



Attestation for Admission Date

Wyoming Medicaid will require this form when Members whose original admission claim occurred prior to Medicaid eligibility or whose original admission claim is not on file as paid with Wyoming Medicaid.

This form is not to replace the submission of a Medicaid eligible admission claim.

All claims are subject to both pre-payment and post-payment review by Medicaid. Should a review determine that services do not meet the criteria, payment will be denied or, if the claim has already been paid, action will be taken to recoup the payment for the services.

THE FOLLOWING STEPS ARE REQUIRED TO AVOID CLAIM DENIALS

Providers who receive a denial for one of the following reasons must complete and return this form:

- No original admission claim on file or admission claim was not paid by Wyoming Medicaid
- No PASRR on file with Wyoming Medicaid
- This form was not completed appropriately, or it was not attached to the claim.

To receive payment, Providers must complete this form and submit it in one of the following ways:

- Submit the form by email at wyproverservices@acentra.com **OR**
- Submit the form by paper to the address below.

Mail completed form to:
Wyoming Medicaid Fiscal Agent
Attn: Claims Department
P.O. Box 1248
Cheyenne, WY 82003-1248



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THE FOLLOWING INFORMATION IS REQUIRED TO AVOID CLAIM DENIALS

Facility Name _____	Facility NPI/ Provider Number _____
Member Name _____	Member ID _____
Original Admission Date _____	PASRR Date _____

Indicate why the admission claim is not on file as paid by Wyoming Medicaid:

- Paid by Medicare
- Paid as private pay
- Paid by another insurance
- PASRR not completed appropriately *(please explain)*
- Other *(please explain)*

In signing this document, I attest that the above information was completed as required by Wyoming Medicaid Policy, and that the information furnished is true and accurate.

Signature _____

Date _____

Printed Name _____

Mail completed form to: Wyoming
Medicaid Fiscal Agent Attn: Claims
Department
P.O. Box 1248
Cheyenne, WY 82003-1248 or
email form to
wyproviderservices@acentra.com

WYBMS-Attestation
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