



Wyoming
Department
of Health

Billing Agent & Clearinghouse Web Registration

Important Information About This Training

- This training is intended for billing agents and clearinghouses (BA/CH) enrolled with Conduent's EDI Services prior to 9/27/2021
 - BA/CH's that enrolled after this date are required to complete a new BA/CH enrollment with CNSI
- Legacy or current BA/CH trading partner IDs (TPIDs) and demographic information from Conduent will be converted over to the BMS
 - BA/CHs continue to use their Legacy TPIDs when submitting transactions to the BMS

Legacy BA/CH TPID Web Registration

- The USER completing BA/CH's web registration is the 'Provider Domain Administrator (**billing agent/clearinghouse user**)'
 - Once the user completes web registration, the Provider Domain Administrator can add new users and administrators, if applicable
 - Administrators can manage access rights through "profiles" in the Provider Portal
- BA/CHs are assigned a Provider ID
 - This Provider ID is a 9-digit number beginning with the number '5'
 - This Provider ID is assigned at conversion and is provided on both letters
 - The user must enter this Provider ID into the Provider Services IVR for self-serve options or reaching a call representative. The advantage of entering this number is the user's information auto-populates for the call representatives
 - Keep this Provider ID for your records

BA/CH Web Registration Letters

- BA/CHs receive two (2) letters to complete the one-time web registration for their TPID.
- CNSI mails the letters on September 27, 2021, to the correspondence address on-file with Conduent's EDI Services.

NOTE: If you are unsure if your address is up-to-date, contact EDI Services to verify. It is very important that you receive these letters to complete the registration process.

- The two Web Registration letters are:
 - **Welcome Letter:** Contains your TPID, newly assigned Provider ID, and “Temporary ID” for registration
 - **Security Letter:** Contains your TPID, newly assigned Provider ID, and “Temporary Key” needed for registration

NOTE: You must have both letters to complete the Provider Portal Web Registration process.

Sample Web Registration Welcome & Security Letters

■ BA/CH 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 Wyoming Medicaid Benefit Management Services (BMS) System developed and implemented by CNSI.

You are currently identified as a billing agent or clearinghouse for one or more Wyoming Medicaid providers. Your existing trading partner ID <<Trading Partner ID>> will be used for EDI transactions. To avoid disruption of services, you must register to access the secure Provider Portal.

This letter provides you with your Provider ID and Temporary ID needed for registration; 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.

1. Access the registration site at <https://www.wyomingmedicaid.com>
2. Click Provider
3. Click Web Registration
4. Complete [single sign on](#) to create a new user account (refer to BA/CH 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 IDs and passwords are required when logging into the Wyoming BMS Provider Portal.

Once you are registered you will have access to the secure Provider Portal which will allow you to view associated Wyoming Medicaid providers, reset SFTP password and upload/submit electronic transactions.

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

Thank you for your participation.

Sincerely,
Provider Outreach
WY_PE006

■ BA/CH Security


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 Recipient_First_Name Recipient_Last_Name:

Welcome to the Wyoming Medicaid Benefit Management Services (BMS) System developed and implemented by CNSI.

You are currently identified as a billing agent or clearinghouse for one or more Wyoming Medicaid providers with the trading partner ID <<Trading Partner ID>>. Your trading partner information is being transitioned and you will be able to verify and provide updated information where necessary during the registration process. In order to access the secure Provider Portal and perform electronic transactions on behalf of the provider(s) you serve, you must register.

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

To register, access the registration site at [wyomingmedicaid.com](https://www.wyomingmedicaid.com) and follow the on-screen instructions to complete your registration with BMS. Below is the information you will need to complete the 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

Billing Agent and Clearinghouse (BA/CH) Web Registration Tutorials, Wyoming Medicaid EDI Companion Guide and Provider Manuals are available on the Medicaid Website at <https://www.wyomingmedicaid.com>.

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

Once you are registered you will have access to the secure Provider Portal which will allow you to view associated Wyoming Medicaid providers, reset SFTP password and upload/submit electronic transactions.

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

Thank you for your participation.

Sincerely,
Provider Outreach
WY_PE005

Verification of BA/CH Credentials & Checklist

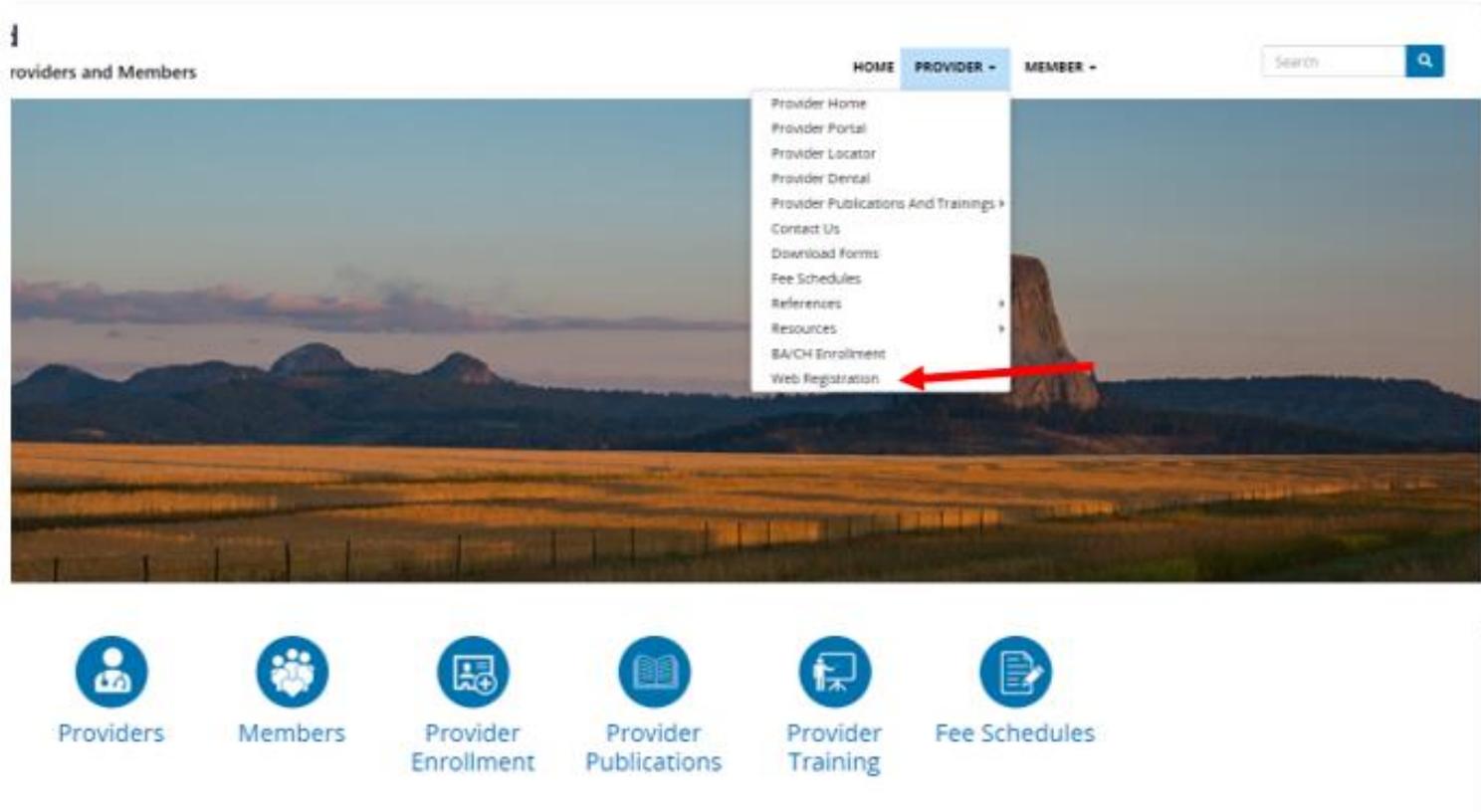
- **STOP!** A necessary security feature has been added into the web registration process for authentication purposes.
- Four (4) elements are required to complete the one-time web registration process for your Legacy TPID successfully.
- TPID Web Registration Checklist:
 - Welcome Letter with Temporary ID and new Provider ID
 - Security Letter with Temporary Key and new Provider ID
 - Tax ID (SSN/EIN) – this is the Tax ID that is on-file with Conduent’s EDI Services

NOTE: If you are unsure if your Tax ID is on-file or accurate, contact EDI Services to verify.
- Remember, the individual completing this one-time registration becomes the initial Provider Domain Administrator (BA/CH User) and will be able to add new users and other administrators.

Overview of the Provider Administrator's Steps

- Provider Domain Administrator's initially create their personal user ID through Okta Single Sign-On (SSO) registration process.
- Upon successfully establishing their user ID and password, the system directs them to begin the provider registration process.
 - Have the 4 elements from the checklist available:
 - > Provider ID
 - > Temporary ID
 - > Temporary Key
 - > Tax ID (SSN/EIN)

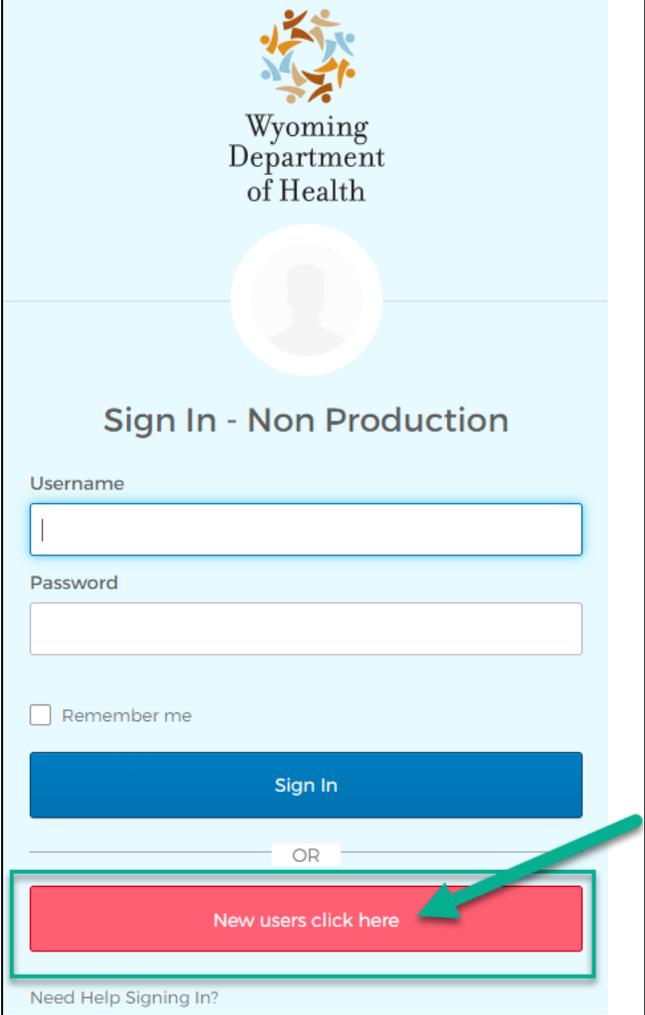
Let's Get Started



- Access the Medicaid Website at www.wyomingmedicaid.com/
 - After selecting ‘Web Registration’, the system directs you to the Okta Single Sign-On (SSO) page

Single Sign-On (SSO)

- Provider Domain Administrator selects **‘New users click here’** to create their personal user ID (Username)
 - When returning to the Provider Portal after the provider web registration process is complete, Provider Domain Administrators enter this user ID
- After selecting **‘New users click here’**, the system opens to the “Create Account” page



Wyoming
Department
of Health

Sign In - Non Production

Username
|

Password

Remember me

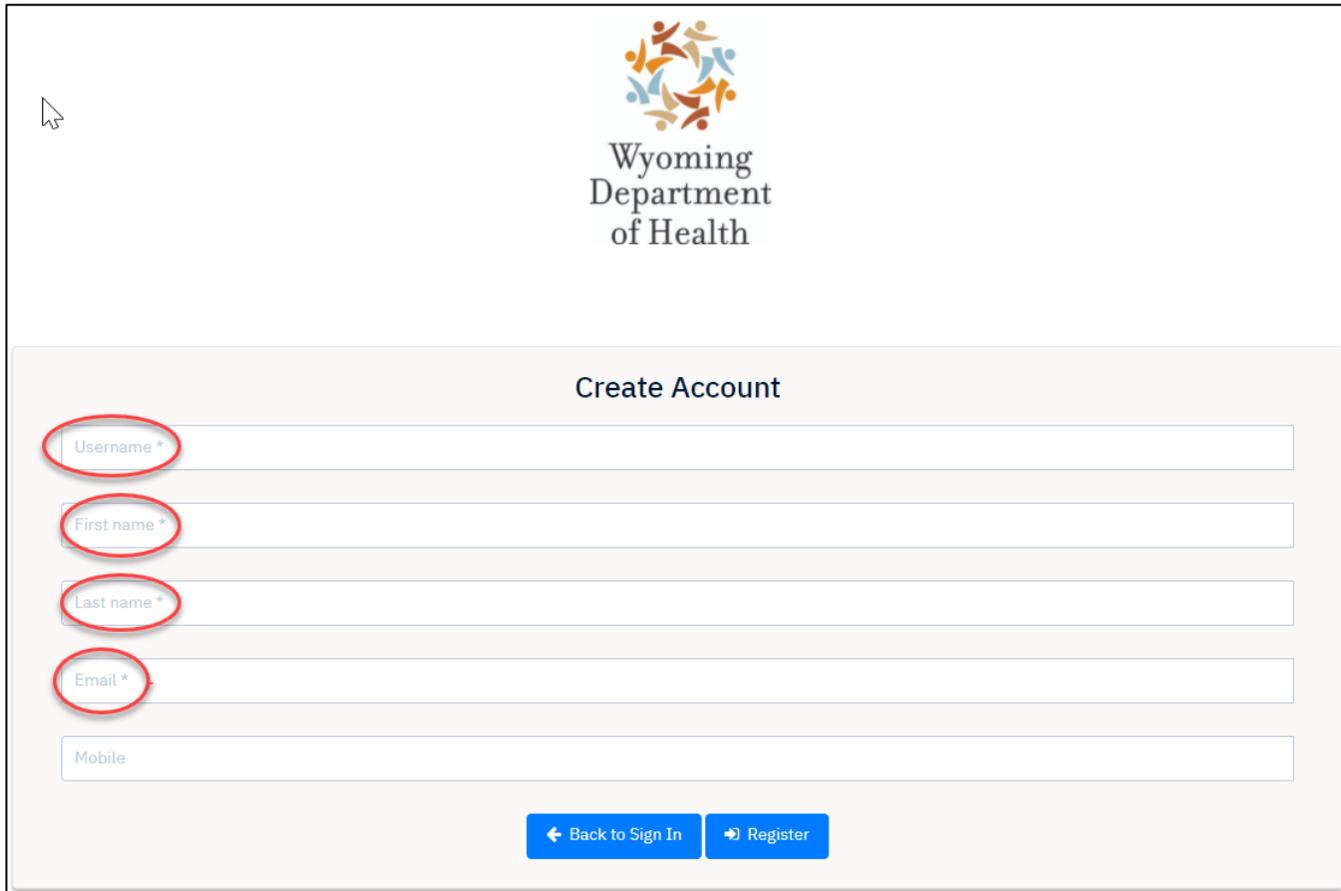
Sign In

OR

New users click here

Need Help Signing In?

Create SSO User Account



The screenshot shows the Wyoming Department of Health logo at the top center. Below it is a form titled "Create Account". The form contains five input fields: "Username *", "First name *", "Last name *", "Email *", and "Mobile". The first four fields are circled in red, indicating they are required. At the bottom of the form are two buttons: "Back to Sign In" and "Register".

- Complete the required fields indicated by an asterisk (*):
 - Username
 - First name
 - Last name
 - Email
- Select **'Register'**.

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

New users and administrators create their own SSO account.

Registering As.....

Wyoming
Department
of Health

Registering as

Provider

Member

Close Register

prvdrtest

provider

test

prvdrtest@gmail.com

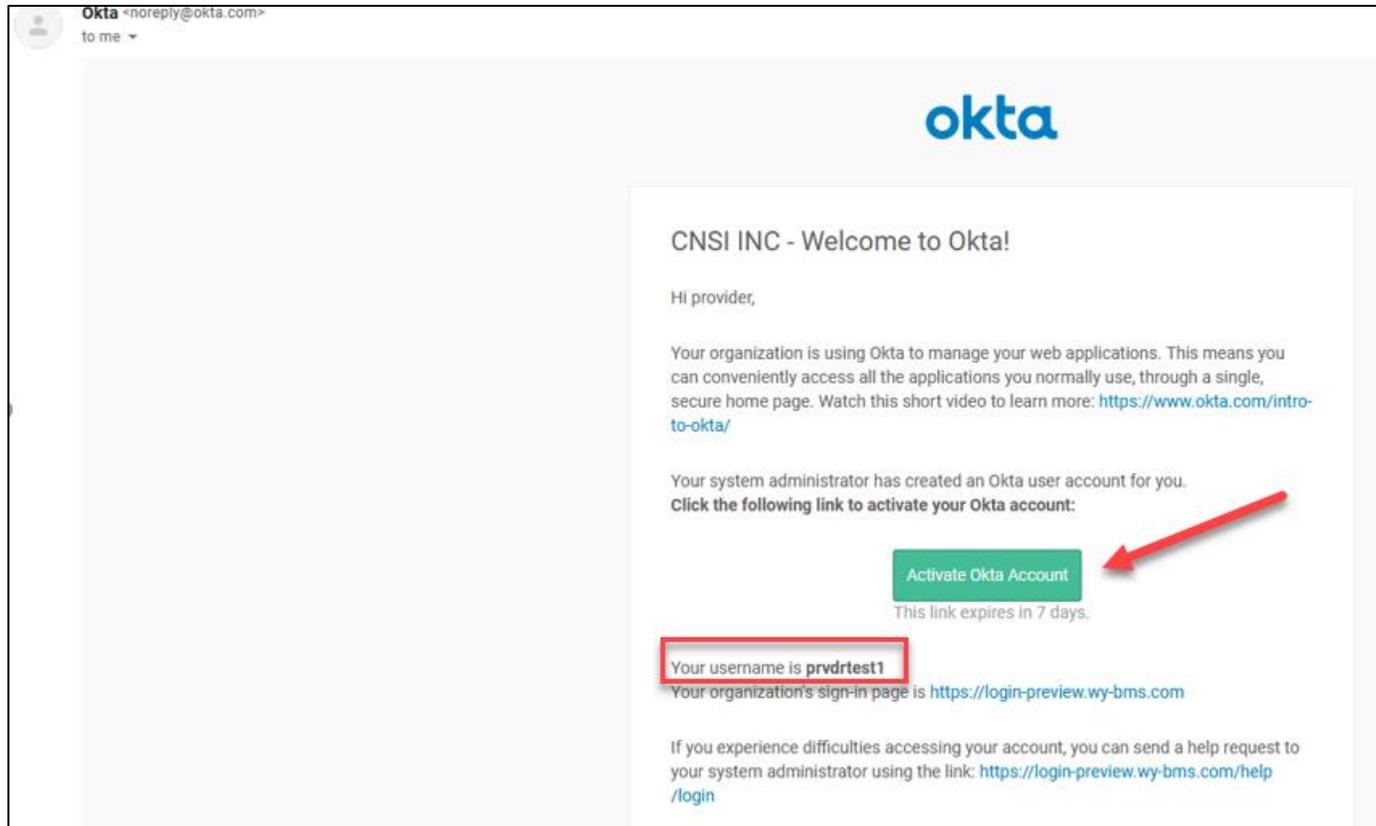
Mobile

Back to Sign In Register

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

Trading Partners (TPID) also register as a “Provider”, in the BMS Trading Partners, BA/CHs are considered providers.

