

Wyoming Medicaid EDI Application

Please type or block print the requested information as completely as possible. If any field is not applicable, please enter N/A. If you need extra space to answer any question, attach an additional page. **Do not use** white out or your application will be returned. If you make a mistake cross out the error, initial and print the correct information. An incomplete form may delay the approval of this application. Please direct questions to EDI Services at (800) 672-4959, press 3. **Please note: All fields must be completed in blue ink, and all signatures must be original – no copies, stamps, etc.**

For Fiscal Agent Use Only	
Medicaid Assigned Trading Partner Number	Completed Date
_____	_____

IMPORTANT: PLEASE READ INSTRUCTIONS ABOVE BEFORE PROCEEDING

Provider Information:

1. Enter your **business or provider name** and address below. **(Physical address is required.)**

Name

Address 1

Address 2

City State Nine-Digit Zip

Provider Contact E-mail address

(_____) _____ - _____

Phone (Primary)

2. Enter your name and contact information here.

EDI Contact Name

Address 1

Address 2

City State Nine-Digit Zip

EDI Contact E-mail address

(_____) _____ - _____

Phone (EDI Contact Person)

3. Enter your NPI and/or Medicaid Provider number Please note: If you have group AND treating provider information, enter ONLY the group information.

NPI Number

Wyoming Medicaid Provider Number (if known)

Tax-ID (required for Web Portal access):

Remittance Advices and 835 Health Care Claim Payment files

By signing the provider agreement and returning this application, you will automatically be given access to the Secure Provider Web Portal and will be mailed an EDI Welcome Letter containing the necessary user information to register on the secure web portal, which will include access to Wyoming Medicaid's Proprietary Remittance Advice. **If you choose to make use of the 835 Health Care Claim Payment/Advice, you will no longer receive copies of these Remittance Advices through postal mail, and will be directed to retrieve them through the Secure Web Portal.**

The 835 Health Care Claim Payment/Advice is the electronic transmission of remittance data from Wyoming Medicaid to a provider (or clearinghouse). This remittance data is often referred to as an EOB (Explanation of Benefits). It is used to reconcile a payment against the claims a provider submitted to Wyoming Medicaid. To use the 835 Health Care Claim Payment/Advice requires special computer software capable of processing it. **If you select the 835 Health Care Claim Payment/Advice, you may also retrieve your proprietary remittance advice from the Medicaid Secure Provider Web Portal.**

NOTE: The 835 can only be delivered to a single trading partner number – i.e. either the clearinghouse **OR** the provider, but not both. Regardless of where the 835 file is being delivered, Wyoming Medicaid's Proprietary Remittance Advice will continue to be available via the Secure Provider Web Portal to the provider.

Will you or a third party use the 835 Health Care Claim Payment/Advice?

- I will retrieve my 835 (deliver to the Secure Web Portal and stop my mailed paper remittance advices)
- A third party (e.g., clearinghouse) will retrieve my 835 (deliver to the clearinghouse/third-party and stop my mailed paper remittance advices): _____
(Trading Partner of third-party/clearinghouse)
- I do not wish to use the 835 at this time (I wish to continue receiving mailed paper remittance advices. I am aware that in the future there may be a cost associated with this selection).
- My 835 files are ALREADY being delivered to trading partner _____ / _____
(Trading Partner name) (TPID)
and I wish to stop the delivery to this Trading Partner number and begin the delivery to a new Trading Partner
_____/_____ effective _____.
(Trading Partner Name) (TPID) (Date change is effective)

Claims and Other Transactions

1. If you or your organization is already billing claims electronically to Wyoming Medicaid, enter your 5-digit Submitter or 6-digit Trading Partner ID: _____

2. If you are not already submitting your claims or other HIPAA 5010 transactions electronically but wish to **OR** need to update your submission information, indicate how you would like to submit:
 - Billing Agent
 - Billing Agent Trading Partner ID: _____

 - Clearinghouse
 - Clearinghouse Trading Partner ID: _____

 - Vendor Supplied Software
 - Vendor Software Trading Partner ID: _____

 - Secure Web Portal (free web-based billing application)
 - <http://wymedicaid.portal.conduent.com>

 - WINASAP Billing Software (free PC-based billing software – dial up modem and analog phone line required)
 - Download the software from <http://wymedicaid.portal.conduent.com>. Call EDI Services at 800-672-4959, press 3 if you require a CD to be mailed to you instead

Provider / Provider Representative

Provider / Provider Representative Signature

Date

* Complete and return these documents by mail to:

Wyoming Medicaid
Attn: EDI Services
PO BOX 667
Cheyenne, WY 82003-0667

*If accepted, a Trading Partner Agreement (TPA) will be emailed to the EDI Contact Email provided. Once the completed TPA is received and processed, an EDI Welcome Letter will be emailed to the same address.