



Wyoming  
Department  
of Health

# **Benefits Management Services – Institutional, UB 04 Skilled Nursing Facilities**

Introductory Training: Medicaid Website, Portals, Claims, TPL

# Course Content

- Introducing CNSI
- Moving Forward with WINGS
- Scope of Fiscal Agent
- BMS Operations Team
- New Wyoming Medicaid website (not secure – publicly accessible)
- New Provider Portal (secure portal)
- Institutional, UB 04 Claims– Demo of BMS system
- TPL Disallowance Portal
- Questions & Answers

# CNSI – Wyoming Medicaid’s New Fiscal Agent

## CNSI is ...

- A trusted partner working to improve the lives of millions of Americans through transformative technology that empowers and advances healthcare outcomes
- In locations across the United States and in India with corporate offices in Virginia and Maryland
- Experienced across large-scale, complex State and Federal implementations
- Focused on Public Sector in order to be an advocate for better health and better care

CNSI assumes operations for Benefits  
Management Services  
(BMS) in late 2021

## STATE HEALTH CUSTOMERS

ARIZONA

HAWAII

ILLINOIS

MICHIGAN

NEW HAMPSHIRE

UTAH

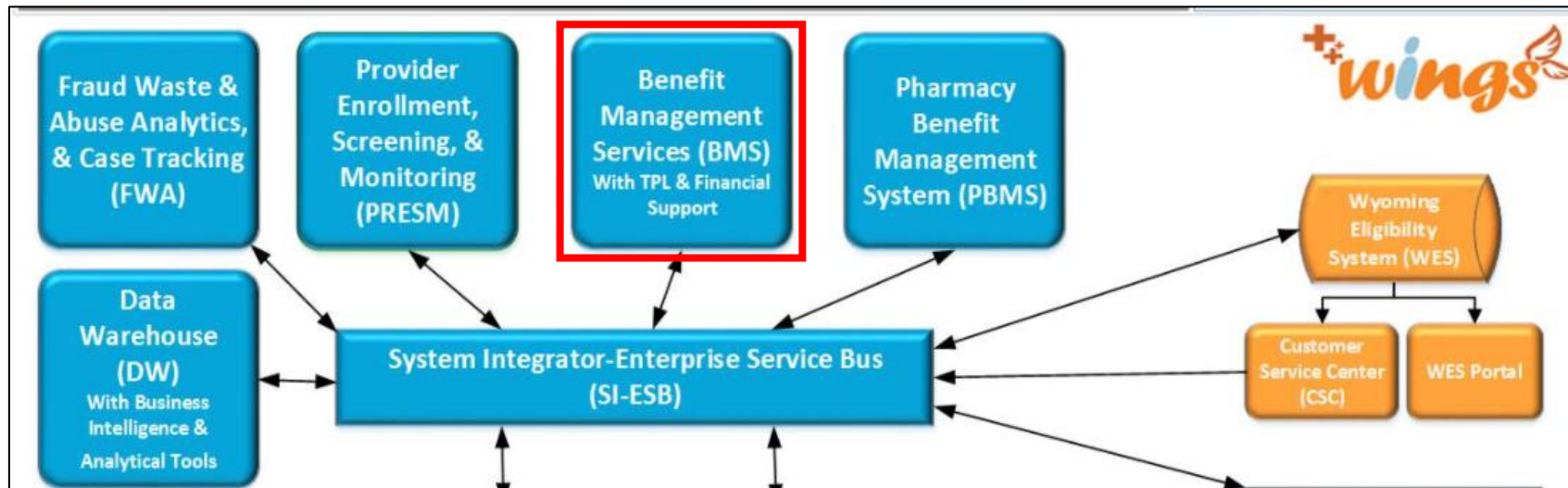
WASHINGTON

WYOMING

GEORGIA  
(contract negotiations)

# Wyoming Medicaid – Moving Forward with WINGS

- Wyoming Integrated Next Generation System (WINGS) to replace Wyoming Medicaid Management Information System (MMIS)  
<https://health.wyo.gov/healthcarefin/wyoming-integrated-next-generation-system-wings-project/>
- New structure involves multiple modules versus operations maintained all within one entity
- Primaries: CNSI (BMS), HHS Technology (Provider Enrollment), Change Healthcare (Pharmacy)
- Module structure streamlines and enhances overall integrated approach to claims processing



# Wyoming Medicaid – Fiscal Agent Roles and Goals

## CNSI Roles



- Business Operations
- Claims Processing
- Financial Services
- Provider Services Call Center
- Provider Outreach and Training
- Provider Publications and Communications
- Support Services
- Third Party Liability

## BMS Goals



- Improve quality of care
- Reduce administrative burden
- Adapt to rapid changes
- Centralize data
- Increase efficiencies

# Wyoming Medicaid – BMS Operations Team

**Benefits Management Services (BMS) Team includes the following key operational staff:**

<b>Program Director</b>	Randy Boltz
<b>Provider Services and Call Center Manager</b>	Tracy Fulton
<b>Claims, Grievances &amp; Appeals Manager</b>	Kelly Miller
<b>HMS, TPL Operations Manager</b>	Jeremy Wilch
<b>Field Representatives</b>  Each Field Representative is positioned strategically in quadrants across the state of Wyoming	Northwest – Cindy Izadi South – Colleen Fulmer South – Mary Tearpak Northeast – Eric Reyna
<b>Call Center Supervisors</b>	Medical – Mikayla Saxon Institutional – Veronica Johnson Dental – Erika Cody
<b>Call Center Representatives</b>	
<b>Publications and Communications</b>	Jerry Lawson

Provider Enrollment and Pharmacy responsibilities align to HHS Technology and Change Healthcare

# About HMS



## **Founded**

1974



## **HQ**

Irving, Texas

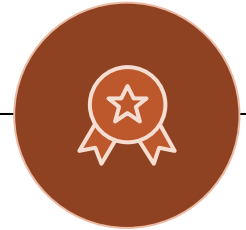


**TPL Operations Manager  
located in Cheyenne**



## **Customers**

- › 350+ health plans
- › 40+ state Medicaid programs
- › 160+ employers
- › HMS is committed to supporting users through online tools and dedicated customer service agents



HMS is providing Third Party Liability (TPL) services for Wyoming Medicaid. Our role is to facilitate recoveries for Medicaid. HMS is performing Billing, Disallowance, Cost Avoidance, Subrogation, and Credit Balance Audit services.

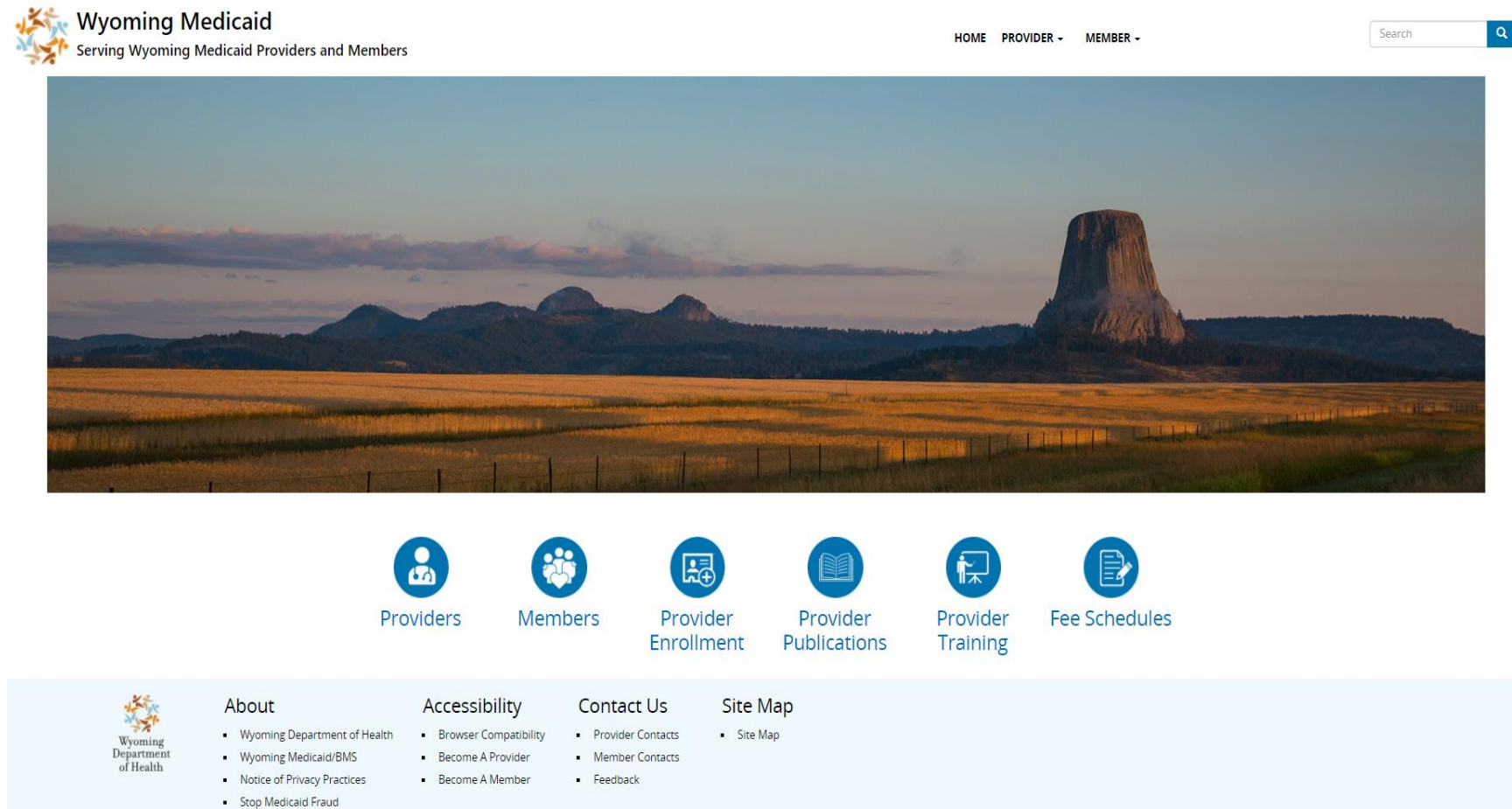
# New Wyoming Medicaid Website

URL: [www.wyomingmedicaid.com](http://www.wyomingmedicaid.com)



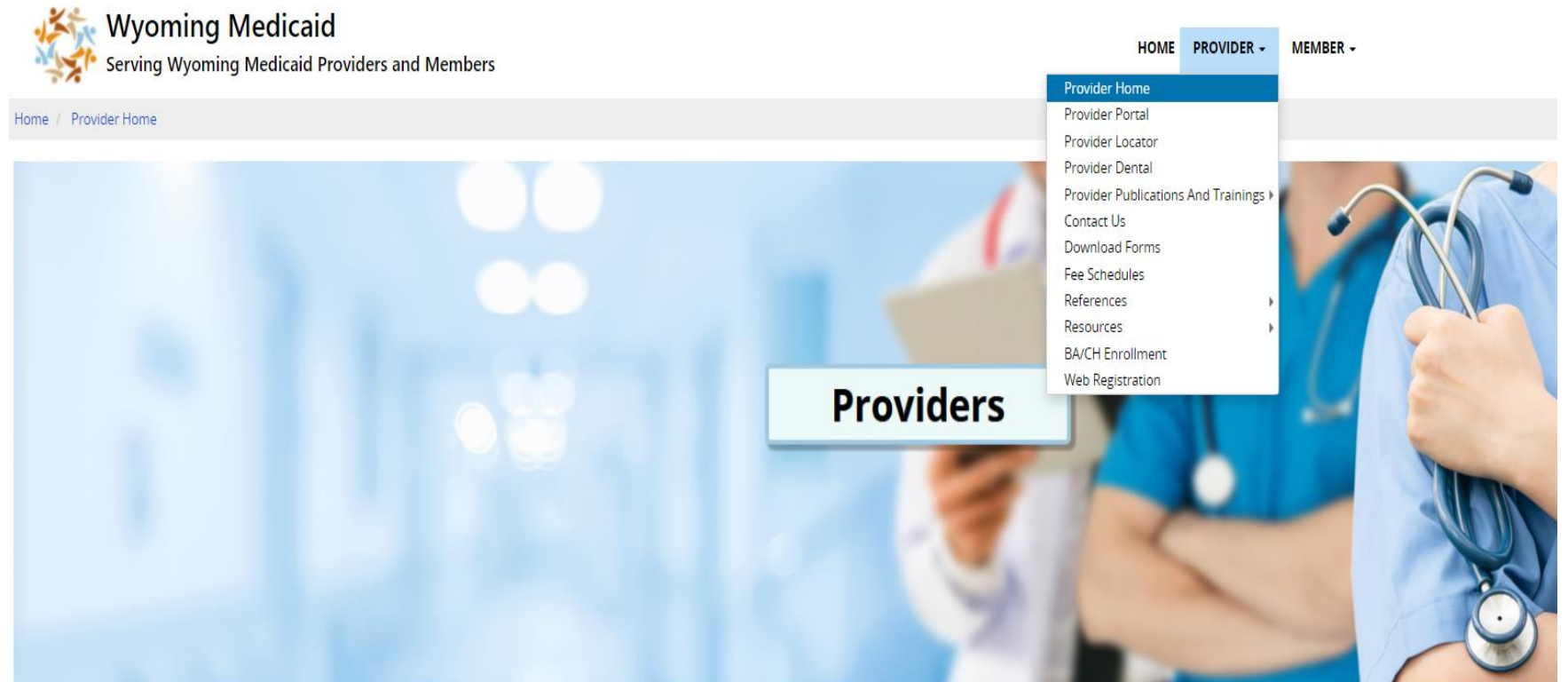
# Wyoming Medicaid Website – Home Page

- Publicly Accessible
- Primary Tabs  
(3 Total)
- Search Bar
- Quick Access Icons  
(6 total)
- Redesigned Footer
- New Website URL:  
[www.wyomingmedicaid.com](http://www.wyomingmedicaid.com)



# Wyoming Medicaid Website – Provider Home

- Provider tab offers 12 primary options
- Arrows ► signal additional sub-listings via responsive drop-down lists
- Provider Portal is the provider's secure site for transactions



