



Wyoming
Department
of Health

Billing Agent / Clearinghouse

New Enrollment

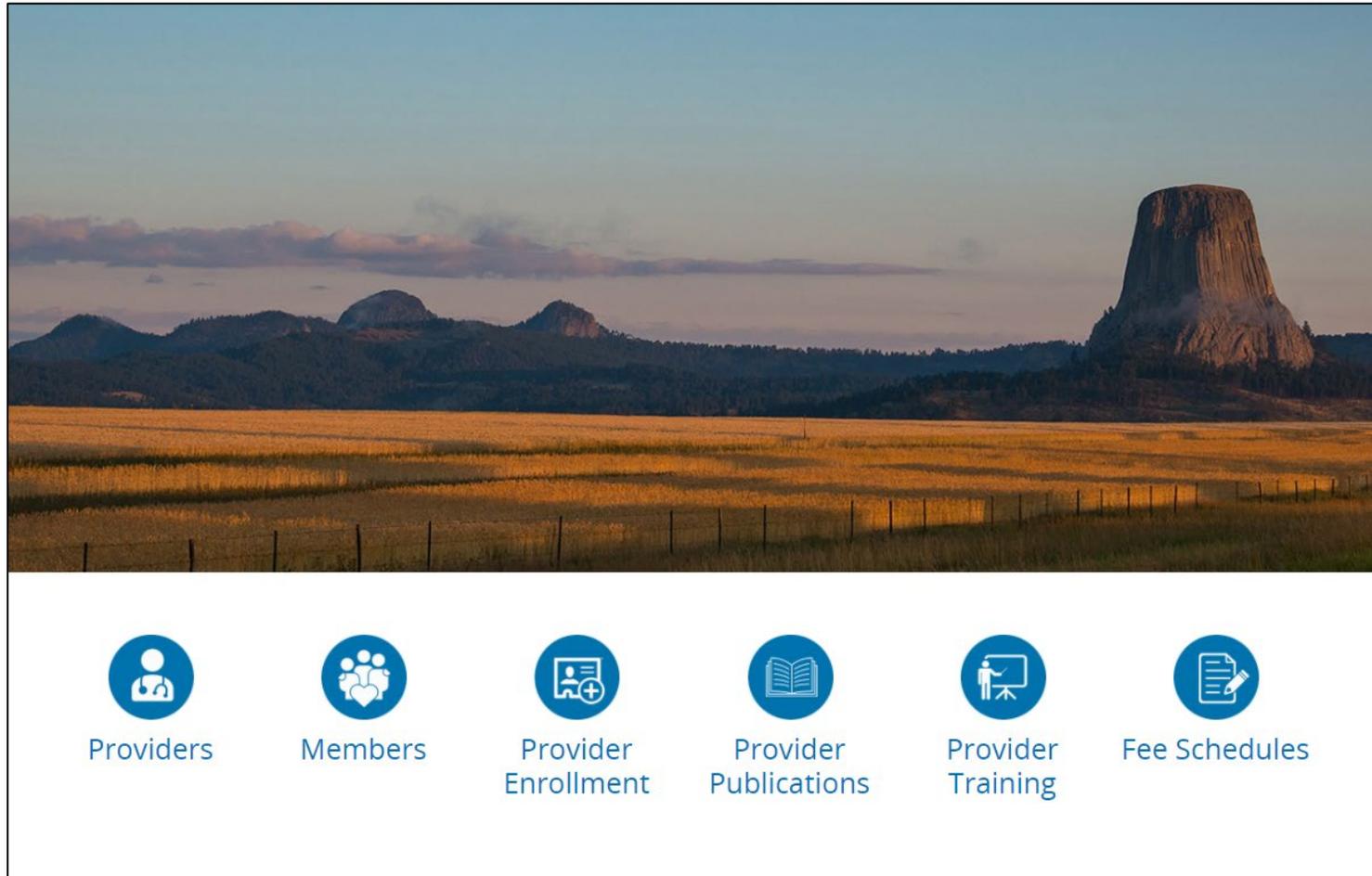
Course Content

In this training, we will discuss:

- Registering for the first time
- Entering basic information
- Adding mode of claim submission/EDI exchange
- Completing the Trading Partner Agreement (TPA)
- Submitting enrollment application
- Reset Password
- Administrators adding additional users
- Resources



Billing Agent / Clearinghouse Overview



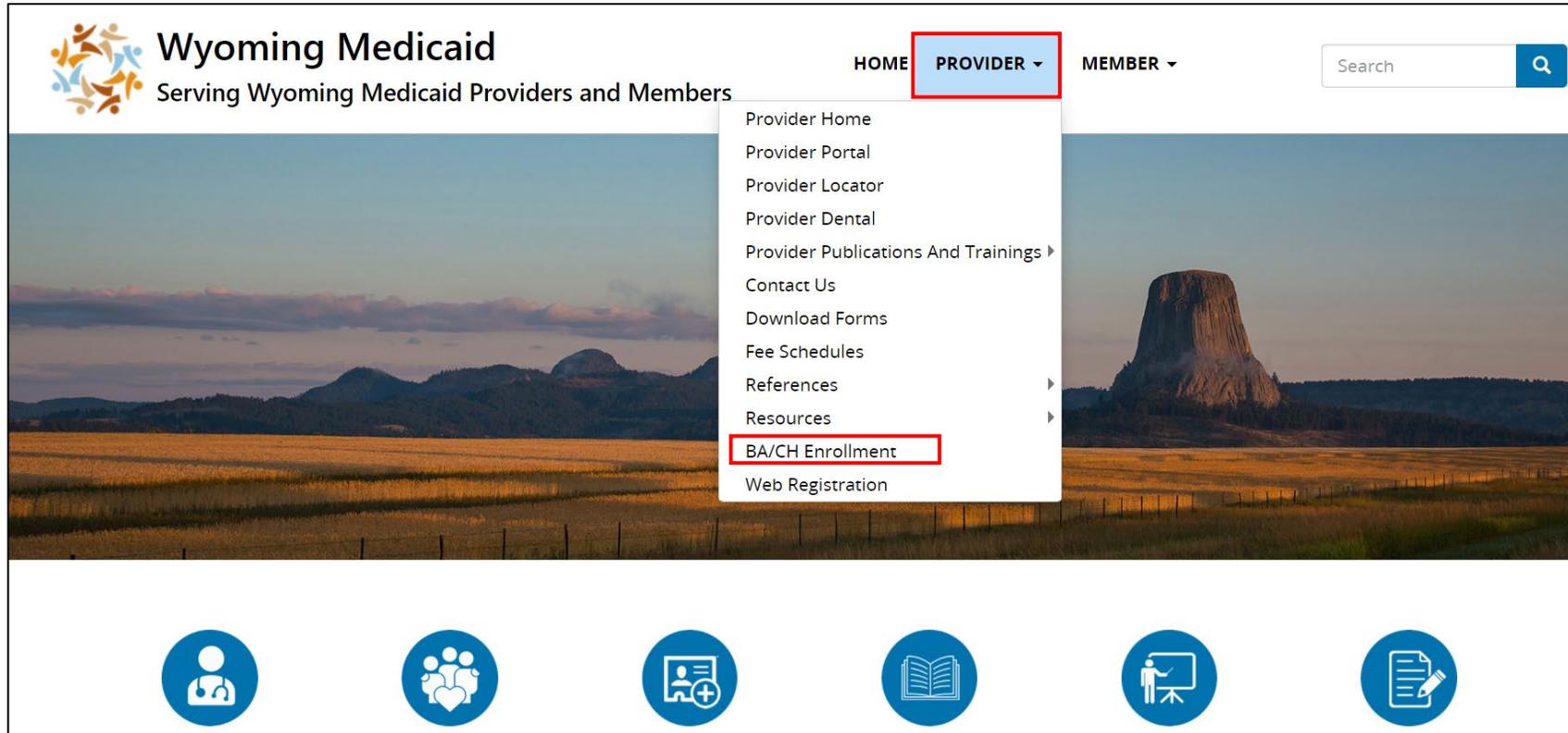
This training will demonstrate how to gain access to the secure Medicaid Portal.

