



Wyoming
Department
of Health


Provider Web Registration

Important Information About This Training

- This training is for new Providers that have enrolled with HHS Tech Group as well as Legacy Providers who were actively enrolled prior to 10/6/2021.
- If you recently enrolled, you will receive two letters from CNSI, one with your Temporary ID and one with your Temporary Key. You need both letters to register for the new Portal.
 - If you are a Legacy Provider, you should have received your letters back in September.
 - If you have not received your letters, please call 888-996-6223 for assistance.
- In addition to the letters, you need the Tax ID that you enrolled with at Conduent or HHS Tech Group.
- The individual in your office that completes this one-time registration will be the Provider Domain Administrator. They will be able to add other users as well as other Provider Domain Administrators.

Sample Web Registration Welcome Letters

■ Web Registration Welcome Letter

 Wyoming Department of Health
Return Address:
Wyoming Medicaid Fiscal Agent
P.O. Box 1248
Cheyenne, WY 82003-1248

RecptFName RecptMName RecptLName
AddrLine3
AddrLine2
AddrLine1
City Region Postcode

mm/dd/yyyy

Dear PRVDR FNAME PRVDR L NAME:

Welcome to the new Wyoming Medicaid Benefit Management System and Services (BMS) developed, implemented and provided by CNSI. The BMS will include a secure Provider Portal where you will be able to inquire claims, verify member eligibility, inquire authorizations, check payment information, and perform other transactions as applicable such as claims submission.

To access the secure Provider Portal, you must complete the registration process.

This letter provides you with your Provider ID and Temporary ID needed for registration; for security reasons, you will receive a separate letter with your Temporary Key. Once you receive the Temporary Key you will have all the information needed to register.

To register:

1. Access the registration site at <https://www.wyomingmedicaid.com>
2. Click the **Provider menu** option at the top of the page to show the menu
3. Choose **Web Registration** from the Provider Menu
4. Complete **single sign on** to create a new user account (refer to web registration tutorial for complete instructions)
5. Enter the information listed below:

Provider ID:	<<Provider ID>>
Temporary ID:	<<Temporary ID>>
Temporary Key:	Refer to Registration Temporary Key letter (sent separately)
Tax ID:	Social Security Number (SSN) or Federal Employer Identification Number (FEIN) used during enrollment

Wyoming Medicaid Fiscal Agent
P.O. Box 1248, Cheyenne, WY 82003-1248
www.wyomingmedicaid.com


Additional information, including Web Registration Tutorials, is currently available on the new Medicaid Website at <https://www.wyomingmedicaid.com>. Other information such as manuals, bulletins, updates, training opportunities and policy changes will also be available on this website.

Single Sign-On user ID's and passwords are required when logging into the Wyoming BMS Provider Portal.

Please contact us at wyprouitreach@cnsi-inc.com if you have any questions or require assistance in completing the registration process.

Sincerely,
Provider Outreach
WY_PE001

■ Web Registration Security Letter

 Wyoming Department of Health
Return Address:
Wyoming Medicaid Fiscal Agent
P.O. Box 1248
Cheyenne, WY 82003-1248

RecptFName RecptMName RecptLName
AddrLine3
AddrLine2
AddrLine1
City Region Postcode

mm/dd/yyyy

Dear PRVDR FNAME PRVDR L NAME:

Welcome to the new Wyoming Medicaid Benefit Management System and Services (BMS) developed, implemented and provided by CNSI. The BMS will include a secure Provider Portal where you will be able to inquire claims, verify member eligibility, inquire authorizations, check payment information, and perform other transactions as applicable such as claims submission.

This letter provides you with your Provider ID and Temporary Key needed for registration. For security reasons, you will receive a separate letter with detailed registration instructions and your Temporary ID. Once you receive the Temporary ID, please use the information below to complete registration.

Provider ID:	<<Provider ID>>
Temporary ID:	Refer to Registration Temporary ID letter (sent separately)
Temporary Key:	<<Temporary Key>>
Tax ID:	Social Security Number (SSN) or Federal Employer Identification Number (FEIN) used during enrollment

Additional information, including Web Registration Tutorials, is currently available on the new Medicaid Website at <https://www.wyomingmedicaid.com>. Other information such as manuals, bulletins, updates, training opportunities and policy changes will also be available on this website.

Please contact us at wyprouitreach@cnsi-inc.com, if you have any questions or require additional information to complete the registration process.

Wyoming Medicaid Fiscal Agent
P.O. Box 1248, Cheyenne, WY 82003-1248
www.wyomingmedicaid.com

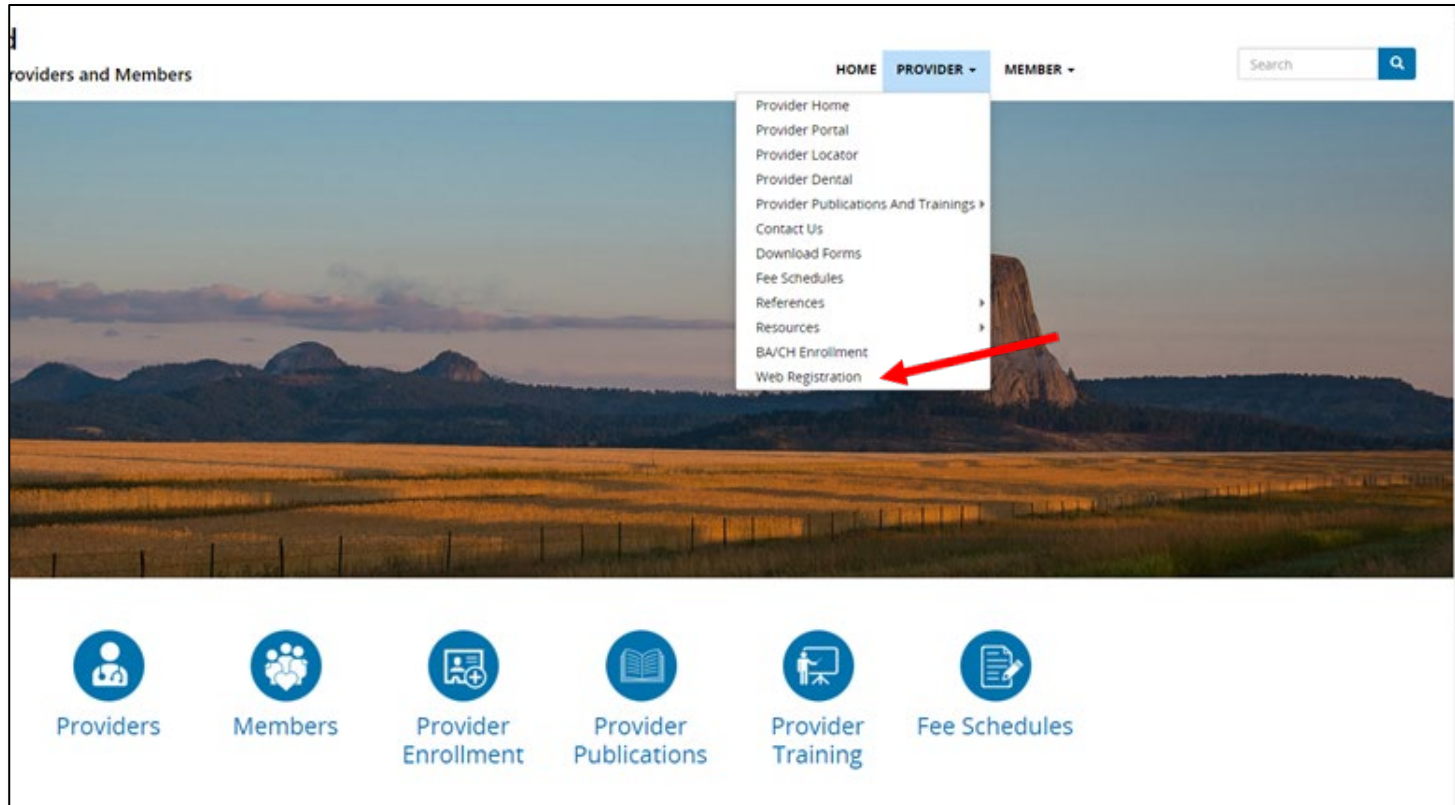
Sincerely,
Provider Outreach
WY_PE003

Overview of the Provider Domain Administrator's Steps

Provider Domain Administrator Steps

1. Provider Domain Administrators initially create their personal user ID through Okta Single Sign-On (SSO) registration process
2. Upon successfully establishing your user ID and password, you are directed to begin the provider registration process
 - These are the 4 elements that you will need:
 - i. Provider ID
 - ii. Temporary ID
 - iii. Temporary Key
 - iv. Tax ID (SSN/EIN)

Let's Get Started



- Access the Medicaid Website at: <https://www.wyomingmedicaid.com/>.
- Select **Web Registration**. The Okta Single Sign-On (SSO) page opens.

Single Sign-On (SSO)

Wyoming
Department
of Health

Sign In - Non Production

Username

Password

Remember me

Sign In

OR

New users click here

Need Help Signing In?

- Provider Domain Administrator selects **New users click here** to create their personal user ID (Username).
- The **Create Account** page opens.

Create SSO User Account



Wyoming
Department
of Health

Create Account

Username *

First name *

Last name *

Email *

Mobile

[← Back to Sign In](#) [➔ Register](#)

1. Complete the required fields indicated by an asterisk (*):

- Username
- First name
- Last name
- Email

2. Select **Register**.

Keep in mind this is your personal user id (username) and password!