Okta Activation Email



- Go to your email address 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

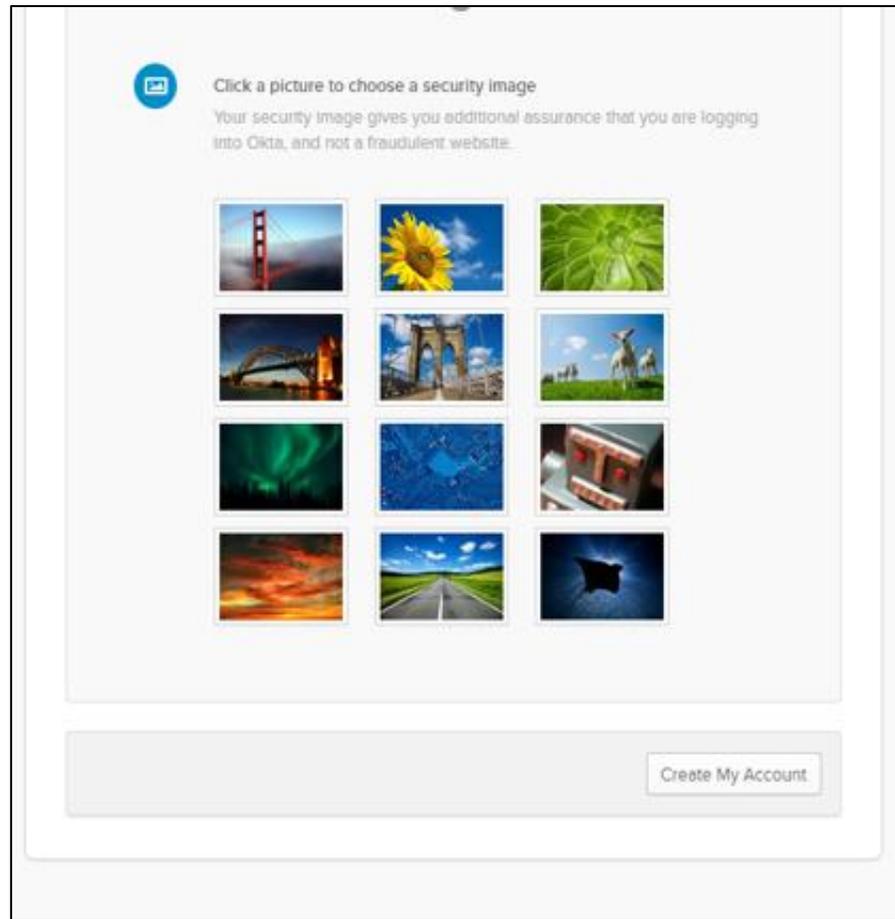
To activate your Okta SSO account, you must create a secure password.

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 password and security answer and place in a secure location.

The next step is to select a security image.

Select a Security Image



The screenshot shows a user interface for selecting a security image. At the top left, there is a blue circular icon with a white camera symbol. To its right, the text reads: "Click a picture to choose a security image" and "Your security image gives you additional assurance that you are logging into Okta, and not a fraudulent website." Below this text is a 4x3 grid of twelve small square images. The images include: the Golden Gate Bridge, a sunflower, a green leaf, a bridge at night, a stone archway, a windmill, a green abstract pattern, a blue abstract pattern, a red and white train, a sunset, a road stretching to the horizon, and a dark abstract pattern. At the bottom right of the grid area, there is a button labeled "Create My Account".

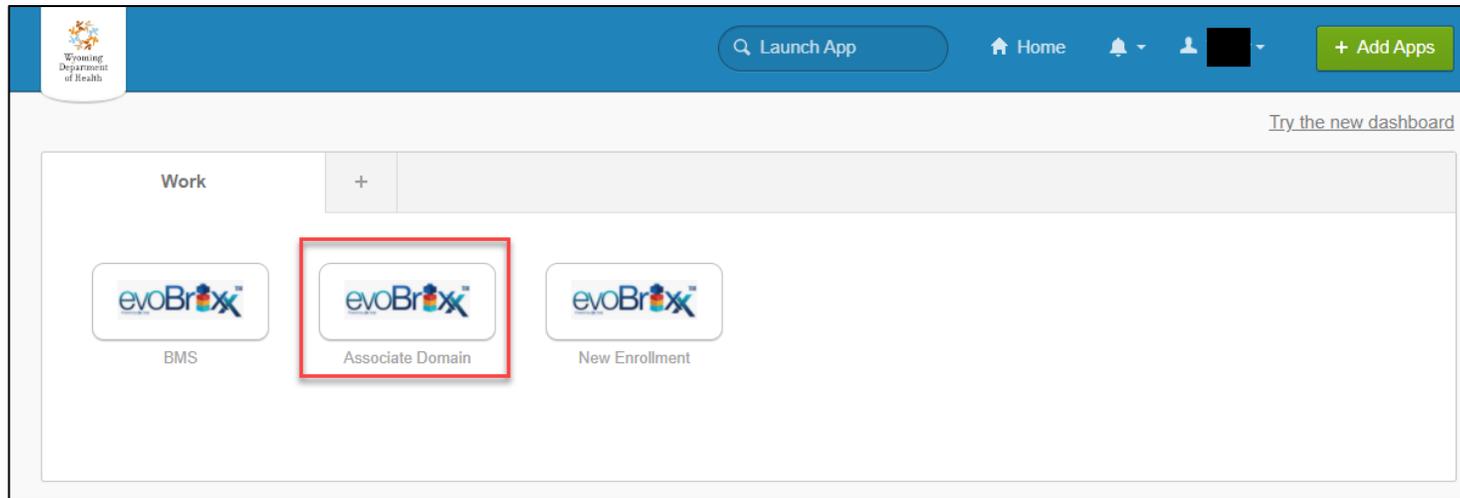
1. Select a security image that you will remember.

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
- TPL Disallowance Portal

To register, select **'Associate Domain'**.

- Returning providers and BA/CHs select 'BMS Provider Portal'.

Provider ID Association

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

Wyoming Department of Health

Provider

Quick Find Note Pad

Provider ID Association

1 Provider ID *

2 Temporary ID *

3 Temporary Key *

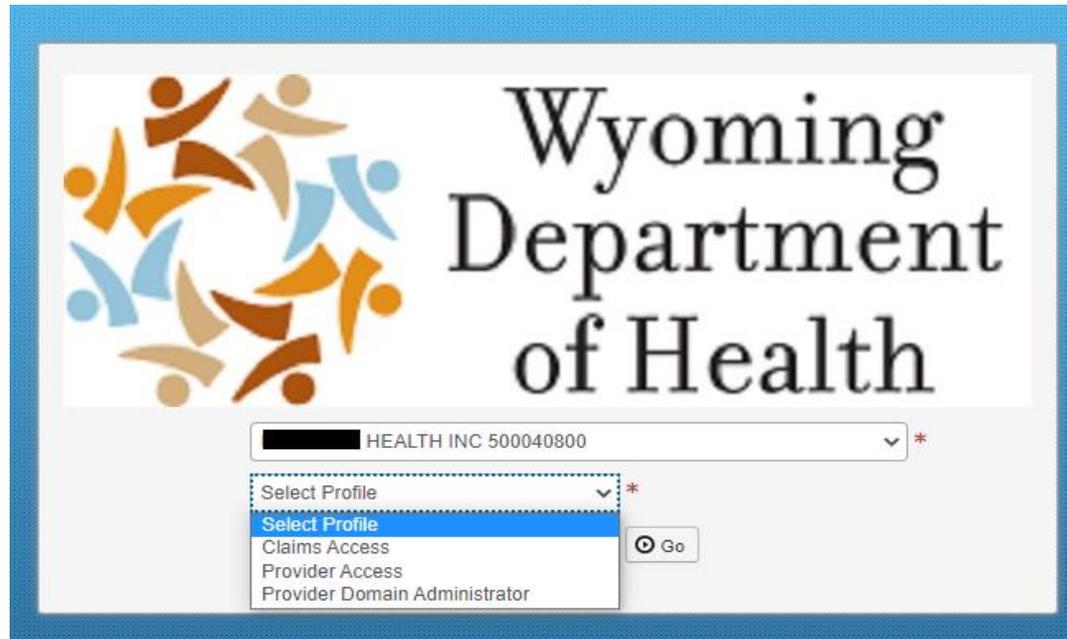
3 SSN/Tax ID *

4 Login

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. From the Tax ID (SSN/EIN) for the **BA/CH TPID** that is on-file with Conduent's EDI Services
 - **SSN/Tax ID:** Enter the Tax ID (SSN/EIN)
4. Select '**Login**'.
 - The system directs you to the Provider Portal page to select your Provider Administrator Profile.

Provider Portal – Select Profile

The user has successfully accessed the Provider Portal.



The screenshot shows the Wyoming Department of Health Provider Portal. The header features the Wyoming Department of Health logo, which consists of stylized human figures in blue and orange, and the text "Wyoming Department of Health". Below the header, there is a dropdown menu with the text "HEALTH INC 500040800" and a red asterisk. Below this, there is another dropdown menu labeled "Select Profile" with a red asterisk. The dropdown menu is open, showing three options: "Select Profile" (highlighted in blue), "Claims Access", and "Provider Access". To the right of the dropdown menu is a "Go" button with a magnifying glass icon.

- This first screen displays:
 - BA/CH name and Provider ID (this is your Provider Domain)
 - Option to select a provider profile
- Provider profile options display.
- To begin, choose Provider Access from the below options:
 - Provider Domain Administrator
 - Provider Access profile
 - Claims Access profile

The next slides display the profiles.