# Wyoming Medicaid Website – Contact Us

Agency Name & Address	Telephone/Fax Numbers	Website URL	Contact Us for
Change Healthcare	Tel (877) 209-1264 (Pharmacy Help Desk) Tel (877) 207-1126 (PA Help Desk)	<a href="http://www.wyomedicaid.org/">http://www.wyomedicaid.org/</a>	<ul style="list-style-type: none"> <li>Pharmacy prior authorizations (PA)</li> <li>PAs for physician administered injections</li> <li>Pharmacy manuals</li> <li>FAQs</li> </ul>
Claims Department Wyoming Department of Health PO Box 547 Cheyenne, WY82003-0547	Fax (307) 460-7408	<a href="http://www.wyomingmedicaid.com">www.wyomingmedicaid.com</a>	<ul style="list-style-type: none"> <li>Claim adjustment submissions</li> <li>Hardcopy claims submissions</li> <li>Returning Medicaid checks</li> </ul>
Communicable Treatment Disease Program  Email: <a href="mailto:CDU.treatment@wyo.gov">CDU.treatment@wyo.gov</a>	Tel (307) 777-5800 Fax (307) 777-7382  For Pharmacy Coverage Contact: ScriptGuideRX Tel (855) 357-7479	N/A	<ul style="list-style-type: none"> <li>Prescription medications</li> <li>Program information</li> </ul>
Customer Service Center (CSC), Wyoming Department of Health  3001 E. Pershing Blvd, Suite 125 Cheyenne, WY 82001	Tel (855) 294-2127 TTY/TDD (855) 329-5205  (Members Only, CSC cannot speak to providers)  7 am-6 pm MST M-F  Fax (855) 329-5205	<a href="https://www.wesystem.wyo.gov">https://www.wesystem.wyo.gov</a>	<ul style="list-style-type: none"> <li>Member Medicaid applications</li> <li>Travel Assistance</li> <li>Member ID Card</li> <li>Member Eligibility questions regarding these programs: <ul style="list-style-type: none"> <li>Family and Children's</li> <li>Tuberculosis Assistance</li> <li>Medicare Savings</li> <li>EID</li> </ul> </li> </ul>
Division of Healthcare Financing (DHCF)  122 West 25th St, 4th Floor West Cheyenne, WY 82002	Tel (307) 777-7531 Tel (866) 571-0944  Fax (307) 777-6964	<a href="https://health.wyo.gov/healthcarefin/">https://health.wyo.gov/healthcarefin/</a>	<ul style="list-style-type: none"> <li>Medicaid State Rules</li> <li>State Policy and Procedures</li> <li>Concerns/Issues with State Contractors/Vendors</li> <li>Developmental Disability Services</li> </ul>

- Change Healthcare processes PAs for physician administered injections – previously handled by Medical Policy
- CSC IVR is the main number and routes members to the applicable call centers

# Wyoming Medicaid Website – Contact Us

Agency Name & Address	Telephone/Fax Numbers	Website URL	Contact Us for
DHCF Pharmacy Program  122 West 25th St, 4th Floor West Cheyenne, WY 82002	Tel (307) 777-7531  Fax (307) 777-6964	N/A	<ul style="list-style-type: none"> <li>General questions</li> </ul>
DHCF Program Integrity  122 West 25th St, 4th Floor West Cheyenne, WY 82002	Tel (855) 846-2563  <b>NOTE:</b> Callers may remain anonymous	N/A	<ul style="list-style-type: none"> <li>Member or Provider Fraud, Waste and Abuse</li> </ul>
HHS Technology Group (PRESM) Provider Enrollment  Email: <a href="mailto:WYEnrollmentSvc@HHS TechGroup.com">WYEnrollmentSvc@HHS TechGroup.com</a>	Tel (877) 399-0121  8 am-5 pm MST M-F (call center hours)	<a href="https://wyoming.dyp.cloud">https://wyoming.dyp.cloud</a> (Discover Your Provider)	<ul style="list-style-type: none"> <li>Provider Enrollment/Re-enrollment</li> <li>Provider Updates</li> <li>Email Maintenance</li> </ul>
HMS (Health Management Services) Third Party Liability (TPL) Department  5615 High Point Drive, #100 Irving, Texas 75038	Provider Services Tel (888) 996-6223  7 am-6 pm MST M-F (call center hours)  24/7 IVR Availability  <b>Note:</b> Within IVR, either say Report TPL, update insurance – to be transferred to TPL.		<ul style="list-style-type: none"> <li>Member accident covered by liability or casualty insurance, or legal liability is being pursued</li> <li>Estate and Trust Recovery</li> <li>Reporting Member TPL</li> <li>New/Update Insurance Policy</li> <li>Problems getting insurance information needed to bill</li> <li>Problems regarding third party coverage or payers</li> <li>WHIPP/EID Program</li> <li>TPL Disallowance Portal</li> </ul>

- HHS Technology Group is the new provider enrollment vendor
- HMS, TPL Department is accessible via Provider Services

# Wyoming Medicaid Website – Contact Us

Agency Name & Address	Telephone/Fax Numbers	Website URL	Contact Us for
Maternal & Child Health (MCH)/ Children Special Health (CSH)  Public Health Division 122 West 25 <sup>th</sup> Street 3rd Floor West Cheyenne, WY 82002	Tel (307) 777-7941 Tel (800) 438-5795  Fax (307) 777-7215	N/A	<ul style="list-style-type: none"> <li>• High Risk Maternal</li> <li>• Newborn intensive care</li> <li>• Program information</li> </ul>
Medicare	Tel (800) 633-4227	N/A	<ul style="list-style-type: none"> <li>• Medicare information</li> </ul>
Magellan Healthcare, Inc.	Tel (307) 459-6162 8-5 pm MST M-F  (855) 883-8740 After Hours	<a href="https://www.magellanofwyoming.com/">https://www.magellanofwyoming.com/</a>	<ul style="list-style-type: none"> <li>• Care Management Entity Services that require PA</li> </ul>
Provider Services Wyoming Department of Health PO Box 1248 Cheyenne, WY 82003-1248 Email: <a href="mailto:Wyproviderservices@cns-inc.com">Wyproviderservices@cns-inc.com</a>	Tel (888) WYO-MCAD or (888) 996-6223  7 am-6 pm MST M-F (call center hours)  Fax (307) 460-7408  24/7 IVR Availability	<a href="http://www.wyomingmedicaid.com">www.wyomingmedicaid.com</a>	<ul style="list-style-type: none"> <li>• Bulletin/manual inquiries</li> <li>• Claim inquiries/submission problems</li> <li>• Member eligibility</li> <li>• Documentation of Medical Necessity</li> <li>• How to complete forms</li> <li>• Payment inquiries</li> <li>• Request Field Representative visit</li> <li>• Training seminar questions</li> <li>• Timely filing inquiries</li> <li>• Provider Portal assistance/training</li> <li>• WY Companion Guide</li> <li>• Trading Partner Registration</li> <li>• Technical support for vendors, billing agents/clearinghouses</li> <li>• Web Registration</li> </ul>

- Provider Services has new hours and numbers
- Dental and EDI Services calls are handled within Provider Services

## Wyoming Medicaid Website – Contact Us

Agency Name & Address	Telephone/Fax Numbers	Website URL	Contact Us for
Social Security Administration (SSA)	Tel (800) 772-1213	N/A	<ul style="list-style-type: none"><li>Social Security benefits</li></ul>
Stop Medicaid Fraud	<b>NOTE:</b> Remain anonymous when reporting	<a href="https://health.wyo.gov/healthcarefin/program-integrity/">https://health.wyo.gov/healthcarefin/program-integrity/</a>	<ul style="list-style-type: none"><li>Information, education, and to report fraud, waste, and abuse in the Wyoming Medicaid program</li></ul>

- Stop Medicaid Fraud website allows providers and members to report information anonymously

# Wyoming Medicaid Website – Contact Us

Agency Name & Address	Telephone/Fax Numbers	Website URL	Contact Us for
<p>WYhealth (Utilization and Care Management)</p> <p>PO Box 49 Cheyenne, WY 82003-0049</p>	<p>Tel (888) 545-1710</p> <p>Nurse Line: (OPTION 2)</p> <p><b>Fax PASRRs Only</b> (888) 245-1928 (Attn: PASRR Processing Specialist)</p>	<p><a href="http://www.WYhealth.net/">http://www.WYhealth.net/</a></p>	<ul style="list-style-type: none"> <li>• Diabetes Incentive Program</li> <li>• DMEPOS Covered Services manual</li> <li>• Educational Information about WYhealth Programs</li> <li>• ER Utilization Program</li> <li>• Medicaid Incentive Programs</li> <li>• PASRR Level II</li> <li>• Questions related to documentation or clinical criteria for DMEPOS</li> </ul> <p><u>Prior Authorization</u> for:</p> <ul style="list-style-type: none"> <li>• Acute Psych</li> <li>• Binaural Hearing Aids</li> <li>• Dental Services (limited)</li> <li>• Severe Malocclusion</li> <li>• Durable Medical Equipment (DME) or Prosthetic/Orthotic Services (POS)</li> <li>• Extended Psych</li> <li>• Extraordinary heavy care</li> <li>• Gastric Bypass</li> <li>• Genetic Testing</li> <li>• Home Health</li> <li>• PRTF</li> <li>• PT/OT/ST/BH after threshold</li> <li>• Surgeries (limited)</li> <li>• Transplants</li> <li>• Vagus Nerve Stimulator</li> <li>• Vision services (limited)</li> <li>• Unlisted Procedures</li> </ul>

- WYhealth processes PAs for dental and malocclusion services—previously handled by Medical Policy
- The PA Table is updated in the provider manuals



# Wyoming Medicaid Website – Contact Us

Agency Name & Address	Telephone/Fax Numbers	Website URL	Contact Us for
Wyoming Department of Health Long Term Care Unit (LTC)	Tel (855) 203-2936 8-5 pm MST M-F Fax (307) 777-8399	N/A	<ul style="list-style-type: none"> <li>• Nursing home program eligibility questions</li> <li>• Patient Contribution</li> <li>• Waiver Programs</li> <li>• Inpatient Hospital</li> <li>• Hospice</li> </ul>
Wyoming Medicaid Website	N/A	<a href="http://www.wyomingmedicaid.com">www.wyomingmedicaid.com</a>	<ul style="list-style-type: none"> <li>• Provider manuals/Bulletins</li> <li>• Wyoming Medicaid EDI Companion Guide</li> <li>• Fee schedules</li> <li>• Frequently Asked Questions (FAQs)</li> <li>• Forms (e.g., Claim Adjustment/Void Request Form)</li> <li>• Contacts</li> <li>• What's new</li> <li>• Remittance Advice Retrieval</li> <li>• Trading Partner Registration</li> <li>• Secured Provider Portal</li> <li>• Training Tutorials</li> <li>• Web Registration</li> </ul>

- This contact information is updated in the Quick Reference Guide within the provider manuals
- New Medicaid website address



## Wyoming Medicaid Website – IVR

- Interactive Voice Response (IVR) phone number for Provider Services is 1.888.WYO.MCAD or (888)996-6223 (effective at Go Live)
  - Speech recognition built in
    - > Easier for providers to reach the Call Center to check claims history
  - Clients are now termed “Members”, but IVR recognizes both terms
  - Provider Authentication process, slightly modified whereby Provider Data immediately populates
    - > NPI plus Taxonomy, if it finds Provider ID, then authentication complete
      - If no Provider ID is found, then ZIP code plus 4-digit extension is required
  - Verify Eligibility, Check Claims Status, and Payment Information

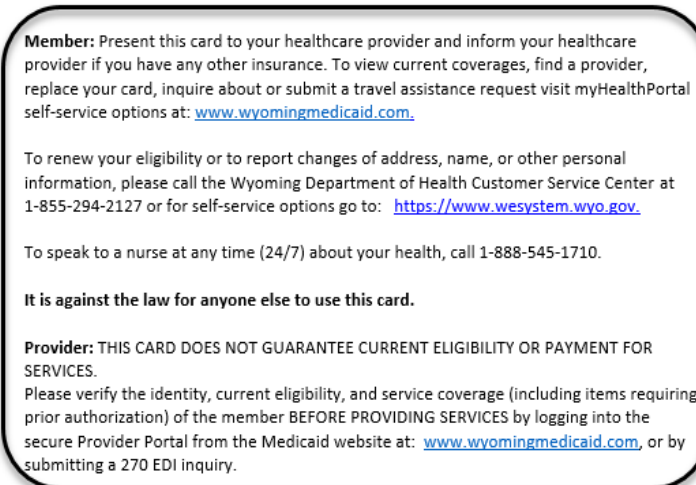
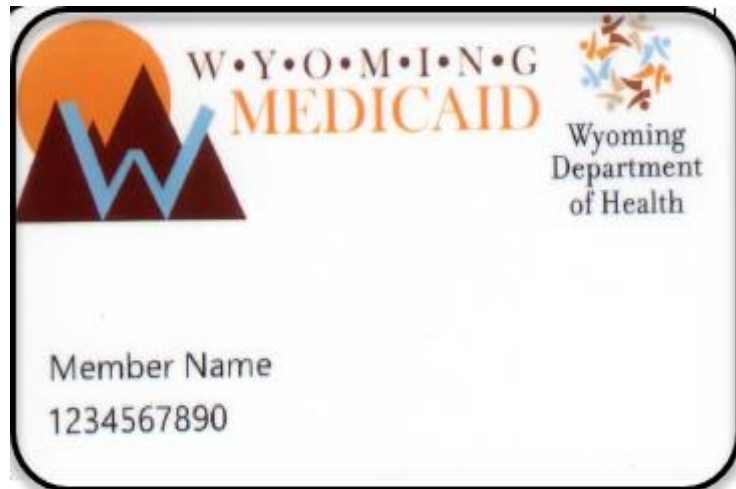
# *Wyoming Medicaid Website – IVR*

## ■ Benefit Plans

- State of Wyoming has consolidated plans to 35
- Several separate adult plans (such as MCAD, ADSS, or EID) are now one new ADULT plan
- Changed ALEN plan to EMERGENCY plan
- MATR plan changed to PREGNANT plan
- An updated 'Provider Medicaid and State Healthcare Benefit Plan' job aid is posted to the website

# Wyoming Medicaid Website – New Member ID Card

- Members are issued a new Medicaid/Kid Care CHIP Member Identification Card




- Members can access their new ID card on their mobile devices.
- Members may print a copy of their card.
- The Member ID card is no longer a swipe card.

# Wyoming Medicaid Website – Forms

- Forms remain downloadable from the website
- Forms are updated in the provider manuals
- Forms continue to hold key info (Mailing Address, Phone Number, Fax Number)
- Forms may contain a Quick Response (QR) Code in the footer of each form
- Some forms may no longer be required - example, Authorization of Medical Necessity
- New forms there have updated instructions



Use New Forms; previous forms now obsolete

 **Order vs Delivery Date Billing Attestation Form**

Provider Name			
Provider Return Email		NPI/Provider Number	
Member Name		Member ID	
Procedure Code		Order Date	
Procedure Description		Delivery Date	

**DENTAL PROVIDERS**  
Our office is unable to bill this procedure using the delivery or seat date due to:

☐ Member was eligible on the prep date and was not eligible for Wyoming Medicaid on the delivery or seat date.

☐ Member did not return for item after several attempts to schedule due to:

**VISION PROVIDERS**  
Our office is unable to bill this procedure using the delivery date due to:

☐ Member was eligible on the order date and was not eligible for Wyoming Medicaid on the delivery (in-office or by mail.)

☐ Member did not return for glasses and when the glasses were mailed they were returned to our office due to:

**DME PROVIDERS**  
Our office is unable to bill this procedure using the delivery date due to:


☐ Member was eligible on the prep date and was not eligible for Wyoming Medicaid on the delivery or seat date.

☐ Member did not return for item after several attempts to contact due to:

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Approved      State Program Manager \_\_\_\_\_  
☐ Denied              Title \_\_\_\_\_

This form must be completed and emailed to: [jinday.conyers1@wyo.gov](mailto:jinday.conyers1@wyo.gov)



## *Wyoming Medicaid Website – Prior Authorizations (PAs)*

- Prior Authorization (PA) changes
  - PAs previously handled by Medical Policy are now the responsibility of WYhealth and Change Healthcare
  - Dental PAs transition to WYhealth
- PA Table in the provider manuals updated to reflect the appropriate vendors

## *Wyoming Medicaid Website – Electronic Data Interchange (EDI)*

- Chapter 8, Electronic Data Interchange (EDI), updated to Electronic Data Interchange & Provider Portal
- Provider Portal information added to Chapter 8
  - Provider Portal profiles and access information for both providers and BA/CHs
  - Key points and terminology
  - TPL Disallowance Portal access information
- Reference to and a direct hyperlink to the Wyoming Medicaid EDI Companion Guide
- WINASAP discontinued
- Medicaid is not producing 277CA

# *Wyoming Medicaid Website – Wyoming Medicaid EDI Companion Guide*

- Wyoming Medicaid EDI Companion Guide replaces Chapter 9, Wyoming HIPAA 5010 Electronic Specifications, and is posted to the website
- Technical Infrastructure and Procedures
- Steps for Uploading Batches via Web Interface
- Steps to complete SFTP Setup
- Transactions Standards
- Testing Process
- Acknowledgements

**Note:** Wyoming Medicaid Payer ID remains the same at 77046.

# *Wyoming Medicaid Website – Institutional Provider Manual*

- Quick Recap of changes already discussed
  - Website
  - Contact Us – Phone numbers, IVR
  - Forms / PA Table
  - Chapter 8 and 9 changes
- Institutional Provider Manual – Majority of changes impact the General Sections, Chapters 1–10, to list a few:
  - TPL
  - TCN
  - Remittance Advice (RA)
- Chapter 19, Skilled Nursing Facility Changes



All updated provider manuals are posted to the Medicaid website



# *Wyoming Medicaid Website – Third Party Liability (TPL)*

## **Chapter 7 – Third Party Liability**

### ■ Policy Change

- Prior Legacy Policy

- > If the TPL payer paid less than 40% of the total billed charges, include the appropriate claim reason and remark codes or attach an explanation of benefits (EOB) with the electronic claim (Electronic Attachments).

- New Policy

- > If the TPL payer paid less than 2/3 (approximately 67%) of the calculated Medicaid allowed charges, include the appropriate claim reason and remark codes or attach an explanation of benefits (EOB) with the electronic claim (Electronic Attachments).

# *Wyoming Medicaid Website – Third Party Liability*

## **Chapter 7 – Third Party Liability**

- Policy Change
  - Medicare Crossover Claims
    - > More stringent editing on crossover claims to coincide with Medicaid's requirements, so claims that may have previously paid may now deny
- New Sections
  - Third Party Disallowance
  - TPL Credit Balance Audits

# *Wyoming Medicaid Website – Third Party Liability*

## **Third Party Disallowance**

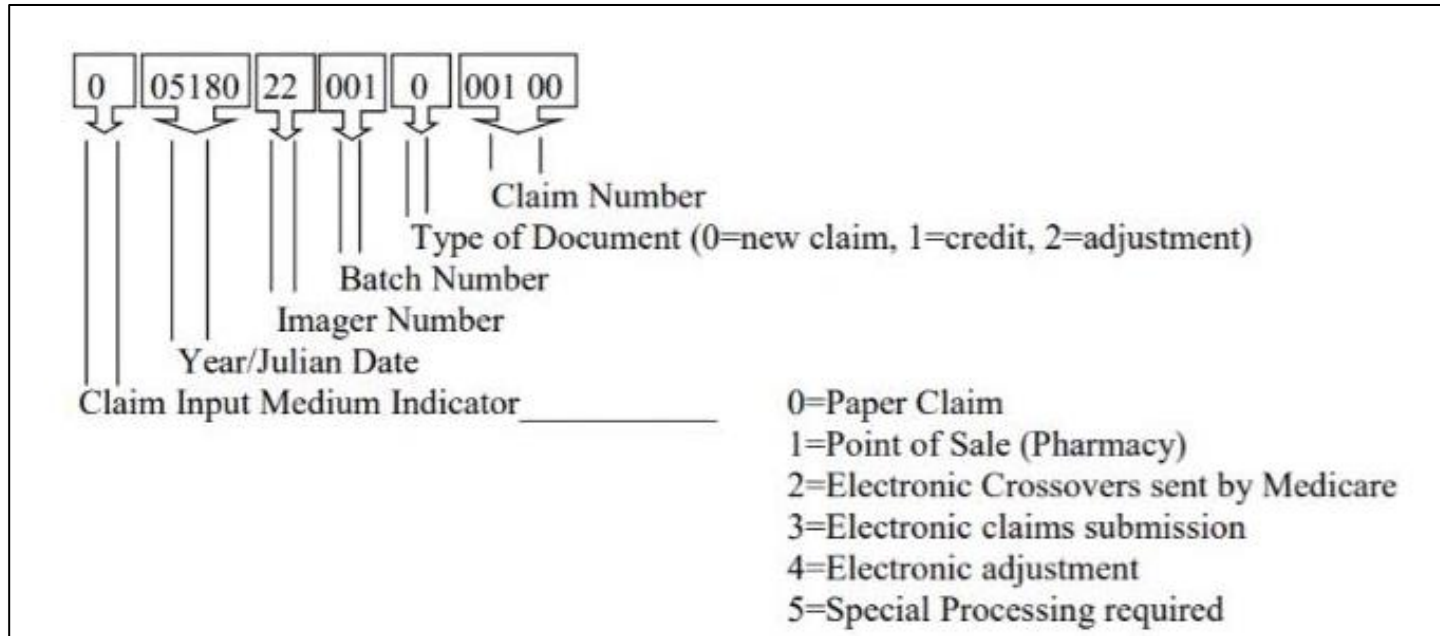
- Medicaid may seek recoupment from the provider of service of any paid claims that should have been the responsibility of a primary payer through the third-party disallowance process.
  - Primary payers may be commercial health insurance, Medicare Part A and Part B, Worker's Compensation
- A letter is delivered to the provider identifying the liable third-party coverage accompanied by a list of claims. The letter invites the provider to access the TPL Disallowance Portal to view claims and more.
- The HMS, TPL Disallowance Portal is a secure portal that functions as the primary provider dashboard throughout the disallowance and recovery process.
- Through the TPL Disallowance Portal, providers can utilize a broad scope of self-service options.
- Providers are not to adjust these claims or submit a manual refund payment (cash, check, money order), claims are automatically adjusted by the BMS.

# *Wyoming Medicaid Website – Third Party Liability*

## **TPL Credit Balance Audits**

- Wyoming Medicaid leverages the services of its vendor, Health Management Systems (HMS), to conduct periodic credit balance audits to ensure all overpayments due to Wyoming Medicaid are processed appropriately
- If selected for a credit balance audit, the provider of service of receives a notification from HMS advising them of the audit and the audit process.
- An assigned HMS credit balance auditor contacts the provider of service to schedule the audit and answer any questions the provider may have regarding the process.
- Providers are not to adjust these claims or submit a manual refund payment (cash, check, money order), claims are automatically adjusted by the BMS.

## Wyoming Medicaid Website – Legacy TCN



- 3 years of claims history converted to the BMS
- Legacy TCNs remain the same 17-digit number in the BMS
- TCNs remain a unique transaction identifier
- TCNs continue to track each claim through the process

# Wyoming Medicaid Website – New TCN

Field	Field Description	Length	Value
1 <sup>st</sup> Digit	Input Medium Indicator	1	<ul style="list-style-type: none"> <li>1 – Paper Claim without Attachment(s)</li> <li>2 – Direct Data Entry (DDE) Claim – via Provider Portal</li> <li>3 – Electronic Claim – HIPAA Compliant Transaction</li> <li>4 – Adjusted Claims – Provider adjustments or BMS mass or gross adjustments</li> <li>8 – Paper Claim with Attachment(s)</li> </ul>
2 <sup>nd</sup> Digit	TCN Category	1	<ul style="list-style-type: none"> <li>1 – Assigned to Institutional, Professional and Dental Claims</li> <li>2 – Assigned to Crossover Claims – Received via Medicare Intermediary</li> </ul>
3 <sup>rd</sup> to 7 <sup>th</sup> Digit	Batch Date	5	<ul style="list-style-type: none"> <li>YYDDD – Year + 3-digit Julian Date</li> </ul>
8 <sup>th</sup> Digit	Adjustment Indicator	1	<ul style="list-style-type: none"> <li>0 – Original Paper Claim</li> <li>1 – Original DDE and Electronic HIPAA Claim</li> <li>7 – Replacement (Adjustment) Claim</li> <li>8 – Void Claim</li> </ul>
9 <sup>th</sup> to 14 <sup>th</sup> Digit	Sequence Number	6	<ul style="list-style-type: none"> <li>Sequence Number starting with 000001 at the beginning of each Julian Date.</li> </ul>
15 <sup>th</sup> to 17 <sup>th</sup> Digit	Line Number	3	<ul style="list-style-type: none"> <li>Line Number begins with 001 for every new claim. The header has the line number as 000.</li> </ul>

- New TCN carries a different format for the 17 digits
- DDE – when keying a claim directly into the Provider Portal
- 1st digit does not change when submitting an attachment for DDE or HIPAA claim submissions
- Julian Date still critical
- 8th digit aligns to adjustments and voids
- 9th through 14th digits align to volume of claims

## Wyoming Medicaid Website – Sample TCNs

TCN for First Original Paper Claim without an attachment on 03-16-2021	1-1-21075-0-000001-001
TCN for Tenth Adjustment Paper Claim without an attachment on 03-16-2021	4-1-21075-7-000010-001
TCN for 100th Void DDE Claim without an attachment on 03-16-2021	4-1-21075-8-000100-000
TCN for First Original Paper Claim with attachment(s) on 03-17-2021	8-1-21076-0-000001-000
TCN for First Original DDE Claim without attachment(s) on 03-17-2021	2-1-21076-1-000001-001
TCN for Fifth Original Electronic Crossover Claim without attachment(s) on 03-17-2021	3-2-21076-1-000005-000
TCN for First Original Electronic (HIPAA) Claim with attachment(s) on 03-17-2021	3-1-21076-1-000001-001



Legacy TCNs remain in the old format in the new BMS system.

## *Wyoming Medicaid Website – Medicaid RA*

- Medicaid Remittance Advice (RA)
  - Not your 835
- Located within the secure Provider Portal
- Medicaid RA only has the HIPAA X12 External Code Sources that appear on the 835:
  - Remittance Advice Remark Codes (RARCs) and
  - Claim Adjustment Reason Codes (CARCs)
- New Look!



## *Wyoming Medicaid Website – Medicaid RA*

Institutional Provider Manual, Section 6.17, Remittance Advice

- Explains how the RA is organized
- Provides definitions of key fields within the RA
- TCN digits are broken down (old and new)
- Has multiple “Sample” RAs with paid, denied, adjusted and voided claims
- The RA does not provide the member’s other insurance coverage, contact Provider Services

# Wyoming Medicaid Website – Medicaid RA

MEDICAL SERVICES ADMINISTRATION - MEDICAID PAYMENT PO BOX 1248 CHEYENNE WY 82003-1248				
BENEFIT MANAGEMENT SYSTEM AND SERVICES				
Remittance Advice				
Billing Provider ID: 77000384901 Billing Provider NPI: 1977080724	Name: Velveli Health Care	Pay Cycle:	RA Number: 78348556	RA Date: 06/14/2021
WY-PAPER RA TEST FILE GENERATION - RA MESSAGE				
WY-PAPER RA TEST FILE GENERATION - RA MESSAGE				
RA Message - WY				
**** Thank you for your participation in the Medicaid Program ****				

RA is organized in the following manner:

- Cover Page
- Summary Page
- Claim Detail Pages
- Last Page

The cover page will display active RA Banner message(s) notifying providers of important information.

- Provider ID/NPI
- Provider Name
- RA Number
- RA Date

# Wyoming Medicaid Website – Medicaid RA

Billing Provider ID: 49934000301 Billing Provider NPI: 1005268960		Name: Velveli Health Care		Pay Cycle:	RA Number: 78348641	RA Date: 06/21/2021
FINANCIAL ADJUSTMENTS						
Adjustment Type		Previous Balance		Adjustment Amount		Remaining Balance
Balance Owed by Tax ID		\$0.00				\$0.00
CLAIM SUMMARY						
Category		Count	Total Billed Amount			
Paid		1	\$3,500.00			
Credited		0				
Denied		1	\$3,500.00			
GA		0				
Total Approved		\$3,500.00	Total Adjusted	\$0.00	Total Paid	\$3,500.00
Warrant/EFT #: 202106160001			Warrant/EFT Date: 06/16/2021			

Summary Page provides:

- A summary of paid, denied, credited, gross adjusted, total billed, and total paid claims.
- Warrant/EFT number and date

The sample RA Summary page:

- 1 Paid Claim
- 1 Denied Claim
- Total billed amounts per category (paid, credited, denied, gross adjusted)
- Total Approved and Paid

# Wyoming Medicaid Website – Medicaid RA

Claim Detail Page provides:

- Member's information
- TCNs
- Rendering NPIs
- Dates of services
- Procedure and revenue codes
- Modifiers
- DRG/APC
- Quantity
- Billed amount
- (Medicaid) approved amounts
- TPL amounts
- Member responsible amount
- Category
- Reason and remark codes

Billing Provider ID: 49934000301 Billing Provider NPI: 1005268960		Name: Velveli Health Care		Pay Cycle:			RA Number: 78348641		RA Date: 06/21/2021				
Beneficiary Name Beneficiary ID Patient Account # Medical Record # Gross Adj ID	Original TCN TCN Type of Bill	Rendering Provider NPI	Invoice Date Service Date(s)	Revenue Procedure Modifier	PPS DRG APC	Qty	Billed Amount	Approved Amount	TPL Amount	Member Responsible Amount	Cat	Rsn	Rem
Thomas,Roy 0000003184 156616435	31211661000175000 24	1124536560	06/15/2021 01/30/2021-01/30/2021				\$3,500.00	\$3,500.00			P		
	31211661000175001		01/30/2021-01/30/2021	00882		1	\$3,500.00	\$3,500.00	\$0.00		P		
Total Billed Amount:							\$7,000.00						
Total Approved Amount:							\$3,500.00						
Thomas,Roy 0000003184 156616435	31211661000172000 24	1124536560	06/15/2021 05/29/2021-05/29/2021				\$3,500.00	\$0.00			D		
	31211661000172001		05/29/2021-05/29/2021	00882		0	\$3,500.00	\$0.00	\$0.00		D	13	
Total Billed Amount:							\$7,000.00						
Total Approved Amount:							\$3,500.00						

# Wyoming Medicaid Website – Medicaid RA

<b>Adjustment Reason Codes</b>
16: Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
<b>Remittance Advice Remark Codes</b>
:
N10: Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.
N257: Missing/incomplete/invalid billing provider/supplier primary identifier.
N381: Alert: Consult our contractual agreement for restrictions/billing/payment information related to these charges.
MA30: Missing/incomplete/invalid type of bill.