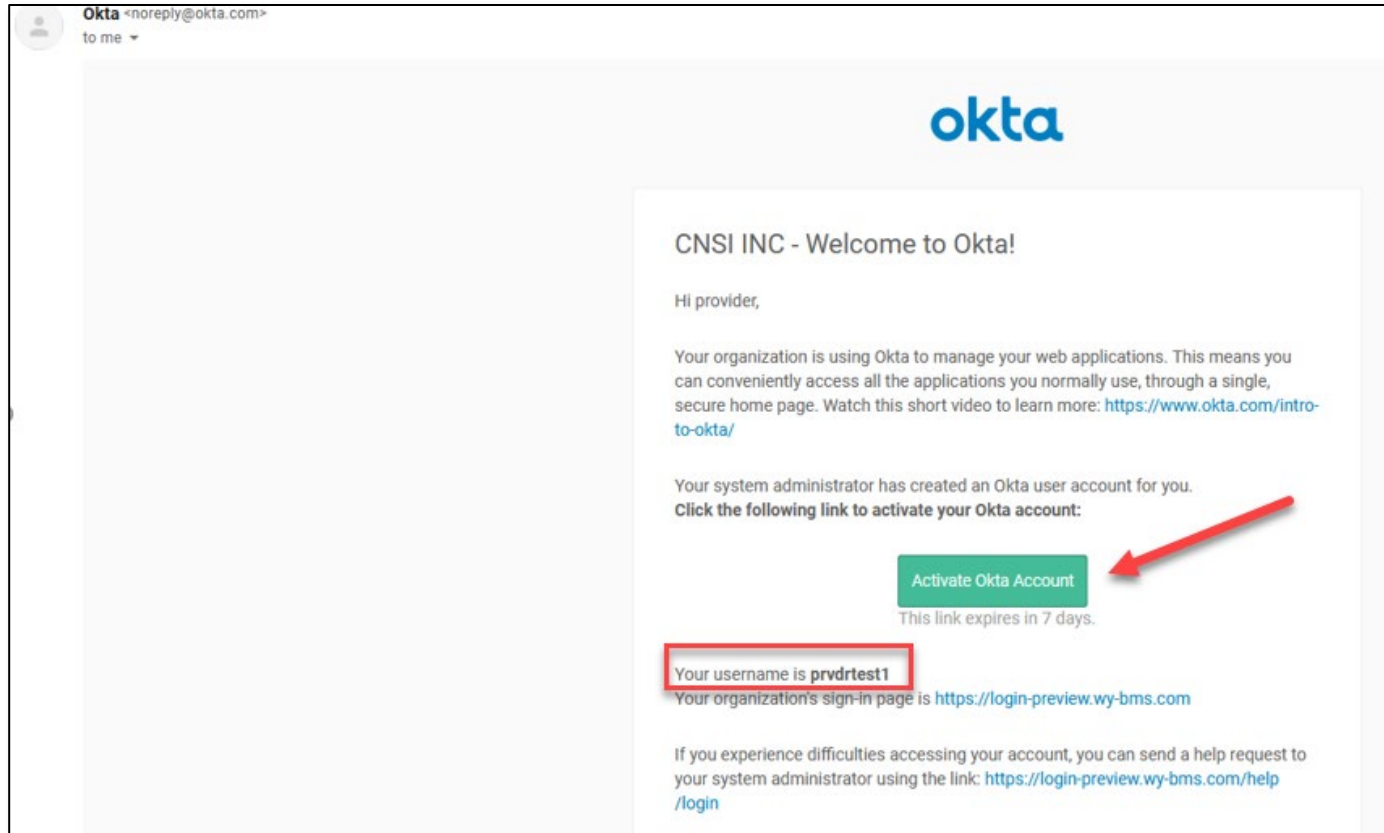
When you want to add new users and administrators, they will also create their own SSO account.

Registering As.....

The screenshot displays the Wyoming Department of Health registration interface. At the top center is the Wyoming Department of Health logo. Below it is a registration form with the following fields: Username (prvdrtest), Provider Name (provider), Test Name (test), Email (prvdrtest@gmail.com), and Mobile. A modal window titled "Registering as" is overlaid on the form, containing two radio button options: "Provider" (selected) and "Member". The modal also includes "Close" and "Register" buttons. At the bottom of the registration form, there are "Back to Sign In" and "Register" buttons.

- On this page, select the **Provider** radio button.
- Select **Register**.

Okta Activation Email



- Go to the email account you registered with and look for the “Welcome to Okta!” activation email.
- Make note of your username.
- Select **Activate Okta Account** to set up your user password.

Activate Your User Account

Wyoming Department Of Health

Welcome to CNSI INC, provider!
Create your CNSI INC account

Enter new password

.....

Password requirements:

- At least 8 characters
- A lowercase letter
- An uppercase letter
- A number
- No parts of your username
- Your password cannot be any of your last 4 passwords

Repeat new password

Choose a forgot password question

What is the food you least liked as a child? ✓

Answer

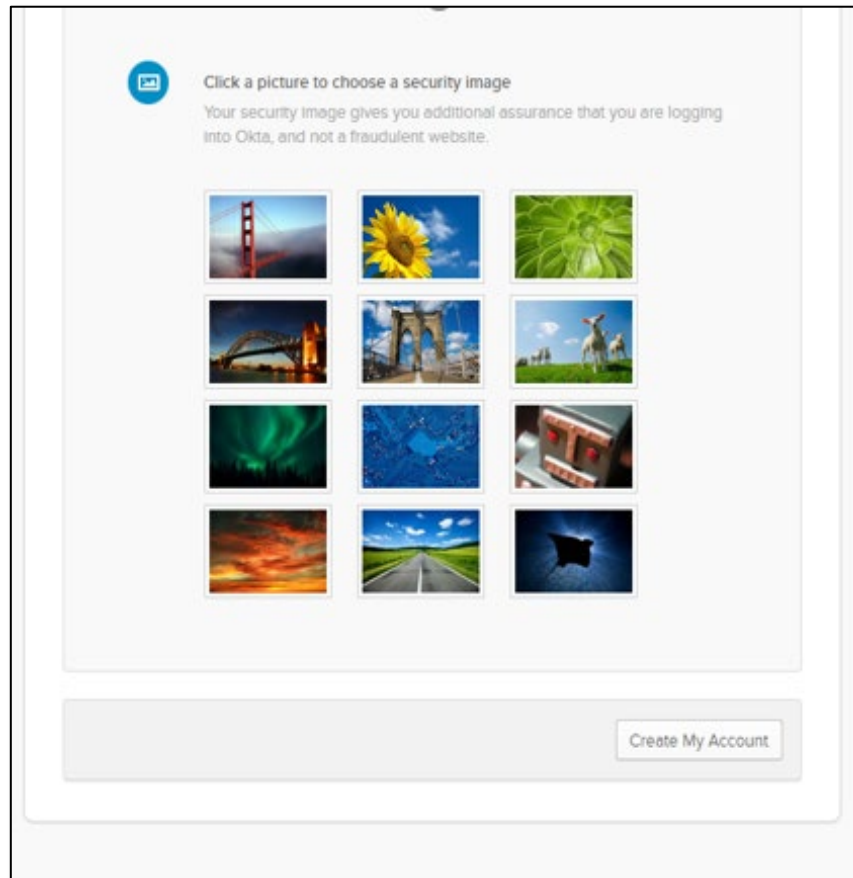
To activate your Okta SSO account, you must create a secure password.

1. Enter a new password in the applicable fields, making sure to meet the password requirements.
2. Select a security question from the next drop-down list, then enter your answer in the following field.

Make a note of your username, password, and security answer and place in a secure location.

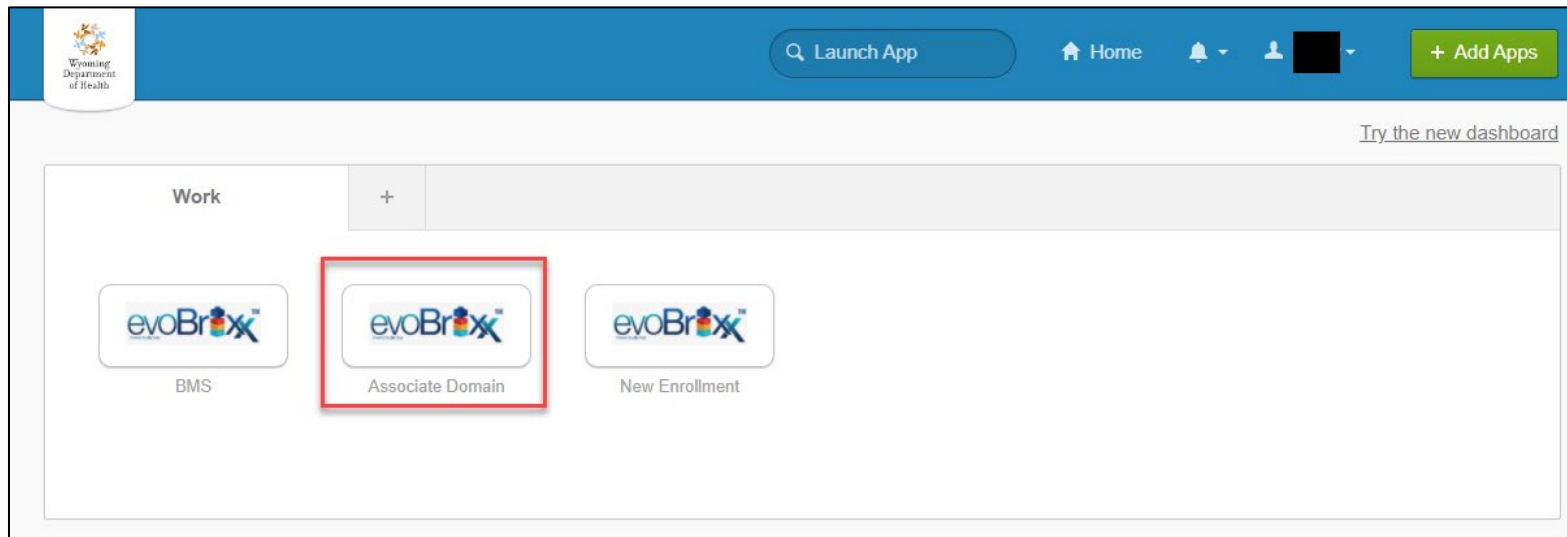
The next step is to select a security image.

Select a Security Image



- Select a security image that is easy to remember.
- NOTE:** This information is needed if you forget your password.
2. Select **Create My Account**.
 3. The system directs you to the **SSO** landing page.

SSO Landing Page



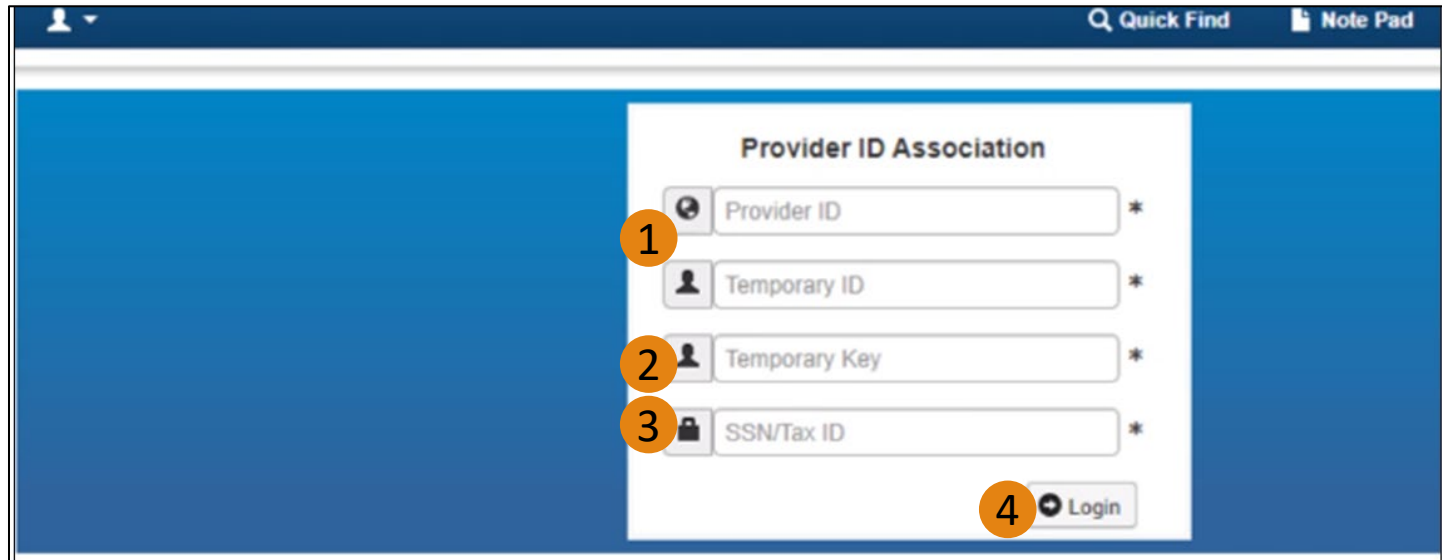
This is the SSO landing page where you can access the following:

- BMS Provider Portal
- Associate Domain
- New Enrollment
- HMS TPL Disallowance Portal

Select **Associate Domain** to register.

