



Wyoming
Department
of Health

Benefits Management Services – CMS 1500 Medical Providers

Introductory Training: Medicaid Website, Portals, Claims, TPL

Course Content

- Introducing CNSI
- Moving Forward with WINGS
- Scope of Fiscal Agent
- BMS Operations Team
- New Wyoming Medicaid website (not secure – publicly accessible)
- New Provider Portal (secure portal)
- CMS 1500 Claims – Demo of BMS system
- TPL Disallowance Portal
- Questions & Answers

CNSI – Wyoming Medicaid’s New Fiscal Agent

CNSI is ...

- A trusted partner working to improve the lives of millions of Americans through transformative technology that empowers and advances healthcare outcomes
- In locations across the United States and in India with corporate offices in Virginia and Maryland
- Experienced across large-scale, complex State and Federal implementations
- Focused on Public Sector in order to be an advocate for better health and better care

CNSI assumes operations for Benefits Management Services (BMS) in late 2021

STATE HEALTH CUSTOMERS

ARIZONA

HAWAII

ILLINOIS

MICHIGAN

NEW HAMPSHIRE

UTAH

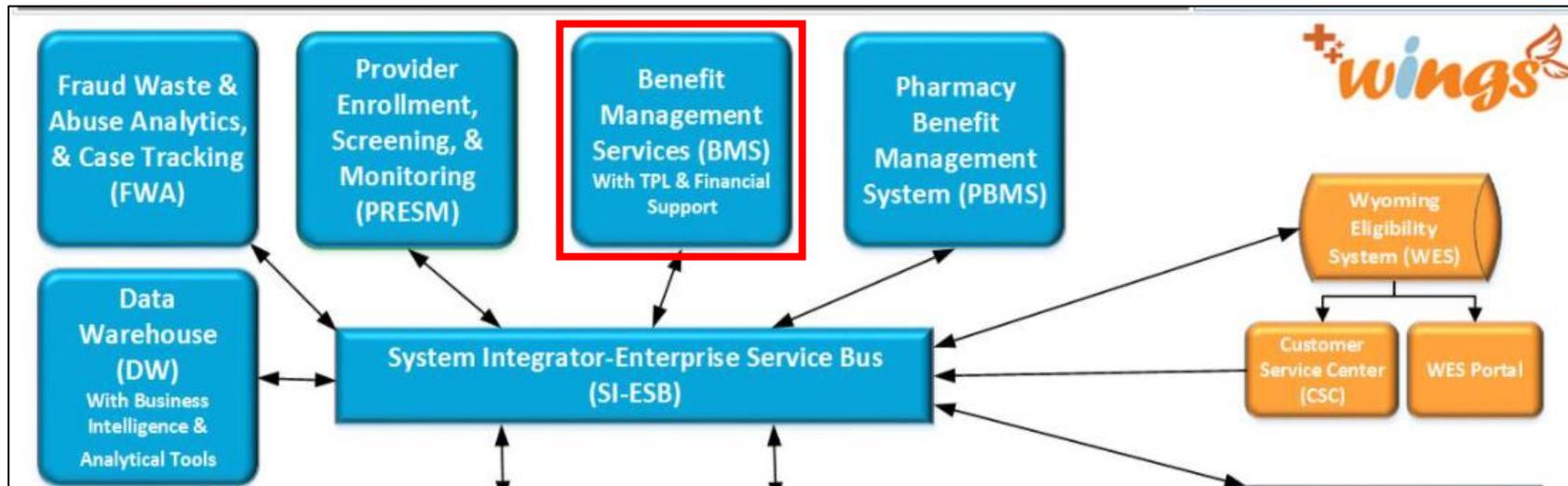
WASHINGTON

WYOMING

GEORGIA
(contract negotiations)

Wyoming Medicaid – Moving Forward with WINGS

- Wyoming Integrated Next Generation System (WINGS) to replace Wyoming Medicaid Management Information System (MMIS)
<https://health.wyo.gov/healthcarefin/wyoming-integrated-next-generation-system-wings-project/>
- New structure involves multiple modules versus operations maintained all within one entity
- Primaries: CNSI (BMS), HHS Technology (Provider Enrollment), Change Healthcare (Pharmacy)
- Module structure streamlines and enhances overall integrated approach to claims processing



Wyoming Medicaid – Fiscal Agent Roles and Goals

CNSI Roles



- Business Operations
- Claims Processing
- Financial Services
- Provider Services Call Center
- Provider Outreach and Training
- Provider Publications and Communications
- Support Services
- Third Party Liability

BMS Goals



- Improve quality of care
- Reduce administrative burden
- Adapt to rapid changes
- Centralize data
- Increase efficiencies

Wyoming Medicaid – BMS Operations Team

Benefits Management Services (BMS) Team includes the following key operational staff:

| | |
|--|---|
| Program Director | Randy Boltz |
| Provider Services and Call Center Manager | Tracy Fulton |
| Claims, Grievances & Appeals Manager | Kelly Miller |
| HMS, TPL Operations Manager | Jeremy Wilch |
| Field Representatives  Each Field Representative is positioned strategically in quadrants across the state of Wyoming | Northwest – Cindy Izadi South – Colleen Fulmer South – Mary Tearpak Northeast – Eric Reyna |
| Call Center Supervisors | Medical – Mikayla Saxon Institutional – Veronica Johnson Dental – Erika Cody |
| Call Center Representatives | |
| Publications and Communications | Jerry Lawson |

Provider Enrollment and Pharmacy responsibilities align to HHS Technology and Change Healthcare

About HMS



Founded

1974



HQ

Irving, Texas



**TPL Operations Manager
located in Cheyenne**



Customers

- › 350+ health plans
- › 40+ state Medicaid programs
- › 160+ employers
- › HMS is committed to supporting users through online tools and dedicated customer service agents



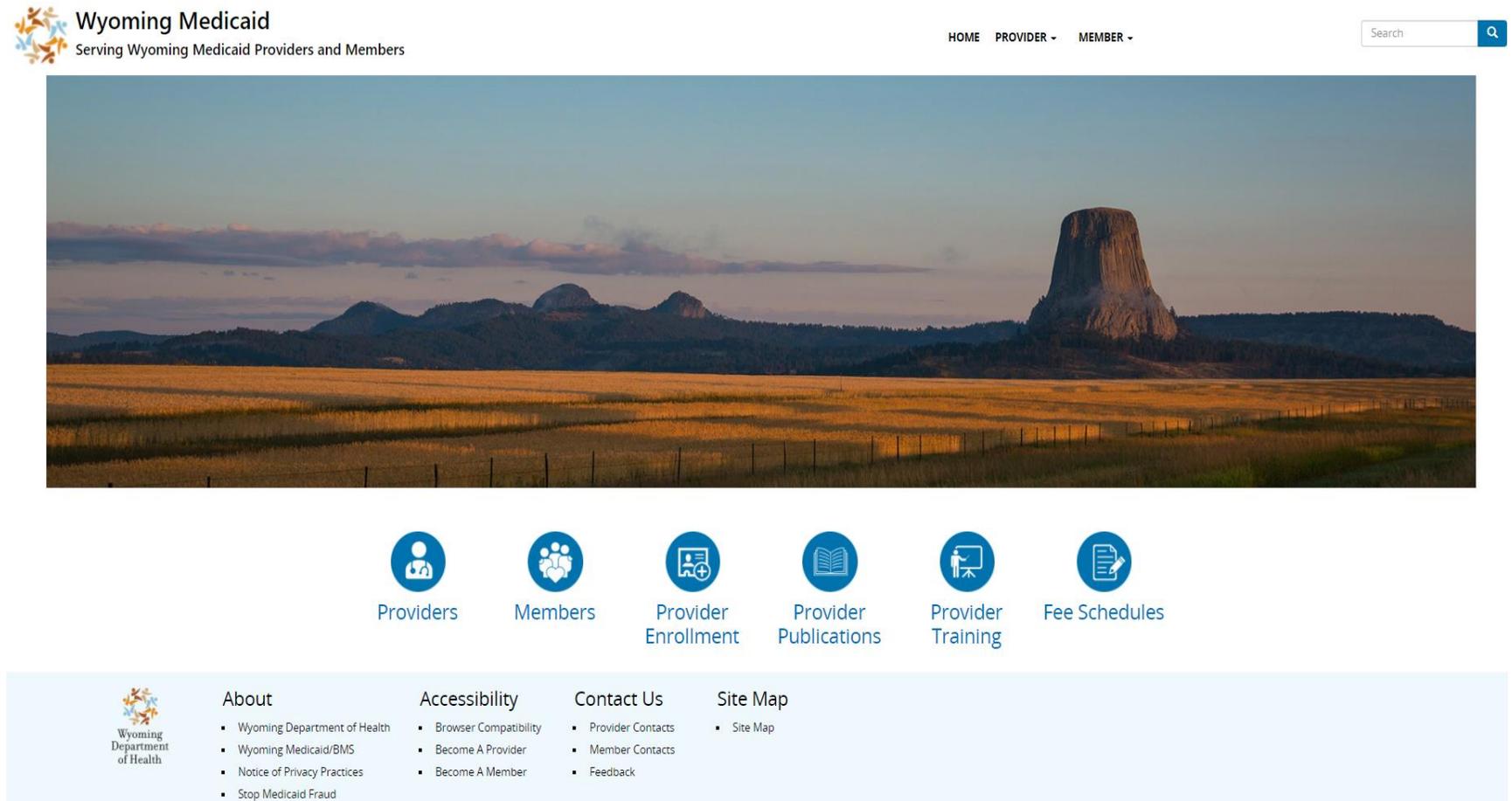
HMS is providing Third Party Liability (TPL) services for Wyoming Medicaid. Our role is to facilitate recoveries for Medicaid. HMS is performing Billing, Disallowance, Cost Avoidance, Subrogation, and Credit Balance Audit services.

New Wyoming Medicaid Website

URL: www.wyomingmedicaid.com

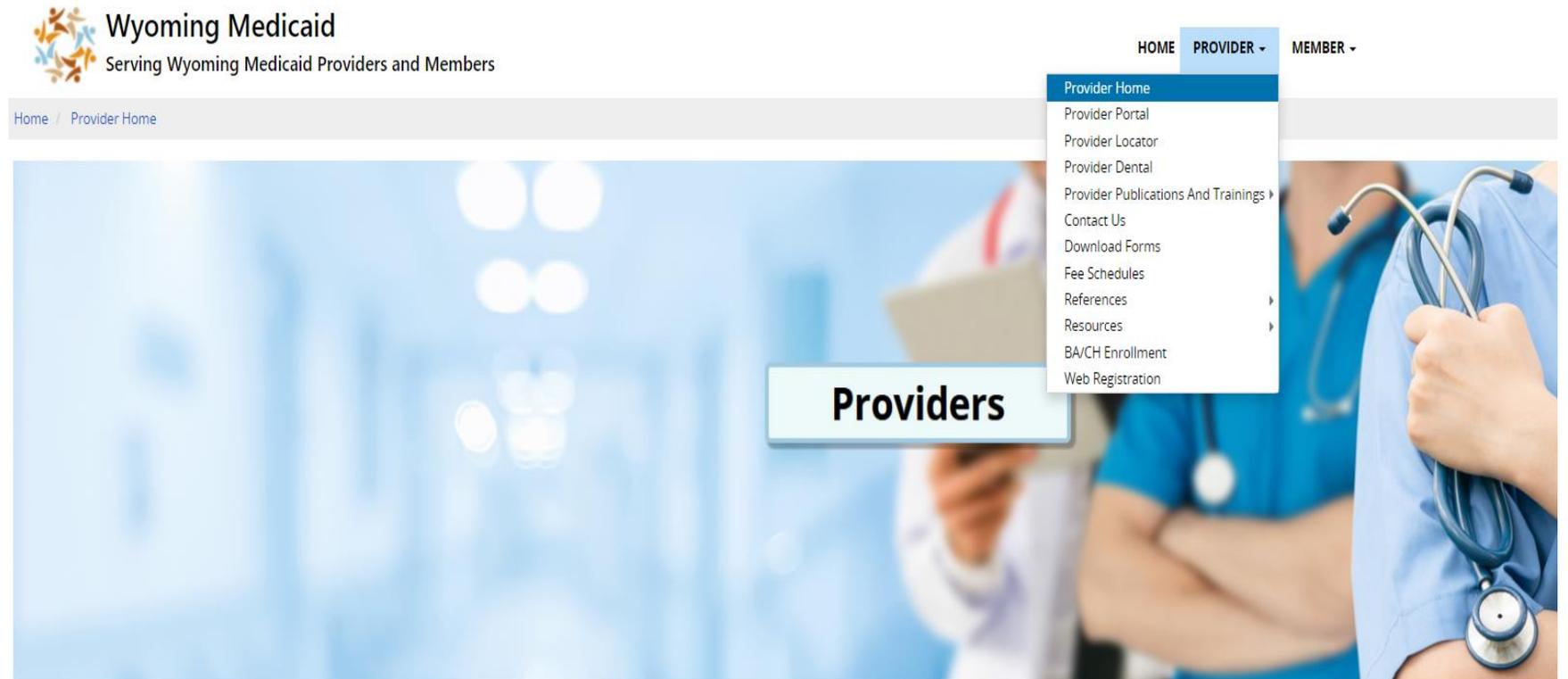
Wyoming Medicaid Website – Home Page

- Publicly Accessible
- Primary Tabs (3 Total)
- Search Bar
- Quick Access Icons (6 total)
- Redesigned Footer
- New Website URL:
www.wyomingmedicaid.com



