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**.
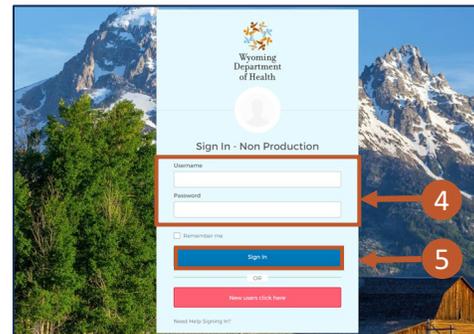
6. Verify authentication based on your setup selection:

   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
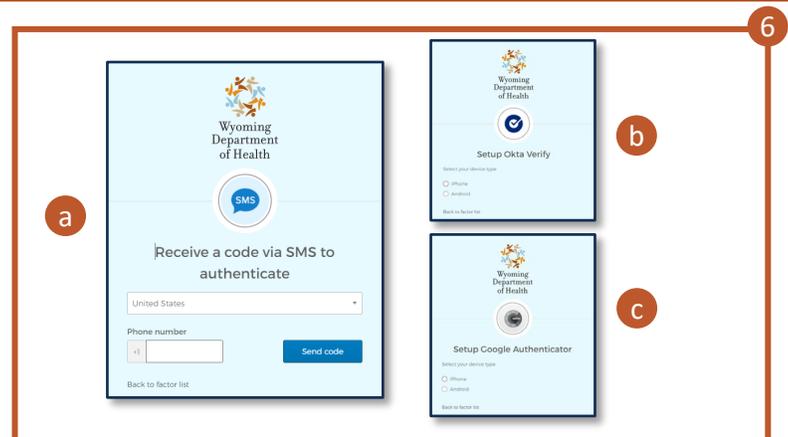
Note: If you have multiple Provider IDs, select the Provider ID to retrieve the RA.
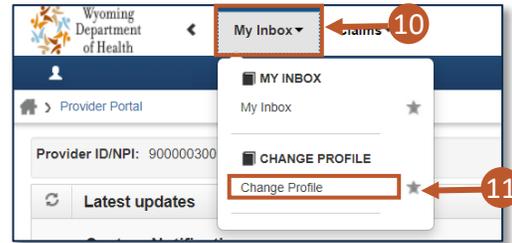
7. Select the domain you want to work in from the **Domain** drop-down list.
8. Select **Provider Access**.
9. Select **Go**.
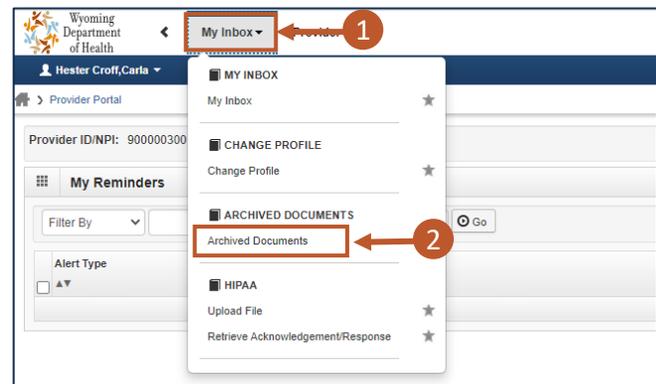
Accessing the Provider Portal Cont'd

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

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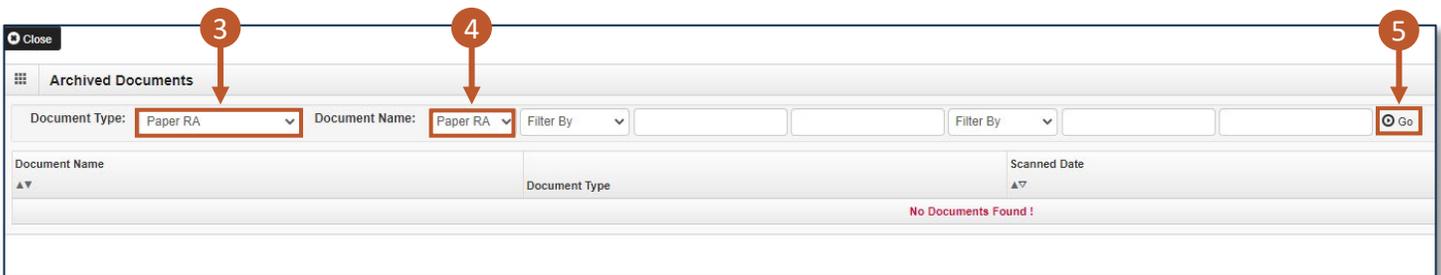11. Select **Change Profile**.