Provider Portal Profiles

Profile Name	Access Rights
Provider Domain Administrator	Allows the BA/CH user to perform: <ul style="list-style-type: none">• User Account Maintenance for accounts under a Provider, including Associating Security Profiles and Approving New User Accounts
Provider Access	Allows the BA/CH user to perform: <ul style="list-style-type: none">• Manage Provider (BA or CH) Information• View Associated Providers• Manage SFTP User Account• Online Batch Claims Submission (837 D, I, P)• Submit HIPAA batch transactions (270, 276, 837)• Retrieve HIPAA batch responses (835)• Retrieve acknowledgements and responses (999, TA1, 271, 277)
Claims Access	Allows the BA/CH user to perform: <ul style="list-style-type: none">• Claim Inquiry (837 D, I, P) - Provider

Provider Portal Home Page (BA/CH User)

Getting familiar with the BMS

The screenshot shows the Wyoming Department of Health Provider Portal. Key elements include:

- Navigation:** 'My Inbox' and 'Provider' tabs at the top.
- Provider Information:** 'Provider ID/NPI: 5849' and 'Name: Test BA/CH Enrollment' are displayed.
- System Notification:** A message about system maintenance for the evoBrix XTM system on May 9th and 10th, 2020.
- My Reminders:** A section with a filter and a table of alerts. The table currently shows 'No Records Found!'.
- Calendar:** A calendar widget for May 2021, showing the current date as Friday, May 7, 2021, at 10:05.

- **Username:** Displays on the top left.
- **Provider ID/NPI:** Also displays on the left, begins with a '5'
- **BA/CH (Provider) Name:** Displays in the middle of the screen

Click on the Provider Tab to Verify and update your information and transactions:

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

Manage Provider Information (BA/CH User)

The screenshot shows the 'Enroll Billing Agent/Clearinghouse/Trading Partner' wizard. At the top, it displays 'Application ID: 20210820733324' and 'Name: Dark World Inc'. Below this is a table with the following data:

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/20/2021	08/20/2021	Complete	
Step 2: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 3: Upload Documents	Optional			Incomplete	
Step 4: Complete Trading Partner Agreement	Required			Incomplete	
Step 5: Submit Enrollment Application	Required			Incomplete	

At the bottom of the table, there are navigation controls: 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and buttons for 'First', 'Prev', 'Next', and 'Last'.

- Provider Domain Administrators at this time should verify and make changes in Steps 1-5:

NOTE: As changes are made in Steps 1-5, other steps become required. This is noted in the 'Required' column to help you know what to complete.

- The 'Status' column helps you monitor which steps are complete
- Step 6 will become available and is always required if changes are made in Steps 1-5

Provider Basic Information (BA/CH User)

Wyoming Department of Health
My Inbox ▾ Provider ▾
Ask Medicaid Note Pad External Links ▾ My Favorites ▾ Print Help
Provider Portal [redacted]
Provider ID/NPI: 5848 [redacted] Name: Test BA/CH Enrollment
Close Undo Update
View/Update Provider Data - Billing Agent/Clearinghouse/Trading Partner
Business Process Wizard - Provider Data Modification (Billing Agent/Clearinghouse/Trading Partner).

<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	04/08/2021	04/08/2021	Complete		
<input type="checkbox"/> Step 2: Mode of Claim Submission/EDI Exchange	Required	04/08/2021	04/08/2021	Complete		
<input type="checkbox"/> Step 3: Upload Documents	Optional	04/08/2021	04/08/2021	Complete		
<input type="checkbox"/> Step 4: View Associated Providers Details	Optional	04/08/2021	04/08/2021	Complete		
<input type="checkbox"/> Step 5: Complete Trading Partner Agreement	Required	04/08/2021	04/08/2021	Complete		
<input type="checkbox"/> Step 6: Submit Modification Request	Required	04/08/2021	04/08/2021	Complete		

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

- To view your basic provider information converted from Conduent, select the **Step 1: Provider Basic Information** blue hyperlink.



IMPORTANT!

BA/CHs must keep contact information current to receive Medicaid technical notifications.

Provider Basic Information (BA/CH User)

Provider ID/NPI: 5849 Name: Test BA/CH Enrollment

Provider Details

Entity Business Name: Test BA/CH Enrollment * (Doing Business As)

Business Status: Active

Status: Approved

Business Elig. Date Range: 04/08/2021-12/31/2999

Support Contact

First Name: * Middle Initial:

Last Name: * Contact Email Address:

Phone Number: (189) 178-1789 * Extn:

Fax Number:

Email-1: test3@gmail.com * Email-2:

Email-3: Email-4:

Email-5: Email-6:

Technical Contact

1. Review and update ALL contact type information

NOTE: Use the scroll bar on the right to view all sections

2. After you make updates, select 'Ok'.

NOTE: The Modification Status column for Step 1 displays as 'Updated'.

Provider ID/NPI: Name: Test BA/CH Enrollment

Close Undo Update

View/Update Provider Data - Billing Agent/Clearinghouse/Trading Partner

Business Process Wizard - Provider Data Modification (Billing Agent/Clearinghouse/Trading Partner).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	05/07/2021	04/08/2021	Complete	Updated	
<input type="checkbox"/> Step 2: Mode of Claim Submission/EDI Exchange	Required	04/08/2021	04/08/2021	Complete		
<input type="checkbox"/> Step 3: Upload Documents	Optional	04/08/2021	04/08/2021	Complete		
<input type="checkbox"/> Step 4: View Associated Providers Details	Optional	04/08/2021	04/08/2021	Complete		
<input type="checkbox"/> Step 5: Complete Trading Partner Agreement	Required	04/08/2021	04/08/2021	Complete		
<input type="checkbox"/> Step 6: Submit Modification Request	Required	05/07/2021	04/08/2021	Incomplete		Modification Request has not been Submitted.

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

Mode of Claim Submission (BA/CH User)

The screenshot shows the Wyoming Department of Health Provider Portal. The user is logged in as a BA/CH user. The page displays the 'Business Process Wizard - Provider Data Modification (Billing Agent/Clearinghouse/Trading Partner)'. The wizard consists of six steps:

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	05/07/2021	04/08/2021	Complete	Updated	
Step 2: Mode of Claim Submission/EDI Exchange	Required	04/08/2021	04/08/2021	Complete		
Step 3: Upload Documents	Optional	04/08/2021	04/08/2021	Complete		
Step 4: View Associated Providers Details	Optional	04/08/2021	04/08/2021	Complete		
Step 5: Complete Trading Partner Agreement	Required	04/08/2021	04/08/2021	Complete		
Step 6: Submit Modification Request	Required	05/07/2021	04/08/2021	Incomplete		Modification Request has not been Submitted.

Step 2: Mode of Claim Submission/EDI Exchange

Within this step providers can:

- View and update the mode of claim submission method to Wyoming Medicaid
- View applicable HIPAA transactions for each mode

Select the **Step 2: Mode of Claim Submission/EDI Exchange** blue hyperlink to display the Mode of Claim Submission page.

Mode of Claim Submission (BA/CH User)

Wyoming Department of Health

My Inbox Provider

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal

Provider ID/NPI: 584 Name: Test BA/CH Enrollment

Close

Mode of Claim Submission List

Filter By And Filter By And Operational Status

Active Go Save Filters My Filters

Mode of Claim Sub. Method	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Electronic Batch, Data Exchange Gateway (DEG)	04/08/2021	12/31/2999	Approved	Active	

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

The Mode of Claim Submission page displays existing record with pre-populated fields.

- Select the **Electronic Batch, Data Exchange Gateway (DEG)** blue hyperlink to view the details.

NOTE: Providers may filter by criteria such as mode, start date, end date, or status by selecting the options within the drop-down list and selecting Go.

Mode of Claim Submission (BA/CH User)

Wyoming Department of Health

My Inbox Provider

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider ID/NPI: 58498 Name: Test BA/CH Enrollment

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: 5849

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"/> Data Exchange Gateway (DEG)	To submit/receive HIPAA Transactions via Data Exchange Gateway (DEG) using SFTP/SSLFTP/HTTPS	837P- Professional (FFS/Encounter), 837I -Institutional(FFS/Encounter),837D -Dental(FFS/Encounter), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 278/278- Prior Authorization Request/Response, 835- Healthcare Claim payment Advice NCPDP Post Adjudication

Status: Approved

The Electronic Batch and Data Exchange Gateway (DEG) are selected and in an 'Approved' status.

- If you unselect a mode, select **'Save'**.
 - If you select 'Save', and both modes are checked, the status changes to 'In Review'.
- If you did not make any changes, select **'Close'**.

Mode of Claim Submission (BA/CH User)

Wyoming Department of Health

My Inbox Provider

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal

Provider ID/NPI: 5849 Name: Test BA/CH Enrollment

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: 584

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"/> Data Exchange Gateway (DEG)	To submit/receive HIPAA Transactions via Data Exchange Gateway (DEG) using SFTP/SSLFTP/HTTPS	837P- Professional (FFS/Encounter), 837I -Institutional(FFS/Encounter),837D -Dental(FFS/Encounter), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 278/278- Prior Authorization Request/Response, 835- Healthcare Claim payment Advice NCPDP Post Adjudication

Status: In Review

In this scenario, both modes were checked and the user selected 'Save'.

- Electronic Batch and Data Exchange Gateway (DEG) are now in an 'In Review' status

Select 'Close'.

NOTE: The system returns you to the Mode of Claim Submission List page.

Mode of Claim Submission (BA/CH User)

Wyoming Department of Health
My Inbox Provider

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal

Provider ID/NPI: 584 [REDACTED] Name: Test BA/CH Enrollment

Close

Mode of Claim Submission List

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

Active [] Go Save Filters My Filters

Mode of Claim Sub. Method	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Electronic Batch, Data Exchange Gateway (DEG)	05/07/2021	12/31/2999	In Review	Active	
<input type="checkbox"/> Electronic Batch, Data Exchange Gateway (DEG)	04/08/2021	12/31/2999	Approved	Active	

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

Mode of Claim Submission List

Your new row displays:

- Electronic Batch and Data Exchange Gateway (DEG)
- The start date defaults to the date of the update
- The status of the update is 'In Review'

NOTE: This update remains 'In Review' until you complete step 6.

