

Provider Portal View/Process PBF Instructions

PBFs will be received and sent electronically once your Provider Portal account is approved and CLR# attached. Monthly PBFs are created and available on the Provider Portal on the 1st day of each month. Additional PBFs may be received throughout the month as enrollments become active.

PBFs to be processed

PBFs are reviewed and sent for payment via the View/Process PBF screens.

1. Select a provider on the Provider Portal Home screen.
2. Click on **View/Process PBFs** in the left navigation menu.

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Home Assigned Providers

Provider Name	CLR	Address	Type
Test Provider I	L369522	Test Address 1	Licensed Type I
Test Provider II	L369528	Test Address 2	Licensed Type I
Test Provider III	L368835	Test Address 3	Licensed Type I
Test Provider IV	C54969	Test Address 4	Certified
Test Provider V	R76463	Test Address 5	Registered In Provider Home
Test Provider VI	C57416	Test Address 6	Certified

Workbasket Filter By: Select One

3. The **View/Process PBFs** screen displays PBFs that need to be processed.
 - **No Information Found** will display if no PBFs are awaiting processing.
 - Any PBFs in New PBF or Saved status will display in the **PBF Results grid**.
 - You can sort the information by clicking on any of the column labels:
 - Child Name
 - Payment Period
 - PBF Status
 - PBF Status date

PBFs to be processed

☒ PBFs to be processed ☐ Search

Sortable column labels

Select	Child Name	Payment Period	PBF Status	PBF Status Date
☐	Le_Nd_I	Aug 2024	NewPBF	9/18/2024
☐	Nd_Yn	Jun 2024	Saved	9/25/2024
☐	Ng_Ly_C	Aug 2024	NewPBF	9/18/2024
☐	Ng_Ly_C	Jun 2024	NewPBF	9/17/2024

☐ I certify that all entries have been made by me or reviewed by me for accuracy, and are complete and true to the best of my knowledge. I certify that all billing is according to child attendance as listed on the DCC-94E, Child Care Daily Attendance Record. I understand that if I give false information or withhold information, I may be subject to prosecution for fraud or discontinued from participation in the Child Care Assistance Program. I understand that if I fail to supply requested daily attendance records that payment may be withheld. I understand and agree that if an overpayment occurs for any reason, I am required to pay back any money I received in error. I understand that the information that I have provided on this form is subject to verification by federal, state, or local officials to determine if it is true. I also give my consent to the Department for Community Based Services or its designee to make any necessary contact to verify my statements or gain additional information, including on-site inspections of attendance records.

Send Selected

Provider Portal View/Process PBF Instructions

Process PBFs

Each child's PBF must be viewed and the attendance verified prior to submitting for processing.

1. Click on a child's name in the grid to go to the **Child PBF** screen.

PBFs to be processed

☒ PBFs to be processed ☐ Search

PBF Results

Select	Child Name	Payment Period	PBF Status	Locked	PBF Status Date
☐	Ciss62, Cnc	Sep 2015	NewPBF	No	3/28/2016
☐	Ciss62, Cnc	Aug 2015	NewPBF	No	3/28/2016
☐	Ciss64, Cnc2	Mar 2016	NewPBF	Yes	3/31/2016
☐	Ciss64, Cnc2	Feb 2016	NewPBF	Yes	2/29/2016

☐ I certify that all entries have been made in accordance with the Kentucky Child Care Regulations, and are complete and true to the best of my knowledge. I certify that all information provided is accurate, and that the information that I have provided on this form is subject to verification by federal, state, or local officials to determine if it is true. I also give my consent to the Department for Community Based Services or its designee to make any necessary contact to verify my statements or gain additional information, including on-site inspections of attendance records.

[Click here to view the PBF.](#)

[Send Selected](#)

Details regarding the child's PBF display along with the **PBF Summary** grid that includes:

- Care Level
- Rate Type
- Count (# of days)
- Rate
- Co-pay

This grid will only contain basic info for children on a Flex Schedule. It will update after exceptions are entered and the Save button is clicked.

