dental Xchange

Medicaid of Wyoming

Attention Providers:

Medicaid of Wyoming has developed an interactive enrollment tool required for all providers. Begin your online enrollment today by printing out this informational document and clicking on the following link: https://www.wyomingmedicaid.com

Payer:	Medicaid of Wyoming
Payer ID:	CKWY1
For Enrollment Questions:	Contact the DentalXChange Enrollment Department at (800) 576-6412 ext. 461 or Enrollment@dentalxchange.com Wyoming Department of Health Email address: WYEnrollmentSvcs@HHSTechGroup.com Phone number: 1-877-399-01
Payer Enrollment Application:	**Online Registration**
Special Instructions:	Please see the steps below for step-by-step instructions on how to enroll for electronic claim submissions for Medicaid of Wyoming. Step 7: Mode of Claim Submission/EDI Exchange • Select the Billing Agent/Clearinghouse checkbox Step 9: Associate Billing Agent • Select Add to add or to search for the new BA/CH to add to your file. Our BA/CH ID# 500037800 EHG, Inc – DentalXChange
Approval Process and Timeframes:	Payer estimates 5-10 business days from the date of submission.

4/20/23

17701 Cowan. Suite 250. Irvine, CA. 92614
hello@dentalxchange.com | (800) 576-641

Claims Enrollment Instructions

To start sending your claims electronically through DentalXChange for the payer listed below you will need to follow the instructions below. (* indicates required field)

* Payer Name	

A. Provider Information	
*Provider Name	
*Provider Address Street	

City	State/Province	Zip Code/Postal Code

B. Provider Identifiers Information	
* Provider Identifier(s)	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
National Provider Identifier (NPI)	

Authorized Signature

Electronic or Printed Signature of Person Submitting Enrollment

Printed Name & Title of Person Submitting Enrollment

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Claims Enrollment Instructions

Provider Instructions

Provider Information:

Provider Name - Complete legal name of institution, corporate entity, practice or individual provider

Provider Address

- **Street** - The number and street name where a person or organization can be found
- **City** - City associated with provider address field
- **State/Province** - ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
- **Zip Code/Postal Code** - System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities
- **Country Code -** ISO-3166-1 Country Code

Provider Identifiers Information:

Provider Identifiers

- **Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)** - A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity
- **National Provider Identifier (NPI) -** A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions

Electronic Remittance Advice Information:

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment

- **Provider Tax Identification Number (TIN)**
- **National Provider Identifier (NPI)**

Submission Information:

Reason for Submission:

- **New Enrollment**
- **Change Enrollment**
- **Cancel Enrollment**

Authorized Signature

The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment

- **Electronic Signature of Person Submitting Enrollment**
- **Written Signature of Person Submitting Enrollment** - A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity
- **Printed Name of Person Submitting Enrollment** - The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment
- **Printed Title of Person Submitting Enrollment** - The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment