



Wyoming
Department
of Health

ATTESTATION FOR ADMISSION DATE

Wyoming Medicaid will require this form be completed when clients whose original admission claim was prior to Medicaid eligibility, whose original admit claim is not on file as paid with Wyoming Medicaid or LT101 was not required.

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 paid, action will be taken to recoup the payment for the services.

LT101s are required under the following conditions:

No more than 90 days prior to admission	Upon application for facility admission	Upon transfer to another facility	Upon re-admission to a facility after previous discharge
Continued stay review at six months	Significant change in condition	Upon determination and re-determination of Medicaid eligibility	Upon referral for PASRR Level II evaluation for MI or MR

THE FOLLOWING INFORMATION IS REQUIRED TO AVOID CLAIM DENIALS:

Providers who receive a denial for one of the following reasons will need to complete the below information and return it with a copy of the claim receiving the denial. This can be done by submitting an electronic attachment to the claim, by submitting both the claim and form via paper, or by sending the claim electronically and the form paper.

- No original admit claim on file or admit claim was not paid by Wyoming Medicaid
- No LT101 or PASRR on file with Wyoming Medicaid
- This form was not completed appropriately or not attached to the claim

Facility NPI: _____

Facility Name: _____

Medicaid Client ID: _____

Client Name: _____

Original Admission Date: _____

PASRR Date: _____

LT101 Review Date for Medicaid Eligibility if known: _____

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
- LT101 was not required on admission due to the individual already enrolled with Medicaid or client's received retro eligibility before LT101 was completed
- LT101 and/or 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: _____

Providers receiving a denial for one of the reasons above must complete and submit this form. When submitting the form providers must also include a copy of the claim(s) which were denied. This can be done by uploading the form as an electronic attachment to the claim(s), by submitting both the claim(s) and form via paper to the address below, or by sending the claim electronically and the form as a paper attachment.

Wyoming Medicaid
Claims Department
PO Box 547
Cheyenne, WY 82003

Fiscal Agent Comments:
