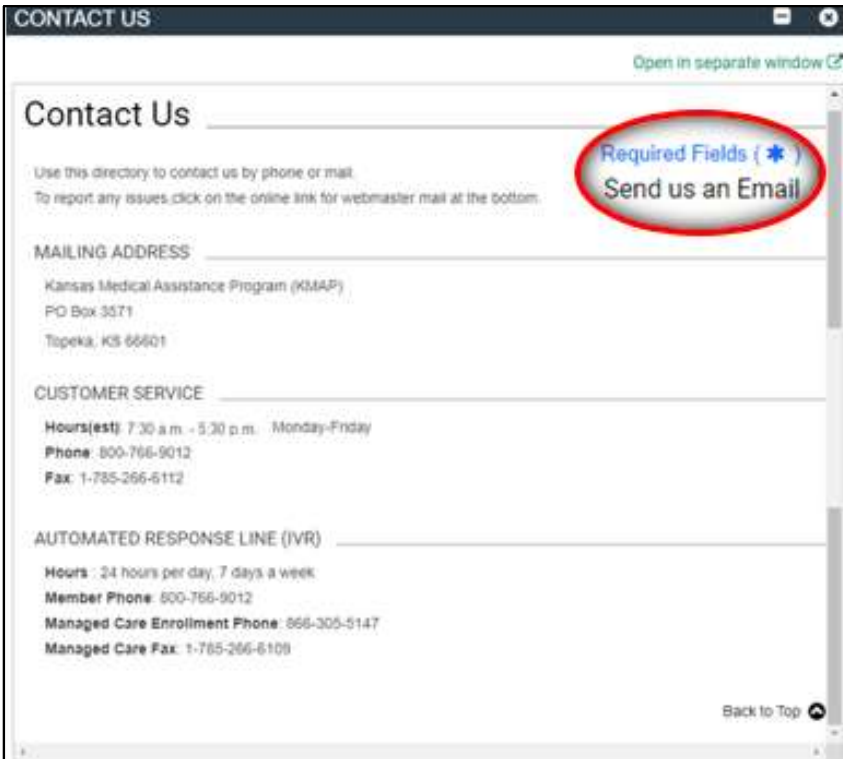


# Contact Us

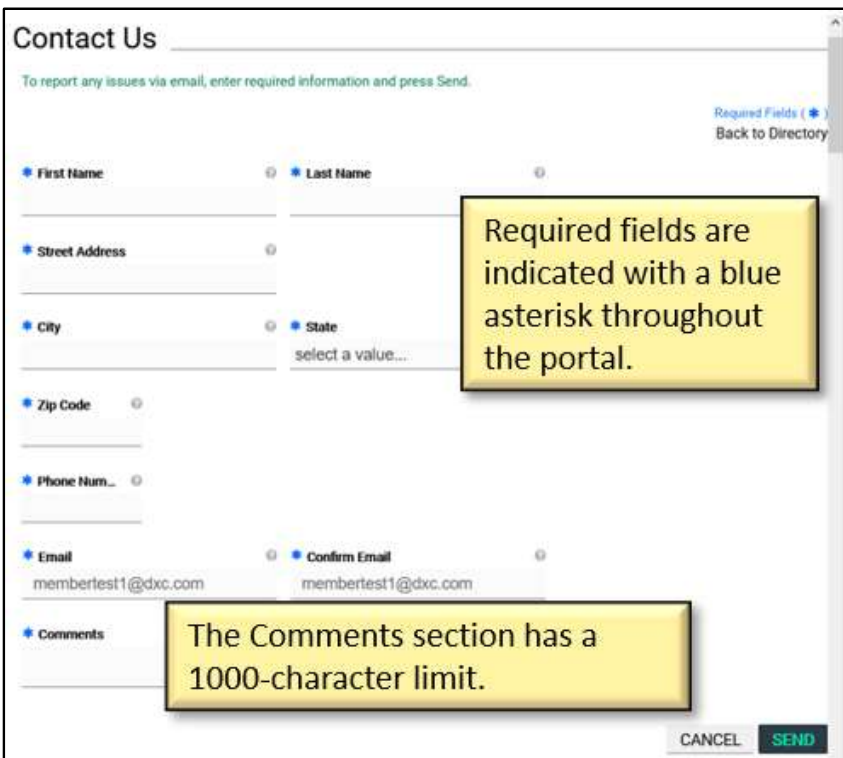
The **Contact Us** tab displays the mailing address, phone number, and hours of operation for customer service.



- Click **Contact Us**.
- The **Contact Us** panel will display.



- Click **Send us an Email** link to send an email to customer service.

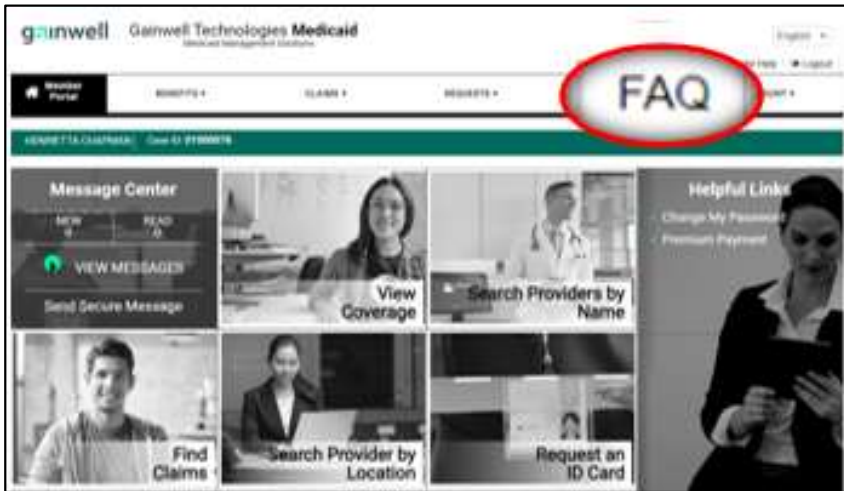


- Complete the required fields.
- Click **SEND**.

If you have any technical issues, please contact: 1-800-766-9012.

# FAQs

The **FAQ** tab displays questions and answers related to bills, coverage, medical cards and member information.



- Click the **FAQ** tab.
- The system will display the **FAQ** panel.

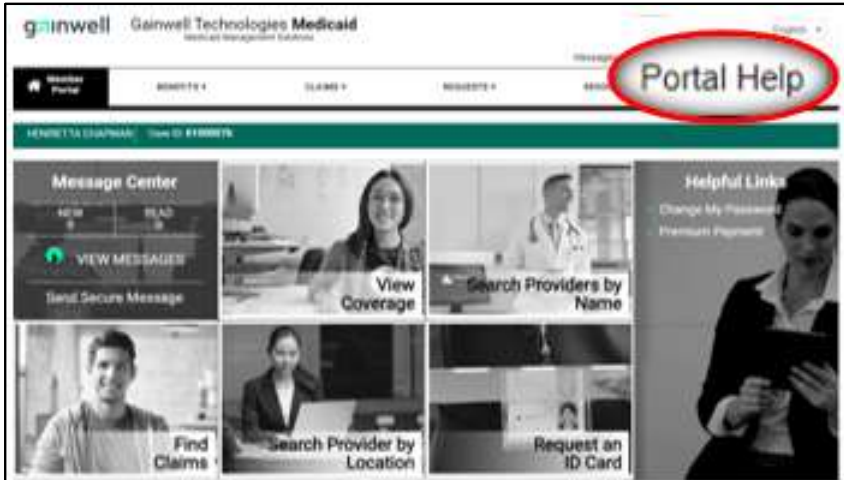


Choose a topic from the Member Portal **TOPICS** list to view related Frequently Asked Questions or select the **Search** tab to locate specific FAQs using key words or phrases.

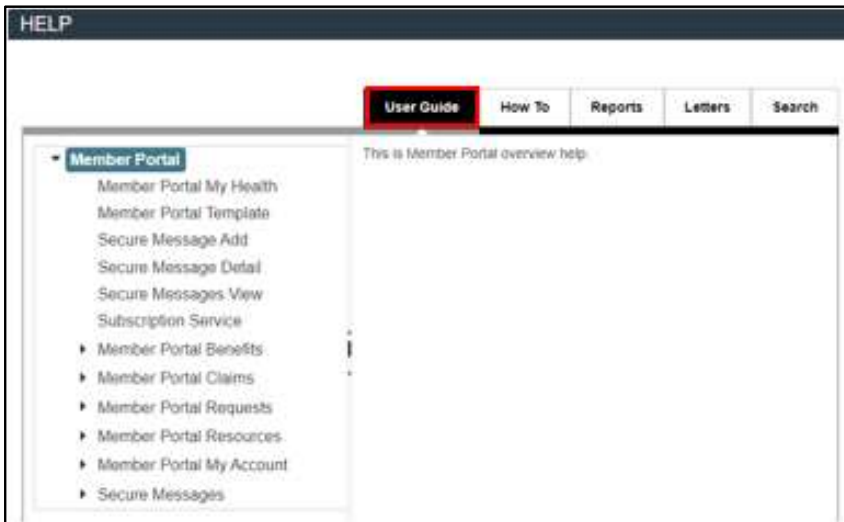
If you have any technical issues, please contact: 1-800-766-9012.

# Portal Help

The **Portal Help** tab helps you answer additional questions about the Member Portal.



- Click the **Portal Help** tab.



The system displays the **HELP** window.

- The **User Guide** tab displays a list of portal areas containing a user guide.

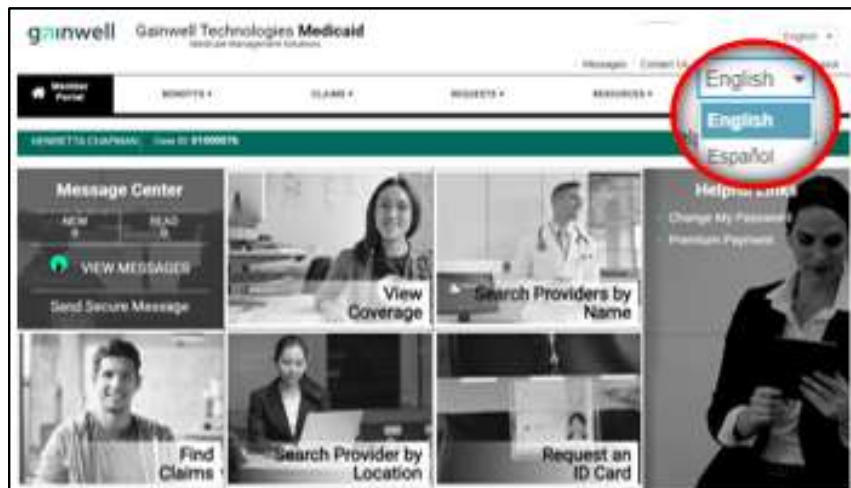


- Click the **Search** tab to search for and view specific topics within the user guides.

If you have any technical issues, please contact: 1-800-766-9012.

# Changing Your Language Setting

You can change the language setting from English to Spanish at any time.

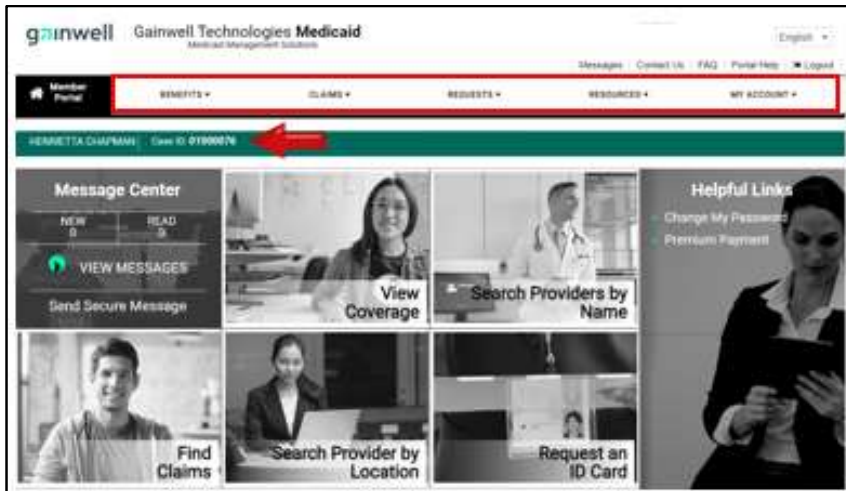


- Click the drop-down arrow (image) to select either **English** or **Español** (Spanish).

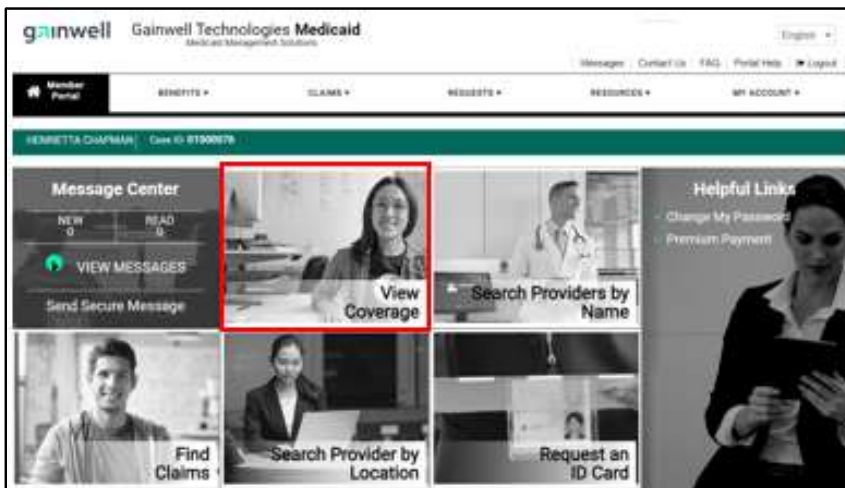
If you have any technical issues, please contact: 1-800-766-9012.

# Navigating the Home Page

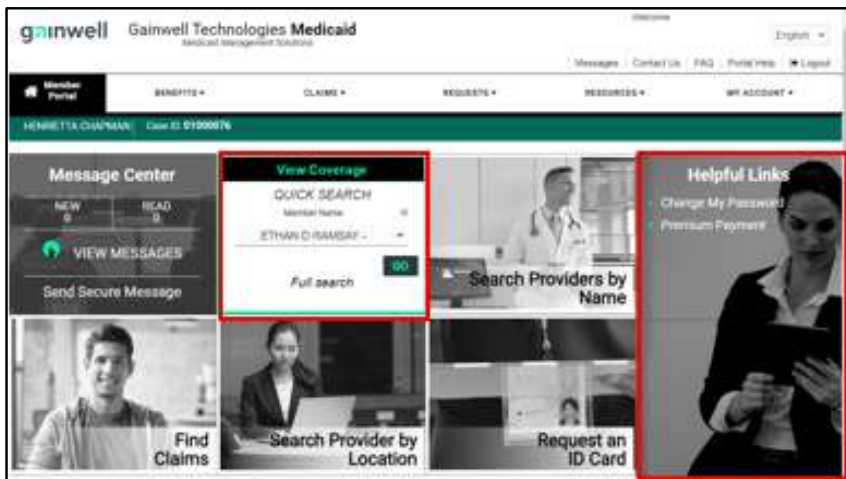
The navigation menu provides easy access to the various areas of the Member Portal.



- Click each topic to view the sub-menu topics.
- The information panel displays the name and case ID of the user logged into the portal.
- If there is only 1 member in the case, the Member ID will display.



- Hover the mouse cursor over a panel to reveal its quick link options.



- Complete a **Quick Search** or a **Full Search**.
- If **Full Search** is chosen, the system navigates to the **Coverage & Benefits** page.
- Choose a link from the list of **Helpful Links** to navigate to the desired topic.

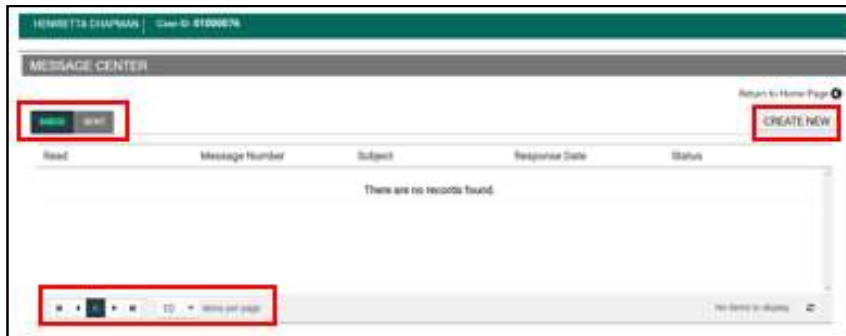
If you have any technical issues, please contact: 1-800-766-9012.

# Viewing Secure Messages

Within the **Message Center**, the **VIEW MESSAGES NOW** allows you to quickly access messages with a single click.



- Click **VIEW MESSAGES NOW**.



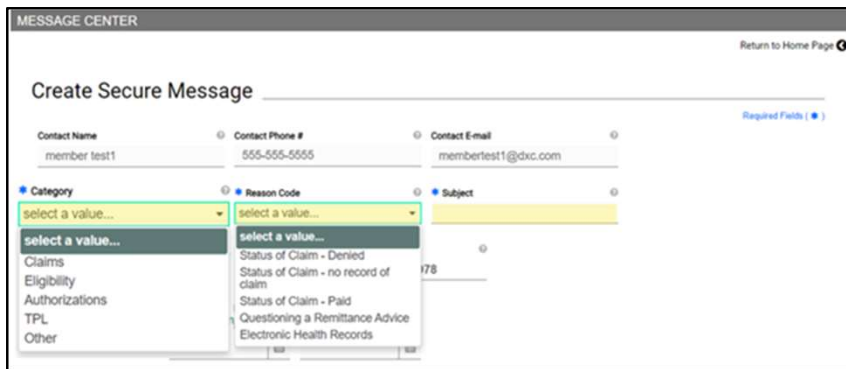
- Click **INBOX** to view current messages.
- Click **SENT** to view sent messages.
- When there are more than 10 items on a page the Navigation controls become active.
- Click **CREATE NEW** to send a new message.

# Sending a Secure Message from the Home Page

The portal allows you to create and send a secure message from the Home page.

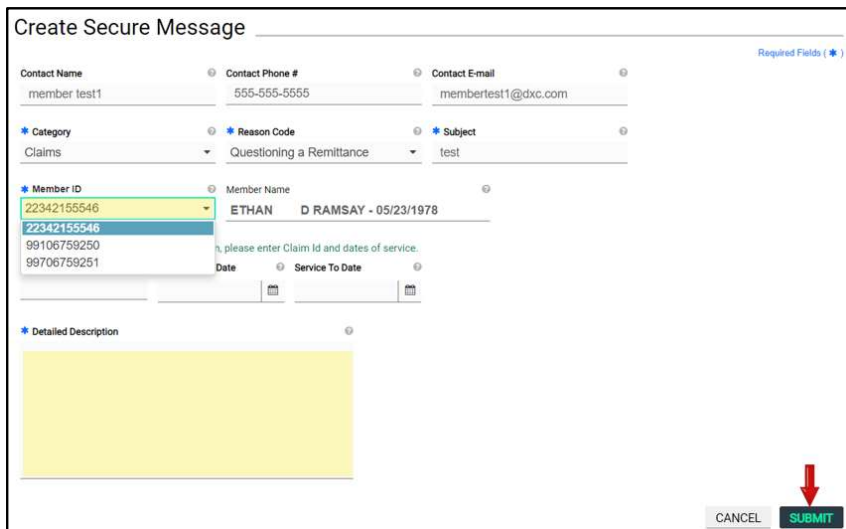


- Click **Send Secure Message** in the **Message Center** tile on the **Home** page.



The Member information is pre-populated in the **Create Secure Message** page.

- Select a **Category**.
- Select a **Reason Code**.
- Enter a **Subject**.



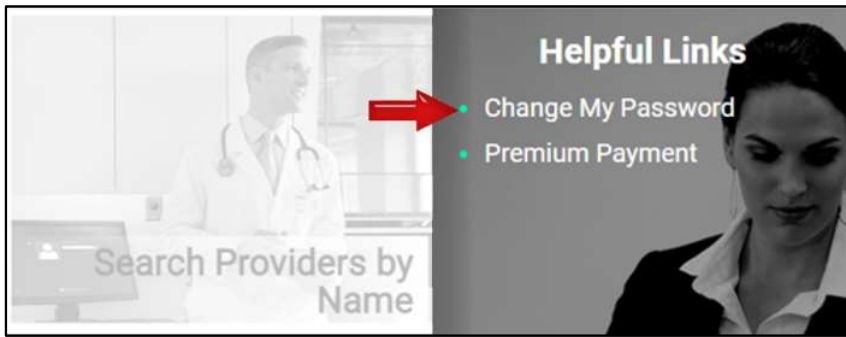
- Choose a **Member ID**.
- Enter a **Detailed Description**.
- Click **Submit**.

The message is sent to Customer Service. You will receive the response in your Secure Messages Inbox in the Portal.

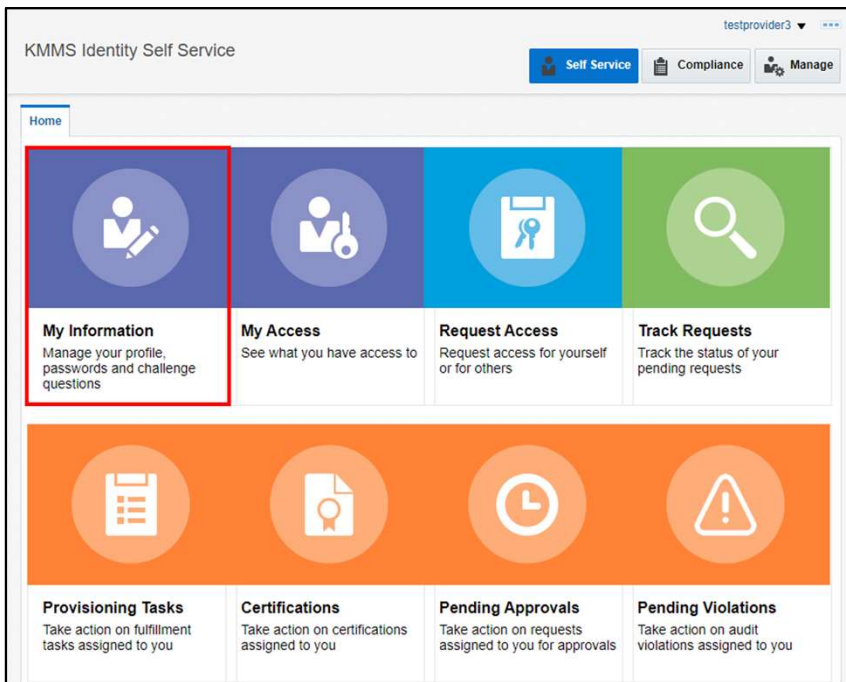
If you have any technical issues, please contact: 1-800-766-9012.

# Changing Your Password

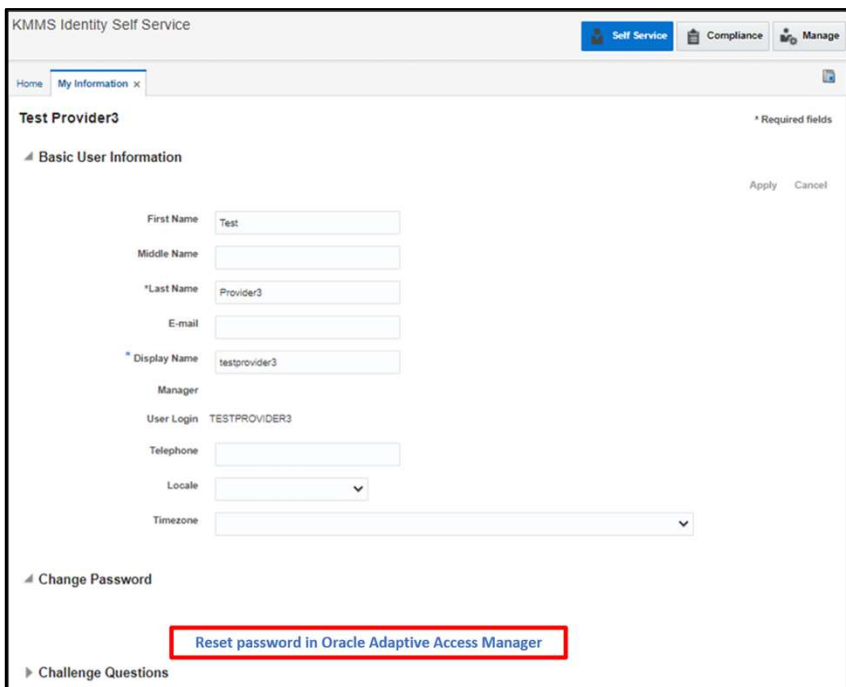
The **Helpful Links** tile on the Member Portal provides instant access to different resources.



- Choose the **Change My Password** link from the list of **Helpful Links**.



- Click the **My Information** tab to change your password.



- Click the link to change your password.

**If you have any technical issues, please contact: 1-800-766-9012.**



# Changing Your Password – Continued

**Kansas**  
Department of Health and Environment  
Division of Health Care Finance

## Kansas Department of Health and Environment

### Change Your Password

**A valid password must meet all of the following conditions:**

- Password must not match or contain first name.
- Password must not match or contain last name.
- Password must contain at least 2 alphabetic character(s).
- Password must be at least 6 character(s) long.
- Password must contain at least 1 lowercase letter(s).
- Password must contain at least 1 numeric character(s).
- Password must contain at least 1 uppercase letter(s).
- Password must start with an alphabetic character.
- Password must not match or contain user ID.

**Old Password** click to enter

**New Password** click to enter

**Confirm New Password** click to enter

Click **Cancel** to cancel the process.

To cancel changing your password, click >>

The system displays the **Change Your Password** page.

- Complete the required steps.
- Click **enter**.

**Kansas**  
Department of Health and Environment  
Division of Health Care Finance

## Kansas Department of Health and Environment

### User Preferences

This is your personalized virtual authentication device.  
Use the links below to get a new image and phrase or change your security device.

**Preview** ← Your personal security image

12/14/2020 08:42 (CST)  
ORACLE enter  
handsome magpies ← Your personal security phrase

Learn more about your device

Get a new [image and phrase](#)

Change your [password](#)

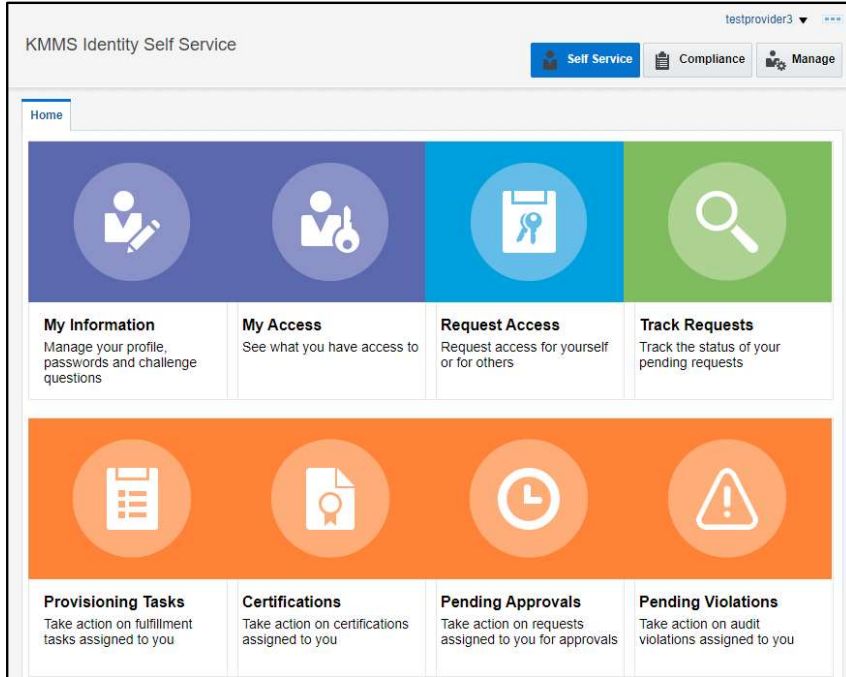
If you are finished with user preferences, click >>

The system provides a personal security image and phrase.

- Click **Continue**.

# Changing Your Password – Continued

Continue these steps to change your password.



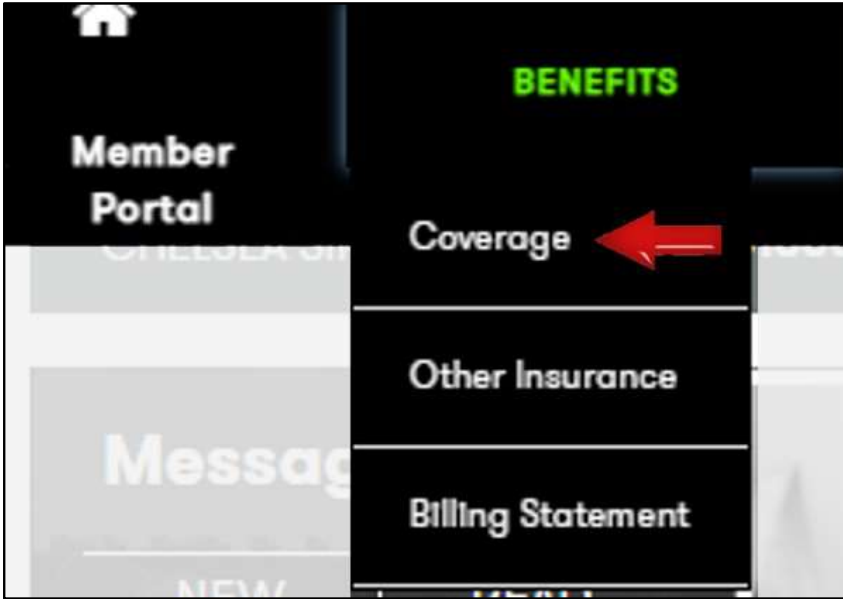
Once your password has been updated the system returns to the **KMMS Identity Self Service** page.

To return to the Member Portal Home page, login and enter the updated information.

