

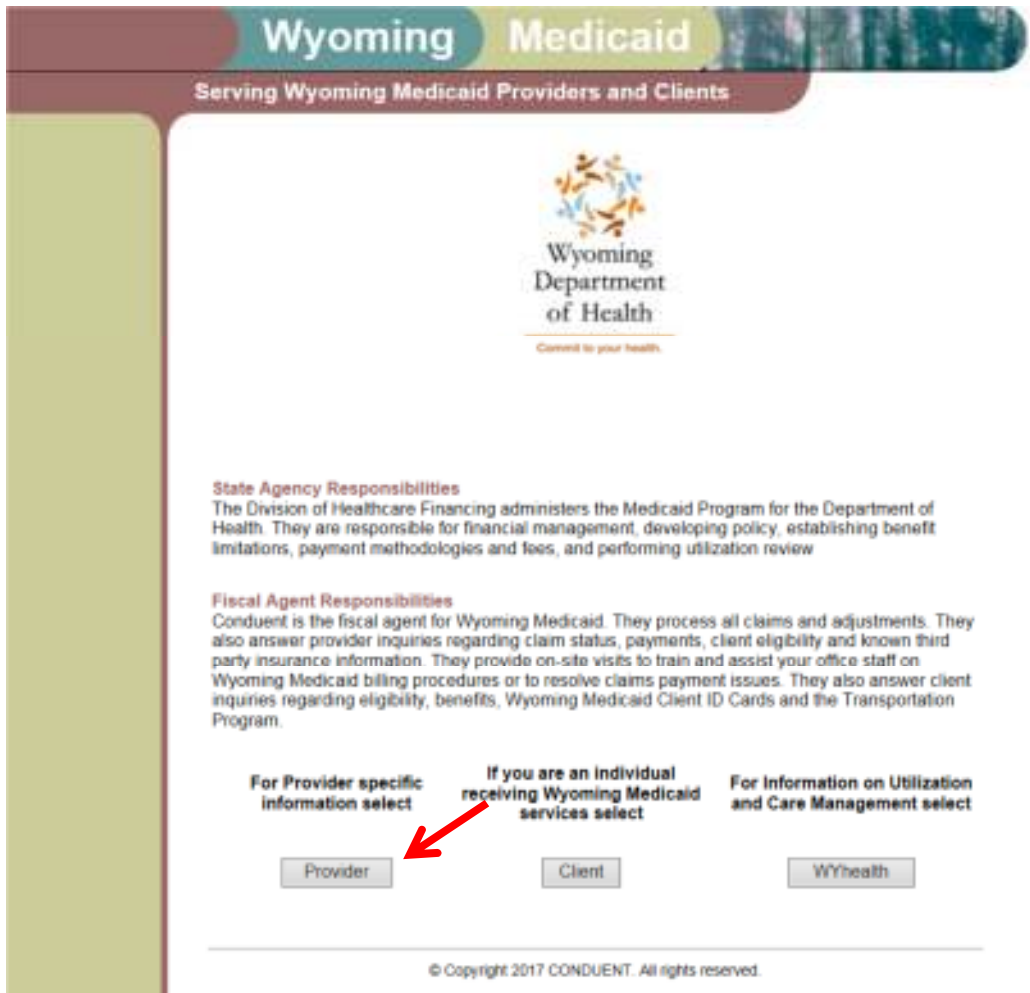
# Client Eligibility Inquiry Web Portal Tutorial

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- Navigate to <http://wymedicaid.acs-inc.com> and select **Provider**



- Select **Provider Portal** from the left hand navigation bar.



- Enter your **User ID** and **Password**.

**Note:** If you have not yet registered for the Web Portal, you must do this first. Reference the Registration Tutorial or contact EDI Services at 800.672.4959 for assistance.