Finding Your RA

1. Select **My Inbox**.
2. Select **Archived Documents**.

3. Select **Paper RA** from the Document Type drop-down list.
4. Select **Paper RA** from the Document Name drop-down list.
5. Select **Go**.

Document Name	Document Type	Scanned Date

No Documents Found !

6. Select **Paper RA** under Document Name.

A window opens downloading a small PDF file. Select the PDF that opens at the bottom left of the screen, it will populate an RA.

Document Name	Document Type	Scanned Date	Received Date	Mime Type	Size
Paper RA		10/29/2021 23:38:52	10/29/2021 23:38:52	application/pdf	205 KB

Reading Remittance Advice (RA)

Note: The first page of an RA appears:

- Billing Provider ID and NPI
- Name of Facility
- Pay Cycle

- RA Number
- RA Date

Billing Provider ID: 999999999 Billing Provider NPI: 1234567890	Name: Test LLC	Pay Cycle: 19	RA Number: 23232323	RA Date: 05/06/2022

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	0	$0.00
Credited	0	$0.00
Denied	2	$198.42
Gross Adjustment	0	$0.00

Total Approved	$0.00	Total Adjusted	$0.00	Total Paid	$0.00

Warrant/EFT #: 987456123098745   Warrant/EFT Date: 05/05/2022

Note: The RA page includes the following:

- Billing Provider ID and NPI
- Facility Name
- Pay Cycle
- RA Number/RA Date

- Paid, Credited, Denied, and Gross Adjusted
- Total Approved, Total Adjusted, and Total Paid
- The Warrant/EFT #
- The Warrant/EFT Date

Billing Provider ID: 999999999 Billing Provider NPI: 1234567890	Name: Test LLC	Pay Cycle: 19	RA Number: 23232323	RA Date: 05/06/2022

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	0	$0.00
Credited	0	$0.00
Denied	2	$198.42
Gross Adjustment	0	$0.00

Total Approved	$0.00	Total Adjusted	$0.00	Total Paid	$0.00

Warrant/EFT #: 987456123098745   Warrant/EFT Date: 05/05/2022

Reading Remittance Advice (RA), Cont'd

- Member Name/ Member ID
- Transaction Control Number (TCN)
- Rendering Provider ID/NPI? Name
- Service Dates
- Procedure Codes

- Quantity Billed
- Modifiers
- Category
- Error Code
- Other Claim Information

Billing Provider ID: 999999999 Billing Provider NPI: 1234567890		Name: Test LLC		Pay Cycle: 19			RA Number: 23232323			RA Date: 05/06/2022		
Beneficiary Name Beneficiary ID Patient Account # Gross Adj ID	Original TCN TCN Type of Bill	Rendering Provider ID/NPI /Name	Invoice Date Service Date(s)	Revenue Procedure Modifier	PPS DRG APC	Qty	Billed Amount	Approved Amount	TPL and Medicare Amount	Member Responsible Amount	Category	Error Code
Test1,Test2 000001234 FUSD0000	55555555555555000 02	999999999 1114080660 John Doe	04/28/2022 01/06/2022-01/06/2022				$99.21	$0.00		$0.00	D	1001
	55555555555555001		01/06/2022-01/06/2022	90837		0	$99.21	$0.00	$0.00	$0.00	D	1002
Test1,Test2 000001234 FUSD0000	44444444444444000 02	999999999 1114080660 John Doe	04/28/2022 01/12/2022-01/12/2022				$99.21	$0.00		$0.00	D	1001
	44444444444444001		01/12/2022-01/12/2022	90837		0	$99.21	$0.00	$0.00	$0.00	D	1002