The Last page or at the bottom of the Summary page will be a list of the Remittance Advice Remark Codes (RARCs) and Claim Adjustment Reason Codes (CARCs) for the denied lines/claims

On the Provider Portal providers will have the ability to view the TCN in detail to help determine the reason the claim denied, or providers may contact Provider Services.

# *Skilled Nursing Facility - Changes*

- Chapter 19, Skilled Nursing Facility and Swing Bed Services
  - Reorganized
  - Updated with new billing requirements
  - Value, Occurrence and Occurrence Span Code Tables have been included
  - Additional revenue codes to account for leave days
  - Updated Attestation for Admission Date Form and Instructions
  - Additional billing examples/scenarios
- DART Chart software solution no longer used by Wyoming Medicaid in calculating or tracking Medicare exhaust days

## Skilled Nursing Facility - Changes

This billing example does not change with the implementation of the new system

Header Information	Statement Coverage Period (from/through)		Value Code	Value Code Value
Admit date: 7/25/21	7/25/21	7/31/21	80	6
Line Information	Date	Units		
0100	7/25/21	6		

- NH claim – rev code 100
- TOB 21X
- Medicare – No Medicare coverage
- Other Insurance – No other insurance
- Medicaid only
- Admit date: 7/25/21
- LT101 date: 7/20/21
- PASRR Level I date: 7/24/21
- Patient status: 20 (death) on 7/31/21 – Medicaid does not pay for the date of discharge or the date of death, it is accounted for systematically and the units billed should one day less than the coverage period. Do not account for with value code 81.

# Skilled Nursing Facility - Changes

## New billing example with Revenue Code 0185 – Therapeutic Leave Days

Header Information	Statement Coverage Period (from/through)		Value Code	Value Code Value	Occurrence Code	Occurrence Date
Admit date: 7/25/21	8/1/21	8/31/21	80	26	35	8/3/21
			81	5		
Line Information	Date	Units				
0100	8/1/21	26				
0185	8/3/21	5				

- NH claim – rev code 100
- TOB 21X
- Medicare – No Medicare coverage
- Other Insurance – No other insurance
- Medicaid Primary
- Admit date: 7/25/21
- LT101 date: 7/20/21
- PASRR Level I date: 7/24/21
- Patient status: 30 (still a patient)
- 5 therapeutic leave days – 8/3/21 – 8/7/21 – physical therapy



# *Skilled Nursing Facility - Changes*

## **Medicare Days:**

- 1-20 days – Medicare Deductible days (Medicare pays in full)
- 21-100 (80 days) Medicare Co-insurance days – patient may have a Medicare supplemental plan – Medicaid pay lesser of
- 101st day and greater – patient responsibility or secondary insurance, if applicable minus any personal pay amounts

## **Value Codes and Occurrence Span Code for the billing examples on the next slides:**

- 80 – Covered days
- 09 – Medicare Co-insurance Amount in the 1st Calendar Year in the Billing Period = # of Co-Insurance Days Multiplied by the Co-Insurance Rate (formula: # of CI days \* CI rate)
- 82 – Medicare Co-Insurance Days
- 70 – SNF Qualifying Stay Dates – 3-day hospital stay (at minimum)


# Skilled Nursing Facility - Changes

## New billing example with Medicare Co-insurance Days (>21 days)

Header Information	Statement Coverage Period (from/through)		Value Code	Value Code Value	Occurrence Code	Occurrence Date	Occurrence Span Code	Occurrence Span From/Through Dates
Admit date: 6/11/21	7/1/21	7/31/21	80	31			70	6/5/21-6/11/21
			09	5750.50				
			82	31				
Line Information	Date	Units						
0100	7/1/21	31						

- NH claim – rev code 100
- TOB 21X
- Medicare Co-insurance Days (2021 amount \$185.50/day)
  - 31 days x \$185.50 = \$5,750.50
- Original Admit date: 6/11/21
- 6/11-6/30 deductible days
- 6/12- 8/31 (80 days) = co-insurance days
- Medicaid eligible: 7/1/21
- Other Insurance – No other insurance
- LT101 date: 6/9/21
- PASRR Level I date: 6/10/21
- Patient status: 30 (still a patient)
- Billing for the month of July (7/1-7/31)

# Skilled Nursing Facility – Changes

 Wyoming Department of Health

## Attestation for Admission Date

THE FOLLOWING INFORMATION IS REQUIRED TO AVOID CLAIM DENIALS

Facility NPI	<input type="text"/>	Facility Name	<input type="text"/>
Medicaid Member ID	<input type="text"/>	Member Name	<input type="text"/>
Original Admission Date	<input type="text"/>	PASRR Date	<input type="text"/>

Indicate why the admission claim is not on file as paid by Wyoming Medicaid:

☐ Paid by Medicare

☐ Paid as private pay

☐ Paid by another insurance

☐ PASRR not completed appropriately *(please explain)*

☐ Other *(please explain)*

## Attestation for Admission Date Form

- Updated form
- Required when the member's original admission claim occurred prior to WY Medicaid eligibility or whose original admission claim is not on-file as paid with WY Medicaid

## *Skilled Nursing Facility – Changes*

When is the Attestation for Admission Date Form required?

- Providers who receive a denial for one of the following reasons must complete this form and attach it to the resubmitted claim to receive payment
  - No original admission claim on file or admission claim not paid by Wyoming Medicaid
  - No PASRR on file with Wyoming Medicaid
  - This form is not completed appropriately, or is not attached to the claim
- The admission date is added to the member's file and associated with your provider number as it is today
- Always enter the member's original admission date on the claim when submitting to WY Medicaid

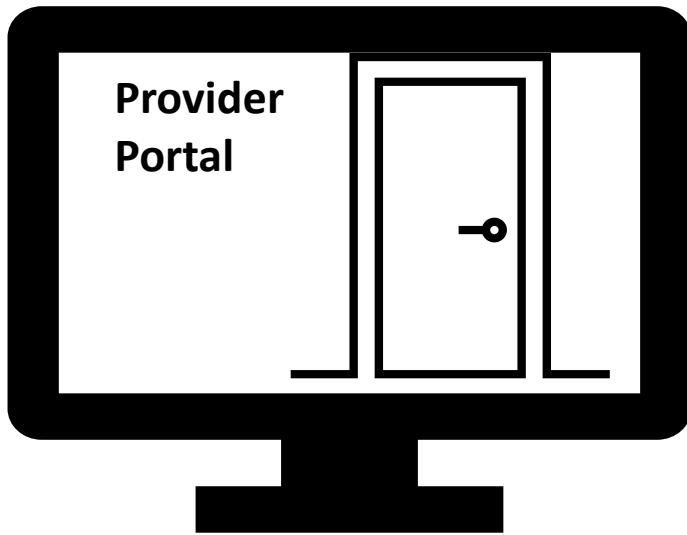
# *Wyoming Medicaid Website – Recap and Q&A*

- Quick Recap
- Questions & Answers
- Break Time (5 minutes)

# New Provider Portal

Medicaid Secure Features and Profiles

# Features



Legacy Provider Portal	New Provider Portal
Ask Wyoming Medicaid	Ask Medicaid
Claims Submission	Claims Submission
Claim Status Inquiry	Claim Status Inquiry
Prior Authorization Inquiry	PA Inquiry
RA Retrieval	RA Listing
Upload Files	Upload Files
Provider Update	Not Applicable (HHS Provider Enrollment website)
Provider Warrant Summary	RA Listing
Prior Authorization Entry/Submission	Not Applicable (Vendor Submitted)
LT101 Inquiry	Eligibility Inquiry – LT101 Inquiry
PASRR Level I	Eligibility Inquiry - PASRR Level I Inquiry/Entry
Electronic Claim Attachment	Electronic Claim Attachment
EDI Application	Manage Provider / Billing Agents & Clearinghouses
Client Eligibility Inquiry	Eligibility Inquiry
	Provider Information <ul style="list-style-type: none"> <li>• View Provider Information</li> <li>• Manage EDI Information</li> <li>• Manage SFTP User Account</li> </ul>

Profile Name	Access Rights
Provider Domain Administrator (Provider User)	<p>Allows the <b>Provider user</b> to perform:</p> <ul style="list-style-type: none"> <li>• User Account Maintenance for accounts under a Provider, including Associating Security Profiles and Approving New User Accounts</li> </ul>
Prior Authorization (PA) Access	<p>Allows the <b>Provider user</b> to perform:</p> <ul style="list-style-type: none"> <li>• View and Inquire on PAs</li> </ul>
Eligibility Inquiry	<p>Allows the <b>Provider user</b> to perform:</p> <ul style="list-style-type: none"> <li>• Inquire on Member Eligibility</li> <li>• Enter and inquire on PASRR Level I</li> <li>• Inquire on LT101</li> </ul>
Claim Access	<p>Allows the <b>Provider user</b> to perform:</p> <ul style="list-style-type: none"> <li>• Claims inquiry (837 D, I, P)</li> <li>• Claims inquiry on pharmacy claims</li> <li>• Online claims entry or direct data entry (DDE)</li> <li>• Claim adjustment/void</li> <li>• Resubmit denied/voided claims</li> <li>• View and download remittance advice (view payment)</li> </ul>



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

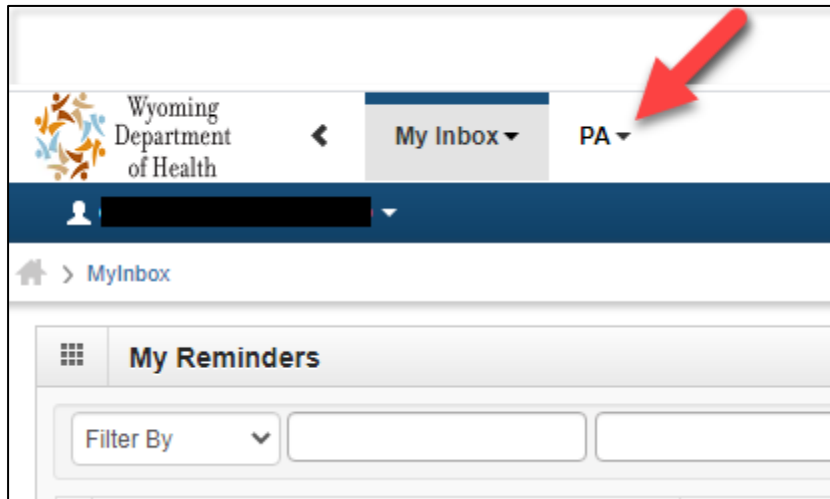
Profile Name	Access Rights
Provider Access	<p>Allows the <b>BA/CH user</b> to perform:</p> <ul style="list-style-type: none"><li>• Manage Provider (BA or CH) Information</li><li>• View Associated Providers</li><li>• Manage SFTP User Account</li><li>• Online Batch Claims Submission (837 D, I, P)</li><li>• Submit HIPAA batch transactions (270, 276, 837)</li><li>• Retrieve HIPAA batch responses (835)</li><li>• Retrieve acknowledgements and responses (999, TA1, 271, 277)</li></ul>
Claims Access	<p>Allows the <b>BA/CH user</b> to perform:</p> <ul style="list-style-type: none"><li>• Claim Inquiry (837 D, I, P)</li></ul>

## *Provider Portal – Payment Relevant*

- Prior Authorization Inquiry – Extraordinary Claims
- PASRR Level I
- Manage Clearinghouses and Billing Agents
- Provider Password Reset
- Claim Submission
- WINASAP to be discontinued
- Institutional Claim DDE
  - Claim Template
  - Electronic Adjustment/Void
- Claim Attachments

## Provider Portal – PA Inquiry

- Providers only have access to the PAs aligned to their specific submissions.
- Full list of active PAs displayed upon login.
- Filter can be conducted via PA #.
- “PA” appears next to “My Inbox” on the user’s Provider Portal home page when the user selects “PA Access” provider profile from the drop-down menu.



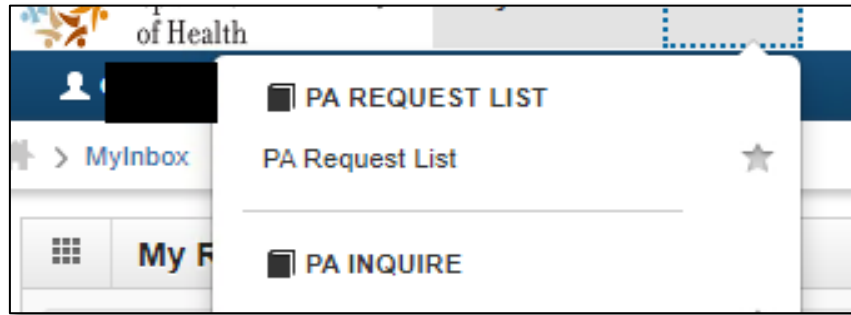
### Legacy

- Search by Provider ID
- Search by DOS (6-month span max)
- Via Client ID or DOS
- Via PA #

### New Portal

- Used PAs are visible
- Not limited to 6-month DOS span
- Provider Profile: PA Access

## Provider Portal – PA Inquiry



**Example** of a search by the Member Name – From the first drop-down list, select **Member Name**, enter the last name, and select 'Go'. Below is only partial information that displays.

Page View	Org	Beneficiary ID	Beneficiary Name	Tracking No.	Request Date	Status	NPI/ID	Prvdr Name	Srvc From Date	Due D
			K	0	04/20/2020	Approved			04/20/2020	
			K	0	04/22/2020	Approved			04/22/2020	

From the PA drop-down menu, select:

- PA Request List – when you do not have the PA number or to inquire on PAs or
- PA Inquire – to enter the PA number

Providers inquiring on PAs select **'PA Request List'** and filter (search) in various ways, such as with PA Tracking No. (PA number), Member ID, Member Name, Status, and Service Date.

Select the blue PA Tracking Number to view the PA details.

# Provider Portal – PA Inquiry

**PA Basic Info**

\*Organization Unit:

\*Assigned To:

\*Request Received Date: 04/20/2020

\*Source of Request: DE-DDE

Specialty Code:

Service Type: Durable Medical Equipment Purchase

Place of Service:

\*Service From Date: 04/20/2020

\*Service To Date: 10/20/2020

Prev. Auth. Number:

Serial No.:

Delivery Date: MM/DD/YYYY

Admin Hearing Request: ☐ No ☐ Yes

Physician Review: ☐ No ☐ Yes

Beneficiary Info

**Review PA**

**PA Error List**

Error Code	Error Desc	Error Type	Cycle	Forcible
------------	------------	------------	-------	----------

**Service Lines**

Line	Servicing Provider	Code	Mod	Req Units	Req \$ Amt	Auth Units	Auth \$ Amt	From Date	To Date	Status
<input type="checkbox"/> 01	[REDACTED]	K0108		2	0.00	2	0.00	04/20/2020	10/20/2020	Approved
<input type="checkbox"/> 02	[REDACTED]	K0739		8	149.68	8	149.68	04/20/2020	10/20/2020	Approved

PA screen:

Providers scroll up and down (right side of screen) to navigate the PA, or use the navigation on the left to go directly to a specific area.

Review PA (example)

- Line detail
- Codes
- Units
- Dates of service
- Status

Provider may print the PA or view.

## PASRR Level I

- Member LTC Assessments are found in “Member”
- Select ‘PASRR Level I’ to view or enter a new PASRR Level I

### Legacy

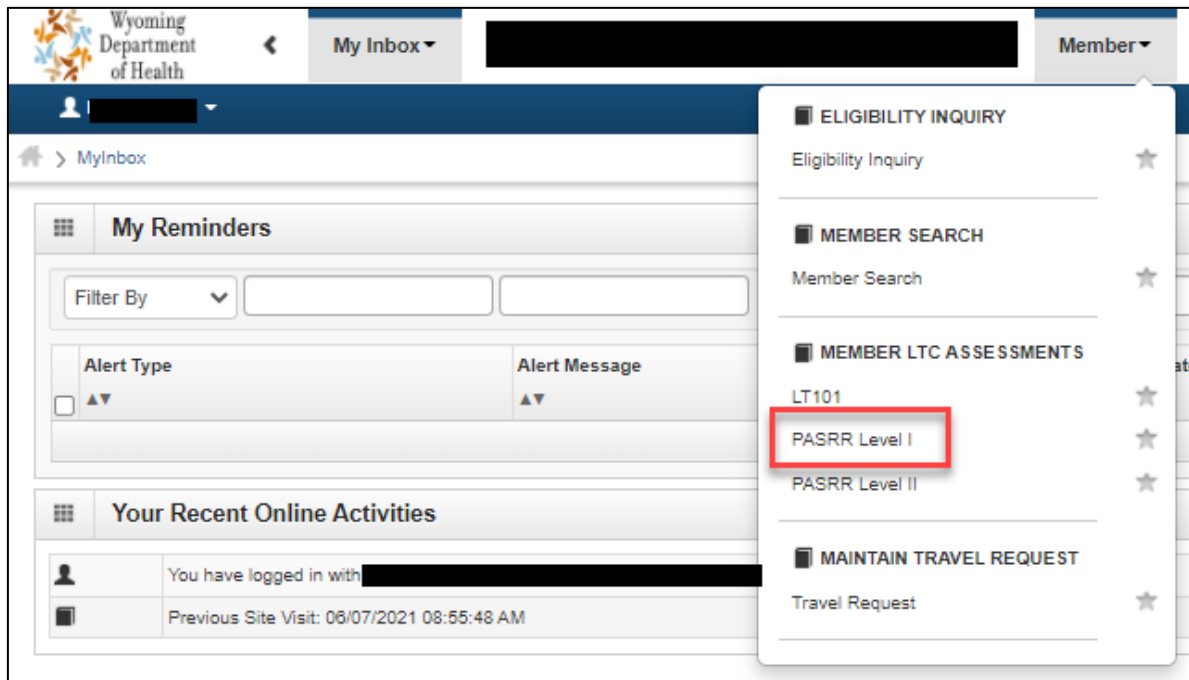
- PASRR Level I entry

### New Portal

- View all member PASRR Level I records submitted by the provider
- Enter PASRR Level I screenings

### Provider Profile:

- Eligibility Inquiry

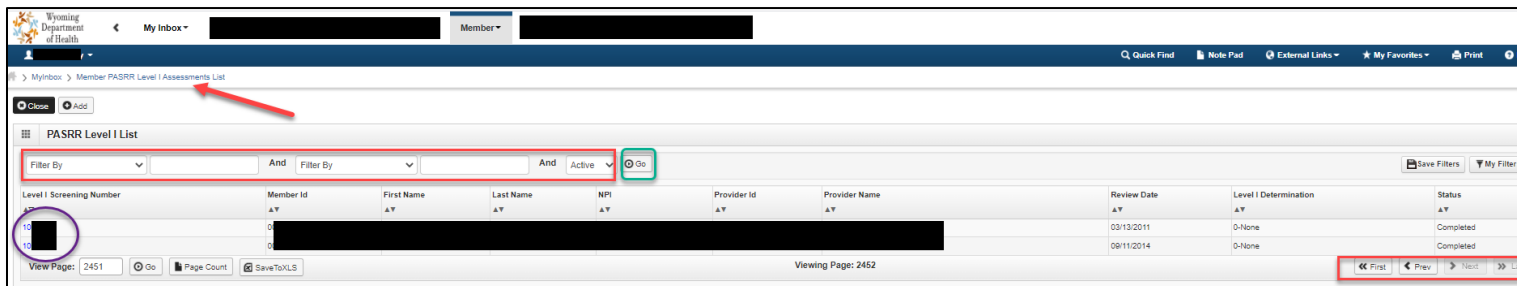


# PASRR Level I List

- PASRR Level I List - Displays the Member PASRR Level I records submitted by this provider only.
- Select the Level I Screening Number in blue to view and print the PASRR Level I Information.

- To locate the one you are looking for you can filter by:

- Member ID
- First Name
- Last Name
- NPI
- Provider ID
- Provider Name
- Review Date
- Level I Determination
- Level I Screening #
- Status





# PASRR Level I Entry

1. From the PASRR Level I List page, select '+Add'.
2. Answer the questions and complete all required fields denoted by an asterisk (\*).

**NOTE:** If Member ID (Medicaid ID) is entered, the member's information populates with the information Medicaid has on-file.

The provider's information displays once the Admit Facility NPI is entered.

Wyoming Department of Health

My Inbox

Member

Quick Find | Note Pad | External Links | My Favorites | Print | Help

My Inbox > Member PASRR Level I Assessments List

Close +Add

PASRR Level I List

Filter By [ ] And Filter By [ ] And Active [ ] Go

Save Filters | My Filters

Level I Screening Number	Member ID	First Name	Last Name	NPI	Provider ID	Provider Name	Review Date	Level I Determination	Status
AY	AY	AY	AY	AY	AY	AY	AY	AY	AY

Add PASRR Level I

Is this PASRR a Resident Review? ☐ No ☐ Yes \*

Member ID: [ ]

First Name: [ ] \*

Middle Name: [ ]

Last Name: [ ] \*

SSN: [ ] [ ] [ ] \*

DOB: [ ] [ ] [ ] \*

Gender: --SELECT-- \*

Payment Source: --SELECT--

Admit Facility NPI: [ ] \*

Date of Review: [ ] [ ] \*

Date of Admission: [ ] [ ] \*

Admitted from Name: [ ]

State: [ ]

City: [ ]

Prior Level II: --SELECT--

Address (only for Non-Medicaid Members)

Address Type: --SELECT-- \*

Start Date: 04/25/2021 [ ]

End Date: 12/31/2099 [ ]

Address Line 1: [ ] \*

(Enter Street Address or PO Box Only)

Address Line 2: [ ]

Address Line 3: [ ]

City/Town: OTHER [ ] \*

State/Province: OTHER [ ] \*

County: OTHER [ ]

Country: UNITED STATES [ ] \*

Zip Code: [ ] [ ] [ ] [ ] [ ] \*

Validate Address

# PASRR Level I Entry

Diagnosis Codes	
Primary Psychiatric Diagnosis:	
1: <input type="text"/>	2: <input type="text"/>
PRI/SEC Diagnosis of OBS, Dementia, or Alzheimer's:	
1: <input type="text"/>	2: <input type="text"/>
PRI/SEC Diagnosis of Intellectual Disability/Develop Disability:	
1: <input type="text"/>	2: <input type="text"/>
Current Medical Diagnosis:	
1: <input type="text"/>	2: <input type="text"/>

- No change to the Dx Code entry

Screening	
Mental Illness Screening (answer all questions)	
1. Does this person have a psychiatric diagnosis? <input type="radio"/> No <input type="radio"/> Yes *	
2. Does this person have any history of Mental Illness requiring treatment more intensive than outpatient services in the past two years? <input type="radio"/> No <input type="radio"/> Yes *	
3. Is there any presenting evidence of Mental Illness including possible disturbance in orientation, affect or mood that is not attributable to dementia or other medical diagnosis list above? <input type="radio"/> No <input type="radio"/> Yes *	
Screening	
Intellectual Disability Screening (answer all questions)	
1. Does this person have a diagnosis of Intellectual Disability or development disability? <input type="radio"/> No <input type="radio"/> Yes *	
2. Does this person have any history of Intellectual Disability or development disability ? <input type="radio"/> No <input type="radio"/> Yes *	
3. Are there cognition or behavior deficits indicating Intellectual Disability or developmental disability ? <input type="radio"/> No <input type="radio"/> Yes *	
4. Was this person referred by an agency that serves persons with Intellectual Disability and developmental disability, and has this person been eligible for that agency's service? <input type="radio"/> No <input type="radio"/> Yes *	

- No change to the Screening questions

# PASRR Level I Entry

**Categorical Determination For MI or ID Individual**

Answer ALL questions for any individual who may have Mental Illness or Intellectual Disability. A Categorical Determination is not an exemption from PASRR; You must attach an LT101 and current history and physical to verify determination. The nursing facility must re-review this individual making sure all necessary services are being provided.

1. Is this individual has possible or probable MI or ID, does he or she have a terminal illness, verified in writing by a physician?  
☐ No ☐ Yes \*

2. Is this individual has possible or probable MI or ID, is he or she comatose, ventilator dependent, functioning at brain stem level, have a diagnosis of COPD, sever Parkinson's Disease, Amyotrophic Lateral Sclerosis, muscular dystrophy, end stage renal disease (ESRD), severe diabetic neuropathy or refractory anemia? (Diagnosis and ICD-9 code must be listed above)  
☐ No ☐ Yes \*

3. Is this individual has possible or probable MI or ID, does he or she have a medical condition, subsequent to discharge from acute care hospital, for which convalescent care is likely to require LESS THAN 120 days?  
☐ No ☐ Yes \*

4. Is this individual has possible or probable MI or ID, does he or she require a provisional placement for respite care or due to delirium not to exceed 14 days?  
☐ No ☐ Yes \*

5. Is this individual has possible or probable MI or ID, does he or she require an emergency placement for his or her safety, not to exceed 7 days?  
☐ No ☐ Yes \*

**Electronic Signature Statements of Understanding**

Provider Name: [REDACTED] Date: 04/25/2021

1. I am the person represented by the name displayed above.

2. I have agreed to submit the PASRR level 1 screening by electronic means.

3. I have read the definitions and conditions incorporated into this level 1 screening instrument; and I certify that the information entered is true and correct to the best of my knowledge and is adequately documented in the applicant/resident case record.

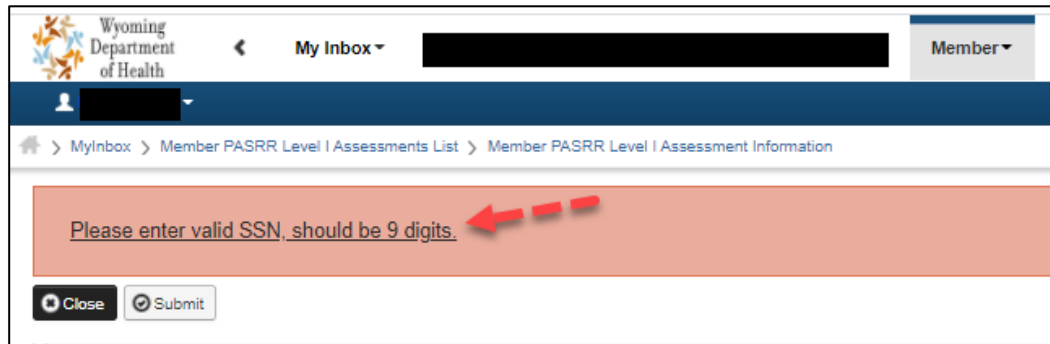
4. I understand that an electronic signature has the same legal effect and enforceability as a written signature.

☐ By checking this box, I am electronically signing this PASRR level 1 screening.

- No change for categorical determination and if applicable answer the MI or ID questions
- Select the electronic signature and select 'Submit'
- If an error was made or a required field left blank, error messages appear at the top of the page

# PASRR Level I Entry

Error message example:



Wyoming Department of Health

My Inbox

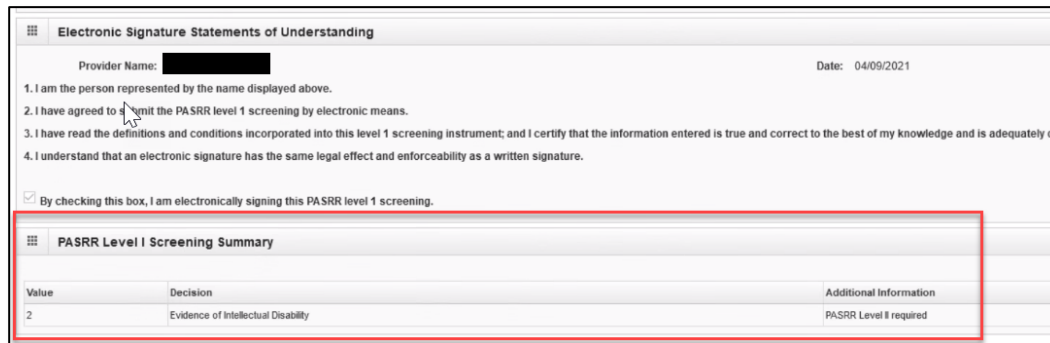
Member

Myinbox > Member PASRR Level I Assessments List > Member PASRR Level I Assessment Information

Please enter valid SSN, should be 9 digits.

