

Kentucky Health  
Information Exchange  
(KHIE)

**Other Reportable  
Conditions Case Report:  
Multisystem  
Inflammatory Syndrome  
in Children (MIS-C)**

Quick Reference Guide

May 2024

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## Document Control Information

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# 1 Introduction

## Overview

This training manual covers the unique functionalities for the Multisystem Inflammatory Syndrome in Children (MIS-C) condition in the Other Reportable Conditions eICR Form in the ePartnerViewer. The MIS-C condition contains unique validation pop-ups on the **Patient Information** screen, a *Blood Tests* section on the **Laboratory Information** screen, and contains unique fields on the **Applicable Symptoms** and **Additional Information** screens. All other screens for the MIS-C condition follow the generic workflow for the Other Reportable Conditions Case Report. For specific information about the Other Reportable Conditions Case Report, please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#).

Users with the *Manual Case Reporter* role can submit case reports from the ePartnerViewer by completing an online case report. The process generates a manual electronic initial case report (eICR) which is routed to the Kentucky Department for Public Health (KDPH). All examples and screenshots used in this guide are simulated with mock data; no Protected Health Information (PHI) is present.

**Please Note:** All screenshots shown throughout this document reflect how Users would interact with the ePartnerViewer while using a desktop or tablet device. While core functionality remains the same across multiple devices, interface components may vary in presentation.

## Supported Web Browsers

Users must access the ePartnerViewer with a supported web browser. The ePartnerViewer is configured to support the following modern browsers on desktop, tablet, and mobile devices:

Desktop Browser Version	Mobile Browser Version
<b>Microsoft Edge</b>	
Version 44+	Version 40+
<b>Google Chrome</b>	
Version 70+	Version 70+
<b>Mozilla Firefox</b>	
Version 48+	Version 48+
<b>Apple Safari</b>	
Version 9+	iOS 11+

**Please Note:** The ePartnerViewer does **not** support Microsoft Internet Explorer. To access the ePartnerViewer, Users must use a modern browser such as Google Chrome, Microsoft Edge, Apple Safari, or Mozilla Firefox.

## Mobile Device Considerations

The ePartnerViewer is based on responsive design. This means it renders in the best format based on the user's device size. Responsive design applies to mobile, tablet, and desktop devices. Tablet devices in landscape display mode are considered desktop.

## Accessing the ePartnerViewer

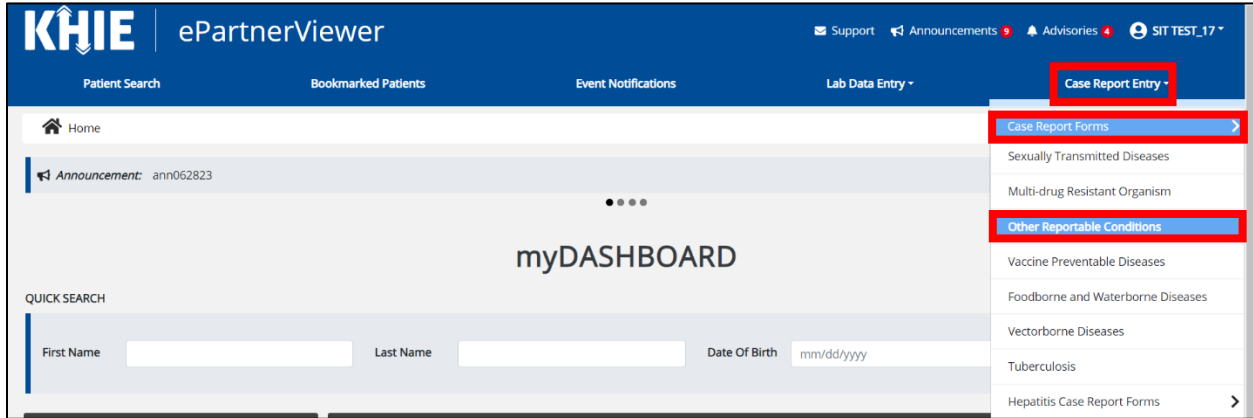
To access the ePartnerViewer, Users must meet the following specifications:

1. Users must be part of an organization with a signed Participation Agreement with KHIE.
2. Users are required to have a Kentucky Online Gateway (KOG) account.
3. Users are required to complete Multi-Factor Authentication (MFA).