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KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES
KENTUCKY INTEGRATED CHILD CARE SYSTEM

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Provider Information

Provider Name: Cissell #1
Address: 155 Main St
Louisville, KY 40000

CLR: L367253
Type: LICENSED

Child PBF

Child Name: Cnc Ciss6
Status: New PBF
Last Updated By: Stephanie.Cissell

Payment Period: JAN 2012
Status Date: 5/15/2012

PBF Summary

Care Level	Rate Type	Count	Rate	Copay
Toddler 2	Full Day	3	\$24.00	\$0.00
			\$72.00	\$0.00

Total Full Days: 3 Total Part Days: 0

Regular Schedule from 01/27/2012 to 01/31/2012

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Scheduled																
Provider Exceptions																
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Scheduled											1			1	1	
Provider Exceptions																

1 2 40 43 45 50 55 60

Full Day Part Day Excused Absence Holiday - Closed But Payment Requested Extraordinary Absence Unexcused Absence No Payment Requested Last Day Attended

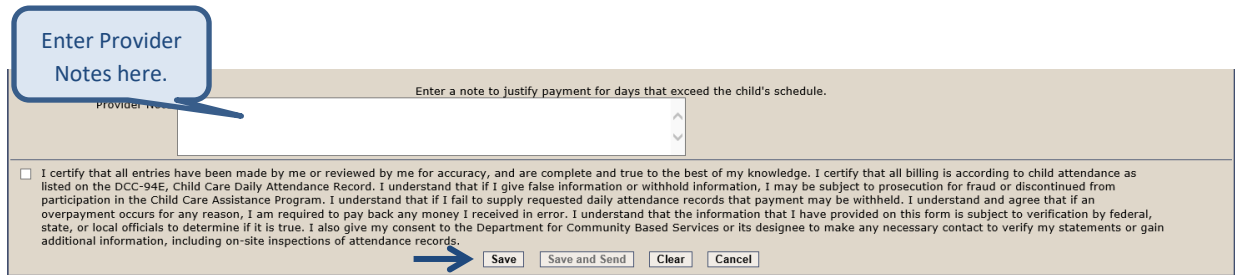
Exception Codes

NOTE: The PBF Summary grid displays **estimated** amounts based on the child's schedule and any exceptions. The actual payment may be different if the requested payment does not meet the child's eligibility criteria.

The Scheduled row displays the child's approved schedule as determined by the caseworker. The Provider Exceptions row is used to note any differences to that schedule. The applicable exception codes and their description display below the PBF. Refer to the **Exception Codes and Flex Schedules** tip sheet on the Provider Portal Launch Site for additional info.

Provider Portal View/Process PBF Instructions

The Provider Note text box may be used to enter comments relating to the child's attendance. Please enter a note to justify payment for days requested which exceed the child's schedule.



The screenshot shows a form with a text box labeled "Enter a note to justify payment for days that exceed the child's schedule." A blue callout bubble points to the text box with the text "Enter Provider Notes here." Below the text box is a checkbox with the following text: "I certify that all entries have been made by me or reviewed by me for accuracy, and are complete and true to the best of my knowledge. I certify that all billing is according to child attendance as listed on the DCC-94E, Child Care Daily Attendance Record. I understand that if I give false information or withhold information, I may be subject to prosecution for fraud or discontinued from participation in the Child Care Assistance Program. I understand that if I fail to supply requested daily attendance records that payment may be withheld. I understand and agree that if an overpayment occurs for any reason, I am required to pay back any money I received in error. I understand that the information that I have provided on this form is subject to verification by federal, state, or local officials to determine if it is true. I also give my consent to the Department for Community Based Services or its designee to make any necessary contact to verify my statements or gain additional information, including on-site inspections of attendance records." Below the checkbox are four buttons: "Save", "Save and Send", "Clear", and "Cancel". A blue arrow points to the "Save" button.

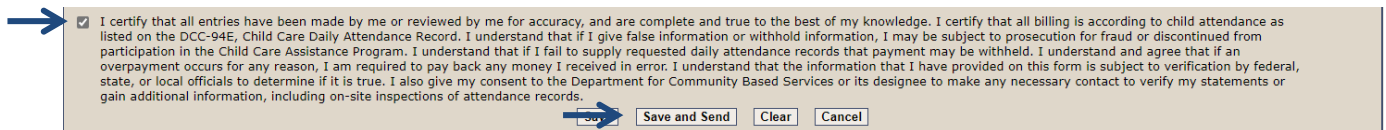
You may click Save to preserve any entered information. PBFs in Saved status remain available for review and edits in the Provider Portal.

Send PBFs

PBFs may be sent individually or as a group. This allows you to determine which method works best for you.

Send Individually:

1. Verify the child's attendance for the month.
2. Enter any applicable Exception Codes.
3. Select the box beside the text that begins "I certify."
 - This serves as an electronic signature for the PBF.
 - The Save and Send button is disabled until this box is checked.
4. Click Save and Send
 - You will automatically be redirected to the View/Process PBFs screen.
5. Select the next child and repeat each step.
6. Once all PBFs are sent, **No Information Found** will display on the View/Process PBFs screen.



The screenshot shows the same form as above, but with the checkbox checked. A blue arrow points to the "Save and Send" button.

