



Wyoming
Department
of Health

Provider Web Registration

Single Provider Number

All Providers (except CME & Waiver)

Important Information About This Training

- This training is intended for legacy providers with one or a single provider ID
 - A legacy provider is an actively enrolled provider with Conduent prior to 10/6/2021
- Legacy Provider IDs and demographic information will be converted over to the BMS

Legacy Single Provider Number Web Registration

- Legacy Providers will have to do a one-time web registration for the BMS Provider Portal beginning September 27, 2021, to access the web portal secure features.
- CNSI will be mailing two unique letters to providers in late September or early October
- Providers will need both letters to complete the web registration
- The USER completing the web registration will be this legacy provider's 'Provider Domain Administrator'
 - Once the web registration has been completed the Provider Domain Administrator will be able to add new users and administrators, if applicable
 - Administrators will be able to manage access rights through “profiles” in the Provider Portal


Legacy Provider Number Web Registration

- Legacy Providers will receive two letters to complete the one-time web registration.
- The letters will be mailed September 27, 2021, to the correspondence address on your provider file with Conduent or HHS.
- The two Web Registration letters are:
 1. Welcome Letter containing your legacy Provider ID and “Temporary ID” for registration
 2. Security Letter containing your legacy Provider ID and “Temporary Key” needed for registration

NOTE: Both letters are required to complete the Provider Portal Web Registration process

Sample Web Registration Welcome Letters

■ Web Registration Welcome Letter



Return Address:
Wyoming Medicaid Fiscal Agent
P.O. Box 1248
Cheyenne, WY 82003-1248

RecptFName RecptMName RecptLName
AddrLine3
AddrLine2
AddrLine1
City Region Postcode

mm/dd/yyyy

Dear PRVDR FNAME PRVDR L NAME:

Welcome to the new Wyoming Medicaid Benefit Management System and Services (BMS) developed, implemented and provided by CNSI. The BMS will include a secure Provider Portal where you will be able to inquire claims, verify member eligibility, inquire authorizations, check payment information, and perform other transactions as applicable such as claims submission.

To access the secure Provider Portal, you must complete the registration process.

This letter provides you with your Provider ID and Temporary ID needed for registration; for security reasons, you will receive a separate letter with your Temporary Key. Once you receive the Temporary Key you will have all the information needed to register.

To register:

1. Access the registration site at <https://www.wyomingmedicaid.com>
2. Click the **Provider menu** option at the top of the page to show the menu
3. Choose **Web Registration** from the Provider Menu
4. Complete single sign on to create a new user account (refer to web registration tutorial for complete instructions)
5. Enter the information listed below:

Provider ID:	<<Provider ID>>
Temporary ID:	<<Temporary ID>>
Temporary Key:	Refer to Registration Temporary Key letter (sent separately)
Tax ID:	Social Security Number (SSN) or Federal Employer Identification Number (FEIN) used during enrollment

Wyoming Medicaid Fiscal Agent
P.O. Box 1248, Cheyenne, WY 82003-1248
www.wyomingmedicaid.com


Additional information, including Web Registration Tutorials, is currently available on the new Medicaid Website at <https://www.wyomingmedicaid.com>. Other information such as manuals, bulletins, updates, training opportunities and policy changes will also be available on this website.

Single Sign-On user IDs and passwords are required when logging into the Wyoming BMS Provider Portal.

Please contact us at wyprovideroutreach@cnsi-inc.com if you have any questions or require assistance in completing the registration process.

Sincerely,
Provider Outreach
WY_PE001

■ Web Registration Security Letter



Return Address:
Wyoming Medicaid Fiscal Agent
P.O. Box 1248
Cheyenne, WY 82003-1248

RecptFName RecptMName RecptLName
AddrLine3
AddrLine2
AddrLine1
City Region Postcode

mm/dd/yyyy

Dear PRVDR FNAME PRVDR L NAME:

Welcome to the new Wyoming Medicaid Benefit Management System and Services (BMS) developed, implemented and provided by CNSI. The BMS will include a secure Provider Portal where you will be able to inquire claims, verify member eligibility, inquire authorizations, check payment information, and perform other transactions as applicable such as claims submission.

This letter provides you with your Provider ID and Temporary Key needed for registration. For security reasons, you will receive a separate letter with detailed registration instructions and your Temporary ID. Once you receive the Temporary ID, please use the information below to complete registration.

Provider ID:	<<Provider ID>>
Temporary ID:	Refer to Registration Temporary ID letter (sent separately)
Temporary Key:	<<Temporary Key>>
Tax ID:	Social Security Number (SSN) or Federal Employer Identification Number (FEIN) used during enrollment

Additional information, including Web Registration Tutorials, is currently available on the new Medicaid Website at <https://www.wyomingmedicaid.com>. Other information such as manuals, bulletins, updates, training opportunities and policy changes will also be available on this website.

Please contact us at wyprovideroutreach@cnsi-inc.com, if you have any questions or require additional information to complete the registration process.

Wyoming Medicaid Fiscal Agent
P.O. Box 1248, Cheyenne, WY 82003-1248
www.wyomingmedicaid.com

Sincerely,
Provider Outreach
WY_PE003

Verification of Provider Credentials & Checklist

- **STOP!** A necessary security feature has been added into the web registration process to authenticate providers.
- Four elements are required to complete the one-time web registration process successfully
- **Web Registration Check List:**
 - ✓ Legacy Provider ID
 - ✓ Welcome Letter with Temporary ID
 - ✓ Security Letter with Temporary Key
 - ✓ Tax ID (SSN/EIN) – this is the Tax ID that is on-file with Conduent/HHS where you receive your Medicaid payments
- Remember the individual completing this one-time registration will be the initial Provider Domain Administrator and will be able to add new users and other administrators

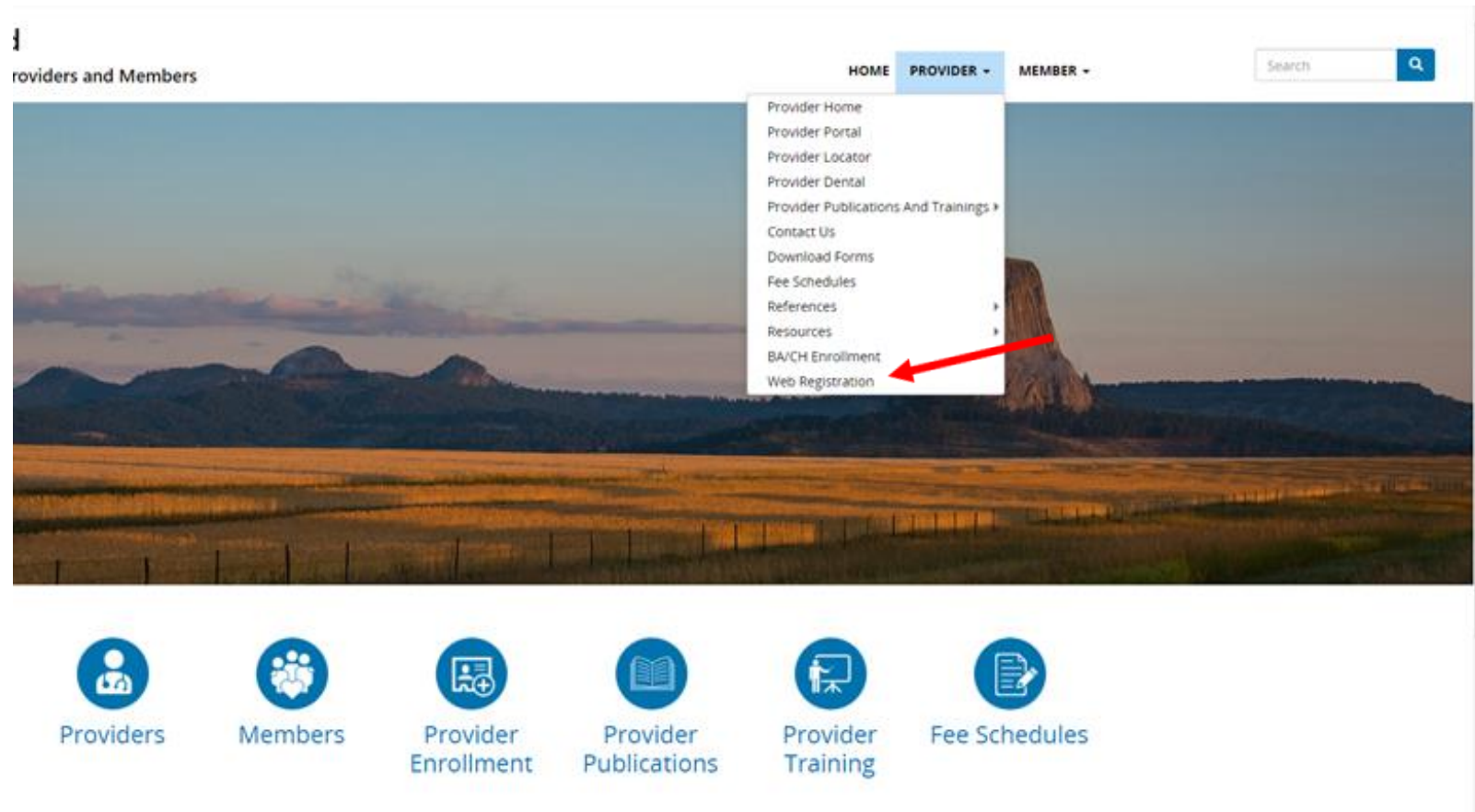
Overview of the Provider Domain Administrator's Steps

Provider Administrator's Steps

1. Provider Administrator's will initially create their personal user ID through Okta Single Sign On (SSO) registration process
2. Upon successfully establishing your user ID and password, you will be directed to begin the provider registration process
 - a) Have your 4 elements from the check list available:
 - i. Provider ID
 - ii. Temporary ID
 - iii. Temporary Key
 - iv. Tax ID (SSN/EIN)

Let's Get Started

- Access the Medicaid Website at www.wyomingmedicaid.com/
 - After selecting 'Web Registration' you will be directed to the Okta Single Sign On (SSO) page



Single Sign-On (SSO)

- Provider Domain Administrator selects **‘New users click here’** to create their personal user ID (Username)
 - When returning to the Provider Portal after the provider web registration process is complete, Provider Domain Administrators enter this user ID
- After selecting ‘New users click here’, the system opens to the “Create Account” page