Total Billed Amount: $910.92
Total Approved Amount: $0.00

GLOSSARY
Error Code

Error Code	Error Description	Claim Adjustment Reason Codes (CARC)	Remittance Advice Remark Codes (RARC)
1001	Timely Filing Missing	25	M455
1002	Invalid Billing Provider	45	

Claim Adjustment Reason Codes (CARC)

Claim Adjustment Reason Codes (CARC)	Claim Adjustment Reason Codes (CARC) Description
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability).
25	Payment denied. Your Stop loss deductible has not been met.

Remittance Advice Remark Codes (RARC)

Remittance Advice Remark Codes (RARC)	Remittance Advice Remark Codes (RARC) Description
M455	Missing Physician Order.

Note: At the bottom, the RA includes:

- All your Claim Adjustment Codes (CARCS)
- Remittance Advice Remark Codes (RARC)
- Error Code

This indicates why the claim was denied or paid.

GLOSSARY
Error Code

	Error Description	Claim Adjustment Reason Codes (CARC)	Remittance Advice Remark Co
	Timely Filing Missing	25	M455
	Invalid Billing Provider	45	

Claim Adjustment Reason Codes (CARC)

tment Reason Codes (CARC)	Claim Adjustment Reason Codes (CARC) Description
	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equa service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have res prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability).
	Payment denied. Your Stop loss deductible has not been met.

Remittance Advice Remark Codes (RARC)

Advice Remark Codes (RARC)	Remittance Advice Remark Codes (RARC) Description
	Missing Physician Order.

Reading Remittance Advice (RA) with a Void

The example below includes the credit amount for any voids listed on the claim.

The amount is also listed at the line level for each voided claim under the (-) billed amount and the category of "C" for credit.

Billing Provider ID: Billing Provider NP	Name: \		Pay Cycle:		RA Number: 0		RA Date: 06/21/2021		

FINANCIAL ADJUSTMENTS

Adjustment Type	Previous Balance	Adjustment Amount	Remaining Balance
Balance Owed by Tax ID	-$6.00		$0.00

CLAIM SUMMARY

Category	Count	Total Billed Amount
Paid	0	$0.00
Credited	1	-$50.00
Denied	0	$0.00
Gross Adjustment	0	$0.00

Total Approved	$0.00	Total Adjusted	$0.00	Total Paid	$0.00

Warrant/EFT #:   Warrant/EFT Date: 06/21/2021

Billing Provider ID: Billing Provider NP		Name: \		Pay Cycle:				RA Number: 0			RA Date: 06/21/2021		
Beneficiary Name Beneficiary ID Patient Account # Gross Adj ID	Original TCN TCN Type of Bill	Rendering Provider ID/NPI /Name	Invoice Date Service Date(s)	Revenue Procedure Modifier	PPS DRG APC	Qty	Billed Amount	Approved Amount	TPL and Medicare Amount	Member Responsible Amount	Category	Error Code
	41211678000123000 24		06/16/2021 06/06/2021-06/06/2021				-$50.00	-$6.00		$0.00	C	1095
	41211678000123001		06/06/2021-06/06/2021	S0280		-2	$50.00	-$6.00		$0.00	C	

	Total Billed Amount:	-$50.00
	Total Approved Amount:	-$6.00

GLOSSARY
Error Code

Error Code	Error Description	Claim Adjustment Rsn Codes (CARC)	Remittance Advice Rem Codes (RARC)
1095	SUBMITTED GENDER DOES NOT MATCH ELIGIBILITY	16	MA39

Claim Adjustment Reason Codes (CARC)

