Accessing the Provider Portal

1. Use the following link to access the Medicaid website at:
https://www.wyomingmedicaid.com
2. Select **Provider**.
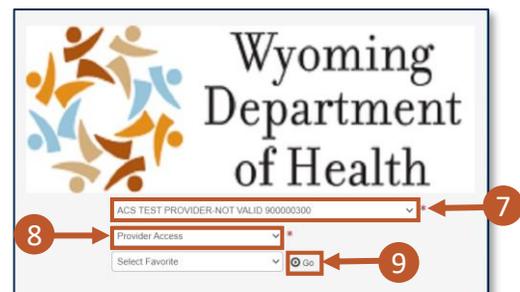3. Select **Provider Portal**.
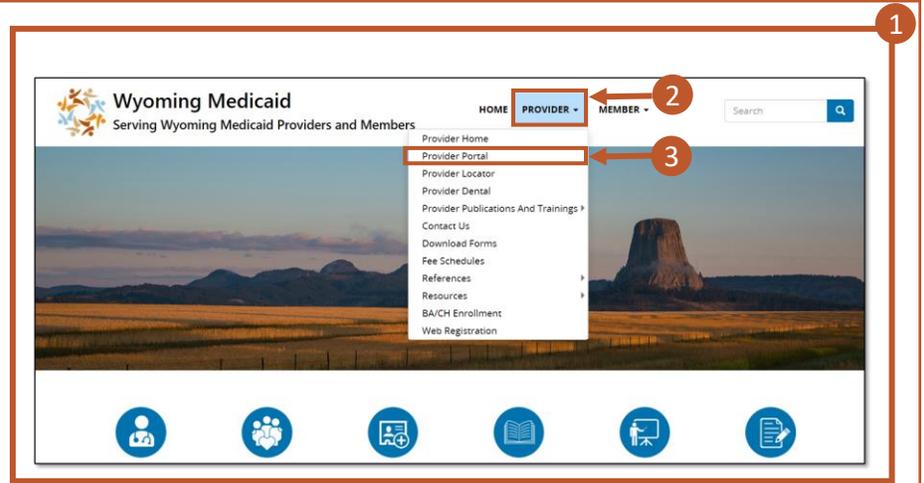
4. Log in to the Provider Portal with your Single Sign-On (SSO) **username** and **password**.
5. Select **Sign In**.
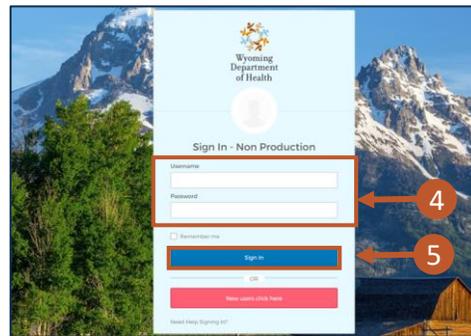
6. Verify authentication based on your setup selection:

   a) For SMS, select **Send code**
   b) If you selected an OKTA push, accept the push
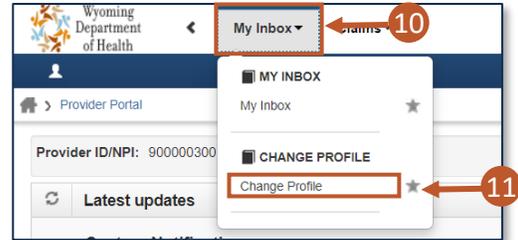   c) If you chose Google Authenticator, enter that code
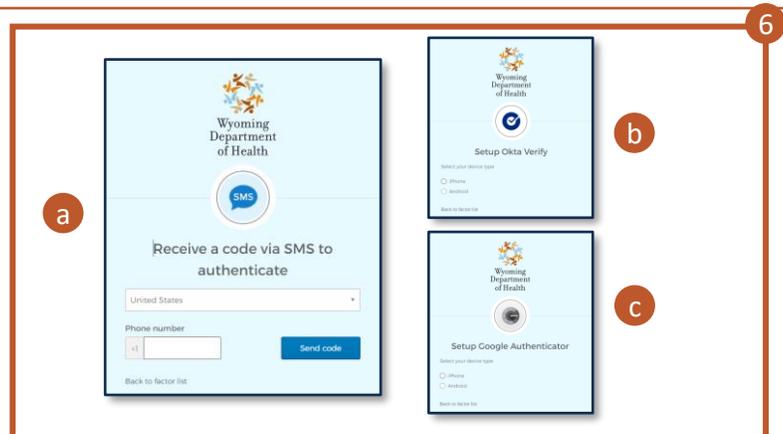
7. Select the domain you want to work in from the **Domain** drop-down list.
8. Select **Provider Access**.
9. Select **Go**.
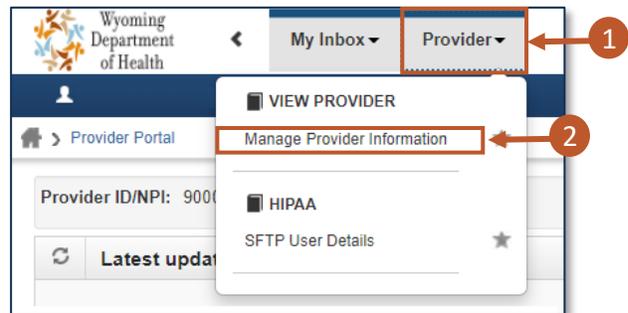
Accessing the Provider Portal Cont'd

