



Wyoming
Department
of Health

Transportation Claims

Claim Submission

Course Content

- Transportation Claim Overview
- Transportation Claim Submissions
- Transportation Claim Attachments
- Transportation Claim Adjustments



Claim Overview

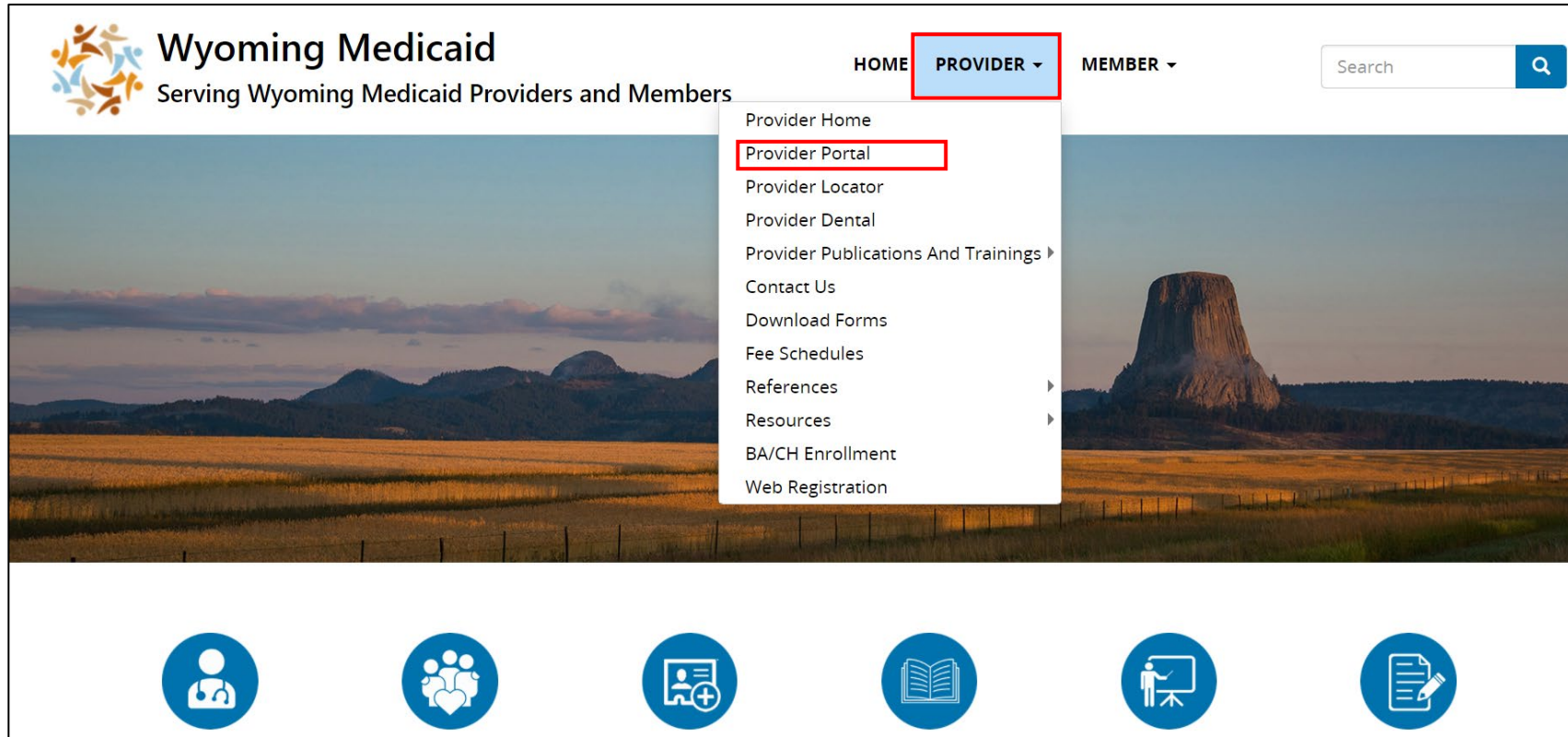
- Claims process:
 - Member receives a service
 - Provider submits a claim
 - Claims include information about the member, provider, and service
 - The claim is submitted to the State Medicaid Agency
 - The claim is approved and paid



Transportation Claims

How to complete the process of entering a claim

Transportation Claims Submission



To enroll as a Billing Agent/Clearinghouse provider, you must conduct the following steps:

- Go to <https://www.wyomingmedicaid.com/>
- Click **Provider** at the top of the page. A drop-down menu will appear
- Click **Provider Portal** from the options in the menu

Transportation Claims Submission

Wyoming
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Sign In - Non Production

Username

Password

Remember me

Sign In

OR

New users click here

Need Help Signing In?

