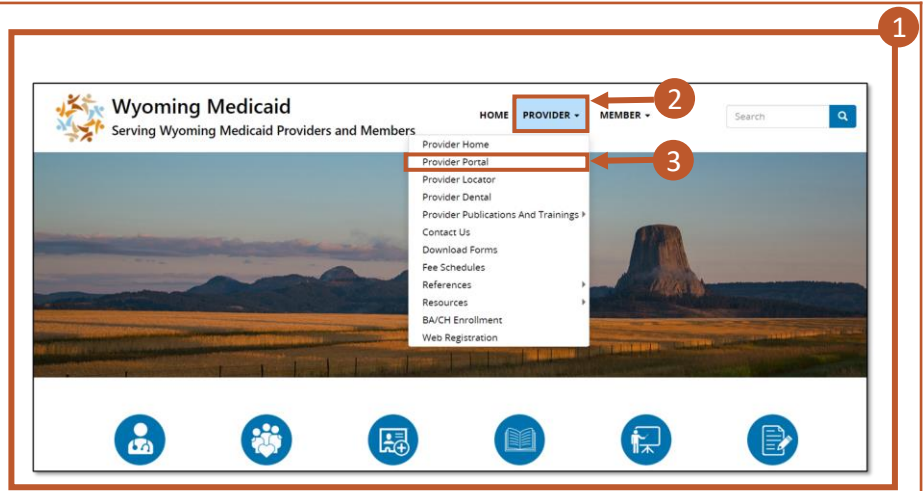
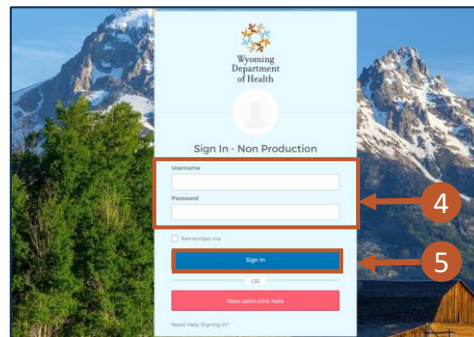


Accessing the Provider Portal

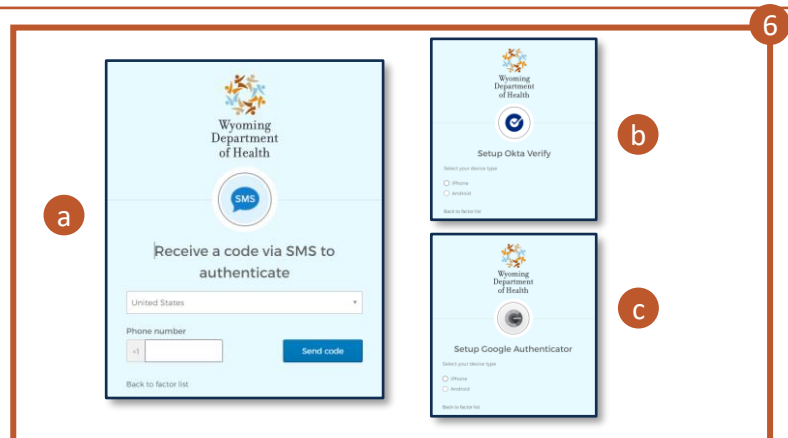
1. Use the following link to access the Medicaid website at:
<https://www.wyomingmedicaid.com>
2. Select **Provider**.
3. Select **Provider Portal**.



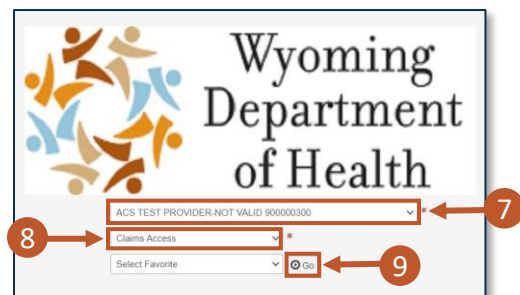
4. Log in to the Provider Portal with your Single Sign-On (SSO) **Username** and **Password**.
5. Select **Sign In**.