**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
<a href="#">Eligibility Inquiry</a>	<a href="#">Prior Authorization</a>	<a href="#">View/Download Files</a>	<a href="#">Add New User to Organization</a>	<a href="#">Ask Wyoming Medicaid Inquiry</a>	<a href="#">My Profile</a>
<a href="#">Claim Status Inquiry</a>	<a href="#">Upload Files</a>	<a href="#">RA Reports</a>	<a href="#">Add Existing User to Organization</a>		<a href="#">Update Provider Characteristics</a>
<a href="#">Provider Waiver Summary</a>	<a href="#">Claims</a>		<a href="#">Update or Remove Users</a>		<a href="#">Change Organization</a>
<a href="#">Provider Locator</a>	<a href="#">Electronic Attachments</a>		<a href="#">Reset Password</a>		<a href="#">Change Password</a>
<a href="#">LTSS Inquiry</a>	<a href="#">SNDS Level 1</a>				<a href="#">Manage Stocks</a>
<a href="#">Prior Authorization Inquiry</a>					<a href="#">Manage Trading Partner IDs</a>

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 **Eligibility Inquiry**

**Eligibility Inquiry**

To submit an eligibility inquiry on a specific member, select a provider number, enter a date of service, complete one of the following criteria and click "Submit". If your inquiry returns more than one result, you will be asked to check your information and/or enter a different set of criteria.

\*Always required fields:

• **WY or Provider Number:**  Date of Service:

• **Member Information:**

Member ID:  OR Last Name:  First Name:  Gender:  Date of Birth:     OR SSN:    State of Birth:

Service Type Code:

**Notes:**

- The eligibility response will not indicate effective eligibility.
- When inquiry by member name, the first name, last name and date of birth are please input all. Middle initial or optional. Search will return only exact matches for the criteria entered.

- If drop down box appears, choose appropriate **Provider ID/NPI**
- Enter the following details on the form:
  - **Date of Service** and one of the additional options below:
    - **Member ID (10 digits)**
    - **Last name, first name, gender, date of birth**
    - **Last name, first name, SSN**
    - **SSN, date of birth**
- Select **Submit**

**Eligibility Inquiry Confirmation**

If this is the member you wish to inquire on, click "View Member Eligibility."

Member Original ID: 0000002140  
 ID: ACSADULT SAMPLE  
 Name: ACSADULT SAMPLE  
 Date of Birth: 01/11/1990  
 Gender Code: F - Female



[Back to Eligibility Inquiry](#) [View Member Eligibility](#)

- Confirmation page will appear, verifying client information
- Select **View Member Eligibility**

**Eligibility Inquiry Response**

**Member Demographic Information**

Member Original ID: 0000002140  
 Member Current ID: 0000002140  
 Name: ACSADULT SAMPLE  
 Date of Birth: 01/11/1990  
 Gender Code: F - Female  
 ORI or Provider ID: 100000000  
 Date of Service: 01/01/2020  
 WY Request Indicator:  
 Request Member Code:  
 User Number: 00000000000000000000000000000000

**Eligibility Query**

Service Type Code	Enrollment Type Code	Benefit Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
20: Health Benefit Plan Coverage	HC - Medicaid	Cover	01/01/2020	12/31/9999

Message Text: Plan Code= JCD487 Program Code= W00 W01 W10 W14 W15 W20 W21 W24 W25 W30 W31 W34 W35 W36 W37 W38 W39 W40 W41 W42 W43 W44 W45 W46 W47 W48 W49 W50 W51 W52 W53 W54 W55 W56 W57 W58 W59 W60 W61 W62 W63 W64 W65 W66 W67 W68 W69 W70 W71 W72 W73 W74 W75 W76 W77 W78 W79 W80 W81 W82 W83 W84 W85 W86 W87 W88 W89 W90 W91 W92 W93 W94 W95 W96 W97 W98 W99

**Service Types**

Service Type Code	Ex-Postum/Ex-Insurance
1: Medical Care	03.00
30: Dental Care	03.00
40: Hospital	03.00
40: Hospital - Inpatient	03.00
50: Hospital - Outpatient	03.00
60: Emergency Services	03.00
80: Pharmacy	03.00
90: Professional (Physician) Visit - Office	03.00
AL: Vision (Optometry)	03.00
99: Rental Health	03.00

**Information Source Data**

Organization Last Name: Medicaid  
 Identification Code Suffix: IT - Plan Identification  
 Contact Name: Colorado Provider Services  
 Primary Identifier: 11046  
 Communication Number: 0000000000

**Information Member Data**

Organization Last Name: null  
 Member Number: 0000002140

[Inquire](#) [View Eligibility Inquiry](#) [Current Eligibility Inquiry](#)

- Eligibility details will populate including:
  - Plan code
  - Eligibility effective dates
    - **Eligibility end dates with a year 9999 indicates there is no set date at this time for the coverage to end.**
  - Copays
  - Thresholds- where applicable

- To begin a new search select **New Eligibility Inquiry**
- To make updates to your current search select **Current Eligibility Inquiry**