

WAIVER ADJUSTMENT TUTORIAL-Rate Increase Effective 3/13/2020



State Agency Responsibilities

The Division of Healthcare Financing administers the Medicaid Program for the Department of Health. They are responsible for financial management, developing policy, establishing benefit limitations, payment methodologies and fees, and performing utilization review

Fiscal Agent Responsibilities

Conduent is the fiscal agent for Wyoming Medicaid. They process all claims and adjustments. They also answer provider inquiries regarding claim status, payments, client eligibility and known third party insurance information. They provide on-site visits to train and assist your office staff on Wyoming Medicaid billing procedures or to resolve claims payment issues. They also answer client inquiries regarding eligibility, benefits, Wyoming Medicaid Client ID Cards and the Transportation Program.

For Provider specific information select

Provider

If you are an individual receiving Wyoming Medicaid services select

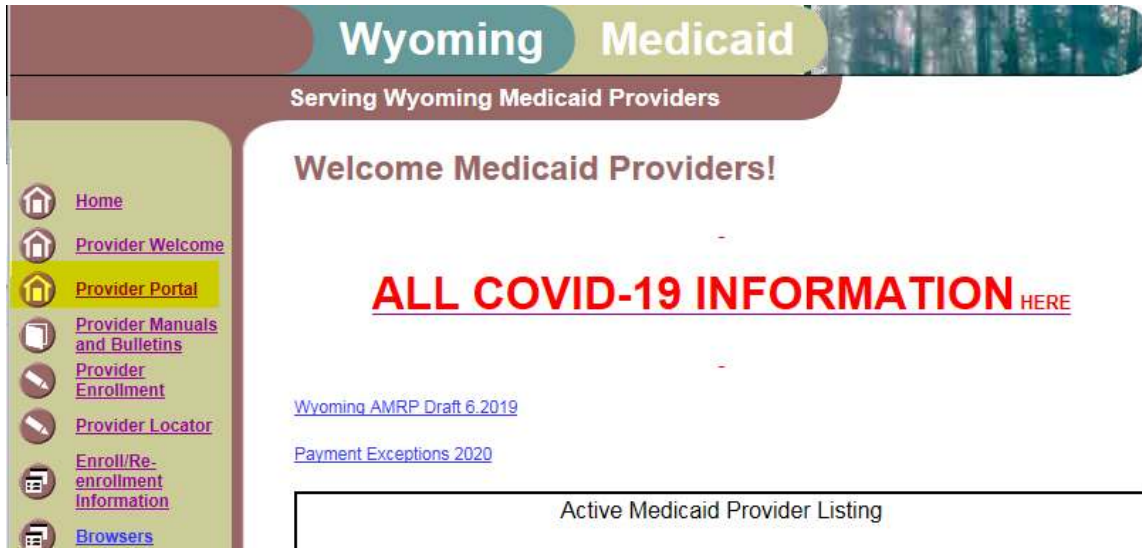
Client

For Information on Utilization and Care Management select

WYhealth

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- Navigate to <https://wymedicaid.portal.conduent.com/index.html> and select Provider



- Select Provider Portal from the left hand navigation bar.



- Enter you're User ID and Password.

Conduent Wyoming Medicaid Home

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Conduent Wyoming Medicaid profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	Ask Wyoming Medicaid	My Access
Eligibility Inquiry	Prior Authorization	View/Download Files	Add New User to Organization	Ask Wyoming Medicaid Inquiry	My Profile
Claim Status Inquiry	Upload Files	RA Reports	Add Existing User to Organization		Update Provider Demographics
Provider Warrant Summary	Claims		Update or Remove Users		Change Organization
Provider Locator	Electronic Attachments		Reset Password		Change Password
LT101 Inquiry	PASRR Level 1				Manage Proxies
Prior Authorization Inquiry					Manage Trading Partner IDs

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Trading Partner IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

Select Claims.

Serving Wyoming Medicaid Providers Exit Help

HOME | INQUIRIES | SUBMISSIONS | RETRIEVALS | MANAGE USERS | Ask Wyoming | MY ACCESS

Home > Claims

Claims

The menu options on this page allow you to create, edit, delete, submit and resubmit Professional, Institutional and Dental claims. They also provide you with a means of creating, saving, editing and deleting claim templates, which are partially completed claim forms containing information regularly used in various types of claims (such as a provider's address or identifying information).

Create Claims	Manage Claims	Create Templates	Manage Templates
Create Professional Claim	Edit/Delete Saved Claim	Create Professional Template	View/Edit/Delete Template
Create Institutional Claim	View Submitted Claims	Create Institutional Template	
Create Dental Claim		Create Dental Template	
Create Claim From Template			
Create Claim From Submitted Claim			

Notice to Providers!

06/08/2007

The National Provider Identifier (NPI) is now fully implemented on the Web Portal. If you registered your NPI with Conduent, you must begin using it to submit claims. For those Waiver Providers not required to obtain an NPI, continue submitting claims using your Wyoming Medicaid provider number. If you have questions, please contact Conduent Provider Relations at 1-800-251-1268.

Notice to Providers!

Select 'Create Claim from Submitted Claim'

Serving Wyoming Medicaid Providers

HOME | INQUIRIES | SUBMISSIONS | RETRIEVALS | MANAGE USERS | Ask Wyoming | MY ACCESS

Home > Claims > Create Claim From Submitted Claim - Search

Create Claim From Submitted Claim - Search

To conduct a search for one or more saved or previously submitted claims, select a Billing Provider Number and then, if desired, enter information in any or all of the remaining fields. If only the Provider Number is given, all of the claims associated with that number will be returned. No more than 100 results will be returned in any case, so if you think the number of stored claims exceeds this amount, please enter additional information to limit the number of search results.