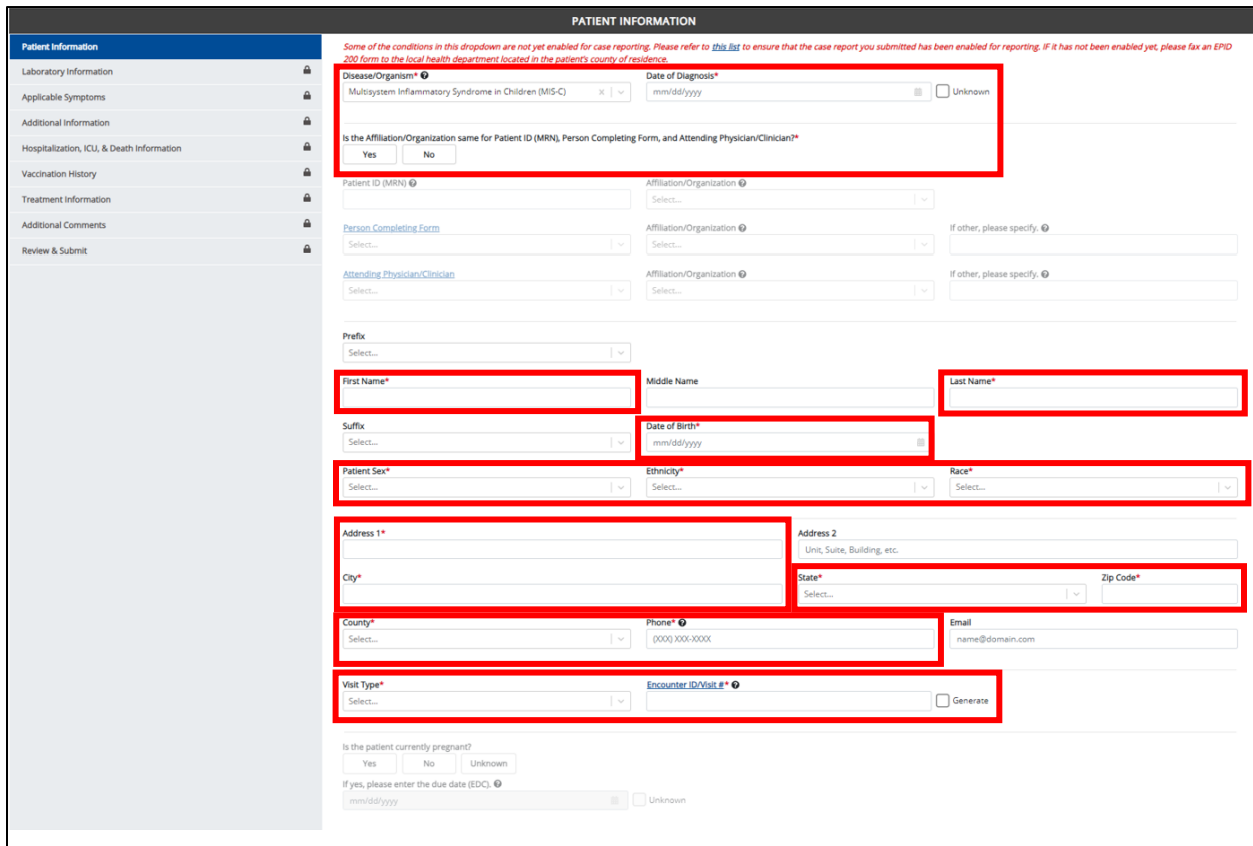
**Please Note:** For specific information about creating a Kentucky Online Gateway (KOG) account and how to complete MFA, please review the [ePartnerViewer Login: Kentucky Online Gateway \(KOG\) and Okta Verify Multi-Factor Authentication \(MFA\) User Guide](#).

## 2 Patient Information

1. To enter Other Reportable Conditions case report information, click the **Case Report Entry** Tab in the blue Navigation Bar at the top of the screen, then select **Case Report Forms** from the dropdown menu.
2. Select **Other Reportable Conditions** from the dropdown menu.