Close Submit

- Make the necessary corrections and select 'Submit'
- Upon a successful entry, providers see the PASRR Level I Screening Summary
- PASRRs can be printed at any time



Electronic Signature Statements of Understanding

Provider Name: [Redacted] Date: 04/09/2021

1. I am the person represented by the name displayed above.

2. I have agreed to submit the PASRR level 1 screening by electronic means.

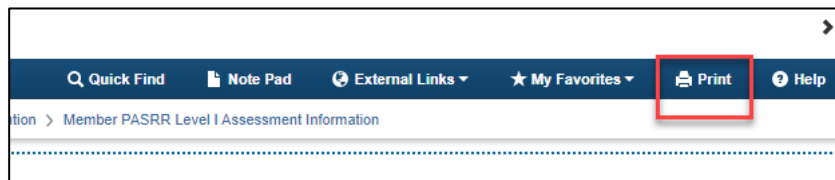
3. I have read the definitions and conditions incorporated into this level 1 screening instrument; and I certify that the information entered is true and correct to the best of my knowledge and is adequately documented.

4. I understand that an electronic signature has the same legal effect and enforceability as a written signature.

☒ By checking this box, I am electronically signing this PASRR level 1 screening.

PASRR Level I Screening Summary

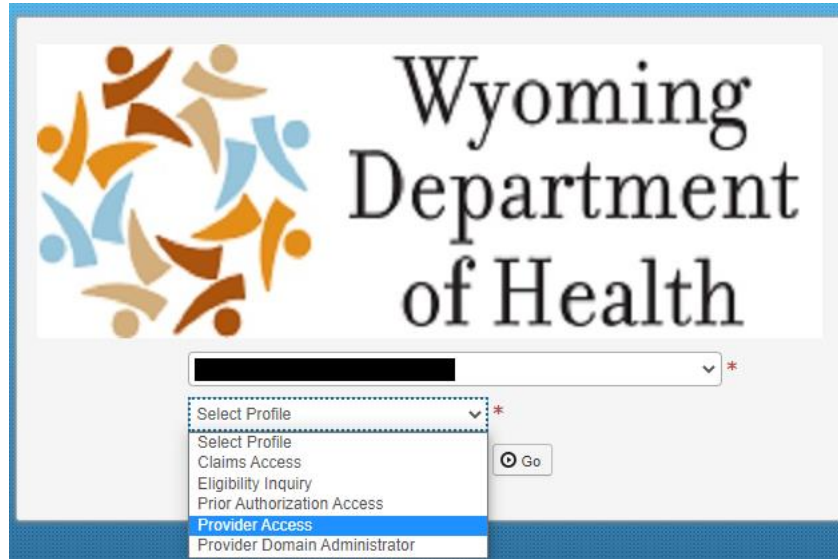
Value	Decision	Additional Information
2	Evidence of Intellectual Disability	PASRR Level II required



Quick Find Note Pad External Links My Favorites Print Help

Member PASRR Level I Assessment Information

# Manage BA and CHs

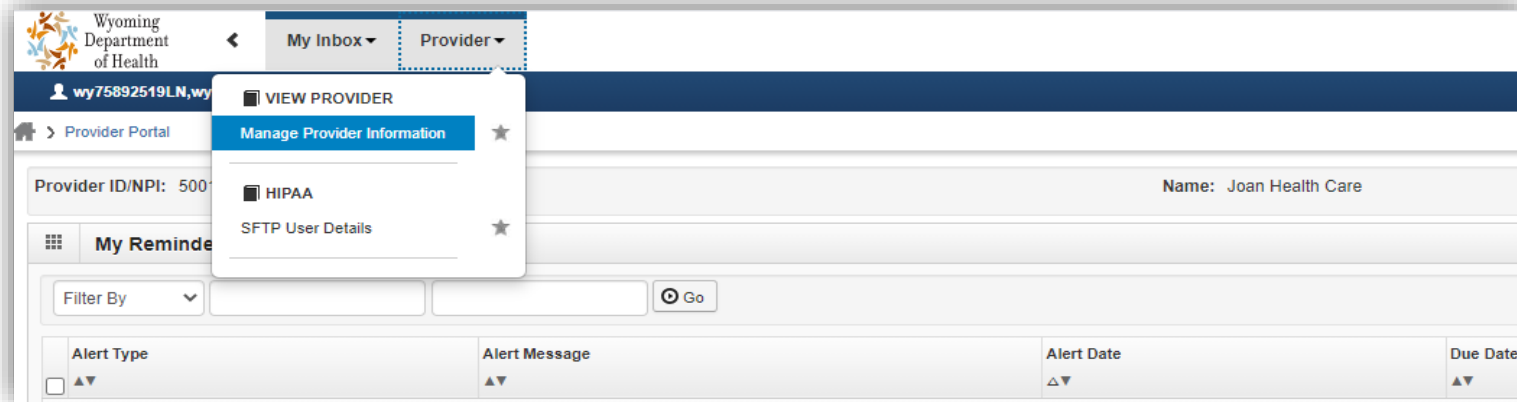


## Legacy

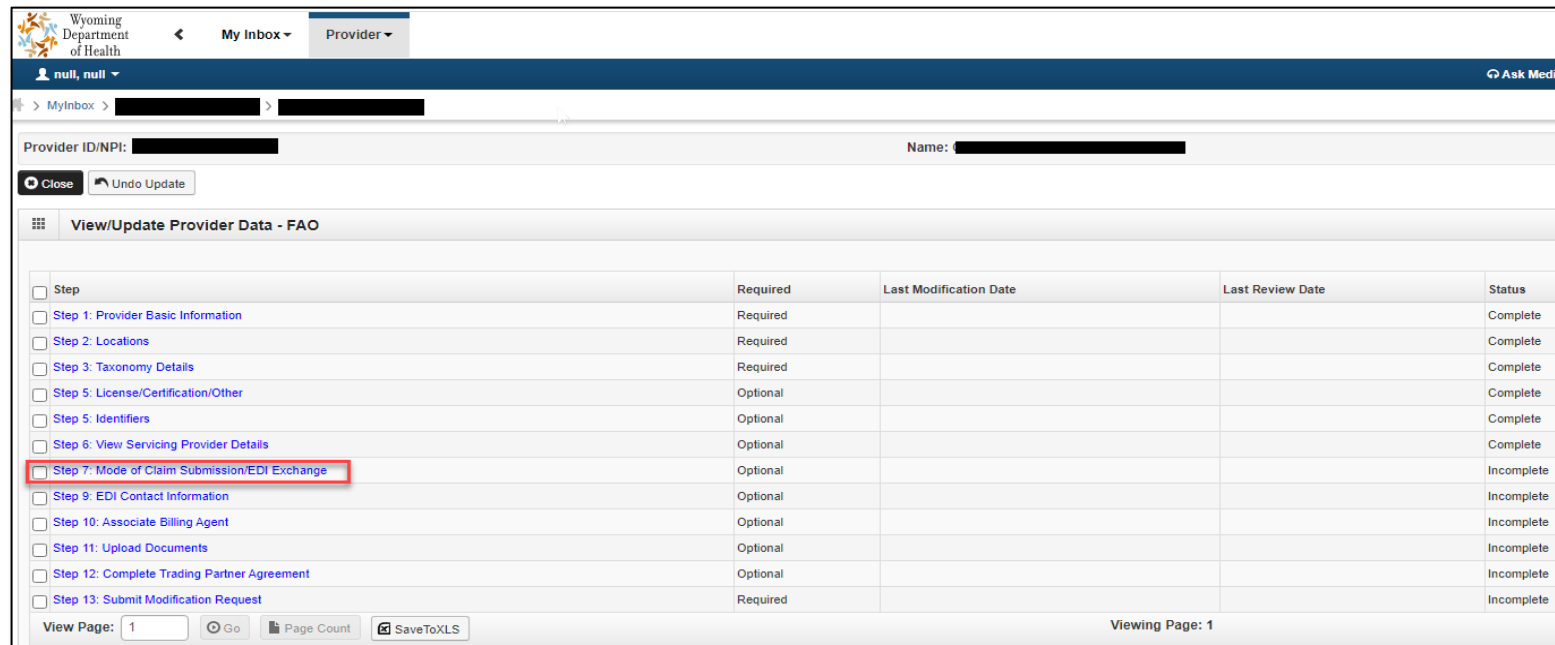
- Providers submitted forms to manage Billing Agents (BA) and Clearinghouses (CH)
- Call Center staff updated the Trading Partner ID, Transactions, and Associate providers with BA/CHs upon request

## New Portal

- Providers manage directly and add, remove, or update the BA/CH with whom they are doing business
- Provider Profile: Provider Access
- From Provider drop-down menu, select '**Manage Provider Information**'



## Step 7: Mode of Claim Submission/EDI Exchange (Provider User)



Step	Required	Last Modification Date	Last Review Date	Status
<a href="#">Step 1: Provider Basic Information</a>	Required			Complete
<a href="#">Step 2: Locations</a>	Required			Complete
<a href="#">Step 3: Taxonomy Details</a>	Required			Complete
<a href="#">Step 5: License/Certification/Other</a>	Optional			Complete
<a href="#">Step 5: Identifiers</a>	Optional			Complete
<a href="#">Step 6: View Servicing Provider Details</a>	Optional			Complete
<a href="#">Step 7: Mode of Claim Submission/EDI Exchange</a>	Optional			Incomplete
<a href="#">Step 9: EDI Contact Information</a>	Optional			Incomplete
<a href="#">Step 10: Associate Billing Agent</a>	Optional			Incomplete
<a href="#">Step 11: Upload Documents</a>	Optional			Incomplete
<a href="#">Step 12: Complete Trading Partner Agreement</a>	Optional			Incomplete
<a href="#">Step 13: Submit Modification Request</a>	Required			Incomplete

- EDI elections by enrolled pay-to providers and their BA/CH associations will be transitioned from Conduent to the BMS.
- Online Direct Data Entry for claims (DDE) will be defaulted
- ALL converted providers should verify the mode of claim submissions (Step 7) to avoid claim submission problems which may result in payment delays

NOTE: The verification steps are covered in depth in the Web Registration Training sessions.

Select the blue hyperlink to display the Mode of Claim Submission page

## Step 7: Mode of Claim Submission/EDI Exchange (Provider User)

The screenshot shows the Wyoming Department of Health Provider Portal. The 'Mode of Claim Submission List' table is displayed with the following data:

Mode of Claim Sub. Method	Start Date	End Date	Status	Operational Status
<a href="#">Electronic Batch, Online Direct Data Entry (DDE)</a>	09/03/2018	04/30/2021	Approved	Active

A red arrow points to the blue hyperlink 'Electronic Batch, Online Direct Data Entry (DDE)' in the 'Mode of Claim Sub. Method' column.

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

# Step 7: Mode of Claim Submission/EDI Exchange (Provider User)

Wyoming Department of Health

My Inbox Provider

null, null

Ask Medicaid Note Pad External L

MyInbox > [redacted]

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

Close Save

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

- 1. When using a billing agent, select the checkbox next to Billing Agent/Clearinghouse.
- 2. Select **‘Save’** at the top of the screen.
- 3. Select **‘Close’** to return to the previous screen with the 12 steps.

DDE is defaulted and cannot be ‘unselected’



## Step 7: Mode of Claim Submission/EDI Exchange (Provider User)

Close Save

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 checked="" 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


- To select a BA/CH to submit electronic transactions on the provider's behalf:
  1. Select the '**Billing Agent/Clearinghouse**' checkbox.
  2. Select '**Save**'.
  3. Select '**Close**'.


## Step 7: Mode of Claim Submission/EDI Exchange (Provider User)

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.

 Close


 Mode of Claim Submission List


Filter By 






And

Filter By 


And Operational Status


Active 

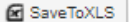
 Go

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:

 Go

 Page Count

 SaveToXLS

Viewing Page: 1

## Step 7: Mode of Claim Submission/EDI Exchange (Provider User)

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required			Complete		
Step 2: Locations	Required			Complete		
Step 3: Taxonomy Details	Required			Complete		
Step 4: License/Certification/Other	Optional			Complete		
Step 5: Identifiers	Optional			Complete		
Step 6: View Servicing Provider Details	Optional			Complete		
Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/11/2021		Complete	Updated	
Step 9: EDI Contact Information	Required			Incomplete		
Step 10: Associate Billing Agent	Required	07/11/2021		Complete		
Step 11: Upload Documents	Optional			Incomplete		
Step 12: Complete Trading Partner Agreement	Required			Incomplete		
Step 13: Submit Modification Request	Required	07/11/2021		Incomplete		Modification Request has not been Submitted

Step 8 is 'incomplete' which means the provider did not previously have EDI contact information converted.

- Since we made an update in Step 7, the 'View/Update Provider Data' page now reflects newly required steps, the modification date displays, the 'Status' column guides you as you complete required steps, and Step 12: Submit Modification Request is now required and incomplete.
- Steps 8, 9, 11, and 12 now require action

## Step 8: EDI Contact Information (Provider User)

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!					