Wyoming
Department
of Health

Sign In - Non Production

Username

Password

☐ Remember me

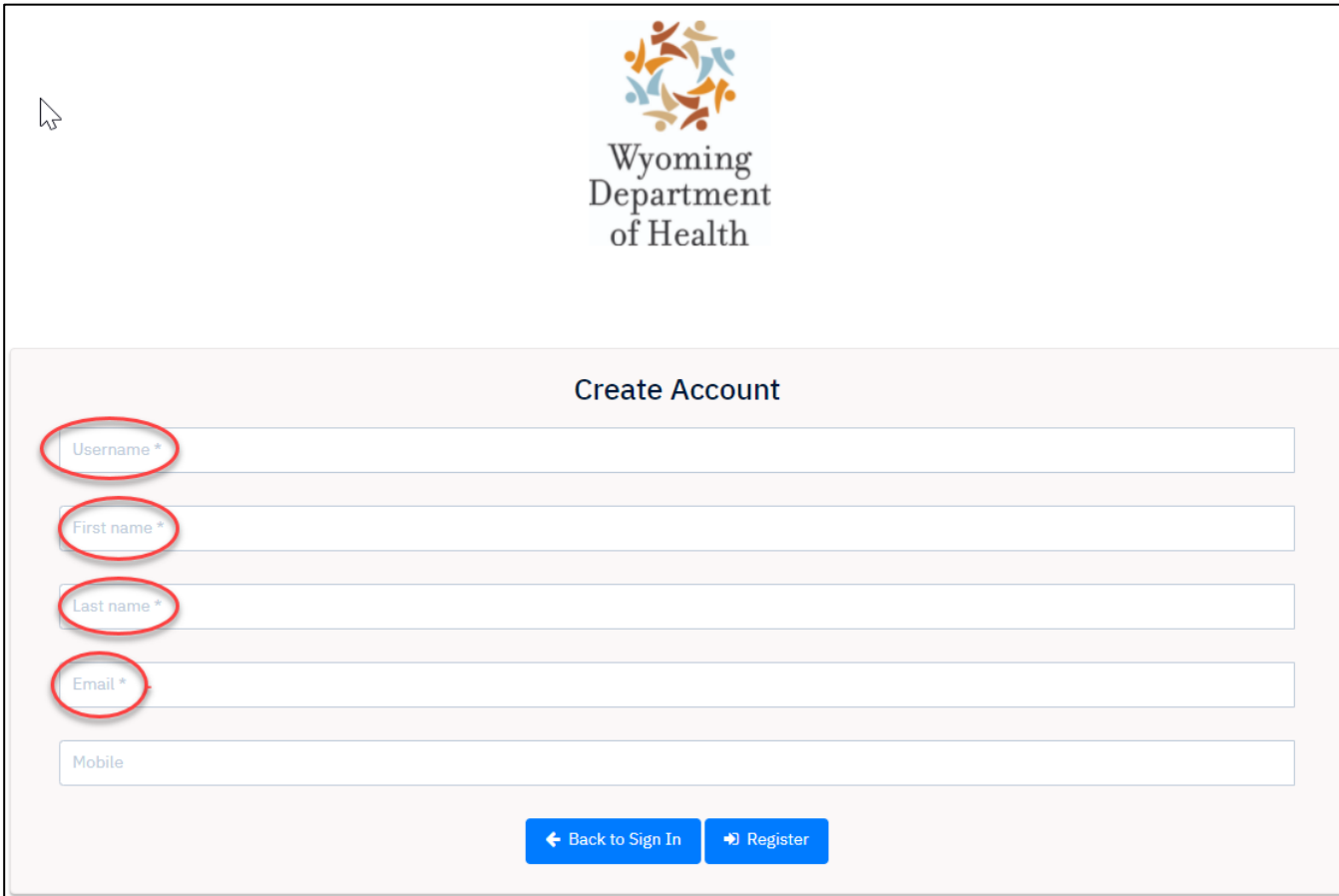
Sign In

OR

New users click here

Need Help Signing In?

Create SSO User Account



Wyoming
Department
of Health

Create Account

Username *

First name *

Last name *

Email *

Mobile

[← Back to Sign In](#) [➔ Register](#)

- Complete the required fields indicated by an asterisk (*):

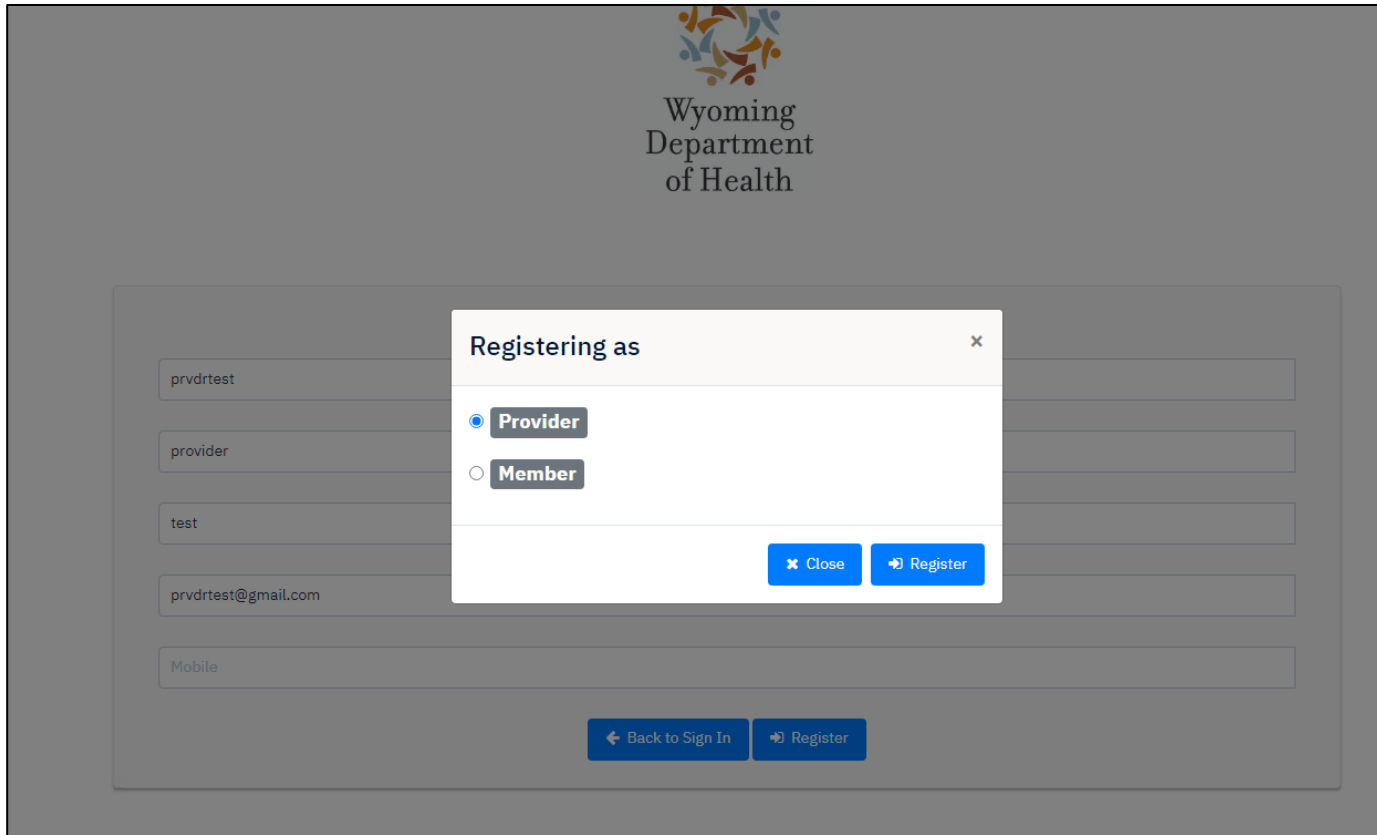
- Username
- First name
- Last name
- Email

- Select **‘Register’**.

Keep in mind this is your personal user id (username) and password!

New users and administrators create their own SSO account.

Registering As.....



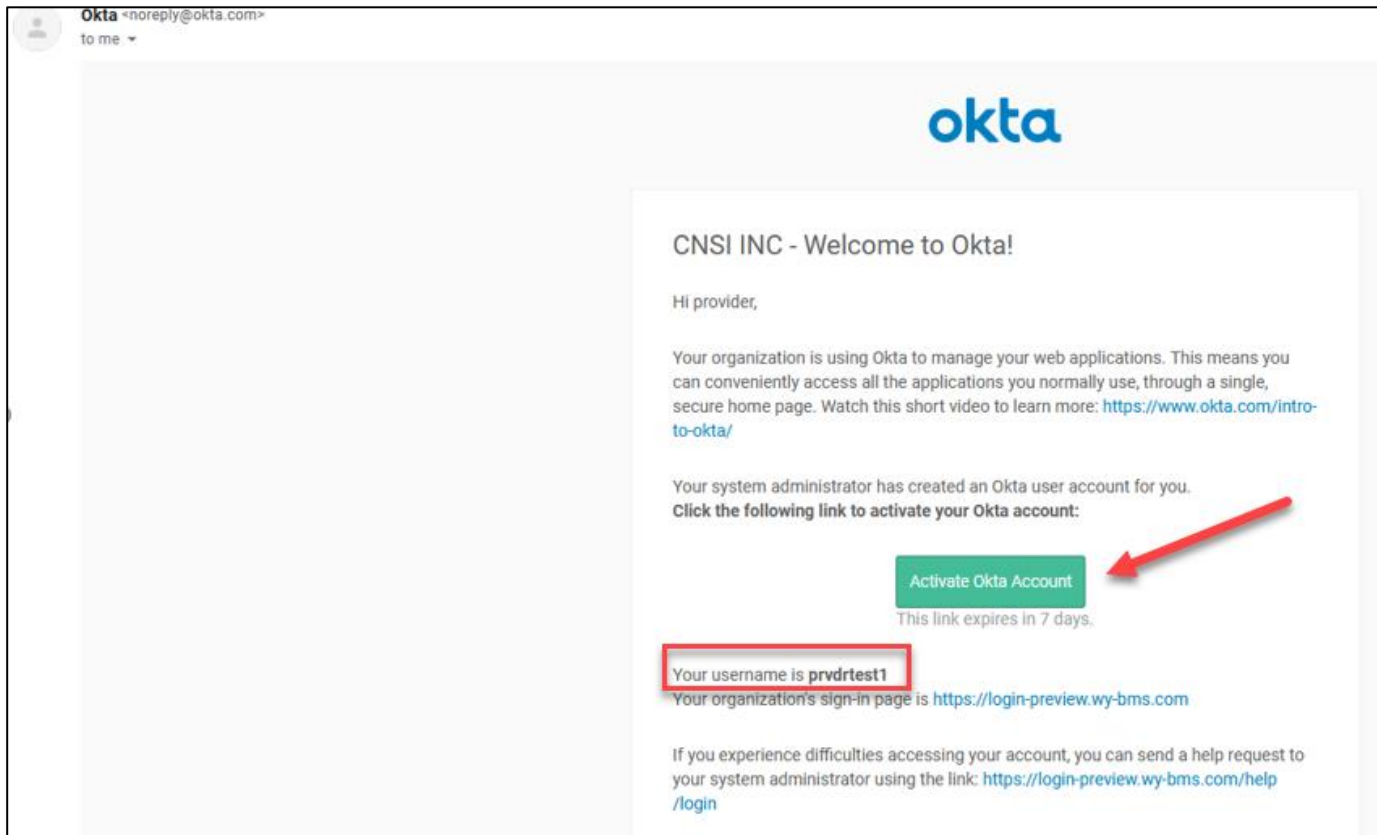
The screenshot shows the Wyoming Department of Health registration interface. At the top center is the Wyoming Department of Health logo. Below it is a registration form with several input fields: 'prvdrtest', 'provider', 'test', 'prvdrtest@gmail.com', and 'Mobile'. A modal window titled 'Registering as' is open in the center, featuring two radio button options: 'Provider' (which is selected) and 'Member'. At the bottom of the modal are 'Close' and 'Register' buttons. Below the form fields, there are 'Back to Sign In' and 'Register' buttons.

- On this page, select the **‘Provider’** radio button.
- Select **‘Register’**.

Trading Partners (TPID) also register as a “Provider”, in the BMS Trading Partners, BA/CHs are considered providers.

NOTE: Enrolled Medicaid members have access to a secure member portal which requires a similar registration process.

Okta Activation Email



- Go to your email account and look for the 'Welcome to Okta!' activation email.
- Make note of your username.
- Select 'Activate Okta Account' to set up your user password.

Activate Your User Account

Wyoming Department Of Health

Welcome to CNSI INC, provider!
Create your CNSI INC account

Enter new password

Password requirements:

- 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

Repeat new password


Choose a forgot password question

What is the food you least liked as a child?

Answer

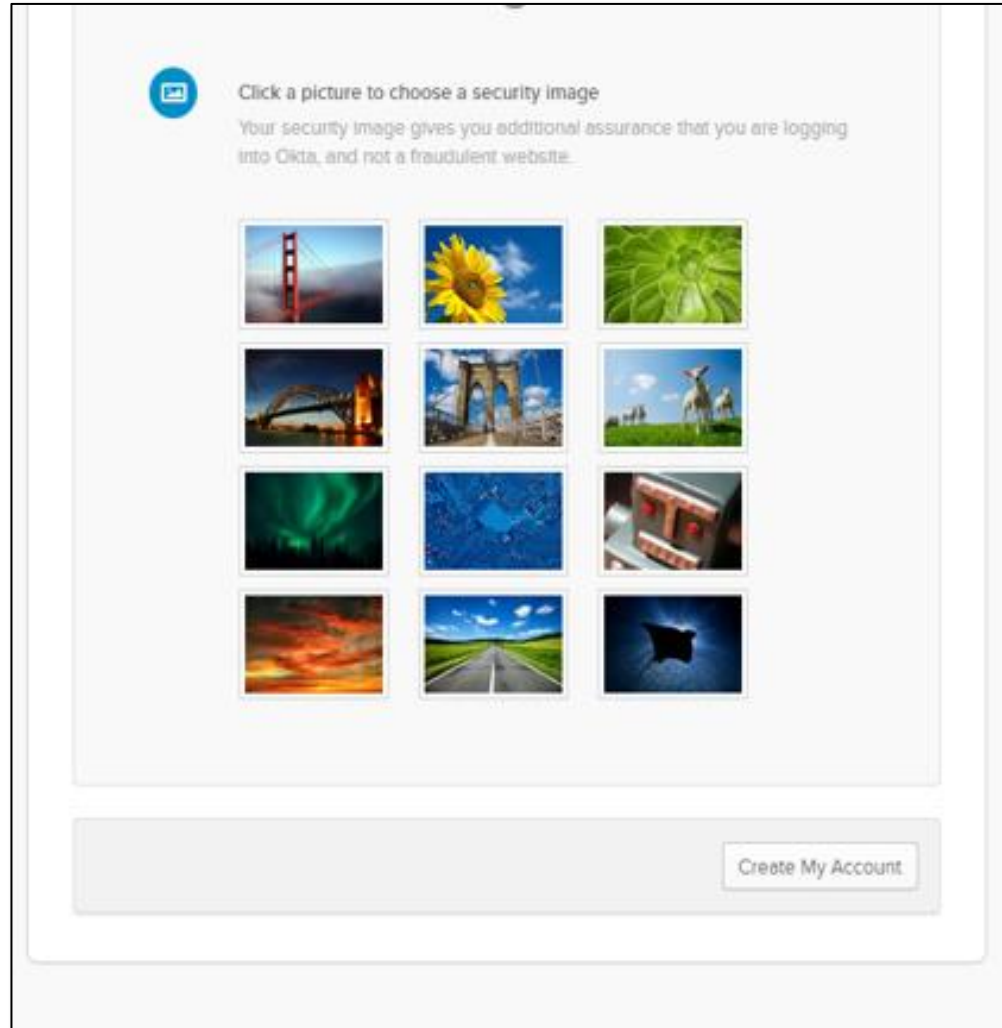
To activate your Okta SSO account, you must create a secure password.

1. Enter a new password in the applicable fields, making sure to meet the password requirements.
2. Select a security question from the next drop-down list, then enter your answer in the following field.

 Make a note of your username, password, and security answer and place in a secure location.

The next step is to select a security image.

Select a Security Image



Click a picture to choose a security image

Your security image gives you additional assurance that you are logging into Oikta, and not a fraudulent website.

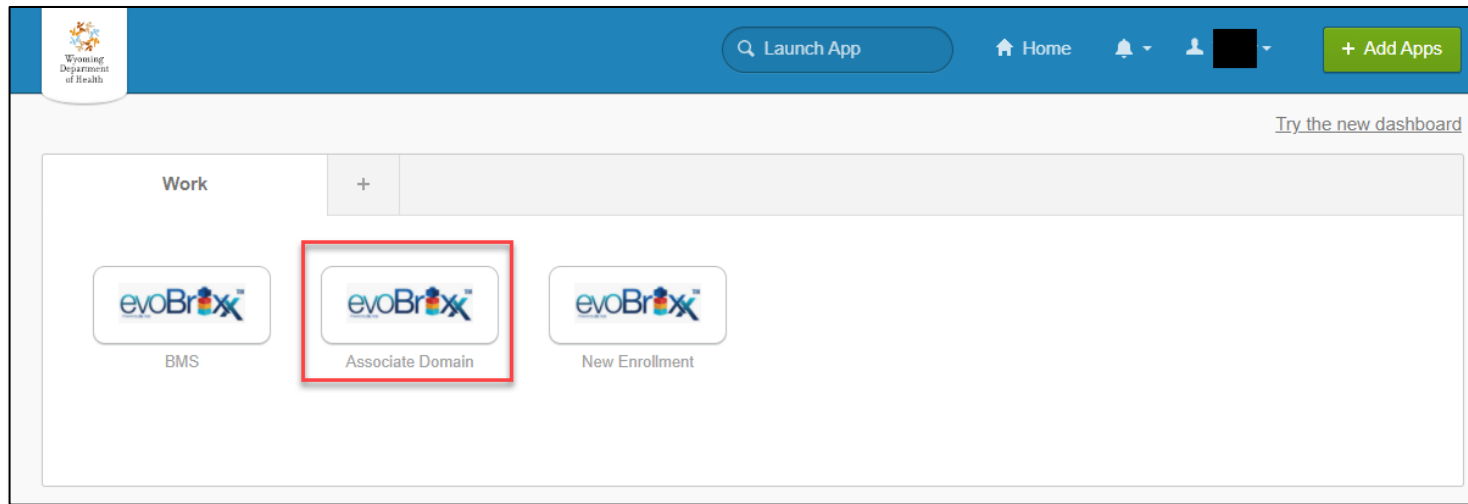
Create My Account

1. Select a security image that is easy to remember.

NOTE: This information is needed if you forget your password.

2. Select 'Create My Account'.
3. The system directs you to the 'SSO' landing page.

SSO Landing Page



This is the SSO landing page where you can access the following:

- BMS Provider Portal
- Associate Domain
- New Enrollment
- TPL Disallowance Portal
- To register, select **'Associate Domain'**.
 - Returning providers and trading partners select **'BMS Provider Portal'**.

Provider ID Association

- **Important!** When receiving multiple letters make sure to match them up correctly by using the Provider ID on both letters.



The screenshot shows the 'Provider ID Association' form within the Wyoming Department of Health portal. The form is titled 'Provider ID Association' and contains four input fields, each with a corresponding icon and a required field asterisk (*):

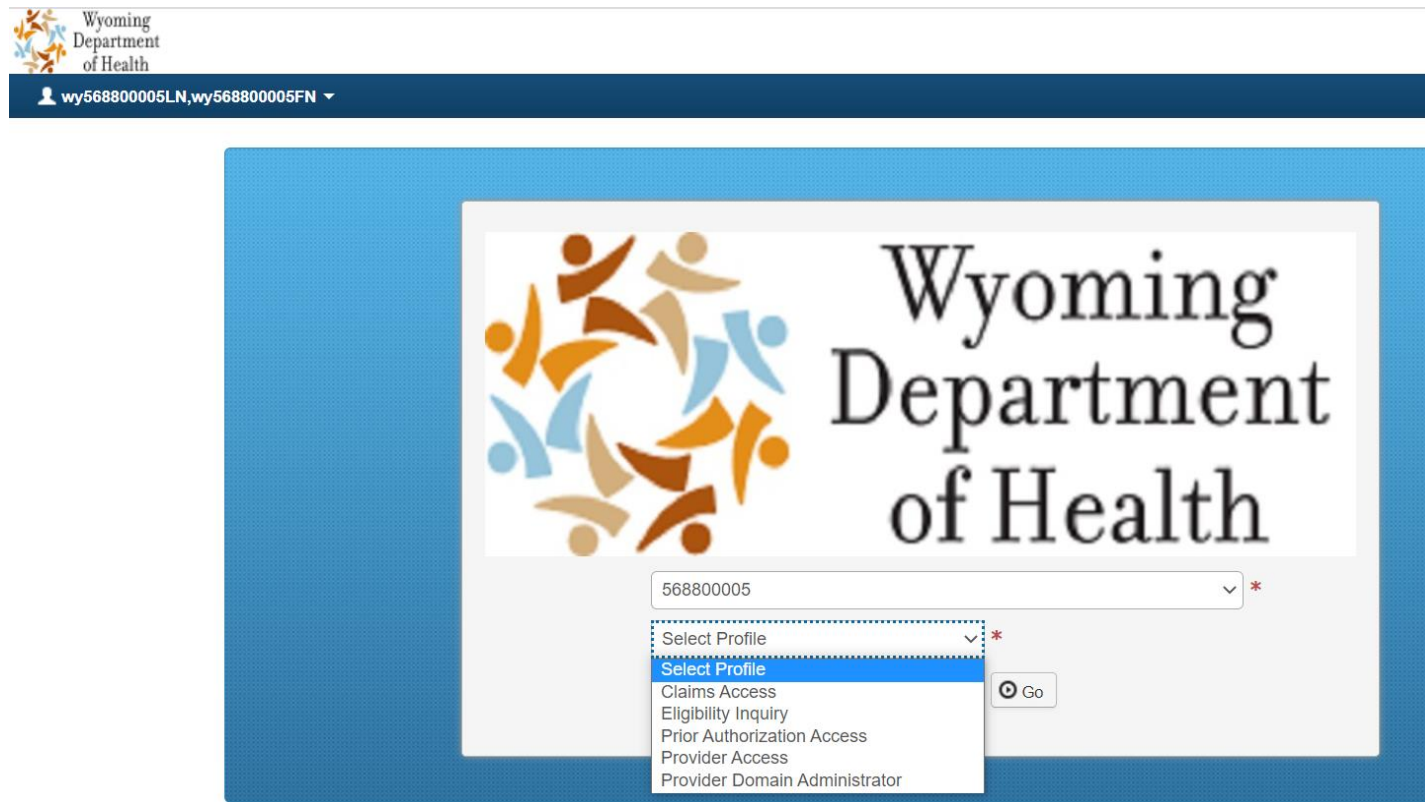
- 1. Provider ID (with a key icon)
- 2. Temporary ID (with a person icon)
- 3. Temporary Key (with a person icon)
- 4. SSN/Tax ID (with a lock icon)

Below the input fields is a 'Login' button. The form is set against a blue background with a white sidebar on the left.

1. From the Welcome Letter:
 - **Provider ID:** Enter the Provider ID
 - **Temporary ID:** Enter the Temporary ID
2. From the Security Letter:
 - **Temporary Key:** Enter the Temporary Key number
3. **SSN/Tax ID:** Enter the Tax ID (SSN/EIN)
 - **For the Legacy Provider ID,** enter the Tax ID (SSN/EIN) on file with Conduent/HHS where Medicaid payments are received.
4. Select '**Login**'.
 - The system directs you to the Provider Portal page to select your Provider Domain Administrator Profile.

Provider Portal – Select Profile

The user has successfully accessed the Provider Portal!



- This first screen displays:
 - Provider name and number (this is your Provider Domain)
 - Option to select a profile
- Provider profile options display
 - Initially, choose Provider Access

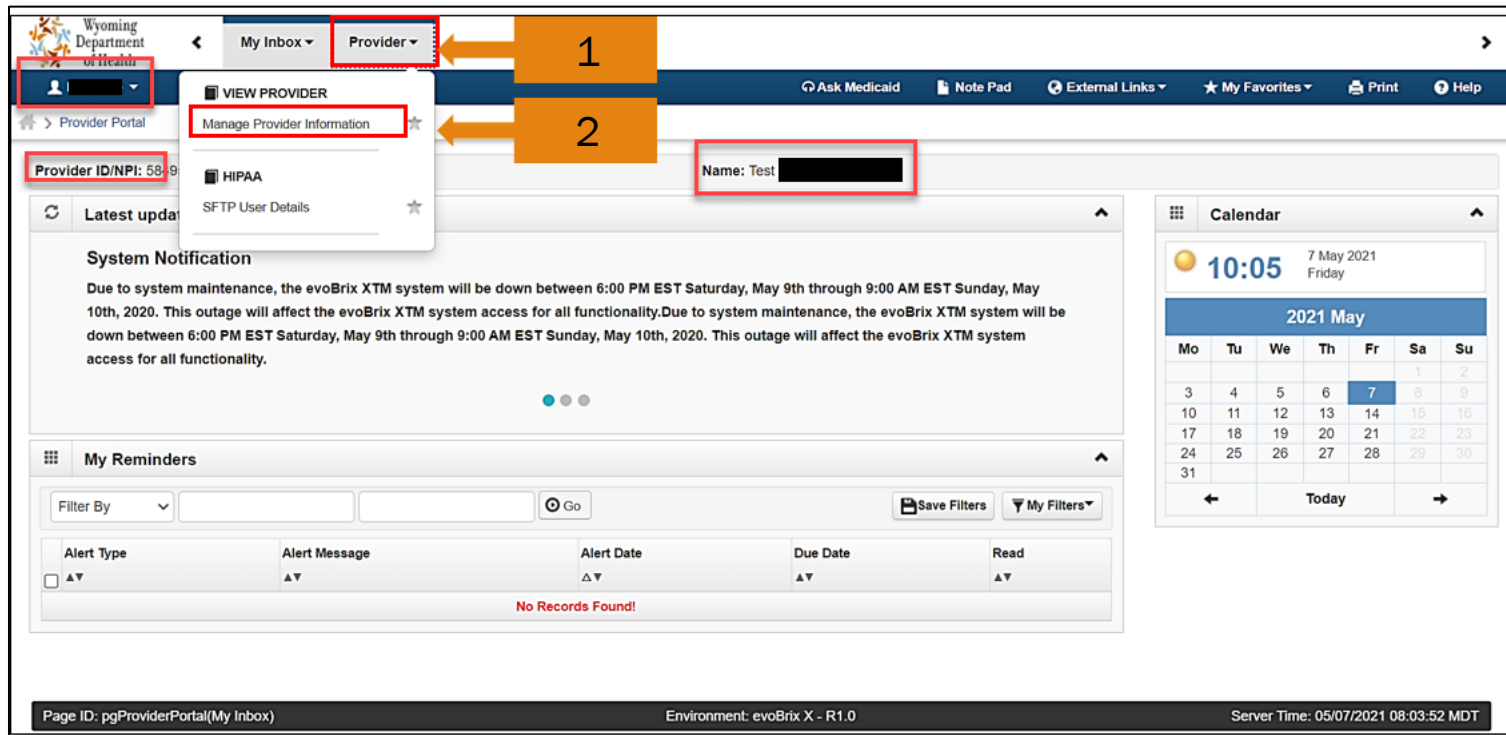
The next slides list and define the profiles.

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
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 Clearinghouse • Submit/Upload HIPAA batch transactions (270, 276, 837) • Online batch claims submission (837 D, I, P) • Retrieve HIPAA responses (835) • Retrieve acknowledgement and responses (999, TA1, 271, 277)

Profile Name	Access Rights
Claims 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)

Provider Portal Home Page

Getting familiar with the BMS Provider Portal



- **Username:** Displays on the top left.
- **Provider ID/NPI:** Also displays on the left
- **Provider Name:** Displays in the middle of the screen

Click on the Provider Tab to Verify and update your information and transactions:

1. Select the Provider drop-down list.
2. Select 'Manage Provider Information'.

Manage Provider Information

View/Update Provider Data - Group Practice		
<input type="checkbox"/> Step	Required	Last Modification Date
<input type="checkbox"/> Step 1: Provider Basic Information	Required	03/11/2021
<input type="checkbox"/> Step 2: Locations	Required	03/11/2021
<input type="checkbox"/> Step 3: Taxonomy Details	Required	03/11/2021
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	03/11/2021
<input type="checkbox"/> Step 5: Identifiers	Optional	03/11/2021
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional	03/11/2021
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	03/26/2021
<input type="checkbox"/> Step 8: EDI Contact Information	Required	03/25/2021
<input type="checkbox"/> Step 9: Associate Billing Agent	Required	03/26/2021
<input type="checkbox"/> Step 10: Upload Documents	Optional	03/11/2021
<input type="checkbox"/> Step 11: Complete Trading Partner Agreement	Required	03/11/2021
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	03/11/2021
View Page: <input type="text" value="1"/> <input type="button" value="Go"/> <input type="button" value="Page Count"/> <input type="button" value="SaveToXLS"/>		

- Provider Domain Administrators should specifically review:
- Steps 1-6 for accuracy
-

Select the blue hyperlinks in steps 1-6 to view provider information and become familiar with the screens.

Steps 1 – 6

- Step 1: Provider Basic Information – includes provider name, doing business as, NPI, tax ID, enrollment status and active eligibility date range, and email address
- Step 2: Locations – lists locations and within each provider
 - Displays phone and fax numbers, and addresses by type (correspondence, physical location, pay-to and remittance advice)
- Step 3: Taxonomy Details – lists the taxonomy code and description
- Step 4: License/Certification/Other – displays items such as CLIA certifications
- Step 5: Identifiers – displays a complete list of provider identifiers, such as tax ID and Medicaid provider ID
- Step 6: View Servicing Provider Details – lists servicing or treating providers for groups

Steps 7 - 12

Steps 7–9 & 11–12 are related to electronic data interchange (EDI), claims submission, selecting a billing agent or clearinghouse (BH/CH), trading partner agreement, and submitting modification requests for EDI updates.

- Provider Domain Administrators should specifically review:
 - Step 7: Mode of Claims Submission/EDI Exchange
 - Step 8: EDI Contact Information
 - Step 9: Associate Billing Agent
 - Step 11: Complete Trading Partner Agreement (TPA)
 - Step 12: Submit Modification Request

- Next, we go over these steps in detail

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

- ALL converted providers should verify the mode of claim submissions to ensure they are accurate to avoid claim submission problems which may result in payment delays

Wyoming Department of Health

My Inbox ▾ Provider ▾

wy: LN,wy FN ▾ Ask Medical

Provider Portal > Group Modification

Provider ID/NPI: 2 [redacted] Name: [redacted] Health Care

Close Undo Update

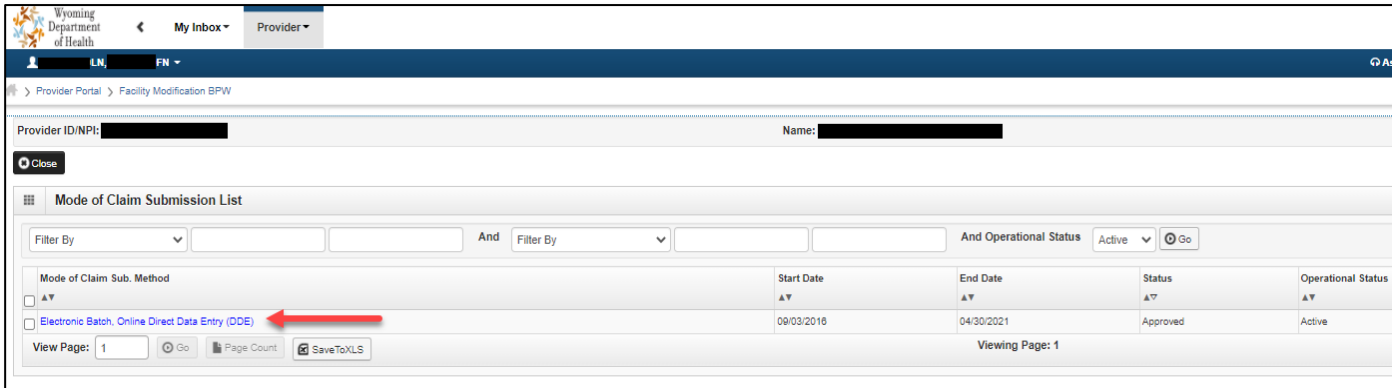
View/Update Provider Data - Group Practice

<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/> Step 1: Provider Basic Information	Required	04/07/2021	04/07/2021	Complete
<input type="checkbox"/> Step 2: Locations	Required	04/07/2021	04/07/2021	Complete
<input type="checkbox"/> Step 3: Taxonomy Details	Required	04/07/2021	04/07/2021	Complete
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	04/07/2021	04/07/2021	Complete
<input type="checkbox"/> Step 5: Identifiers	Optional	04/07/2021	04/07/2021	Complete
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional	04/07/2021	04/07/2021	Complete
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	04/07/2021	04/07/2021	Incomplete
<input type="checkbox"/> Step 8: EDI Contact Information	Optional	04/07/2021	04/07/2021	Incomplete
<input type="checkbox"/> Step 9: Associate Billing Agent	Optional	04/07/2021	04/07/2021	Incomplete
<input type="checkbox"/> Step 10: Upload Documents	Optional	04/07/2021	04/07/2021	Incomplete
<input type="checkbox"/> Step 11: Complete Trading Partner Agreement	Optional	04/07/2021	04/07/2021	Incomplete
<input type="checkbox"/> Step 12: Submit Modification Request	Required	04/07/2021	04/07/2021	Incomplete

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

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

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



The screenshot shows the Wyoming Department of Health Provider Portal. The 'Mode of Claim Submission List' table is displayed with the following data:

Mode of Claim Sub. Method	Start Date	End Date	Status	Operational Status
Electronic Batch, Online Direct Data Entry (DDE)	09/03/2018	04/30/2021	Approved	Active

A red arrow points to the blue hyperlink 'Electronic Batch, Online Direct Data Entry (DDE)' in the first column of the table. The interface also includes filter fields, a 'Go' button, and a 'View Page: 1' indicator.

