

**COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

HOME HEALTH AGENCY CERTIFICATION FOR DUAL ELIGIBLES

AGENCY INFORMATION

Agency	
Provider ID #	
Address	

RECIPIENT INFORMATION

Recipient	
Medicaid ID #	
Medicare ID #	
DOS From:	
DOS To:	

This document serves to certify that benefits for Home Health Agency services has been utilized to the full extent of Title XVIII, Medicare benefits, under Part A and Part B and that the request for Program payment represents the Home Health Agency Services provided after exhaustion of benefits available under Title XVIII, Medicare, for the above- referenced patient.

Providers are required to file Medicare claims on behalf of their Medicare patient unless providing services and/or supplies that Medicaid has approved and determined not covered under Medicare. ***See instruction sheet for the identified and KY Medicaid approved services and/or supplies that may be provided for the dual eligible without a Medicare denial.***

<input type="checkbox"/> Rejected by Title XVIII – Medicare Provide EOB denial explanation in the space to the right of the box.	Explanation:
<input type="checkbox"/> KY Medicaid approved services/supplies not covered by Medicare for the dual eligible recipients. .	List service(s) and/or supplies provided to a Medicare Primary recipient.

I certify the above information is true, complete and correct to the best of my knowledge and belief.

Authorized Home Health Agency Representative

DATE