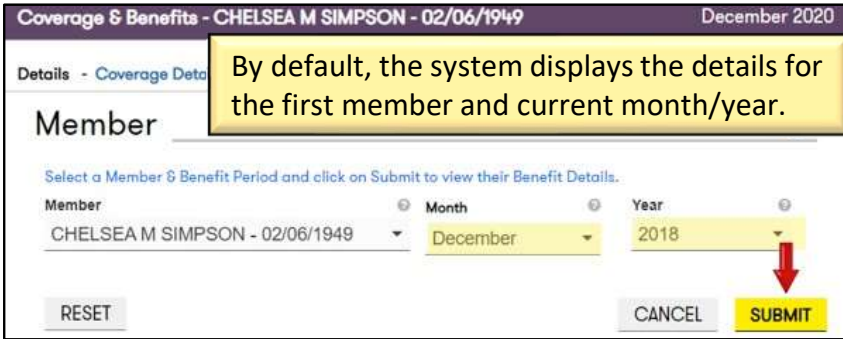
**If you have any technical issues, please contact: 1-800-766-9012.**

# Viewing Your Coverage Information

The **Benefits** tab displays three options: **Coverage**, **Other Insurance**, and **Billing Statement**.

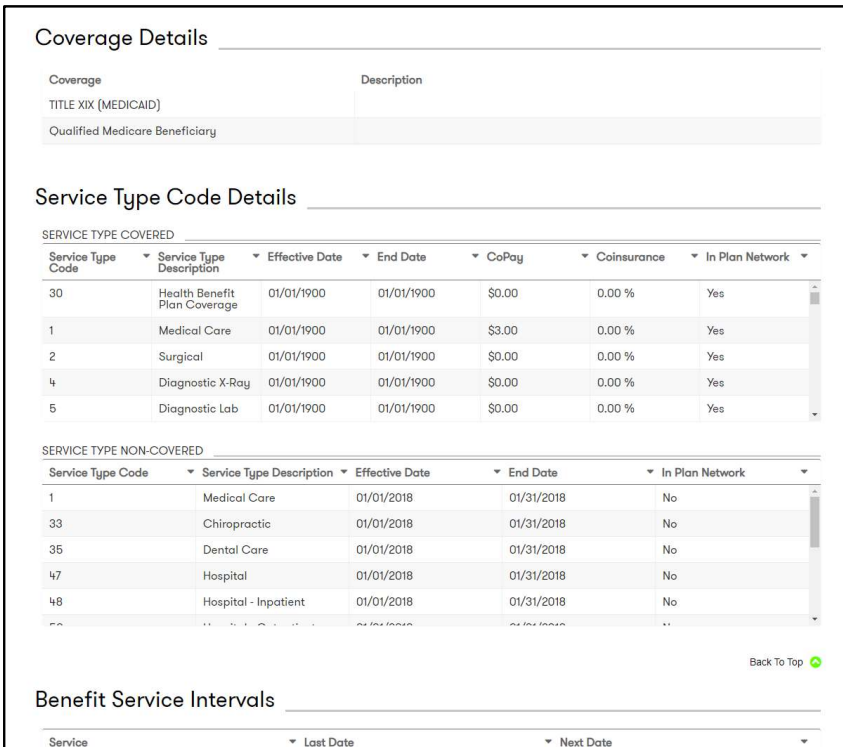


- Click **BENEFITS**.
- Click **Coverage**.



The system displays the **Coverage & Benefits** page.

- Choose a **Month**.
- Choose a **Year**.
- Click **SUBMIT**.

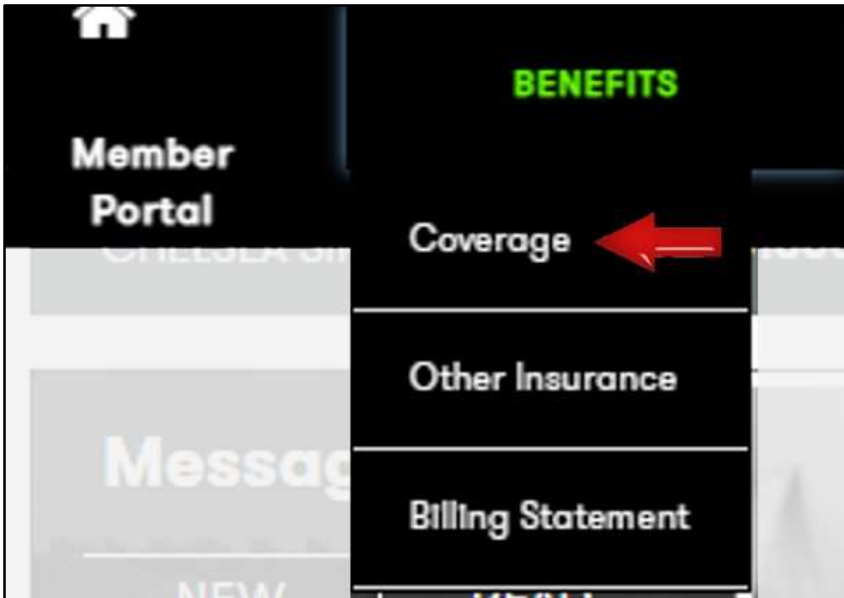


The system returns the **Coverage Details** for the selected date.

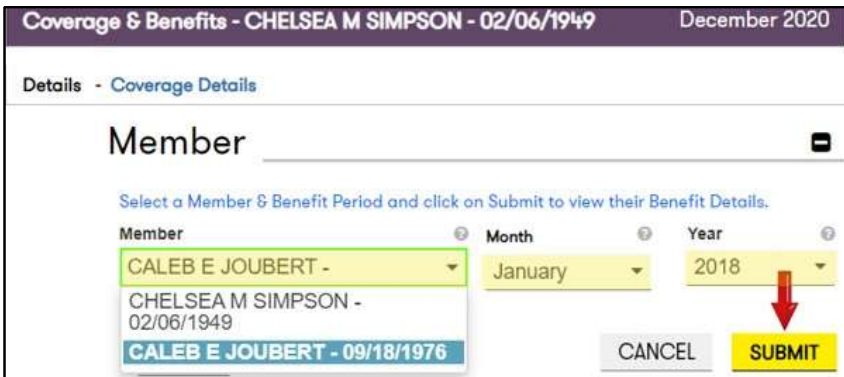
**If you have any technical issues, please contact: 1-800-766-9012.**

# Viewing Your Dependent's Coverage Information

The **Benefits** tab displays three options: **Coverage**, **Other Insurance**, and **Billing Statement**.



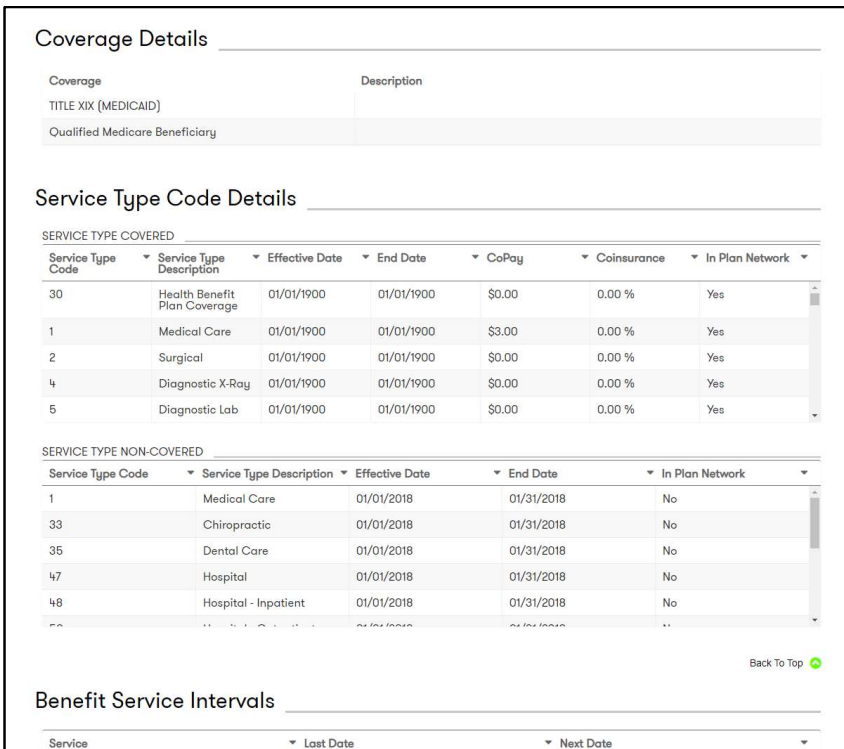
- Click **BENEFITS**
- Click **Coverage**.



- Choose a member from the **Member** drop-down list.

The drop-down list is only available if there is more than one member on the case.

- Choose a **Month**.
- Choose a **Year**.
- Click **SUBMIT**.



The system returns the **Coverage Details** for the selected date.

You can find more information on your coverage details in the **Beneficiary Booklet** located on the **KMAP Home** page.

**If you have any technical issues, please contact: 1-800-766-9012.**

# Enrolling in a Managed Care Organization (MCO)

The **Managed Care Assignment** panel displays a list of the Managed Care plans you are assigned to or have selected.

**Managed Care Assignment**

Managed Care Organization  
Aetna Better Health of KS Inc

**Managed Care Enrollment**

You are currently eligible to update your Managed Care enrollment. Click [Managed Care Enrollment](#) to enroll in a Managed Care Plan.

- Click **Managed Care Plan Enrollment** to change plans.

**MANAGED CARE ENROLLMENT**

**Managed Care Enrollment**

Member  
Adam Smith - 01/01/1980

Managed Care Organization  
select a value...

Start Reason  
Member Choice

Effective Date  
10/01/2018

RESET CANCEL SUBMIT

- Select a **Managed Care Organization**.
- Click **SUBMIT**.

**Health Plan Enrollment for Rajesh Sakhamuri**

You have completed your Health Plan Enrollment.

Your enrollment will be reviewed and you will receive notification as to when your enrollment will go into effect.

If you have additional questions or would like to discuss your Health Plan Enrollment options, please contact an Enrollment Counselor at 1-866-305-5147.

OK

A completion panel will display to confirm your plan enrollment.

- Click **OK** or the **X** icon to close the confirmation panel.