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



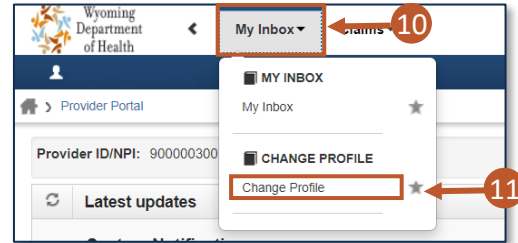
7. Select the domain you want to work in from the **Domain** drop-down list.
8. Select **Claim Access**.
9. Select **Go**.



Accessing the Provider Portal Cont'd

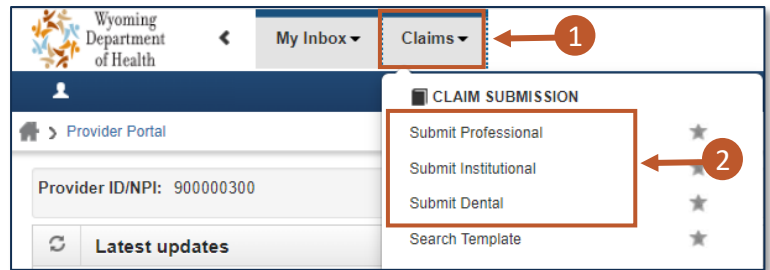
If you are already logged into the Provider Portal, you can change the profile:

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



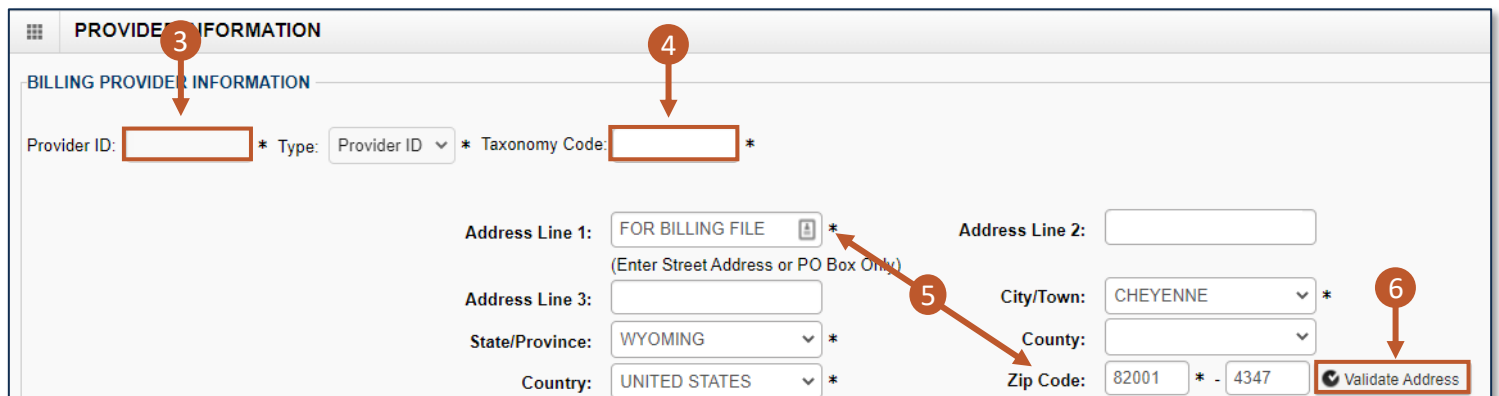
Creating Templates

1. Select **Claims**.
2. Select **Submit Professional, Submit Institutional, or Submit Dental**.



3. In the **Provider ID** field, confirm the auto-populated Provider ID.
4. In the **Taxonomy Code** field, enter the applicable taxonomy code associated with the Provider in all caps.
5. In **Address Line 1** field and **Zip Code** field, enter the applicable information.
6. Select **Validate Address**.

Note: The Provider Portal validates the address information and displays the message: "Address Validation Successful."



The screenshot shows the 'PROVIDER INFORMATION' form. The 'BILLING PROVIDER INFORMATION' section includes the following fields:

- Provider ID:** A text input field with a red box around it, labeled with a circled '3'.
- Type:** A dropdown menu set to 'Provider ID'.
- Taxonomy Code:** A text input field with a red box around it, labeled with a circled '4'.
- Address Line 1:** A text input field containing 'FOR BILLING FILE' and a lock icon, labeled with a circled '5'.
- Address Line 2:** An empty text input field.
- Address Line 3:** An empty text input field.
- City/Town:** A dropdown menu set to 'CHEYENNE', labeled with a circled '6'.
- State/Province:** A dropdown menu set to 'WYOMING'.
- County:** A dropdown menu.
- Zip Code:** A text input field containing '82001' and a separate field containing '4347', labeled with a circled '6'.
- Validate Address:** A button with a checkmark icon, labeled with a circled '6'.

Creating Templates Cont'd

7. Answer the questions as applicable for the template.

- If the location of where services are rendered is the same as the location billed, select “Yes”
- If you are both the billing and servicing Provider, select “Yes”
- For questions about referrals, select “No”

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

Is the Billing Provider also the Rendering Provider? Yes No

Is the Billing Provider also the Supervising Provider? Yes No

Is this service the result of a referral? Yes No

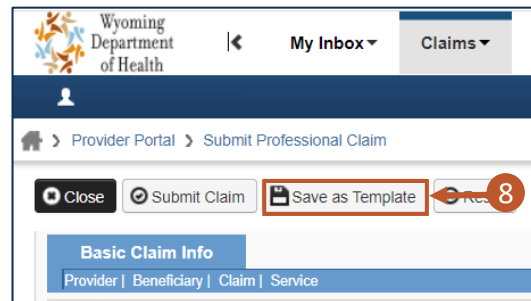
Is this service the result of a Primary Care Referral? Yes No

Note: When creating a template, it is recommended to include **ONLY** the basic information and not information that could change over time.

8. Select **Save as Template**.

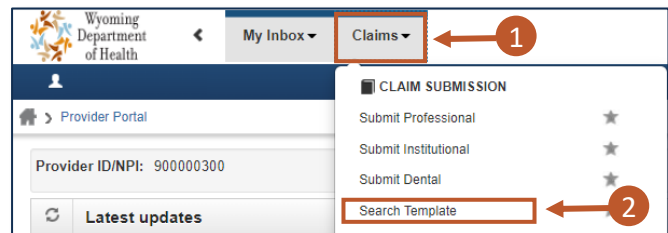
Note:

- The information that is saved as a template remains as part of the saved template.
- Templates cannot be updated; a new template must be created.



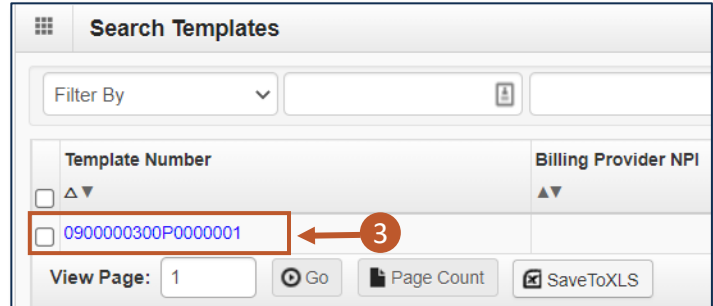
Searching Templates

1. Select **Claims**.
2. Select **Search Template**.

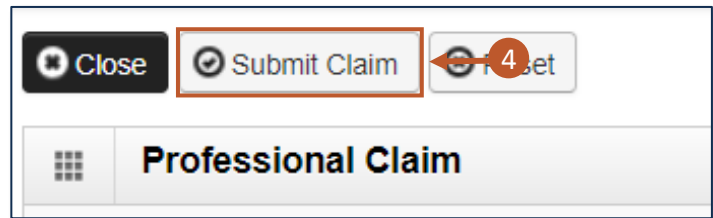


Searching Templates Cont'd

3. Select a template number link under **Template Number** to select a template.

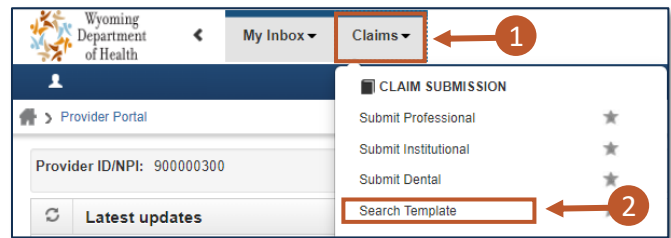


4. Complete the information for the claim and select **Submit Claim**.



Deleting a Template

1. Select **Claims**.
2. Select **Search Template**.



From the **Search Template** page:

3. Select the checkbox next to template number of the template you want to delete.
4. Select **Delete Template**.

Note: It is recommended to delete any unused templates.