1. Select **'+Add'** to add an EDI contact. Complete all required fields notated by an asterisk (\*)

**NOTE:** Addresses must be validated

2. Select **'Ok'**.

To add another EDI contact, repeat these steps, or select **'Close'** to exit the page

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@onsi \*  
Start Date: 07/11/2021 \*  
End Date: 12/31/2099 \*  
Address Line 1: 3001 E Pershing Blvd \*  
Address Line 2: (Enter Street Address or PO Box Only)  
City/Town: Cheyenne \*  
County: Laramie \*  
State/Province: WYOMING \*  
Country: UNITED STATES \*  
Zip Code: 82001 \* - 5704 \*  
Validate Address

Address validation successful

Page ID: dgAddID(Contact/Provider)

Ok Cancel

## Step 8: EDI Contact Information (Provider User)

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

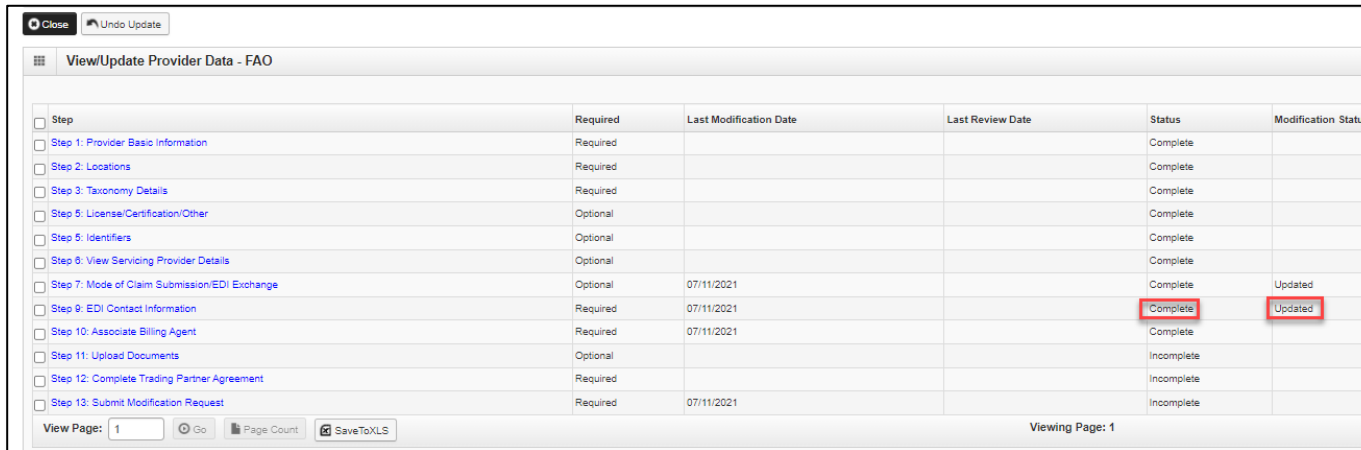
- EDI contact name was successfully added
- Step 8: EDI contact now reflects 'Updated' and the status is 'Complete'

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

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status
Step 1: Provider Basic Information	Required			Complete	
Step 2: Locations	Required			Complete	
Step 3: Taxonomy Details	Required			Complete	
Step 5: License/Certification/Other	Optional			Complete	
Step 5: Identifiers	Optional			Complete	
Step 6: View Servicing Provider Details	Optional			Complete	
Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/11/2021		Complete	Updated
Step 9: EDI Contact Information	Required	07/11/2021		Complete	Updated
Step 10: Associate Billing Agent	Required	07/11/2021		Complete	
Step 11: Upload Documents	Optional			Incomplete	
Step 12: Complete Trading Partner Agreement	Required			Incomplete	
Step 13: Submit Modification Request	Required	07/11/2021		Incomplete	

## Step 9: Associate Billing Agent (Provider User)

- **Important!** In this step, the provider selects the BA/CH that is to submit electronic HIPAA transactions on their behalf.
- Remember! Step 9 is only required when you select a BA/CH in Step 7.
- Conduent's Legacy process:
  - Providers submit forms to manage CH and BAs & the call center updates
- New Provider Portal process:
  - Providers manage Billing Agents and Clearinghouse directly



The screenshot shows a web application interface titled "View/Update Provider Data - FAO". It contains a table with the following columns: Step, Required, Last Modification Date, Last Review Date, Status, and Modification Status. The table lists 13 steps, with Step 9, "Associate Billing Agent", highlighted. The Status for Step 9 is "Complete" and the Modification Status is "Updated".

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status
Step 1: Provider Basic Information	Required			Complete	
Step 2: Locations	Required			Complete	
Step 3: Taxonomy Details	Required			Complete	
Step 4: License/Certification/Other	Optional			Complete	
Step 5: Identifiers	Optional			Complete	
Step 6: View Servicing Provider Details	Optional			Complete	
Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/11/2021		Complete	Updated
Step 9: EDI Contact Information	Required	07/11/2021		Complete	Updated
Step 10: Associate Billing Agent	Required	07/11/2021		Complete	
Step 11: Upload Documents	Optional			Incomplete	
Step 12: Complete Trading Partner Agreement	Required			Incomplete	
Step 13: Submit Modification Request	Required	07/11/2021		Incomplete	

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



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 (Provider User)

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

Wyoming Department of Health

My Inbox Provider

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


Close +Add

Billing Agent List

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

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

View Page: 1 Page Count SaveToXLS Viewing Page: 1

 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 (Provider User)

4200/1568646962 Name: POWELL HEALTH CARE COALITION

g Agent Association

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

Billing Agent ID:  \* ←

Association Start Date:  \*

Billing Agent Name:

Association End Date:

Transaction Responses

Claim Status	Authorized	Start Date	End Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Confirm/Search Billing Agent

- If you have the BA/CH ID#, enter it, select the association start date and end date, and select **'Ok'**  
OR
- To search for the BA/CH, select **'Confirm/Search Billing Agent'** at the bottom right



## Step 9: Associate Billing Agent (Provider User)

Billing Agent ID	Billing Agent Name	Start Date	End Date
<input type="checkbox"/> 584970900	testgood	05/28/2021	12/31/2999
<input checked="" type="checkbox"/> 584971000	Test Billing Agent	06/01/2021	12/31/2999
<input type="checkbox"/> [REDACTED]	[REDACTED]	06/09/2021	12/31/2999
<input type="checkbox"/> [REDACTED]	[REDACTED]	07/02/2021	12/31/2999

View Page: 42    Page Count    SaveToXLS    Viewing Page: 43

- From the 'Billing Agent Search List', select the appropriate BA/CH.

**NOTE:** You can filter or use the 'next' and 'previous' buttons at the bottom right to scroll through the list.

Once we select the checkbox next to the Billing Agent ID we are adding, we select **'Select'**.

For our example, we are selecting the BA/CH of 'Test Billing Agent'. Always confirm the BA/CH's start and end dates cover your service needs.

## Step 9: Associate Billing Agent (Provider User)

Start date is not date of service driven, it means as of 7/11/2021, Test Billing Agent can submit electronic HIPAA transactions on your behalf.

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

Manage Billing Agent Association

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

Billing Agent ID: 554971000 \* 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: dgAssocSubmitterProvider

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.
3. Once you make any necessary changes or approve as is, select 'Ok'.

To add another BA/CH, repeat the steps above, otherwise select 'Close' on the Billing Agent Search page.

## 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

View/Update Provider Data - FAO							
							Business Process
<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark	
<input type="checkbox"/> Step 1: Provider Basic Information	Required			Complete			
<input type="checkbox"/> Step 2: Locations	Required			Complete			
<input type="checkbox"/> Step 3: Taxonomy Details	Required			Complete			
<input type="checkbox"/> Step 5: License/Certification/Other	Optional			Complete			
<input type="checkbox"/> Step 5: Identifiers	Optional			Complete			
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional			Complete			
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/11/2021		Complete	Updated		
<input type="checkbox"/> Step 9: EDI Contact Information	Required	07/11/2021		Complete	Updated		
<input type="checkbox"/> Step 10: Associate Billing Agent	Required	07/11/2021		Complete			
<input type="checkbox"/> Step 11: Upload Documents	Optional			Incomplete			
<input type="checkbox"/> Step 12: Complete Trading Partner Agreement	Required			Incomplete			
<input type="checkbox"/> Step 13: Submit Modification Request	Required	07/11/2021		Incomplete		Modification Request has not been Submitted.	
View Page: 1    Go    Page Count    SaveToXLS    Viewing Page: 1							

# Step 11: Complete Trading Partner Agreement (TPA)

The screenshot displays the Wyoming Department of Health Provider Portal. At the top, there's a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, a header shows 'Provider ID/NPI: [redacted]' and 'Name: [redacted]'. A 'Close' button and a 'Submit' button are visible. The main section is titled 'Trading Partner Agreement' and contains instructions: 'Please review the Trading Partner Agreement (TPA) below. Once you have reviewed the TPA, please acknowledge your agreement by clicking the check box in the Electronic Statements of Understanding section below, entering your First Name and Last Name in the Submitting Person Signature section and clicking on the Submit button at the top of the screen.' A link 'Click here for the Trading Partner Agreement Terms and Conditions.' is present, with a red arrow pointing to it. Below this is the 'Electronic Statements of Understanding' section, which includes a checkbox and the text: 'I hereby certify that I am the provider with the selected identifier (Provider ID/NPI) identified above and am authorized to accept these terms on behalf of the above organization, have read and agree to abide by this Agreement and acknowledge my obligation to monitor and agree to updates to the terms and conditions that CNSI may publish on this site.' At the bottom, the 'Submitting Person Signature' section has fields for 'First Name:' and 'Last Name:', both marked with an asterisk and highlighted with red boxes.

- To complete the Trading Partner Agreement (TPA):
  1. Read the TPA.
  2. Enter your name.
  3. Select '**Submit**' to update.
  4. Select '**Close**' to return to the View/Update Provider Data page.

## Step 11: Complete Trading Partner Agreement (TPA)

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

View/Update Provider Data - FAO							
Business Process Wizard - Provider Data Mod							
<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark	
<input type="checkbox"/> Step 1: Provider Basic Information	Required			Complete			
<input type="checkbox"/> Step 2: Locations	Required			Complete			
<input type="checkbox"/> Step 3: Taxonomy Details	Required			Complete			
<input type="checkbox"/> Step 5: Identifiers	Optional			Complete			
<input type="checkbox"/> Step 5: License/Certification/Other	Optional			Complete			
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional			Complete			
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/11/2021		Complete	Updated		
<input type="checkbox"/> Step 9: EDI Contact Information	Required	07/11/2021		Complete	Updated		
<input type="checkbox"/> Step 10: Associate Billing Agent	Required	07/11/2021		Complete			
<input type="checkbox"/> Step 11: Upload Documents	Optional			Incomplete			
<input type="checkbox"/> Step 12: Complete Trading Partner Agreement	Required	07/11/2021		Complete	Updated		
<input type="checkbox"/> Step 13: Submit Modification Request	Required	07/11/2021		Incomplete		Modification Request has not been Submitted	

View Page: 1

Go

Page Count

SaveToXLS

Viewing Page: 1

First

Prev

Next

## Step 12: Submit Modification Request

The screenshot displays the Wyoming Department of Health Provider Portal. The top navigation bar includes 'My Inbox' and 'Provider' tabs. Below the navigation bar, the breadcrumb trail shows 'Provider Portal' > 'Facility Modification BPW'. The main content area contains a form with the following elements:

- Provider ID/NPI: [Redacted]
- Name: [Redacted]
- Buttons: 'Close' and 'Submit for Modification' (highlighted with a red box).
- Final Submission: A section with a grid icon and the text 'Final Submission'.
- NPI: [Redacted]
- EnrollmentType: Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Agreement: A checkbox labeled 'I agree that the information submitted as a part of the application is correct. (Private and Confidential)' (highlighted with a red box).

- Step 12 is a self-confirmation of the updates made
- Verify the provider's name and provider ID/NPI one last time and select **'Submit for Modification'**

## Step 12: Submit Modification Request

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

Wyoming Department of Health

My Inbox Provider

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

Close Undo Update

The Modification Request has been approved. ✕

View/Update Provider Data - FAO

Step	Required	Last Modification Date	Last Review Date	Status
Step 1: Provider Basic Information	Required	07/11/2021	07/11/2021	Complete
Step 2: Locations	Required	07/11/2021	07/11/2021	Complete
Step 3: Taxonomy Details	Required	07/11/2021	07/11/2021	Complete
Step 5: License/Certification/Other	Optional	07/11/2021	07/11/2021	Complete
Step 6: Identifiers	Optional	07/11/2021	07/11/2021	Complete
Step 8: View Servicing Provider Details	Optional	07/11/2021	07/11/2021	Complete
Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/11/2021	07/11/2021	Complete
Step 9: EDI Contact Information	Required	07/11/2021	07/11/2021	Complete
Step 10: Associate Billing Agent	Required	07/11/2021	07/11/2021	Complete
Step 11: Upload Documents	Optional	07/11/2021	07/11/2021	Complete
Step 12: Complete Trading Partner Agreement	Required	07/11/2021	07/11/2021	Complete
Step 13: Submit Modification Request	Required	07/11/2021	07/11/2021	Complete

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

## Manage CH and BAs (Provider User)

Wyoming Department of Health

My Inbox Provider

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

Close Add

Billing Agent List

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

Billing Agent ID	Billing Agent Name	Start Date	End Date	835 Auth.	Auth. Start
50000	[Redacted]	03/08/2016	12/31/2999	No	
50	[Redacted]	03/08/2016	12/31/2999	No	
50	[Redacted]	03/08/2016	12/31/2999	No	
50	[Redacted]	03/08/2016	12/31/2999	No	

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

Close Save

Manage Billing Agent Association

Billing Agent ID: 50 [Redacted] Billing Agent Name: [Redacted]

Association Start Date: 03/08/2016 \* Association End Date: 12/31/2999

Status: Approved

Authorized Transaction Responses

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

- To have a provider's 835 delivered to a BA/CH they are already associated with, go back into the 'View/Update Provider Data' page and select Step 10: Associate Billing Agent
- From the list of Billing Agent IDs, select the blue hyperlink of the one you want to receive your 835 transactions
- Select the **'Authorized'** checkbox and add a Start Date and End Date.
- Select **'Save'**.