Wyoming Medicaid Website – Provider Home

- Provider tab offers 12 primary options
- Arrows ► signal additional sub-listings via responsive drop-down lists
- Provider Portal is the provider’s secure site for transactions



Wyoming Medicaid Website – Contact Us

| Agency Name & Address | Telephone/Fax Numbers | Website URL | Contact Us for |
|--|--|---|--|
| Change Healthcare | Tel (877) 209-1264 (Pharmacy Help Desk) Tel (877) 207-1126 (PA Help Desk) | http://www.wyomedicaid.org/ | <ul style="list-style-type: none"> • Pharmacy prior authorizations (PA) • PAs for physician administered injections • Pharmacy manuals • FAQs |
| Claims Department Wyoming Department of Health PO Box 547 Cheyenne, WY82003-0547 | Fax (307) 460-7408 | www.wyomingmedicaid.com | <ul style="list-style-type: none"> • Claim adjustment submissions • Hardcopy claims submissions • Returning Medicaid checks |
| Communicable Treatment Disease Program Email: CDU.treatment@wyo.gov | Tel (307) 777-5800 Fax (307) 777-7382 For Pharmacy Coverage Contact: ScriptGuideRX Tel (855) 357-7479 | N/A | <ul style="list-style-type: none"> • Prescription medications • Program information |
| Customer Service Center (CSC), Wyoming Department of Health 3001 E. Pershing Blvd, Suite 125 Cheyenne, WY 82001 | Tel (855) 294-2127 TTY/TDD (855) 329-5205 (Members Only, CSC cannot speak to providers) 7 am-6 pm MST M-F Fax (855) 329-5205 | https://www.wesystem.wyo.gov | <ul style="list-style-type: none"> • Member Medicaid applications • Travel Assistance • Member ID Card • Member Eligibility questions regarding these programs: <ul style="list-style-type: none"> ○ Family and Children’s ○ Tuberculosis Assistance ○ Medicare Savings ○ EID |
| Division of Healthcare Financing (DHCF) 122 West 25th St, 4th Floor West Cheyenne, WY 82002 | Tel (307) 777-7531 Tel (866) 571-0944 Fax (307) 777-6964 | https://health.wyo.gov/healthcarefin/ | <ul style="list-style-type: none"> • Medicaid State Rules • State Policy and Procedures • Concerns/Issues with State Contractors/Vendors • Developmental Disability Services |

- Change Healthcare processes PAs for physician administered injections – previously handled by Medical Policy
- CSC IVR is the main number and routes members to the applicable call centers

Wyoming Medicaid Website – Contact Us

| Agency Name & Address | Telephone/Fax Numbers | Website URL | Contact Us for |
|--|--|---|---|
| DHCF Pharmacy Program 122 West 25th St, 4th Floor West Cheyenne, WY 82002 | Tel (307) 777-7531 Fax (307) 777-6964 | N/A | <ul style="list-style-type: none"> General questions |
| DHCF Program Integrity 122 West 25th St, 4th Floor West Cheyenne, WY 82002 | Tel (855) 846-2563 NOTE: Callers may remain anonymous | N/A | <ul style="list-style-type: none"> Member or Provider Fraud, Waste and Abuse |
| HHS Technology Group (PRESM) Provider Enrollment Email: WYEnrollmentSvc@HHSTechGroup.com | Tel (877) 399-0121 8 am-5 pm MST M-F (call center hours) | https://wyoming.dyp.cloud (Discover Your Provider) | <ul style="list-style-type: none"> Provider Enrollment/Re-enrollment Provider Updates Email Maintenance |
| HMS (Health Management Services) Third Party Liability (TPL) Department 5615 High Point Drive, #100 Irving, Texas 75038 | Provider Services Tel (888) 996-6223 7 am-6 pm MST M-F (call center hours) 24/7 IVR Availability Note: Within IVR, either say Report TPL, update insurance – to be transferred to TPL. | | <ul style="list-style-type: none"> Member accident covered by liability or casualty insurance, or legal liability is being pursued Estate and Trust Recovery Reporting Member TPL New/Update Insurance Policy Problems getting insurance information needed to bill Problems regarding third party coverage or payers WHIPP/EID Program TPL Disallowance Portal |

- HHS Technology Group is the new provider enrollment vendor
- HMS, TPL Department is accessible via Provider Services

Wyoming Medicaid Website – Contact Us

| Agency Name & Address | Telephone/Fax Numbers | Website URL | Contact Us for |
|---|--|---|--|
| Maternal & Child Health (MCH)/ Children Special Health (CSH) Public Health Division 122 West 25 th Street 3rd Floor West Cheyenne, WY 82002 | Tel (307) 777-7941 Tel (800) 438-5795 Fax (307) 777-7215 | N/A | <ul style="list-style-type: none"> High Risk Maternal Newborn intensive care Program information |
| Medicare | Tel (800) 633-4227 | N/A | <ul style="list-style-type: none"> Medicare information |
| Magellan Healthcare, Inc. | Tel (307) 459-6162 8-5 pm MST M-F (855) 883-8740 After Hours | https://www.magellanofwyoming.com/ | <ul style="list-style-type: none"> Care Management Entity Services that require PA |
| Provider Services Wyoming Department of Health PO Box 1248 Cheyenne, WY 82003-1248 Email: Wyproviderservices@cns-inc.com | Tel (888) WYO-MCAD or (888) 996-6223 7 am-6 pm MST M-F (call center hours) Fax (307) 460-7408 24/7 IVR Availability | www.wyomingmedicaid.com | <ul style="list-style-type: none"> Bulletin/manual inquiries Claim inquiries/submission problems Member eligibility Documentation of Medical Necessity How to complete forms Payment inquiries Request Field Representative visit Training seminar questions Timely filing inquiries Provider Portal assistance/training WY Companion Guide Trading Partner Registration Technical support for vendors, billing agents/clearinghouses Web Registration |

- Provider Services has new hours and numbers
- Dental and EDI Services calls are handled within Provider Services

Wyoming Medicaid Website – Contact Us

| Agency Name & Address | Telephone/Fax Numbers | Website URL | Contact Us for |
|--------------------------------------|--|---|---|
| Social Security Administration (SSA) | Tel (800) 772-1213 | N/A | <ul style="list-style-type: none"> • Social Security benefits |
| Stop Medicaid Fraud | NOTE: Remain anonymous when reporting | https://health.wyo.gov/healthcarefin/program-integrity/ | <ul style="list-style-type: none"> • Information, education, and to report fraud, waste, and abuse in the Wyoming Medicaid program |

- Stop Medicaid Fraud website allows providers and members to report information anonymously

Wyoming Medicaid Website – Contact Us

| Agency Name & Address | Telephone/Fax Numbers | Website URL | Contact Us for |
|--|--|--|--|
| <p>WYhealth (Utilization and Care Management)</p> <p>PO Box 49 Cheyenne, WY 82003-0049</p> | <p>Tel (888) 545-1710</p> <p>Nurse Line: (OPTION 2)</p> <p>Fax PASRRs Only (888) 245-1928 (Attn: PASRR Processing Specialist)</p> | <p>http://www.WYhealth.net/</p> | <ul style="list-style-type: none"> • Diabetes Incentive Program • DMEPOS Covered Services manual • Educational Information about WYhealth Programs • ER Utilization Program • Medicaid Incentive Programs • PASRR Level II • Questions related to documentation or clinical criteria for DMEPOS <p><u>Prior Authorization</u> for:</p> <ul style="list-style-type: none"> • Acute Psych • Binaural Hearing Aids • Dental Services (limited) • Severe Malocclusion • Durable Medical Equipment (DME) or Prosthetic/Orthotic Services (POS) • Extended Psych • Extraordinary heavy care • Gastric Bypass • Genetic Testing • Home Health • PRTF • PT/OT/ST/BH after threshold • Surgeries (limited) • Transplants • Vagus Nerve Stimulator • Vision services (limited) • Unlisted Procedures |

- WYhealth processes PAs for dental and malocclusion services—previously handled by Medical Policy
- The PA Table is updated in the provider manuals

Wyoming Medicaid Website – Contact Us

| Agency Name & Address | Telephone/Fax Numbers | Website URL | Contact Us for |
|--|--|--|--|
| Wyoming Department of Health Long Term Care Unit (LTC) | Tel (855) 203-2936 8-5 pm MST M-F Fax (307) 777-8399 | N/A | <ul style="list-style-type: none"> • Nursing home program eligibility questions • Patient Contribution • Waiver Programs • Inpatient Hospital • Hospice |
| Wyoming Medicaid Website | N/A | www.wyomingmedicaid.com | <ul style="list-style-type: none"> • Provider manuals/Bulletins • Wyoming Medicaid EDI Companion Guide • Fee schedules • Frequently Asked Questions (FAQs) • Forms (e.g., Claim Adjustment/Void Request Form) • Contacts • What's new • Remittance Advice Retrieval • Trading Partner Registration • Secured Provider Portal • Training Tutorials • Web Registration |

- This contact information is updated in the Quick Reference Guide within the provider manuals
- New Medicaid website address

Wyoming Medicaid Website – IVR

- Interactive Voice Response (IVR) phone number for Provider Services is 1.888.WYO.MCAD or (888)996-6223 (effective at Go Live)
 - Speech recognition built in
 - > Easier for providers to reach the Call Center to check claims history
 - Clients are now termed “Members”, but IVR recognizes both terms
 - Provider Authentication process, slightly modified whereby Provider Data immediately populates
 - > NPI plus Taxonomy, if it finds Provider ID, then authentication complete
 - If no Provider ID is found, then ZIP code plus 4-digit extension is required
 - Verify Eligibility, Check Claims Status, and Payment Information

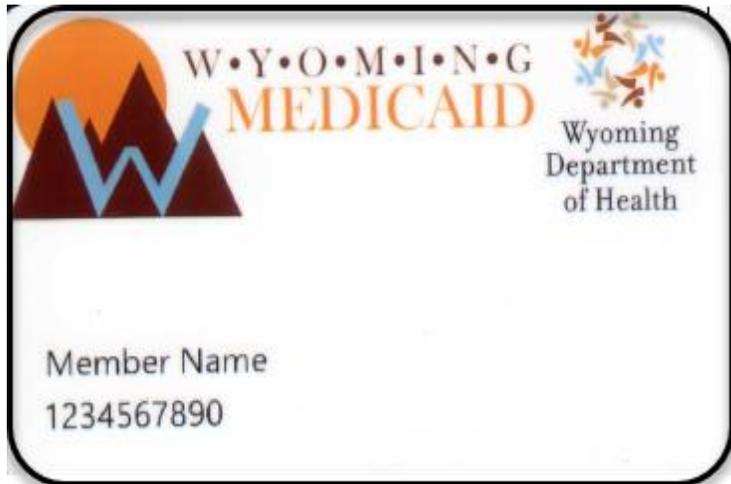
Wyoming Medicaid Website – IVR

■ Benefit Plans

- State of Wyoming has consolidated plans to 35
- Several separate adult plans (such as MCAD, ADSS, and EID) are now one new ADULT plan
- Changed ALEN plan to EMERGENCY plan
- MATR plan changed to PREGNANT plan
- An updated 'Provider Medicaid and State Healthcare Benefit Plan' job aid is posted to the website

Wyoming Medicaid Website – New Member ID Card

- Members are issued a new Medicaid/Kid Care CHIP Member Identification Card



Member: Present this card to your healthcare provider and inform your healthcare provider if you have any other insurance. To view current coverages, find a provider, replace your card, inquire about or submit a travel assistance request visit myHealthPortal self-service options at: www.wyomingmedicaid.com.

To renew your eligibility or to report changes of address, name, or other personal information, please call the Wyoming Department of Health Customer Service Center at 1-855-294-2127 or for self-service options go to: <https://www.wesystem.wyo.gov>.

To speak to a nurse at any time (24/7) about your health, call 1-888-545-1710.

It is against the law for anyone else to use this card.

Provider: THIS CARD DOES NOT GUARANTEE CURRENT ELIGIBILITY OR PAYMENT FOR SERVICES.

Please verify the identity, current eligibility, and service coverage (including items requiring prior authorization) of the member BEFORE PROVIDING SERVICES by logging into the secure Provider Portal from the Medicaid website at: www.wyomingmedicaid.com, or by submitting a 270 EDI inquiry.

- Members can access their new ID card on their mobile devices.
- Members may print a copy of their card.
- The Member ID card is no longer a swipe card.

Wyoming Medicaid Website – Forms

Wyoming Department of Health

Order vs Delivery Date Billing Attestation Form

| | | | | |
|-----------------------|--|--|---------------------|--|
| Provider Name | | | | |
| Provider Return Email | | | NPI/Provider Number | |
| Member Name | | | Member ID | |
| Procedure Code | | | Order Date | |
| Procedure Description | | | Delivery Date | |

DENTAL PROVIDERS
Our office is unable to bill this procedure using the delivery or seat date due to:

Member was eligible on the prep date and was not eligible for Wyoming Medicaid on the delivery or seat date.

Member did not return for item after several attempts to schedule due to:

VISION PROVIDERS
Our office is unable to bill this procedure using the delivery date due to:

Member was eligible on the order date and was not eligible for Wyoming Medicaid on the delivery (in-office or by mail.)

Member did not return for glasses and when the glasses were mailed they were returned to our office due to:

DME PROVIDERS
Our office is unable to bill this procedure using the delivery date due to:

Member was eligible on the prep date and was not eligible for Wyoming Medicaid on the delivery or seat date.

Member did not return for item after several attempts to contact due to:

Provider's Signature _____ Date _____

Approved State Program Manager _____ Date _____
 Denied Title _____

This form must be completed and emailed to: jnsizay.comyers1@wyo.gov

QR Code:

- Forms remain downloadable from the website
 - Forms are updated in the provider manuals
 - Forms continue to hold key info (Mailing Address, Phone Number, Fax Number)
 - Forms may contain a Quick Response (QR) Code in the footer of each form
 - Some forms may no longer be required - example, Authorization of Medical Necessity
 - New forms there have updated instructions
-  Use New Forms; previous forms now obsolete

Wyoming Medicaid Website – Prior Authorizations (PAs)

- Prior Authorization (PA) changes
 - PAs previously handled by Medical Policy are now the responsibility of WYhealth and Change Healthcare
 - Dental PAs transition to WYhealth
- PA Tables in the provider manuals are updated to reflect the appropriate vendors

Wyoming Medicaid Website – Electronic Data Interchange (EDI)

- Chapter 8, Electronic Data Interchange (EDI), updated to Electronic Data Interchange (EDI) & Provider Portal
- Provider Portal information added to Chapter 8
 - Provider Portal profiles and access information for both providers and BA/CHs
 - Key points and terminology
 - TPL Disallowance Portal access information
- Reference to and a direct hyperlink to the Wyoming Medicaid EDI Companion Guide
- WINASAP discontinued
- Medicaid is not producing 277CA

Wyoming Medicaid Website – Wyoming Medicaid EDI Companion Guide

- Wyoming Medicaid EDI Companion Guide replaces Chapter 9, Wyoming HIPAA 5010 Electronic Specifications, and is posted to the website
- Technical Infrastructure and Procedures
- Steps for Uploading Batches via Web Interface
- Steps to complete SFTP Setup
- Transactions Standards
- Testing Process
- Acknowledgements

Note: Wyoming Medicaid Payer ID remains the same at 77046

Wyoming Medicaid Website – CMS 1500 Provider Manual Changes

- Quick Recap of changes already discussed
 - Website
 - Contact Us – Phone numbers, IVR
 - Forms / PA Table
 - Chapter 8 and 9 changes
- CMS 1500 Provider Manual Changes - Majority of changes impact the general sections, Chapters 1–10, to list a few:
 - TPL
 - TCN
 - Remittance Advice (RA)



All updated provider manuals are posted to the Medicaid website

Wyoming Medicaid Website – Third Party Liability (TPL)

Chapter 7 – Third Party Liability

- Policy change
 - Prior Legacy Policy
 - > If the TPL payer paid less than 40% of the total billed charges, include the appropriate claim reason and remark codes or attach an explanation of benefits (EOB) with the electronic claim (Electronic Attachments).
 - New Policy
 - > If the TPL payer paid less than 2/3 (approximately 67%) of the calculated Medicaid allowed charges, include the appropriate claim reason and remark codes or attach an explanation of benefits (EOB) with the electronic claim (Electronic Attachments).

Wyoming Medicaid Website – Third Party Liability

Chapter 7 – Third Party Liability

- Policy change
 - Medicare Crossover Claims
 - > More stringent editing on crossover claims to coincide with Medicaid's requirements, so claims that may have previously paid may now deny
- New sections
 - Third Party Disallowance
 - TPL Credit Balance Audits

Wyoming Medicaid Website – Third Party Liability

Third Party Disallowance

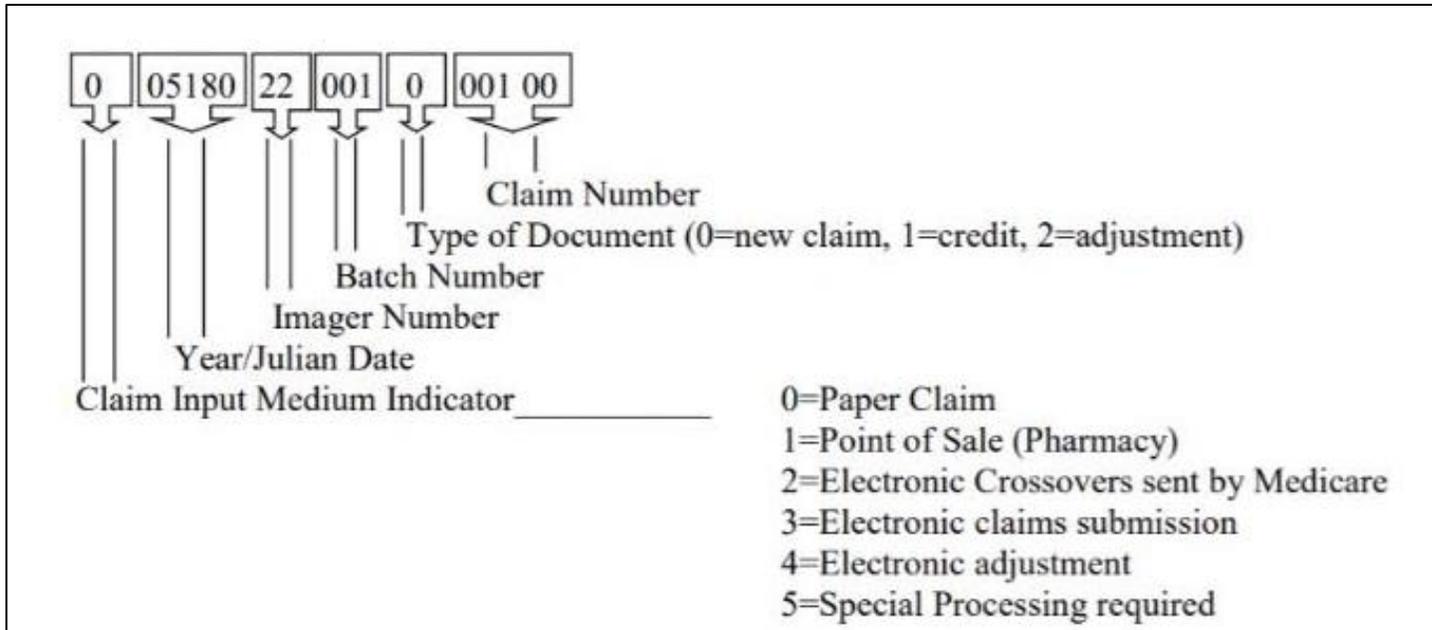
- Medicaid may seek recoupment from the provider of service of any paid claims that should have been the responsibility of a primary payer through the third-party disallowance process.
 - Primary payers may be commercial health insurance, Medicare Part A and Part B, Worker's Compensation
- A letter is delivered to the provider identifying the liable third-party coverage accompanied by a list of claims. The letter invites the provider to access the TPL Disallowance Portal to view claims and more.
- The HMS, TPL Disallowance Portal is a secure portal that functions as the primary provider dashboard throughout the disallowance and recovery process.
- Through the TPL Disallowance Portal, providers can utilize a broad scope of self-service options.
- Providers are not to adjust these claims or submit a manual refund payment (cash, check, money order), claims are automatically adjusted by the BMS.

Wyoming Medicaid Website – Third Party Liability

TPL Credit Balance Audits

- Wyoming Medicaid leverages the services of its vendor, Health Management Systems (HMS), to conduct periodic credit balance audits to ensure all overpayments due to Wyoming Medicaid are processed appropriately
- If selected for a credit balance audit, the provider of service of receives a notification from HMS advising them of the audit and the audit process.
- An assigned HMS credit balance auditor contacts the provider of service to schedule the audit and answer any questions the provider may have regarding the process.
- Providers are not to adjust these claims or submit a manual refund payment (cash, check, money order), claims are automatically adjusted by the BMS.

Wyoming Medicaid website – Legacy TCN



- 3 years of claims history converted to the BMS
- Legacy TCNs remain the same 17-digit number in the BMS
- TCNs remain a unique transaction identifier
- TCNs continue to track each claim through the process

Wyoming Medicaid Website – New TCN

| Field | Field Description | Length | Value |
|--|------------------------|--------|---|
| 1 st Digit | Input Medium Indicator | 1 | <ul style="list-style-type: none"> 1 – Paper Claim without Attachment(s) 2 – Direct Data Entry (DDE) Claim – via Provider Portal 3 – Electronic Claim – HIPAA Compliant Transaction 4 – Adjusted Claims – Provider adjustments or BMS mass or gross adjustments 8 – Paper Claim with Attachment(s) |
| 2 nd Digit | TCN Category | 1 | <ul style="list-style-type: none"> 1 – Assigned to Institutional, Professional and Dental Claims 2 – Assigned to Crossover Claims – Received via Medicare Intermediary |
| 3 rd to 7 th Digit | Batch Date | 5 | <ul style="list-style-type: none"> YYDDD – Year + 3-digit Julian Date |
| 8 th Digit | Adjustment Indicator | 1 | <ul style="list-style-type: none"> 0 – Original Paper Claim 1 – Original DDE and Electronic HIPAA Claim 7 – Replacement (Adjustment) Claim 8 – Void Claim |
| 9 th to 14 th Digit | Sequence Number | 6 | <ul style="list-style-type: none"> Sequence Number starting with 000001 at the beginning of each Julian Date. |
| 15 th to 17 th Digit | Line Number | 3 | <ul style="list-style-type: none"> Line Number begins with 001 for every new claim. The header has the line number as 000. |

- New TCN carries a different format for the 17 digits
- DDE – when keying a claim directly into the Provider Portal
- 1st digit does not change when submitting an attachment for DDE or HIPAA claim submissions
- Julian Date still critical
- 8th digit aligns to adjustments and voids
- 9th through 14th digits align to volume of claims

Wyoming Medicaid Website – Sample TCNs

| | |
|---|------------------------|
| TCN for First Original Paper Claim without an attachment on 03-16-2021 | 1-1-21075-0-000001-001 |
| TCN for Tenth Adjustment Paper Claim without an attachment on 03-16-2021 | 4-1-21075-7-000010-001 |
| TCN for 100th Void DDE Claim without an attachment on 03-16-2021 | 4-1-21075-8-000100-000 |
| TCN for First Original Paper Claim with attachment(s) on 03-17-2021 | 8-1-21076-0-000001-000 |
| TCN for First Original DDE Claim without attachment(s) on 03-17-2021 | 2-1-21076-1-000001-001 |
| TCN for Fifth Original Electronic Crossover Claim without attachment(s) on 03-17-2021 | 3-2-21076-1-000005-000 |
| TCN for First Original Electronic (HIPAA) Claim with attachment(s) on 03-17-2021 | 3-1-21076-1-000001-001 |



Legacy TCNs remain in the old format in the new BMS system.

