



Wyoming Medicaid

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Attention Providers – Important Appeals Process Updates and Clarification

In response to increased numbers of appeals, the Fiscal Agent of Wyoming Medicaid has worked to clarify the appeals processes, including creating a standard appeal form. Within the Fiscal Agent, there are two (2) departments that process appeals: Provider Relations and Medical Policy. The appeals process is specific to the type of request providers are submitting. See below for details.

Once a determination has been made, a paper letter will be sent to the Provider's correspondence address on file with Wyoming Medicaid. Letters will not be faxed, emailed, or mailed to a different address.

Appeals for services other than those listed below must be submitted to the appropriate State Vendor.

Appeals Directions:

For timely filing appeals and instances where Third Party Liability is applied after Medicaid payment the provider must submit the appeal in writing to Provider Relations and should include the following:

- The First Level Appeal and Grievance Request Form
- Documentation of previous claim submission (TCNs, documentation of the corrections made to the subsequent claims)

- Documentation of contact with Provider Relations
- An explanation of the problem
- A clean copy of the claim, along with any required attachments and required information on the attachments. A clean claim is an error-free, correctly completed claim, with all required attachments, that will process and pay.

For claims denied in error within timely filing, the provider must submit the appeal in writing to Medical Policy (2.1 Quick Reference). These should include the following.

- The First Level Appeal and Grievance Request Form
- An explanation of the problem and any desired supplementary documentation
- Documentation of previous claim submission (TCNs, documentation of the corrections made to the subsequent claims)
- Documentation of contact with Provider Relations or Medical Policy
- A clean copy of the claim, along with any required attachments and required information on the attachments. A clean claim is an error-free, correctly completed claim, with all required attachments, that will process and pay.

NOTE: Appeals for claims that denied appropriately or submission of attachments for denied claims will be automatically denied. The appeals process is not an appropriate means to resubmit denied claims nor to submit supporting documentation. Doing so will result in denials and time lost to correct claims appropriately.

Appeals for changes to CPT, Diagnosis, and/or NDC Codes will also be sent to Medical Policy for review. These requests should include ALL of the following.

- The First Level Appeal and Grievance Request Form
- An explanation of the problem
- Any desired supplementary documentation
- Documentation of contact with Provider Relations or Medical Policy

NOTE: Codes with a status “T” are deleted codes that no longer exist. These codes cannot be re-opened.

If a Provider wishes to dispute an appeal decision or request second-level review, follow the above processes with the Second Level Appeal and Grievance Request Form in place of the First Level Appeal and Grievance Request Form.

First Level Appeal and Grievance Request Form



REQUEST FOR APPEAL

Request Date: _____

Information for Appeal

Provider Information

Provider Name: _____
Provider NPI: _____

Client Information

Client Name: _____
Client ID (10 digit): _____
Client Date of Birth: _____

Claim Information

TCN(s): _____
Date(s) of Service: _____

Reason For Appeal

Policy Decisions

- Code Change
- Procedure Code Code _____ Add Change
 - Diagnosis Code Code _____ Add Change
 - NDC Code _____ Add Change
 - Taxonomy Add Code _____ Taxonomy _____
- Prior Authorization
- Policy Dispute

Payment/Criteria Dispute

- NCCI Denial
- OPPTS
- General Complaint Not Listed (Please describe below)
- Timely Filing
- Not Billing TPL
- Payment Dispute

This form and all supporting documentation should be sent using one of the following methods. Form should be filled out completely to prevent the request being returned unanswered.

MAIL: Wyoming Medicaid
ATTN: APPEALS
PO Box 667,
Cheyenne, WY 82001

EMAIL: WYCUSTOMERSVS@Conduent.com
OR WYMEDPOL@Conduent.com

FAX: 307.772.8405

NOTE: Click the image above to be taken to a printable version of this form.

Second Level Appeal and Grievance Request Form

APPEAL/GRIEVANCE
2ND LEVEL REQUEST FORM



Received Date: / / Ref #: Review Type: Appeal Grievance

- Review Category:
- | | | |
|---|--|--|
| <input type="checkbox"/> Procedure Code | <input type="checkbox"/> Dx Code | <input type="checkbox"/> Taxonomy Add |
| <input type="checkbox"/> NCCI Denial | <input type="checkbox"/> OPPS | <input type="checkbox"/> Claim Denied per Policy |
| <input type="checkbox"/> PA | <input type="checkbox"/> Timely Filing | <input type="checkbox"/> Not Billing TPL |
| <input type="checkbox"/> Adjustment | <input type="checkbox"/> Payment Dispute | <input type="checkbox"/> General Complaint |

Review Requested of:

Sending Department: Medical Policy Provider Relations Claims TPL

Explanation:

Included in request:

- | | |
|--|--|
| <input type="checkbox"/> Letter from Complainant | <input type="checkbox"/> Research Documentation |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Original Request |
| <input type="checkbox"/> Claims Attachments | <input type="checkbox"/> Original PA Request |
| <input type="checkbox"/> Claims History Query | <input type="checkbox"/> PA Supporting Information |
| <input type="checkbox"/> Call Log | <input type="checkbox"/> Other Correspondence |

Sending Entity:

Email: Phone:

Email form to WYCustomerSVC@Conduent.com OR WYMedPol@Conduent.com

NOTE: Click the image above to be taken to a printable version of this form.

For questions, please contact Provider Relations at 1-800-251-1268 options 1,5, and 0 or Medical Policy at 1-800-251-1268 options 1, 5 and 2 or 3.



Help identify and combat Medicaid Fraud by visiting the website or contacting the Fraud Hotline:

• <https://health.wyo.gov/healthcarefin/program-integrity/>

• 1-855-846-2563

WYhealth is a Medicaid health management and utilization management program offered by the Wyoming Department of Health through Optum. Medicaid clients and providers will benefit from a wide array of programs and services offered and coordinated by Optum. Visit <https://www.wyhealth.net/tpa-ap-web/> for more information



[Unsubscribe](#)

Be sure to add wycustomersvc@conduent.com to your address book to ensure the proper delivery of your Wyoming Medicaid updates and weekly payment summary information.

Wyoming Medicaid, Provider Relations, PO Box 667, Cheyenne, WY 82003

Please do not reply to this email with any customer service issues. Specific account inquiries will not be read. For assistance, contact Provider Relations at 1-800-251-1268

<https://wymedicaid.portal.conduent.com/>

Deployment Information:

- Deployment Date: 3/12/2021
- Deployment Time: 3:00 PM
- Audience: All Providers