Select '**Close**' to return to the screen with steps 1-6.

View Associate Provider Details (BA/CH User)

- We are going to continue to review the steps in order.
- Step 4: View Associate Provider Details – since you are just registering, you do not have any providers associated to your BA/CH
- Now that you are registered and active notify your providers
 - We encourage BA/CHs to notify the providers for whom they perform services that they can select them as their BA/CH.
 - > No EDI forms need to be completed and submitted to Provider Services
 - Inform your providers of the name you registered under and your newly assigned Provider ID.
 - Once they complete this process, you can view them within Step 4, View Associate Provider Details.
- **You have two remaining steps!** - Step 5: Complete Trading Partner Agreement and Step 6: Submit Modification Requests for Review

Trading Partner Agreement

<input type="checkbox"/> Step 4: View Associated Providers Details	Optional	04/08/2021	04/08/2021	Complete	
<input type="checkbox"/> Step 5: Complete Trading Partner Agreement	Required	04/08/2021	04/08/2021	Complete	
<input type="checkbox"/> Step 6: Submit Modification Request	Required	05/07/2021	04/08/2021	Incomplete	Modification Request has not been Submitted.

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

Trading Partner Agreement

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 of the screen.
Click [here](#) for the Trading Partner Agreement Terms and Conditions.

Electronic Signature Statements of Understanding

Provider ID/NPI: [REDACTED]

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 obligations that CNSI may publish on this site.

Submitting Person Signature

First Name: [REDACTED] * Last Name: [REDACTED] *

In Step 5: Complete Trading Partner Agreement, select the blue hyperlink to complete the TPA.

1. Select the blue **'here'** hyperlink to read the TPA.
2. Select the checkbox next to **'I hereby certify ...'**.
3. Select **'Submit'**, then **'Close'**.

NOTE: Step 5's status updates to 'Complete' .

- **Last step – Step 6**

Submit Modification Request for Review

Close Submit for Modification

Final Submission

NPI: [REDACTED] EnrollmentType:

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

Wyoming Department of Health

My Inbox Provider

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal

Provider ID/NPI: 5849 [REDACTED] Name: Test BA/CH Enrollment

Close Undo Update

View/Update Provider Data - Billing Agent/Clearinghouse/Trading Partner

Business Process Wizard - Provider Data Modification (Billing Agent/Clearinghouse/Trading Partner).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	04/08/2021	04/08/2021	Complete		
<input type="checkbox"/> Step 2: Mode of Claim Submission/EDI Exchange	Required	04/08/2021	04/08/2021	Complete		
<input type="checkbox"/> Step 3: Upload Documents	Optional	04/08/2021	04/08/2021	Complete		
<input type="checkbox"/> Step 4: View Associated Providers Details	Optional	04/08/2021	04/08/2021	Complete		
<input type="checkbox"/> Step 5: Complete Trading Partner Agreement	Required	04/08/2021	04/08/2021	Complete		
<input type="checkbox"/> Step 6: Submit Modification Request	Required	04/08/2021	04/08/2021	Complete		

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

1. Select the **‘Step 6: Submit Modification Request’** blue hyperlink to approve the updates to your file.
2. Select **‘Submit for Modification’** in the upper left corner.
3. All steps have been completed

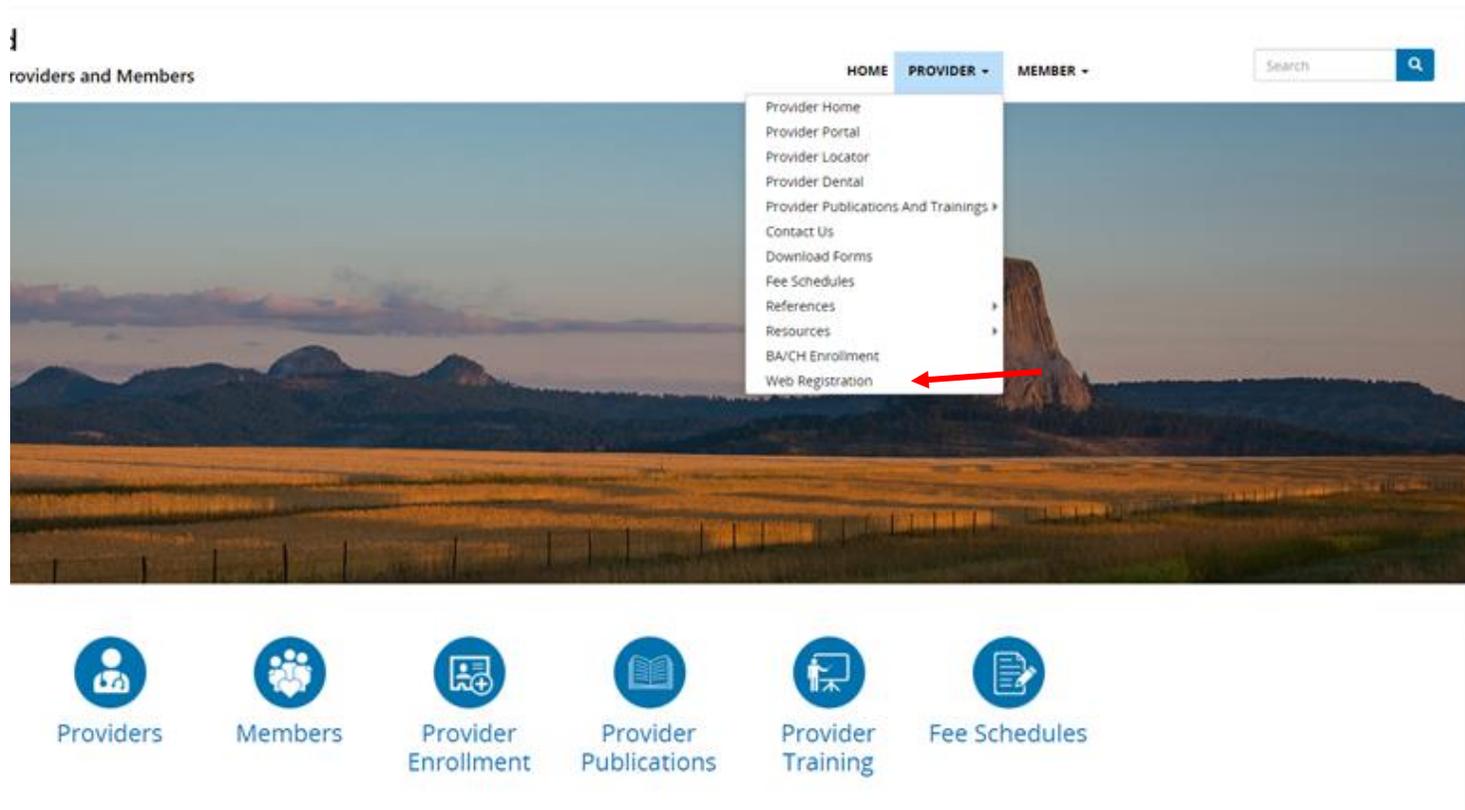
NOTE: The screen displays that the modification(s) have been approved. (TBD)

Billing Agent/Clearinghouse Administrator's Next Steps

- Adding New Users and Additional Administrators
 - Assign profiles to new users and administrators, the BA/CH Profiles are listed on Slide 18
- Accessing the Provider Portal after Registration
- Important Reminders:
 - Notify providers that you are registered and active in the BMS
 - Providers elect you to be their BA/CH via the Provider Portal
 - BA/CHs are considered providers in the BMS
 - Enter your 9-digit BMS Provider ID when calling into Provider Services IVR, not your TPID
- **BA/CHs are not allowed to inactivate or disenroll via the Provider Portal. This transaction requires the BA/CH to contact Provider Services to handle this request.**

Adding New Users & Additional Administrators

- Access the Medicaid Website at www.wyomingmedicaid.com/
 - After selecting ‘Web Registration”, the system directs you to the Okta Single Sign-On (SSO)



- We highly recommend having an additional administrator!
- First, your new user needs to complete their Okta Single Sign-On (SSO) registration.
- Instruct them 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

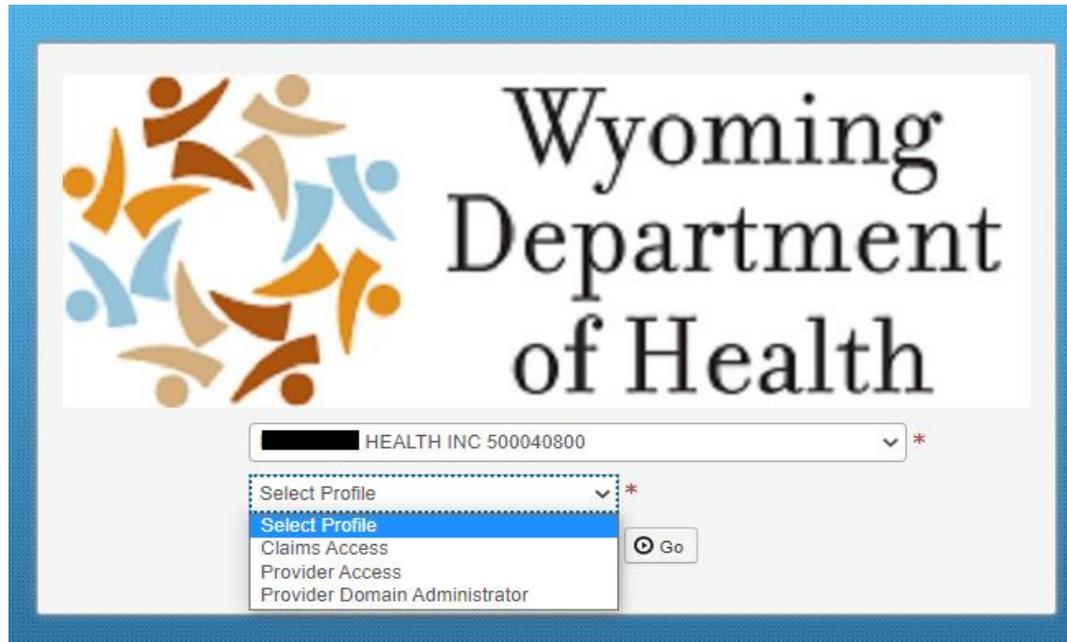
Need Help Signing In?