Wyoming Medicaid Website – Medicaid RA

- Medicaid Remittance Advice (RA)
 - Not your 835
- Located within the secure Provider Portal
- Medicaid RA only has the HIPAA X12 External Code Sources that appear on the 835:
 - Remittance Advice Remark Codes (RARCs) and
 - Claim Adjustment Reason Codes (CARCs)
- New Look!

Wyoming Medicaid Website – Medicaid RA

Institutional Provider Manual, Section 6.17, Remittance Advice

- Explains how the RA is organized
- Provides definitions of key fields within the RA
- TCN digits are broken down (old and new)
- Has multiple “Sample” RAs with paid, denied, adjusted and voided claims
- The RA does not provide the member’s other insurance coverage, contact Provider Services

Wyoming Medicaid Website – Medicaid RA

RA is organized in the following manner:

- Cover Page
- Summary Page
- Claim Detail Pages
- Last Page

The cover page will display active RA Banner message(s) notifying providers of important information.

- Provider ID/NPI
- Provider Name
- RA Number
- RA Date

| | | | | |
|---|---------------------------|------------|---------------------|---------------------|
| MEDICAL SERVICES ADMINISTRATION - MEDICAID PAYMENT PO BOX 1248 CHEYENNE WY 82003-1248 | | | | |
| BENEFIT MANAGEMENT SYSTEM AND SERVICES | | | | |
| Remittance Advice | | | | |
| Billing Provider ID: 77000384901 Billing Provider NPI: 1977080724 | Name: Velveli Health Care | Pay Cycle: | RA Number: 78348556 | RA Date: 06/14/2021 |
| WY-PAPER RA TEST FILE GENERATION - RA MESSAGE | | | | |
| WY-PAPER RA TEST FILE GENERATION - RA MESSAGE | | | | |
| RA Message - WY | | | | |
| **** Thank you for your participation in the Medicaid Program **** | | | | |

Wyoming Medicaid Website – Medicaid RA

| | | | | | | |
|----------------------------------|--|---------------------------|---------------------|-------------------|---------------------|---------------------|
| Billing Provider ID: 49934000301 | | Name: Velveli Health Care | | Pay Cycle: | RA Number: 78348641 | RA Date: 06/21/2021 |
| Billing Provider NPI: 1005268960 | | | | | | |
| 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 | | 1 | \$3,500.00 | | | |
| Credited | | 0 | | | | |
| Denied | | 1 | \$3,500.00 | | | |
| GA | | 0 | | | | |
| Total Approved | | \$3,500.00 | Total Adjusted | \$0.00 | Total Paid | \$3,500.00 |
| Warrant/EFT #: 202106160001 | | | | | | |
| Warrant/EFT Date: 06/16/2021 | | | | | | |

Summary Page provides:

- A summary of paid, denied, credited, gross adjusted, total billed, and total paid claims.
- Warrant/EFT number and date

The sample RA Summary page:

- 1 Paid Claim
- 1 Denied Claim
- Total billed amounts per category (paid, credited, denied, gross adjusted)
- Total Approved and Paid

Wyoming Medicaid Website – Medicaid RA

Claim Detail Page provides:

- Member's information
- TCNs
- Rendering NPIs
- Dates of services
- Procedure and revenue codes
- Modifiers
- DRG/APC
- Quantity
- Billed amount
- (Medicaid) approved amounts
- TPL amounts
- Member responsible amount
- Category
- Reason and remark codes

| Billing Provider ID: 49934000301 Billing Provider NPI: 1005268960 | | Name: Velveli Health Care | | Pay Cycle: | | | RA Number: 78348641 | | RA Date: 06/21/2021 | | | | |
|---|-------------------------------------|---------------------------|-------------------------------------|----------------------------------|-------------------|-----|---------------------|--------------------|---------------------|---------------------------------|-----|-----|-----|
| Beneficiary Name Beneficiary ID Patient Account # Medical Record # Gross Adj ID | Original TCN TCN Type of Bill | Rendering Provider NPI | Invoice Date Service Date(s) | Revenue Procedure Modifier | PPS DRG APC | Qty | Billed Amount | Approved Amount | TPL Amount | Member Responsible Amount | Cat | Rsn | Rem |
| Thomas_Roy 0000003184 156616435 | 31211661000175000 24 | 1124536560 | 06/15/2021 01/30/2021-01/30/2021 | | | | \$3,500.00 | \$3,500.00 | | | P | | |
| | 31211661000175001 | | 01/30/2021-01/30/2021 | 00882 | | 1 | \$3,500.00 | \$3,500.00 | \$0.00 | | P | | |
| Total Billed Amount: | | | | | | | \$7,000.00 | | | | | | |
| Total Approved Amount: | | | | | | | \$3,500.00 | | | | | | |
| Thomas_Roy 0000003184 156616435 | 31211661000172000 24 | 1124536560 | 06/15/2021 05/29/2021-05/29/2021 | | | | \$3,500.00 | \$0.00 | | | D | | |
| | 31211661000172001 | | 05/29/2021-05/29/2021 | 00882 | | 0 | \$3,500.00 | \$0.00 | \$0.00 | | D | 13 | |
| Total Billed Amount: | | | | | | | \$7,000.00 | | | | | | |
| Total Approved Amount: | | | | | | | \$3,500.00 | | | | | | |

Wyoming Medicaid Website – Medicaid RA

| Adjustment Reason Codes |
|--|
| 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 |
|---|
| : |
| N10: Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review. |
| N257: Missing/incomplete/invalid billing provider/supplier primary identifier. |
| N381: Alert: Consult our contractual agreement for restrictions/billing/payment information related to these charges. |
| MA30: Missing/incomplete/invalid type of bill. |

The Last page or at the bottom of the Summary page will be a list of the Remittance Advice Remark Codes (RARCs) and Claim Adjustment Reason Codes (CARCs) for the denied lines/claims

On the Provider Portal providers will have the ability to view the TCN in detail to help determine the reason the claim denied, or providers may contact Provider Services.

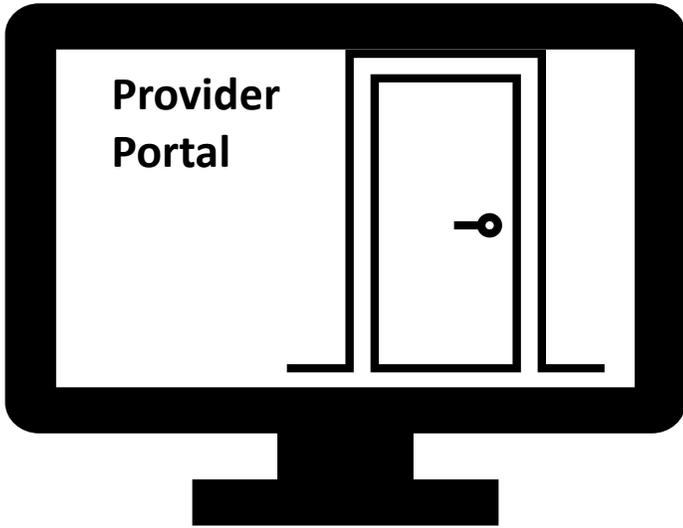
Wyoming Medicaid Website – Recap and Q&A

- Quick Recap
- Questions & Answers
- Break Time (5 minutes)

New Provider Portal

Medicaid Secure Features and Profiles

Features



| Legacy Provider Portal | New Provider Portal |
|--------------------------------------|--|
| Ask Wyoming Medicaid | Ask Medicaid |
| Claims Submission | Claims Submission |
| Claim Status Inquiry | Claim Status Inquiry |
| Prior Authorization Inquiry | PA Inquiry |
| RA Retrieval | RA Listing |
| Upload Files | Upload Files |
| Provider Update | Not Applicable (HHS Provider Enrollment website) |
| Provider Warrant Summary | RA Listing |
| Prior Authorization Entry/Submission | Not Applicable (Vendor Submitted) |
| LT101 Inquiry | Eligibility Inquiry – LT101 Inquiry |
| PASRR Level I | Eligibility Inquiry - PASRR Level I Inquiry/Entry |
| Electronic Claim Attachment | Electronic Claim Attachment |
| EDI Application | Manage Provider / Billing Agents & Clearinghouses |
| Client Eligibility Inquiry | Eligibility Inquiry |
| | Provider Information <ul style="list-style-type: none"> • View Provider Information • Manage EDI Information • Manage SFTP User Account |

| Profile Name | Access Rights |
|---|--|
| Provider Domain Administrator (Provider User) | <p>Allows the Provider 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 |
| Prior Authorization (PA) Access | <p>Allows the Provider user to perform:</p> <ul style="list-style-type: none"> • View and Inquire on PAs |
| Eligibility Inquiry | <p>Allows the Provider user to perform:</p> <ul style="list-style-type: none"> • Inquire on Member Eligibility • Enter and inquire on PASRR Level I • Inquire on LT101 |
| Claim Access | <p>Allows the Provider user to perform:</p> <ul style="list-style-type: none"> • Claims inquiry (837 D, I, P) • Claims inquiry on pharmacy claims • Online claims entry or direct data entry (DDE) • Claim adjustment/void • Resubmit denied/voided claims • View and download remittance advice (view payment) |

| Profile Name | Access Rights |
|--|--|
| Provider Access | <p>Allows the Provider user to perform:</p> <ul style="list-style-type: none"> • View Provider Information • Manage EDI Information – contact information • Manage SFTP User Account – create user and password reset • Manage Mode of Claim Submission • Associate Billing Agents and Clearinghouses • Submit/Upload HIPAA batch transactions (270, 276, 837) • Online batch claims submission (837 D, I, P) • Retrieve HIPAA batch responses (835) • Retrieve acknowledgement and responses (999, TA1, 271, 277) |
| Provider Domain Administrator (Billing Agent/Clearinghouse User) | <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 |

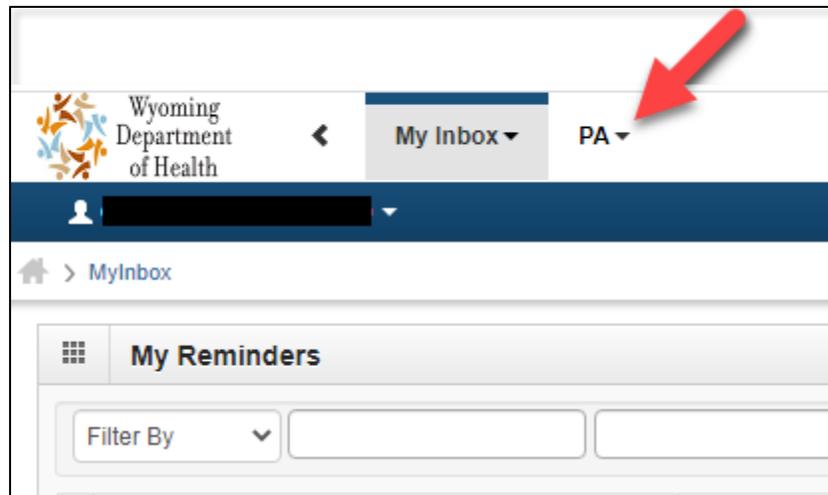
| Profile Name | Access Rights |
|-----------------|--|
| Provider Access | <p>Allows the BA/CH user to perform:</p> <ul style="list-style-type: none"> • Manage Provider (BA or CH) Information • View Associated Providers • Manage SFTP User Account • Online Batch Claims Submission (837 D, I, P) • Submit 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 Portal – Payment Relevant

- Prior Authorization Inquiry
- Manage Clearinghouses and Billing Agents
- Provider Password Reset
- Claim Submission
- WINASAP to be discontinued
- Professional Claim DDE
 - Claim Template
 - Electronic Adjustment/Void
- Claim Attachments

Provider Portal – PA Inquiry

- Providers only have access to the PAs aligned to their specific submissions.
- Full list of active PAs displayed upon login.
- Filter can be conducted via PA #.
- “PA” appears next to “My Inbox” on the user’s Provider Portal home page when the user selects “PA Access” provider profile from their drop-down menu.