- Online Direct Data Entry (DDE) is defaulted
- 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)

DDE is defaulted and cannot be 'unselected'

- 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.

Wyoming Department of Health

My Inbox

Provider

null, null

Ask Medicaid

Note Pad

External L

MyInbox

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

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.

 Close


 Mode of Claim Submission List


Filter By 






And

Filter By 


And Operational Status

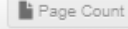
Active 

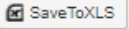
 Go

Mode of Claim Sub. Method 	Start Date 	End Date 	Status 	Operational Status 
<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:

 Go

 Page Count

 SaveToXLS

Viewing Page: 1

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

View/Update Provider Data - Group Practice		
<input type="checkbox"/> Step	Required	Last Modification Date
<input type="checkbox"/> Step 1: Provider Basic Information	Required	03/11/2021
<input type="checkbox"/> Step 2: Locations	Required	03/11/2021
<input type="checkbox"/> Step 3: Taxonomy Details	Required	03/11/2021
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	03/11/2021
<input type="checkbox"/> Step 5: Identifiers	Optional	03/11/2021
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional	03/11/2021
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	03/26/2021
<input type="checkbox"/> Step 8: EDI Contact Information	Required	03/25/2021
<input type="checkbox"/> Step 9: Associate Billing Agent	Required	03/26/2021
<input type="checkbox"/> Step 10: Upload Documents	Optional	03/11/2021
<input type="checkbox"/> Step 11: Complete Trading Partner Agreement	Required	03/11/2021
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	03/11/2021
View Page: 1 Go Page Count SaveToXLS		

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 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.

View/Update Provider Data - Group Practice		
<input type="checkbox"/> Step	Required	Last Modification Date
<input type="checkbox"/> Step 1: Provider Basic Information	Required	03/11/2021
<input type="checkbox"/> Step 2: Locations	Required	03/11/2021
<input type="checkbox"/> Step 3: Taxonomy Details	Required	03/11/2021
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	03/11/2021
<input type="checkbox"/> Step 5: Identifiers	Optional	03/11/2021
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional	03/11/2021
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	03/26/2021
<input type="checkbox"/> Step 8: EDI Contact Information	Required	03/25/2021
<input type="checkbox"/> Step 9: Associate Billing Agent	Required	03/26/2021
<input type="checkbox"/> Step 10: Upload Documents	Optional	03/11/2021
<input type="checkbox"/> Step 11: Complete Trading Partner Agreement	Required	03/11/2021
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	03/11/2021

View Page:

- 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

Step 9: Associate Billing Agent (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 [] Go

Billing Agent ID	Billing Agent Name	Start Date	End Date	835 Auth.	Auth. Start Date	Auth. End Date	Status	Operational Status
[Redacted]	MCKESSON	03/08/2016	12/31/2099	No			Approved	Active
[Redacted]	[Redacted]	03/08/2016	12/31/2099	No			Approved	Active
[Redacted]	[Redacted]	03/08/2016	12/31/2099	No			Approved	Active
[Redacted]	[Redacted]	03/08/2016	12/31/2099	No			Approved	Active

View Page: 1 Page Count SaveToXLS Viewing Page: 1

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

 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)

4200/1568646962 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
584970900	testgood	05/28/2021	12/31/2999
<input checked="" type="checkbox"/> 584971000	Test Billing Agent	06/01/2021	12/31/2999
<input type="checkbox"/>		06/09/2021	12/31/2999
<input type="checkbox"/>		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: dgAssoc.Submitter(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 or you can put 2999 as an 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 - Group Practice

<input type="checkbox"/> Step	Required	Last Modification Date
<input type="checkbox"/> Step 1: Provider Basic Information	Required	03/11/2021
<input type="checkbox"/> Step 2: Locations	Required	03/11/2021
<input type="checkbox"/> Step 3: Taxonomy Details	Required	03/11/2021
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	03/11/2021
<input type="checkbox"/> Step 5: Identifiers	Optional	03/11/2021
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional	03/11/2021
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	03/26/2021
<input type="checkbox"/> Step 8: EDI Contact Information	Required	03/25/2021
<input type="checkbox"/> Step 9: Associate Billing Agent	Required	03/26/2021
<input type="checkbox"/> Step 10: Upload Documents	Optional	03/11/2021
<input type="checkbox"/> Step 11: Complete Trading Partner Agreement	Required	03/11/2021
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	03/11/2021

View Page: 1

Go

Page Count

SaveToXLS

Step 11: Complete Trading Partner Agreement (TPA)

The screenshot shows the Wyoming Department of Health Provider Portal. At the top, there's a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, a breadcrumb trail shows 'Provider Portal' > 'Facility Modification BPW'. The main content area is titled 'Trading Partner Agreement'. It contains a section for 'Electronic Signature Statements of Understanding' with a checkbox for agreement. Below this is the 'Submitting Person Signature' section with input fields for 'First Name' and 'Last Name'. A red arrow points to a link 'Click here for the Trading Partner Agreement Terms and Conditions.' in the 'Trading Partner Agreement' section. The 'Submit' button is highlighted with a red box.

Wyoming Department of Health

My Inbox Provider

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal > Facility Modification BPW

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

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

Provider ID/NPI: [Redacted]

☐ 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: [Redacted] *

Last Name: [Redacted] *

- 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 - Group Practice

<input type="checkbox"/> Step	Required	Last Modification Date
<input type="checkbox"/> Step 1: Provider Basic Information	Required	03/11/2021
<input type="checkbox"/> Step 2: Locations	Required	03/11/2021
<input type="checkbox"/> Step 3: Taxonomy Details	Required	03/11/2021
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	03/11/2021
<input type="checkbox"/> Step 5: Identifiers	Optional	03/11/2021
<input type="checkbox"/> Step 6: View Servicing Provider Details	Optional	03/11/2021
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	03/26/2021
<input type="checkbox"/> Step 8: EDI Contact Information	Required	03/25/2021
<input type="checkbox"/> Step 9: Associate Billing Agent	Required	03/26/2021
<input type="checkbox"/> Step 10: Upload Documents	Optional	03/11/2021
<input type="checkbox"/> Step 11: Complete Trading Partner Agreement	Required	03/11/2021
<input type="checkbox"/> Step 12: Submit Modification Request for Review	Required	03/11/2021

View Page: 1

Go

Page Count

SaveToXLS

Step 12: Submit Modification Request

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

Wyoming Department of Health

My Inbox Provider

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal Facility Modification BPW

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

Close Submit for Modification

Final Submission

NPI: [REDACTED] EnrollmentType: Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)

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

Step 12: Submit Modification Request

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

Wyoming Department of Health

My Inbox Provider

wy75892519LN,wy75892519FN Ask Medicaid

Provider Portal Group Modification

Provider ID/NPI: 500139110/1306519400 Name: Joan Health Care

Close Undo Update

View/Update Provider Data - Group Practice

Step	Required	Last Modification Date	Last Review Date	Status
Step 1: Provider Basic Information	Required	04/21/2021	04/21/2021	Complete
Step 2: Locations	Required	04/21/2021	04/21/2021	Complete
Step 3: Taxonomy Details	Required	04/21/2021	04/21/2021	Complete
Step 4: License/Certification/Other	Optional	04/21/2021	04/21/2021	Complete
Step 5: Identifiers	Optional	04/21/2021	04/21/2021	Complete
Step 6: View Servicing Provider Details	Optional	04/21/2021	04/21/2021	Complete
Step 7: Mode of Claim Submission/EDI Exchange	Required	04/22/2021	04/22/2021	Complete
Step 8: EDI Contact Information	Optional	04/21/2021	04/21/2021	Complete
Step 9: Associate Billing Agent	Required	01/01/1900	04/22/2021	Complete
Step 10: Upload Documents	Optional	04/21/2021	04/21/2021	Complete
Step 11: Complete Trading Partner Agreement	Required	04/22/2021	04/22/2021	Complete
Step 12: Submit Modification Request	Required	04/22/2021	04/21/2021	Complete

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

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]	[Redacted]	03/08/2016	12/31/2999	No	
50 [Redacted]	[Redacted]	03/08/2016	12/31/2999	No	
50 [Redacted]	[Redacted]	03/08/2016	12/31/2999	No	
50 [Redacted]	[Redacted]	03/08/2016	12/31/2999	No	