3. Complete the mandatory fields on the **Patient Information** screen.



- 4. To start the MIS-C Case Report entry, select **Multisystem Inflammatory Syndrome in Children (MIS-C)** from the *Disease/Organism* field on the **Patient Information** screen.

The screenshot shows the 'PATIENT INFORMATION' form. On the left is a sidebar with categories: Patient Information, Laboratory Information, Applicable Symptoms, Additional Information, and Hospitalization, ICU, & Death Information. The main area contains a red warning message at the top. Below it, the 'Disease/Organism\*' dropdown menu is open, showing 'Mu' at the top and 'Multisystem Inflammatory Syndrome in Children (MIS-C)' selected. Other fields include 'Date of Diagnosis\*' (mm/dd/yyyy), 'Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician\*', and 'Yes/No' buttons.

**Please Note:** Case Reports for MIS-C must be submitted only for patients **21 years of age or younger**.

If **Multisystem Inflammatory Syndrome in Children (MIS-C)** is selected for the *Disease/Organism* field, the *Date of Birth* field must indicate that the patient is **21 years of age or younger**.

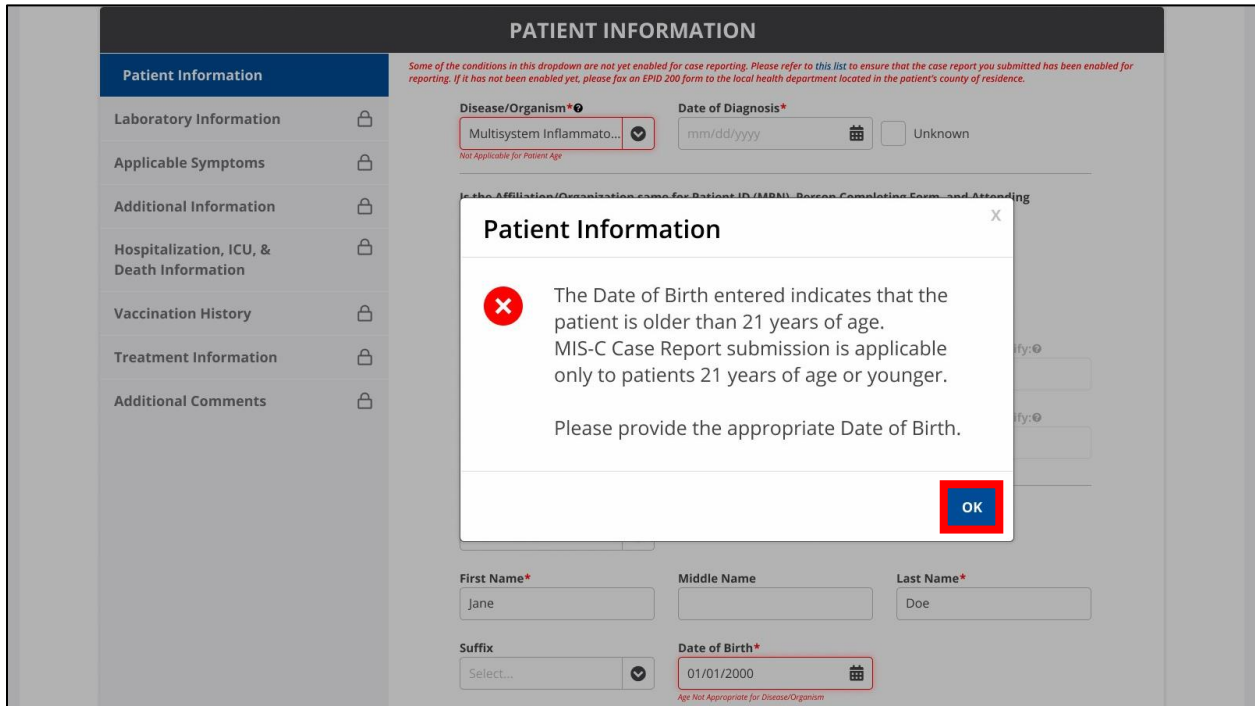
If the date entered in the *Date of Birth* field indicates that the patient is **older than 21 years of age**, the following error messages display:

- "Not Applicable for Patient Age" displays under the *Disease/Organism* field.
- "Age Not Appropriate for Disease/Organism" displays under the *Date of Birth* field.