- Once access is achieved, Providers, Billing Agents and Clearinghouses can begin the registration process
- When registration is complete Providers and Billing Agents, and Clearinghouses will be able to make inquiries and requests in the system

New Enrollment

How to register for the first time

Billing Agent / Clearinghouse Enrollment



To enroll as a Billing Agent/Clearinghouse provider, you must conduct the following steps:

- Go to <https://www.wyomingmedicaid.com/>
- Click **Provider** at the top of the page. A drop-down menu will appear
- Click **BA/CH Enrollment** from the options in the menu

Billing Agent / Clearinghouse Enrollment

Wyoming
Department
of Health

Sign In - Non Production

Username

Password

Remember me

Sign In

OR

New users click here

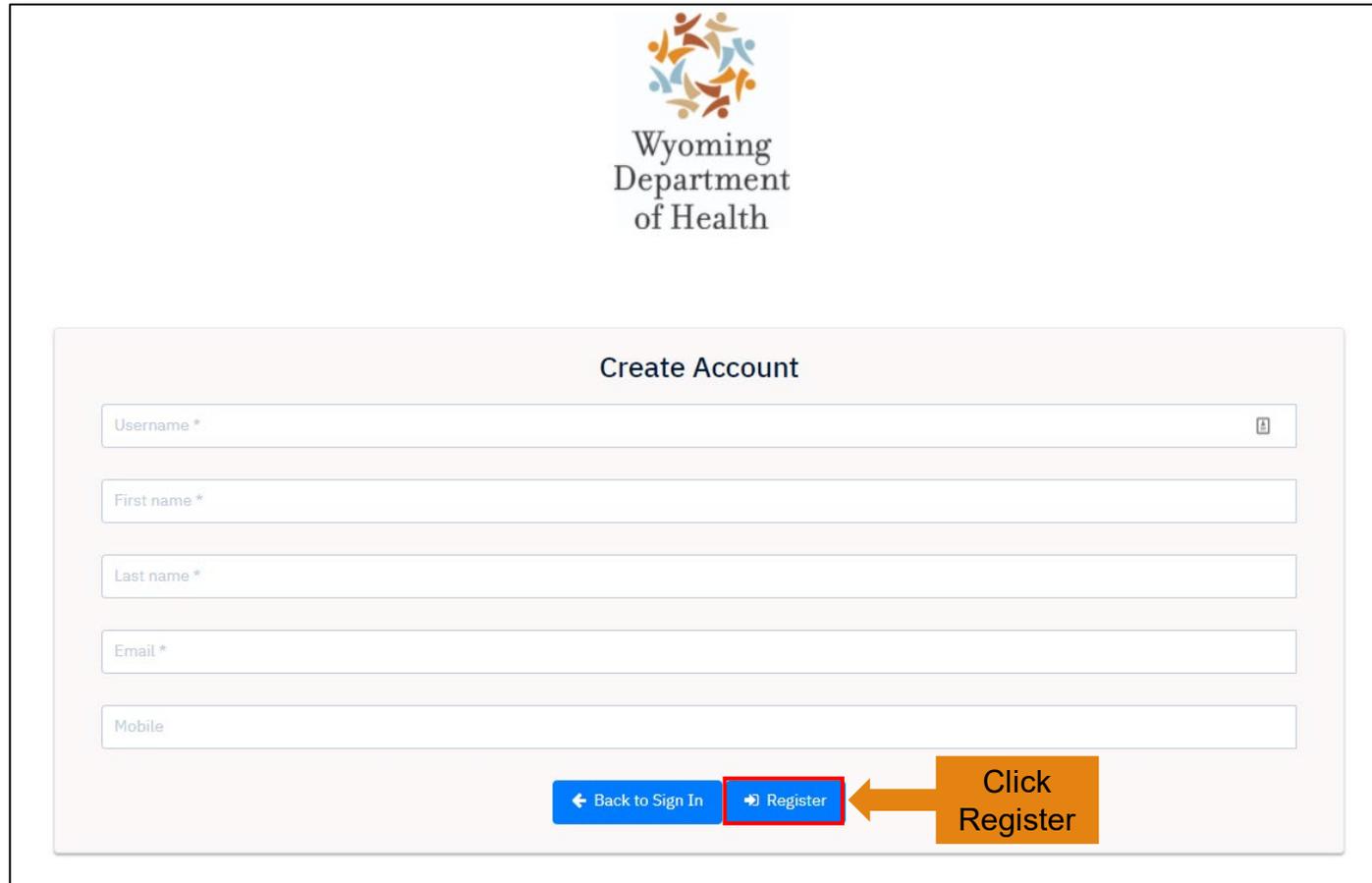
Need Help Signing In?