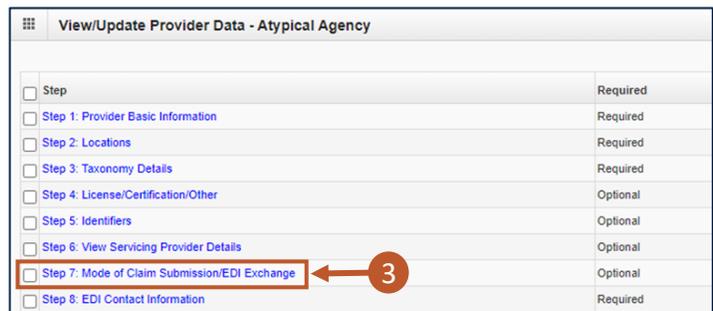|	
If you are already logged into the Provider Portal, you can change the profile: 10. Select **My Inbox**. 11. Select **Change Profile**.	

Step 7: Mode Claim Submission/Electronic Data Interchange (EDI) Exchange
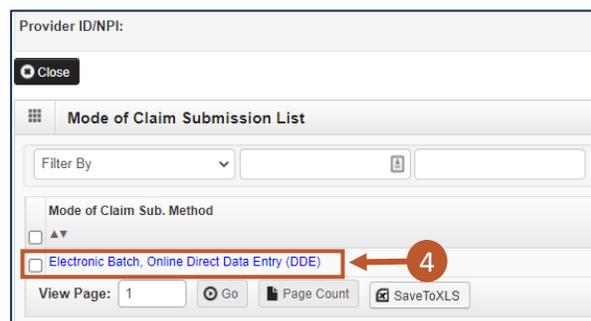
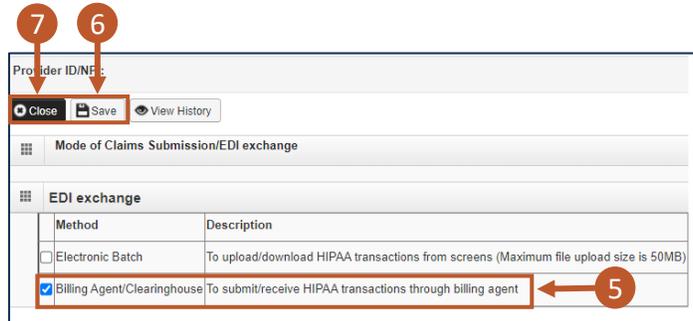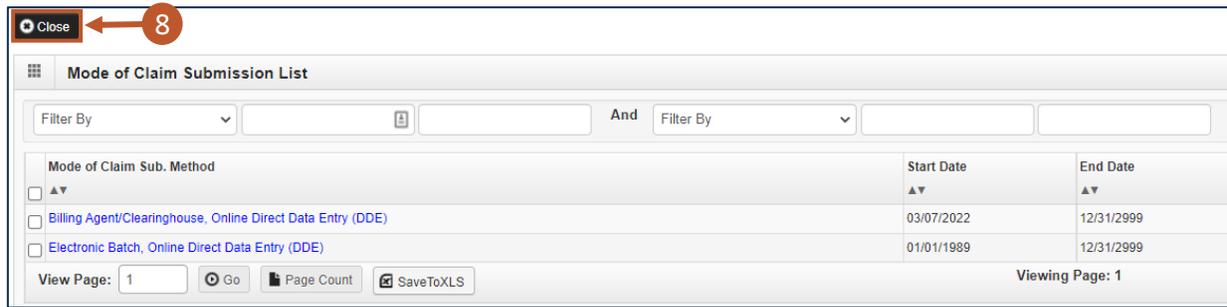|	
1. Select **Provider**. 2. Select **Manage Provider Information**.	
3. Select **Step 7: Mode of Claim Submission/EDI (Electronic Data Interchange) Exchange**.	
4. From the **Mode of Claim Submission List**, select **Electronic Batch, Online Direct Data Entry (DDE)**.	