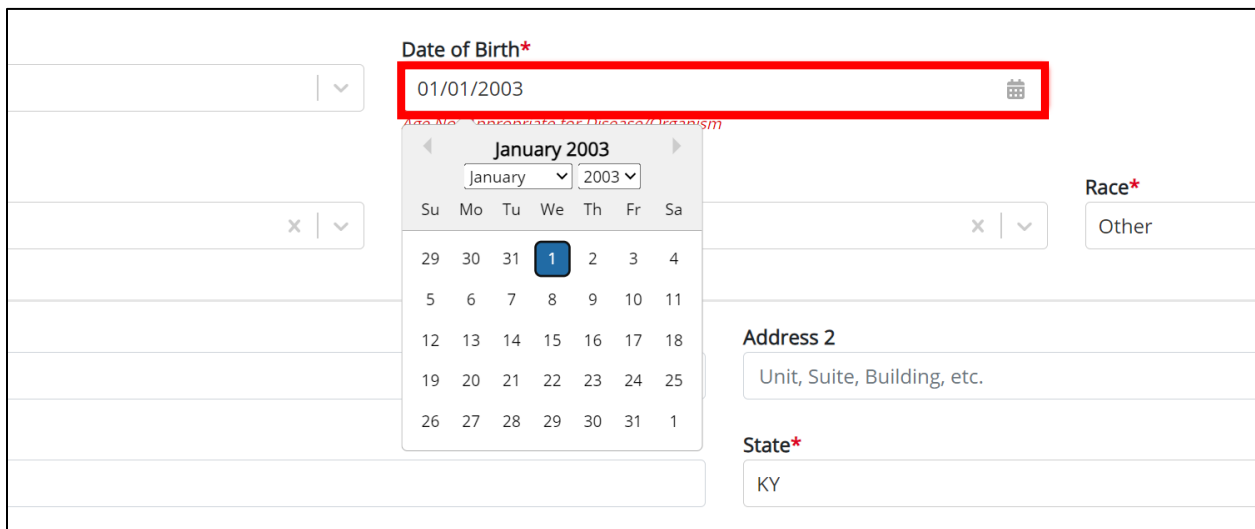
This screenshot shows the 'PATIENT INFORMATION' form with several fields filled out. The 'Disease/Organism\*' dropdown is set to 'Multisystem Inflammatory ...' and has a red box around it with the error message 'Not Applicable for Patient Age' below it. The 'Date of Diagnosis\*' is '04/01/2024'. The 'Date of Birth\*' is '01/30/1990' and has a red box around it with the error message 'Age Not Appropriate for Disease/Organism' below it. Other fields include Patient ID (JJ01301990), Affiliation/Organization (Afzal, Mohammad MD, Internal Medicin...), Person Completing Form (Mr. Arthur Vandelay, II), and Attending Physician/Clinician (Dr. Frank Costanza, Sr).



- 5. Upon clicking **Save** or **Next**, the *Patient Information* pop-up displays the following error message when the DOB entered indicates the patient is older than 21 years of age.
  - *The Date of Birth entered indicates that the patient is older than 21 years of age. MIS-C Case Report Submission is applicable only to patients 21 years of age or younger. Please provide the appropriate Date of Birth.*
- 6. Click **OK** to close the *Patient Information* pop-up.



- 7. To proceed with the MIS-C Case Report, enter the **appropriate Date of Birth** in the *Date of Birth* field to indicate that the patient is 21 years of age or younger.



### 3 Laboratory Information

1. On the **Laboratory Information** screen, select the **appropriate answer** for the conditional question at the top: *Does the patient have a lab test?*
2. If **Yes** is selected, the subsequent lab-related fields on the screen are enabled.
3. Complete the **enabled required fields** under the *Laboratory Information* section.

Does the patient have a lab test?\*

---

**Laboratory Information**

Laboratory Name\*

Test Name\*

Select... | v

If other, please specify. ?

Filler Order/Accession Number ?

