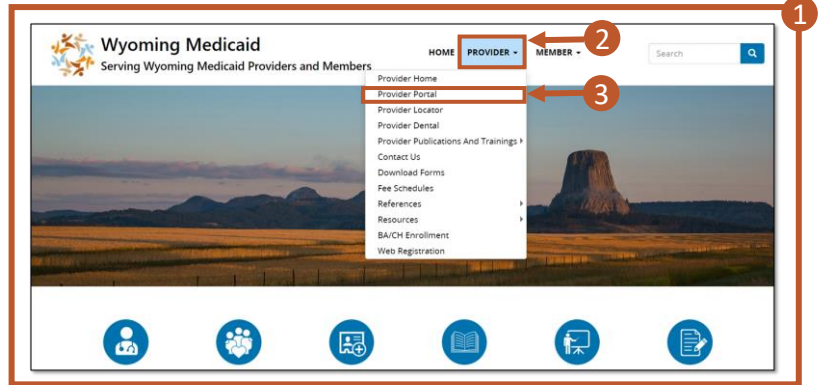
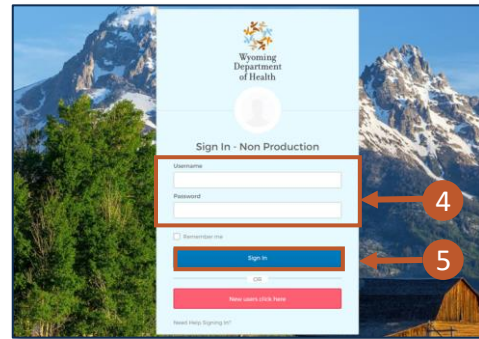


### Accessing the Provider Portal

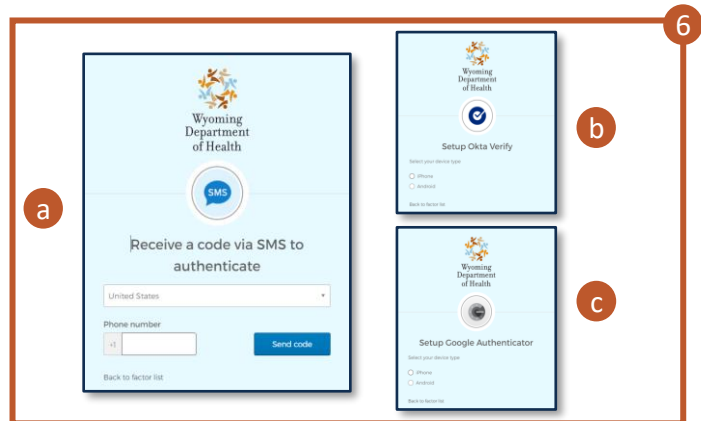
1. Use the following link to access the Medicaid website at:  
<https://www.wyomingmedicaid.com>
2. Select **Provider**.
3. Select **Provider Portal**.



4. Log in to the Provider Portal with your Single Sign-On (SSO) **Username** and **Password**.
5. Select **Sign In**.



6. Verify authentication based on your setup selection:
  - a) For SMS, select **Send code**
  - b) If you selected an OKTA push, accept the push
  - c) If you chose Google Authenticator, enter that code



**Note:** If you have multiple Provider IDs, select the Provider ID to retrieve the RA.

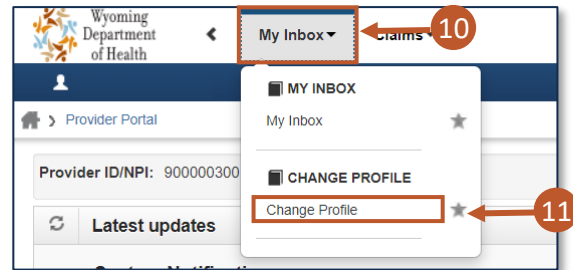
7. Select the domain you want to work in from the **Domain** drop-down list.
8. Select **Claims Access**.
9. Select **Go**.