Log in with Credentials

Log into the BMS system:

- Log into the Provider Portal with your Single Sign On (SSO) username and password

Transportation Claims Submission

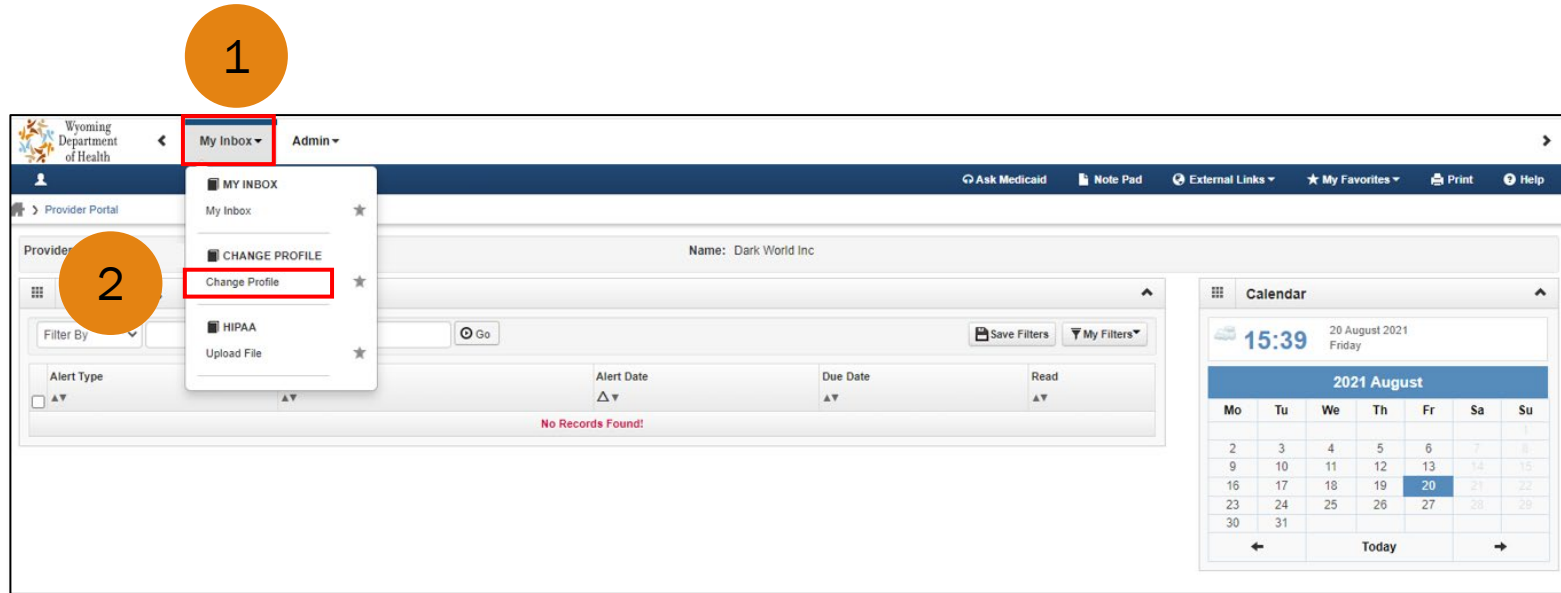


The screenshot shows the Wyoming Department of Health logo and the text "Wyoming Department of Health". Below this is a form with three dropdown menus and a "Go" button. The first dropdown menu is labeled "Domain" and contains the text "UW FAMILY MEDICINE CHEYENNE". The second dropdown menu is labeled "Profile" and contains the text "Claims Access". The third dropdown menu is labeled "Click Go" and contains the text "Select Favorite". The "Go" button is highlighted with a green box.

Next, choose the domain and role:

- Select domain from the domain drop-down list
- Select “Claim Access” from the profile drop-down list
- Click Go

Transportation Claims Submission



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

1. Select My Inbox.
2. Select Change Profile.

Next, choose the domain and role:

- Select domain from the domain drop-down list
- Select “Claims Access” from the profile drop-down list



Transportation Claims Submission

1

2

The screenshot displays the Wyoming Department of Health BMS interface. The 'Claims' menu is open, showing options under 'CLAIM SUBMISSION', 'MANAGE CLAIMS', 'INQUIRE CLAIMS', 'RA LIST', and 'INQUIRE PHARMACY CLAIMS'. The 'Submit Professional' option is highlighted with a red box. The main content area shows a search for 'Test BACH Test' with 'No Records Found!' displayed. A calendar for August 2021 is visible on the right side of the interface.