New Users
Click
Here

When registering for the first time:

- Click **“New Users Click Here”**

Billing Agent / Clearinghouse Enrollment



Wyoming
Department
of Health

Create Account

Username *

First name *

Last name *

Email *

Mobile

← Back to Sign In Register →

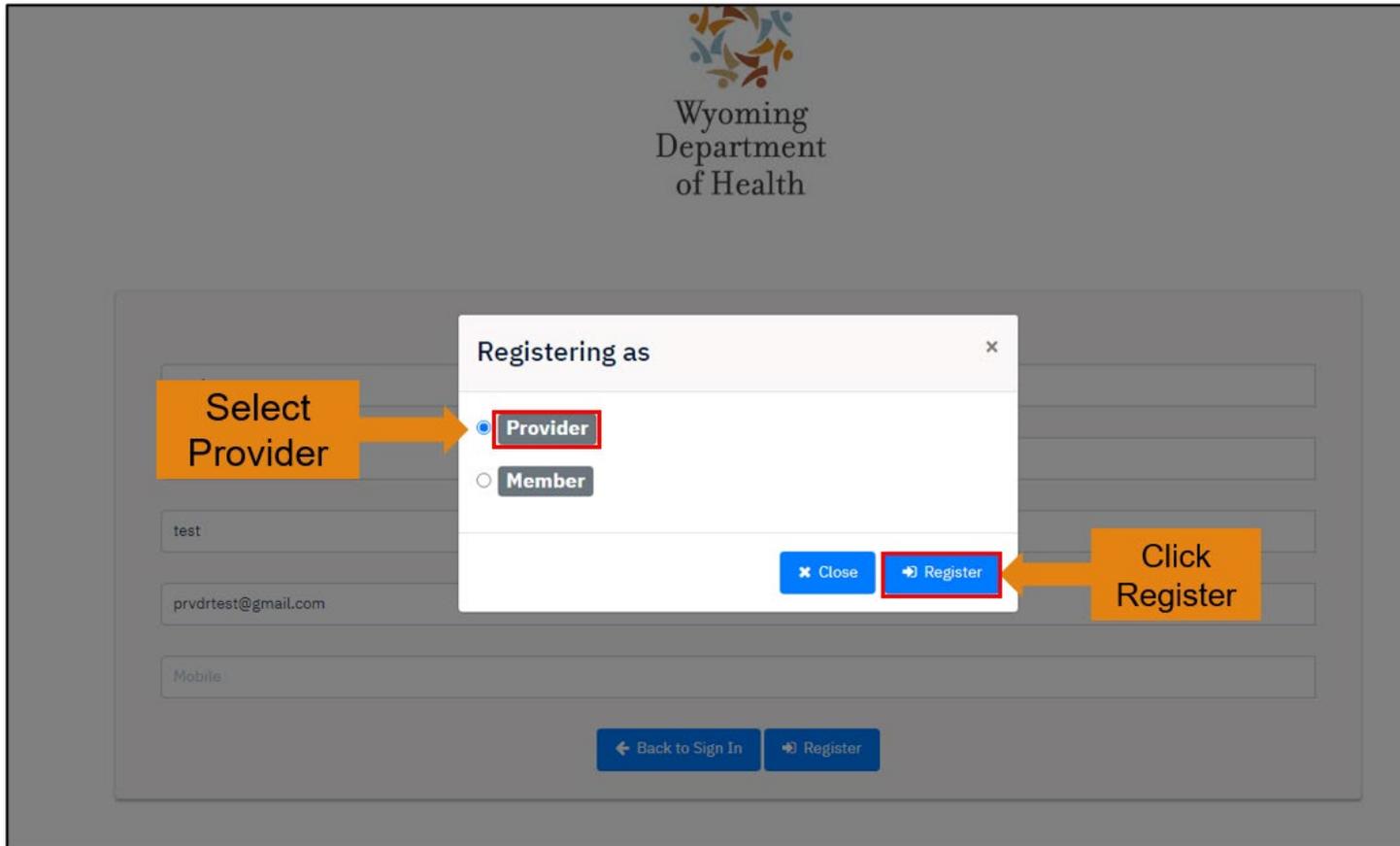
Click Register

Next, in order to create an account, you will need to complete the required fields indicated by an *:

- Username
- First name
- Last name
- Email

Click Register.

Billing Agent / Clearinghouse Enrollment



The Registering as window appears:

- Select Provider
- Click Register

Billing Agents, Clearinghouses and Trading Partners (TPID) are considered providers.

Billing Agent / Clearinghouse Enrollment

Wyoming Dept of Health - Welcome to Wyoming Medicaid!

Hi Testing,

Your organization is using Okta to manage your web applications. This means you can conveniently access all the applications you normally use, through a single, secure home page. Watch this short video to learn more: <https://www.okta.com/intro-to-okta/>

Your system administrator has created an Okta user account for you.
Click the following link to activate your Okta account:

1 [Activate Okta Account](#) **2**
This link expires in 7 days.

Your username is **testfortraining**
Your organization's sign-in page is <https://login-preview.wy-bms.com>

If you experience difficulties accessing your account, you can send a help request to your system administrator using the link: <https://login-preview.wy-bms.com/help/login>

A verification link from Okta will be sent to your email account.

Check Okta Welcome email.

1. Make note of your username.
2. Click Activate Okta Account.

Billing Agent / Clearinghouse Enrollment

Welcome to Wyoming Dept of Health, Testing!
Create your Wyoming Dept of Health account

1  Enter new password

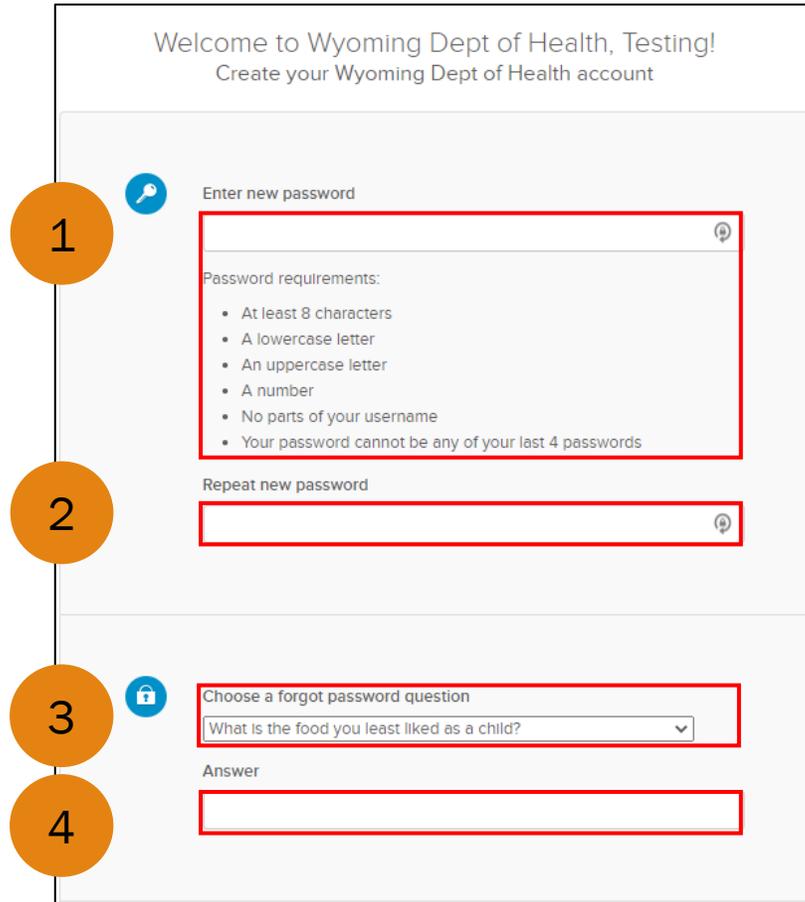
2  Repeat new password

3  Choose a forgot password question

4 Answer

What is the food you least liked as a child?

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



When creating your account, a few security items are required:

1. Enter a new password by following the password requirements.
2. Repeat new password.
3. Select a security question from the “Choose a forgot password question” drop-down list.
4. Enter answer to selected password question.

Billing Agent / Clearinghouse Enrollment

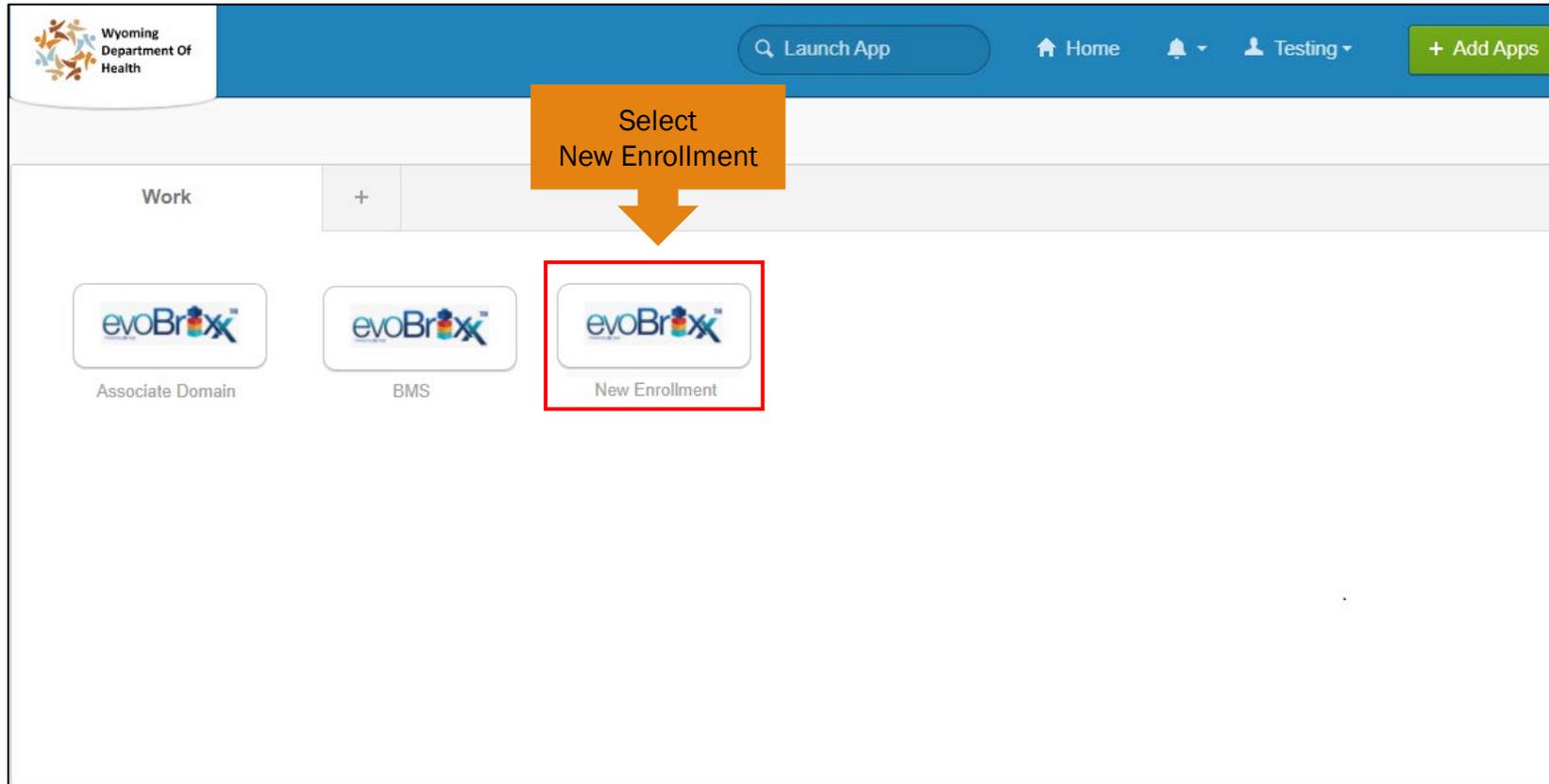
Click a picture to choose a security image
Your security image gives you additional assurance that you are logging into Okta, and not a fraudulent website.