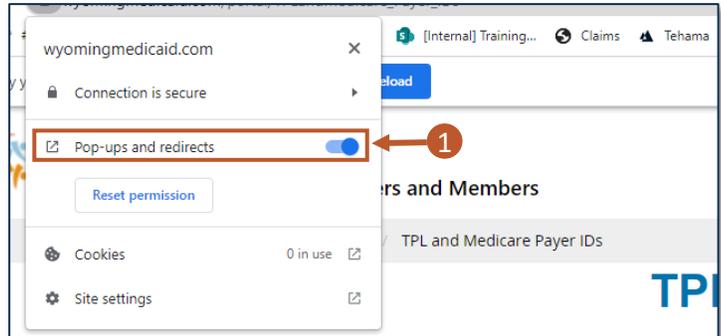| Claim Adjustment Rsn Codes (CARC)	Claim Adjustment Rsn Codes (CARC) Description
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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.

Remittance Advice Remark Codes (RARC)

Remittance Advice Rem Codes (RARC)	Remittance Advice Rem Codes (RARC) Description
MA39	XXX

Finding Claims After Submission

|	
Before Claim Submission Begins: 1. Check that pop-up blocker will allow pop-ups from the Provider Portal. 2. Gather all materials needed such as Explanation of Benefits (EOB), Claim Information, and Member Information.	
3. Use the following link to access the Medicaid website at: **https://www.wyomingmedicaid.com** 4. Select **Provider**. 5. Select **Provider Portal**.	
6. Log in to the Provider Portal with your Single Sign-On (SSO) **Username** and **Password**. 7. Select **Sign In**.	
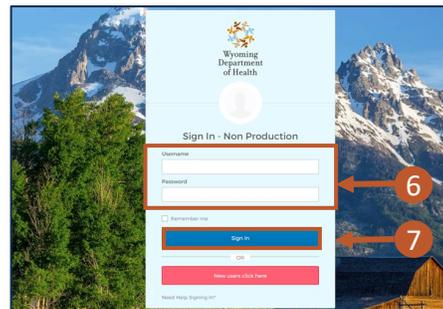
8. Verify authentication based on your setup selection:
 	
  a) For SMS, select **Send code**
  b) If you selected an OKTA push, accept the push
  c) If you chose Google Authenticator, enter that code	
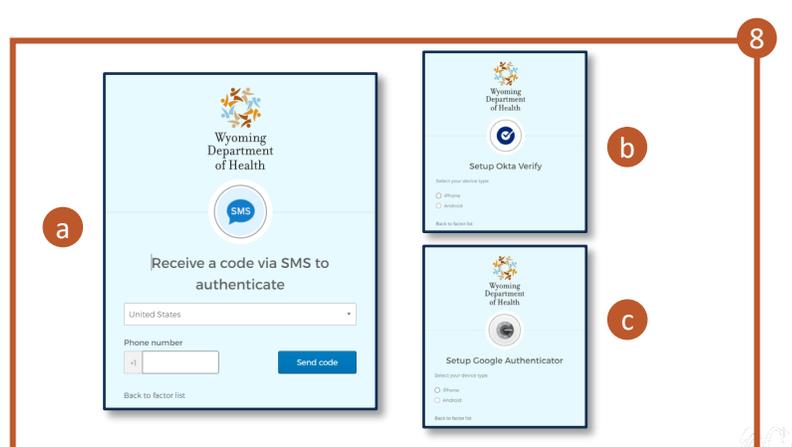
Finding Claims After Submission, Cont'd

9. Select the domain you want to work in from the **Domain** drop-down list.
10. Select **Claims Access**.
11. Select **Go**.
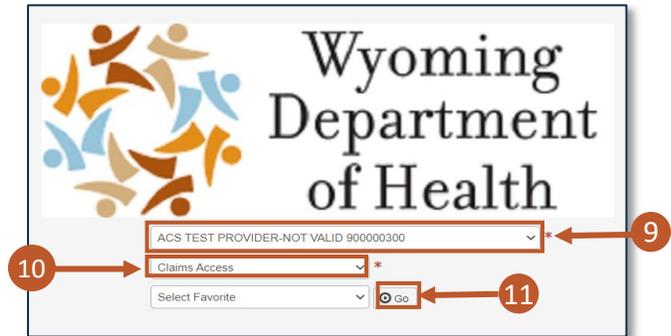
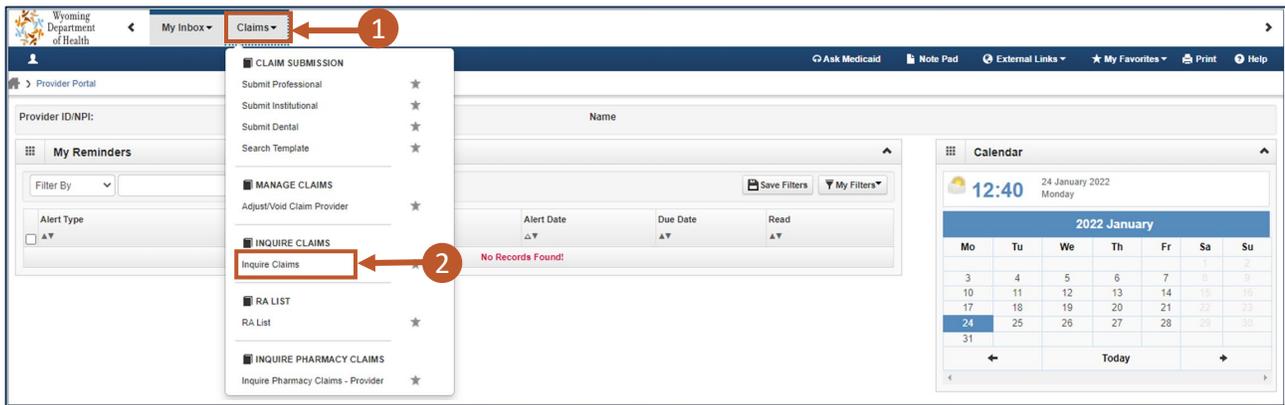If you are already logged into the Provider Portal, you can change your profile:

12. Select **My Inbox**.
13. Select **Change Profile**.
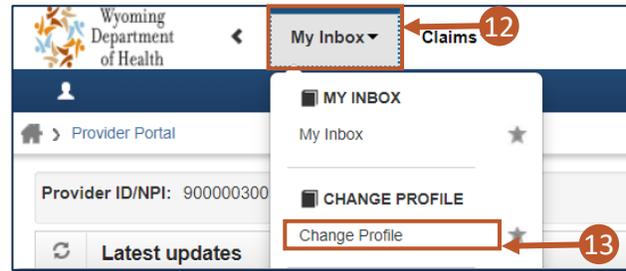
Retrieving Claims Remittance Advice

For Claims Remittance Advice (RA) Retrieval:

1. Select **Claims**.
2. Select **Inquire Claims**.

Retrieving Claims Remittance Advice, Cont'd

3. Apply filters for claim search.
4. Select **Go**.

Note: At least one filter is required to search for a claim. The more filters that are applied, the more detailed and refined results will appear. The first filter and subsequent filters have different options for filtering.

Note: A list of claims display with the following details:

- Transaction Control Number (TCN)
  (which is the claim ID)
- Beneficiary ID (Medicaid Number)
- Billing Provider NPI and ID
- Claim Type
- From Date and To Date
- Error Code

- Submitted Charges
- Claim and Processing Status
- Approved Amount
- Pay Cycle Date
- TCN Load Date
  (this was a filter applied)

TCN	Beneficiary ID	Billing Provider NPI	Billing Provider ID	Claim Type	From Date	To Date	Submitted Charges	Claim Status	Processing Status	Approved Amount	Pay Cycle Date
				J-Professional	02/10/2021	02/10/2021	$220.00	Paid	RA Generated	$95.00	11/10/2021
				J-Professional	01/06/2020	01/06/2021	$220.00	Denied	RA Generated	$0.00	11/18/2021
				J-Professional	01/13/2020	01/13/2021	$220.00	Denied	RA Generated	$0.00	11/18/2021