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

Close Save

Manage Billing Agent Association

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

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

Status: Approved

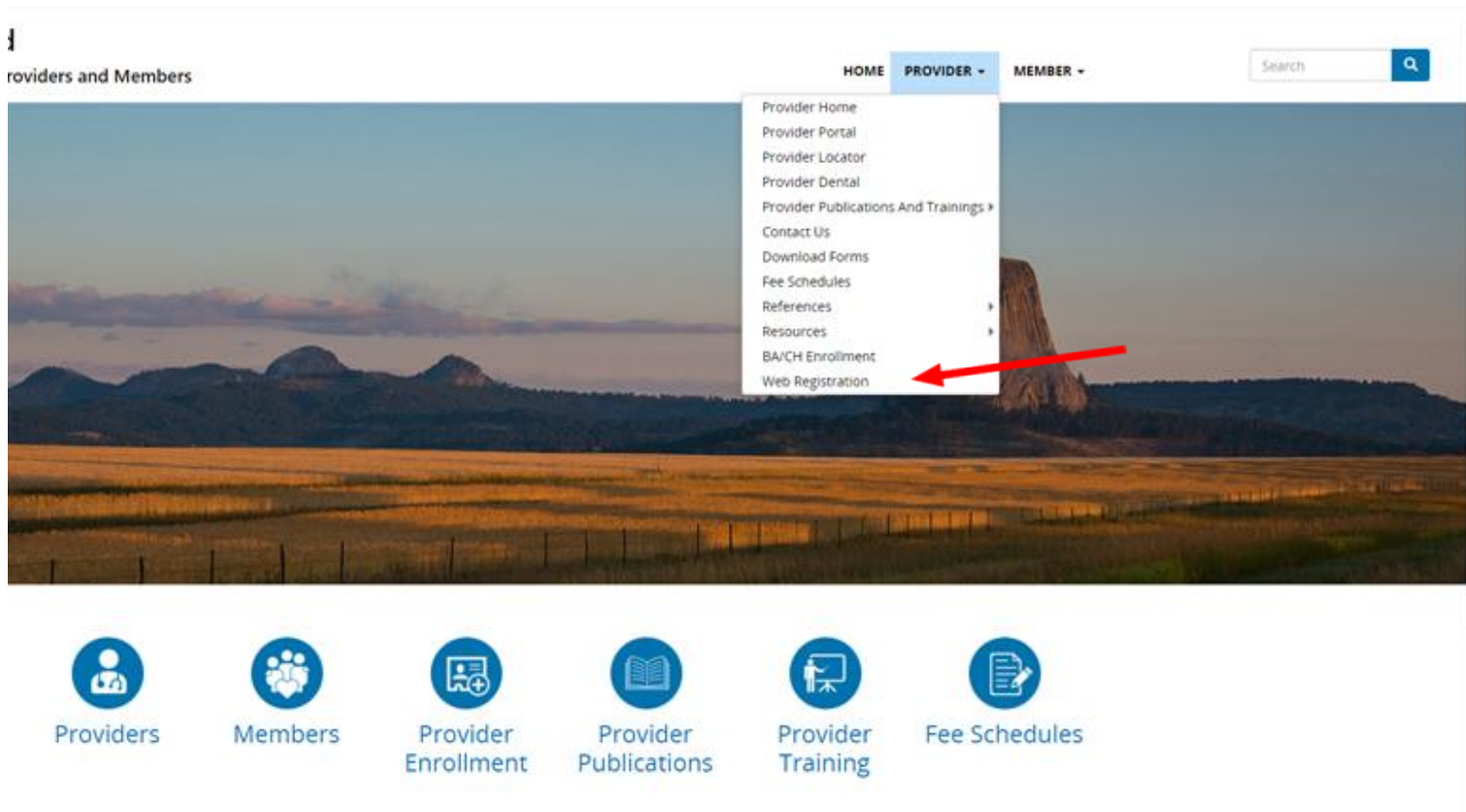
Authorized Transaction Responses

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

- 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'.

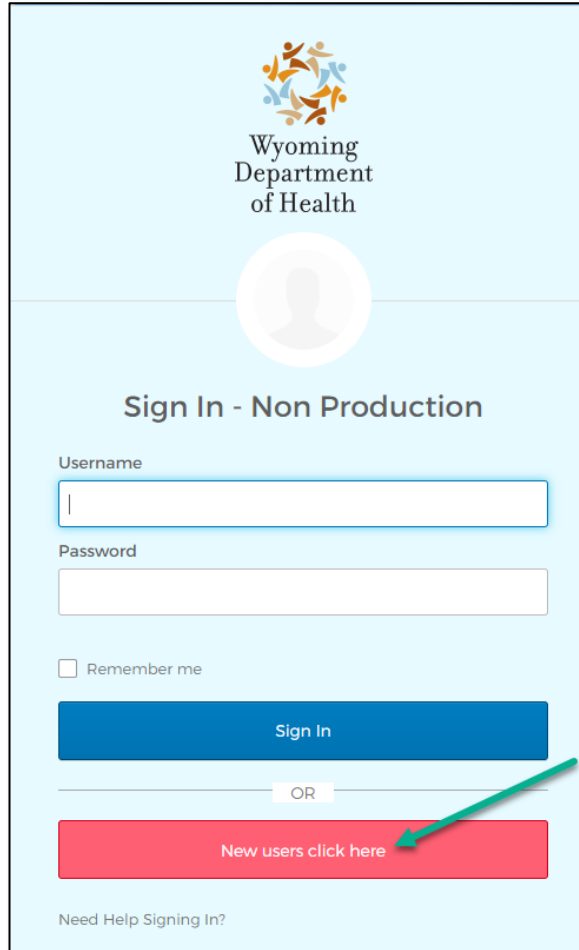
Adding New Users & Additional Administrators

- Access the Medicaid Website at www.wyomingmedicaid.com/



- We highly recommend having an additional administrator!
- Instruct your new user to go to the Medicaid Website and select 'Web Registration'.

Adding New Users & Additional Administrators

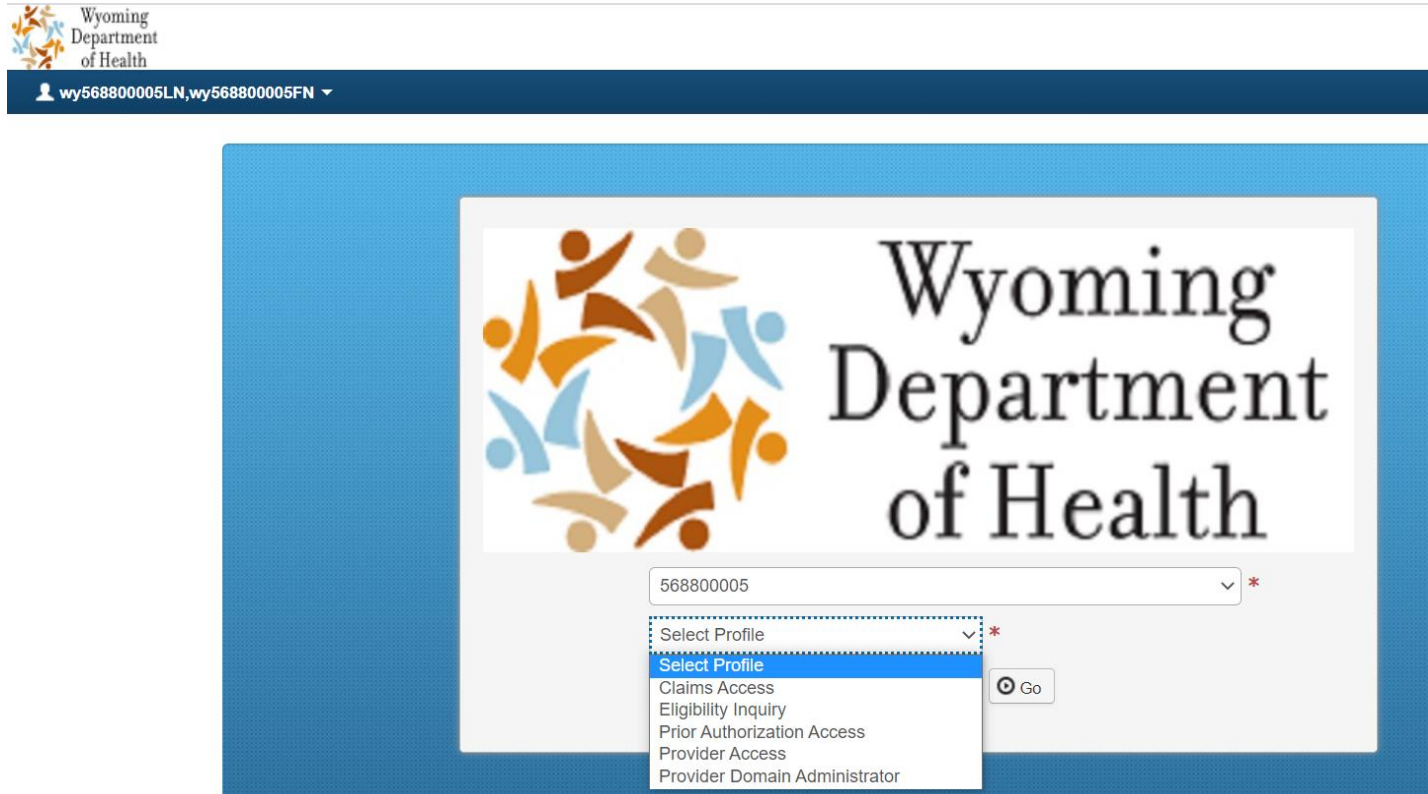


The image shows a web form for signing in to a non-production environment. At the top, there is a logo for the Wyoming Department of Health, which consists of a circular arrangement of stylized human figures in various colors. Below the logo, the text "Wyoming Department of Health" is displayed. Underneath the text is a placeholder for a user profile picture, represented by a grey silhouette inside a white circle. Below the profile picture, the text "Sign In - Non Production" is centered. The form includes 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 the word "OR" in the center. Below the line is a red button labeled "New users click here". A green arrow points to the "New users click here" button. At the bottom of the form, there is a link that says "Need Help Signing In?".

- The new user must first complete the Okta Single Sign-On to create their user ID and password, just like you did.

NOTE: Once they have completed the steps the SSO Landing page appears. Once they successfully complete this process, they must provide you with their User ID only, so you can associate their user ID to the Provider Domain.

Adding New Users & Additional Administrators



Wyoming Department of Health

wy568800005LN,wy568800005FN

Wyoming Department of Health

568800005

Select Profile

Select Profile

Claims Access

Eligibility Inquiry

Prior Authorization Access

Provider Access

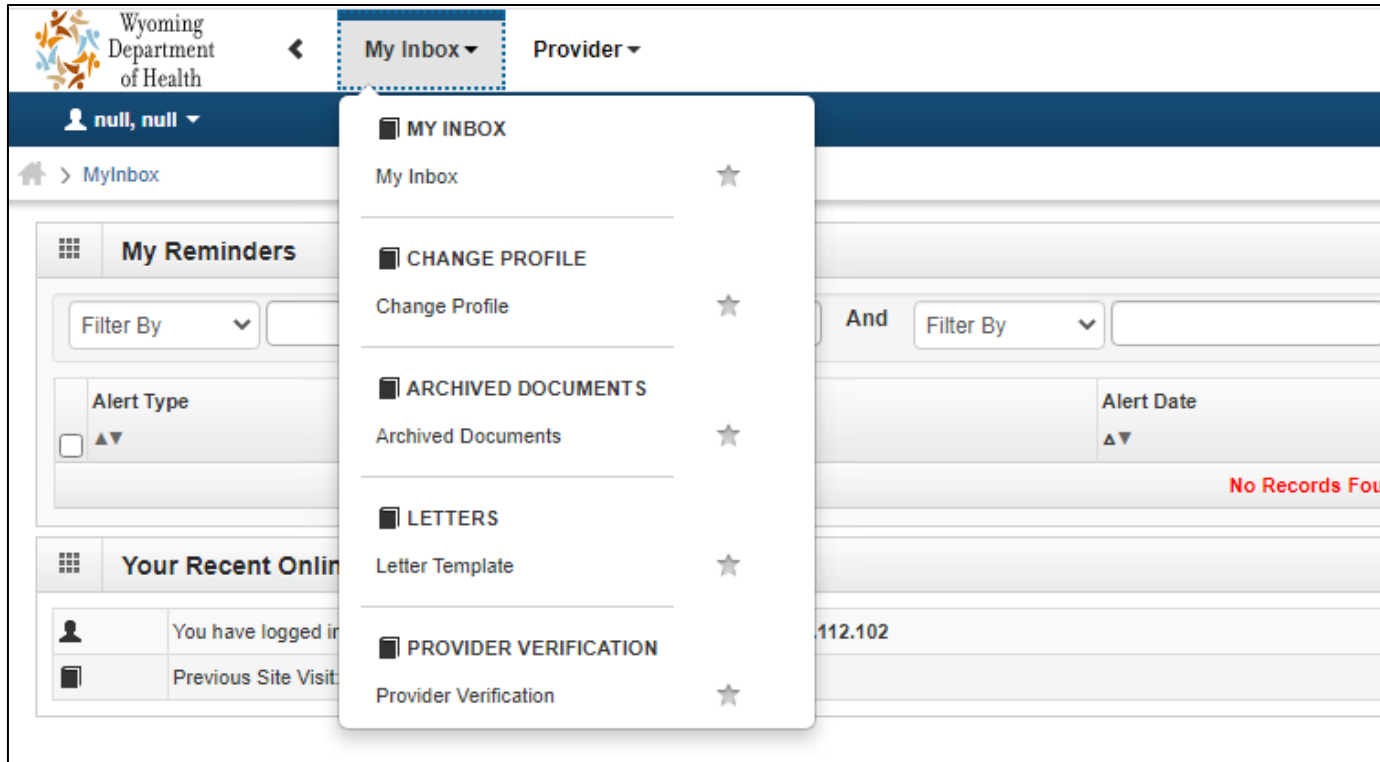
Provider Domain Administrator

Go

If you have logged out of the Portal and once you have the new user's ID:

1. Log in to the Provider Portal.
2. Select 'Provider Domain Administrator' profile.

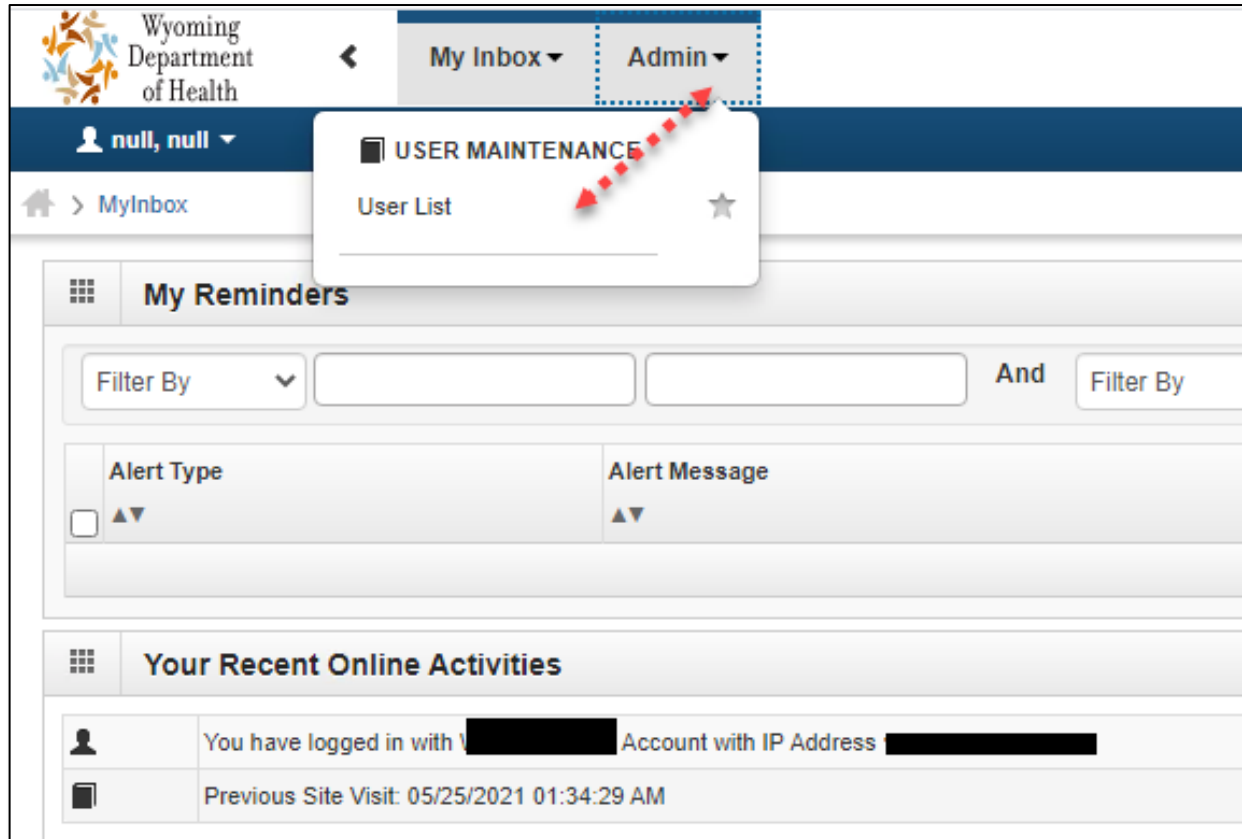
Adding New Users & Additional Administrators



If you are already logged on to the Provider Portal:

1. To change your profile from 'Provider' to 'Provider Administrator', select '**Change Profile**' from the 'My Inbox' drop-down menu.

Adding New Users & Additional Administrators



- The Admin tab displays.
- Select 'User List' to begin adding new users and administrators.

Adding New Users & Additional Administrators

Wyoming Department of Health

My Inbox Admin

null, null

MyInbox > UserList

Close + Add

Manage Users

Filter By And Filter By Go

Domain Name	Name	Organization

- The User List page lists all the users. Filter the users to view them by specific criteria such as User ID or expiration date
- To add a new user, select '+Add'.

Adding New Users & Additional Administrators

The screenshot shows a web-based interface for adding a new provider user. The window has a title bar with 'Print' and 'Help' icons. Below the title bar is a tab labeled 'Add Provider User'. The main content area is titled 'Please enter the following information'. It contains several input fields: 'User ID' with a required asterisk and a hint '[Enter Single Sign On ID]'; 'Provider Domain' with a dropdown menu showing 'Health Care 2'; 'Start Date' with a date picker set to '08/18/2021' and a required asterisk; and 'Expiration Date' with a date picker set to '12/31/2999' and a required asterisk. Below these fields are two list boxes: 'Available Profiles' on the left and 'Selected Profiles *' on the right. The 'Available Profiles' list includes 'Claims Access', 'Eligibility Inquiry', 'Prior Authorization Access', 'Provider Access', and 'Provider Domain Administrator'. There are double arrow buttons between the two lists. At the bottom of the form is a 'Remarks' text area. The window ends with 'Ok' and 'Cancel' buttons.

- Enter the new user ID
 - If more than one Provider Domain (Provider ID), select the one to which you want to associate this user.
- The Start Date defaults to the current day's date and cannot be back dated
- Select the profile you want this user to have
- To add an additional Provider Administrator

Adding New Users & Additional Administrators

Please enter the following information

User ID: * [Enter Single Sign On ID]

Provider Domain:

Start Date: *

Expiration Date: *

Available Profiles

- Claims Access
- Eligibility Inquiry
- Prior Authorization Access
- Provider Access

Selected Profiles *

- Provider Domain Administrator

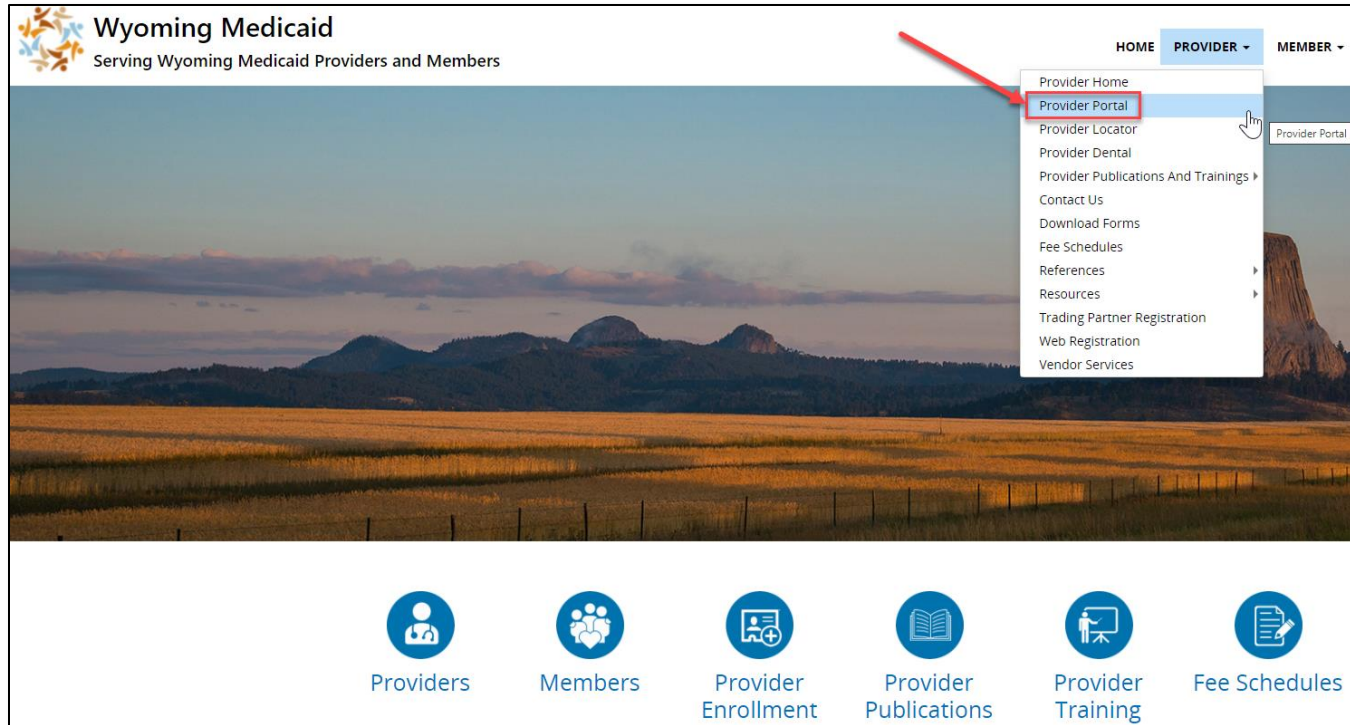
Remarks:

This screenshot indicates the only profile selected for the new user is the 'Provider Domain Administrator'.

- Enter the User ID.
- Select 'Provider Domain Administrator'.
- Select the double arrow to move the selected profile to the right.
- Select **Ok**.

Repeat these steps to add new users.


Provider Portal After Registration




Accessing the Provider Portal after registration

- From the Medicaid Website www.wyomingmedicaid.com/.
- From the Provider drop-down menu, select 'Provider Portal'.
- This takes you to the SSO page.

