

WYOMING HOME HEALTH ATTENDING PROVIDER SELECTION PROCESS



In order to bill for Home Health Services, providers must designate an 'Attending Provider' for all authorizations.

MEMBER	UPDATED DATE	START DATE	END DATE	UNITS	AUTH #	SERVICE	SCHEDULED UTILIZATION %	BILLED UTILIZATION %	PAYER	STATUS	ACKNOWLEDGMENT	EMPLOYEE
[Member Icon]	10/03/2023	01/01/2022	12/29/2023	1040	[Auth Icon]	0441	0.1	0.1	Wyoming Department of Health	Active	✓ Acknowledged	Select... [Action Menu]
[Member Icon]	09/21/2023	01/01/2022	12/29/2023	1040	[Auth Icon]	0550	0	0	Wyoming Department of Health	Active	Received	Select... [Action Menu]

On the Authorizations page, use the filters drop down menu to locate the desired authorization. Click the **action menu** (three vertical dots) to the right of the authorization and select **authorization details**. On the details page, click the *pencil icon* to enable editing. Enter the Attending Provider's first name, last name, and NPI, then click **save** to finalize the information.

Authorization [Editing] As of 10/02/2023 11:49 AM (current)

01/01/2022 - 12/29/2023
Status: Active
Acknowledgement: Acknowledged

Authorization Details

UNITS [Toggle]

SCHEDULED UNITS
1 UNITS OF 1040 UNITS USED
1 / 1039

BILLED UNITS
1 UNITS OF 1040 UNITS USED
1 / 1039

Payer: Wyoming Department of Health
Auth Number: [Redacted]
Start-End Date: 01/01/2022 - 12/29/2023
Waiver Type: [Redacted]
Service Code: 0441
Units: 1040
Rate: 5.25
Primary Diagnosis Code: Z7689
Service Provider: [Redacted]
Service Provider NPI: [Redacted]
Service Provider Medicaid ID: 889300686
Attending Provider First Name: [Redacted]
Attending Provider Last Name: [Redacted]
Attending Provider NPI: None
Employee: Select Employee
Member Eligibility: [Redacted]

Allow Overlapping Visits:

No Current Note

CANCEL SAVE



If the attending provider information is not supplied, the visit will generate an alert preventing the visit from exporting for billing. This alert will only clear once the attending provider information has been added to the associated authorization.

Alerts [VIEW RESOLVED ALERTS](#)

Prevents Exporting

! 10/09/2023 - R7050 - Attending Provider information is missing.

<input type="checkbox"/> MEMBER ↑	DATE ↑	CHE... IN ↑ TIME	CHE... OUT ↑ TIME	EMPLOYEE ↑	AUTH # ↑	SERVICE ↑	PAYER	APPT ID ↑	APPT TYPE	STATUS ↑	CHECK IN DISTANCE	CHECK OUT DISTANCE
GEORGE I	09/23/2023	10:00 AM	10:30 AM	MAGGIE WARD	D [REDACTED]	0421	Wyoming Department of Health	18219	Ad Hoc		R7050 - Attending Provider information is missing.	! ⋮