

## Instructions for Completion of the MAP 34 Home Health Agency Certification for Dual Eligibles

**This form must be completed for patients that are Medicare Primary with Medicaid eligibility (Dual Eligible) for home health services requested and paid through the Medicaid Home Health Program.**

**Note: Use the “Tab” key to move between categories on the form.**

**Agency Information:**

Complete the agency information section by entering the agency name, address and Medicaid Provider ID # of the home health agency requesting the certification.

**Recipient Information:**

Complete the Medicaid recipient’s name, Medicaid ID#, Medicare HIC# and the dates of service.

**Rejected by Title XVIII:**

This section is for services that were actually billed to Medicare and for which the home health agency has a Medicare denial. Provide a brief, concise explanation of the reason for the denial in the explanation section. The home health agency will be required to provide documentation of the denial if requested by Medicaid or agents of Medicaid.

**KY Medicaid approved services/supplies not covered by Medicare for the dual eligible recipients.**

This section is for services and/or supplies that the home health agency is providing and will bill to Medicaid without having an actual denial from Medicare. Home health agencies are required to file claims on behalf of their Medicare patients to Medicare except when providing services and/or supplies that Medicaid has approved and determined not covered under Medicare. Listed below are the identified and approved services and/or supplies that may be provided for the dual eligible without a Medicare denial:

- Paper incontinence supplies (diapers, chux, pads)
- Supplemental nutrition
- Home health aide services with no skilled services not receiving HCB waiver services.
- Medication management visits (filling the patient’s med-set and monitoring self-administration of medications) when there is no Medicare PPS episode of care.
- Vitamin B12 injections when not for pernicious anemia or other diagnoses specified by Medicare.
- Flushing of mediport if not used for active administration of medications for 90 days or more.
- Venipuncture when it is the only skill need ordered by the physician for patients with restrictive health conditions.

The MAP-34 shall be completed and kept as a part of the recipient’s record whenever a recipient has been rejected by Medicare and the agency will be billing the Medicaid Program for services provided. A new MAP-34 shall be completed whenever there is a medical status change and a modification to the plan of care at least every twelve (12) months.

The Home Health agency representative who completes the MAP 34 must sign and date the form with the verifying statement that all of the information contained on the document is true, complete and correct.

**The MAP-34 shall be completed and kept in the recipient’s medical record.**