To enter Transportation Claims in BMS:

1. Click Claims.
2. Select the Submit Professional from the options.

Transportation Claims Submission

Wyoming Department of Health

My Inbox Claims

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal Submit Professional Claim

Close Submit Claim Save as Template Reset

Professional Claim

Note: Asterisks (*) denote required fields.

Basic Claim Information

Provider ID: 139206900 * Type: Provider ID * Taxonomy Code: * *

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 2: *

Address Line 3: *

State/Province: OTHER *

City/Town: OTHER *

County: OTHER *

Country: UNITED STATES *

Zip Code: * - * Validate Address

Is the Billing Location also the Service Facility Location? Yes No

Is the Billing Provider also the Rendering Provider? Yes No

RENDERING PROVIDER

Provider ID: * Type: * Taxonomy Code: *

Is the Billing Provider also the Supervising Provider? Yes No

Is this service the result of a referral? Yes No

Is this service the result of a Primary Care Referral? Yes No

To enter Transportation Claims information:

Required fields are indicated with an *.

1. Enter the Provider ID (Provider) or National Provider Identifier (NPI).
2. From the Type drop-down, select applicable type.
3. Enter in all caps the applicable Taxonomy Code associated with provider.

For the address, enter Address Line 1 and Zip Code.

- Click Validate Address

Transportation Claims Submission

BMS validates the address information and displays the following message:

“Address Validation Successful”

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My Inbox Claims

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Provider Portal Submit Professional Claim

Close Submit Claim Save as Template Reset

Professional Claim

Note: Asterisks (*) denote required fields.

Basic Claim Info

Provider Beneficiary Claim Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: * Type: Provider ID * Taxonomy Code: *

Address validation successful

Address Line 1: 580 Livingston Ave *
(Enter Street Address or PO Box Only)

Address Line 2: *

Address Line 3: *

State/Province: WYOMING *

Country: UNITED STATES *

City/Town: Cheyenne *

County: Laramie *

Zip Code: 82007 * - 1966 Validate Address

Is the Billing Location also the Service Facility Location? Yes No

Is the Billing Provider also the Rendering Provider? Yes No

RENDERING PROVIDER

Provider ID: * Type: * Taxonomy Code: *

Is the Billing Provider also the Supervising Provider? Yes No

Is this service the result of a referral? Yes No

Is this service the result of a Primary Care Referral? Yes No

BENEFICIARY INFORMATION

Transportation Claims Submission

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Provider Portal Professional Claims

RENDERING

Provider ID: * Type: * Taxonomy Code: *

Is the Billing Provider also the Supervising Provider? Yes No

Is this service the result of a referral? Yes No

Is this service the result of a Primary Care Referral? Yes No

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *

Last Name: * First Name: Middle Initial: Suffix:

Date of Birth: mm dd yyyy * Gender: *

Onset of Current Illness/symptom Date: mm dd yyyy

Does the beneficiary have insurance other than Medicaid? Yes No

If the Rendering Provider is not the Billing Provider, you will enter information as follows:

1. Enter the Provider ID.
2. Select the Type from the drop-down list.
3. Enter the Taxonomy Code.
4. Complete the required beneficiary (member) data:

- Beneficiary (member) ID
- Last Name
- First Name
- Date of Birth
- Gender

Transportation Claims Submission

If your claim requires a Prior Authorization (PA), complete the fields for the PA information:

1. Enter the Prior Authorization Number.
2. Select Yes or No for the Agency PA.
3. Select Yes or No for the questions under the Claim Note section.

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My Inbox Claims

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal Submit Professional Claim

Close Submit Claim Save as Template Reset

CLAIM INFORMATION

RELEVANT DATES

PRIOR AUTHORIZATION/REFERRAL/CLIA

Prior Authorization Number:

Agency PA: Yes No

Referral Number:

CLIA Number:

CLAIM NOTE

Is this claim related to Chiropractic Spinal Manipulation? Yes No

Is this a vision claim involving replacement lenses or frames? Yes No

Is this claim accident related? Yes No

Does this claim have backup documentation? Yes No

CLAIM DATA

Patient Account No.: *

Place of Service: *

Transportation Claims Submission

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Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal Submit Professional Claim

Close Submit Claim Save as Template Reset

CLAIM NOTE

Is this claim related to Chiropractic Spinal Manipulation? Yes No

Is this a vision claim involving replacement of eyeglass frames? Yes No

Is this claim accident related? Yes No

Does this claim have backup documents? Yes No

CLAIM DATA

Patient Account No.: *

Place of Service: *

Please check if the claim is related to NEMT/Waiver Program Services and does not have a valid Diagnosis code

Diagnosis Code Category: *

Diagnosis Codes: 1: * 2: 3: 4:

ANESTHESIA RELATED PROCEDURE

CONDITION INFORMATION

DELAY REASON

AMBULANCE INFORMATION

In order to process your claim, BMS also requires claim data about the patient. Complete the required fields with the pertinent Claim Data information:

1. Enter the Patient Account No.
2. Select the Place of Service from the drop-down list.
3. Select the checkbox if the claim is related to the NEMT Program (Taxi/Non-Taxi/Lodging Providers Only).
4. Enter the Diagnosis Code information.