### Accessing the Provider Portal Cont'd

If you are already logged into the Provider Portal, you can change your profile:

10. Select **My Inbox**.
11. Select **Change Profile**.

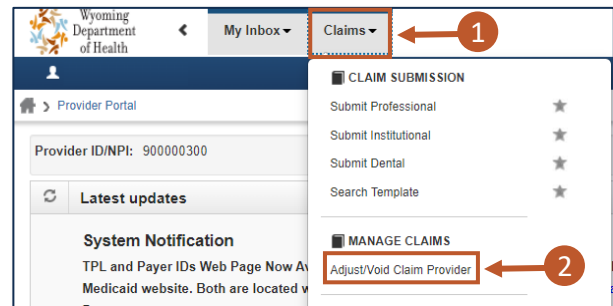


### Adjusting or Voiding a Single Claim

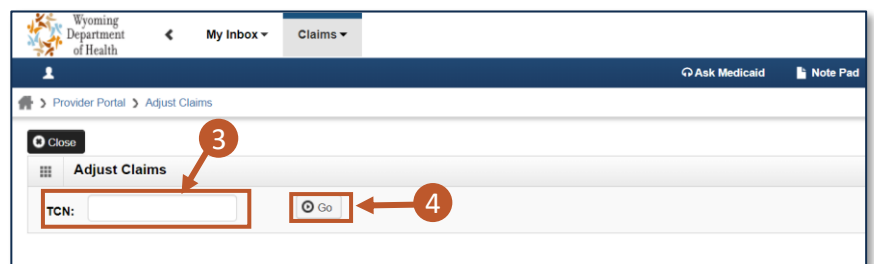
#### Notes:

- Claims can be adjusted or voided for correction
- Only paid claims can be adjusted or voided
- Billed amount, units billed, and other pertinent information can be adjusted on claim
- Have all materials needed such as Explanation of Benefits (EOB), Claim Information, and Member Information

1. Select **Claims**.
2. Select **Adjust/Void Claim Provider**.



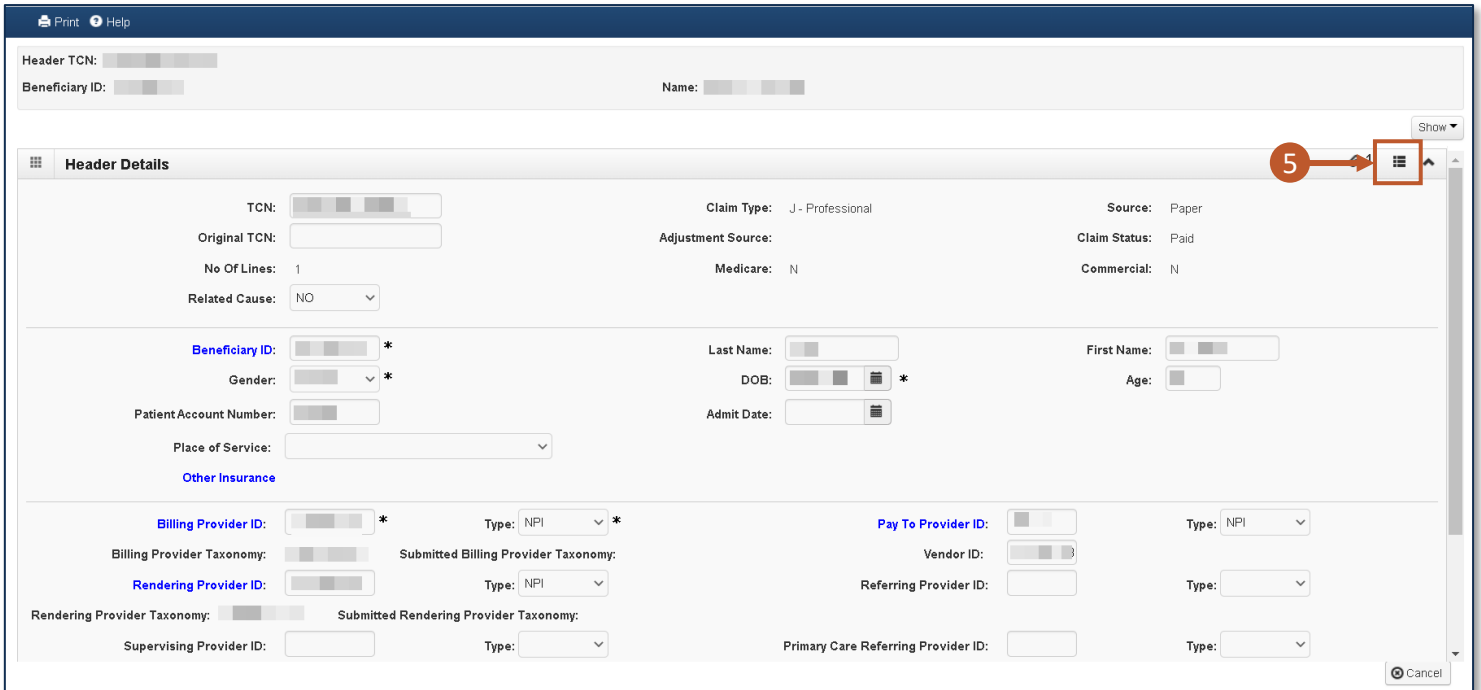
3. From the **Adjust Claims** page, enter the Transaction Control Number (TCN) in the **TCN** field.
  4. Select **Go**. Claim information displays.
- Note:** Remember, only paid claims can be adjusted.