Create My Account

Next, set additional security for your account in the event you forget your password:

- Select a security image by clicking a picture
- Select Create My Account

Billing Agent / Clearinghouse Enrollment



The landing page will appear. The landing page will contain areas that can be accessed:

- Select New Enrollment

Billing Agent / Clearinghouse Enrollment

From the New Enrollment and Enrollment Type screen:

- Select the Enrollment Type “Billing Agent/Clearinghouse/ Trading Partner”
- Click Submit

The screenshot displays the Wyoming Department of Health's New Enrollment and Enrollment Type screen. The page header includes the Wyoming Department of Health logo and a navigation bar with links for Ask Medicaid, Note Pad, External Links, My Favorites, Print, and Help. The main content area features a dropdown menu titled "Enrollment Type" with the instruction "Select the Applicable Enrollment Type". The selected option is "Billing Agent/Clearinghouse/Trading Partner", which is highlighted with a red box. Below the dropdown is a "Submit" button, also highlighted with a red box. Two orange callout boxes with arrows point to the selected option and the Submit button, with text "Select Billing Agent" and "Click Submit" respectively.

Billing Agent / Clearinghouse Enrollment

The screenshot shows a web-based enrollment form with four main sections, each highlighted with a red border:

- Basic Information:** Contains a field for "Entity Business Name" with an asterisk and "(Doing Business As)".
- Support Contact:** Contains fields for "First Name" (with asterisk), "Last Name" (with asterisk), "Phone Number" (with asterisk), "Extn:", "Fax Number", "Middle Initial", and "Contact Email Address" (with six sub-fields: Email-1 through Email-6, with Email-1 having an asterisk).
- Technical Contact:** Contains a checkbox "Same as Support Contact", and fields for "First Name" (with asterisk), "Last Name" (with asterisk), "Phone Number" (with asterisk), "Extn:", "Fax Number", "Middle Initial", and "Contact Email Address" (with six sub-fields: Email-1 through Email-6, with Email-1 having an asterisk).
- Billing Agent Address Details:** Contains an "End Date" field with a calendar icon, a note: "If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)", and fields for "Address Line 1" (with asterisk), "Address Line 2", "Address Line 3", and "City/Town" (with a dropdown menu set to "OTHER" and an asterisk).

Next, to complete the enrollment process type in the required field information indicated with an *:

- Basic Information
- Support Contact
- Technical Contact
- Billing Agent Address Details

Billing Agent / Clearinghouse Enrollment

After entering in the Basic Information, Support Contact, Technical Contact and Billing Agent Address Details:

- Click Finish.

A message “You have successfully completed the basic information on the Enrollment Application” will verify the basic information entered.

Make note of your Application ID. This is the number required to track the status of your enrollment application.

End Date:

If a department or drawer number is required enter the information in line TWO.
(For example: DEPT 222 or DEPARTMENT 222, DRAWN 1111 or DRAWER 1111)
If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

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

Entity Fax Number: *

Entity Email Address: *

Entity Phone Number: *

Click Finish →

Application ID: 20210820733324 Name: Dark World Inc

Basic Information

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: 20210820733324 ← Application ID

Please make note of this Application ID. This is the number you will use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 90 calendar days OR your application will be deleted.

Billing Agent / Clearinghouse Enrollment

The BMS system displays the Enroll Billing Agent/ Clearinghouse/Trading Partner screen.

Provider Basic Information is complete as shown in the Status column.

Application ID: 20210820733324 Name: Dark World Inc

Close

Enroll Billing Agent/Clearinghouse/Trading Partner

Business Process Wizard - Provider Enrollment (Billing Agent/Clearinghouse/Trading Partner). Click on the Step # under the Step Column.

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	

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Billing Agent / Clearinghouse Enrollment

Providers need to complete the required items from the Enroll Billing Agent/ Clearinghouse/Trading Partner screen:

Application ID: 20210820733324 Name: Dark World Inc

Enroll Billing Agent/Clearinghouse/Trading Partner

Business Process Wizard - Provider Enrollment (Billing Agent/Clearinghouse/Trading Partner). Click on the Step # under the Step Column.

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	

- Provider Basic Information
- Add Mode of Claim Submission/EDI Exchange
- Complete Trading Partner Agreement
- Submit Enrollment Application

Billing Agent / Clearinghouse Enrollment

Providers need to add mode of claims submission/EDI Exchange:

- Click Add Mode of Claims Submission/EDI Exchange

Application ID: 20210820733324 Name: Dark World Inc

Business Process Wizard - Provider Enrollment (Billing Agent/Clearinghouse/Trading Partner). Click on the Step # under the Step Column.

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	

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

Billing Agent / Clearinghouse Enrollment

Next, the system requires the provider to select the submission method from the EDI exchange:

- Select the Submission Method
- Click Ok

Application ID: 20210820733324 Name: Dark World Inc

Mode of Claims Submission/EDI exchange

Select Submission Method

Please select the submission methods from EDI Exchange and/or Other Claims Submission as applicable.

EDI exchange

Method	Description	Applicable Transactions
<input 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"/> 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

Click Ok

Ok Cancel

Billing Agent / Clearinghouse Enrollment

To complete the selection of the submission method from the EDI exchange:

- Click Save

The Status validates the Mode of Claims Submission/EDI exchange selection with “In-Review” status.

Wyoming Department of Health

My Inbox ▾ Provider ▾

Hall, Jake ▾ Ask Medicaid Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > Submitter Modification BPW

Provider ID/NPI: 584959200 Name: Test BA/CH Enrollment

Close Save ← Click 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: 584959200

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"/> 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 ← Current Status

Billing Agent / Clearinghouse Enrollment

The BMS system displays the Enroll Billing Agent/ Clearinghouse/Trading Partner screen.

Add Mode of Claim Submission/EDI Exchange is complete as shown in the Status column.

Upload Documents is optional as indicated in the Required column.

Application ID: 20210820733324

Enroll Billing Agent/Clearinghouse/Trading Partner

Business Process Wizard - Provider Enrollment (Billing Agent/Clearinghouse/Trading Partner). Click on the Step # under the Step Column.