Provider ID Association

- **Important!** When receiving multiple letters make sure to match them up correctly by using the Provider ID on both letters.



The screenshot shows a web application window titled "Provider ID Association". The window has a dark blue header with "Quick Find" and "Note Pad" icons. The main content area is white and contains four input fields, each with a red circle and a number next to it: 1. "Provider ID" (with a key icon), 2. "Temporary ID" (with a person icon), 3. "Temporary Key" (with a person icon), and 4. "SSN/Tax ID" (with a lock icon). Each field has an asterisk to its right. At the bottom right of the form is a "Login" button with a key icon.

1. From the Welcome Letter:
 - **Provider ID:** Enter the Provider ID
 - **Temporary ID:** Enter the Temporary ID
2. From the Security Letter:
 - **Temporary Key:** Enter the Temporary Key number
3. Enter the Tax ID (SSN/EIN) in the **SSN/Tax ID** field.
4. Select **Login**.
 - The system directs you to the Provider Portal page to select your Provider Domain Administrator Profile.

Provider Portal – Select Profile

The user has successfully accessed the Provider Portal!

The screenshot shows the Wyoming Department of Health Provider Portal. At the top left, the Wyoming Department of Health logo is visible. Below it, a dark blue header bar contains the user ID 'wy568800005LN,wy568800005FN'. The main content area features a large blue background with a white box containing the Wyoming Department of Health logo and the text 'Wyoming Department of Health'. Below this, there is a dropdown menu with the value '568800005' and a red asterisk. A 'Select Profile' dropdown menu is open, showing options: 'Select Profile', 'Claims Access', 'Eligibility Inquiry', 'Prior Authorization Access', 'Provider Access', and 'Provider Domain Administrator'. A 'Go' button is located to the right of the dropdown menu.

- This first screen displays:
 - Provider name and number (this is your Provider Domain)
 - Option to select a profile
- Provider profile options display
 - Initially, select **Provider Access**

The next slides list and define the profiles.

Profile Name	Access Rights
Provider Domain Administrator	<p>Allows the Provider user to perform:</p> <ul style="list-style-type: none"> • User Account Maintenance for accounts, including Associating Security Profiles and Approving New User Accounts
Prior Authorization (PA) Access	<p>Allows the Provider user to perform:</p> <ul style="list-style-type: none"> • View and Inquire on PAs
Provider Access	<p>Allows the Provider user to perform:</p> <ul style="list-style-type: none"> • View Provider Information • Manage EDI Information – contact information • Manage SFTP User Account – create user and password reset • Manage Mode of Claim Submission • Retrieve Paper RAs • Associate Billing Agents and Clearinghouse • Submit/Upload HIPAA batch transactions (270, 276, 837) • Online batch claims submission (837 D, I, P) • Retrieve HIPAA responses (835) • Retrieve acknowledgement and responses (999, TA1, 271, 277)

Profile Name	Access Rights
Claims Access	<p>Allows the Provider user to perform:</p> <ul style="list-style-type: none"> • Claims inquiry (837 D, I, P) • Claims inquiry on pharmacy claims • Online claims entry or direct data entry (DDE) • Claim adjustment/void • Resubmit denied/voided claims • View and download remittance advice (view payment)
Eligibility Inquiry	<p>Allows the Provider user to perform:</p> <ul style="list-style-type: none"> • Inquire on Member Eligibility • Enter and inquire on PASRR Level I

Provider Portal Home Page

Getting familiar with the BMS Provider Portal

The screenshot shows the BMS Provider Portal Home Page. The page is titled "Wyoming Department of Health" and "Provider Portal". The main navigation bar includes "My Inbox", "Provider", "Ask Medicaid", "Note Pad", "External Links", "My Favorites", "Print", and "Help". The "Provider" dropdown menu is open, showing options: "VIEW PROVIDER", "Manage Provider Information", and "HIPAA". The "Manage Provider Information" option is highlighted with a red box and a blue circle labeled "2". The "Provider" dropdown is also highlighted with a red box and a blue circle labeled "1". The "Provider ID/NPI: 5889" is displayed on the left. The "Name: Test" is displayed in the middle. The page includes a "System Notification" section, a "My Reminders" section, and a "Calendar" section. The footer contains "Page ID: pgProviderPortal(My Inbox)", "Environment: evoBrix X - R1.0", and "Server Time: 05/07/2021 08:03:52 MDT".

- **Username:** Displays on the top left.
- **Provider ID/NPI:** Displays on the left
- **Provider Name:** Displays in the middle of the screen

Select the **Provider** tab to verify and update your information:

1. Select the **Provider** drop-down list.
2. Select **Manage Provider Information**.

Manage Provider Information

<input type="checkbox"/> Step	Required	Last Modification Date
<input type="checkbox"/> Step 1: Provider Basic Information	Required	03/11/2021
<input type="checkbox"/> Step 2: Locations	Required	03/11/2021
<input type="checkbox"/> Step 3: Taxonomy Details	Required	03/11/2021
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	03/11/2021
<input type="checkbox"/> Step 5: Identifiers	Optional	03/11/2021
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional	03/11/2021
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	03/26/2021
<input type="checkbox"/> Step 8: EDI Contact Information	Required	03/25/2021
<input type="checkbox"/> Step 9: Associate Billing Agent	Required	03/26/2021
<input type="checkbox"/> Step 10: Upload Documents	Optional	03/11/2021
<input type="checkbox"/> Step 11: Complete Trading Partner Agreement	Required	03/11/2021
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	03/11/2021

View Page:

1. Provider Domain Administrators should specifically review Steps 1-6 for accuracy
2. Select the blue hyperlinks in steps 1-6 to view Provider information and become familiar with the screens.
 - If there are inaccuracies in Steps 1-6, contact HHS Tech Group to have it changed. There is a link on our website.

Steps 1 – 6

- Step 1: Provider Basic Information – includes Provider name, doing business as, NPI, tax ID, enrollment status and active eligibility date range, and email address
- Step 2: Locations – lists locations and within each Provider
 - Displays phone and fax numbers, and addresses by type (correspondence, physical location)
- Step 3: Taxonomy Details – lists the taxonomy code(s) you submit claims with and description
- Step 4: License/Certification/Other – displays items such as CLIA certifications
- Step 5: Identifiers – displays a complete list of Provider identifiers, such as tax ID and Medicaid Provider ID
- Step 6: View Servicing Provider Details – lists servicing or treating Providers for groups

Steps 7 - 12

Steps 7–9 & 11–12 are related to EDI (electronic data interchange) claims submission, selecting a billing agent or clearinghouse (BA/CH), trading partner agreement, and submitting modification requests for EDI updates.

- Provider Domain Administrators should specifically review:
 - Step 7: Mode of Claims Submission/EDI Exchange
 - Step 8: EDI Contact Information
 - Step 9: Associate Billing Agent
 - Step 11: Complete Trading Partner Agreement (TPA)
 - Step 12: Submit Modification Request

- Next, we go over these steps in detail

Step 7: Mode of Claim Submission/EDI Exchange

Wyoming Department of Health

My Inbox ▾ Provider ▾

wy: [redacted] LN,wy [redacted] FN ▾ Ask Medicaid

Provider Portal > Group Modification

Provider ID/NPI: 2 [redacted] / [redacted] Name: [redacted] Health Care

Close Undo Update

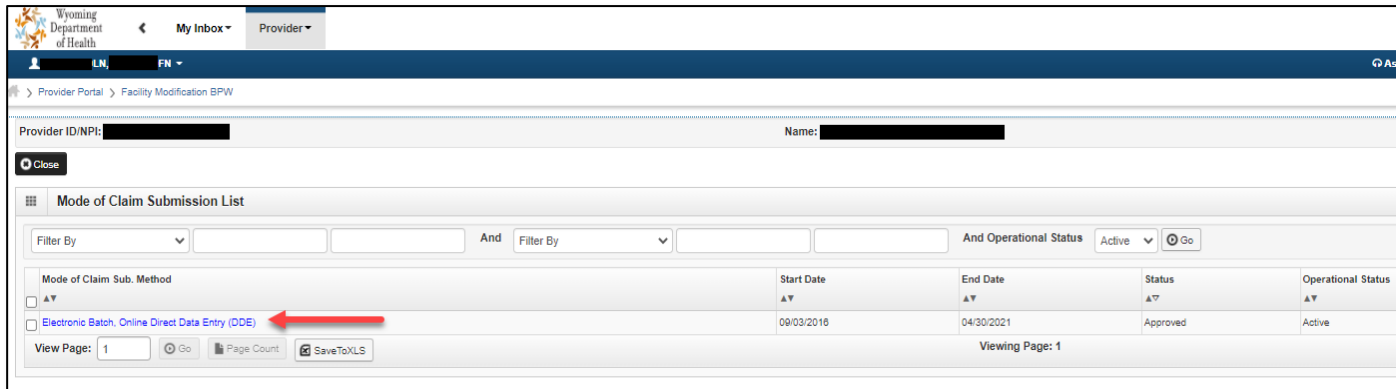
View/Update Provider Data - Group Practice

<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/> Step 1: Provider Basic Information	Required	04/07/2021	04/07/2021	Complete
<input type="checkbox"/> Step 2: Locations	Required	04/07/2021	04/07/2021	Complete
<input type="checkbox"/> Step 3: Taxonomy Details	Required	04/07/2021	04/07/2021	Complete
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	04/07/2021	04/07/2021	Complete
<input type="checkbox"/> Step 5: Identifiers	Optional	04/07/2021	04/07/2021	Complete
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional	04/07/2021	04/07/2021	Complete
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	04/07/2021	04/07/2021	Incomplete
<input type="checkbox"/> Step 8: EDI Contact Information	Optional	04/07/2021	04/07/2021	Incomplete
<input type="checkbox"/> Step 9: Associate Billing Agent	Optional	04/07/2021	04/07/2021	Incomplete
<input type="checkbox"/> Step 10: Upload Documents	Optional	04/07/2021	04/07/2021	Incomplete
<input type="checkbox"/> Step 11: Complete Trading Partner Agreement	Optional	04/07/2021	04/07/2021	Incomplete
<input type="checkbox"/> Step 12: Submit Modification Request	Required	04/07/2021	04/07/2021	Incomplete

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

Select the blue link to display the **Mode of Claim Submission** page

Step 7: Mode of Claim Submission/EDI Exchange



- Online Direct Data Entry (DDE) is defaulted
- This sample Provider's modes of claim submission are "Electronic Batch" and "Online Direct Data Entry (DDE)"
- Select the blue link to expand to view the details and to make changes

Step 7: Mode of Claim Submission/EDI Exchange

Wyoming Department of Health
MyInbox > [redacted] > Provider > [redacted]

Provider ID/NPI: [redacted] Name: [redacted]

Mode of Claims Submission/EDI exchange

Please select the submission methods from EDI Exchange and/or Other Claims Submission as applicable.

