DD Wyoming Health Provider (WHP) Portal File Naming Convention Guidelines

HOME AND COMMUNITY-BASED SERVICES
WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

Document	Naming Convention
Agency Provider Demonstration	Year.AgencyDemo.ProviderName
Annual Self-Inspection	YearSigned.ASI.StreetName.ProviderName
Background Screening Results - Name each Component Separately as Follows:	
OIG Background Screening Results - Most Current	Year.MonthIssued.Background.OIG.LastName.FirstName.ProviderName
DFS Central Registry Results - Most Current (Required every 5 years)	YearIssued.Background.DFS.LastName.FirstName.ProviderName
Name/SSN Background Screening Results - Most Current (Required every 5 years)	YearIssued.Background.SSN.LastName.FirstName.ProviderName
Case Management Policies and Procedures	YearSigned.CMPP.ProviderName
Conflict Free Case Management Confirmation	YearSigned.CFS.ProviderName
Continuing Education Tracking Record	YearSigned.CETR.LastName.FirstName.ProviderName
CPR/First Aid Certification (Current)	Year.MonthIssued.CPR.LastName.FirstName.ProviderName
Crisis Intervention Training Certificate (MANDT/CPI)	YearIssued.CIT.LastName.FirstName.ProviderName
Critical Incident Reporting Policy and Procedure	YearSigned.CIRPP.ProviderName
Declination of Medication Assistance	YearSigned.DMA.ProviderName
Documentation Standards Form	YearSigned.DS.ProviderName
Emergency Plans for Community Based Services	YearSigned.EPCBS.ProviderName
Emergency Plans for Home Based Services	YearSigned.EPHBS.ProviderName
Employee Roster	Year.CurrentDate.ROE.ProviderName
General Policies and Procedures	YearSigned.GeneralPP.ProviderName

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Government Issued Photo ID	YearRequested.GovtID.Name.ProviderName
Incident Reporting Demonstration of Understanding: Provider / Case Manager	YearSigned.IRDOU.ProviderName
Inspection Repair Report	YearSigned.IRR.StreetAddress.ProviderName
Internal Incident Reporting Policy and Procedure	YearSigned.IIRPP.ProviderName
Medication Assistance Certificate or Wyoming Nursing License	YearIssued.MAT.LastName.FirstName.ProviderName
Medication Assistance Policies and Procedures	YearSigned.MAPP.ProviderName
Medication Assistance Record (MAR)	Year.Month.MAR.ParticipantName
No Services in a Provider Operated Setting Form	YearSigned.NSPOS.ProviderName
Outside Entity Inspection	YearSigned.OEI.Street Address.ProviderName
Participant Specific Training Form	YearSigned.PSTF.ParticipantName.ProviderName
Professional License	YearIssued.PL.Specialty.EmployeeName.ProviderName
Provider Staff File Checklist	YearSigned.PSFCL.LastName.FirstName.ProviderName
Provider Vehicle Information Form	YearSigned.PVI.ProviderName
Schedules	Year.Month.Schedule.ParticipantName
Statement of Confidentiality	YearSigned.SOC.ProviderName
Provider Training Summary	Year.Module.EmployeeLastName.EmployeeFirstName.ProviderName
Vehicle Insurance	Year.Month.VI.VehicleMake.Model.ProviderName
**** For all forms not listed, please use:***	***YearSigned.DocumentName.ProviderName***