Transportation Claims Submission

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My Inbox Claims

Provider Portal Submit Professional Claim

Close Submit Claim Save as Template Reset

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: mm dd yyyy *

Service To Date: mm dd yyyy *

Place of Service:

Procedure Code: *

Submitted Charges: *

Units/Quantity: *

EPSTD/Family Planning:

EMG:

Procedure Description: Characters Remaining: 80

Modifiers: 1: 2: 3: 4:

Diagnosis Pointers: 1: * 2: 3: 4:

Claim Note: Characters Remaining: 80

Prior Authorization Number: Agency PA: Yes No Referral Number: CLIA:

Rendering Provider ID: (If different from header) Type: Taxonomy Code:

Ordering Provider ID: Type:

Referring Provider ID: (If different from header) Type:

Primary Care Referring Provider ID: (If different from header) Type:

Is the Header Service Facility Location also the Service Line Facility Location? Yes No

National Drug Code: Quantity: Unit: Qualifier: Prescription/Link No:

Prescription Date: mm dd yyyy

AMBULANCE INFORMATION

Complete the Basic Line Item information below, but not limited to:

1. Service Date From.
2. Service To Date.
3. Procedure Code, Submitted Charges and Units/Quantity.
4. Diagnosis Pointers.

Transportation Claims Submission

BASIC SERVICE LINE ITEMS

Service Date From: mm dd yyyy * Service To Date:

Place of Service: Procedure Description:

Procedure Code: * Submitted Charges: *

Units/Quantity: * Modifiers:

EPSDT/Family Planning: Diagnosis Pointers:

EMG: Claim Note:

Prior Authorization Number: Agency PA: Yes No Referral Number: CLIA:

Rendering Provider ID:(If different from header) Type: Taxonomy Code:

Ordering Provider ID: Type:

Referring Provider ID:(If different from header) Type:

Primary Care Referring Provider ID:(If different from header) Type:

Is the Header Service Facility Location also the Service Line Facility Location? Yes No

National Drug Code: Quantity: Unit: Qualifier: Prescription/Link No:

Prescription Date: mm dd yyyy

+ AMBULANCE INFORMATION

Continue completing the Service Line-Item information.

Be sure to complete any Line Items with an *. These indicate required data needed to process your claim.

Complete other information as appropriate.

Transportation Claims Submission

To submit the claim, add any services that were rendered:

- Click the Add Service Line Item option
- Click Submit Claim only after all lines for this claim have been entered

The BMS system validates the information entered.

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My Inbox Claims

Submit Professional Claim

Submit Claim

Units/Quantity: EPSTD/Family Planning: EMG: Agency PA: Referral Number: CLIA: Taxonomy Code: Referring Provider ID: Ordering Provider ID: Referring Provider ID: Primary Care Referring Provider ID: Is the Header Service Facility Location also the Service Line Facility Location? National Drug Code: Prescription Date: AMBULANCE INFORMATION Add Service Line Item Update Service Line Item

Previously Entered Line Item Information

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pointer				Submitted Charges	Units	Prior Auth Number	
	From	To		1	2	3	4	1	2	3	4				

Transportation Claims Submission

Once the submitted information is validated in BMS, the system displays the Submitted Professional Claim Details page.

Submitted Professional Claim Details

TCN:	Billing Provider ID:	Beneficiary ID:
Total Number of Lines:	Billing Provider Name:	Beneficiary Name:
Total Claim Charge:	Date of Service:	