Trading Partner ID:

EDI exchange

Method	Description	Applicable Transactions
<input checked="" type="checkbox"/> Electronic Batch	To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB)	837P- Professional (FFS), 837I -Institutional(FFS), 837D -Dental(FFS), 270/271 -Eligibility,Inquiry/Response, 276/277-Claim Status Inquire/Response
<input type="checkbox"/> Billing Agent/Clearinghouse	To submit/receive HIPAA transactions through billing agent	837P- Professional (FFS/Encounter), 837I -Institutional(FFS/Encounter), 837D -Dental(FFS/Encounter), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status

Other Claims Submission

Method	Description
<input type="checkbox"/> Paper Claims	To submit FFS paper claims
<input checked="" type="checkbox"/> Direct Data Entry (DDE)	To submit FFS claims via online screens

Status: Approved

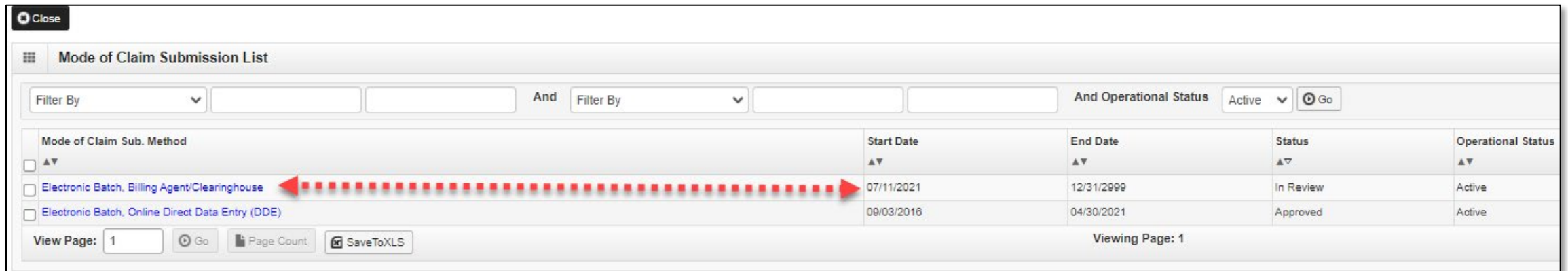
DDE is defaulted and cannot be unselected.

1. When using a billing agent, select the **Billing Agent/Clearinghouse (BA/CH)** checkbox.
2. Select **Save**.
3. Select **Close** to return to the previous screen with the 12 steps.

Step 7: Mode of Claim Submission/EDI Exchange

The **Mode of Claim Submission List** displays your new selection with the start date as the date of the selection.

- Select **Close** to return to the 12 steps page.



The screenshot shows the 'Mode of Claim Submission List' interface. At the top left, there is a 'Close' button. Below it, the title 'Mode of Claim Submission List' is displayed. The interface includes filter fields for 'Filter By' and 'And Operational Status' (set to 'Active'), along with a 'Go' button. A table lists the submission methods with their respective start and end dates, status, and operational status. A red dashed arrow points from the 'Electronic Batch, Billing Agent/Clearinghouse' row to the 'Close' button.

Mode of Claim Sub. Method	Start Date	End Date	Status	Operational Status
<input type="checkbox"/> Electronic Batch, Billing Agent/Clearinghouse	07/11/2021	12/31/2999	In Review	Active
<input type="checkbox"/> Electronic Batch, Online Direct Data Entry (DDE)	09/03/2016	04/30/2021	Approved	Active

View Page: 1 | Go | Page Count | SaveToXLS | Viewing Page: 1

Step 7: Mode of Claim Submission/EDI Exchange

View/Update Provider Data - Group Practice		
<input type="checkbox"/> Step	Required	Last Modification Date
<input type="checkbox"/> Step 1: Provider Basic Information	Required	03/11/2021
<input type="checkbox"/> Step 2: Locations	Required	03/11/2021
<input type="checkbox"/> Step 3: Taxonomy Details	Required	03/11/2021
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	03/11/2021
<input type="checkbox"/> Step 5: Identifiers	Optional	03/11/2021
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional	03/11/2021
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	03/26/2021
<input type="checkbox"/> Step 8: EDI Contact Information	Required	03/25/2021
<input type="checkbox"/> Step 9: Associate Billing Agent	Required	03/26/2021
<input type="checkbox"/> Step 10: Upload Documents	Optional	03/11/2021
<input type="checkbox"/> Step 11: Complete Trading Partner Agreement	Required	03/11/2021
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	03/11/2021

View Page: 1

1. Since we made an update in Step 7, the **View/Update Provider Data** page now reflects newly required steps.
2. Steps 8, 9, 11, and 12 now require action.

Step 8: EDI Contact Information

Close Add

Provider EDI Contact List

Filter By [] And Filter By [] And Operational Status Active [] Go

Contact Name	Contact Phone	Contact E-mail	Status	Start Date	End Date
--------------	---------------	----------------	--------	------------	----------

No Records Found!

Provider ID/NPI: [] Name: []

Add EDI Contact

First Name: Test *
Last Name: Tester *
Phone Number: (307) 555-5555 *
Fax Number: (307) 460-7400 *
Email Address: myprovideroutreach@cnsi *
Start Date: 07/11/2021 *
End Date: 12/31/2999 *
Address Line 1: 3001 E Pershing Blvd *
Address Line 2: *
Address Line 3: (Enter Street Address or PO Box Only)
City/Town: Cheyenne *
State/Province: WYOMING *
Country: UNITED STATES *
Zip Code: 82001 * - 5704 *
Validate Address

Address validation successful

OK Cancel

Page ID: dgAddEDIContact/Provider

1. Select **+Add** to add an EDI contact from your office.
2. Complete all required fields notated by an asterisk (*)

NOTE: Addresses must be validated

3. Select **Ok**.
 - To add another EDI contact, repeat these steps.
4. Select **Close** to exit the page

Step 8: EDI Contact Information

Contact Name	Contact Phone	Contact E-mail	Status	Start Date	End Date
Tester, Test	3075555555	wyprovideroutreach@cns-inc.com	In Review	07/11/2021	12/31/2999

- EDI contact name was successfully added
- Step 8: EDI contact now reflects “Updated” and the status is “Complete”

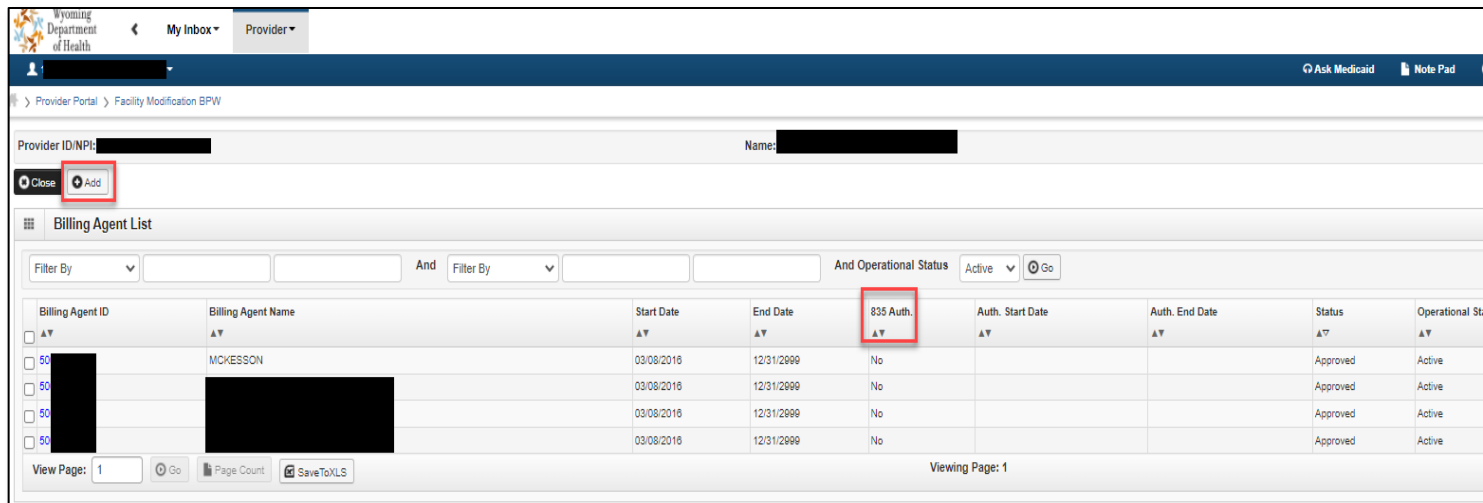
Select the blue link for Step 9 to expand to view the details and to make changes

Step	Required	Last Modification Date
<input type="checkbox"/> Step 1: Provider Basic Information	Required	03/11/2021
<input type="checkbox"/> Step 2: Locations	Required	03/11/2021
<input type="checkbox"/> Step 3: Taxonomy Details	Required	03/11/2021
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	03/11/2021
<input type="checkbox"/> Step 5: Identifiers	Optional	03/11/2021
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional	03/11/2021
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	03/26/2021
<input type="checkbox"/> Step 8: EDI Contact Information	Required	03/25/2021
<input type="checkbox"/> Step 9: Associate Billing Agent	Required	03/26/2021
<input type="checkbox"/> Step 10: Upload Documents	Optional	03/11/2021
<input type="checkbox"/> Step 11: Complete Trading Partner Agreement	Required	03/11/2021
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	03/11/2021

Step 9: Associate Billing Agent

In our example, this Provider already has a list of active BA/CHs, but we are going to add another BA/CH for this Provider. If there is nothing in your list, then you will also select **ADD**.


