

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

This form must be completed for any Medicare/Medicaid recipient if home health services will be requested and paid through Medicaid.

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 from and to.

Rejected by Title XVIII:

This section is used for those services that have actually been billed to Medicare and for which the home health agency has a Medicare denial. A brief, concise explanation of the denial should be given 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.

Rejected by the Home Health Agency Internal Utilization Review Mechanism:

This section is used for those services/supplies (for example: incontinence supplies such as diapers, chux and pads and nutritional supplements) that the home health agency will bill to Medicaid without having an actual denial from Medicare. Home health agencies are expected to know what services are billable and what services are not billable to Medicare. An explanation of the reasoning used to determine that the service was not billable to Medicare is required. Agencies should give a complete and concise explanation of the reason Medicaid was billed. If requested by Medicaid, or agents of Medicaid, the home health agency’s policy used to determine if a service is not covered by Medicare must be available for review. **NOTE: Incontinence supplies and supplemental nutritional products not covered by Medicare DME should be listed in this section.**

Home Health Agency Verification:

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.

General Information:

MAP -34 is valid for a maximum of one year; however, a new MAP 34 should be completed with each episode of care or if there is a change in the recipient’s condition.