Legacy

- Search by Provider ID
- Search by DOS (6-month span max)
- Via Client ID or DOS
- Via PA #

New Portal

- Used PAs are visible
- Not limited to 6-month DOS span
- Provider Profile: PA Access

Provider Portal – PA Inquiry



Example of a search by the Member Name – From the first drop-down list, select **Member Name**, enter the last name, and select 'Go'. Below is only partial information that displays.

PA Request List

Beneficiary Name And Filter By And Filter By

| Page View | Org | Beneficiary ID | Beneficiary Name | Tracking No. | Request Date | Status | NPI/ID | Prvdr Name | Srvc From Date | Due D |
|--------------------------|-----|----------------|------------------|--------------|--------------|----------|--------|------------|----------------|-------|
| <input type="checkbox"/> | | | K | 0 | 04/20/2020 | Approved | | | 04/20/2020 | |
| <input type="checkbox"/> | | | K | 0 | 04/22/2020 | Approved | | | 04/22/2020 | |

Red arrows point to the 'Beneficiary Name' dropdown, the search input field, and the 'Go' button.

From the PA drop-down menu, select:

- PA Request List – when you do not have the PA number or to inquire on PAs or
- PA Inquire – to enter the PA number

Providers inquiring on PAs select **'PA Request List'** and filter (search) in various ways, such as with PA Tracking No. (PA number), Member ID, Member Name, Status, and Service Date.

Select the blue PA Tracking Number to view the PA details

Provider Portal – PA Inquiry

PA Basic Info

*Organization Unit: [Dropdown]

*Assigned To: [Dropdown]

*Request Received Date: 04/20/2020

*Source of Request: DE-DDE [Dropdown]

Specialty Code: [Dropdown]

Service Type: Durable Medical Equipment Purchase

Place of Service: [Dropdown]

*Service From Date: 04/20/2020 [Calendar]

*Service To Date: 10/20/2020

Prev. Auth. Number: [Text]

Serial No.: [Text]

Delivery Date: MM/DD/YYYY

Admin Hearing Request: No Yes

Physician Review: No Yes

Beneficiary Info

Review PA

PA Error List

Force View Error

| Error Code | Error Desc | Error Type | Cycle | Forcible |
|------------|------------|------------|-------|----------|
| | | | | |

Service Lines

Approve Returned Deny No Action

| Line | Servicing Provider | Code | Mod | Req Units | Req \$ Amt | Auth Units | Auth \$ Amt | From Date | To Date | Status |
|-----------------------------|--------------------|-------|-----|-----------|------------|------------|-------------|------------|------------|----------|
| <input type="checkbox"/> 01 | [Redacted] | K0108 | | 2 | 0.00 | 2 | 0.00 | 04/20/2020 | 10/20/2020 | Approved |
| <input type="checkbox"/> 02 | [Redacted] | K0739 | | 8 | 149.68 | 8 | 149.68 | 04/20/2020 | 10/20/2020 | Approved |

PA screen:

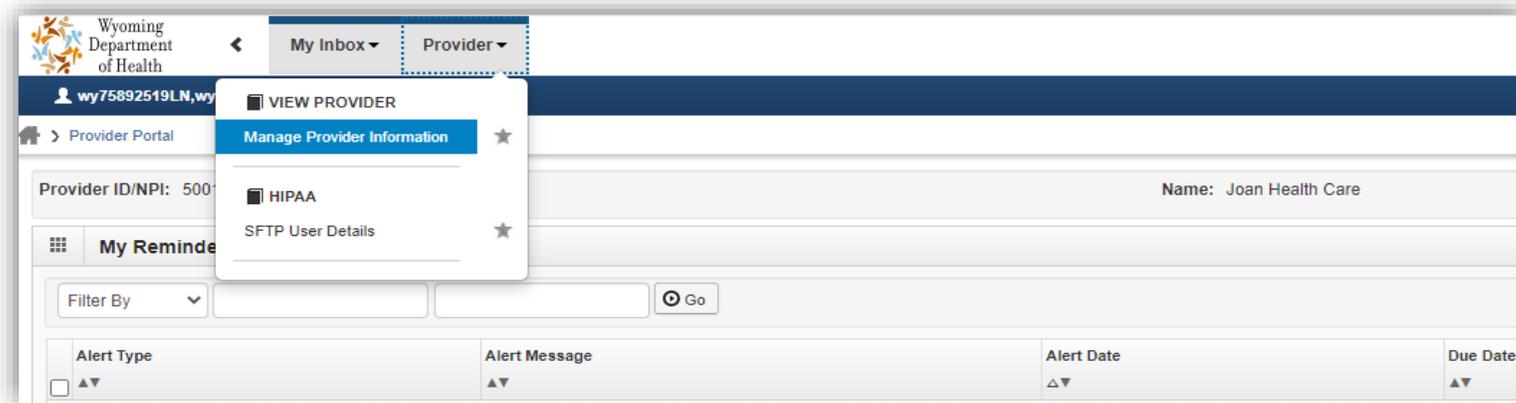
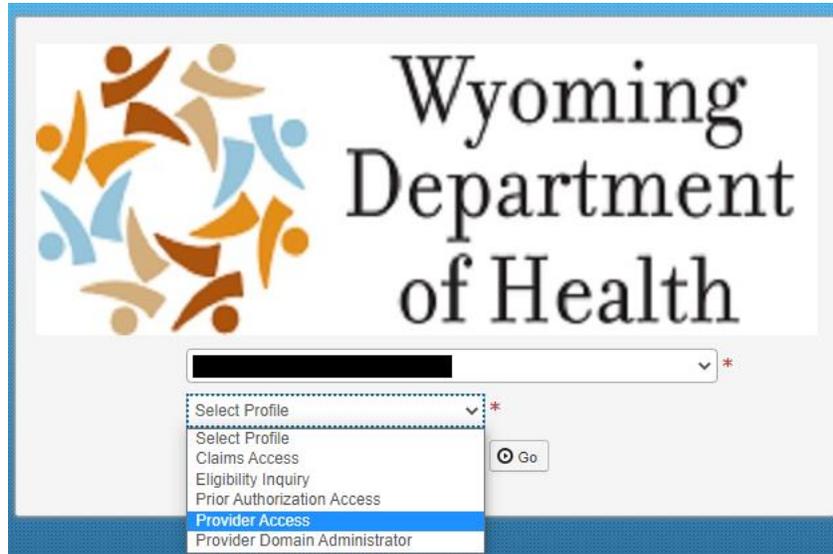
Providers scroll up and down (right side of screen) to navigate the PA, or use the navigation on the left to go directly to a specific area.

Review PA (example)

- Line detail
- Codes
- Units
- Dates of service
- Status

Provider may print the PA or view.

Manage BA and CHs



Legacy

- Providers submitted forms to manage Billing Agents (BA) and Clearinghouses (CH)
- Call Center staff updated the Trading Partner ID, Transactions, and Associate providers with BA/CHs upon request

New Portal

- Providers manage directly and add, remove, or update the BA/CH with whom they are doing business
- Provider Profile: Provider Access
- From Provider drop-down menu, select '**Manage Provider Information**'

Step 7: Mode of Claim Submission/EDI Exchange (Provider User)

| Step | Required | Last Modification Date | Last Review Date | Status |
|--|----------|------------------------|------------------|------------|
| <input type="checkbox"/> Step 1: Provider Basic Information | Required | | | Complete |
| <input type="checkbox"/> Step 2: Locations | Required | | | Complete |
| <input type="checkbox"/> Step 3: Taxonomy Details | Required | | | Complete |
| <input type="checkbox"/> Step 5: License/Certification/Other | Optional | | | Complete |
| <input type="checkbox"/> Step 5: Identifiers | Optional | | | Complete |
| <input type="checkbox"/> Step 6: View Servicing Provider Details | Optional | | | Complete |
| <input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange | Optional | | | Incomplete |
| <input type="checkbox"/> Step 9: EDI Contact Information | Optional | | | Incomplete |
| <input type="checkbox"/> Step 10: Associate Billing Agent | Optional | | | Incomplete |
| <input type="checkbox"/> Step 11: Upload Documents | Optional | | | Incomplete |
| <input type="checkbox"/> Step 12: Complete Trading Partner Agreement | Optional | | | Incomplete |
| <input type="checkbox"/> Step 13: Submit Modification Request | Required | | | Incomplete |

- EDI elections by enrolled pay-to providers and their BA/CH associations will be transitioned from Conduent to the BMS.
- Online Direct Data Entry for claims (DDE) will be defaulted
- ALL converted providers should verify the mode of claim submissions (Step 7) to avoid claim submission problems which may result in payment delays

NOTE: The verification steps are covered in depth in the Web Registration Training sessions.

Select the blue hyperlink to display the Mode of Claim Submission page

Step 7: Mode of Claim Submission/EDI Exchange (Provider User)

Wyoming Department of Health
My Inbox Provider
LN FN Ask

Provider ID/NPI: [REDACTED] Name: [REDACTED]

Close

Mode of Claim Submission List

Filter By [] And Filter By [] And Operational Status Active [] Go

| Mode of Claim Sub. Method | Start Date | End Date | Status | Operational Status |
|--|------------|------------|----------|--------------------|
| Electronic Batch, Online Direct Data Entry (DDE) | 09/03/2016 | 04/30/2021 | Approved | Active |

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

- This sample provider's modes of claim submission are 'Electronic Batch' and 'Online Direct Data Entry (DDE)'
- Select the blue hyperlink to expand to view the details and to make changes

Step 7: Mode of Claim Submission/EDI Exchange (Provider User)

Wyoming Department of Health
MyInbox < Provider >
null, null > Ask Medicaid Note Pad External L

Provider ID/NPI: < > Name: < >
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:

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 type="checkbox"/> Billing Agent/Clearinghouse | To submit/receive HIPAA transactions through billing agent | 837P- Professional (FFS/Encounter), 837I -Institutional(FFS/Encounter), 837D -Dental(FFS/Encounter), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status |

Other Claims Submission

| Method | Description |
|--|---|
| <input type="checkbox"/> Paper Claims | To submit FFS paper claims |
| <input checked="" type="checkbox"/> Direct Data Entry(DDE) | To submit FFS claims via online screens |

Status: Approved

1. When using a billing agent, select the checkbox next to Billing Agent/Clearinghouse.
2. Select **'Save'** at the top of the screen.
3. Select **'Close'** to return to the previous screen with the 12 steps.