Cover Sheet

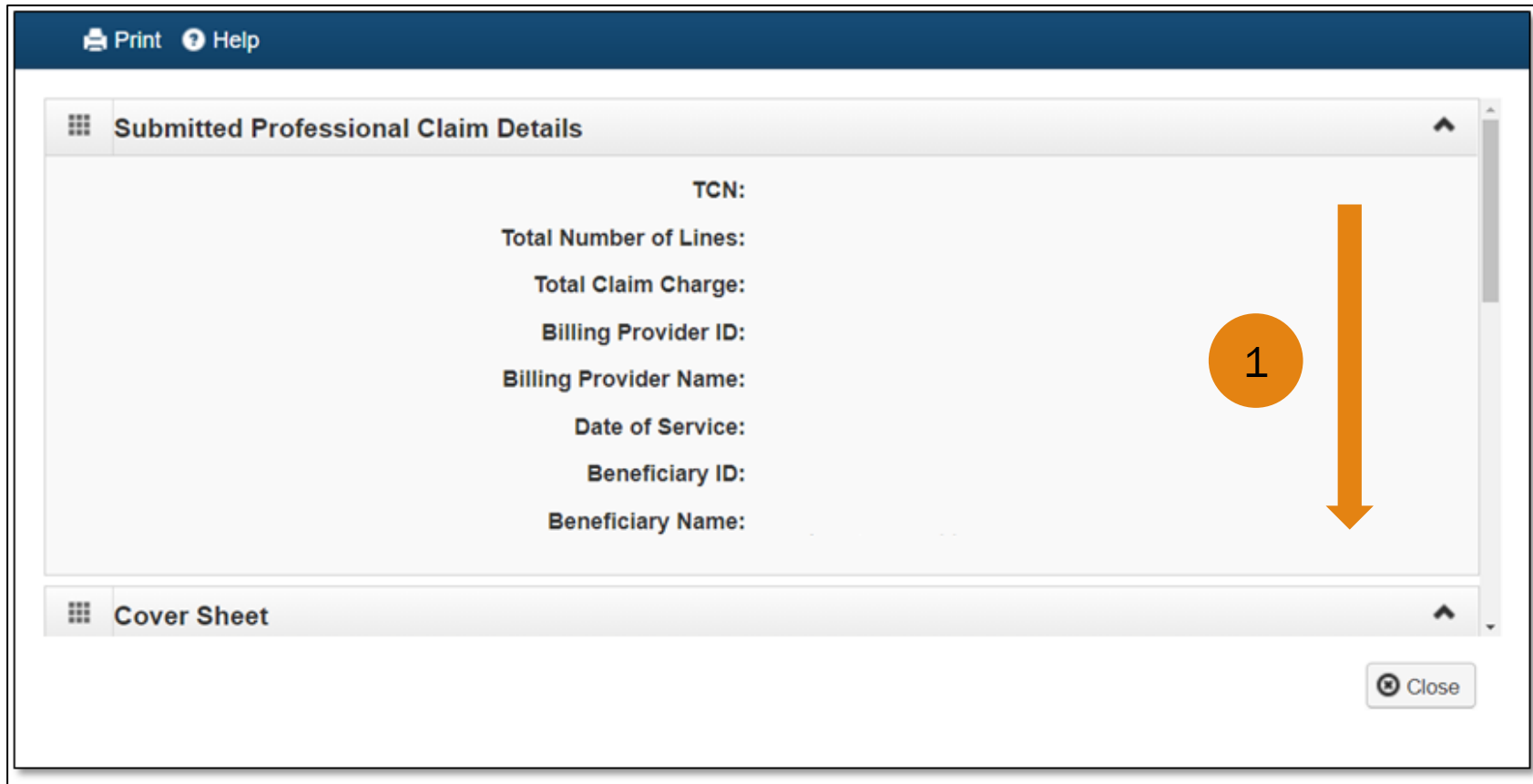
Please select the document(s) to be mailed/faxed:

<input type="checkbox"/> Hysterectomy Forms	<input type="checkbox"/> Medical Documentation	<input type="checkbox"/> Forms
<input type="checkbox"/> History and Physical	<input type="checkbox"/> Predictive Modeling	<input type="checkbox"/> NDC Drug Dosing and Cost Info
<input type="checkbox"/> Reports	<input type="checkbox"/> Anesthesia Records	<input type="checkbox"/> Voluntary Sterilization Forms
<input type="checkbox"/> EOB Insurance	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Diagnostic Tests
<input type="checkbox"/> Notes		
<input type="checkbox"/> Other <input type="text"/>		

Transportation Claims Attachment

How to attach a document to a claim

Transportation Claims Attachment



Once your Claim has been submitted, the BMS system displays the Submitted Professional Claim Details:

1. Scroll down until you reach the Additional Documents section of the page.

Transportation Claims Attachment

Header TCN:
Beneficiary ID: Name:

Additional Documents

Save Click Save

1

Document Type *	Document Name *	File Name * (Size in MB)	Remarks	Download	Status	Uploaded By	Uploaded Date
<input type="checkbox"/> --Select--	<input type="checkbox"/> --Select--	Choose File					

Cover Sheet

Please select the document(s) to be mailed/faxed:

- Hysterectomy Forms
- History and Physical
- Reports
- EOB Insurance
- Notes
- Other
- Medical Documentation
- Predictive Modeling
- Anesthesia Records
- Ambulance
- Forms
- NDC Drug Dosing and Cost Info
- Voluntary Sterilization Forms
- Diagnostic Tests

2 Generate Coversheet Reset

Cancel

Page ID: digAdjustClaimAttachmentsList(Claims)

Select the type of electronic document to attach from the options listed or choose a file from your computer:

Documents size is limited to 25 pages per attachment.