### Adjusting or Voiding a Single Claim Cont'd

5. Select the **Service Line** icon.

**Note:** On this page, this is the header with the basic claim information. Adjusts are not made on this page until all steps are complete.



Print Help

Header TCN: [Redacted] Name: [Redacted]

Beneficiary ID: [Redacted]

**Header Details**

TCN: [Redacted] Claim Type: J - Professional Source: Paper

Original TCN: [Redacted] Adjustment Source: [Redacted] Claim Status: Paid

No Of Lines: 1 Medicare: N Commercial: N

Related Cause: NO

Beneficiary ID: [Redacted] \* Last Name: [Redacted] First Name: [Redacted]

Gender: [Redacted] \* DOB: [Redacted] \* Age: [Redacted]

Patient Account Number: [Redacted] Admit Date: [Redacted]

Place of Service: [Redacted]

Other Insurance

Billing Provider ID: [Redacted] \* Type: NPI Billing Provider Taxonomy: [Redacted] Submitted Billing Provider Taxonomy: [Redacted]

Pay To Provider ID: [Redacted] Type: NPI

Rendering Provider ID: [Redacted] Type: NPI Vendor ID: [Redacted]

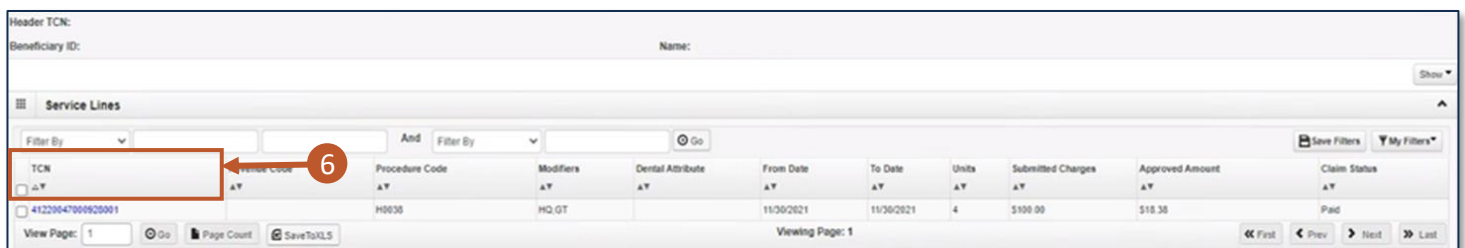
Referring Provider ID: [Redacted] Type: [Redacted]

Rendering Provider Taxonomy: [Redacted] Submitted Rendering Provider Taxonomy: [Redacted]

Supervising Provider ID: [Redacted] Type: [Redacted] Primary Care Referring Provider ID: [Redacted] Type: [Redacted]

Cancel

6. Select the TCN that you need to adjust.



Header TCN: [Redacted] Name: [Redacted]

Beneficiary ID: [Redacted]