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	08/20/2021	08/20/2021	Complete	
Step 3: Upload Documents	Optional			Incomplete	
Step 4: Complete Trading Partner Agreement	Required			Incomplete	
Step 5: Submit Enrollment Application	Required			Incomplete	

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Billing Agent / Clearinghouse Enrollment

Providers need to complete the Trading Partner Agreement (TPA):

- Click Complete Trading Partner Agreement from the list

Application ID: 20210820733324 Name: Dark World Inc

Enroll Billing Agent/Clearinghouse/Trading Partner

Business Process Wizard - Provider Enrollment (Billing Agent/Clearinghouse/Trading Partner). Click on the Step # under the Step Column.

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

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Billing Agent / Clearinghouse Enrollment

Next, review the Trading Partner Agreement (TPA) and acknowledge your agreement:

1. Check acknowledgement to abide by this agreement
2. Enter in First Name and Last Name
3. Click Submit

Wyoming Department of Health

Provider

Ask Medicaid | Note Pad | External Links | My Favorites | Print | Help

New Enrollment > Billing Agency Enrollment

Application ID: 20210820 | Name: Dark World Inc

Close | Submit

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 Name in the Submitting Person Signature section and clicking on the Submit button at the top of the screen.

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

Electronic Signature Statements of Understanding

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.

Submitting Person Signature

First Name: * | Last Name: *

Billing Agent / Clearinghouse Enrollment

The BMS system displays the Enroll Billing Agent/ Clearinghouse/Trading Partner screen.

Complete Trading Partner Agreement is complete as shown in the Status column.

The screenshot shows the 'Enroll Billing Agent/Clearinghouse/Trading Partner' screen in the BMS system. The application ID is 20210820733324 and the name is Dark World Inc. The screen displays a 'Business Process Wizard' with five steps. Step 4, 'Complete Trading Partner Agreement', is highlighted with a red border and has a status of 'Complete'. An orange arrow points to the 'Status' column header.

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

Billing Agent / Clearinghouse Enrollment

The BMS system displays the Enroll Billing Agent/ Clearinghouse/Trading Partner screen.

- Click Submit Enrollment Application

Wyoming Department of Health

Provider

Ask Medicaid | Note Pad | External Links | My Favorites | Print | Help

New Enrollment > Billing Agency Enrollment

Application ID: 20210820733324 Name: Dark World Inc

Close

Enroll Billing Agent/Clearinghouse/Trading Partner

Business Process Wizard - Provider Enrollment (Billing Agent/Clearinghouse/Trading Partner). Click on the Step # under the Step Column.

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

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Billing Agent / Clearinghouse Enrollment

Wyoming Department of Health

Provider

Ask Medicaid | Note Pad | External Links | My Favorites | Print | Help

New Enrollment > Billing Agency Enrollment

Application ID: 20210820733324 Name: Dark World Inc

Close Submit Application

Click Submit Application

Final Submission

Application ID: 20210820733324 EnrollmentType: Billing Agent/Clearinghouse/Trading Partner

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

The Final Submission screen appears and a message to agree that the information submitted is correct is displayed:

- Click Submit Application

Once the application is submitted a message will display approving the application.

Wyoming Department of Health

Provider

Ask Medicaid | Note Pad | External Links | My Favorites | Print | Help

New Enrollment > Billing Agency Enrollment

Application ID: 20210820733324 Name: Dark World Inc

The Application ID 20210820733324 has been approved. Your Provider ID is 584972500 and Trading Partner ID is 584972500. x

Approved

Enroll Billing Agent/Clearinghouse/Trading Partner

Business Process Wizard - Provider Enrollment (Billing Agent/Clearinghouse/Trading Partner). Click on the Step # under the Step Column.

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	08/20/2021	08/20/2021	Complete	
Step 3: Upload Documents	Optional			Incomplete	
Step 4: Complete Trading Partner Agreement	Required	08/20/2021	08/20/2021	Complete	
Step 5: Submit Enrollment Application	Required	08/20/2021	08/20/2021	Complete	

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Billing Agent / Clearinghouse Enrollment

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

Select Forgot password?

Wyoming Department of Health

Reset Password

Email or Username

Reset via Email

Back to sign in

Enter Email or Username
Click Reset via Email

If you forget your password:

- Select “Need Help Signing In?” and select “Forgot password?”
- Enter Email or Username and select “Reset via Email”

Check your email and follow the instructions on resetting your password.

Administrators

How to add additional users

Billing Agent / Clearinghouse Administrators

Once your log in credentials are established:

- Log into the Provider Portal with your username and password

Wyoming
Department
of Health

Sign In - Non Production

Username

Password

Remember me

Sign In

OR

New users click here

Need Help Signing In?

Log in with Credentials

Billing Agent / Clearinghouse Administrator

Wyoming
Department
of Health

Domain → DARK WORLD INC 584972500 *

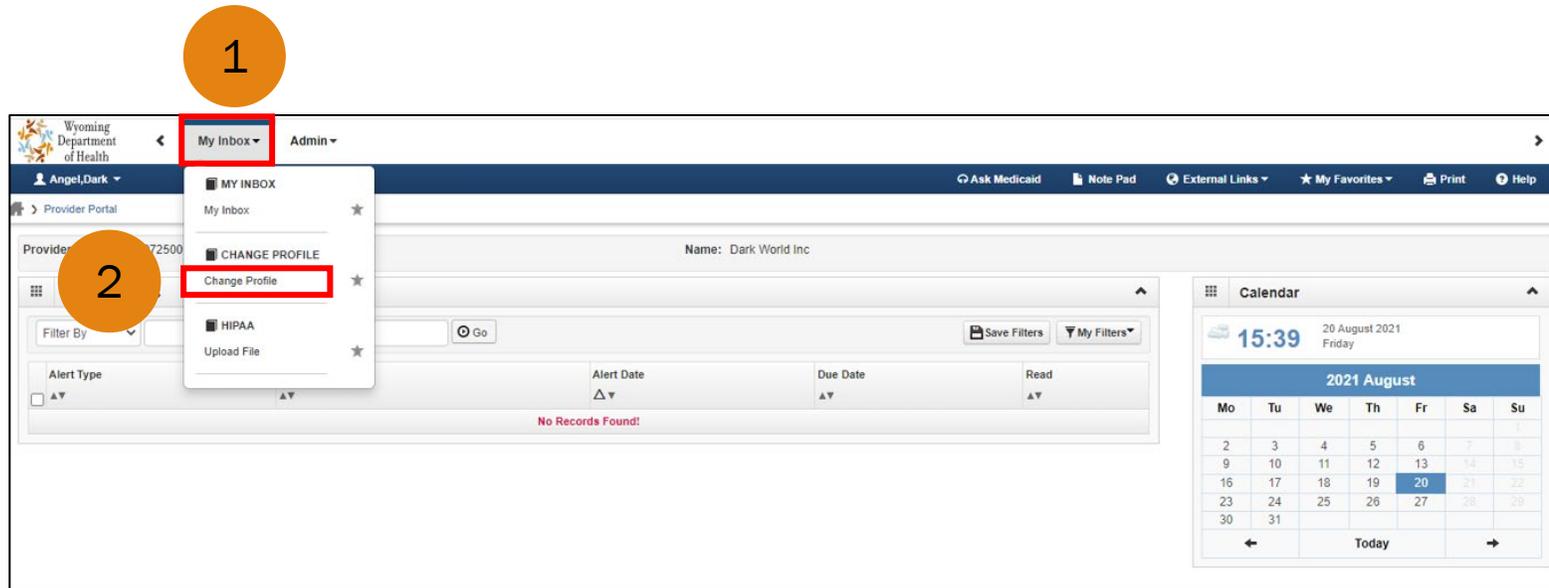
Profile → Provider Domain Administrator *