- The new user must first complete the Okta Single Sign-On to create their user ID and password, just like you did on Slides 10-14.

NOTE: Once they have completed the steps the SSO Landing page appears (Slide 15).

- Once they successfully complete this process, they must provide you with their User ID only, so you can associate their user ID to the BA/CH (Provider Domain)

Adding New Users & Additional Administrators



Wyoming
Department
of Health

HEALTH INC 500040800

Select Profile

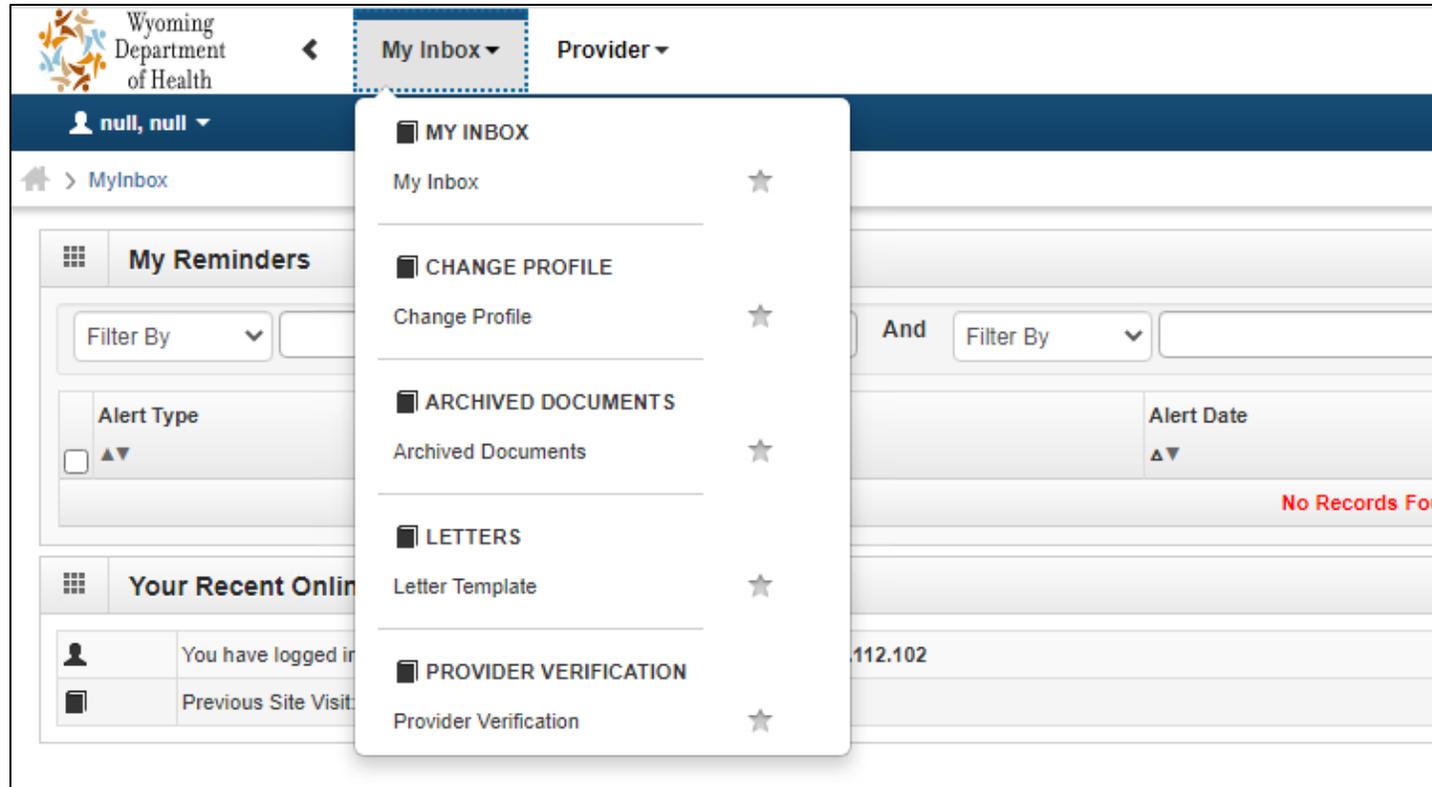
- Select Profile
- Claims Access
- Provider Access
- Provider Domain Administrator

Go

Once you have the new user's ID:

1. If you have logged out - Log in to the Provider Portal.
2. Select **'Provider Domain Administrator'** profile.

Adding New Users & Additional Administrators

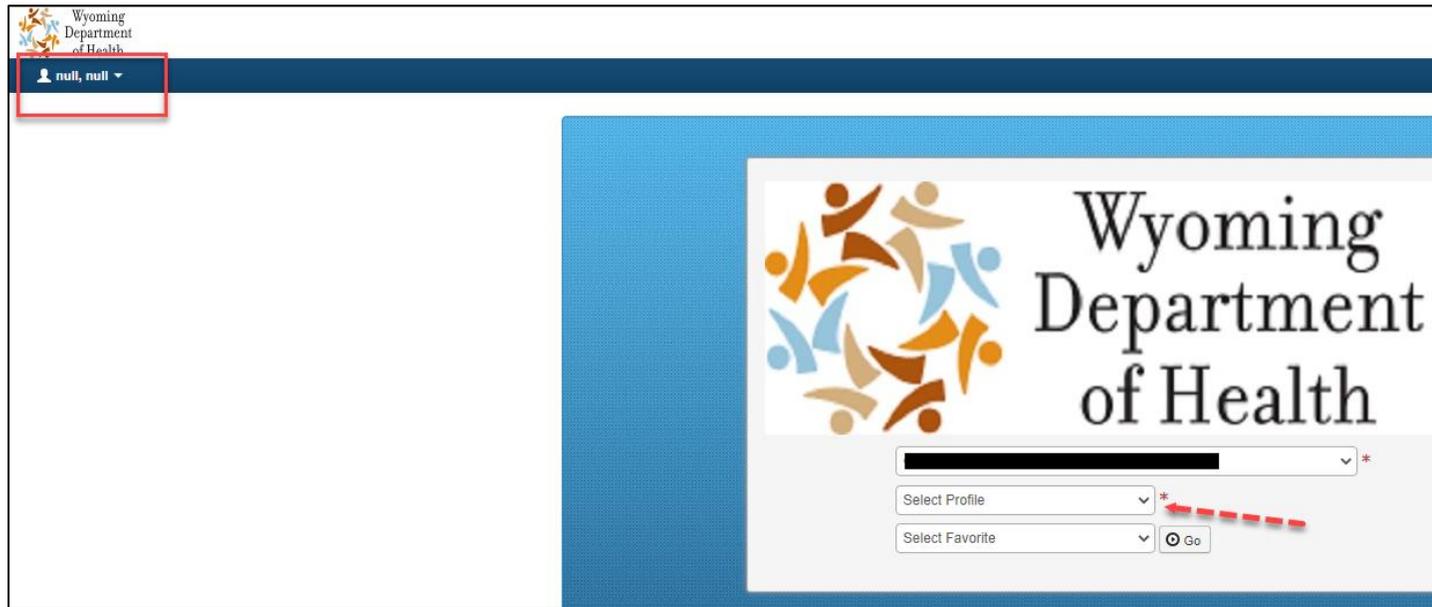


OR

If you are already logged on to the Provider Portal:

1. To change your profile from 'Provider' to 'Provider Domain Administrator', select '**Change Profile**' from the 'My Inbox' drop-down menu.

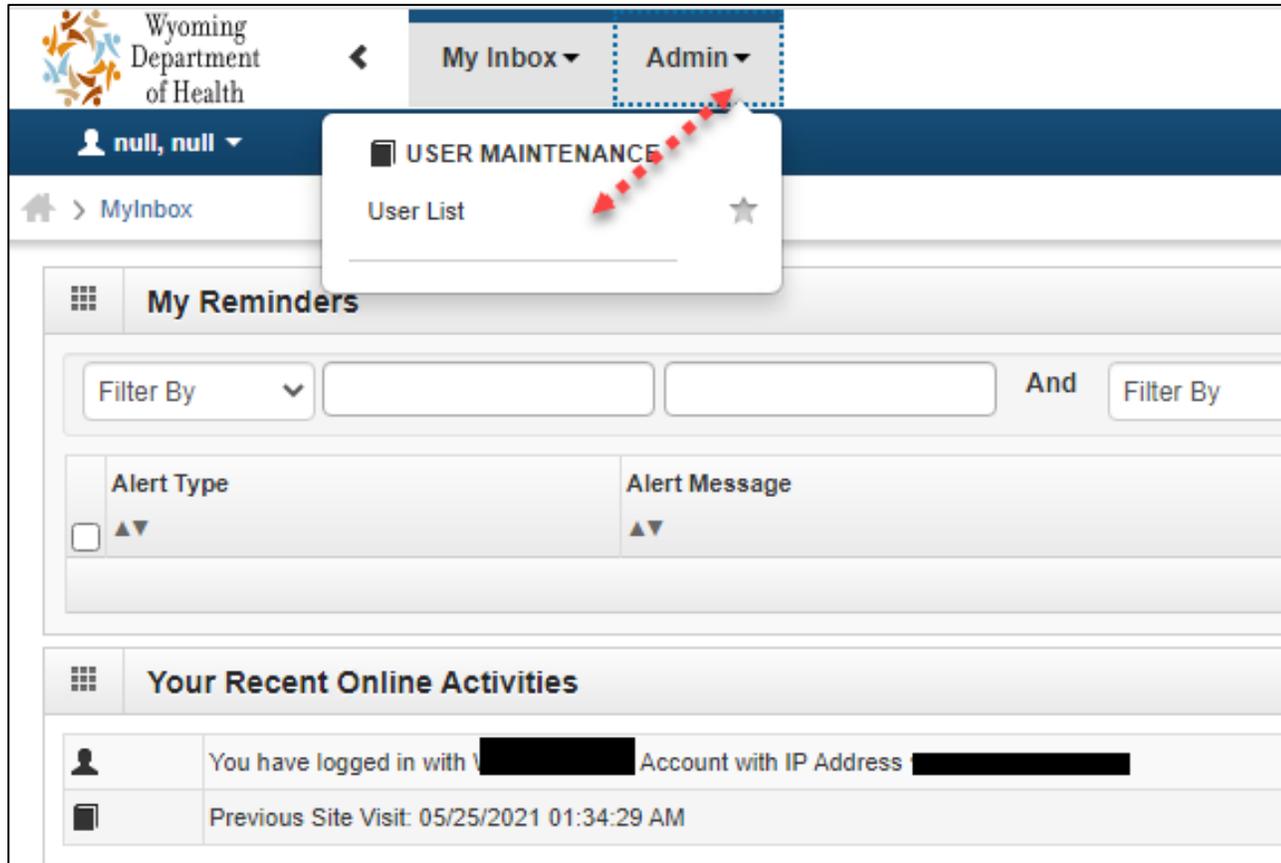
Adding New Users & Additional Administrators



