

# Prior Authorization Web Portal Tutorial

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## Prior Authorizations

This tutorial is for providers who currently submit prior authorization requests through the Wyoming Medicaid Medical Policy Department. Any other requests for prior authorization that are not listed in the highlighted section below for Medical Policy made on the Secure Provider Web Portal will be denied. Please review the below table (also found in Chapter 6 of the General Manual) to see if your prior authorizations should be submitted to the Wyoming Medicaid Medical Policy Department.

Agency Name	Phone	Services Requiring PA
Division of Healthcare Financing (DHCF)	Contact case manager Case manager will contact the DHCF	<ul style="list-style-type: none"> <li>Assisted Living Facility (ALF) Waiver</li> <li>Long Term Care (LTC) Waiver</li> <li>Out-of-State Home Health</li> <li>Out-of-State Placement for LTC Facilities</li> </ul>
Dental Services	(888)863-5806 Reference Dental Manual for details	<ul style="list-style-type: none"> <li>Malocclusion (PA)</li> <li>Implants &amp; fixed bridges (PA)</li> <li>Maxillofacial Surgeries (PA)</li> </ul>
Behavioral Health Division	Contact case manager Case manager will contact the Behavioral Health Division	<ul style="list-style-type: none"> <li>Acquired Brain Injury (ABI) Waiver Services</li> <li>Developmentally Disabled Adult Waiver Services</li> <li>Developmentally Disabled Children Waiver Services</li> </ul>
Goold Health Systems Inc. (GHS)	(877)207-1126	<ul style="list-style-type: none"> <li>Pharmacy</li> </ul>
Magellan	(855)883-8740	<ul style="list-style-type: none"> <li>Children's Mental Health Waiver Services</li> </ul>
Medical Policy	(800)251-1268 Option 1, 1, 4, 3	<ul style="list-style-type: none"> <li>Hospice Services: Limited to clients residing in a nursing home</li> <li>Surgeries Requiring PA (not listed in this table)</li> <li>Tysabri IV Infusion Treatment</li> <li>Contact Lenses</li> <li>Certain Eyeglass Lenses</li> <li>Scleral Cover Shell</li> </ul>
Qualis Health (DMEPOS)	(800)783-8606	<ul style="list-style-type: none"> <li>Durable Medical Equipment (DME)</li> <li>Prosthetic and Orthotic Supplies (POS)</li> <li>Home Health</li> <li>PT/OT/ST/BH once threshold has been met</li> </ul>
WYhealth (Utilization and Care Management)	(888)545-1710	<ul style="list-style-type: none"> <li>Acute Psych</li> <li>Extended Psych</li> <li>Extraordinary Care</li> <li>Gastric Bypass</li> </ul>

Agency Name	Phone	Services Requiring PA
		<ul style="list-style-type: none"> <li>• Inpatient Rehabilitation</li> <li>• PRTF – Psychiatric Residential Treatment Facility</li> <li>• Transplants</li> <li>• Vagus Nerve Stimulator</li> </ul>

**NOTE:** Additional information regarding prior authorization can be found in chapters 6 and 8 of the provider manual (<https://wymedicaid.portal.conduent.com/manuals.html>).

**Wyoming Medicaid** What's New

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      If you are an individual receiving Wyoming Medicaid services select      For Information on Utilization and Care Management select

Provider      Client      WYhealth

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

- Select Provider Portal from the left hand navigation bar.

- Enter your User ID and Password.
- Click on **Log In**

**Note:** If you have not yet registered for the Web Portal, you must do this first. Reference the Web Portal 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 Demographics</a>
<a href="#">Provider Warrant 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="#">LT101 Inquiry</a>	<a href="#">PASRR Level 1</a>				<a href="#">Manage Proxies</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 Prior Authorizations

## Subscriber Tab

[Home](#) / [Submissions](#) / [Prior Authorization](#)

### Prior Authorization

Subscriber	Provider	Services
General	Diagnoses	Accident/Pregnancy
Additional Patient Info		
<b>General Subscriber Information</b>		
* Recipient ID:	<input type="text"/>	Tracking Number: <input type="text"/>
Last Name:	<input type="text"/>	First Name: <input type="text"/> M.I.: <input type="text"/> Suffix: <input type="text"/>
Gender:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	
Date of Birth:	mm dd cyy <input type="text"/> <input type="text"/> <input type="text"/>	Date of Onset: mm dd cyy <input type="text"/> <input type="text"/> <input type="text"/>
<b>Subscriber Diagnoses</b>		
1. Diagnosis Code	date (mm/dd/ccyy) <input type="text"/> <input type="text"/> <input type="text"/>	diagnosis type code <input type="text" value="ICD-9 Principal Diagnosis"/>
<input type="button" value="Add"/>		
<input type="checkbox"/> <b>Accident/Pregnancy Information</b>		
<input type="checkbox"/> <b>Additional Patient Information</b>		
<input type="button" value="Submit"/>		

- Complete:
  - Recipient ID
  - Last Name
  - First Name
  - Gender

- Date of Birth
- Diagnosis Code (If needed for Prior authorization)

# Provider Tab

## Prior Authorization

Subscriber	Provider	Services
Requesting Provider	Service Provider	
<b>Requesting Provider</b>		
* Trading Partner ID:	122149	▼
* Medicaid ID:	900000300 - ACS TEST PROVIDER-NOT VALID ▼	
NPI:	<input type="text"/>	
Provider ID:	<input type="text"/>	ID Type: <input type="text"/>
* Entity Type:	<input type="text"/>	
* Provider Code:	<input type="text"/>	* Taxonomy Code: <input type="text"/>
Last Name/Org.:	First Name:	M.I.: <input type="text"/> Suffix: <input type="text"/>
Address Line1:	Address Line2: <input type="text"/>	
City:	State: <input type="text"/>	Zip Code: <input type="text"/>
Contact Name:	Contact Phone: <input type="text"/>	Contact Fax: <input type="text"/>
<b>+ Service Provider</b>		

Submit

- Complete:
  - Trading Partner drop down (auto filled)
  - Medicaid ID (auto filled, but can be changed to any associated with the TPID log in)
  - NPI
  - Entity Type
  - Provider Code
  - Taxonomy Code
  - Contact Name



# Services Tab

## Prior Authorization

Subscriber    Provider    **Services**    Specialized Services

Service Request    Service    Additional Service Info    Specialized Services

**Service Request Review Information**

* Request Category:	<input type="text"/>	Service Trace Number:	<input type="text"/>
* Certification Type:	I:Initial <input type="text"/>	* Service Type Code:	<input type="text"/>
* Facility Type:	<input type="text"/>	* Facility Type Qualifier:	<input type="text"/>
Level of Service:	<input type="radio"/> Emergency <input type="radio"/> Urgent	Current Health:	<input type="text"/>
Prognosis Code:	<input type="text"/>	* Release of Information:	<input type="text"/>
Delay Reason:	<input type="text"/>	Prev. Certification ID:	<input type="text"/>
Service Date:	mm dd cyy through mm dd cyy		
Admission Date:	mm dd cyy through mm dd cyy		
Discharge Date:	mm dd cyy	Surgery Date:	mm dd cyy
Message Text:	<input type="text"/>		

Professional     Institutional     Dental

**+ Additional Service Information**

**+ Specialized Services**

**Submit**

- Complete:
  - Request Category
  - Service Type Code
  - Facility Type
  - Facility Type Qualifier
  - Release of Information
  - Select Type: Professional, Institutional or Dental – This selection will open a set of fields to be completed
- Click Submit