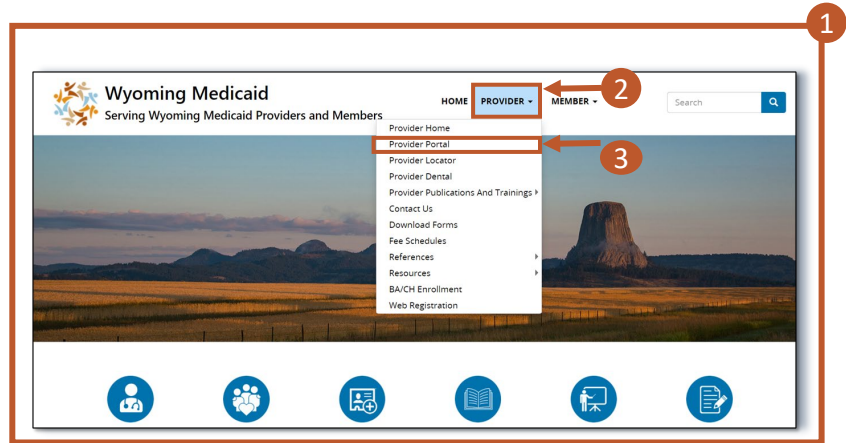
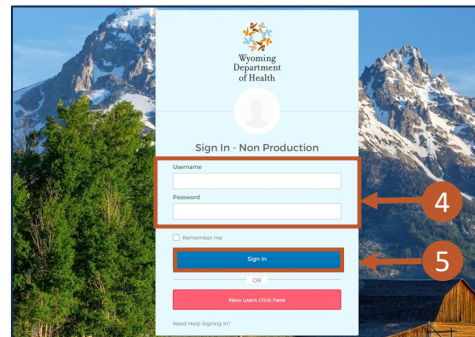


Accessing the Provider Portal

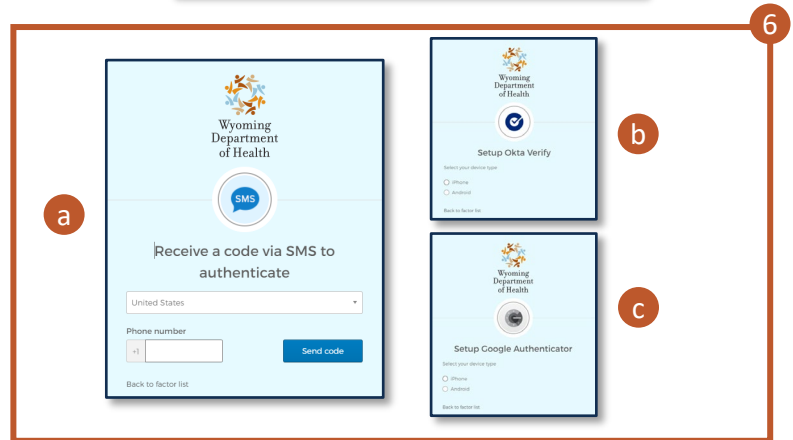
1. Use the following link to access the Medicaid website at:
<https://www.wyomingmedicaid.com>
2. Select **Provider**.
3. Select **Provider Portal**.



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



Note: If you have multiple Provider IDs, select the Provider ID.

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

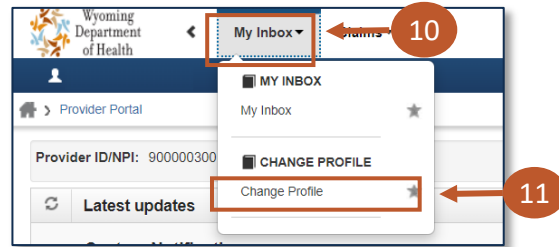


Accessing the Provider Portal Cont'd

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

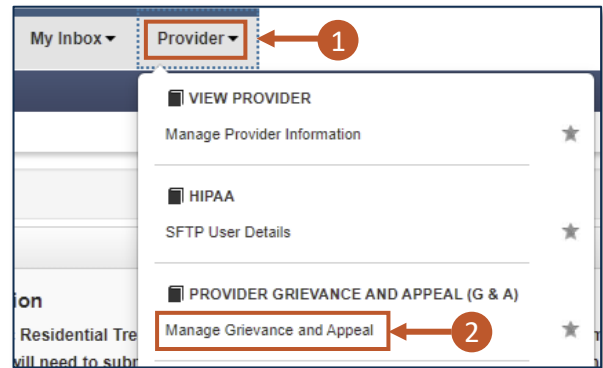
10. Select **My Inbox**.
11. Select **Change Profile**.