**Managed Care Assignment**

| Managed Care Organization | Program   | MCO Website                                                                           | MCO Phone    |
|---------------------------|-----------|---------------------------------------------------------------------------------------|--------------|
| Sunflower Health Plan     | KanCare19 | <a href="https://www.sunflowerhealthplan.com">https://www.sunflowerhealthplan.com</a> | 888-555-1214 |

**Managed Care Enrollment**

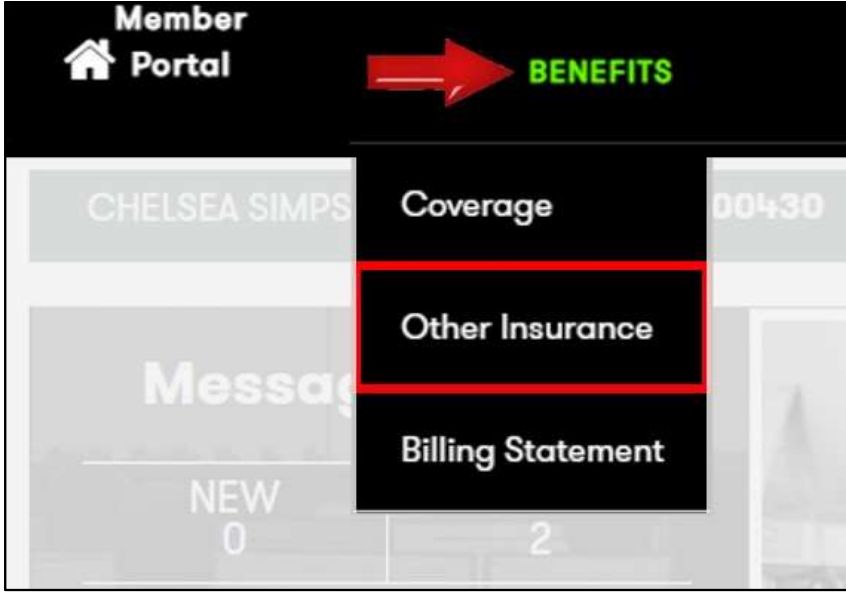
Member is not in Choice Period or Open Enrollment period and cannot make any Managed Care Enrollment changes, for any further assistance please contact customer care on this number XXX-XXX-XXXX.

If the Member is not in a choice period, the system displays a message stating you are not in an open enrollment period.

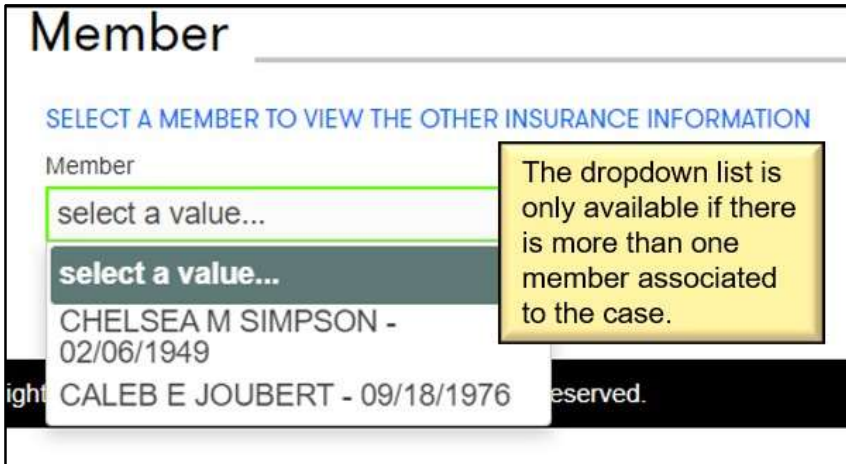
**If you have any technical issues, please contact: 1-800-766-9012.**

# Viewing and Editing Your Other Insurance Information

The Member Portal gives you the ability to view and edit your other health related insurance information.

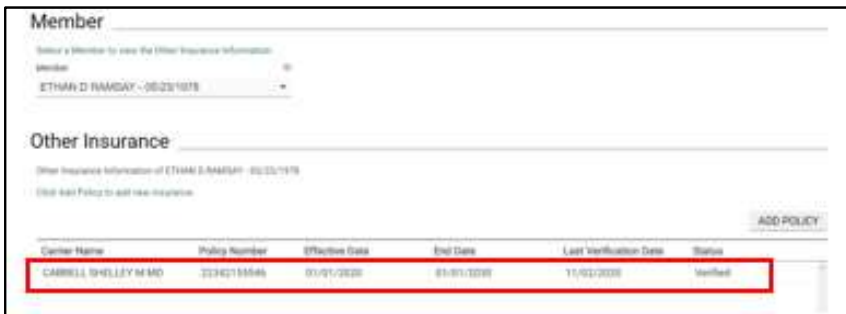


- Click **BENEFITS**.
- Click **Other Insurance**.



The system displays the **Member** page.

- Select a **Member**.



- Double-click a row to view Carrier details.

If you have any technical issues, please contact: 1-800-766-9012.

# Viewing and Editing Your Other Insurance Information

**VIEW OTHER INSURANCE DETAILS**

Verification Code: Verified  
Verification Date: 11/02/2020

**Carrier Information**

Carrier Name: CABBELL, SHELLEY M MI

Address Line 1: 2580 LAKEWOOD SQUARE  
Address Line 2:  
City: KANSAS CITY  
State: Missouri

Zip Code: 64111-0000  
Phone:

**Policy Information**

Policy Number: 22342155546  
Group Number:  
Effective Date: 01/01/1900  
End Date: 12/31/9999

Policy Type: Medical or comprehensive health insurance plan (e.g. HMO)

**Member Information**

Member ID: 22342155546  
Member Name: RAMSAY, ETHAN D  
Relationship to the Policyholder: Self

**Policyholder Information**

Member Type: Member

Member ID: 22342155546  
Member Name: RAMSAY, ETHAN D  
Birth Date: 05/23/1978  
Social Security Number: XXX-XX-3089

Address Line 1: 5 CHERRINGTON AVENUE  
Address Line 2:  
City: OTTAWA  
State: Kansas

Zip Code: 66067-0000  
Phone:

**Member Coverage Information**

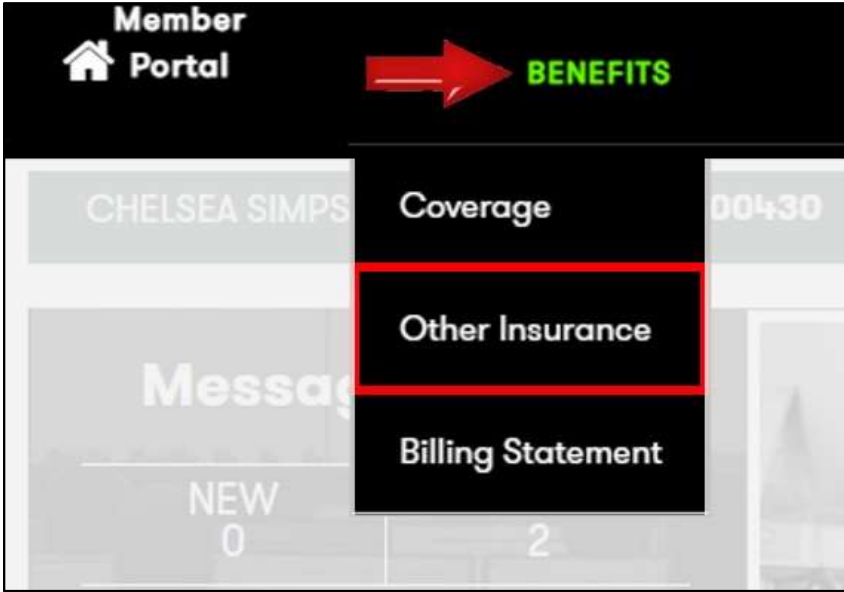
| Coverage Type   | Effective Date | End Date   |
|-----------------|----------------|------------|
| Hospitalization | 01/01/2020     | 01/01/2030 |
| Medical         | 01/01/2020     | 01/01/2030 |
| Major Medical   | 01/01/2020     | 01/01/2030 |
| Dental          | 01/01/2020     | 01/01/2030 |

**EDIT** **CLOSE**

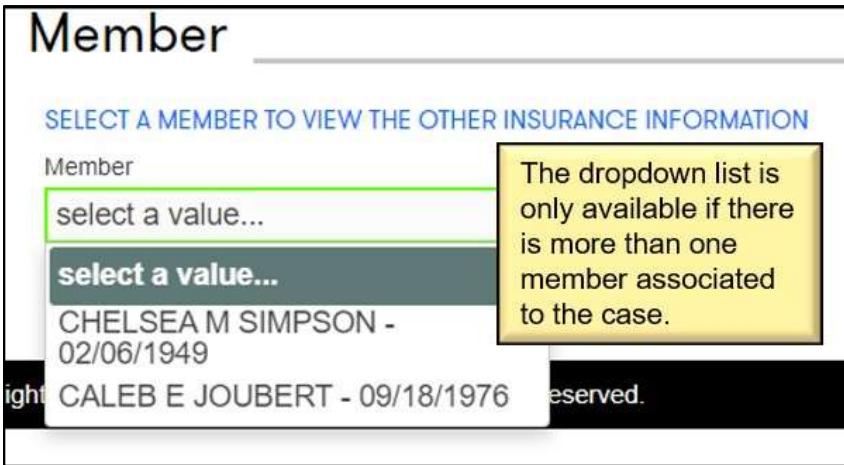
- Click **Edit** to modify your insurance information.
- Click **Close** to return to the **Coverage Details** page.

# Adding Other Insurance Information

The **Other Insurance** option under **Benefits** also allows you to add coverage for a Member.



- Click **BENEFITS**.
- Click **Other Insurance**.



The system displays the **Member** page.

- Select a **Member**.



- Click **ADD POLICY**.

If you have any technical issues, please contact: 1-800-766-9012.



# Adding Other Insurance Information – Continued

**ADD OTHER INSURANCE DETAILS**

Carrier Information

Enter 3 or more characters in Carrier Name to begin the search. Either select an entry from the list or continue entering carrier details.

\* Carrier Name  
Bob

- BOBINSKI JOHN A DDS
- BOBINSKI JOHN A DDS
- SIMPSON BOBBY
- BOBER JEFFREY L DPM
- TANNER SIMPSON BOBO IV MD

Address Line 2, City, State (select a value...)

The system displays the **ADD OTHER INSURANCE DETAILS** panel.

- Enter the name of your Carrier.

The system will auto-populate matching carriers.

- Select the appropriate carrier.

**ADD OTHER INSURANCE DETAILS**

Carrier Information

When a Carrier is selected, the Carrier Information auto-populates.