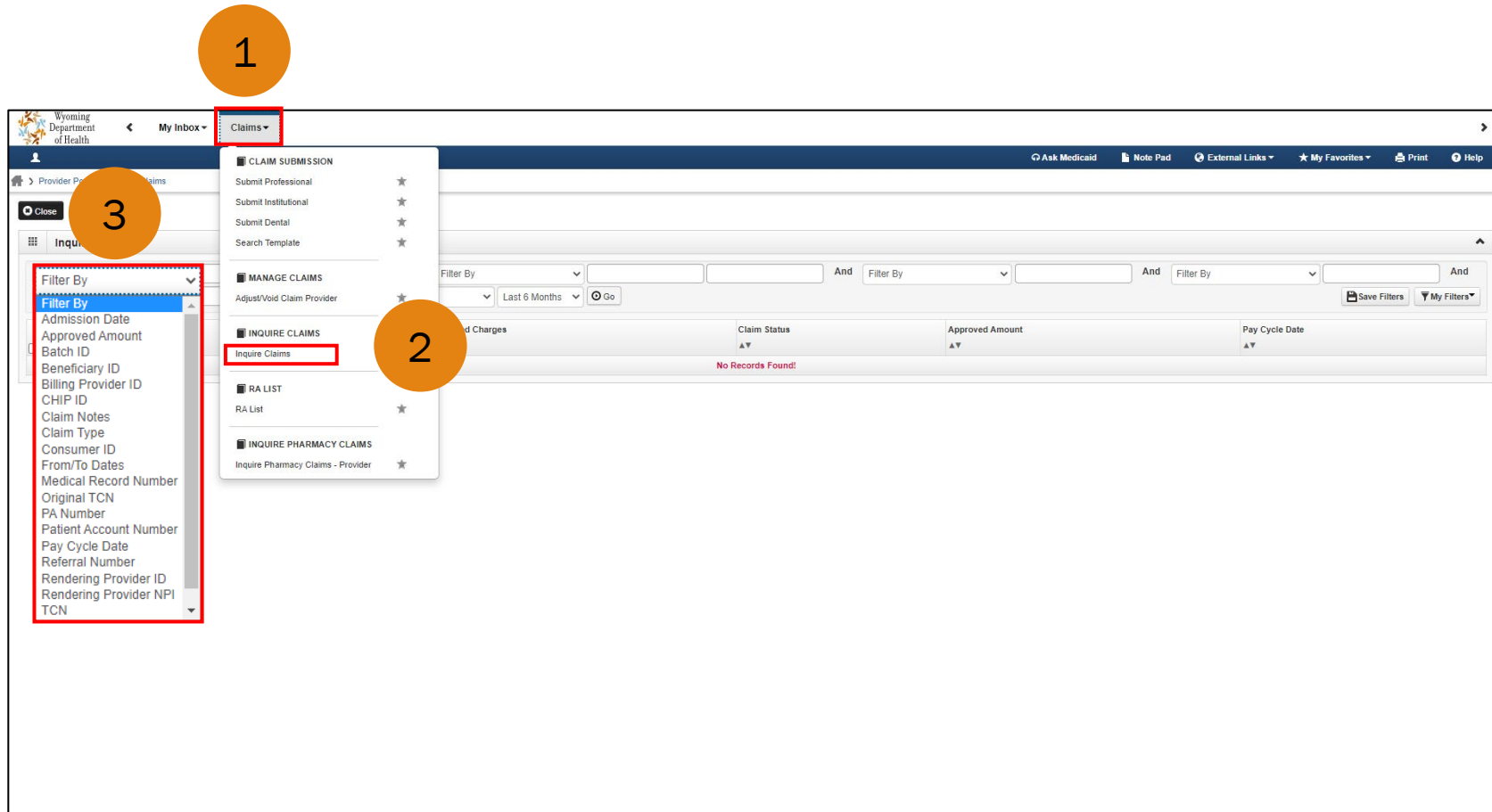
1. Click the paper clip and search for and select the file to upload from your computer.

- Click Save to save the file.

When mailing or faxing a paper attachment do the following:

2. Select a checkbox beside the document name to be faxed or mailed. Next click the Generate Coversheet button.

Transportation Claims Attachment



To attach a document after a claim has been submitted:

1. Select Claim.
2. Click Inquire Claims.
3. Click Filter By to select an option to search and open a claim.

From the Header Details page, click Show and Attachment List on the top right.