Click Go → Select Favorite Go

Next, choose the domain and role:

- Select domain from the domain drop-down list
- Select “Provider Domain Administrator” from the profile drop-down list
- Click Go

Billing Agent / Clearinghouse Administrator

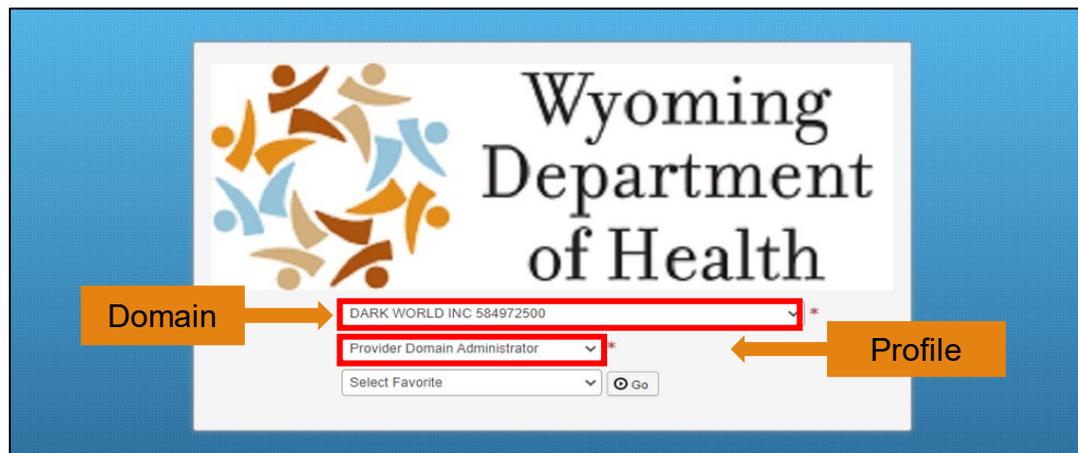


If you are already logged into the Provider Portal, you can change your profile:

1. Select My Inbox
2. Select Change Profile

Next, choose the domain and role:

- Select domain from the domain drop-down list
- Select “Provider Domain Administrator” from the profile drop-down list



Billing Agent / Clearinghouse Administrators

Before adding users review the provider profiles.

Profile Name	Access Rights
Provider Domain Administrator	<p>Allows the BA/CH user to perform:</p> <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	<p>Allows the BA/CH user to perform:</p> <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	<p>Allows the BA/CH user to perform:</p> <ul style="list-style-type: none"> Claim Inquiry (837 D, I, P) - Provider

Billing Agent / Clearinghouse Administrator

To access the User List:

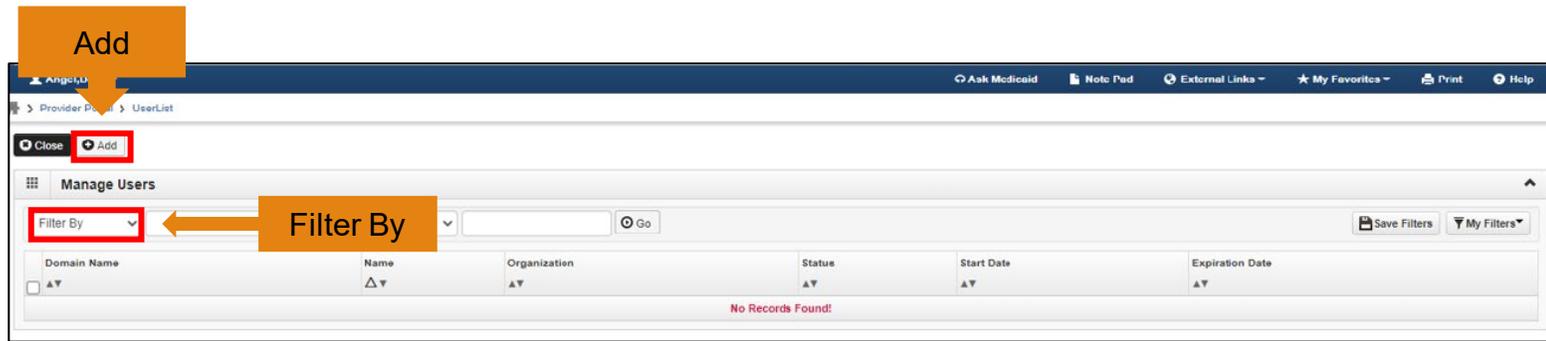
1. Select Admin.
2. Select User List.

The screenshot displays the user interface for the Wyoming Department of Health Billing Agent / Clearinghouse Administrator. The top navigation bar includes 'My Inbox' and 'Admin' dropdown menus. The 'Admin' dropdown is open, showing 'User List' as an option. Below the navigation bar, there is a 'My Reminders' section with a table of reminders and a 'Calendar' section showing the date 20 August 2021. The 'My Reminders' section shows 'No Records Found!'.

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found!				