Enter 3 or more characters in Carrier Name to begin the search.

\* Carrier Name  
BOBINSKI JOHN A ...

\* Address Line 1  
6296 ROSEWOOD SQUAI

\* City  
SYRACUS

\* State  
New York

\* Zip Code  
13201-0000

**ADD OTHER INSURANCE DETAILS**

Policy Information

\* Policy Number

\* Policy Type

- select a value...
- select a value...
- Medical or comprehensive health insurance plan (e.g. HMO)
- Other health insurance plan
- TRICARE health benefits
- Dental health insurance plan
- Vision health insurance plan
- Long term care health insurance plan (Long Term PIHP)

Member Information

Member ID  
18976716478

Member Name  
MONTTOYA, CECIL

- Enter your **Policy Number**.
- Choose a **Policy Type**.

**ADD OTHER INSURANCE DETAILS**

Member Information

Member ID  
18976716478

Member Name  
MONTTOYA, CECIL

\* Relationship to the Policyholder

- select a value...
- select a value...
- Child
- Parent
- Sibling
- Spouse
- Mother
- Father
- Ex-Spouse

**POLICYHOLDER INFORMATION**

Enter policyholder information for the person who owns the insurance

\* Is the Policyholder also a medicaid member?

No  Yes

- Choose a **Relationship to Policyholder**.
- Select whether or not the Policyholder is also a Medicaid member.

**If you have any technical issues, please contact: 1-800-766-9012.**

# Adding Other Insurance Information – Continued

**POLICYHOLDER INFORMATION**

Enter policyholder information for the person who owns the insurance policy.

\* Is the Policyholder also a medicaid member?  No  Yes

\* Policyholder First Name  Policyholder Middle Name  \* Policyholder Last Name  Birth Date

Social Security Number  Address Line 1  Address Line 2  City

State  Zip Code  Phone

If you selected **No**, enter the policyholder details.

\* Is the Policyholder also a medicaid ...  No  Yes

\* Member

select a value...

select a value...

CECIL E MONTOYA - 07/07/1989

RUTH L JOYCE - 06/09/1960

JORGE A CARPENTER - 03/07/1959

Member is not in the case

ADD COVERAGE

If the **Member is not in the case** is selected, the member information will have to be entered.

If **Yes**, the system displays a **Member** field.

- Choose the name of the Policyholder who is also a Medicaid **Member**.
- Click **ADD COVERAGE**.

**ADD MEMBER COVERAGE**

\* Coverage Type  \* Effective Date  \* End Date

select a value...

Hospitalization

Medical

Major Medical

Dental

Pharmacy

Cancer

Skilled Care In A

CANCEL ADD ANOTHER **ADD & CLOSE**

If you are reporting coverage that is current and has not ended, enter 12/31/2099 into the End Date field.

The **ADD MEMBER COVERAGE** page displays.

- Select the **Coverage Type**.
- Enter an **Effective Date**.
- Enter an **End Date**.
- Click **ADD & CLOSE**.

If you have any technical issues, please contact: 1-800-766-9012.

## Adding Other Insurance Information – Continued

Member Coverage Information

[Click Add Coverage to add Coverage details.](#)

ADD COVERAGE

| Coverage Type | Effective Date | End Date   |
|---------------|----------------|------------|
| Medical       | 01/01/2020     | 12/31/9999 |

ATTACHMENT INFORMATION

[Click Upload File to upload other insurance information, i.e., a scanned copy of Insurance card.](#)

UPLOAD FILE

This is not a requirement.

The system displays the **ATTACHMENT INFORMATION** section.

- Click **UPLOAD FILE**.

New Attachment

Attachment Type  
Copy of Insurance Coverage

Upload File

SELECT FILE

Description

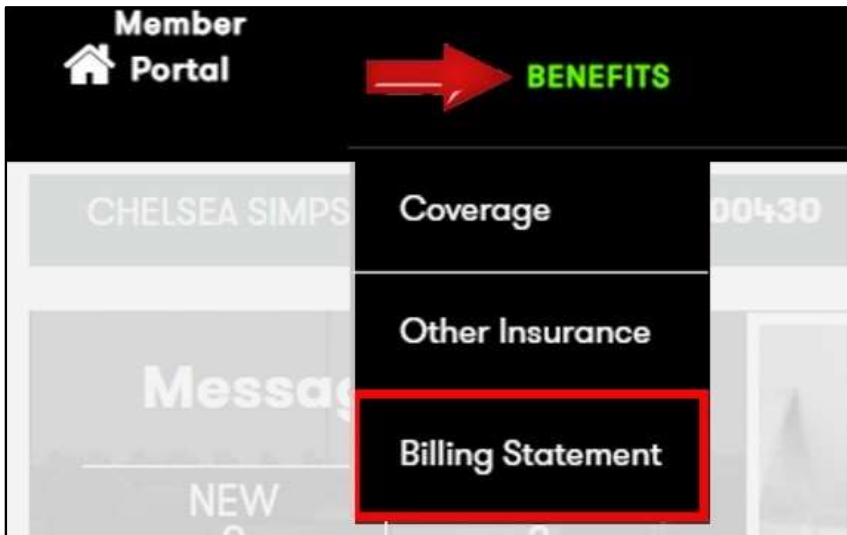
RESET CANCEL ADD ANOTHER **ADD & CLOSE**

- Click **SELECT FILE**.
- Enter a short **Description**.
- Click **ADD & CLOSE**.

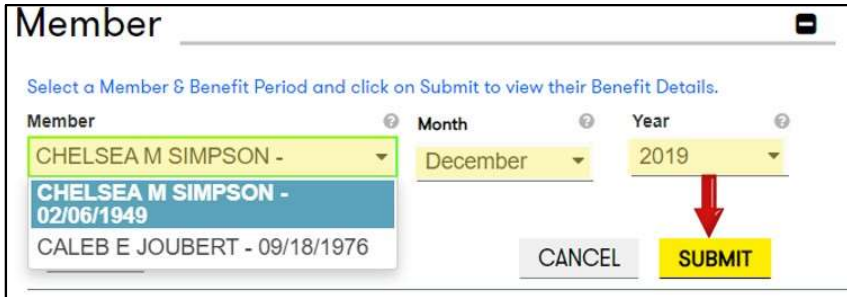
Repeat these steps when adding Other Insurance information for each person in the case.

# Viewing HIPP Billing Statement Information

The **Billing Statement** option under the **Benefits** tab allows you to view Health Insurance Premium Payment (HIPP) billing information. This only applies to those who have a HIPP approval.



- Click **BENEFITS**.
- Click **Billing Statement**.



- Choose a **Member**.
- Choose a **Month**.
- Choose a **Year**.
- Click **SUBMIT**.

The screenshot shows the 'Search Results' page. It displays a table with the following data:

| Policy Number | Initial Amount Owed | Amount Remaining |
|---------------|---------------------|------------------|
| 123456        | \$9,825.01          | \$9,824.01       |

Below the table, there are two buttons: 'EXPORT TO EXCEL' and 'EXPORT TO PDF'. The total amount remaining is shown as '\$9,824.01'. At the bottom, there are navigation icons and a dropdown menu set to '10 items per page'.

The system displays a list of HIPP payments made during the specified time.

- Double-click a row to view details.

Use the navigation icons to move through pages when search results exceed 10 items.

The screenshot shows the 'Billing Statement Details for Policy Number-123456' page. It displays a table with the following data:

| Remittance Advice Number | Premium Payment Date | Total Debt | Amount Remaining |
|--------------------------|----------------------|------------|------------------|
| 009133119                | 01/17/2020           | \$9,825.01 | \$9,824.01       |

At the bottom, there is a 'TOTAL AMOUNT REMAINING - \$9,824.01' and a 'PRINT' button.

Increase the number of items shown per page by selecting the drop-down arrow.

The system displays the **View Billing Statement Details** page.

KMAP funds are used to purchase employer-based group health insurance through the Health Insurance Premium Payment (HIPP) program when it is determined to be cost effective. KMAP costs are reduced, since the private health carrier becomes the primary payer of medical expenses incurred by the participating members.

**If you have any technical issues, please contact: 1-800-766-9012.**

# Viewing Claims Information

The **Claims** tab allows you to search for and view claims information received by KMAP for the Member. The claims information displayed are only Fee For Service (FFS).



- Click **CLAIMS**.
- Click **Search Claims**.

- Choose a **Member**.
- Enter a date range.
- Click **SEARCH CLAIMS**.

| Claim ID     | Service Date | Provider           | Claim Status | Claim Status Date | Paid Date | Check Date | Patient Account Number |
|--------------|--------------|--------------------|--------------|-------------------|-----------|------------|------------------------|
| 602135100... | 12/16/2021   | TARGET2            | Suspended    | 12/17/2021        |           |            | 123                    |
| 602135100... | 12/16/2021   | TARGET2            | Suspended    | 12/17/2021        |           |            | 123                    |
| 602134900... | 12/15/2021   | KELLER, DAVID M MD | Suspended    | 12/15/2021        |           |            | 213                    |
| 602135100... | 12/16/2021   | TARGET2            | Denial       | 12/17/2021        |           |            | 123                    |

The system displays claims for the selected member.

- Double Click a row to view the details.
- Click **Refresh** to refresh the search.