**Service Lines**

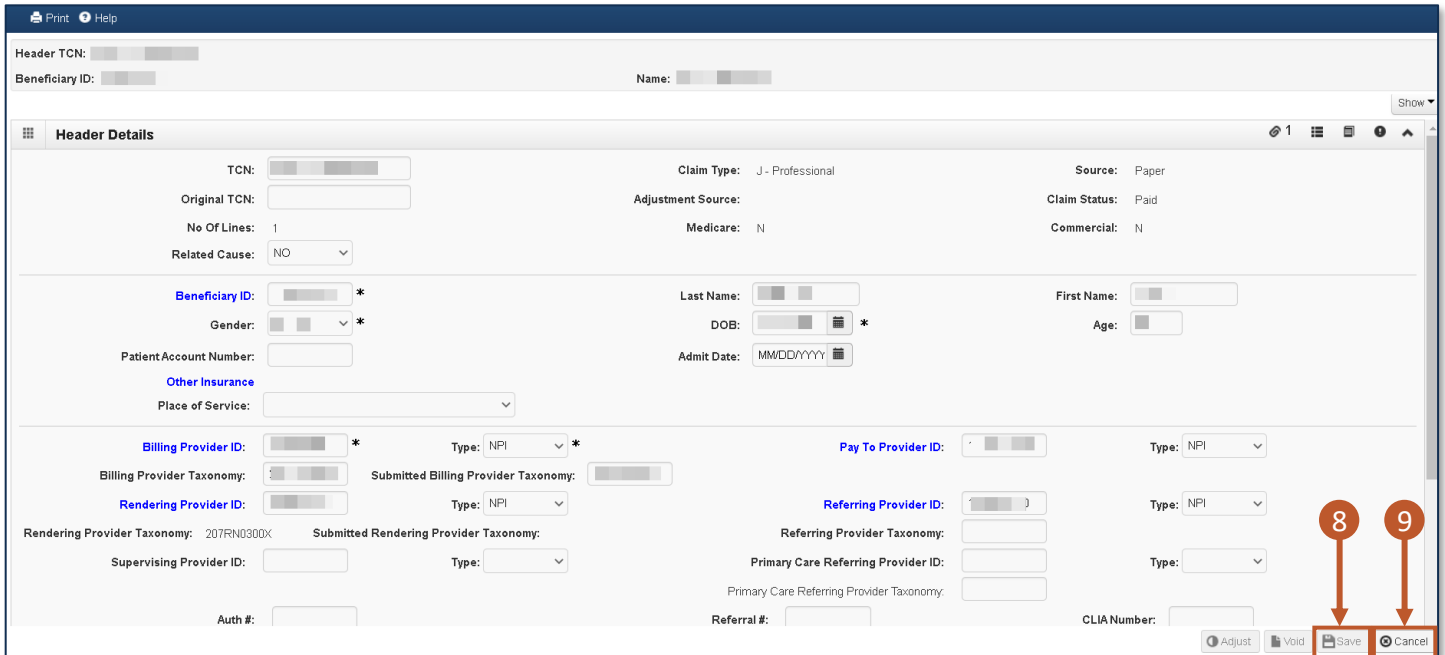
Filter By: [Redacted] And Filter By: [Redacted] Go Save Filters My Filters\*

TCN	Procedure Code	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approved Amount	Claim Status
41229847000920001	H3038	HQ,GT		11/06/2021	11/30/2021	4	\$100.00	\$18.38	Paid

View Page: 1 Page Count Save To XLS Viewing Page: 1 First Prev Next Last

### Adjusting or Voiding a Single Claim Cont'd

7. From the **Adjustment** page, you can adjust anything with a white square (such as billed units, rendering provider, dates, or procedure codes).
8. Select **Save** once you have completed your changes.
9. Select **Cancel**. The **Service Line** page opens.



