

Attestation

The WINGS Project requires that any Contractors accessing the Claim Processing Edits & Exceptions spreadsheet confirm that they are a legitimate Medicaid Management Information System Contractor. If that describes you, please complete the form below and email back to: wdh-wy-mmis-project@wyo.gov. Upon review, the Agency will provide you view access to this information. Note: the company email address you provide below will be used to share the document, please ensure you have access to that account. Thank-you!

Yes, I am a legitimate Medicaid Management Information System Contractor.

No, I am not a Medicaid Management Information System Contractor; however, I am interested in viewing this information. Reason for wanting access: _____

Your Name: _____

Company Name: _____

Company Email: _____

Signature: _____

Date: _____