1. Select the **'Provider Domain Administrator'** profile from the drop-down menu.
2. Select **'Go'**.

In this scenario, this changed your profile from 'Provider' to 'Admin'.

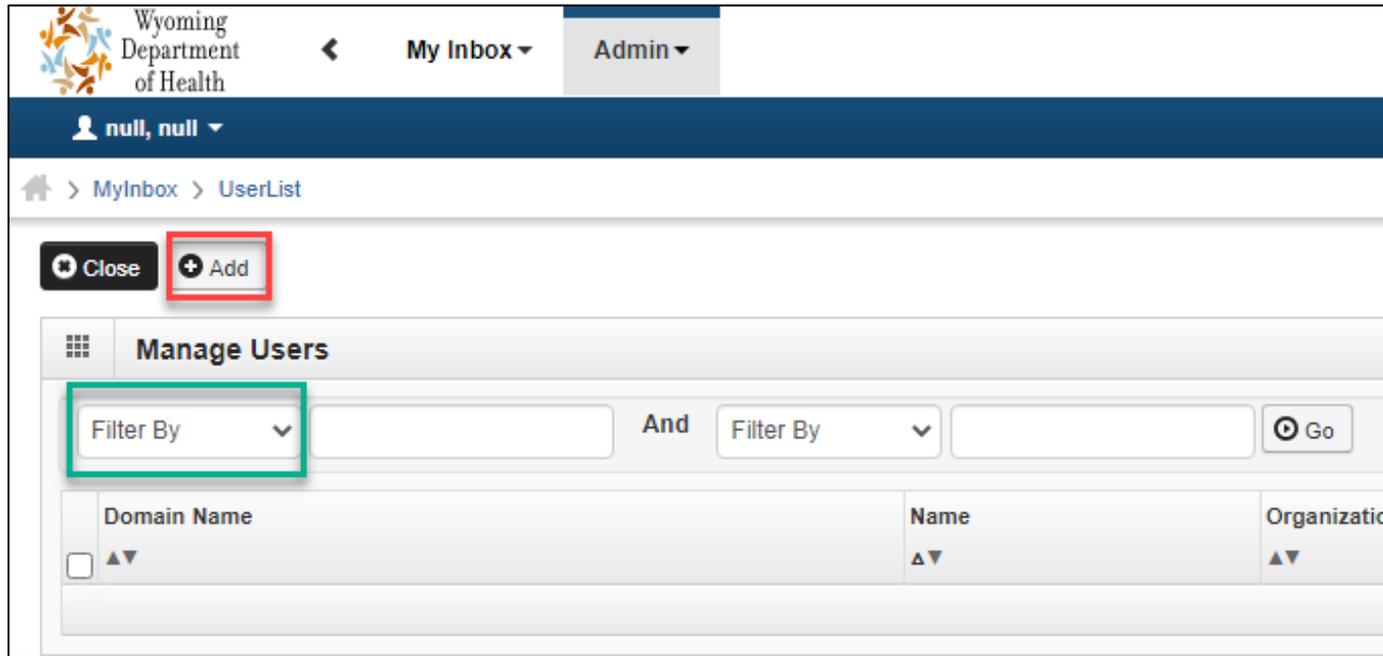
Adding New Users & Additional Administrators



The Admin tab appears.

1. Select **'User List'** to begin adding new users and administrators.
2. Proceed to the next slide.

Adding New Users & Additional Administrators



The User List page displays all users .

- You can filter the users by criteria such as user id, or expiration date.
- You can add a new user by selecting '+Add'.

Adding New Users & Additional Administrators

Add Provider User | evoBrix X - Google Chrome

evo-reg.wy-bms.com/evoBrix/CNSIControlServlet

Print Help

Add Provider User

Please enter the following information

User ID: * [Enter Single Sign On ID]

Provider Domain:

Start Date: *

Expiration Date: *

Available Profiles

- Claims Access
- Provider Access
- Provider Domain Administrator

Selected Profiles *

Remarks:

Ok Cancel

Page ID: dlgAddProviderUser(Admin)

1. Enter the new user's ID.
2. If more than one Provider Domain (Provider ID), select the one to which you want to associate this user.
NOTE: The Start Date defaults to today's date and cannot be back dated.
3. Select the profile(s) you want this user to have (Slide 18 lists the BA/CH profiles and access rights).

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
- Provider Access

Selected Profiles *

- Provider Domain Administrator

Remarks:

Page ID: dlgAddProviderUser(Admin)

In this scenario, 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 arrows icon to move the selected profile to the right.
4. Select ‘**Ok**’ at the bottom of the screen. Then you will see that you have added the new user
5. Repeat these steps to add new users.

Wyo
Department
of Health

My Inbox Admin

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal UserList

Close Add

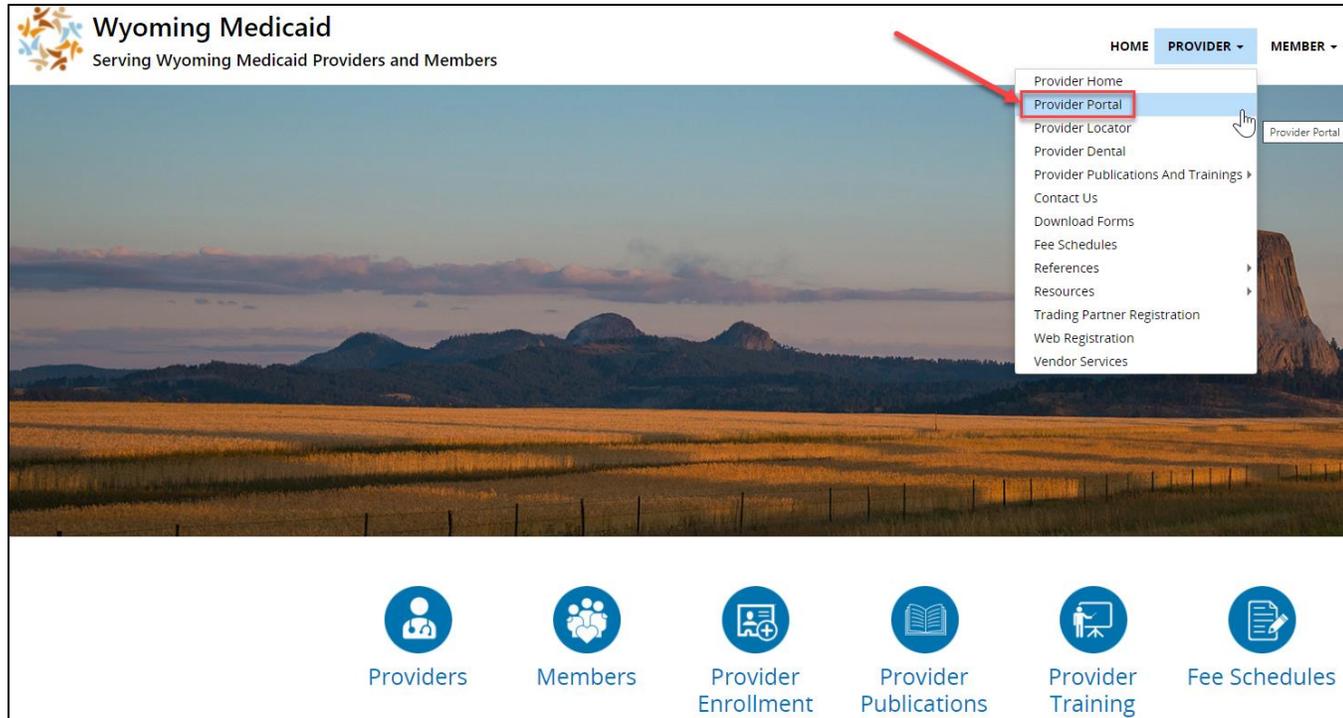
Manage Users

Userid: ereyna And Filter By Go Save Filters My Filters

Domain Name	Name	Organization	Status	Start Date	Expiration Date	UserLoginId
Dark World Inc 584972500	Reyna, Eric	Provider	Approved	08/20/2021	12/31/2999	ereyna