Transportation Claims Attachment

Header TCN:
Beneficiary ID: _____ Name: _____

Additional Documents

Click Save

Document Type *	Document Name *	File Name * (Size < 30 MB)	Remarks	Status	Uploaded By	Uploaded Date	TCN
<input type="checkbox"/> --Select--	<input type="checkbox"/> --Select--	<input type="button" value="Choose File"/>	<input type="text"/>				

Cover Sheet

Please select the document(s) to be mailed/faxed:

<input type="checkbox"/> Hysterectomy Forms	<input type="checkbox"/> Medical Documentation	<input type="checkbox"/> Forms
<input type="checkbox"/> History and Physical	<input type="checkbox"/> Predictive Modeling	<input type="checkbox"/> NDC Drug Dosing and Cost Info
<input type="checkbox"/> Reports	<input type="checkbox"/> Anesthesia Records	<input type="checkbox"/> Voluntary Sterilization Forms
<input type="checkbox"/> EOB Insurance	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Diagnostic Tests
<input type="checkbox"/> Notes		
<input type="checkbox"/> Other <input type="text"/>		

The Additional Documents page displays and allows files to be attached for the claim.

1. Click the paper clip and search for and select the file to upload from your computer.
- Click Save to save the file.

Transportation Claims Adjustment

Making an adjust to a claim

Transportation Claims Adjustment

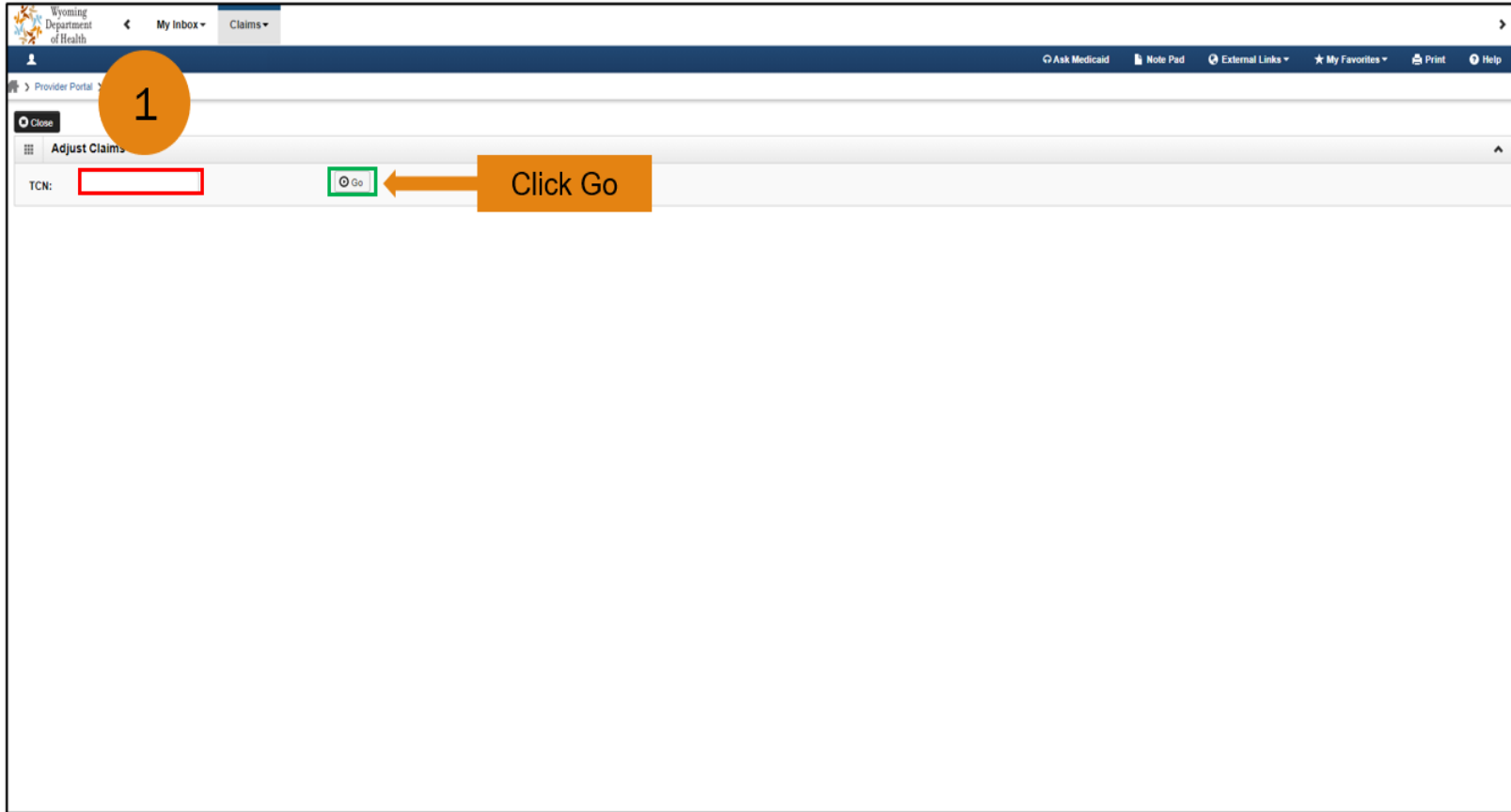
The screenshot shows the Wyoming Department of Health Provider Portal interface. The 'Claims' menu is open, and the 'Adjust/Void Claim Provider' option is highlighted with a red box. A large orange circle with the number '1' is positioned above the 'Claims' menu, and another large orange circle with the number '2' is positioned above the 'Adjust/Void Claim Provider' option. The main content area shows a table with columns for 'Alert Date', 'Due Date', and 'Read', and a message 'No Records Found!'. A calendar widget for August 2021 is visible on the right side of the screen.

