# 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<br>(Required every 5 years) | YearIssued.Background.DFS.LastName.FirstName.ProviderName |
| Name/SSN Background Screening Results - Most Current<br>(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 |

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

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

| | |
|---|---|
| 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*** |