Specimen Source\*

Select... | v

If other, please specify. ?

Test Result\*

Select... | v

If other, please specify. ?

Test Result Date   Unknown

Specimen Collection Date\*   Unknown

Additional Information ?

0/300 Characters

+ Add Test

**Please Note:** If **No** or **Unknown** is selected, all the subsequent fields on the screen are disabled.

### Adding Multiple Tests

- 4. Click **Add Test** to log the details for multiple tests. This means that you can easily enter additional test details on the same patient.

Additional Information ⓘ

Test 1 details

14/300 Characters

**+ Add Test**

Save Previous Next

**Please Note:** When you click the **Add Test** button, at least one lab test section must be entered.

- To delete an additional lab test section, click the **Trash Bin Icon** located at the top right.

Additional Information ⓘ

Test 1 details

14/300 Characters

Laboratory Information

Laboratory Name\*

Test Name\*

Select...

If other, please specify: ⓘ

Filler Order/Accession Number ⓘ

Specimen Source\*

Select...

If other, please specify: ⓘ

Test Result\*

Select...

If other, please specify: ⓘ

Test Result Date

mm/dd/yyyy  Unknown

Specimen Collection Date\*

mm/dd/yyyy  Unknown

Additional Information ⓘ

0/300 Characters

**+ Add Test**

### Adding Blood Tests

The MIS-C Case Report captures blood tests for C-Reactive Protein, Platelets, and Lymphocytes.


5. Click any of the following buttons to add blood test information for the patient:

- **Add C-Reactive Protein** button
- **Add Platelets** button
- **Add Lymphocytes** button

**Please Note:** When you click the **Add C-Reactive Protein** button, **Add Platelets** button, or **Add Lymphocytes** button, at least one blood test section must be entered.

- To delete a blood test section, click the **Trash Bin Icon** located at the top right.

6. Select the appropriate **Test Name** from the *Test Name* dropdown menu.

C-Reactive Protein 



**Test Name\***

Select...

C reactive protein [Mass/volume] in Serum or Plasma


7. Enter the **Result** in the *Result* textbox.

**Test Name\***

C reactive protein [Mass/volume] in Serum or Plasma  

**Result\***

**Units\***

Select... 


8. Select the appropriate **Units** from the *Units* dropdown menu.

**Result\***

0.2

**Reference Range\***

**Units\***

Select... 

mg/dL

mg/L



9. Enter the **Reference Range** in the *Reference Range* textbox.

**Result\***


0.2

**Reference Range\***

**Units\***


mg/dL  

**Test Result Date\***



mm/dd/yyyy   Unknown

10. Enter the **Test Result Date**.

- If the test result date is unknown, click the **Unknown** checkbox.

C-Reactive Protein 

**Test Name\***

C reactive protein [Mass/volume] in Serum or Plasma  



**Result\***

0.2


**Reference Range\***

0.0-0.3


**Units\***

mg/dL  

**Test Result Date\***

mm/dd/yyyy   Unknown


11. Click the **appropriate Add C-Reactive Protein** button, **Add Platelets** button, or **Add Lymphocytes** button to log the details for multiple blood tests. This means that you can easily enter additional blood test details on the same patient.


C-Reactive Protein 


Test Name\*  
C reactive protein [Mass/volume] in Serum or Plasma

Result\* 0.2      Units\* mg/dL

Reference Range\* 0.0-0.3      Test Result Date\* 03/21/2024  Unknown


 Add C-Reactive Protein


 Add Platelets


 Add Lymphocytes

12. Once the **Laboratory Information** screen is complete, click **Next** to proceed to the **Applicable Symptoms** screen.

Reference Range\* 0.0-0.3      Test Result Date\* mm/dd/yyyy  Unknown

 Add C-Reactive Protein

 Add Platelets

 Add Lymphocytes

## 4 Applicable Symptoms

1. On the **Applicable Symptoms** screen, select the appropriate answer for the conditional question at the top: *Were symptoms present during the course of illness?*

Please select applicable symptoms that the patient experienced during illness.