Claims can be denied, credited, paid, or adjusted.

Follow the steps below to adjust your claim:

1. Click Claims.
2. Select the Adjust/Void Claim Provider from the options.

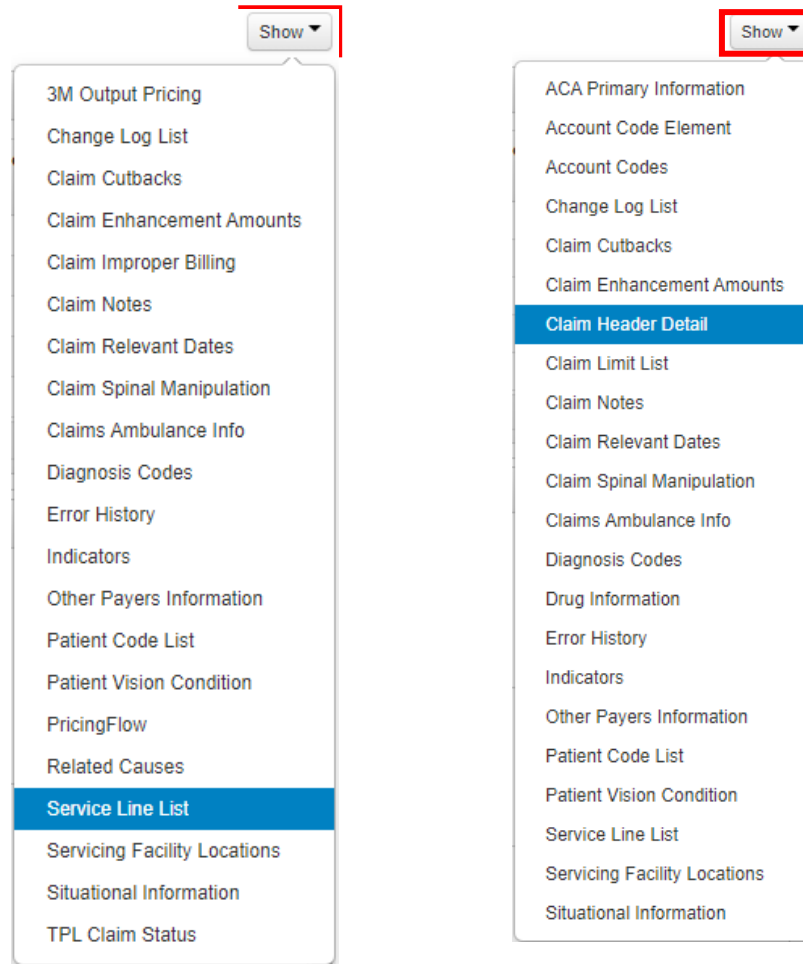
Transportation Claims Adjustment



From the Adjust Claims page:

1. Enter in the TCN of the claim that needs adjusting.
 - Click Go.
 - After the filter is applied, select the TCN link to open the claim
 - When the claim is open, the claim header contains information that applies to the claim including Claim Information, Beneficiary Information and Provider Information

Transportation Claims Adjustment



Additional items are shown from the Show drop downs:

- Switching from the Header Details view to the Service Line List is easy – just click on the Show Menu on the top right of the screen
- After opening a Service Line Detail view, going back to the Claim Header Detail view is just as easy – using the Show Menu again
- Going from one Service Line Detail to another is easy, too – go back to the Service Line List

Adjust, Void, Save and Cancel



There are several options to choose from to adjust a claim on the lower right of the claim header. Select the best option:

- Adjust to adjust the claim
- Void to void the claim
- Save to save the claim with any changes applied
- Cancel to go back to the previous screen

Course Review

- Transportation Claim Overview
- Transportation Claim Submissions
- Transportation Claim Attachments
- Transportation Claim Adjustments





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Thank you

Claim Submission