

PASRR Web Portal Tutorial

Revised 8/25/17



Contents

PASRR.....	3
------------	---

Wyoming Medicaid
Serving Wyoming Medicaid Providers and Clients

Wyoming Department of Health
Commit to your health.

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**

© Copyright 2017 CONDUENT. All rights reserved.

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

Wyoming Medicaid What's New

Serving Wyoming Medicaid Providers

Welcome Medicaid Providers!

[Wyoming Medicaid Budget Reduction Plan](#)




[Payment Exceptions 2017](#)

[Active Provider NPI List as of 05/05/17](#)

For all the latest news and updates surrounding the Wyoming Medicaid program, please visit our [Whats New](#) page.

2017 Provider Medicaid...

- Select Provider Portal from the left hand navigation bar.

-  [Home](#)
-  [Provider Welcome](#)
-  [Contact Us](#)

Secured Provider Web Portal

The secured portal is set up specifically for Wyoming Medicaid providers. The following actions can only be processed within the portal

- Ask Wyoming Medicaid
- Claims Submission
- Claim Status Inquiry
- RA Retrieval
- Upload Files
- Provider Update
- Provider Warrant Summary
- Prior Authorization
- LT101 Inquiry
- PASRR Level I
- Electronic Claim Attachments
- EDI Application

Returning Providers

To access the secured Provider Web Portal, enter your user ID and password and click 'Log In'.

User ID: Password:

[Forgot Your Password?](#)

New Providers

You will need your Trading Partner ID and Welcome Letter to complete the Web registration. You must register for the secur

- 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
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
					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 PASRR Level 1

[Home](#) > [Submissions](#) > [Provider Inquiry](#)

Provider Inquiry

Provider ID/NPI:

- If drop down box appears, choose appropriate Provider ID/NPI, click on submit

[Click for Instructions](#)

- If needed, click on the Click for Instructions link in the top right hand corner of the screen

Please make sure your printer is on and working before using this online PASRR Level I form. If you have problems printing your PASRR Level I form after you submitted it, please call Conduent Provider Relations at 1-800-251-1268.

Note: asterisks (*) denote required fields.

*Is this PASRR a Resident Review?

Answer No, if this is a first PASRR Level I completed for this admission or potential transfer.
Answer Yes, if significant change has occurred or previous categorical determination has been completed.

Yes No

*Patient Last Name:	<input type="text"/>	*Patient First Name:	<input type="text"/>	Patient Middle Initial:	<input type="text"/>
*Date of Birth:	MM / DD / CCYY <input type="text"/> / <input type="text"/> / <input type="text"/>	*Gender:	--Select--	*SSN#:	<input type="text"/>
Wyoming Medicaid ID:	<input type="text"/>	County of Residence:	--Select--	Payment Source at Admission:	--Select--
*Admitting Facility Name:	<input type="text"/>	*Admission Facility City:	<input type="text"/>	*Admission Facility State:	--Select--
*Admitting Facility 10-Digit NPI or 9-Digit Wyoming Medicaid Provider ID:	<input type="text"/>				
*Date of this Review:	MM / DD / CCYY <input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Admission:	MM / DD / CCYY <input type="text"/> / <input type="text"/> / <input type="text"/>	*Admitted From:	--Select--
Admitted From Name:	<input type="text"/>	*Prior Level II on file:	--Select--		

Note: Admitting an Wyoming Medicaid client into an out-of-state nursing facility requires prior authorization by Wyoming Medicaid.

- Complete the required fields (* Indicates required field)
- Click Continue

PASRR Level 1

PREADMISSION SCREENING FOR NURSING FACILITY ADMISSION

List the current diagnoses from the applicant's medical records including ICD/DSM coding:

Psychiatric Diagnosis:

1. . 2. .

Diagnosis of Organic Brain Disease or OBS, Dementia or Alzheimer's disease:

1. . 2. .

Diagnosis of Mental Retardation/Developmental Disability:

1. . 2. .

Current Medical Diagnoses:

1. . 2. .
3. . 4. .
5. . 6. .
7. . 8. .
9. . 10. .

- Enter all appropriate diagnosis codes
- Click Validate Dx

	.		
	.		
	.		

6.		.		
8.		.		
10.		.		

- Once all diagnosis codes have been validated, click on Continue

PASRR Level 1

PREADMISSION SCREENING FOR NURSING FACILITY ADMISSION

Note: asterisks (*) denote required fields.

SCREENING CRITERIA FOR MENTAL ILLNESS/MENTAL RETARDATION:

Click on Instructions link at the top of the form for a list of diagnosis codes for serious mental illness, mental retardation and developmental disabilities.

Mental Illness Screening (answer all questions):

* 1. Does this person have a psychiatric diagnosis? Yes No

* 2. Does this person have any history of mental illness requiring treatment more intensive than outpatient services in the past two years? Yes No

* 3. Is there any presenting evidence of mental illness including possible disturbance in orientation, affect or mood that is not attributable to dementia or other medical diagnosis listed above? Yes No

Mental Retardation Screening (answer all questions):

* 1. Does this person have a diagnosis of mental retardation or developmental disability? Yes No

* 2. Does this person have any history of mental retardation or developmental disability? Yes No

* 3. Are there cognition or behavior deficits indicating mental retardation or developmental disability? Yes No

* 4. Was this person referred by an agency that serves persons with mental retardation and developmental disability, and has this person been eligible for that agency's services? Yes No

- Complete all questions in regards to Mental Illness/Mental Retardation
- Click Continue

Wyoming Medicaid Build Version: prod-2299 2017.06.06-246.114

Serving Wyoming Medicaid Providers [Exit](#) [Help](#)

[HOME](#) | [INQUIRIES](#) | [SUBMISSIONS](#) | [RETRIEVALS](#) | [MANAGE USERS](#) | [Ask Wyoming](#) | [MY ACCESS](#)

[Home](#) > [Submissions](#) > [PASRR Level 1](#) ACS TEST PROVIDER - NOT

PASRR Level 1

PREADMISSION SCREENING FOR NURSING FACILITY ADMISSION

Please make sure your printer is on and working before using this online PASRR Level I form. If you have problems printing your PASRR Level I form after you submitted it, please call Conduent Provider Rel: 1-800-251-1268.

Is this PASRR a Resident Review? **No**

Patient Last Name: **Test**
 Patient First Name: **Client**
 Patient Middle Initial:

- Review all information for accuracy

vidence of mental illness or mental retardation.

No additional information required.

Edit

Continue

- Click Edit if information listed needs to be updated
- Click Continue if all information is accurate

Electronic Signature Statements of Understanding:

1. I am the person represented by the name displayed above.
 2. I have agreed to submit the PASRR Level 1 screening by electronic means.
 3. I have read the definitions and conditions incorporated into this Level 1 screening instrument; and I certify the information entered is true and correct to the best of my knowledge and is adequately documented in the applicant/resident case record.
 4. I understand that an electronic signature has the same legal effect and enforceability as a written signature.
- * By checking this box, I am electronically signing this PASRR Level 1 screening.

Date of Submission: **08/25/2017**

Back

Continue

- Read the Electronic Signature Statements of Understanding
- Check box
- Click Continue

[Home](#) > [Submissions](#) > [PASRR Level 1](#)

PASRR Level 1

PASRR Level II Instructions

You must print the PASRR Level I Screening and retain a copy in the resident's permanent medical record.

You can print the PASRR Level I form on the next screen.

Continue

- You must print the PASRR for the resident's medical record prior to submitting the PASRR
- Click continue to be taken to the print page
-

3. I have read the definitions and conditions incorporated into this Level 1 screening instrument; and I certify the information entered is true and correct to the best of my knowledge and is adequately documented in the applicant/resident case record.

4. I understand that an electronic signature has the same legal effect and enforceability as a written signature.

By checking this box, I am electronically signing this PASRR Level 1 screening.

Date of Submission: **08/25/2017**

Print PASRR for File

Print PASRR for OHCF

Save As HTML

Submit

- Click on Print PASRR For File, Print PASRR for OHCF or Save As HTML

By checking this box, I am electronically signing this PASRR Level 1 screening.

Date of Submission: **08/25/2017**

Print PASRR for File

Print PASRR for OHCF

Save As HTML

Submit



- Once printed or saved, the submit button will now be accessible
- Click submit