### APPLICABLE SYMPTOMS

- Patient Information
- Laboratory Information
- Applicable Symptoms**
- Additional Information

Were symptoms present during the course of illness?\*

Onset Date   Unknown

2. If **Yes** is selected for the conditional question, the subsequent fields on the screen are enabled.

### APPLICABLE SYMPTOMS

- Patient Information
- Laboratory Information
- Applicable Symptoms**
- Additional Information
- Hospitalization, ICU, & Death Information
- Vaccination History
- Treatment Information
- Additional Comments
- Review & Submit

Were symptoms present during the course of illness?\*

Onset Date\*   Unknown

If symptomatic, which of the following did the patient experience during illness?

Fever\*

If yes, please enter the highest temperature.

Diarrhea (>3 loose stools/24hr period)\*

If yes, please enter number of days with diarrhea.

Abdominal pain\*

Altered mental status\*

Chest Pain\*

**Please Note:** If **No** is selected for the conditional question, all subsequent symptom fields are disabled and marked with **No**. If **Unknown** is selected for the conditional question, all subsequent symptom fields are disabled and marked as **Unknown**.

- 3. Enter the **Onset Date** for the symptoms.
  - If the onset date is unknown, click the **Unknown** checkbox.

- 4. To report whether the patient had a fever during the illness, select the **appropriate answer** for the field: *Fever*.

- If **Yes** is selected, the subsequent field is enabled. Enter the **patient's highest temperature** in the subsequent textbox: *If yes, please enter the highest temperature.*



- 5. To report the patient had diarrhea during the illness, select the **appropriate answer** for the field: *Diarrhea (>3 loose stools/24hr period).*

Diarrhea (>3 loose stools/24hr period)\*

If yes, please enter number of days with diarrhea. ?

- If **Yes** is selected, the subsequent field is enabled. Enter the **number of days with diarrhea** in the subsequent textbox: *If yes, please enter number of days with diarrhea.*

Diarrhea (>3 loose stools/24hr period)\*

If yes, please enter number of days with diarrhea:\* ?

- 6. Select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:

Abdominal pain*	Edema around eyes*	Myalgia*
<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Altered mental status*	Encephalopathy*	Neck pain*
<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Chest pain*	Fainting*	Rash*
<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Conjunctival injection*	Headache*	Shock*
<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Conjunctivitis*	High troponin level*	Shortness of breath*
<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Coronary artery aneurysm*	Low blood pressure*	Stomatitis*
<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Cough*	Meningitis*	Subjective fever*
<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Ectatic coronary artery*	Mucocutaneous lesions*	Vomiting*
<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>

- 7. To report whether the patient had a left ventricular ejection fraction during the illness, select the **appropriate answer** for the field: *Left ventricular ejection fraction*.

Left ventricular ejection fraction\*

If yes, please specify quantity (%).

- If **Yes** is selected, the subsequent field is enabled. Enter the **specific quantity of the left ventricular ejection fraction** in the textbox: *If yes, please specify quantity (%)*.

Left ventricular ejection fraction\*

If yes, please specify quantity (%).\*

- 8. To report additional symptoms not listed on the screen, select the **appropriate answer** for the field: *Did the patient have any other symptoms?*

Did the patient have any other symptoms?\*

If yes, please specify: ?

- If **Yes** is selected, the subsequent field is enabled. Enter the **patient's other symptoms** in the subsequent textbox: *If yes, please specify*.

Did the patient have any other symptoms?\*

If yes, please specify:.\* ?

- 9. Once the **Applicable Symptoms** screen is complete, click **Next** to proceed to the **Additional Information** screen.

If yes, please specify quantity (%).\*

Did the patient have any other symptoms?\*

If yes, please specify. ?

## 5 Vaccination History

1. On the **Vaccination History** screen, select the **appropriate answer** for the conditional question at the top: *Is the patient vaccinated for the condition being reported?*
2. If **Yes** is selected for the conditional question, the subsequent fields on the screen are enabled.

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 6 of 9

Please provide the vaccination history of the patient related to this case.

### VACCINATION HISTORY

- Patient Information ✓
- Laboratory Information ✓
- Applicable Symptoms ✓
- Additional Information ✓
- Hospitalization, ICU, & Death Information ✓
- Vaccination History**
- Treatment Information 🔒
- Additional Comments 🔒
- Review & Submit 🔒

**Is the patient vaccinated for the condition being reported?\***

Yes  No  Unknown

**Vaccine Details**

If yes, please provide vaccine name.\* ⓘ

Select...