Step 7: **Mode** Claim Submission/EDI Exchange Cont'd

5. Select the **Billing Agent/Clearinghouse** checkbox.
6. Select **Save**.
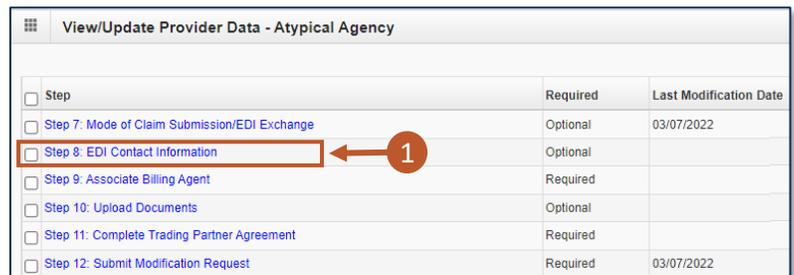7. Select **Close** to return to previous screen.

Provider ID/NPI:

Close | Save | View History

Mode of Claims Submission/EDI exchange

EDI exchange

	Method	Description
☐	Electronic Batch	To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB)
☑	Billing Agent/Clearinghouse	To submit/receive HIPAA transactions through billing agent

Note: The **Mode of Claim Submission List** displays the addition.

8. Select **Close** to return to the previous screen.

Close

Mode of Claim Submission List

Filter By ⌄ | And | Filter By ⌄

	Mode of Claim Sub. Method ▲▼	Start Date ▲▼	End Date ▲▼
☐	Billing Agent/Clearinghouse, Online Direct Data Entry (DDE)	03/07/2022	12/31/2999
☐	Electronic Batch, Online Direct Data Entry (DDE)	01/01/1989	12/31/2999

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

Step 8: Electronic Data Interchange (EDI) Contact Information

1. Select **Step 8: EDI (Electronic Data Interchange) Contact Information**.

View/Update Provider Data - Atypical Agency

	Step	Required	Last Modification Date
☐	Step 7: Mode of Claim Submission/EDI Exchange	Optional	03/07/2022
☐	Step 8: EDI Contact Information	Optional	
☐	Step 9: Associate Billing Agent	Required	
☐	Step 10: Upload Documents	Optional	
☐	Step 11: Complete Trading Partner Agreement	Required	
☐	Step 12: Submit Modification Request	Required	03/07/2022

2. Select **Add** to add an EDI contact.

Close | Add

Provider EDI Contact List

Filter By ⌄

Step 8: Electronic Data Interchange (EDI) Contact Information

Note: The EDI Contact information is for the EDI Contact person at the Provider's office.

3. Complete all required fields indicated with an asterisk (*) and select **Validate Address** to validate address.
4. When completed, select **Ok** to add EDI Contact and select **Close** to return to **View/Update Provider Data**.

Add EDI Contact

First Name:	*
Last Name:	*
Phone Number:	*
Fax Number:	
Email Address:	*
Start Date:	MM/DD/YYYY *
End Date:	MM/DD/YYYY *
Address Line 1:	*
(Enter Street Address or PO Box Only)	
Address Line 2:	
Address Line 3:	
City/Town:	OTHER *
State/Province:	OTHER *
County:	OTHER
Country:	UNITED STATES *
Zip Code:	* - ⊘ Validate Address

③

✔ Ok

④

Step 9: Associate Billing Agent (and/or Clearinghouse)

1. Select **Step 9: Associate Billing Agent**.

View/Update Provider Data - Atypical Agency

Step	Required	Last Modification Date
Step 7: Mode of Claim Submission/EDI Exchange	Optional	03/07/2022
Step 8: EDI Contact Information	Optional	
Step 9: Associate Billing Agent	Required	
Step 10: Upload Documents	Optional	
Step 11: Complete Trading Partner Agreement	Required	
Step 12: Submit Modification Request	Required	03/07/2022

①

2. From the **Billing Agent List**, select the **Billing Agent ID**.
    If the Billing Agent is not listed, proceed to [step 8](#).