If only the Claim Service Period From date (and no Claim Service Period To date) is entered, the Claim Service Period To date will be the same as the Claim Service Period From date. When searching for submitted claims, remember that they are kept on record for only business 15 days after the date of submission.

* denotes required field(s)

Select NPI

* Billing Provider Number: PIC:

Claim Submission From: mm dd ccyy Claim Submission To: mm dd ccyy

Claim Service Period From: mm dd ccyy Claim Service Period To: mm dd ccyy

Select NPI and click Search

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Home > Claims > Claims From Submitted Claim - Search > Create Claim From Submitted Claim

Create Claim From Submitted Claim

Below is a list of claims that met your search criteria for the selected provider(s). To create a claim from an already submitted claim, click the recipient ID associated with the later and then make whatever changes necessary before submitting the new claim.

Provider ID: 900000300

Claims Retrieved Using Search Criteria

Claim ID	Prod Num	Recipient ID	Default Service	YTD Charges	Claim Type	Submitted	Last Modified
			05/01/2010		01/01 Professional	01/06/2010	
			05/01/2010		01/01 Professional	01/06/2010	

Select a Client ID to Open Claim Details

Medicaid Professional Claim

Note: asterisks (*) denote required fields.

Basic Claims Info | **Other Claim Info**

Billing Provider | Subscriber | Claim | Service

Are you resubmitting this claim? Yes No

CLAIM RESUBMISSION INFORMATION

* Resubmission Type Code: 6:Adjustment

* ICN to Credit/Adjust: 3161110000000000

- **Are you resubmitting this claim?**
 - Select **Yes** to submit a claim adjustment
 - Resubmission Type Code box – **Select 6:Adjustment**
 - ICN to Credit/Adjust box – Enter the ICN/TCN from the claim to be adjusted

Details will not need to be Changed or Altered until you get to the bottom of the claim- Follow Below:

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BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information: Attachment, Drug, DMERC Condition, Health Services, Contract, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

mm	dd	ccvv	mm	dd	ccvv
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BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information: Attachment, Drug, DMERC Condition, Health Services, Contract, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

* Service Date From: mm dd cyy To: mm dd cyy

* Place of Service:

* Procedure Code: Modifiers: 1: 2: 3: 4:

* Submitted Charges: \$ Diagnosis Pointers: 1: 2: 3: 4:

* Units:

Prior Authorization

Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$165.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units		
	From	To		1	2	3	4	1	2	3	4				
<u>1</u>	08/01/2019	08/01/2019	S5100					A					\$15.00	4	Delete or Other Svc Info
<u>2</u>	09/25/2019	09/25/2019	T2027										\$150.00	2	Delete or Other Svc Info

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[What's This?](#)

By clicking the *Line Number* it will then populate the information

Scenario 1 – Span Billing 3/1/2020-3/31/2020

BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information: Attachment, Drug, DMERC Condition, Health Services, Contract, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

* Service Date From: To: *3-1-20 through 3-12-20*

* Place of Service:

* Procedure Code: Modifiers: 1: 2: 3: 4:

* Submitted Charges: Diagnosis Pointers: 1: 2: 3: 4:

* Units: *Stays the same*

Prior Authorization

Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$15.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntns				Submitted Charges	Units	
	From	To		1	2	3	4	1	2	3	4			
<u>1</u>	03/01/2020	03/12/2020	S5100									\$15.00	4	Delete or Other Svc Info

- Date of Service would be corrected if Span Billing is done
 - Example: 3/1/2020-3/31/2020
 - Line 1 – Date of Service 3/1/2020-3/12/2020
- Submitted Charges will stay the same
- Click ' Update Service Line Item'

- A New line would be created as follows
 - Line 2 – Date of Service 3/13/2020-3/31/2020
- Submitted Charges will be updated to include Rate Increase Effective 3/13/2020
 - Example:
 - Submitted Charges were \$15.00
 - \$15.00 X Increased Rate= \$X.XX
 - You will now enter \$16.80 within the Submitted Charges Field

BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information: Attachment, Drug, DMERC Condition, Health Services, Contract, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

3-13 through 3-31

* Service Date From: To:

* Place of Service:

* Procedure Code: Modifiers: 1: 2: 3: 4:

* Submitted Charges: \$ Diagnosis Pointers: 1: 2: 3: 4:

* Units:

Prior Authorization

Additional Service Line Information

Input new Submitted Charges based on Increased Rate

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

SCENARIO 2 – BILLING 3/15/2020-3/31/2020 ONLY

BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information: Attachment, Drug, DMERC Condition, Health Services, Contract, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

* Service Date From: To:

* Place of Service:

* Procedure Code: Modifiers: 1: 2: 3: 4:

* Submitted Charges: \$ Diagnosis Pointers: 1: 2: 3: 4:

* Units: *Input new Submitted Charges based on Increased Rate*

Prior Authorization

Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Add Service Line Item

Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$500.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	
	From	To		1	2	3	4	1	2	3	4			
<u>1</u>	05/01/2018	05/01/2018	t2015									\$500.00	6	Delete or Other Svc Info

- Submitted Charges will be updated to include Rate Increase Effective 3/13/2020
 - Example:
 - Submitted Charges were \$15.00
 - \$15.00 X New Rate Increase = \$X.XX
 - You will now enter \$16.80 within the Submitted Charges Field
- Click 'Update Service Line Item'
- Complete this step for all lines within the claim

Select – Submit Claim

Verify Claim
What's This?

Submit Claim

Cancel

Save Claim

Reset

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