If other, please specify. ⓘ

If yes, please enter the number of doses.\* ⓘ

Select...

Date Administered (1st dose)   Unknown

Date Administered (2nd dose)   Unknown

Date Administered (3rd dose)   Unknown

**Please Note:** If **No** or **Unknown** is selected, all the subsequent fields on the screen are disabled.

3. Select the **appropriate vaccine name** from the subsequent dropdown menu: *If yes, please provide vaccine name.*

Vaccine Details

If yes, please provide vaccine name.\* ⓘ

Select...

- COVID-19, mRNA, LNP-S, bivalent booster, PF, 10 mcg/0.2 mL pediatric dose [Pfizer]
- COVID-19, mRNA, LNP-S, bivalent booster, PF, 30 mcg/0.3 mL dose [Pfizer]
- COVID-19, mRNA, LNP-S, bivalent booster, PF, 50 mcg/0.5 mL or 25mcg/0.25mL dose [Moderna]
- COVID-19, mRNA, LNP-S, PF, 25 mcg/0.25 mL
- COVID-19, mRNA, LNP-S, PF, 50 mcg/0.5 mL
- COVID-19, mRNA, LNP-S, PF, tris-sucrose, 10 mcg/0.3 mL
- COVID-19, mRNA, LNP-S, PF, tris-sucrose, 3 mcg/0.3 mL

- If **Other** is selected, the subsequent field is enabled. Enter the **vaccine name** in the subsequent textbox field: *If other, please specify.*

4. Select the **number of doses received** from the dropdown menu: *If yes, please enter the number of doses.*

5. Based on the selected number of doses, the appropriate Date Administered fields are enabled. Enter the appropriate date(s) in the enabled field(s): **Date Administered (1<sup>st</sup> Dose)**, **Date Administered (2<sup>nd</sup> Dose)**, and **Date Administered (3<sup>rd</sup> Dose)**.

### Adding Multiple Vaccines

6. Click **Add Vaccine** to log the details for multiple vaccines.

- To delete an additional vaccine, click the **Trash Bin Icon** located at the top right.

This screenshot shows a form for adding a vaccine. At the top, there is a field for 'Date Administered (3rd dose)' with a calendar icon and an 'Unknown' checkbox. Below this is the 'Vaccine Details' section, which includes a dropdown menu for 'If yes, please provide vaccine name.\*' and a text field for 'If other, please specify.'. There are also dropdown menus for 'If yes, please enter the number of doses.\*'. Below these are three date fields for 'Date Administered (1st dose)', 'Date Administered (2nd dose)', and 'Date Administered (3rd dose)', each with a calendar icon and an 'Unknown' checkbox. At the bottom left is a '+ Add Vaccine' button. At the bottom right are 'Save', 'Previous', and 'Next' buttons. A red box highlights a trash bin icon in the top right corner of the form area.

- Once complete, click **Next** to proceed to the **Treatment Information** screen.

This screenshot shows the 'OTHER REPORTABLE CONDITIONS CASE REPORT FORM' at 'Section 6 of 9'. The main heading is 'VACCINATION HISTORY'. On the left is a sidebar with a list of sections: Patient Information, Laboratory Information, Applicable Symptoms, Additional Information, Hospitalization, ICU, & Death Information, Vaccination History (highlighted), Treatment Information, Additional Comments, and Review & Submit. The main content area contains a question: 'Is the patient vaccinated for the condition being reported?\*' with 'Yes', 'No', and 'Unknown' buttons. Below this is the 'Vaccine Details' section, which includes a dropdown menu for 'If yes, please provide vaccine name.\*' (with 'Moderna COVID-19 Vaccine' selected), a text field for 'If other, please specify.', and a dropdown menu for 'If yes, please enter the number of doses.\*' (with '1' selected). There are three date fields for 'Date Administered (1st dose)\*', 'Date Administered (2nd dose)', and 'Date Administered (3rd dose)', each with a calendar icon and an 'Unknown' checkbox. At the bottom left is a '+ Add Vaccine' button. At the bottom right are 'Save', 'Previous', and 'Next' buttons. A red box highlights the 'Next' button.