Send as a Group:

1. Verify the child's attendance for the month.
2. Enter any applicable Exception Codes.
3. Click Save.
4. Click View/Process PBFs.
5. Select the next child and repeat each step.
6. Once all PBFs are in Saved status, select the check box next to the child's name.
 - You may select the checkbox at the top of the column to select all.
7. Select the box beside the text that begins "I certify."
 - This serves as an electronic signature for the PBF.
 - The Send Selected button is disabled until this box is checked.
8. All sent PBFs will be removed from the grid.
 - Once all PBFs are sent, **No Information Found** will display on the View/Process PBFs screen.

Provider Portal View/Process PBF Instructions

Select	Child Name	Payment Period	PBF Status	Locked	PBF Status Date
☐	Cnc_Ciss6	Feb 2012	NewPBF	No	5/16/2012
☐	Cnc_Ciss6	Mar 2012	NewPBF	No	5/16/2012
☒	Cnc_Ciss6	Jan 2012	Saved	No	5/16/2012
☒	Cnc_Ciss6	Apr 2012	Saved	No	5/16/2012

☐ I certify that all entries have been made by me or reviewed by me for accuracy, and are complete and true to the best of my knowledge. I understand that if I give false information or withhold information, I may be subject to prosecution for fraud. I understand and agree that if an overpayment occurs for any reason, I am required to pay back any money I received in error. I understand that the information that I have provided on this form is subject to verification by federal, state, or local officials to determine if it is true. I also give my consent to the Department for Community Based Services or its designee to make any necessary contact to verify my statements or gain additional information, including on-site inspections of attendance.

NOTE: You may view PBFs in Sent status in the Provider Portal, but you will no longer be able to add or modify exceptions. If you have clicked Save and Send or Send Selected and determine corrections are needed, please contact the **Division of Child Care, Billing** at 844-209-2657 or by email at CCAPProviderPayments@ky.gov.

Search PBFs

PBFs in any status may be viewed on the Provider Portal. After navigating to the View/Process PBF screen, click on the radio button beside Search.

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Home View/Process PBFs Print PBFs Remittance Administration Assign Tasks Account Approval Provider Info Renewal/Change App.

Process PBFs

Provider Information

Provider Name: Cissell Test1 CLR: L367479
Address: 1 Main St Type: LICENSED
Louisville, KY 20000

PBFs to be processed

PBF Results

☐ PBFs to be processed ☒ Search

No Information Found

☐ I certify that all entries have been made by me or reviewed by me for accuracy, and are complete and true to the best of my knowledge. I understand that if I give false information or withhold information, I may be subject to prosecution for fraud. I understand and agree that if an overpayment occurs for any reason, I am required to pay back any money I received in error. I understand that the information that I have provided on this form is subject to verification by federal, state, or local officials to determine if it is true. I also give my consent to the Department for Community Based Services or its designee to make any necessary contact to verify my statements or gain additional information, including on-site inspections of attendance.

You may search by child, PBF status, payment period, or a combination of options. The From Date and To Date fields are required. These fields refer to monthly payment periods. Dates must be entered in MM/YYYY format, or you may use the calendar feature by clicking on the icon.

Example: You want to verify the status of all PBFs for August 2024.

- Leave the Child First Name and Child Last Name fields blank.
- Leave the PBF Status drop-down menu set to Select One.
- Enter 08/2024 in the From Date field or select August using the calendar.
- Enter 08/2024 in the To Date field or select August using the calendar.
- Click Search.

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Home View/Process PBFs Print PBFs Remittance Administration Assign Tasks Account Approval Provider Info Renewal/Change App.

Process PBFs

Provider Information

Provider Name: Cissell #1 CLR: L367253
Address: 155 Main St Type: LICENSED
Louisville, KY 40000

PBFs to be processed

Search Options

☐ PBFs to be processed ☒ Search

Child First Name: Child Last Name:

*From Date (mm/yyyy): *To Date (mm/yyyy):

PBF Status: Select One

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Provider Portal View/Process PBF Instructions

All PBFs that meet the search criteria will display in the PBF Results section in the same format as displays on the PBFs to be processed view.
You may click on the child’s name to view the PBF details.

PBF Results				
Select	Child Name	Payment Period	PBF Status	PBF Status Date
☐	Er_Ne_V	Aug 2024	Sent	9/24/2024
☐	Le_Nd_J	Aug 2024	NewPBF	9/18/2024
☐	Ng_Ly_C	Aug 2024	NewPBF	9/18/2024

Any PBFs in Paid status will have a Remittance available. See the **Print Remittance** tip sheet on the Provider Portal Launch Site for instructions on accessing this report.

PBFs may also be printed for your records. See the **Print PBFs** tip sheet tip sheet on the Provider Portal Launch Site for more information.