- Select **+Add** to add or to search for the new BA/CH to add to your file.



The screenshot shows the Wyoming Department of Health Provider Portal. The 'Billing Agent List' is displayed with the following data:

Billing Agent ID	Billing Agent Name	Start Date	End Date	835 Auth.	Auth. Start Date	Auth. End Date	Status	Operational Status
50	MCKESSON	03/08/2016	12/31/2099	No			Approved	Active
50		03/08/2016	12/31/2099	No			Approved	Active
50		03/08/2016	12/31/2099	No			Approved	Active
50		03/08/2016	12/31/2099	No			Approved	Active

In the **835 Auth** column, notice that none of the BA/CHs are receiving this Provider's 835 transaction.

 Remember, 835 files can only be delivered to one (1) Provider or BA/CH

Step 9: Associate Billing Agent / Clearinghouse (BA/CH)

Provider ID/NPI: 1432842001588846962 Name: POWELL HEALTH CARE COALITION

Manage Billing Agent Association

Enter Billing Agent ID and click "Confirm/Search Billing Agent"

Billing Agent ID: *
 Association Start Date: *
 Billing Agent Name:
 Association End Date:

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Page ID: dgAssocSubmitter(Provider)

1. If you have the BA/CH ID#, enter it in the **Billing Agent ID** field.
2. Select the **Association Start Date** and **End Date**.
 - If this is the BA/CH you want to receive your 835s, select the **Authorized** checkbox, enter the **Start Date** (today's date), and enter the **End Date** of 12/31/2999. Select **Confirm/Search Billing Agent**. If the ID# is correct, the name of the BA/CH will populate at the top.
3. If you do not have the BA/CH ID #, select **Confirm/Search Billing Agent** to search for them.

Step 9: Associate Billing Agent

Billing Agent ID	Billing Agent Name	Start Date	End Date
<input checked="" type="checkbox"/> 137220966	Akittahn, Qwanaahn	06/23/2016	12/31/2999
<input type="checkbox"/> 349923239	Signatio, Tuveyau	12/24/2017	12/31/2999
<input type="checkbox"/> 584964100	Reni	01/29/2021	12/31/2999
<input type="checkbox"/> 584964200	BenTest	01/29/2021	12/31/2999
<input type="checkbox"/> 584964300	WYprv	01/29/2021	12/31/2999
<input type="checkbox"/> 584964400	xyz	01/29/2021	12/31/2999
<input type="checkbox"/> 584964500	WY Billing Agent	01/29/2021	12/31/2999
<input type="checkbox"/> 584964600	Harini	02/01/2021	12/31/2999
<input type="checkbox"/> 584964700	MH health	02/28/2021	12/31/2999
<input type="checkbox"/> 584964800	Meeran	02/01/2021	12/31/2999

1. From the **Billing Agent Search List**, select the appropriate BA/CH.

NOTE: You can filter or select **Next** and **Previous** at the bottom right to scroll through the list.

Once we select the checkbox next to the Billing Agent ID we are adding, we choose **Select** in the lower right corner.

For our example, we are selecting the BA/CH of “Test Billing Agent”.

Step 9: Associate Billing Agent

Provider ID/NPI: [REDACTED] Name: [REDACTED]

Manage Billing Agent Association

Enter Billing Agent ID and click "Confirm/Search Billing Agent"

Billing Agent ID: 504971000 Billing Agent Name: Test Billing Agent

Association Start Date: 07/11/2021 Association End Date: 12/31/2999

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>		

Page ID: dgAssoc-Submitter(Provider)

Confirm/Search Billing Agent OK Cancel

1. The Association Start Date defaults to the date of the update, but you can change it to a future date.
2. If you have a specific end date, update the **End Date**. You can enter 12/31/2999 as an end date.
3. If applicable, remember to Authorize them to receive your 835s.
4. Once you make any necessary changes or approve as is, select **Ok**.

To add another BA/CH, repeat the steps above.

Step 9: Associate Billing Agent (Provider User)

- Step 9: Associate Billing Agent list the modification date and the status is complete
- There are two (2) remaining steps to complete

<input type="checkbox"/> Step	Required	Last Modification Date
<input type="checkbox"/> Step 1: Provider Basic Information	Required	03/11/2021
<input type="checkbox"/> Step 2: Locations	Required	03/11/2021
<input type="checkbox"/> Step 3: Taxonomy Details	Required	03/11/2021
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	03/11/2021
<input type="checkbox"/> Step 5: Identifiers	Optional	03/11/2021
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional	03/11/2021
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	03/26/2021
<input type="checkbox"/> Step 8: EDI Contact Information	Required	03/25/2021
<input type="checkbox"/> Step 9: Associate Billing Agent	Required	03/26/2021
<input type="checkbox"/> Step 10: Upload Documents	Optional	03/11/2021
<input type="checkbox"/> Step 11: Complete Trading Partner Agreement	Required	03/11/2021
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	03/11/2021

View Page: 1

Step 11: Complete Trading Partner Agreement (TPA)

To complete the Trading Partner Agreement (TPA):

1. To read the TPA, select the blue **here** link under **Trade Partner Agreement**.
2. Select the authorization statement checkbox under **Electronic Signature Statements of Understanding**.
3. Enter your name in the **First Name** and **Last Name** fields.
4. Select **Submit** to update.
5. Select **Close** to return to the **View/Update Provider Data** page.

The screenshot shows the Wyoming Department of Health Provider Portal interface. At the top, there is a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, there are utility links like 'Ask Medicaid', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Facility Modification BPW'. It contains a form with the following sections:

- Provider ID/NPI:** [Redacted] **Name:** [Redacted]
- Trading Partner Agreement:** Includes a 'Close' button and a 'Submit' button (highlighted with a red box). Below this is a paragraph of text and a blue 'here' link (highlighted with a red box and an arrow) for the Trading Partner Agreement Terms and Conditions.
- Electronic Signature Statements of Understanding:** Includes a 'Provider ID/NPI:' field [Redacted] and a checkbox (highlighted with a red circle) for the authorization statement.
- Submitting Person Signature:** Includes 'First Name:' and 'Last Name:' input fields (both highlighted with red boxes).

Step 11: Complete Trading Partner Agreement (TPA)

- Step 11: TPA is now complete
- You have one (1) remaining step, which is to submit all of your modifications

<input type="checkbox"/> Step	Required	Last Modification Date
<input type="checkbox"/> Step 1: Provider Basic Information	Required	03/11/2021
<input type="checkbox"/> Step 2: Locations	Required	03/11/2021
<input type="checkbox"/> Step 3: Taxonomy Details	Required	03/11/2021
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	03/11/2021
<input type="checkbox"/> Step 5: Identifiers	Optional	03/11/2021
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional	03/11/2021
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	03/26/2021
<input type="checkbox"/> Step 8: EDI Contact Information	Required	03/25/2021
<input type="checkbox"/> Step 9: Associate Billing Agent	Required	03/26/2021
<input type="checkbox"/> Step 10: Upload Documents	Optional	03/11/2021
<input type="checkbox"/> Step 11: Complete Trading Partner Agreement	Required	03/11/2021
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	03/11/2021

View Page:

Step 12: Submit Modification Request

Step 12 is a self-confirmation of the updates made

- Verify the Provider name and Provider ID/NPI one last time and select **Submit for Modification**.

Wyoming Department of Health

My Inbox Provider

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal Facility Modification BPW

Provider ID/NPI: [Redacted] Name: [Redacted]

Close Submit for Modification

Final Submission

NPI: [Redacted] EnrollmentType: Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)

I agree that the information submitted as a part of the application is correct. (Private and Confidential)

Step 12: Submit Modification Request

- All required steps are now complete, and your modification approved, select **Close**.

Wyoming Department of Health

My Inbox Provider

wy75892519LN,wy75892519FN Ask Medicaid

Provider Portal > Group Modification

Provider ID/NPI: 500139110/1306519400 Name: Joan Health Care

Close Undo Update

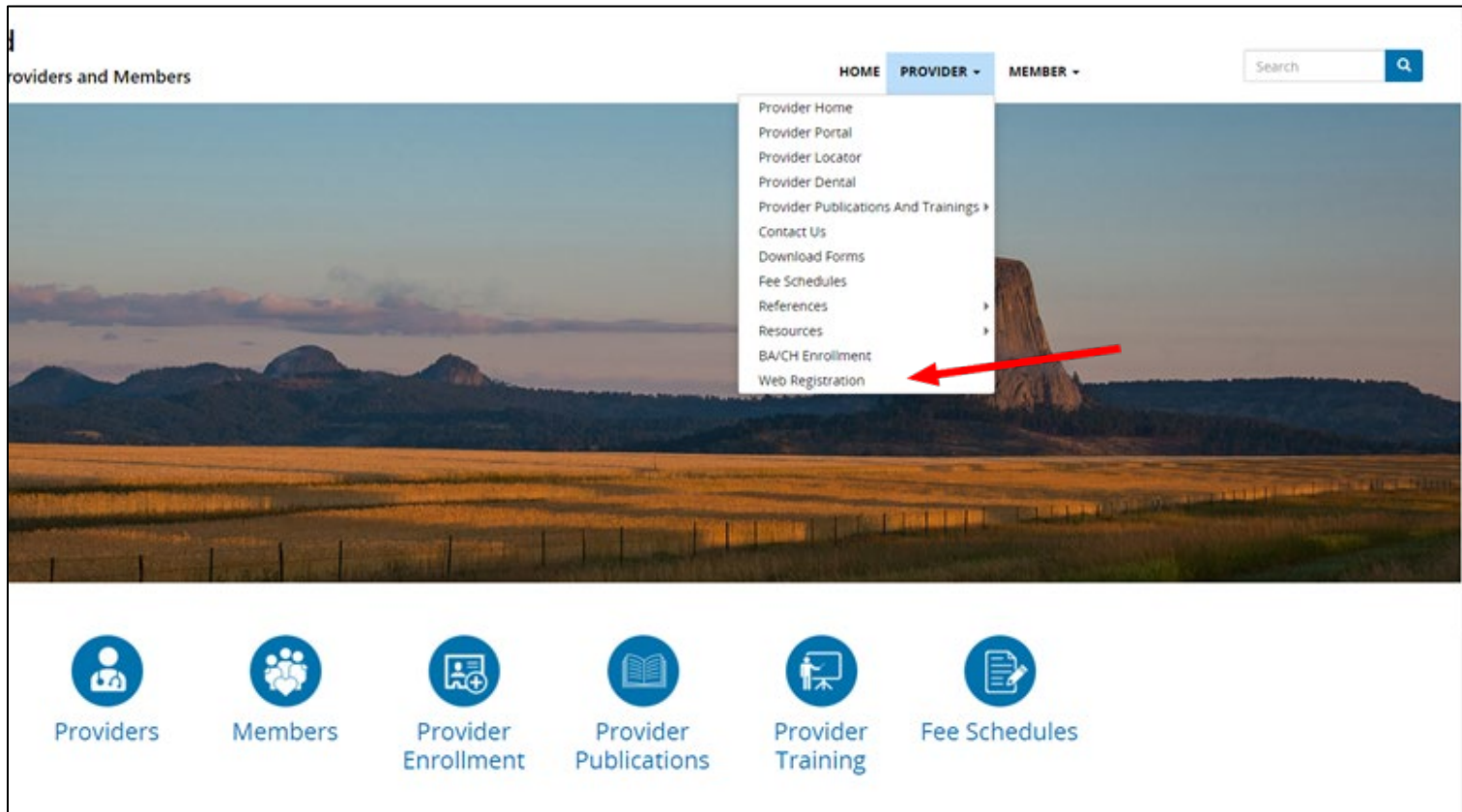
View/Update Provider Data - Group Practice

Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/> Step 1: Provider Basic Information	Required	04/21/2021	04/21/2021	Complete
<input type="checkbox"/> Step 2: Locations	Required	04/21/2021	04/21/2021	Complete
<input type="checkbox"/> Step 3: Taxonomy Details	Required	04/21/2021	04/21/2021	Complete
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	04/21/2021	04/21/2021	Complete
<input type="checkbox"/> Step 5: Identifiers	Optional	04/21/2021	04/21/2021	Complete
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional	04/21/2021	04/21/2021	Complete
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	04/22/2021	04/22/2021	Complete
<input type="checkbox"/> Step 8: EDI Contact Information	Optional	04/21/2021	04/21/2021	Complete
<input type="checkbox"/> Step 9: Associate Billing Agent	Required	01/01/1900	04/22/2021	Complete
<input type="checkbox"/> Step 10: Upload Documents	Optional	04/21/2021	04/21/2021	Complete
<input type="checkbox"/> Step 11: Complete Trading Partner Agreement	Required	04/22/2021	04/22/2021	Complete
<input type="checkbox"/> Step 12: Submit Modification Request	Required	04/22/2021	04/21/2021	Complete

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

Adding New Users & Additional Administrators

- Access the Medicaid Website at www.wyomingmedicaid.com/



- We highly recommend having an additional administrator!
- Instruct your new user to go to the Medicaid Website and select **Web Registration**.

Adding New Users & Additional Administrators

Wyoming
Department
of Health

Sign In - Non Production

Username
|

Password

Remember me

Sign In

OR

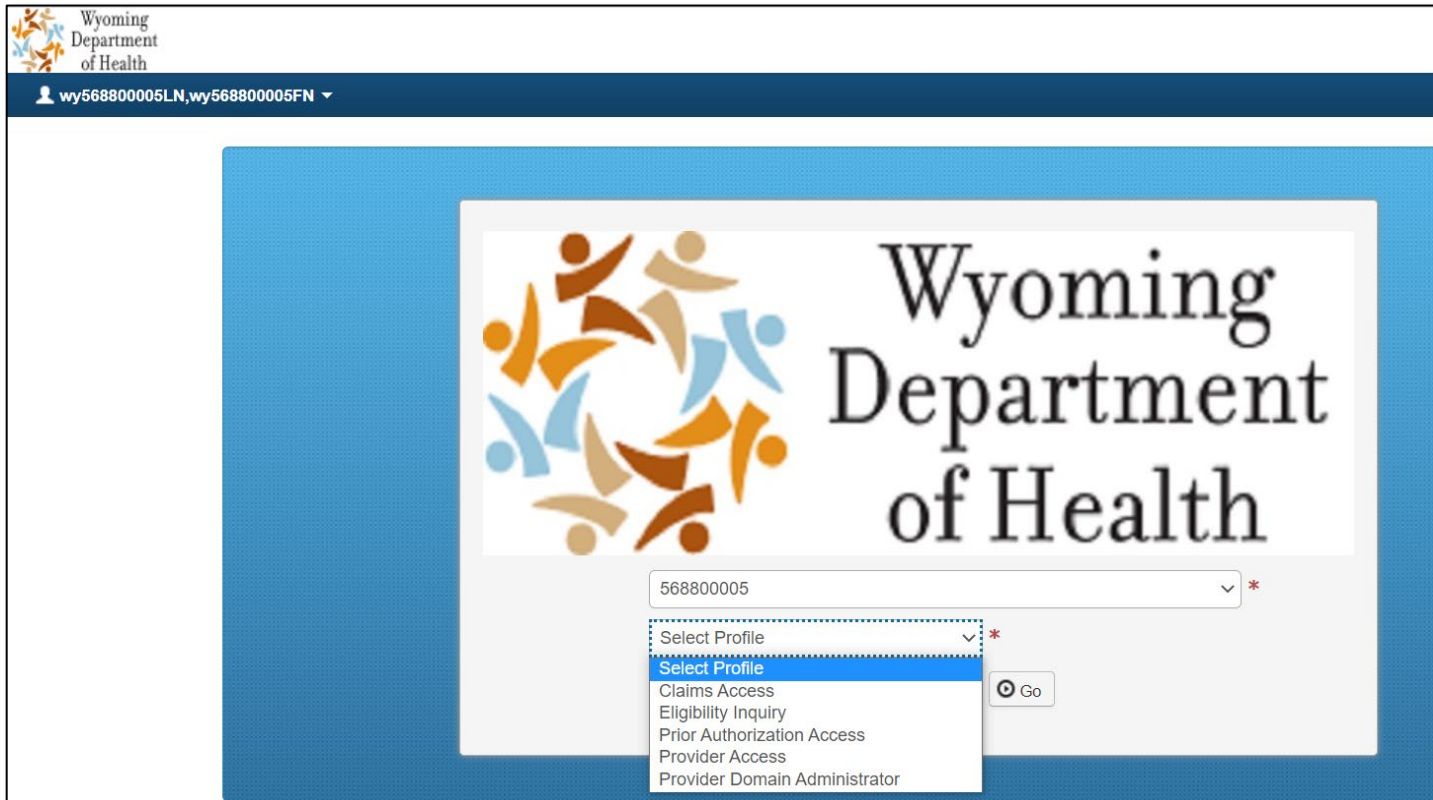
New users click here

Need Help Signing In?

- The new user must first complete the Okta Single Sign-On to create their user ID and password, just like you did.

NOTE: Once they have completed the steps the SSO Landing page appears. This is where they will stop and provide **you** with **their User ID only**, so you can associate their user ID to the Provider Domain.

Adding New Users & Additional Administrators

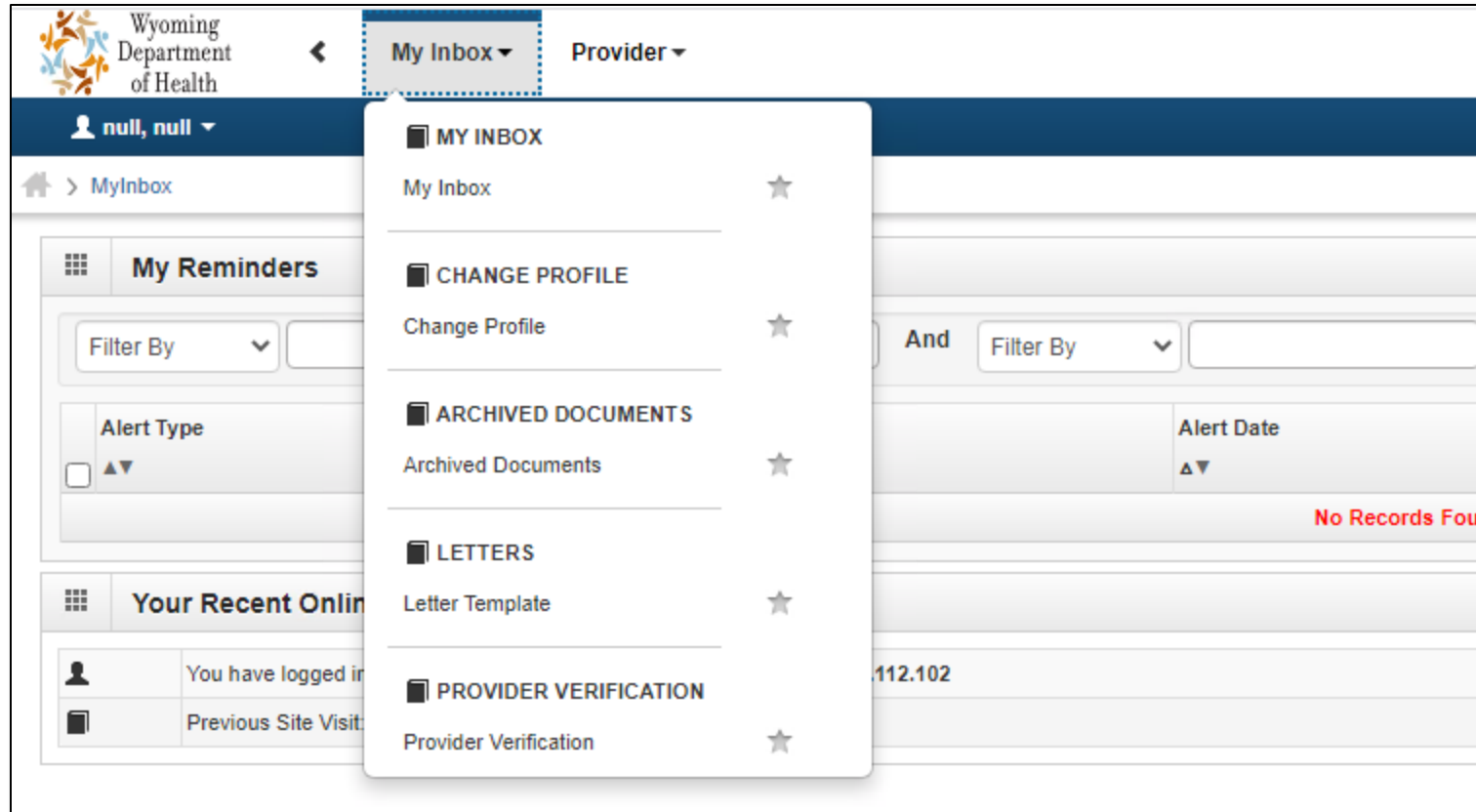


The screenshot shows the Wyoming Department of Health Provider Portal interface. At the top left, the Wyoming Department of Health logo and name are visible. Below that, a user ID 'wy568800005LN,wy568800005FN' is displayed. The main content area features the Wyoming Department of Health logo and name. Below the logo, there is a dropdown menu with the value '568800005' and a red asterisk. A second dropdown menu is open, showing the following options: 'Select Profile', 'Claims Access', 'Eligibility Inquiry', 'Prior Authorization Access', 'Provider Access', and 'Provider Domain Administrator'. A 'Go' button is located to the right of the dropdown menus.