Header TCN: [Redacted] Name: [Redacted]  
 Beneficiary ID: [Redacted]

**Header Details**

TCN: [Redacted] Claim Type: J - Professional Source: Paper  
 Original TCN: [Redacted] Adjustment Source: Claim Status: Paid  
 No Of Lines: 1 Medicare: N Commercial: N  
 Related Cause: NO

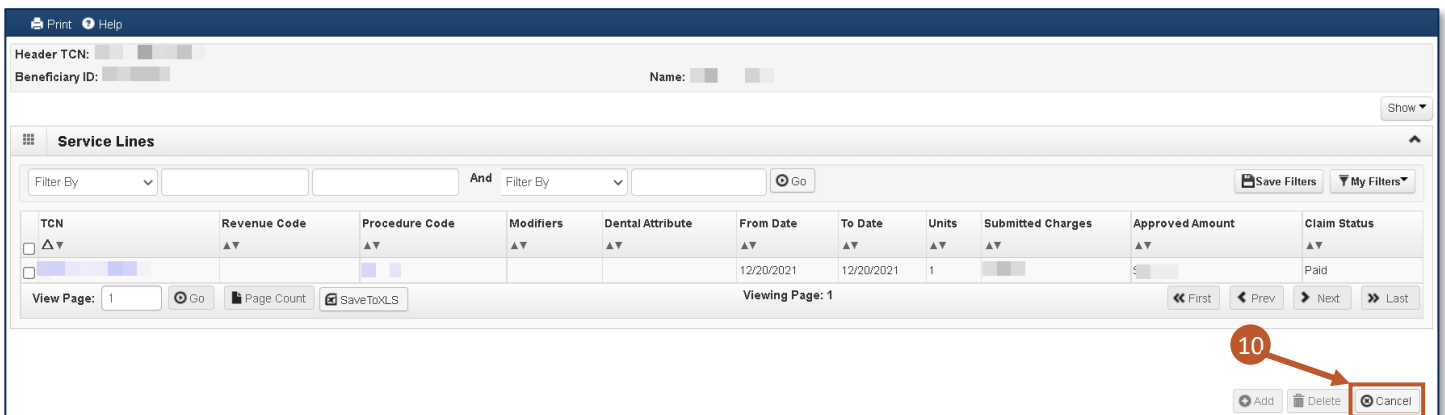
Beneficiary ID: [Redacted] \* Last Name: [Redacted] First Name: [Redacted]  
 Gender: [Redacted] \* DOB: [Redacted] \* Age: [Redacted]  
 Patient Account Number: [Redacted] Admit Date: MM/DD/YYYY [Redacted]

Other Insurance  
 Place of Service: [Redacted]

Billing Provider ID: [Redacted] \* Type: NPI \* Pay To Provider ID: [Redacted] Type: NPI  
 Billing Provider Taxonomy: [Redacted] Submitted Billing Provider Taxonomy: [Redacted]  
 Rendering Provider ID: [Redacted] Type: NPI Referring Provider ID: [Redacted] Type: NPI  
 Rendering Provider Taxonomy: 207RN0300X Submitted Rendering Provider Taxonomy: [Redacted] Primary Care Referring Provider ID: [Redacted] Type: [Redacted]  
 Supervising Provider ID: [Redacted] Type: [Redacted] Primary Care Referring Provider Taxonomy: [Redacted]  
 Auth #: [Redacted] Referral #: [Redacted] CLIA Number: [Redacted]

Buttons: Adjust, Void, **Save** (8), **Cancel** (9)

10. Select **Cancel**.



Header TCN: [Redacted] Name: [Redacted]  
 Beneficiary ID: [Redacted]

**Service Lines**

Filter By [Redacted] And Filter By [Redacted] Go Save Filters My Filters

TCN	Revenue Code	Procedure Code	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approved Amount	Claim Status
[Redacted]	[Redacted]	[Redacted]			12/20/2021	12/20/2021	1	[Redacted]	[Redacted]	Paid

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Buttons: Add, Delete, **Cancel** (10)

### Adjusting or Voiding a Single Claim Cont'd

11. Make your adjustments to the submitted charges.
12. Select **Save**.
13. Select **Adjust**. The **Adjust Claims** page opens.