DDE is defaulted and cannot be 'unselected'

Step 7: Mode of Claim Submission/EDI Exchange (Provider User)

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:

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"/> Billing Agent/Clearinghouse | To submit/receive HIPAA transactions through billing agent | 837P- Professional (FFS/Encounter), 837I -Institutional(FFS/Encounter), 837D -Dental(FFS/Encounter), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status |

Other Claims Submission

| Method | Description |
|---|---|
| <input type="checkbox"/> Paper Claims | To submit FFS paper claims |
| <input checked="" type="checkbox"/> Direct Data Entry (DDE) | To submit FFS claims via online screens |

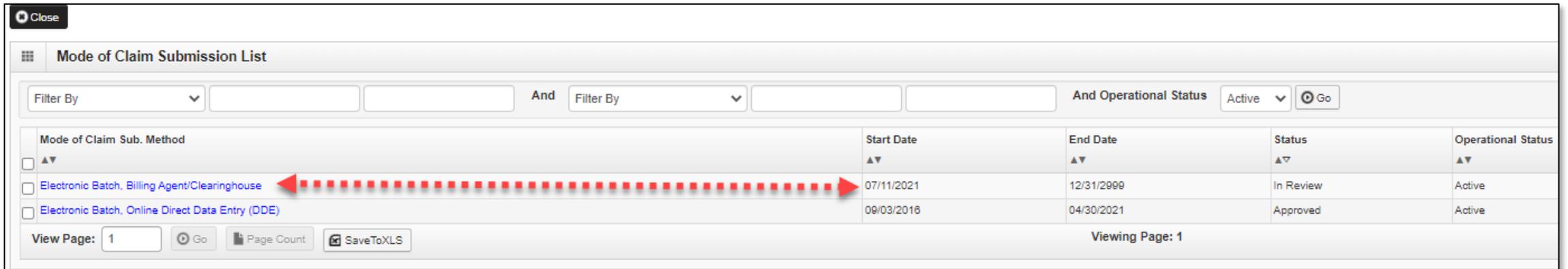
Status: Approved

- To select a BA/CH to submit electronic transactions on the provider's behalf:
 1. Select the '**Billing Agent/Clearinghouse**' checkbox.
 2. Select '**Save**'.
 3. Select '**Close**'.

Step 7: Mode of Claim Submission/EDI Exchange (Provider User)

The Mode of Claim Submission List displays your new selection with the start date as the date of the selection.

- Select **'Close'** to return to the 12 steps page.



The screenshot shows the 'Mode of Claim Submission List' interface. At the top left, there is a 'Close' button. Below it, the title 'Mode of Claim Submission List' is displayed. The interface includes filter fields and a table of submission methods. A red dashed arrow points from the 'Electronic Batch, Billing Agent/Clearinghouse' row to the 'Close' button.

| Mode of Claim Sub. Method | Start Date | End Date | Status | Operational Status |
|---|------------|------------|-----------|--------------------|
| <input type="checkbox"/> Electronic Batch, Billing Agent/Clearinghouse | 07/11/2021 | 12/31/2999 | In Review | Active |
| <input type="checkbox"/> Electronic Batch, Online Direct Data Entry (DDE) | 09/03/2016 | 04/30/2021 | Approved | Active |

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

Step 7: Mode of Claim Submission/EDI Exchange (Provider User)

| Step | Required | Last Modification Date | Last Review Date | Status | Modification Status | Step Remark |
|---|----------|------------------------|------------------|------------|---------------------|--|
| Step 1: Provider Basic Information | Required | | | Complete | | |
| Step 2: Locations | Required | | | Complete | | |
| Step 3: Taxonomy Details | Required | | | Complete | | |
| Step 5: License/Certification/Other | Optional | | | Complete | | |
| Step 5: Identifiers | Optional | | | Complete | | |
| Step 6: View Servicing Provider Details | Optional | | | Complete | | |
| Step 7: Mode of Claim Submission/EDI Exchange | Optional | 07/11/2021 | | Complete | Updated | |
| Step 9: EDI Contact Information | Required | | | Incomplete | | |
| Step 10: Associate Billing Agent | Required | 07/11/2021 | | Complete | | |
| Step 11: Upload Documents | Optional | | | Incomplete | | |
| Step 12: Complete Trading Partner Agreement | Required | | | Incomplete | | |
| Step 13: Submit Modification Request | Required | 07/11/2021 | | Incomplete | | Modification Request has not been Submitted. |

Step 8 is 'incomplete' which means the provider did not previously have EDI contact information converted.

- Since we made an update in Step 7, the 'View/Update Provider Data' page now reflects newly required steps, the modification date displays, the 'Status' column guides you as you complete required steps, and Step 12: Submit Modification Request is now required and incomplete.
- Steps 8, 9, 11, and 12 now require action

Step 8: EDI Contact Information (Provider User)

Close +Add

Provider EDI Contact List

Filter By [] And Filter By [] And Operational Status Active [Go]

| Contact Name | Contact Phone | Contact E-mail | Status | Start Date | End Date |
|-------------------|---------------|----------------|--------|------------|----------|
| No Records Found! | | | | | |

1. Select '**+Add**' to add an EDI contact. Complete all required fields notated by an asterisk (*)

NOTE: Addresses must be validated

2. Select '**Ok**'.

To add another EDI contact, repeat these steps, or select '**Close**' to exit the page

Provider ID/NPI: [] Name: []

Add EDI Contact

First Name: Test *
Phone Number: (307) 555-5555 *
Email Address: myprovideroutreach@cnsi *
Start Date: 07/11/2021 *
Address Line 1: 3001 E Penning Blvd *
Address Line 2: []
Address Line 3: []
State/Province: WYOMING *
Country: UNITED STATES *
Last Name: Tester *
Fax Number: (307) 460-7400 *
End Date: 12/31/2999 *
City/Town: Cheyenne *
Country: Laramie *
Zip Code: 82001 * - 5704 *
Validate Address

Address validation successful

Ok Cancel

Page ID: dgAddEDIContact(Provider)

Step 8: EDI Contact Information (Provider User)

Close Add

Provider EDI Contact List

Filter By [] And Filter By [] And Operational Status Active Go

| Contact Name | Contact Phone | Contact E-mail | Status | Start Date | End Date |
|--------------|---------------|--------------------------------|-----------|------------|------------|
| Tester, Test | 3075555555 | wyprovideroutreach@ons-inc.com | In Review | 07/11/2021 | 12/31/2999 |

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

- EDI contact name was successfully added
- Step 8: EDI contact now reflects 'Updated' and the status is 'Complete'

Close Undo Update

View/Update Provider Data - FAO

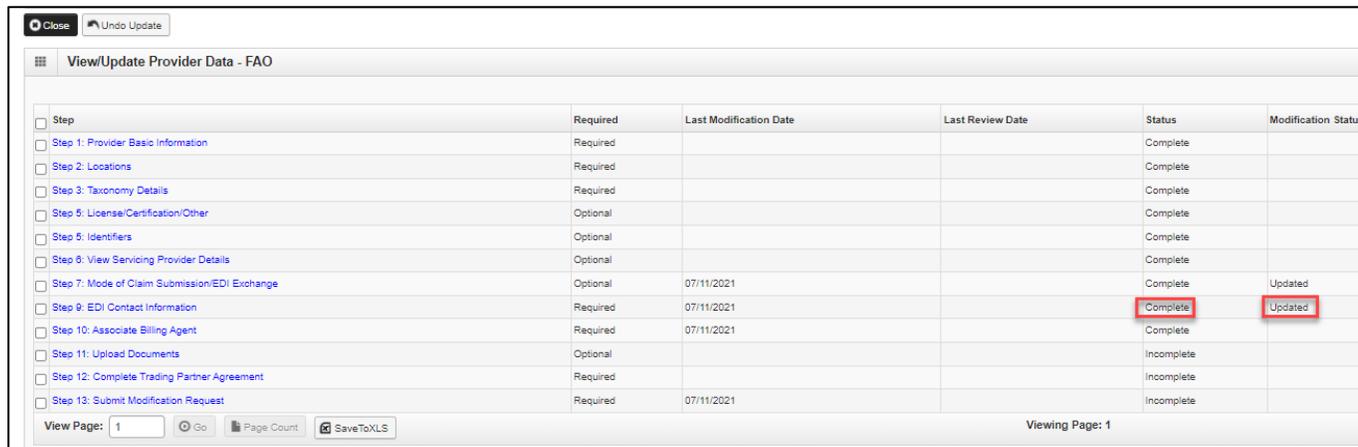
| Step | Required | Last Modification Date | Last Review Date | Status | Modification Status |
|---|----------|------------------------|------------------|------------|---------------------|
| Step 1: Provider Basic Information | Required | | | Complete | |
| Step 2: Locations | Required | | | Complete | |
| Step 3: Taxonomy Details | Required | | | Complete | |
| Step 5: License/Certification/Other | Optional | | | Complete | |
| Step 5: Identifiers | Optional | | | Complete | |
| Step 6: View Servicing Provider Details | Optional | | | Complete | |
| Step 7: Mode of Claim Submission/EDI Exchange | Optional | 07/11/2021 | | Complete | Updated |
| Step 9: EDI Contact Information | Required | 07/11/2021 | | Complete | Updated |
| Step 10: Associate Billing Agent | Required | 07/11/2021 | | Complete | |
| Step 11: Upload Documents | Optional | | | Incomplete | |
| Step 12: Complete Trading Partner Agreement | Required | | | Incomplete | |
| Step 13: Submit Modification Request | Required | 07/11/2021 | | Incomplete | |

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

Select the blue hyperlink for Step 9 to expand to view the details and to make changes

Step 9: Associate Billing Agent (Provider User)

- **Important!** In this step, the provider selects the BA/CH that is to submit electronic HIPAA transactions on their behalf.
- Remember! Step 9 is only required when you select a BA/CH in Step 7.



| Step | Required | Last Modification Date | Last Review Date | Status | Modification Status |
|--|----------|------------------------|------------------|------------|---------------------|
| <input type="checkbox"/> Step 1: Provider Basic Information | Required | | | Complete | |
| <input type="checkbox"/> Step 2: Locations | Required | | | Complete | |
| <input type="checkbox"/> Step 3: Taxonomy Details | Required | | | Complete | |
| <input type="checkbox"/> Step 5: License/Certification/Other | Optional | | | Complete | |
| <input type="checkbox"/> Step 5: Identifiers | Optional | | | Complete | |
| <input type="checkbox"/> Step 9: View Servicing Provider Details | Optional | | | Complete | |
| <input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange | Optional | 07/11/2021 | | Complete | Updated |
| <input type="checkbox"/> Step 9: EDI Contact Information | Required | 07/11/2021 | | Complete | Updated |
| <input type="checkbox"/> Step 10: Associate Billing Agent | Required | 07/11/2021 | | Complete | |
| <input type="checkbox"/> Step 11: Upload Documents | Optional | | | Incomplete | |
| <input type="checkbox"/> Step 12: Complete Trading Partner Agreement | Required | | | Incomplete | |
| <input type="checkbox"/> Step 13: Submit Modification Request | Required | 07/11/2021 | | Incomplete | |

- Conduent's Legacy process:
 - Providers submit forms to manage CH and BAs & the call center updates
- New Provider Portal process:
 - Providers manage Billing Agents and Clearinghouse directly

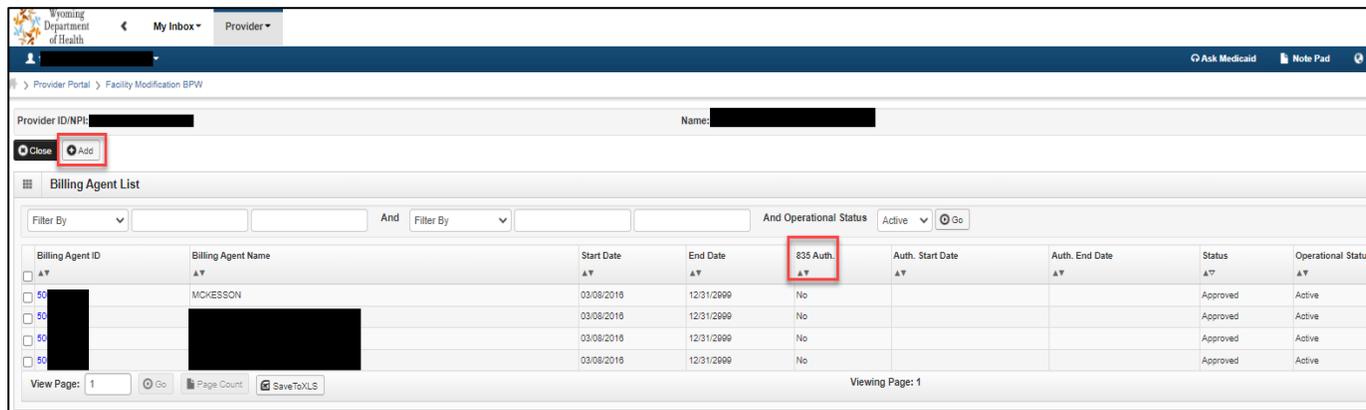
In our example, this provider already has a list of active BA/CHs, but we are going to add another BA/CH for this provider



In the '835 Auth' column, notice that none of the BA/CHs are receiving this provider's 835 transaction. Remember, 835 files can only be delivered to one (1) provider or BA/CH.

Step 9: Associate Billing Agent (Provider User)

- Select **'+Add'** to add or to search for the new BA/CH to add to your file.



Wyoming Department of Health
My Inbox Provider
Provider Portal Facility Modification BPW
Provider ID/NPI: [REDACTED] Name: [REDACTED]
Close +Add
Billing Agent List
Filter By [] And Filter By [] And Operational Status Active [] Go
Billing Agent ID Billing Agent Name Start Date End Date 835 Auth. Auth. Start Date Auth. End Date Status Operational Status
50 [REDACTED] MCKESSON 03/08/2016 12/31/2099 No [] [] Approved Active
50 [REDACTED] [REDACTED] 03/08/2016 12/31/2099 No [] [] Approved Active
50 [REDACTED] [REDACTED] 03/08/2016 12/31/2099 No [] [] Approved Active
50 [REDACTED] [REDACTED] 03/08/2016 12/31/2099 No [] [] Approved Active
View Page: 1 Page Count SaveToXLS Viewing Page: 1

 In the '835 Auth' column, notice that none of the BA/CHs are receiving this provider's 835 transaction.

Remember, 835 files can only be delivered to one (1) provider or BA/CH

Step 9: Associate Billing Agent (Provider User)

2001568846962 Name: POWELL HEALTH CARE COALITION

Billing Agent Association
Enter Billing Agent ID and click "Confirm/Search Billing Agent"

Billing Agent ID: * ←
Association Start Date: *
Billing Agent Name:
Association End Date:

Transaction Responses

| Claim Status | Authorized | Start Date | End Date |
|--------------|--------------------------|----------------------|----------------------|
| | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

Confirm/Search Billing Agent

- If you have the BA/CH ID#, enter it, select the association start date and end date, and select **'Ok'**

OR
- To search for the BA/CH, select **'Confirm/Search Billing Agent'** at the bottom right

Step 9: Associate Billing Agent (Provider User)

| Billing Agent ID | Billing Agent Name | Start Date | End Date |
|---|--------------------|------------|------------|
| <input type="checkbox"/> 584970900 | testgood | 05/28/2021 | 12/31/2999 |
| <input checked="" type="checkbox"/> 584971000 | Test Billing Agent | 08/01/2021 | 12/31/2999 |
| <input type="checkbox"/> [REDACTED] | [REDACTED] | 08/08/2021 | 12/31/2999 |
| <input type="checkbox"/> [REDACTED] | [REDACTED] | 07/02/2021 | 12/31/2999 |

- From the 'Billing Agent Search List', select the appropriate BA/CH.

NOTE: You can filter or use the 'next' and 'previous' buttons at the bottom right to scroll through the list.

Once we select the checkbox next to the Billing Agent ID we are adding, we select **'Select'**.

For our example, we are selecting the BA/CH of 'Test Billing Agent'. Always confirm the BA/CH's start and end dates cover your service needs.

Step 9: Associate Billing Agent (Provider User)

Start date is not date of service driven, it means as of 7/11/2021, Test Billing Agent can submit electronic HIPAA transactions on your behalf.

Provider ID/NPI: [REDACTED] Name: [REDACTED]

Manage Billing Agent Association

Enter Billing Agent ID and click "Confirm/Search Billing Agent"

Billing Agent ID: 554971000 * Billing Agent Name: Test Billing Agent
Association Start Date: 07/11/2021 * Association End Date: 12/31/2999 *

Authorized Transaction Responses

| Transaction Response | Authorized | Start Date | End Date |
|-----------------------------------|--------------------------|------------|----------|
| X12 835 - Healthcare Claim Status | <input type="checkbox"/> | | |

Page ID: dgAssocSubmitter(Provider)

Confirm/Search Billing Agent | OK | Cancel

1. The Association Start Date defaults to the date of the update, but you can change it to a future date.
2. If you have a specific end date, update the end date.
3. Once you make any necessary changes or approve as is, select 'Ok'.

To add another BA/CH, repeat the steps above, otherwise select 'Close' on the Billing Agent Search page.

Step 9: Associate Billing Agent (Provider User)

- Step 9: Associate Billing Agent list the modification date and the status is complete
- There are two (2) remaining steps to complete

| View/Update Provider Data - FAO | | | | | | | Business Process |
|--|----------|------------------------|------------------|------------|---------------------|--|------------------|
| Step | Required | Last Modification Date | Last Review Date | Status | Modification Status | Step Remark | |
| <input type="checkbox"/> Step 1: Provider Basic Information | Required | | | Complete | | | |
| <input type="checkbox"/> Step 2: Locations | Required | | | Complete | | | |
| <input type="checkbox"/> Step 3: Taxonomy Details | Required | | | Complete | | | |
| <input type="checkbox"/> Step 5: License/Certification/Other | Optional | | | Complete | | | |
| <input type="checkbox"/> Step 5: Identifiers | Optional | | | Complete | | | |
| <input type="checkbox"/> Step 6: View Servicing Provider Details | Optional | | | Complete | | | |
| <input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange | Optional | 07/11/2021 | | Complete | Updated | | |
| <input type="checkbox"/> Step 9: EDI Contact Information | Required | 07/11/2021 | | Complete | Updated | | |
| <input type="checkbox"/> Step 10: Associate Billing Agent | Required | 07/11/2021 | | Complete | | | |
| <input type="checkbox"/> Step 11: Upload Documents | Optional | | | Incomplete | | | |
| <input type="checkbox"/> Step 12: Complete Trading Partner Agreement | Required | | | Incomplete | | | |
| <input type="checkbox"/> Step 13: Submit Modification Request | Required | 07/11/2021 | | Incomplete | | Modification Request has not been Submitted. | |

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

Step 11: Complete Trading Partner Agreement (TPA)

The screenshot shows the Wyoming Department of Health Provider Portal interface. At the top, there is a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, the page title is 'Provider Portal > Facility Modification BPW'. The main content area is divided into sections. The first section is 'Trading Partner Agreement', which contains a 'Close' button and a 'Submit' button, both highlighted with red boxes. Below this is the 'Electronic Signature Statements of Understanding' section, which includes a 'Provider ID/NPI' field and a checkbox for agreement. A red circle highlights the checkbox. Below this is the 'Submitting Person Signature' section, which includes 'First Name' and 'Last Name' fields, both highlighted with red boxes. A red arrow points to a blue link labeled 'here' in the 'Trading Partner Agreement' section.

- To complete the Trading Partner Agreement (TPA):
 1. Read the TPA.
 2. Enter your name.
 3. Select **'Submit'** to update.
 4. Select **'Close'** to return to the View/Update Provider Data page.

Step 11: Complete Trading Partner Agreement (TPA)

- Step 11: TPA is now complete
- You have one (1) remaining step, which is to submit your modifications

| View/Update Provider Data - FAO | | | | | | | |
|--|----------|------------------------|------------------|------------|---------------------|---|--|
| Business Process Wizard - Provider Data Mod | | | | | | | |
| <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 | | | Complete | | | |
| <input type="checkbox"/> Step 2: Locations | Required | | | Complete | | | |
| <input type="checkbox"/> Step 3: Taxonomy Details | Required | | | Complete | | | |
| <input type="checkbox"/> Step 5: Identifiers | Optional | | | Complete | | | |
| <input type="checkbox"/> Step 5: License/Certification/Other | Optional | | | Complete | | | |
| <input type="checkbox"/> Step 6: View Servicing Provider Details | Optional | | | Complete | | | |
| <input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange | Optional | 07/11/2021 | | Complete | Updated | | |
| <input type="checkbox"/> Step 9: EDI Contact Information | Required | 07/11/2021 | | Complete | Updated | | |
| <input type="checkbox"/> Step 10: Associate Billing Agent | Required | 07/11/2021 | | Complete | | | |
| <input type="checkbox"/> Step 11: Upload Documents | Optional | | | Incomplete | | | |
| <input type="checkbox"/> Step 12: Complete Trading Partner Agreement | Required | 07/11/2021 | | Complete | Updated | | |
| <input type="checkbox"/> Step 13: Submit Modification Request | Required | 07/11/2021 | | Incomplete | | Modification Request has not been Submitted | |

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

Step 12: Submit Modification Request

The screenshot displays the Wyoming Department of Health Provider Portal interface. At the top, there is a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, a breadcrumb trail shows 'Provider Portal > Facility Modification BPW'. The main content area contains a form with the following elements:

- Provider ID/NPI: [Redacted]
- Name: [Redacted]
- Buttons: 'Close' and 'Submit for Modification' (highlighted with a red box).
- Section: 'Final Submission' (indicated by a grid icon).
- NPI: [Redacted]
- EnrollmentType: Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Confirmation checkbox: 'I agree that the information submitted as a part of the application is correct. (Private and Confidential)' (highlighted with a red box).

- Step 12 is a self-confirmation of the updates made
- Verify the provider's name and provider ID/NPI one last time and select **'Submit for Modification'**

Step 12: Submit Modification Request

Wyoming Department of Health

My Inbox Provider

Provider ID/NPI: [REDACTED] Name: [REDACTED]

Close Undo Update

The Modification Request has been approved. x

View/Update Provider Data - FAO

| Step | Required | Last Modification Date | Last Review Date | Status |
|---|----------|------------------------|------------------|----------|
| Step 1: Provider Basic Information | Required | 07/11/2021 | 07/11/2021 | Complete |
| Step 2: Locations | Required | 07/11/2021 | 07/11/2021 | Complete |
| Step 3: Taxonomy Details | Required | 07/11/2021 | 07/11/2021 | Complete |
| Step 5: License/Certification/Other | Optional | 07/11/2021 | 07/11/2021 | Complete |
| Step 6: Identifiers | Optional | 07/11/2021 | 07/11/2021 | Complete |
| Step 8: View Servicing Provider Details | Optional | 07/11/2021 | 07/11/2021 | Complete |
| Step 7: Mode of Claim Submission/EDI Exchange | Optional | 07/11/2021 | 07/11/2021 | Complete |
| Step 9: EDI Contact Information | Required | 07/11/2021 | 07/11/2021 | Complete |
| Step 10: Associate Billing Agent | Required | 07/11/2021 | 07/11/2021 | Complete |
| Step 11: Upload Documents | Optional | 07/11/2021 | 07/11/2021 | Complete |
| Step 12: Complete Trading Partner Agreement | Required | 07/11/2021 | 07/11/2021 | Complete |
| Step 13: Submit Modification Request | Required | 07/11/2021 | 07/11/2021 | Complete |

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

- All required steps are now complete, and your modification approved, select **'Close'**

Manage CH and BAs (Provider User)

Wyoming Department of Health
My Inbox Provider

Provider ID/NPI: [Redacted] Name: [Redacted]

Close Add

Billing Agent List

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

| Billing Agent ID | Billing Agent Name | Start Date | End Date | 835 Auth. | Auth. Start |
|-----------------------|--------------------|------------|------------|-----------|-------------|
| 50000 | [Redacted] | 03/08/2016 | 12/31/2999 | No | |
| 50 | [Redacted] | 03/08/2016 | 12/31/2999 | No | |
| 50 | [Redacted] | 03/08/2016 | 12/31/2999 | No | |
| 50 | [Redacted] | 03/08/2016 | 12/31/2999 | No | |

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

- To have a provider's 835 delivered to a BA/CH they are already associated with, go back into the 'View/Update Provider Data' page and select Step 10: Associate Billing Agent
- From the list of Billing Agent IDs, select the blue hyperlink of the one you want to receive your 835 transactions
- Select the **'Authorized'** checkbox and add a Start Date and End Date.
- Select **'Save'**.

Close Save

Manage Billing Agent Association

Billing Agent ID: 50 Billing Agent Name: [Redacted]

Association Start Date: 03/08/2016 Association End Date: 12/31/2999

Status: Approved

Authorized Transaction Responses

| Transaction Response | Authorized | Start Date | End Date |
|-----------------------------------|-------------------------------------|------------|----------|
| X12 835 - Healthcare Claim Status | <input checked="" type="checkbox"/> | [] | [] |

Provider Portal – Recap and Q&A

- Quick Recap
- Questions & Answers
- Break Time (5 minutes)

Password Reset/Forgot Password

URL: www.wyomingmedicaid.com

Password Reset/Forgot Password

The screenshot shows the Wyoming Medicaid website. At the top left is the Wyoming Medicaid logo and the text "Wyoming Medicaid Serving Wyoming Medicaid Providers and Members". The navigation bar includes "HOME", "PROVIDER" (with a dropdown arrow), and "MEMBER" (with a dropdown arrow). The dropdown menu for "PROVIDER" is open, listing several options: "Provider Home", "Provider Portal" (highlighted with a red box), "Provider Locator", "Provider Dental", "Provider Publications And Trainings", "Contact Us", "Download Forms", "Fee Schedules", "References", "Resources", "BA/CH Enrollment", and "Web Registration". Below the navigation bar is a large banner image of a Wyoming landscape. Underneath the banner is a row of six icons with labels: "Providers" (highlighted with a red box), "Members", "Provider Enrollment", "Provider Publications", "Provider Training", and "Fee Schedules". At the bottom of the page is a footer with the Wyoming Department of Health logo and four columns of links: "About", "Accessibility", "Contact Us", and "Site Map".

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.

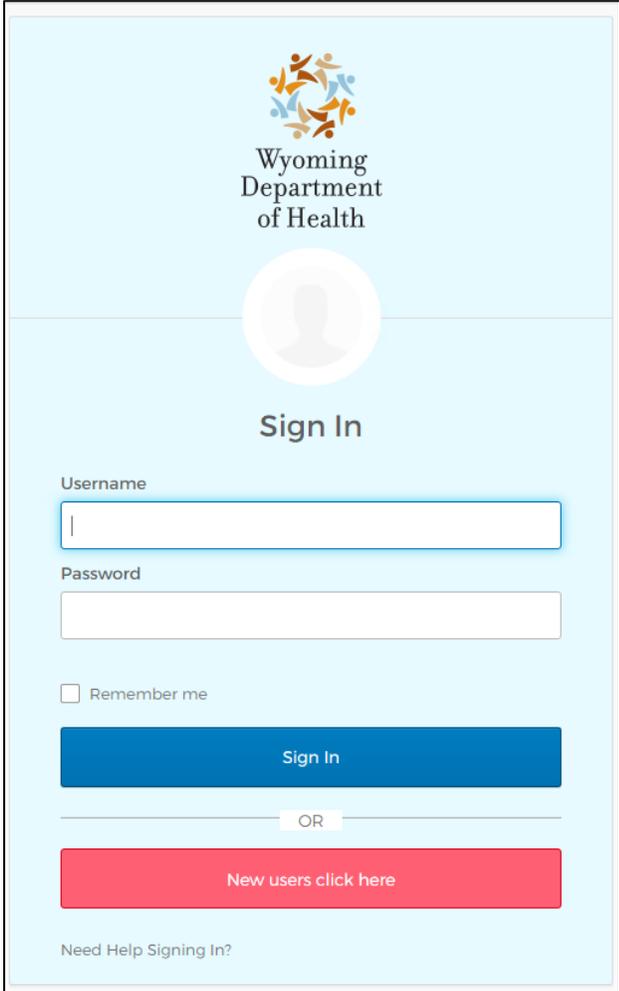
- Provider and BA/CH Web Registration PowerPoint trainings are posted on the website on the Provider Training page.

Wyoming BMS Medicaid Website:

www.wyomingmedicaid.com

- From the drop-down menu, select **'Provider Portal'**.

Password Reset/Forgot Password



The screenshot shows the Wyoming Department of Health Sign In page. At the top, there is the Wyoming Department of Health logo and name. Below that is a circular placeholder for a user profile picture. The main heading is "Sign In". There are two input fields: "Username" and "Password". Below the password field is a checkbox labeled "Remember me". A blue "Sign In" button is positioned below the checkbox. Below the button is a horizontal line with "OR" in the center. Underneath the line is a red button labeled "New users click here". At the bottom left, there is a link that says "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

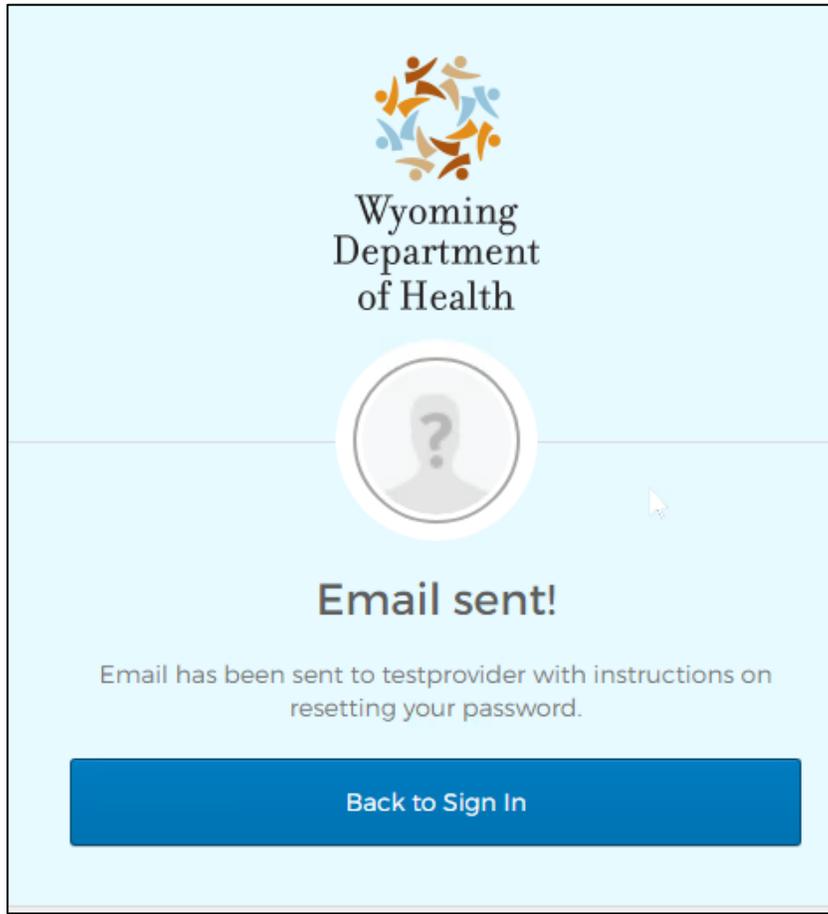
Reset via Email

[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

CMS 1500 Claims – BMS Demo

New Claims Processing System

New BMS Claims Submission

- Providers enter claims directly into the BMS - direct data entry (DDE)
 - The data that is entered into the new BMS system is in Real-Time
 - Providers can create/save Claim Templates
 - Providers can attach documents to their Claims during the DDE process or upload after the claim has been submitted
 - Provider Profile: Claims Access
- New Wyoming Medicaid website: <https://wyomingmedicaid.com/>
 1. Select the **Provider** tab.
 2. Select **Provider Publications and Trainings**.
 3. Select **Provider Trainings, Tutorials, and Workshops** .

PRESM and Eligibility files
are updated nightly

BMS Browser and Version Compatibility

Compatible web browsers and versions:

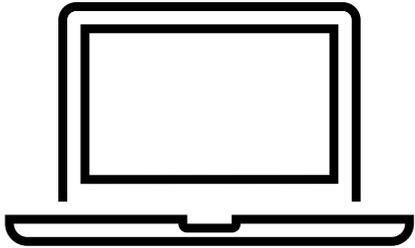
- Google Chrome – Version 90.0.4430.212 (Official Build) (64-bit)
- Firefox – Version 88.0.1
- Microsoft Edge – Version 90.0.818.6 (Official Build) (64-bit)

 Internet Explorer (IE) is no longer a compatible web browser when visiting either the Wyoming Medicaid website or the Provider Portal

BMS requires the use of “Pop-Ups”, depending on the browser take one of the following actions:

- Update your browser to allow pop-ups
- Turn off your browsers pop-up blocker
- Enable pop-up blockers within your browser

Live Demo



- Direct Data Entry (DDE):
 - Straight Claim
 - TPL Claim
 - Medicare Claim

- Direct Data Entry (DDE):
 - Straight Claim with attachment

- Upload Attachment separately

- Direct Data Entry of TPL
 - Payer ID is a required field
 - Enter five nines, '99999' only when you do not know the payer ID

- Tertiary claims can be keyed into the Provider Portal

Taxonomy codes are required when submitting claims to Wyoming Medicaid

TPL Disallowance Portal

Portal Benefits

Features



- A secure web-based application that functions as the primary Point of Contact throughout the claim identification and recovery process
- Providers can access and update contact and claim information utilizing a broad scope of self-service options
- Includes a complete list of patients, claims, and insurance information

Disallowance Portal – Portal Benefits

- A single dashboard with everything you need to review claims at your fingertips
- Recent Activity – Most recent locations visited within the HMS Provider Portal
- “HMS Newsroom” provides the latest news updates pertaining to HMS
- Accelerated Recoveries
- Increased Accuracy Rates

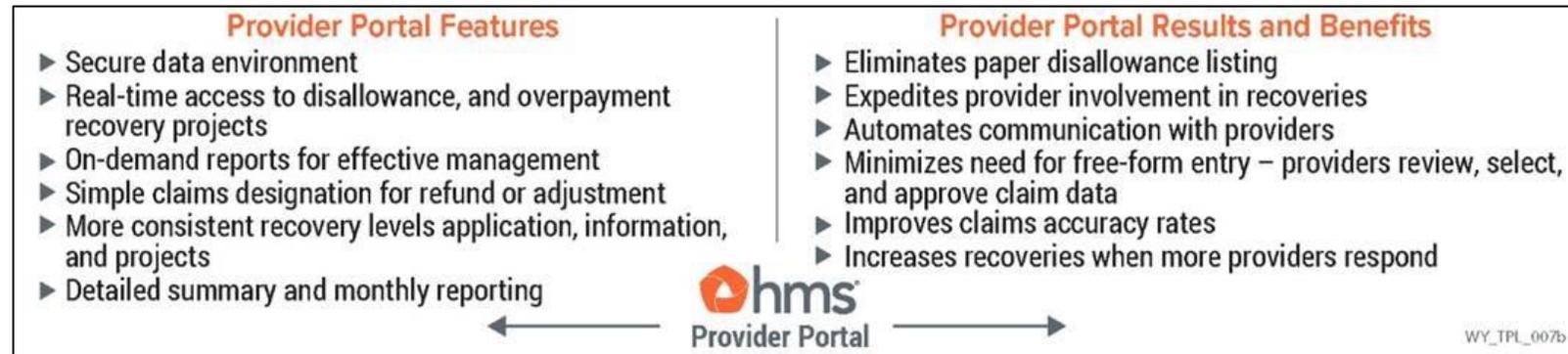
My Apps:

- HMS Provider Portal contains Provider Contact, Audit and Case information
- Product portal where claims are reviewed

My Resources:

- Frequently Asked Questions (FAQs) provides answers to questions you might have
- “Explore HMS” allows you to learn all that HMS has to offer

Disallowance Portal – Topic Here



HMS Provider Portal also provides:

- Online communication with HMS about claim reviews via email and chat functions.
- Real-time ability to review, status, acknowledgement, report, and upload documentation.
- An easy and efficient self-registration process.
- A paperless system – Decreases PHI risk.

Question & Answers



Provider Trainings Being Offered - www.wyomingmedicaid.com

| 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 |

Email Field Representatives

WYprovideroutreach@cns-inc.com



Wyoming
Department
of Health

Thank you

Medicaid Website, Portals, Claims, TPL