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Billing Agent / Clearinghouse Administrator



From the User List page, use the filter to search or add to add a new user:

- Select Filter By to search by domain, organization or user id
- Select Add to add a new user

Billing Agent / Clearinghouse Administrators

The screenshot shows a web form titled "Add Provider User". The form contains the following fields and sections:

- User ID:** A text input field with a red box around it and a callout "1".
- Provider Domain:** A dropdown menu with "Dark World Inc 5849725" selected, highlighted with a red box and callout "2".
- Start Date:** A date picker with "08/20/2021" selected, highlighted with a red box and callout "3".
- Expiration Date:** A date picker with "12/31/2999" selected, highlighted with a red box and callout "3".
- Available Profiles:** A list containing "Claims Access", "Provider Access", and "Provider Domain Administrator".
- Selected Profiles:** An empty list.
- Remarks:** A text area.
- Buttons:** "Ok" (highlighted with a green box and callout "4") and "Cancel".

An orange callout box labeled "Click Ok" with a downward arrow points to the "Ok" button.

From the Add Provider User page:

1. Enter the new user's ID.
2. Enter in the Provider Domain associated with the user.
3. Leave Start Date to today's date. The Start Date cannot be back dated. Leave Expiration Date.
4. Select the Profile under Available Profiles for the user and the >> to add to Selected Profiles.

Click Ok to save new user.

Repeat these steps to add new users.

Billing Agent / Clearinghouse Administrator

Once a user is added, they will be displayed in the User List:

- New user is added

Wyoming Department of Health

My Inbox Admin

Angel,Dark

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal UserList

Close Add

Manage Users

Go Save Filters My Filters

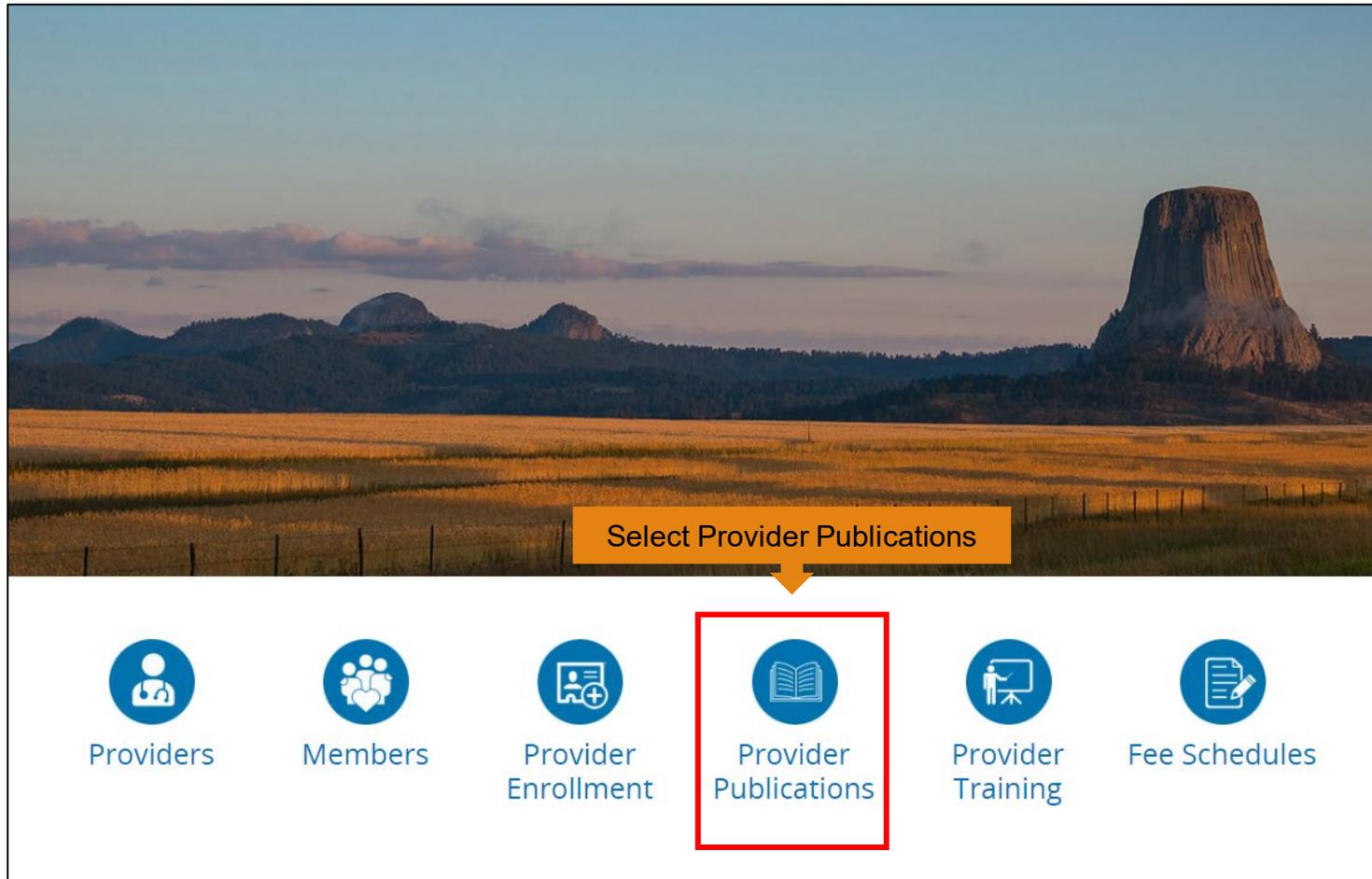
Domain Name	Name	Organization	Status	Start Date	Expiration Date	UserLoginId
Dark World Inc 584972500	Reyna, Eric	Provider	Approved	08/20/2021	12/31/2999	ereyna

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Billing Agent / Clearinghouse Resources

The following resources are available from the Medicaid Portal under Provider Publications:

- Under Companion Guides, select Wyoming Medicaid EDI Companion Guide



Course Review

In this training, we discussed:

- Registering for the first time
- Entering basic information
- Adding mode of claim submission/EDI exchange
- Completing the Trading Partner Agreement (TPA)
- Submitting enrollment application
- Reset Password
- Administrators adding additional users
- Resources





Wyoming
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Thank you

Billing Agent/Clearinghouse