If you have logged out of the Portal and once you have the new user's ID:

1. Log in to the Provider Portal.
2. Select **Provider Domain Administrator** profile.

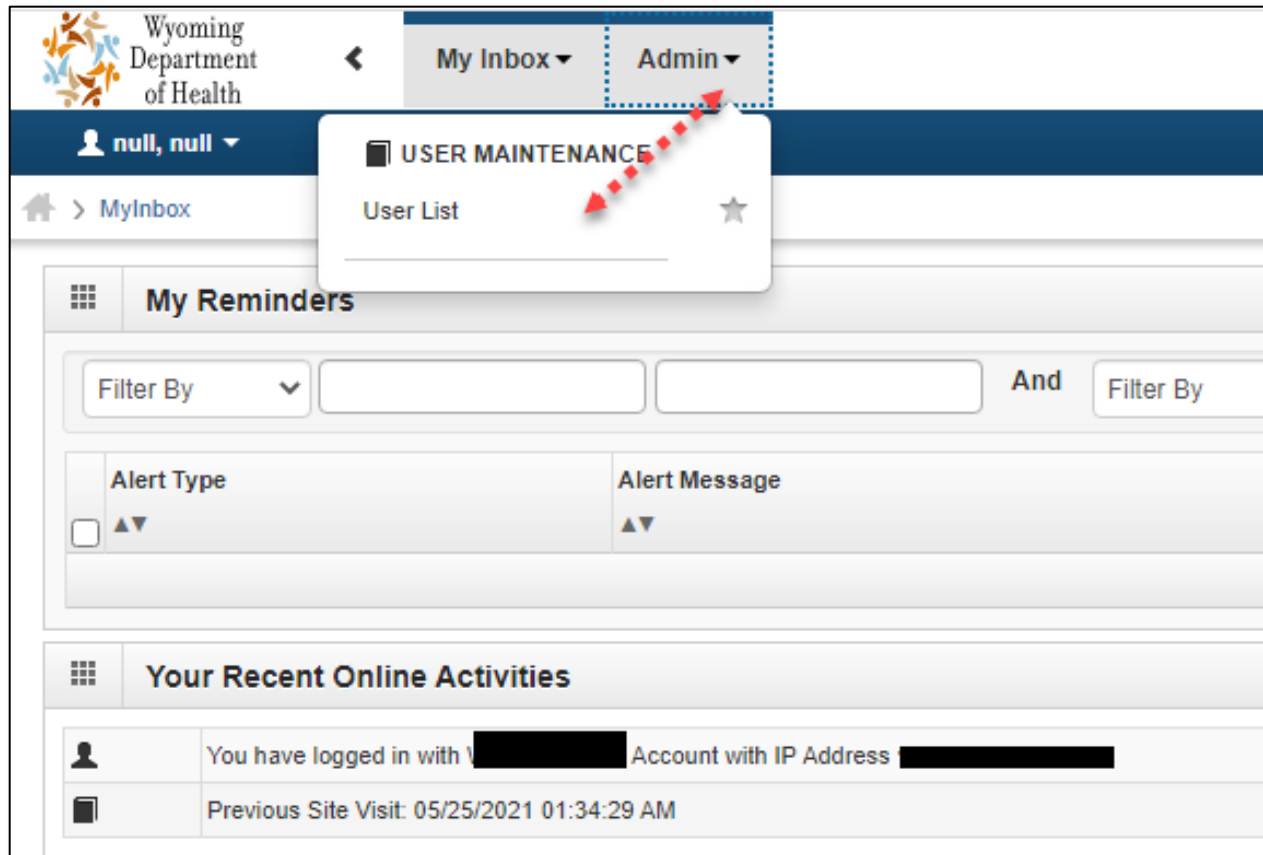
Adding New Users & Additional Administrators



If you are already logged on to the Provider Portal:

1. To change your profile from “Provider” to “Provider Administrator”, select **Change Profile** from the **My Inbox** dropdown list.

Adding New Users & Additional Administrators



1. The **Admin** tab displays.
2. Select **User List** to begin adding new users and administrators.

Adding New Users & Additional Administrators

The screenshot shows the Wyoming Department of Health Admin interface. The top navigation bar includes the logo, 'Wyoming Department of Health', and navigation links for 'My Inbox' and 'Admin'. Below this, there is a user profile section with 'null, null' and a dropdown arrow. The main content area shows a breadcrumb trail 'MyInbox > UserList'. A toolbar contains a 'Close' button and a '+ Add' button, which is highlighted with a red box. Below the toolbar is a 'Manage Users' section with a grid icon. A filter section includes two 'Filter By' dropdown menus, an 'And' connector, and a 'Go' button. The first 'Filter By' dropdown is highlighted with a green box. Below the filter section is a table with columns for 'Domain Name', 'Name', and 'Organization', each with a dropdown arrow.

1. The **User List** page lists all the users.
2. To add a new user, select **+Add**.

Adding New Users & Additional Administrators

Please enter the following information

User ID: * [Enter Single Sign On ID]

Provider Domain:

Start Date: *

Expiration Date: *

Available Profiles

- Claims Access
- Eligibility Inquiry
- Prior Authorization Access
- Provider Access
- Provider Domain Administrator

Selected Profiles *

Remarks:

Ok Cancel

1. Enter the new **User ID**
If more than one **Provider Domain** (Provider ID), select the one to which you want to associate this user.
2. The **Start Date** defaults to the current day's date and cannot be back dated
3. Select the **Profile** you want this user to have. In our example, we will add an additional Provider Administrator.

Adding New Users & Additional Administrators

Please enter the following information

User ID: * [Enter Single Sign On ID]

Provider Domain:

Start Date: *

Expiration Date: *

Available Profiles

- Claims Access
- Eligibility Inquiry
- Prior Authorization Access
- Provider Access

Selected Profiles *

- Provider Domain Administrator

Remarks:

Provider Portal > UserList

Close Add

Manage Users

Filter By And Filter By Go

Domain Name	Name	Organization	Status
<input type="checkbox"/>			

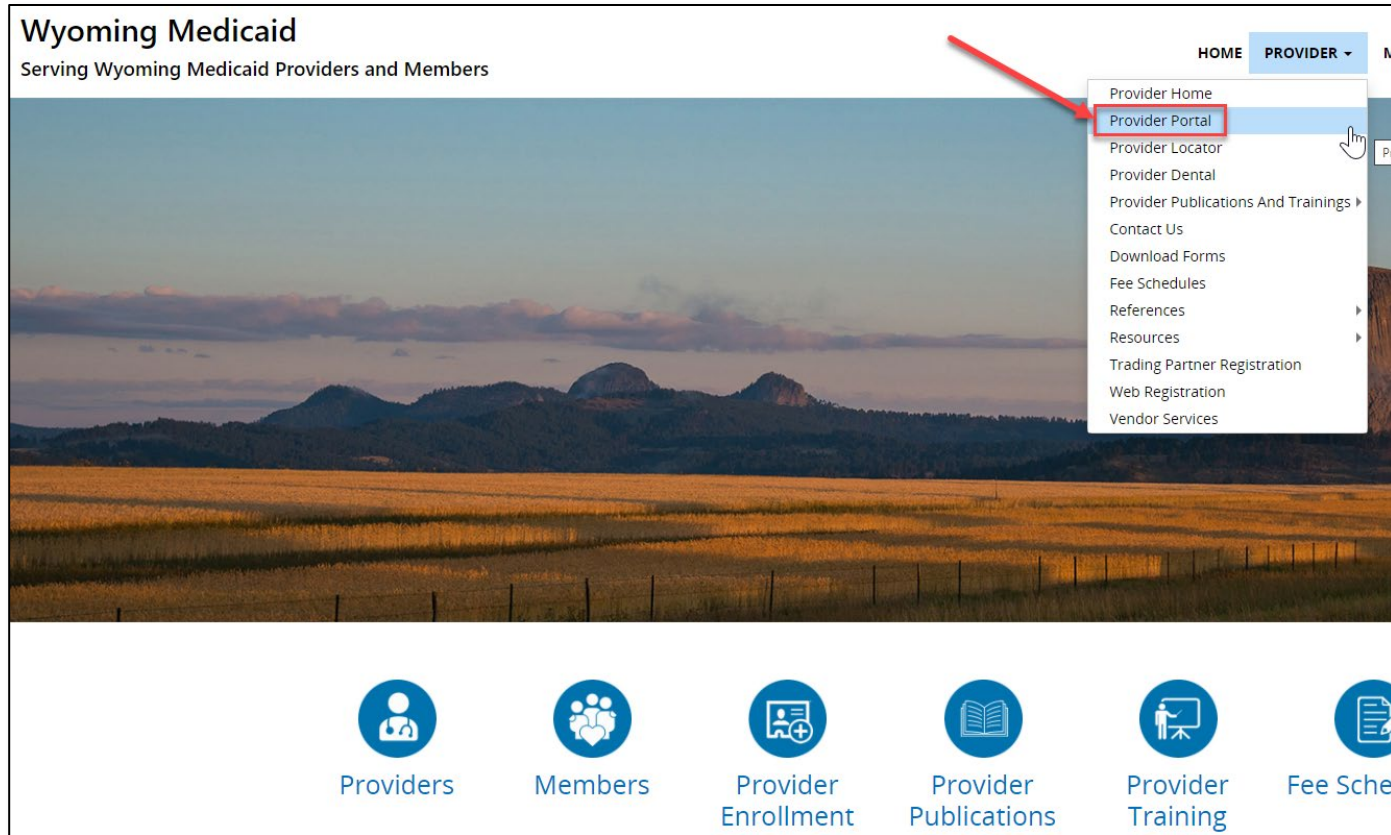
No Records Found!

This screenshot indicates the only profile selected for the new user is the “Provider Domain Administrator”.

1. Enter the User ID.
2. Select **Provider Domain Administrator**.
3. Select the double arrow to move the selected profile to the right.
4. Select **Ok**.

Repeat these steps to add new users. If none of the users you added are showing on **User List** page, you can try refreshing or select one of the triangle icons under **Domain Name**.

Provider Portal After Registration



Accessing the Provider Portal after registration

- From the Medicaid Website www.wyomingmedicaid.com/.
- From the Provider drop-down list, select **Provider Portal**.
- This takes you to the SSO page.