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

Provider Portal After Registration



Accessing the Provider Portal after registration

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

Provider Portal After Registration

Wyoming Department of Health

Sign In - Non Production

Username

Password

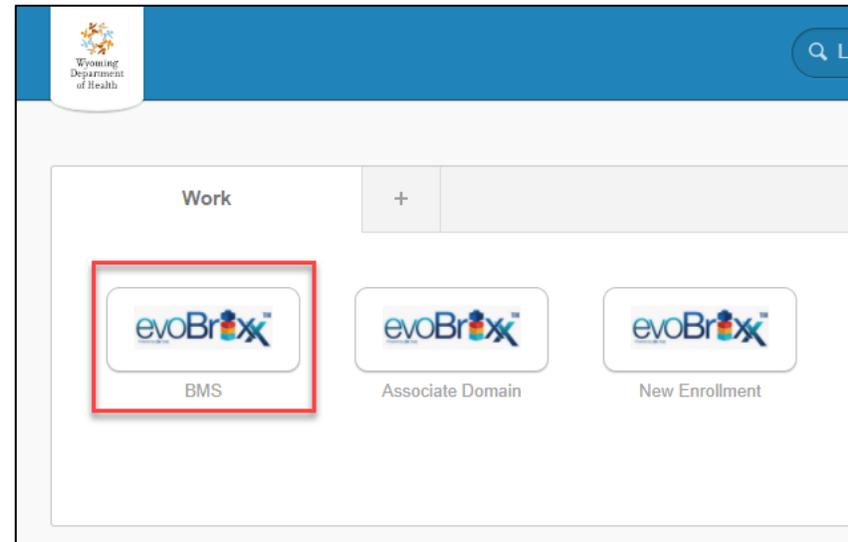
Remember me

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

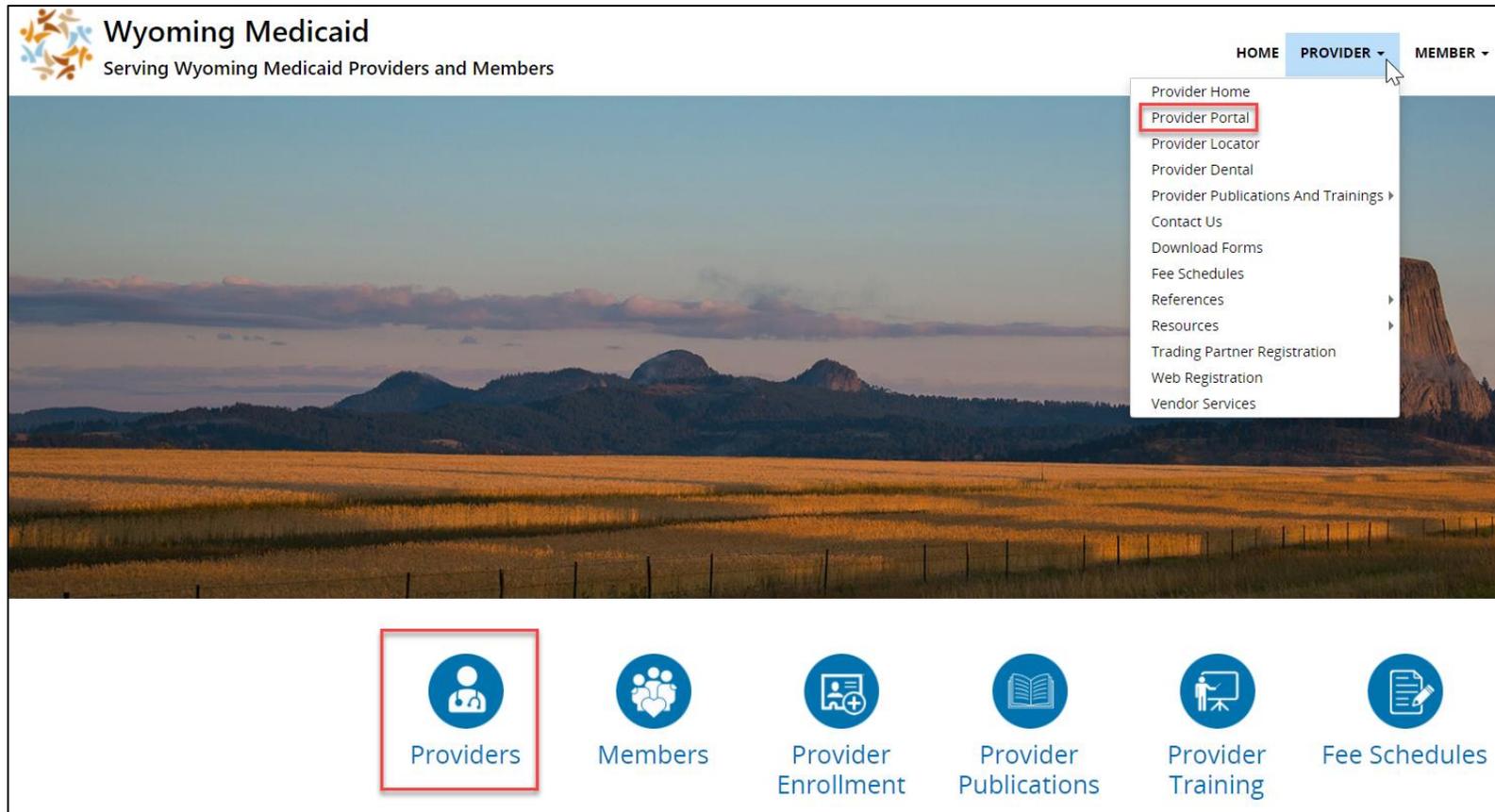
Questions & Resources

- 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 provided the steps for resetting 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.

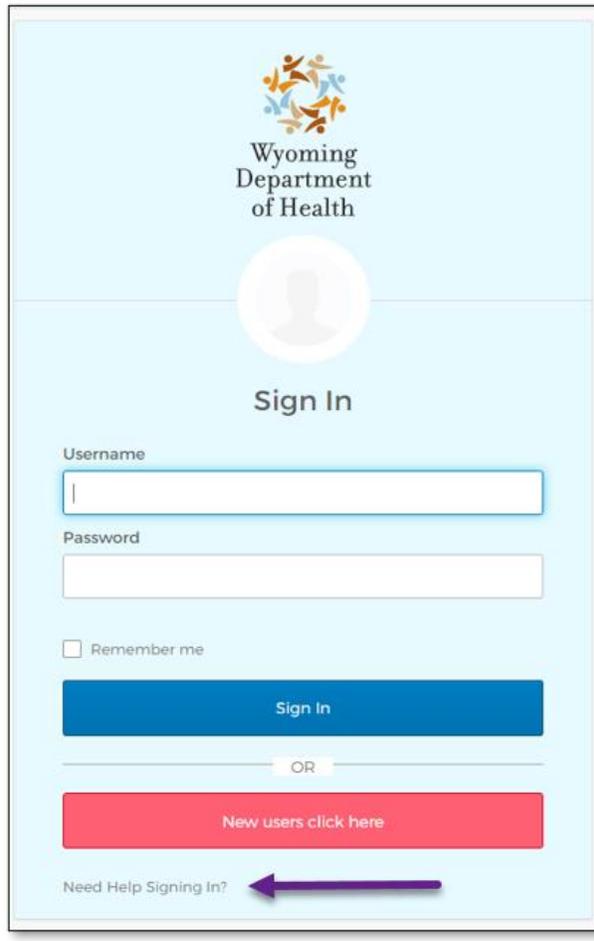
- Provider and BA/CH Web Registration PowerPoint trainings are posted on the website on the Provider Training page.

Wyoming BMS Medicaid Website:

www.wyomingmedicaid.com

- From the drop-down menu, 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?’**.

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

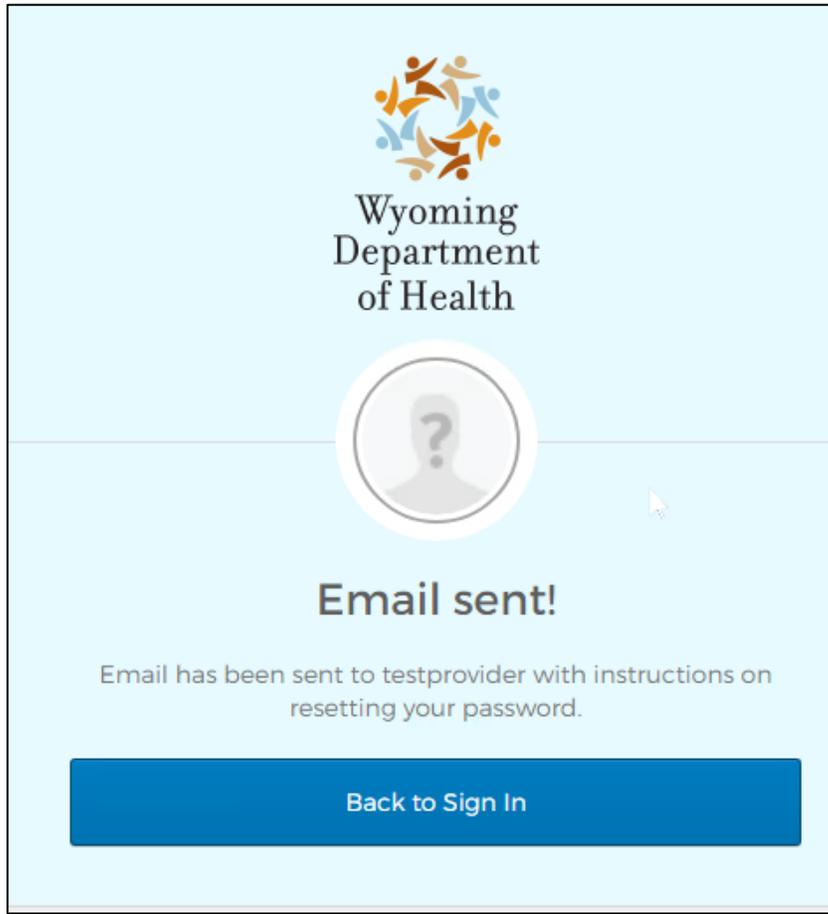
Reset via Email

[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

Provider Training Table

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



Wyoming
Department
of Health

Thank you

Web Registration for Billing Agents &
Clearinghouses