*Note: you will need to be in the Provider Access profile to enter a Grievance and Appeals.

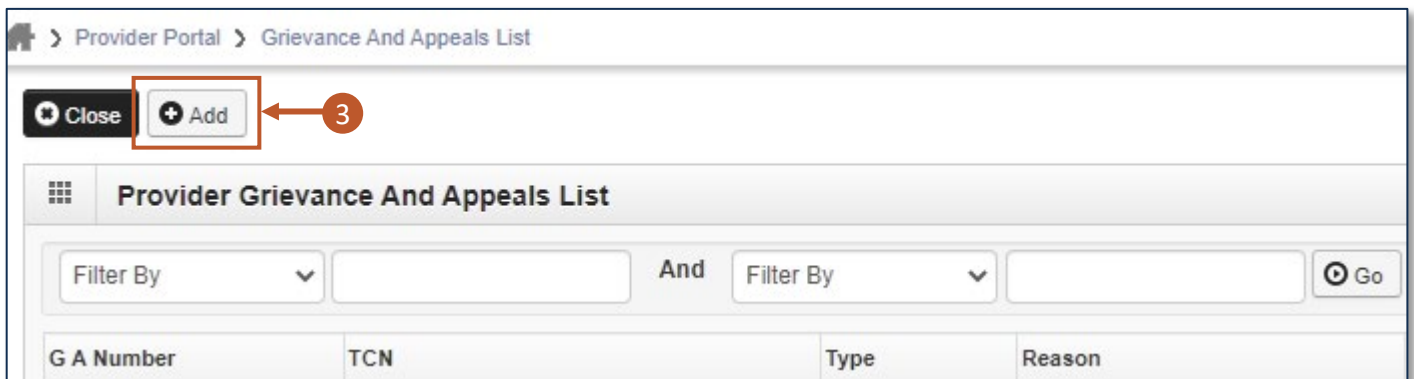


Entering Grievance and Appeals

1. Select **Provider**.
2. Select **Manage Grievance and Appeal**.



3. Select **Add**.



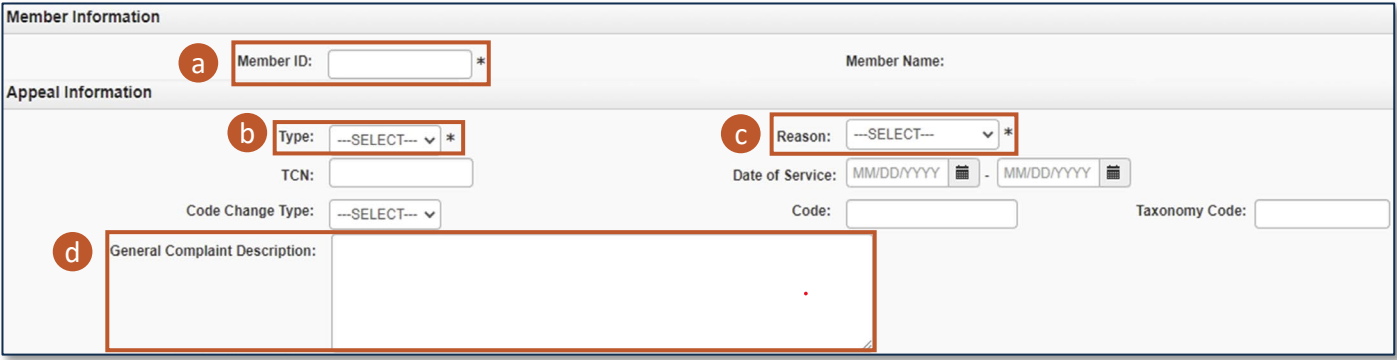
Entering Grievance and Appeals Cont'd

Tips For Entering an Appeal:

- *What is being appealed?* Enter this information in the **General Complaint Description** field.
- *Are there any associated Transaction Control Numbers (TCNs)?* If so, list the TCNs.
- *What are the Call Reference Numbers?* Provide Call Reference Numbers.
- *What actions were taken?* Such as contacting the Call Center, Claim Corrections, and so on.
- Appropriate claim denials per Medicaid policy and billing procedures are upheld in the appeal process.
- Prior to appealing for timely filing, understand there is specific criteria that must be met. Reference the appropriate manual section containing appeals for timely filing.

4. Enter all necessary information for your appeal. Required fields are notated with an asterisk (*).
 - Member ID:** Enter the Member ID.
 - Type:** Select the applicable type from the drop-down list.
 - Reason:** Select the applicable reason from the drop-down list.
 - General Complaint Description:** Enter what is being appealed. Refer to the above *Tips for Entering an Appeal*.

4



Member Information

Member ID: * Member Name:

Appeal Information

Type: * Reason: *

TCN: Date of Service: -

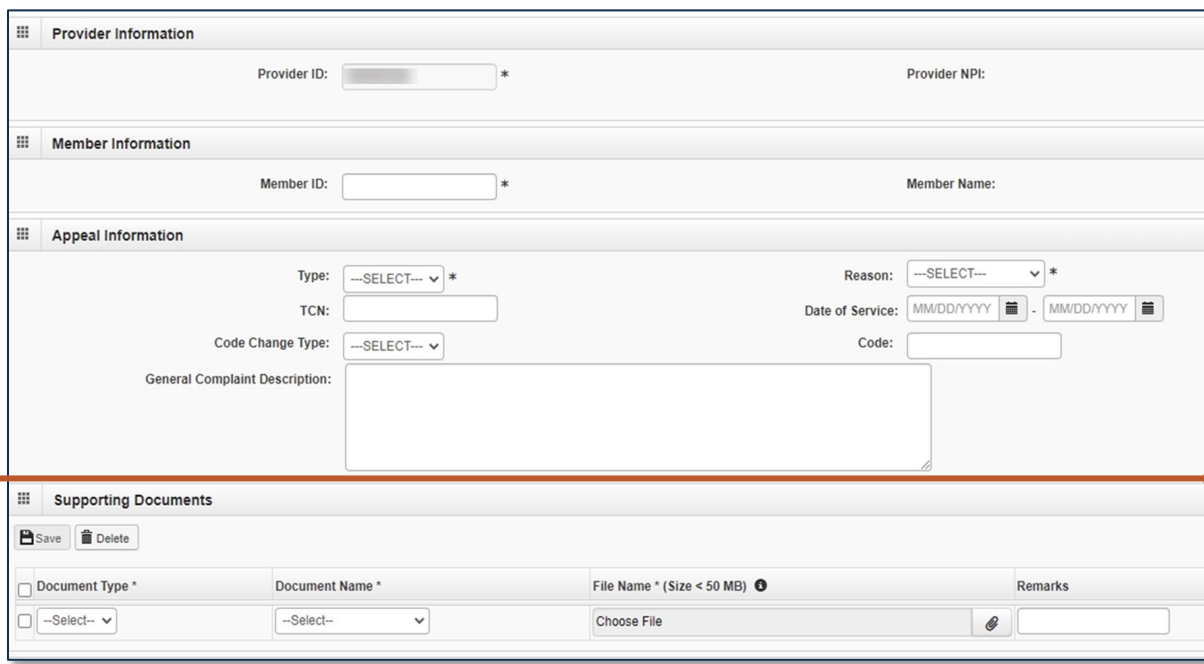
Code Change Type: Code: Taxonomy Code:

General Complaint Description:

Entering Grievance and Appeals Cont'd

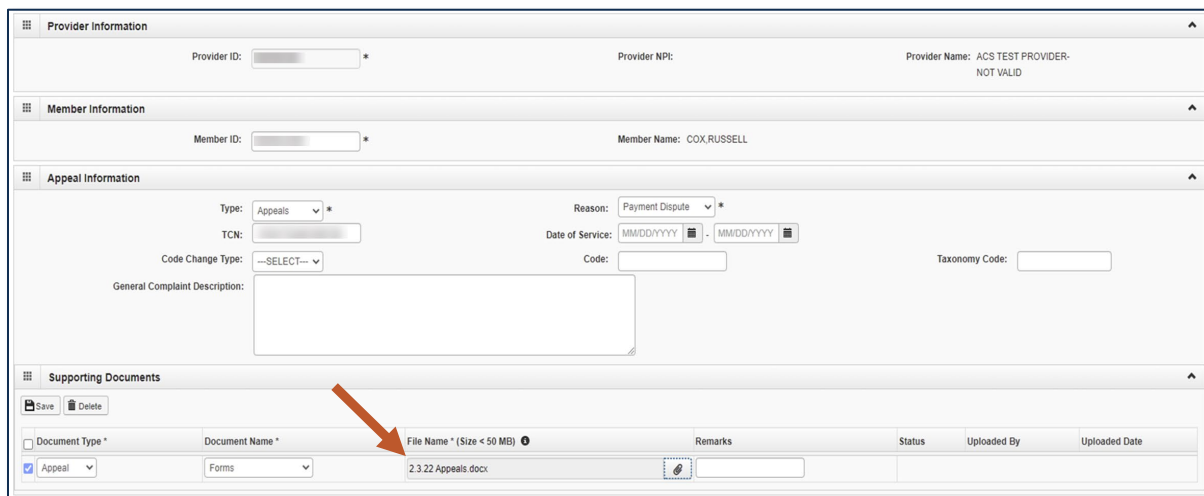
Note: Supporting Documents are not required but are encouraged to support the appeal. If documents are not attached, be sure to enter appeal information in the **General Complaint Description** field.

5. To attach supporting documents, complete the following:
 - a) Scroll to the **Supporting Documents** section.
 - b) Enter all necessary information. Required fields are notated with an asterisk (*).
 - c) Upload and save your supporting document.
 - d) Repeat these steps for each supporting document.



The screenshot shows the 'Supporting Documents' section of the form, which is highlighted with a red border and a red circle containing the number '5'. The section includes a 'Save' button, a 'Delete' button, and a table with columns for 'Document Type', 'Document Name', 'File Name (Size < 50 MB)', and 'Remarks'. The 'Document Type' dropdown is currently set to '--Select--' and the 'File Name' field contains a 'Choose File' button and a file upload icon.

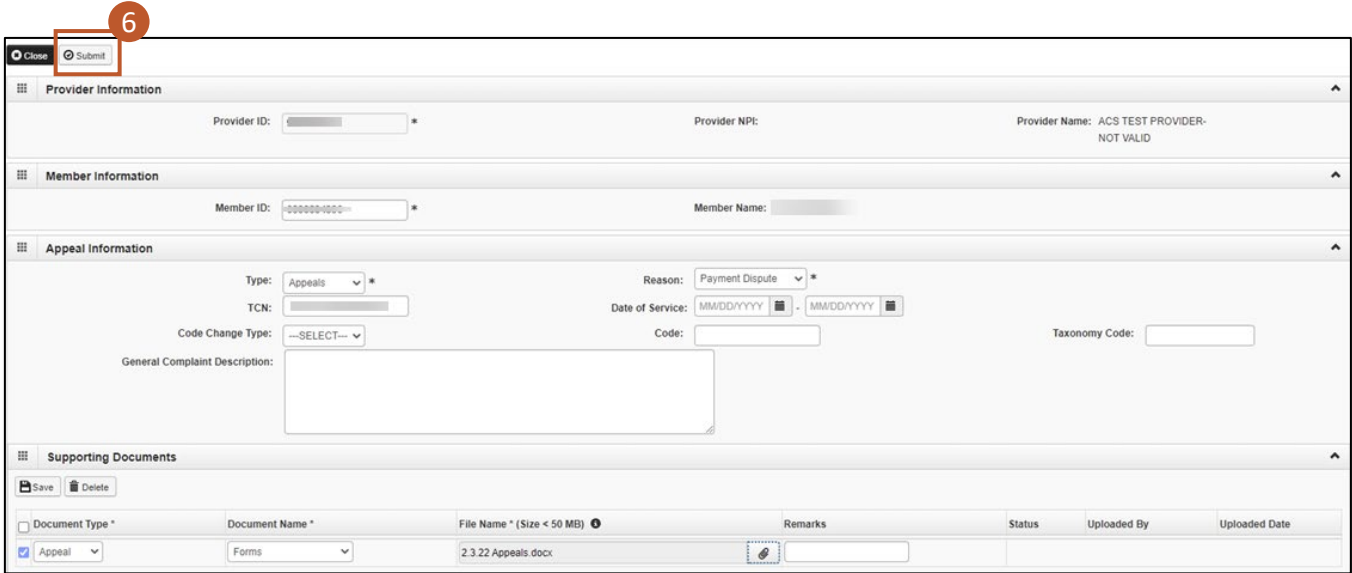
Note: Once files are successfully uploaded the file displays under supporting documents.



The screenshot shows the 'Supporting Documents' section of the form, which is now populated with a file. The 'Document Type' dropdown is set to 'Appeal' and the 'Document Name' is 'Forms'. The 'File Name' field shows '2.3.22 Appeals.docx' with a file upload icon. A red arrow points to the file name. The 'Status' column is empty, and the 'Uploaded By' and 'Uploaded Date' columns are also empty.

Entering Grievance and Appeals Cont'd

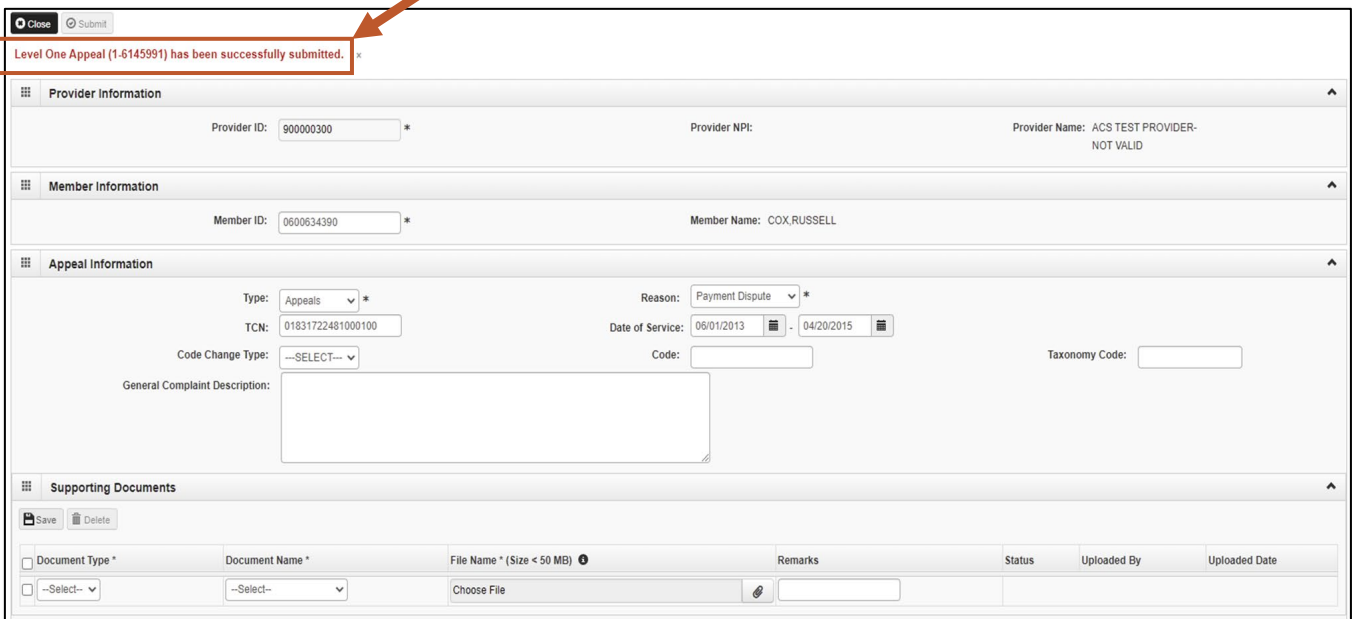
6. Select **Submit** to submit the Grievance and Appeal.



The screenshot shows a web form with the following sections:

- Provider Information:** Provider ID, Provider NPI, Provider Name: ACS TEST PROVIDER-NOT VALID
- Member Information:** Member ID, Member Name
- Appeal Information:** Type: Appeals, Reason: Payment Dispute, TCN, Date of Service, Code Change Type, Code, Taxonomy Code, General Complaint Description
- Supporting Documents:** A table with columns: Document Type, Document Name, File Name (Size < 50 MB), Remarks, Status, Uploaded By, Uploaded Date. One document is listed: Appeal, Forms, 2.3.22 Appeals.docx.