Provider Portal After Registration

Wyoming Department of Health

Sign In - Non Production

Username

Password

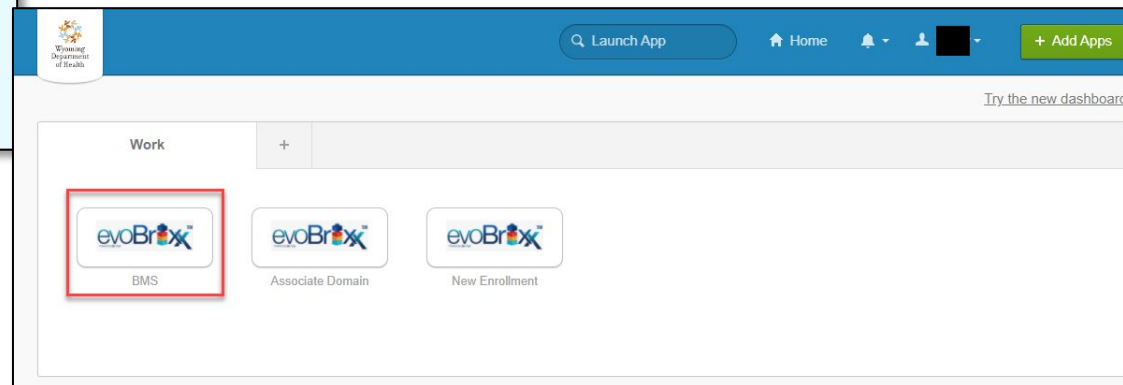
Remember me

Sign In

OR

New users click here

Need Help Signing In?



1. Enter your User ID in the **Username** field.

NOTE: Once you enter your User ID, the security image you selected during the Okta SSO process populates.

2. Enter your password in the **Password** field.
3. Select **Sign In** to access the Provider Portal.
4. Select the **BMS** Provider Portal.

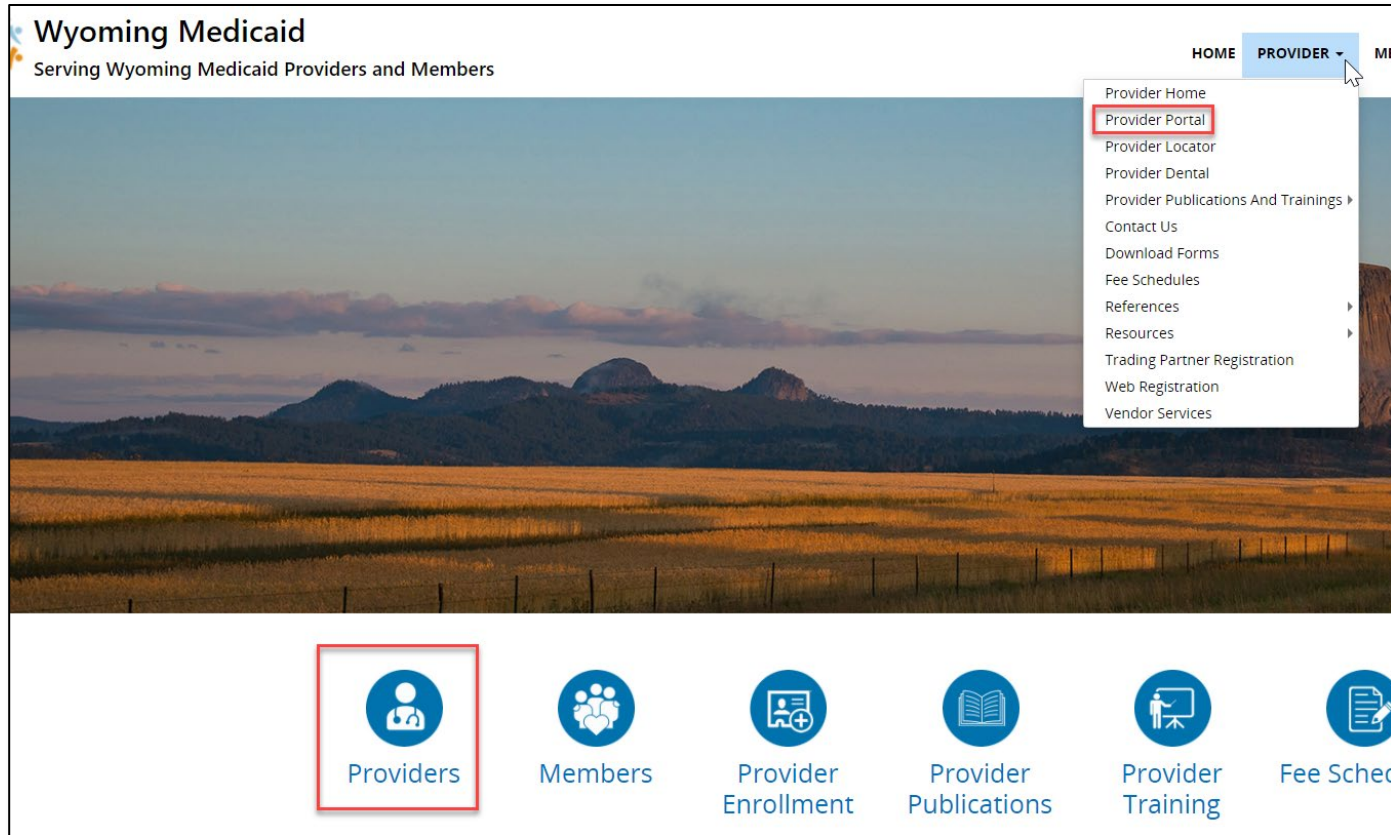
Questions & Resources

- For questions or assistance email the Field Representatives at Wyprovideroutreach@cns-inc.com
- Trainings on the other Provider Portal features are available on the Medicaid Website
- Provider Manuals
 - Common Billing Information
 - EDI / Provider Portal
- Wyoming Medicaid EDI Companion Guide (under Provider Publications)
- Next, we wrap up with how to reset your password.

Password Reset/Forgot Password

URL: www.wyomingmedicaid.com

Password Reset/Forgot Password

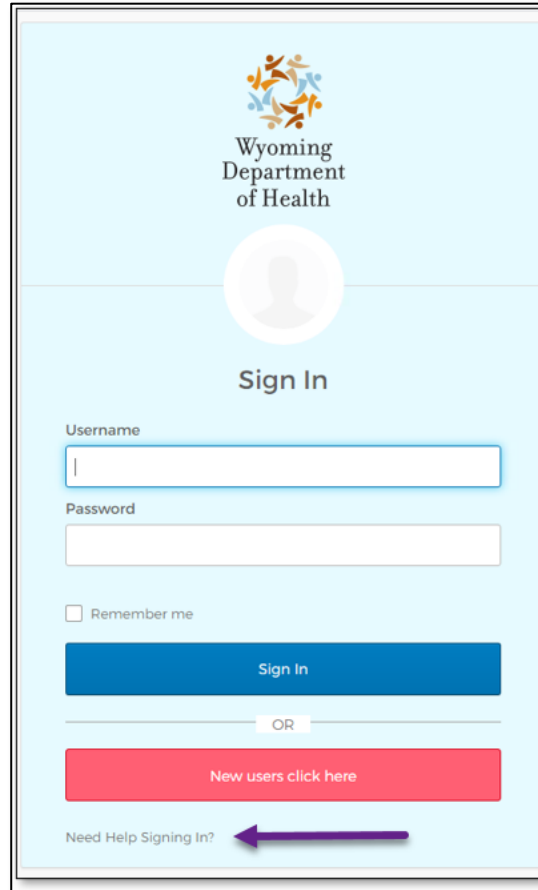


Important! A Password Reset or Forgot Password is used only after Providers or users have completed their single sign-on (SSO) and are registered for the Provider Portal.

Wyoming BMS Medicaid Website:
www.wyomingmedicaid.com

- From the drop-down list, select **Provider Portal**.

Password Reset/Forgot Password



Wyoming
Department
of Health

Sign In

Username
|

Password

Remember me

Sign In

OR

New users click here

Need Help Signing In? ←

- You are directed to the Single Sign-On (SSO) page
- To request a password reset:
 - Enter your username/user id.
 - If your username is recognized, the Security Image you chose during the registration process displays.
 - Then, select **Need Help Signing In?** at the very bottom of the page.

Password Reset/Forgot Password

Wyoming Department of Health

Sign In - Non Production

Username

Password

Remember me

Sign In

OR

New users click here

[Need Help Signing In?](#)

[Forgot password?](#)

[Help](#)

Wyoming Department of Health

Reset Password

Email or Username

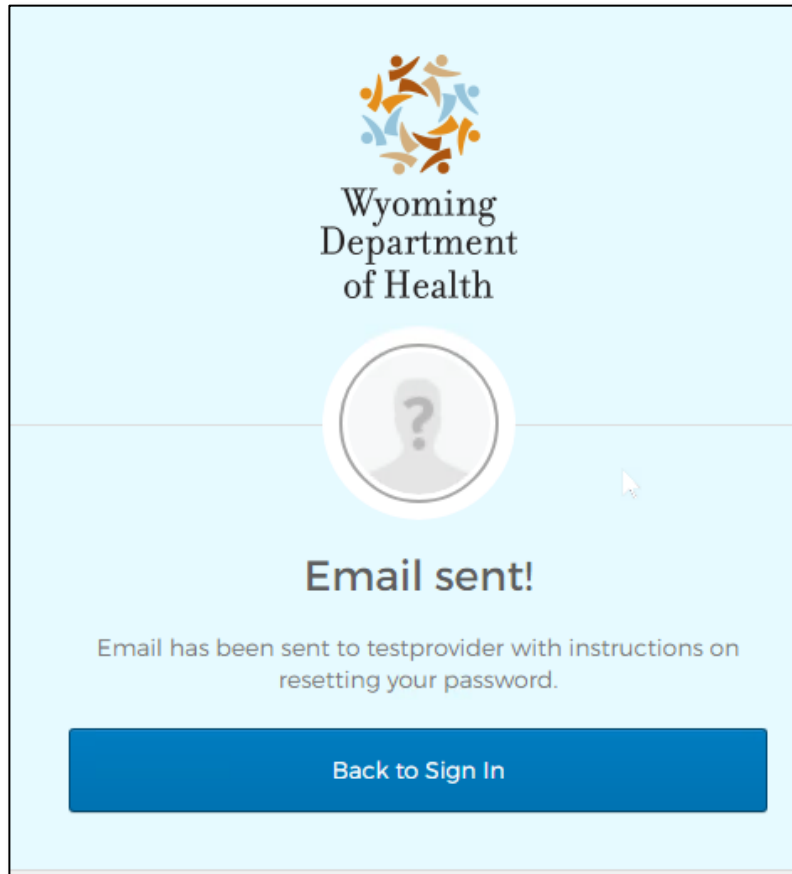
Reset via Email

[Back to Sign In](#)

Once you select **Need Help Signing In?**, the “Forgot password?” message displays at the bottom of the page.

- Select **Forgot password?** to enter your email or username.
- Enter username or email and select **Reset via Email**.

Password Reset/Forgot Password



- Check your email
- Follow the instructions within that Password Reset email



Wyoming
Department
of Health

Thank you

Web Registration Provider