Billing Agent List

| Filter By | | And | Filter By | | |

Billing Agent ID ▲▼	Billing Agent Name ▲▼	Start Date ▲▼	End Date ▲▼	835 Auth. ▲▼
500000400	Emdeon dba CHANGE HEALTHCARE	03/09/2022	12/31/2999	No
500000500	RlyHlth dba CHNG HLTHCR (CHC1)	03/09/2022	12/31/2999	No
500000600	TriZetto Provider SolutionsLLC	03/09/2022	12/31/2999	No
500048000	EXPERIAN HEALTH INC	03/09/2022	12/31/2999	No
500050000	CLAIM.MD	03/09/2022	12/31/2999	No

②

View Page: 1 ⊘ Go 📄 Page Count 📄 SaveToXLS

Step 9: Associate Billing Agent Cont'd

3. From the **Manage Billing Agent Association** page, enter today's date in the **Association Start Date** field and 12/31/2999 in the **Association End Date** field.
4. Under the **Authorized Transaction Responses** section, select the **Authorized** checkbox for 835.
5. Enter today's date in the **Start Date** field and enter 12/31/2999 in the **End Date** field.
6. Select **Save**.
7. Select **Close**.

Note: <u>Only</u> one clearinghouse can be authorized at a time to receive 835s. Clearinghouses will receive 835s <u>after</u> the authorization date.

8. If Billing Agent is not listed, select **Add** to add Billing Agent.

Note: The terms Billing Agent and Clearinghouse are interchangeable.

Step 9: Associate Billing Agent Cont'd

9. From the **Manage Billing Agent Association** page, enter the **Billing Agent ID**.
10. If you do not know the Billing Agent ID, proceed to step 14 to select **Search Billing Agent**.
    a) From the **Search** page, use the **Filter By** drop-down list to filter by Agent name.
    b) Select the checkbox next to the Billing Agent ID and Name.
    c) Choose **Select**.
11. Enter today's date in the **Association Start Date** field and 12/31/2999 in the **Association End Date** field.
12. Under the **Authorized Transaction Responses** section, select the **Authorized** checkbox for 835.
13. Enter today's date in the **Start Date** field and enter 12/31/2999 in the **End Date** field.
14. Select **Confirm/Search Billing Agent**.
15. Select **OK** to return to the **Billing Agent List**. Select **Close** to return to **View/Update Provider Data**.
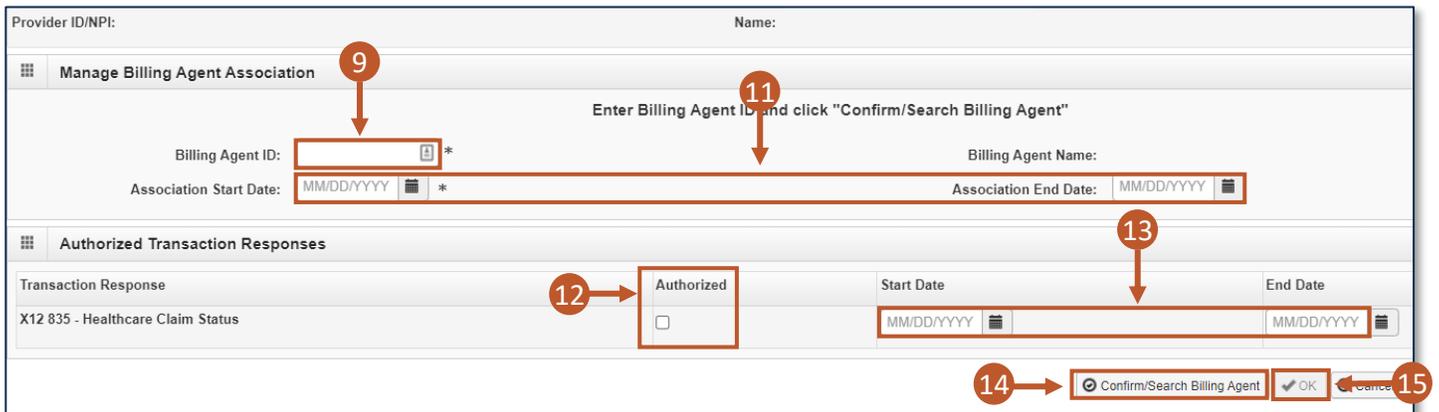
Provider ID/NPI: Name:

Manage Billing Agent Association

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

Billing Agent ID: [____] *   Billing Agent Name:

Association Start Date: [MM/DD/YYYY 📅] *   Association End Date: [MM/DD/YYYY 📅]

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	☐	MM/DD/YYYY 📅	MM/DD/YYYY 📅

[Confirm/Search Billing Agent] [OK] [Cancel]
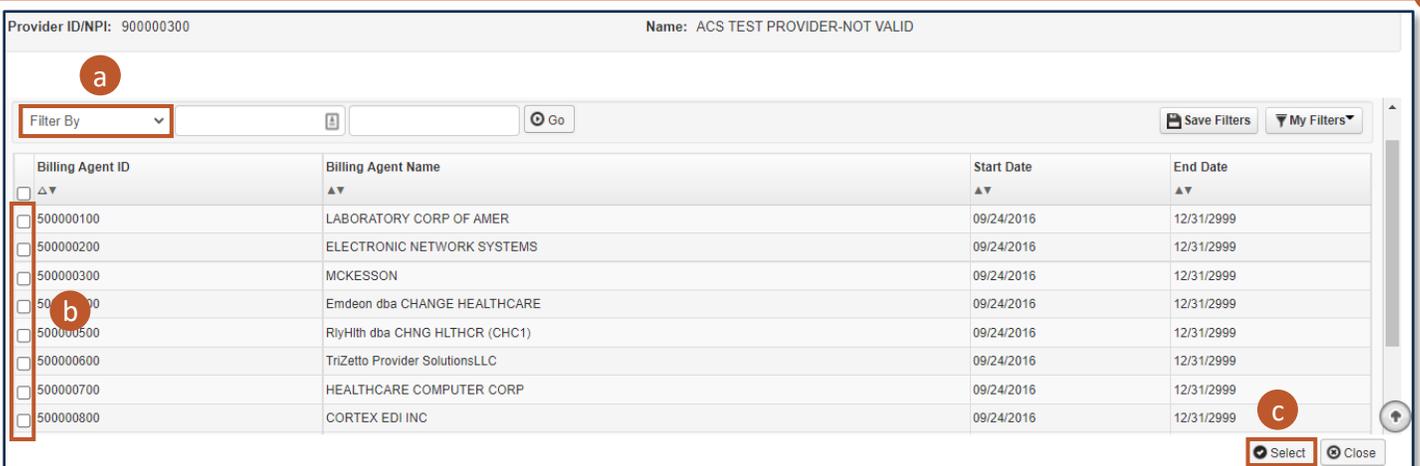
Provider ID/NPI: 900000300   Name: ACS TEST PROVIDER-NOT VALID

[Filter By ▼] [___] [_____] [Go]   [Save Filters] [My Filters▼]

	Billing Agent ID ▲▼	Billing Agent Name ▲▼	Start Date ▲▼	End Date ▲▼
☐	500000100	LABORATORY CORP OF AMER	09/24/2016	12/31/2999
☐	500000200	ELECTRONIC NETWORK SYSTEMS	09/24/2016	12/31/2999
☐	500000300	MCKESSON	09/24/2016	12/31/2999
☐	500000400	Emdeon dba CHANGE HEALTHCARE	09/24/2016	12/31/2999
☐	500000500	RlyHlth dba CHNG HLTHCR (CHC1)	09/24/2016	12/31/2999
☐	500000600	TriZetto Provider SolutionsLLC	09/24/2016	12/31/2999
☐	500000700	HEALTHCARE COMPUTER CORP	09/24/2016	12/31/2999
☐	500000800	CORTEX EDI INC	09/24/2016	12/31/2999

[Select] [Close]

Step 11: Complete Trading Partner Agreement

1. Select **Step 11: Complete Trading Partner Agreement**.

2. Select **here** to read the Trading Partner Agreement (TPA).
3. Select the checkbox under Provider ID/NPI to provide acknowledgment.
4. Enter your first and last name in the **First Name** and **Last Name** fields.
5. Select **Submit**.
6. Select **Close** to return to **View/Update Provider Data**.

Wyoming Department of Health

Step 12: Submit Modification Request

1. Select **Step 12: Submit Modification Request**.

   Note: Step 12 must be completed to save any updates.

2. Select **Submit for Modification**.

3. When the message "The Modification Request has been approved" displays at the **View/Update Provider Data**, select **Close**.