Claim Details For Claim ID - 6021351000002

Member ID: 99706759251 | Member Name: HENRIETTA CHAPMAN J | Birth Date: 05/28/1955

Claim Type: Institutional | Claim Status: Suspended | Status Date: 12/17/2021

Service Date: 12/16/2021-12/17/2021 | Provider Name: David LLC, .

| #     | Service | Service Date          | Allowed Amount | Deductible | Covered Balance | Not Covered Balance | Coinsurance | % Paid | Notes |
|-------|---------|-----------------------|----------------|------------|-----------------|---------------------|-------------|--------|-------|
| 1     |         | 12/16/2021-12/17/2021 | \$0.00         |            | \$0.00          |                     |             | \$0.00 |       |
| Total |         |                       | \$0.00         | \$0.00     |                 |                     |             | \$0.00 |       |

Description of Explanation Codes

| Code | Description                                |
|------|--------------------------------------------|
| 3023 | HOSPICE BENE REQUIRES PA                   |
| 239  | DETAIL TO DATE OF SERVICE IS MISSING       |
| 265  | DETAIL FROM DATE OF SERVICE FORMAT INVALID |
| 6000 | MANUAL PRICING REQUIRED                    |

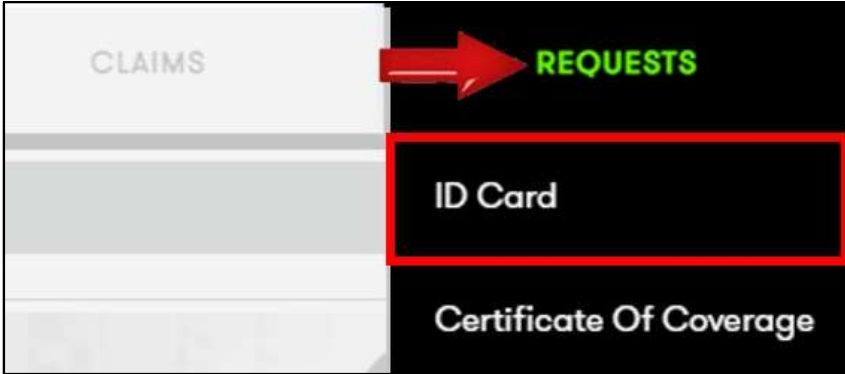
PRINT | Back To Top

The system displays the **Claim Details** page for the selected claim.

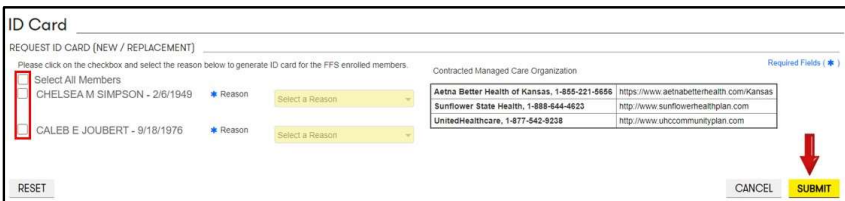
**If you have any technical issues, please contact: 1-800-766-9012.**

# Requesting an ID Card

The **ID Card** option under the **Requests** tab allows for quick access to request an ID card.



- Click **REQUESTS**.
- Click **ID Card**.



| Contracted Managed Care Organization          |                                                                                                 |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------|
| Aetna Better Health of Kansas, 1-855-221-5656 | <a href="https://www.aetnabetterhealth.com/Kansas">https://www.aetnabetterhealth.com/Kansas</a> |
| Sunflower State Health, 1-888-644-4623        | <a href="http://www.sunflowerhealthplan.com">http://www.sunflowerhealthplan.com</a>             |
| UnitedHealthcare, 1-877-842-8238              | <a href="http://www.uhc.com/communityplan.com">http://www.uhc.com/communityplan.com</a>         |

- Click the check box next to the desired member(s) needing a new card.
- Choose a reason for the request from the **Reason** field next to the Member name.
- Click **SUBMIT**.



- If you are assigned to a Managed Care plan, you will need to request a card from your plan.
- Click the link of the Managed Care plan displayed next to your name to be routed to the plan website to request a replacement ID card.

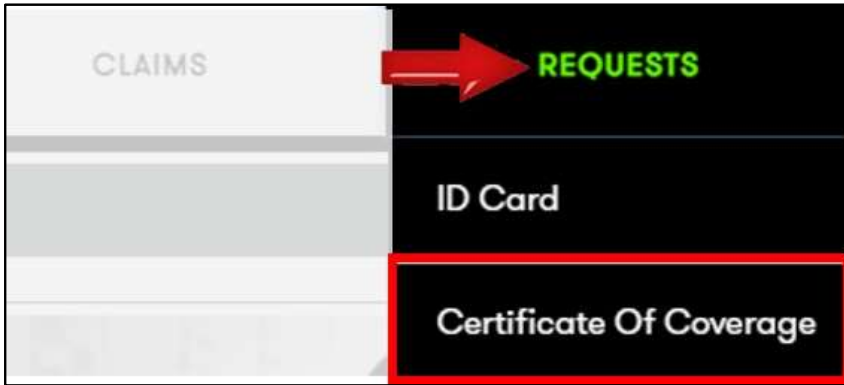


The system displays an alert message letting you know your request has been received.

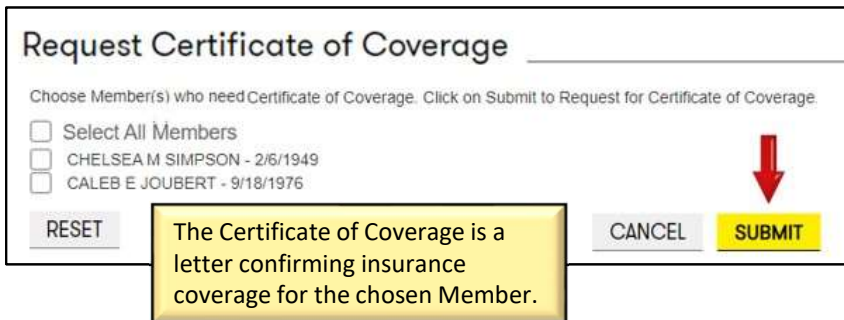
**If you have any technical issues, please contact: 1-800-766-9012.**

## Requesting a Certificate of Coverage

The **Certificate Of Coverage** option under the **Requests** tab allows quick access to request a certificate of coverage.



- Click **REQUESTS**.
- Click **Certificate Of Coverage**.

A screenshot of a web form titled 'Request Certificate of Coverage'. The form has a white background and a black border. At the top, it says 'Request Certificate of Coverage' followed by a search bar. Below that, it says 'Choose Member(s) who need Certificate of Coverage. Click on Submit to Request for Certificate of Coverage.' There are three checkboxes: 'Select All Members', 'CHELSEA M SIMPSON - 2/6/1949', and 'CALEB E JOUBERT - 9/18/1976'. At the bottom left is a 'RESET' button. At the bottom right are 'CANCEL' and 'SUBMIT' buttons. A red arrow points down to the 'SUBMIT' button. A yellow callout box with a black border is positioned over the 'SUBMIT' button, containing the text: 'The Certificate of Coverage is a letter confirming insurance coverage for the chosen Member.'

- Click the desired Member(s).
- Click **SUBMIT**.
- The Certificate of Coverage will be mailed to the Member.

# Searching for a Provider

The **Resources** tab on the Member Portal navigation bar allows quick access to Search Providers.



- Click **RESOURCES**.
- Click **Search Providers**.

- Choose **Individual Name** or **Business Name**.

OR

- Click the **+** icon to expand either the **SEARCH CRITERIA** or **ADDITIONAL SEARCH CRITERIA** sections.

- Enter additional search criteria.
- Click **SEARCH**.

If you have any technical issues, please contact: 1-800-766-9012.



# Searching for a Provider – Continued

SEARCH RESULTS

| Provider Name            | Phone Number | Provider Type               | Specialty                    | Address              | City       | State         | Zip Code    | Health Plan | Acceptl. Patients | ADA Compli. |
|--------------------------|--------------|-----------------------------|------------------------------|----------------------|------------|---------------|-------------|-------------|-------------------|-------------|
| MILLER BRETT A           | 620-345-...  | 12 - Local Education Agency | 120 - Local Education Agency | 612 BONNYV... CIRCLE | PITTSBU... | KS - Kansas   | 66619-00... | Medicaid    | No                | No          |
| MILLER JON M. CONVERL... | 402-317-...  | 31 - Physician              | 319 - General Surgeon        | 3506 CHATHAM CIRCLE  | BEATRICE   | NE - Nebraska | 68310-00... | Medicaid    | No                | No          |
| MILLER JON M. CONVERL... | 402-618-...  | 31 - Physician              | 319 - General Surgeon        | 3506 CHATHAM CIRCLE  | BEATRICE   | NE - Nebraska | 68310-00... | Medicaid    | No                | No          |

EXPORT TO EXCEL EXPORT TO PDF

1 - 3 of 3 items

The system returns a list of providers matching the search criteria in the **SEARCH RESULTS** section.

- Double-click a row to view the Provider's information.

Provider Details - MILLER BRETT A

PROVIDER INFORMATION FOR \_\_\_\_\_

Provider Type: 12 - Local Education Agency    Gender: Unknown

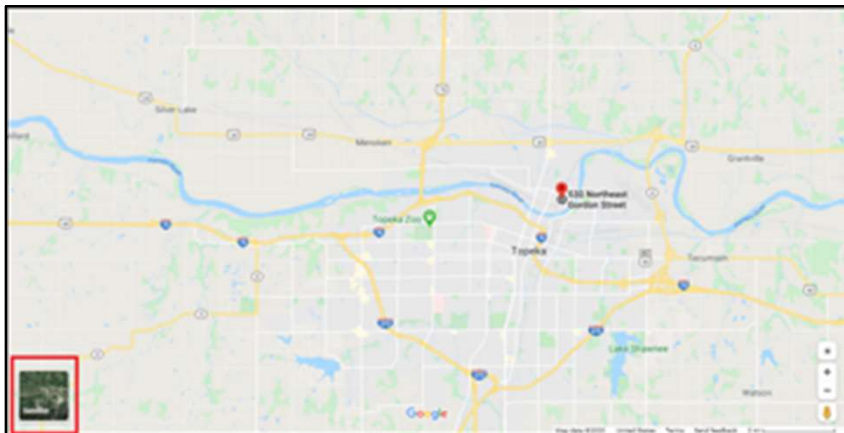
OTHER GROUP AFFILIATIONS

| Group Name       | Address              | City      | State  | Zip Code   | Phone Number | Fax | ADA Compliant |
|------------------|----------------------|-----------|--------|------------|--------------|-----|---------------|
| CATTERSON MARK L | 612 BONNYVIEW CIRCLE | PITTSBURG | Kansas | 66619-0000 | 620-345-2917 |     | No            |

Accepting Patients: No    Website URL: \_\_\_\_\_    HEALTH PLAN INFORMATION: \_\_\_\_\_

The system displays the **View Provider Details** page.

- Click the map icon to view a map for the Provider.



The map will open in a new window.

- Click the satellite image in the bottom left corner of the page to view a satellite image.
- Close the window to return to the portal.

Back To Search Results

Provider Details - MILLER BRETT A

PROVIDER INFORMATION FOR \_\_\_\_\_

Provider Type: 12 - Local Education Agency    Gender: Unknown

- Click the **Back To Search Results** hyperlink to view the **SEARCH RESULTS** page.