## 6 Treatment Information

1. On the **Treatment Information** screen, the following message displays at the top: *NOTE: No additional information is required on this screen. Please click on the "Next" button to proceed.*
2. Click **Next** to proceed to the **Additional Comments** screen.

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 7 of 9

Please provide the treatment history of the patient under investigation for this case.

### TREATMENT INFORMATION

Patient Information	✔
Laboratory Information	✔
Applicable Symptoms	✔
Additional Information	✔
Hospitalization, ICU, & Death Information	✔
Vaccination History	✔
<b>Treatment Information</b>	
Additional Comments	🔒
Review & Submit	🔒

NOTE: No additional information is required on this screen. Please click on the "Next" button to proceed.

Save Previous Next

## 7 Additional Comments

1. On the **Additional Comments** screen, the following question displays at the top: *Were results obtained for the following tests?*
2. Select the **appropriate answer** for the field: *Blood or cerebrospinal fluid cultures positive for anything other than Staphylococcus aureus.*

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 8 of 9

Please add any additional comments related to this case.

### ADDITIONAL COMMENTS

- Patient Information
- Laboratory Information
- Applicable Symptoms
- Additional Information
- Hospitalization, ICU, & Death Information
- Vaccination History
- Treatment Information
- Additional Comments**

Review & Submit

Were results obtained for the following tests?

**Blood or cerebrospinal fluid cultures positive for anything other than staphylococcus aureus**

If yes, please specify microorganism detected.

Rocky Mountain Spotted Fever

If yes, please specify.

Select...

Leptospirosis

3. If **Yes** is selected, the subsequent field is enabled. Enter the **specimen detected in the blood or cerebrospinal fluid culture** in the textbox: *If yes, please specify microorganism detected.*

Were results obtained for the following tests?

Blood or cerebrospinal fluid cultures positive for anything other than staphylococcus aureus

If yes, please specify microorganism detected.\*

4. Select the **appropriate answer** for the field: *Rocky Mountain Spotted Fever.*

Rocky Mountain Spotted Fever

If yes, please specify.

Select...

- 5. If **Yes** is selected, select the **appropriate answer for the test results** for the field: *If yes, please specify.*

Rocky Mountain Spotted Fever

If yes, please specify.\*

Select...  
Negative  
Positive

If yes, please specify.

- 6. To report if the patient obtained results for Leptospirosis, select the **appropriate answer** for the field: *Leptospirosis*

Leptospirosis

If yes, please specify.

Select...

- 7. If **Yes** is selected, select the **appropriate answer for the test results** for the field: *If yes, please specify.*

Leptospirosis

If yes, please specify.\*

Select...  
Negative  
Positive

If yes, please specify.

- 8. To report if the patient obtained results for Measles, select the **appropriate answer** for the field: *Measles*

Measles

If yes, please specify.

Select...



9. If **Yes** is selected, select the **appropriate answer for the test results** for the field: *If yes, please specify.*

If yes, please specify.\*

Select...

Negative

Positive

Yes No Unknown

10. Select the **appropriate answer** for the field: *Did the patient test positive for COVID-19 up to 60 days prior to or during hospitalization?*

Did the patient test positive for COVID-19 up to 60 days prior to or during hospitalization?\*

Yes No Unknown

11. In the textbox, enter **additional comments or notes about the patient.**

12. Once complete, click **Next** to proceed to the **Review & Submit** screen.

Please include additional comments or notes, if applicable.

0/1000 Characters

Save Previous **Next**

**Please Note:** From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. For more information, please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#).

## 8 Technical Support

### Toll-Free Telephone Support

For questions and assistance regarding the ePartnerViewer, please call 1 (800) 633-6283.

### Email Support

To submit questions or request support regarding the ePartnerViewer, please email [KHIESupport@ky.gov](mailto:KHIESupport@ky.gov).

**Please Note:** To seek assistance or log issues, you can use the **Support Tab** located in the blue navigation bar at the top of the screen in the ePartnerViewer.