Note: Once submitted successfully, the system generates a Grievance and Appeal number and displays it above the **Provider Information** section, as shown below.

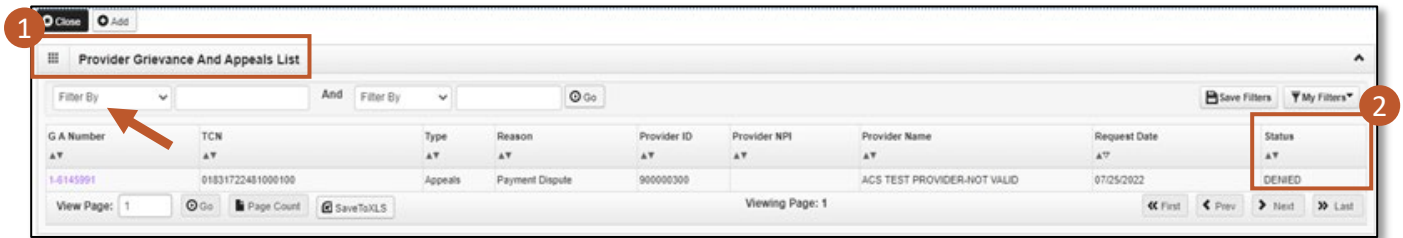


The screenshot shows the same form as above, but with a message box at the top: "Level One Appeal (1-6145991) has been successfully submitted." An arrow points to this message. The form fields are now populated with specific data:

- Provider Information:** Provider ID: 900000300, Provider NPI, Provider Name: ACS TEST PROVIDER-NOT VALID
- Member Information:** Member ID: 0600634390, Member Name: COX,RUSSELL
- Appeal Information:** Type: Appeals, Reason: Payment Dispute, TCN: 01831722481000100, Date of Service: 06/01/2013 - 04/20/2015, Code Change Type, Code, Taxonomy Code, General Complaint Description
- Supporting Documents:** Table with columns: Document Type, Document Name, File Name (Size < 50 MB), Remarks, Status, Uploaded By, Uploaded Date. One document is listed: --Select--, --Select--, Choose File.

Monitoring Appeals After Submission

1. After successful submission, locate the Grievance and Appeal under the **Provider Grievance and Appeals List** using the **Filter By** options.
2. Locate the status of the Grievance and Appeal to the right side under the **Status** column.



Important Things To Remember

Be sure to reference the appropriate manual for the claim type being appealed. Locate appeal detail guidelines and instructions in the following manuals and sections:

Any appeal that does not meet the below criteria will be denied. Timely filing will not be waived when a claim is denied due to Provider billing errors or involving third party liability.

NOTE: Appeals for claims that denied appropriately will be automatically denied. The appeals process is not an apt means to resubmit denied claims nor to submit supporting documentation. Doing so will result in denials and time lost to correct claims appropriately.

<p>CMS 1500 Manual</p> <p>Section 2.3.2 (How to Appeal) Section 6.20.2 (Appeal of Timely Filing) Section 16.8.1 (Appeals Process)</p>	<p>Institutional Manual</p> <p>Section 2.3.2 (How to Appeal) Section 6.20.2 (Appeal of Timely Filing) Section 11.15.3 (Appeals Process) Section 16.2.3.3 (Appeals Process) Section 21.9.8 (Appeals Process)</p>
<p>Title 25 Manual</p> <p>Section 4.11.2 (Appeal of Timely Filing)</p>	<p>Tribal Manual</p> <p>Section 2.3.2 (How to Appeal) Section 6.20.2 (Appeal of Timely Filing) Section 7.20.2 (Appeal of Timely Filing) Section 8.15.2 (Appeal of Timely Filing) Section 15.8.1.1 (Appeals Process) Section 22.2.3.3 (Appeals Process) Section 27.4 (Appeals Process)</p>
<p>Dental Manual</p> <p>Section 2.3.2 (How to Appeal) Section 6.15.2 (Appeal of Timely Filing)</p>	