Header TCN: [Redacted] Name: [Redacted]  
 Beneficiary ID: [Redacted]

**Header Details**

TCN: [Redacted] Claim Type: J - Professional Source: Paper  
 Original TCN: [Redacted] Adjustment Source: [Redacted] Claim Status: Paid  
 No Of Lines: 1 Medicare: N Commercial: N  
 Related Cause: NO

Beneficiary ID: [Redacted] \* Last Name: [Redacted] First Name: [Redacted]  
 Gender: [Redacted] \* DOB: [Redacted] \* Age: 59  
 Patient Account Number: [Redacted] Admit Date: MM/DD/YYYY

Other Insurance  
 Place of Service: [Redacted]

Billing Provider ID: [Redacted] \* Type: NPI \* Pay To Provider ID: [Redacted] Type: NPI  
 Billing Provider Taxonomy: [Redacted] Submitted Billing Provider Taxonomy: [Redacted]  
 Rendering Provider ID: [Redacted] Type: NPI Referring Provider ID: [Redacted] Type: NPI  
 Rendering Provider Taxonomy: 207RND300X Submitted Rendering Provider Taxonomy: [Redacted] Referring Provider Taxonomy: [Redacted]  
 Supervising Provider ID: [Redacted] Type: [Redacted] Primary Care Referring Provider ID: [Redacted] Type: [Redacted]  
 Auth #: [Redacted] Referral #: [Redacted] Primary Care Referring Provider Taxonomy: [Redacted] CLIA Number: [Redacted]

Buttons: Adjust (13), Void, Save (12), Cancel

14. Select **PIA-Provider Initiated ADJ** from the **Adjustment Source** drop-down list.
15. Enter a brief comment in the **Comment** field.
16. Select **OK**.

The adjustment is complete.  
 The **Adjust Claims** page opens where you can complete more adjustments or voids.

Header TCN: [Redacted] Name: [Redacted]  
 Beneficiary ID: [Redacted]

**Adjust Claim**

Please enter the following information

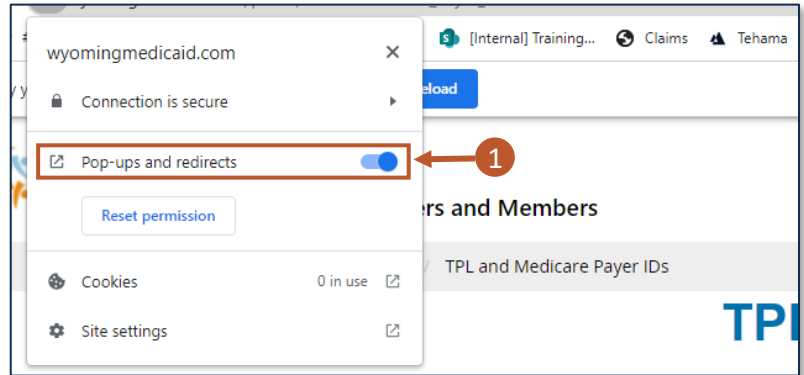
Adjustment Source: PIA-Provider Initiated ADJ \* (14)  
 Comment: Combining units | (15)

Buttons: OK (16), Cancel

### Voiding a Claim

Before proceeding:

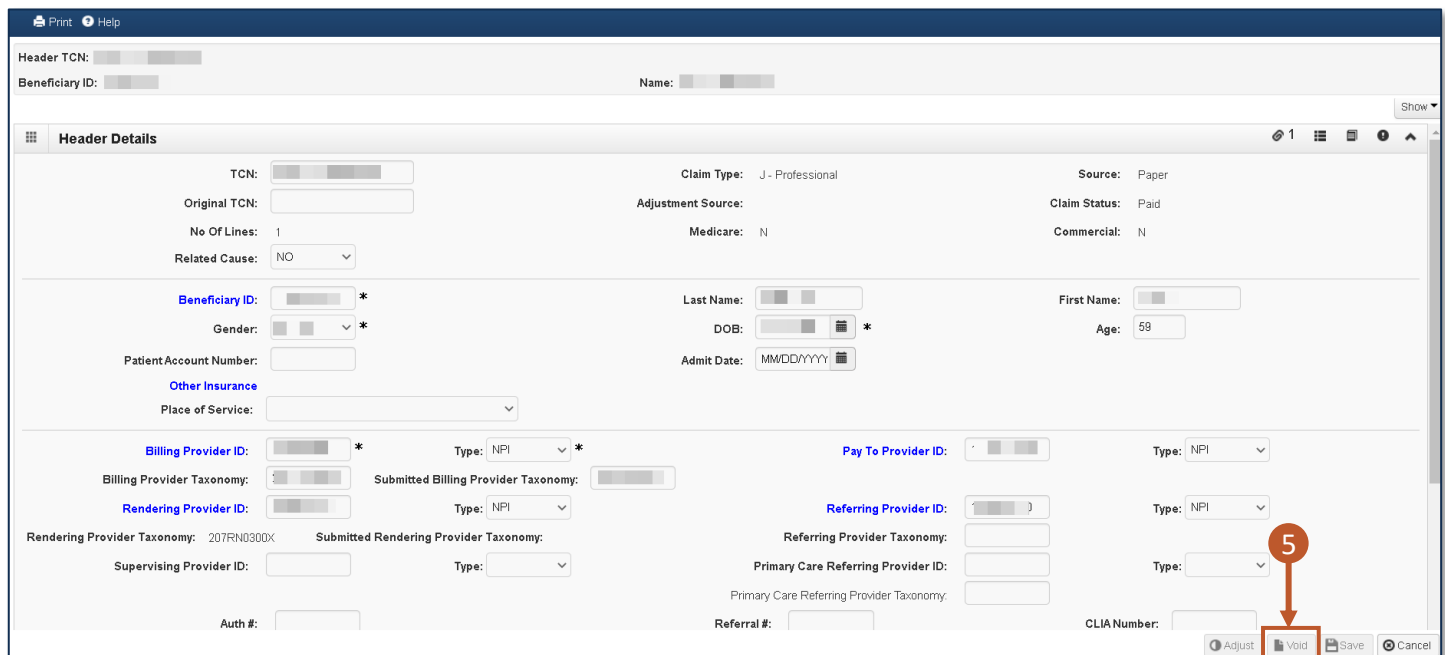
1. Check that pop-up blocker will allow pop-ups from the Provider Portal.
2. Gather all materials needed such as Explanation of Benefits (EOB), Claim Information, and Member Information.



3. From the **Adjust Claims** page, enter the TCN in the **TCN** field.
  4. Select **Go**. Claim information displays.
- Note:** Remember, only paid claims can be adjusted.



5. Select **Void**.



Header TCN: [redacted]  
 Beneficiary ID: [redacted] Name: [redacted]

**Header Details**

TCN: [redacted] Claim Type: J - Professional Source: Paper  
 Original TCN: [redacted] Adjustment Source: Claim Status: Paid  
 No Of Lines: 1 Medicare: N Commercial: N  
 Related Cause: NO

Beneficiary ID: [redacted] \* Last Name: [redacted] First Name: [redacted]  
 Gender: [redacted] \* DOB: [redacted] \* Age: 59  
 Patient Account Number: [redacted] Admit Date: MMDD/YYYY

Other Insurance  
 Place of Service: [redacted]

Billing Provider ID: [redacted] \* Type: NPI \* Pay To Provider ID: [redacted] Type: NPI  
 Billing Provider Taxonomy: [redacted] Submitted Billing Provider Taxonomy: [redacted]  
 Rendering Provider ID: [redacted] Type: NPI Referring Provider ID: [redacted] Type: NPI  
 Rendering Provider Taxonomy: 207RN0300X Submitted Rendering Provider Taxonomy: [redacted] Referring Provider Taxonomy: [redacted]  
 Supervising Provider ID: [redacted] Type: [redacted] Primary Care Referring Provider ID: [redacted] Type: [redacted]  
 Auth #: [redacted] Referral #: [redacted] CLIA Number: [redacted]

Buttons: Adjust Void Save Cancel

### Voiding a Claim, Cont'd

From the **Adjust Claims** page:

6. Select **PIA-Provider Initiated ADJ** from the **Void Source** drop-down list.
7. Enter a brief comment in the **Comment** field.
8. Select **OK**.

The void is complete. The **Adjust Claims** page opens where you can complete more adjustments or voids.