Provider Portal After Registration



Wyoming
Department
of Health



Sign In - Non Production

Username
[Redacted]

Password
[Redacted]

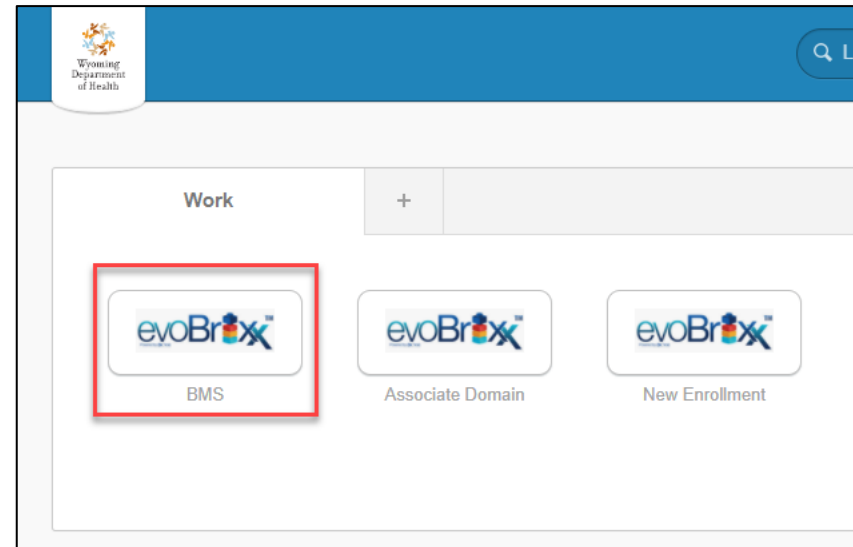
☐ Remember me

Sign In

OR

New users click here

Need Help Signing In?



1. Enter your User ID in the Username field.

NOTE: Once you enter your User ID, the security image you selected during the Okta SSO process populates.

2. Enter your password in the Password field.

3. Select 'Sign In' to access the Provider Portal.

4. Select the BMS Provider Portal

Questions & Resources

- For questions or assistance email the Field Representatives at Wyprovideroutreach@cns-inc.com
- Trainings on the other Provider Portal features are available on the Medicaid Website
- Provider Manuals
 - Common Billing Information
 - EDI / Provider Portal
- Wyoming Medicaid EDI Companion Guide (under Provider Publications)
- Next, we touch on the TPL Disallowance Portal, completing the Web Registration for your TPID, and wrap up with how to reset your passwords.

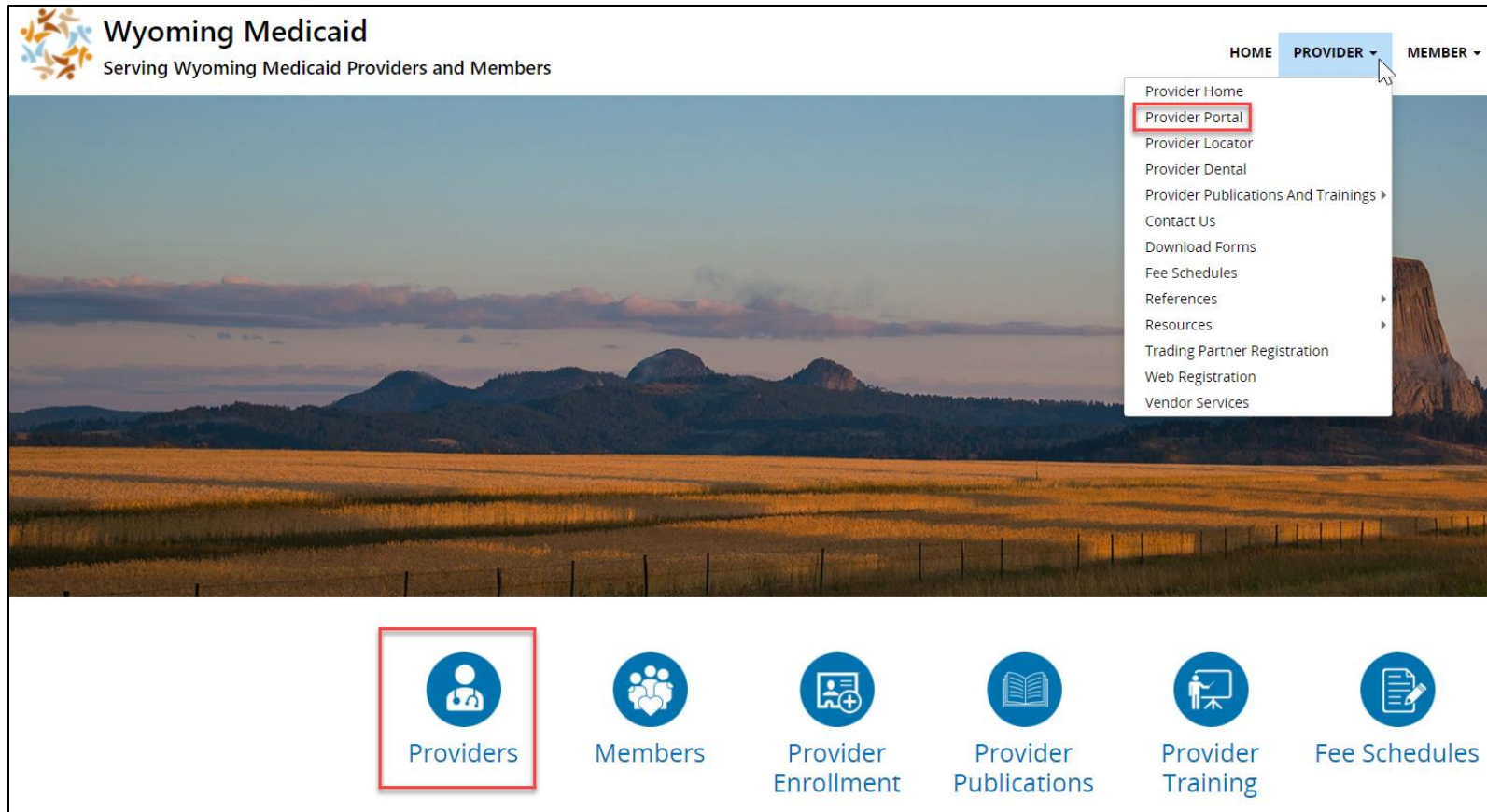
TPL Disallowance Portal

- Providers
- User receives letter from HMS inviting them to the TPL Disallowance Portal, if applicable
- After registration, the user gains access to the Provider Portal directly from the Wyoming Medicaid Website (www.wyomingmedicaid.com)
 - Select the **'Provider'** icon.
 - Select **'Returning Provider'**.
 - Log in through the SSO.

Password Reset/Forgot Password

URL: www.wyomingmedicaid.com

Password Reset/Forgot Password



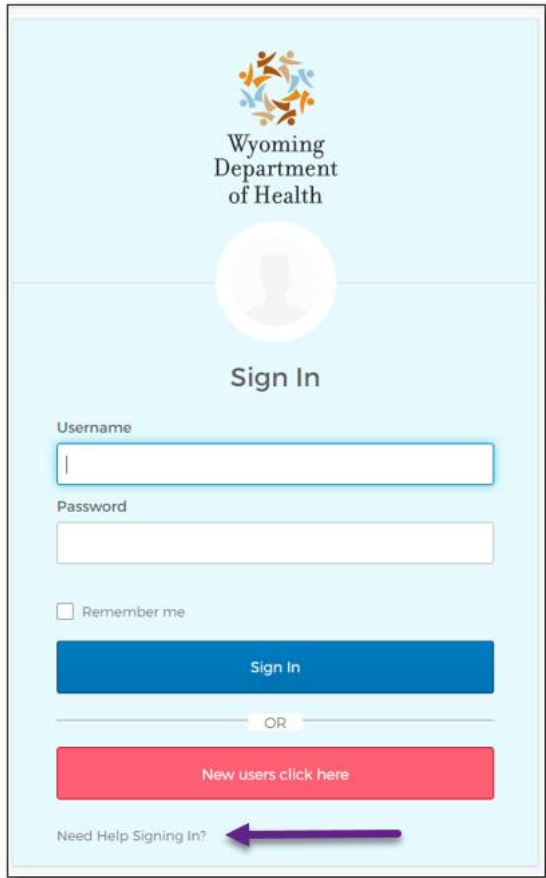
Important! A Password Reset or Forgot Password is used only after providers or users have completed their single sign-on (SSO) and are registered for the Provider Portal.

- 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 image shows a web form for signing in to the Wyoming Department of Health system. At the top is the Wyoming Department of Health logo. Below it is a placeholder for a user profile picture. The text "Sign In" is centered. There are two input fields: "Username" and "Password". Below the password field is a checkbox labeled "Remember me". A blue "Sign In" button is below the checkbox. Below the button is a horizontal line with the word "OR" in the center. Below the line is a red button labeled "New users click here". At the bottom left, there is a link "Need Help Signing In?" with a purple arrow pointing to it.

- 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

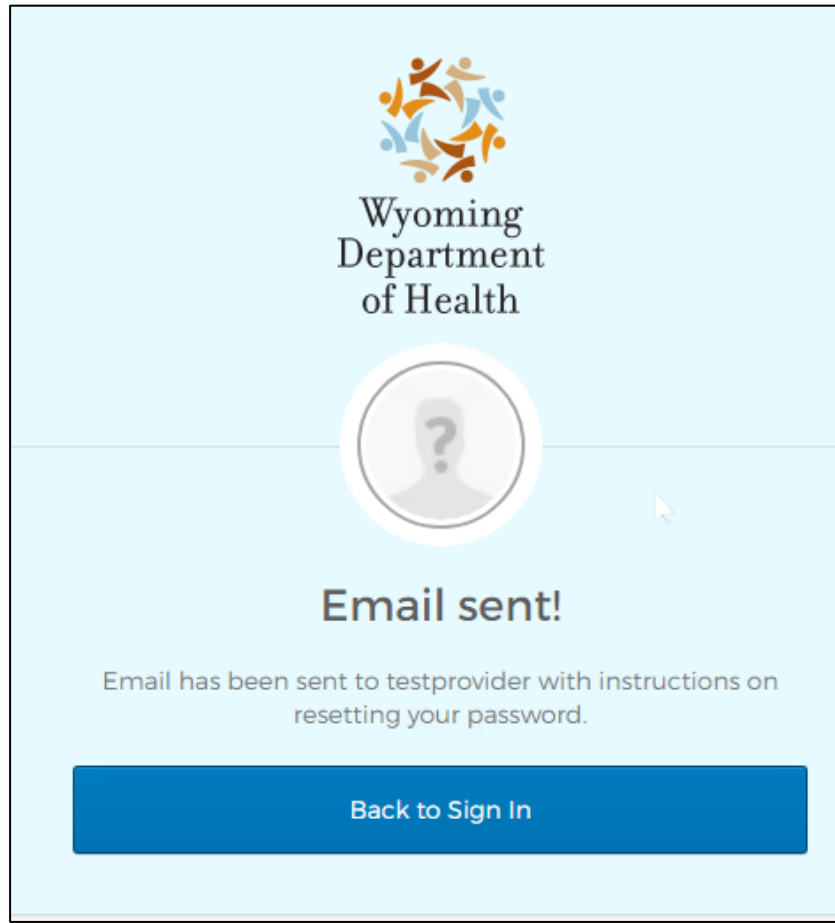
Reset via Email

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



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Thank you

Web Registration Single Provider Number