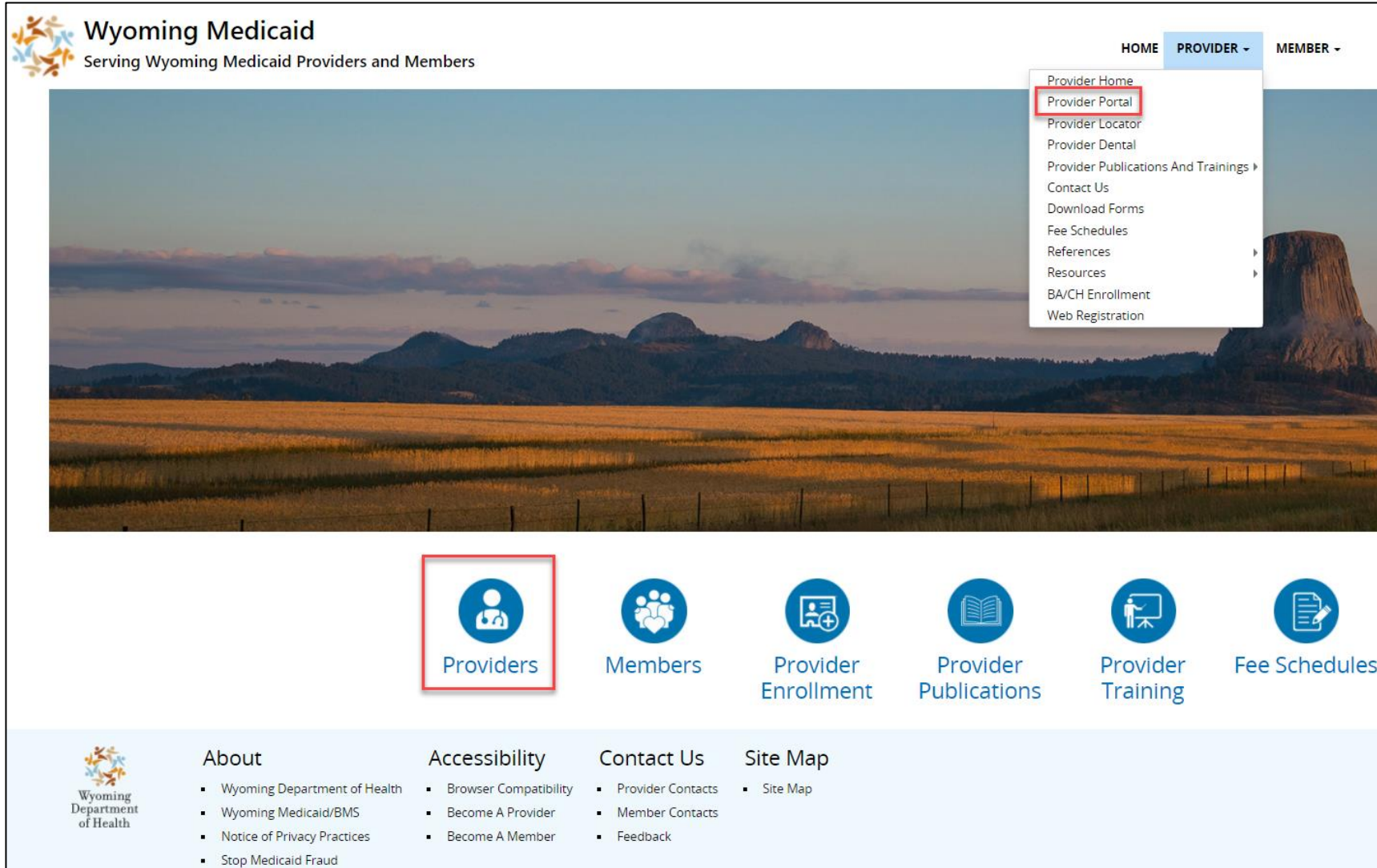
## *Provider Portal – Recap and Q&A*

- Quick Recap
- Questions & Answers
- Break Time (5 minutes)

# Password Reset/Forgot Password

URL: [www.wyomingmedicaid.com](http://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.

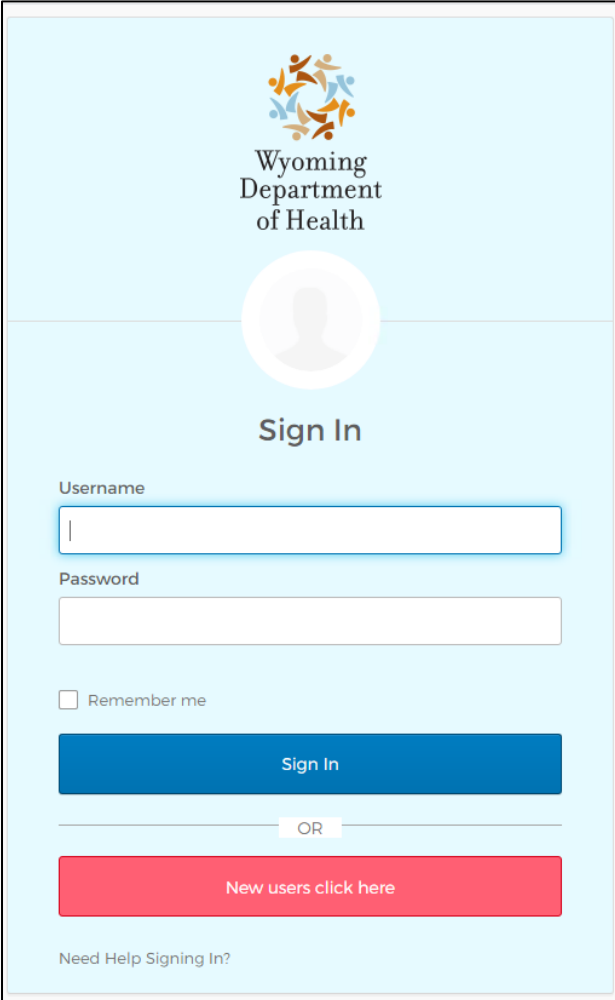
- Provider and BA/CH Web Registration PowerPoint trainings are posted on the website on the Provider Training page.

**Wyoming BMS Medicaid Website:**

[www.wyomingmedicaid.com](http://www.wyomingmedicaid.com)

- From the drop-down menu, select **'Provider Portal'**.

# Password Reset/Forgot Password



The image shows a web page for the Wyoming Department of Health. At the top, there is a logo consisting of a circular arrangement of stylized human figures in various colors, with the text "Wyoming Department of Health" below it. Below the logo is a circular placeholder for a user's profile picture. Underneath the placeholder is the text "Sign In". Below this, there are two input fields: "Username" and "Password". Below the password field is a checkbox labeled "Remember me". Below the checkbox is a blue button labeled "Sign In". Below the button is a horizontal line with the word "OR" in the center. Below the line is a red button labeled "New users click here". At the bottom of the page, there is a link that says "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?'**.

# 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

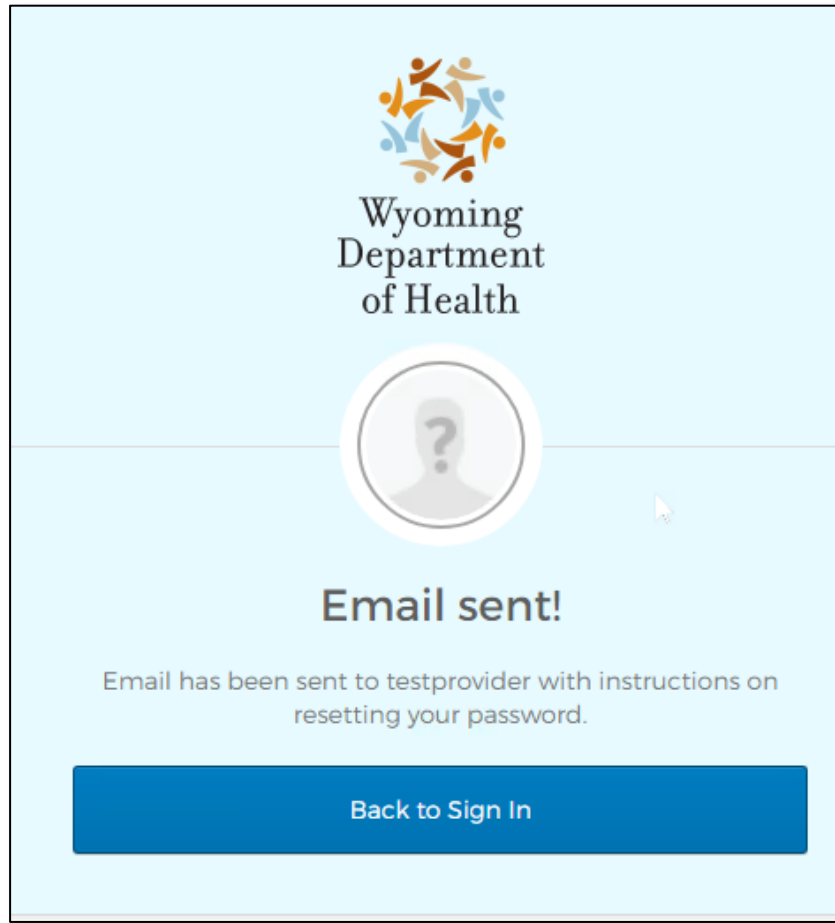
Reset via Email

Back to Sign In

Once you select **'Need Help Signing In?'**, the **'Forgot password?'** message appears.

- 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

# Institutional Claims – BMS Demo

New Claims Processing System

## New BMS Claims Submission

- Providers enter claims directly into the BMS - direct data entry (DDE)
  - The data that is entered into the new BMS system is in Real-Time
  - Providers can create/save Claim Templates
  - Providers can attach documents to their Claims during the DDE process or upload after the claim has been submitted
  - Provider Profile: Claims Access
- New Wyoming Medicaid website: <https://wyomingmedicaid.com/>
    1. Select **Provider** tab.
    2. Select **Provider Publications and Trainings** .
    3. Select **Provider Trainings, Tutorials and Workshops**.


PRESM and Eligibility files  
are updated nightly



# *BMS Browser and Version Compatibility*

Compatible web browsers and versions:

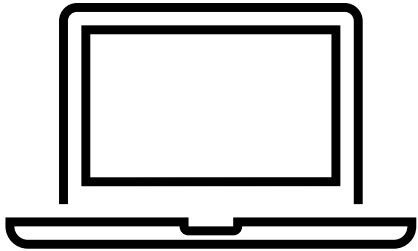
- Google Chrome – Version 90.0.4430.212 (Official Build) (64-bit)
- Firefox – Version 88.0.1
- Microsoft Edge – Version 90.0.818.6 (Official Build) (64-bit)

 Internet Explorer (IE) is no longer a compatible web browser when visiting either the Wyoming Medicaid website or the Provider Portal

BMS requires the use of “Pop-Ups”, depending on the browser take one of the following actions:

- Update your browser to allow pop-ups
- Turn off your browsers pop-up blocker
- Enable pop-up blockers within your browser

# Live Demo



- Direct Data Entry (DDE):

- Straight Claim
- TPL Claim
- Medicare Claim

- Direct Data Entry (DDE):

- Straight Claim with attachment

- Upload Attachment separately

- Direct Data Entry of TPL

- Payer ID is a required field
- Enter five nines, '99999' only when you do not know the payer ID

- Tertiary claims can be keyed into the Provider Portal

Taxonomy codes are required when submitting claims to Wyoming Medicaid

# TPL Disallowance Portal

Portal Benefits

# Features



- A secure web-based application that functions as the primary Point of Contact throughout the claim identification and recovery process
- Providers can access and update contact and claim information utilizing a broad scope of self-service options
- Includes a complete list of patients, claims, and insurance information

## *Disallowance Portal – Portal Benefits*

- A single dashboard with everything you need to review claims at your fingertips
- Recent Activity – Most recent locations visited within the HMS Provider Portal
- “HMS Newsroom” provides the latest news updates pertaining to HMS
- Accelerated Recoveries
- Increased Accuracy Rates

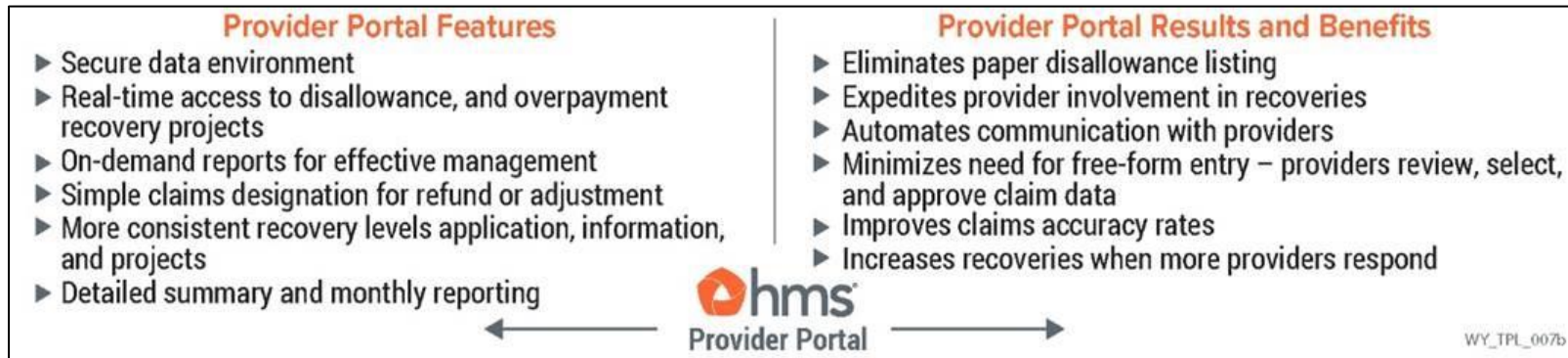
### **My Apps:**

- HMS Provider Portal contains Provider Contact, Audit, and Case information
- Product portal where claims are reviewed

### **My Resources:**

- Frequently Asked Questions (FAQs) provides answers to questions you might have
- “Explore HMS” allows you to learn all that HMS has to offer

## Disallowance Portal – Topic Here



### HMS Provider Portal also provides:

- Online communication with HMS about claim reviews via email and chat functions.
- Real-time ability to review, status, acknowledgement, report, and upload documentation.
- An easy and efficient self-registration process.
- A paperless system – Decreases PHI risk.

# Question & Answers



# Provider Trainings Being Offered - [www.wyomingmedicaid.com](http://www.wyomingmedicaid.com)

Training Name	Audience	Estimated Training Duration
1500 General	<b>All providers submitting medical claims</b> Except Waiver, CME, Taxi/Non-Taxi, Lodging, and IHS providers	3 hours
1500 Waiver CME	<b>Waiver and CME providers</b>	2.5 hours
1500 Travel (Taxi, Non-Taxi, Lodging)	<b>Taxi providers, non-tax (mini bus) providers, and enrolled lodging providers submitting claims for non-emergency medical travel (NEMT)</b> Except IHS providers	2.5 hours
Open Session Q&A – All Providers	<b>We will answer any questions regarding the Registration process.</b> You can enter at any time during these 1 hour sessions - just register and join!	1 hour
UB – FQHC, RHC, ESRD	<b>FQHC, RHC, and ESRD providers</b> The dental policy and claims are covered for FQHC and RHC providers.	3 hours
UB – Hospital PRTF, CORF, Home Health Hospice	<b>Hospital, PRTF, CORF, Home Health, and Hospice providers submitting UB or institutional claims</b>	3 hours
UB – NH	<b>Nursing home, Swing bed, and ICF-ID providers</b>	3 hours
IHS	<b>All IHS providers</b>	3 hours
Dental	<b>Dental providers</b> Except IHS, FQHC, and RHC providers	3 hours
Web Registration: BA/CH	<b>Billing Agents and Clearinghouses currently enrolled</b>	1 hour
Web Registration: Waiver & CME	<b>Waiver and CME providers</b>	90 minutes
Web Registration: Single Provider	<b>All providers with ONLY a single pay-to provider number to register</b>	90 minutes
Registration: PROV/TPs	<b>All providers</b> Except Waiver and CME or BA/CHs	90 minutes



## *Email Field Representatives*

[WYprovideroutreach@cns-inc.com](mailto:WYprovideroutreach@cns-inc.com)



Wyoming  
Department  
of Health

**Thank you**

Medicaid Website, Portals, Claims, TPL