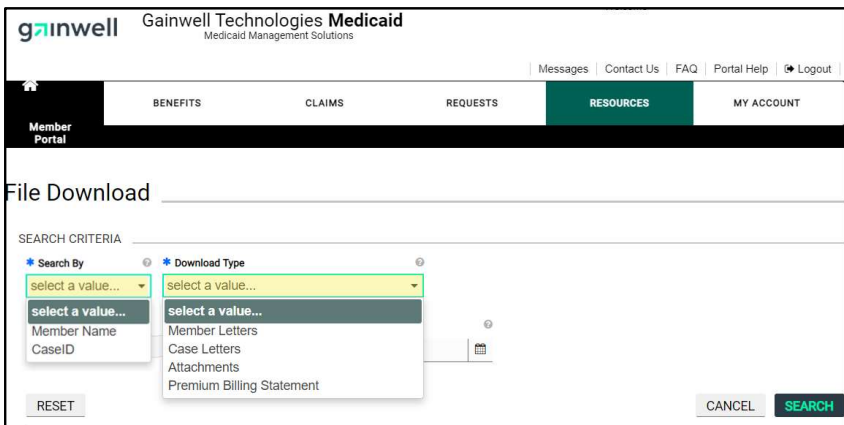
If you have any technical issues, please contact: 1-800-766-9012.

# Downloading Letters and Reports

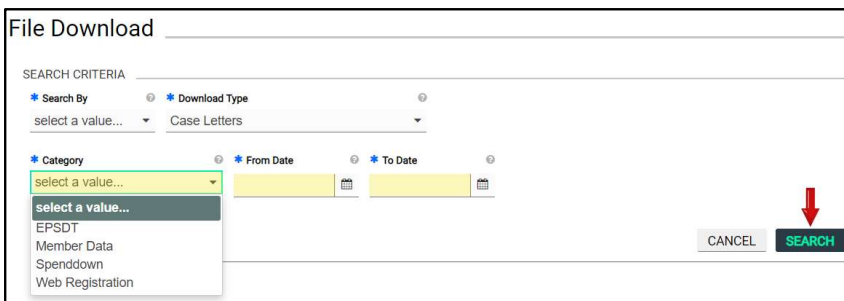
The **Resources** tab allows for easy access to download letters and reports associated with your account.



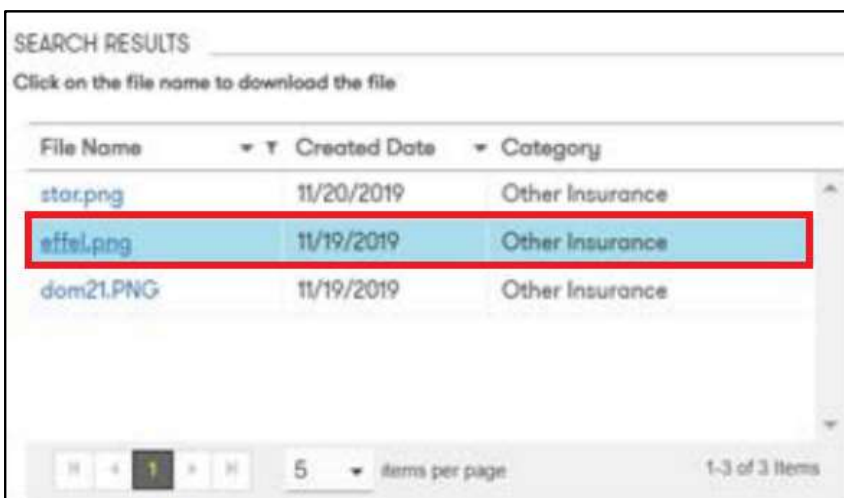
- Click **RESOURCES**.
- Click **File Download**.



- Choose a **Search By** option.
- Choose a **Download Type**.



- Choose a **Category**.
- Enter date range.
- Click **SEARCH**.



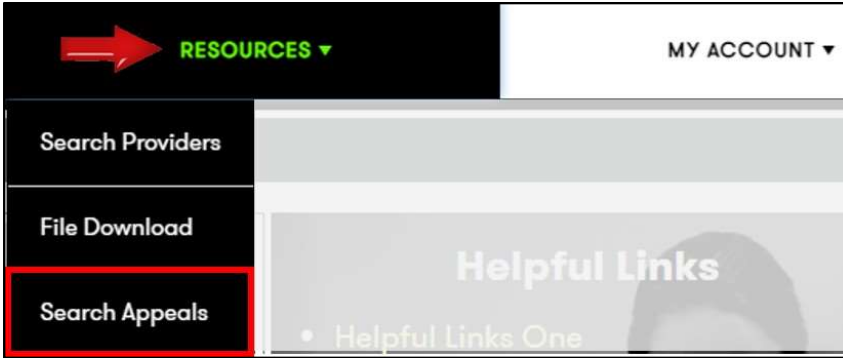
The **SEARCH RESULTS** displays matching names.

- Click the desired **File Name** to download the file.

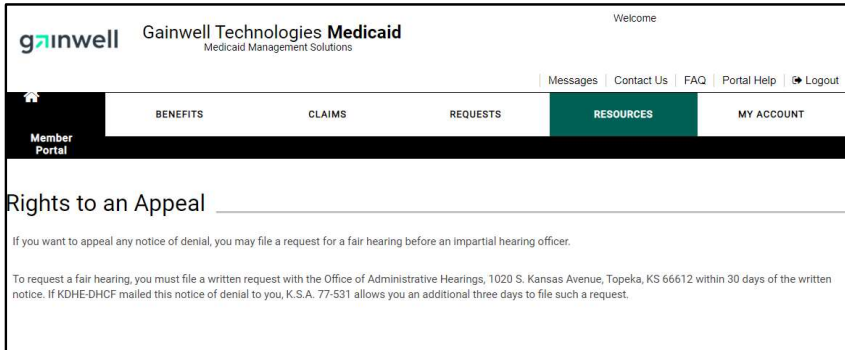
If you have any technical issues, please contact: 1-800-766-9012.

# Viewing Appeals Information

The **Resources** tab on the Member Portal navigation bar allows for easy access to search Appeals.



- Click **RESOURCES**.
- Click **Search Appeals**.



The system displays the **Rights to an Appeal** page.

This page explains the process of submitting an appeal.

**If you have any technical issues, please contact: 1-800-766-9012.**

# Viewing Your Account Profile Information

The **My Account** tab on the Member Portal navigation bar allows for quick access to your profile.



- Click **MY ACCOUNT**.
- Click **Profile Maintenance**.

**MY ACCOUNT PROFILE**

**CONTACT INFORMATION**

User ID: memberstest2

First Name: member Middle Name: Last Name: test2

Display Name: member test2

Phone Number: 555-555-5555 Current Email: memberstest2@dxc.com

Birth Date: Last 4 of SSN: **This is a READ ONLY page.**

**ROLES**

Current Roles: Member

**PREFERENCES**

Primary Language: English

The system displays the **MY ACCOUNT PROFILE**.

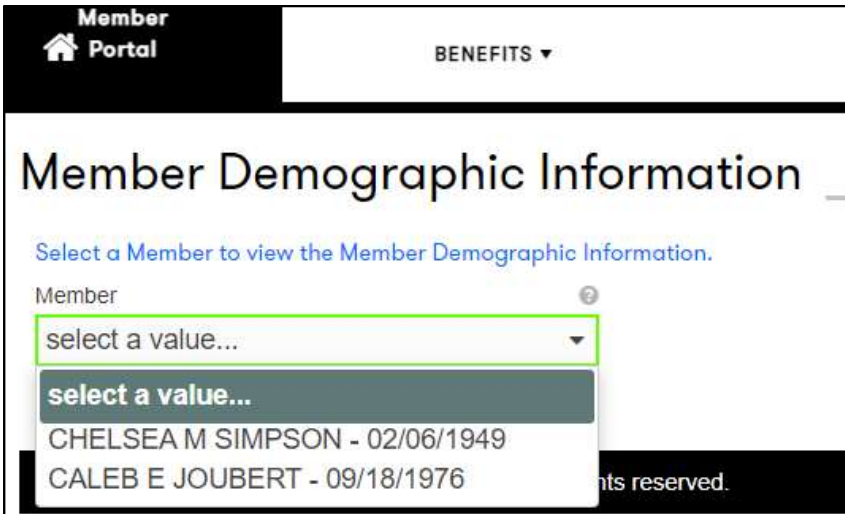
If you have any technical issues, please contact: 1-800-766-9012.

# Viewing Your Account Information

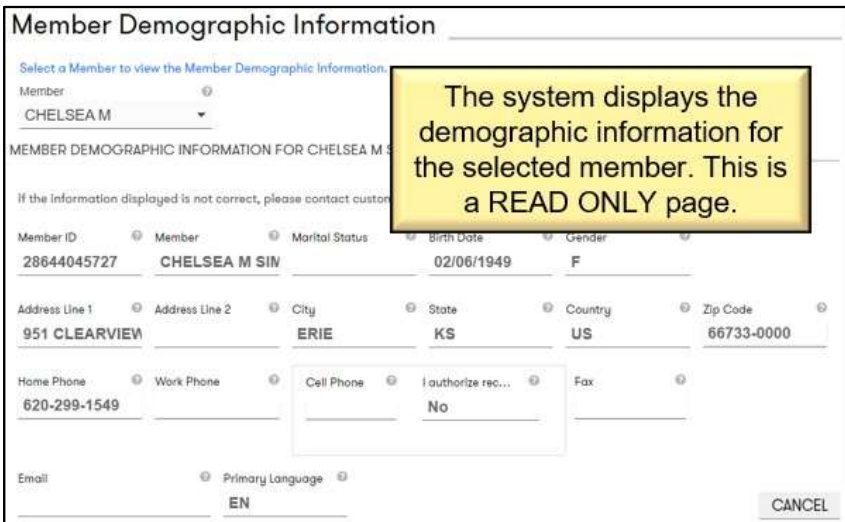
The **My Account** tab on the Member Portal navigation bar allows for quick access to help you manage your information.



- Click **MY ACCOUNT**.
- Click **Manage My Information**.



- Choose a **Member**.



If you have any technical issues, please contact: 1-800-766-9012.