

Wyoming Medicaid 340B Attestation Form

Completion Instructions and Provisions

1. Submission of this form is required by 340B Covered Entities that use drug products purchased under Section 340B of the Public Health Service Act for Wyoming Medicaid clients.
2. Separate forms must be completed for **EACH** "pay to" provider enrolled with Wyoming Medicaid that is designated as a 340B Covered Entity and carving in Wyoming Medicaid clients.
3. Completion of this form does not replace the Covered Entity's responsibility to register and appropriately report to the HRSA Exclusion File.
4. **Annual submission of this form will be required by Covered Entities continuing to carve in.**

Covered Entity Information

Please answer all questions below. Incomplete forms may result in the delay of Wyoming Medicaid being able to appropriately record 340B carve in status.

"Pay To" Provider Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ NPI: _____

Wyoming Medicaid Provider ID: _____

340B Carve In Information

1. Has the provider listed above been designated as a 340B Covered Entity by HRSA? Yes No
2. Does this provider use drug products purchased under Section 340B of the Public Health Service Act for Wyoming Medicaid client (carve in)? Yes No
3. Carve In Effective Date. This should be a date on or after April 1, 2017 which reflects the beginning of the quarter in which the provider began carving in all Wyoming Medicaid clients to the 340B program.
 January 1, 20__ (Q1) April 1, 20__ (Q2) July 1, 20__ (Q3) October 1, 20__ (Q4)

Contact Information for 340B Program

Please provide the contact information for the person in your office who Wyoming Medicaid should contact with questions regarding your 340B status

Contact Name: _____ Email: _____@_____

Phone: _____ Ext. _____

Signature and Date

I certify that the above information is true and correct to the best of my knowledge.

Signature

Date

Name of Signator (please print)

Phone Number

Please submit completed forms to:

Wyoming Department of Health, Division of Healthcare Financing

Attn: Pharmacy Program Manager

6101 Yellowstone Road, Suite 210

Cheyenne, Wyoming 82002