

## Kentucky Department for Medicaid Services

### FQHC/RHC/PCC Medicaid MCO Wrap Payment Attestation Statement

By signing this form, I certify, to the best of my knowledge, the supplemental payment reconciliation form contains accurate and complete information. I have reviewed the attached information, can provide supporting documentation if necessary, and agree to the following:

- Dual eligible visits and/or claims are **excluded** (since Medicare is the primary payor, and Medicaid is responsible for co-pay, coinsurance, and deductible, and not for the PPS payment)
- Reported visits and/or claims are not duplicated
- All MCO payments, except incentive payments, are reported. This includes but is not limited to: payments for ancillary services, administrative fee payments, capitation payments and sub-capitation payments, laboratory and radiology payments
- Only visits and/or claims that have been adjudicated to a **paid status** by the MCO have been reported
- No visits and/or claims are included for any such period of time the facility was decertified with Medicaid, if applicable. For Primary Care Center (PCC) providers, no visits and/or claims for dates of service on and after 3/1/13 are included, as supplemental payments will not be made for these time periods.
- All visits reported meet the definition in accordance with 907 KAR 1:055
- No visits and/or claims are included that were paid for by any payor other than KY contracted Managed Care Organizations (and their contracted subcontractors), which include: Passport Health Plan, CoventryCares of KY, Humana CareSource, WellCare of Kentucky, KY Spirit (for dates prior to contract end).

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Agree to statements above by signing the form and providing contact information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Title

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider #: \_\_\_\_\_

**Note:** If questions regarding the form should be directed to someone other than the signor, please indicate below with contact information.

Contact Name and Title: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_