

## Dual Medicare / Vermont Medicaid Short-Term Rehab Form

Complete this form if the individual is **active** Medicare **and** Vermont Medicaid. Do not complete if individual is active on Choices for Care

Individual Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Facility: \_\_\_\_\_ Provider ID#: \_\_\_\_\_

Phone: \_\_\_\_\_

**A. Dual Medicare / Vermont Medicaid Rehab** (If stay is **not** covered by Medicare, use form 804 or 804C)

- ↳ Follows Medicare standards, including 3-day qualifying hospital stay. Medicare standards found at: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08.pdf>
- ↳ Vermont Medicaid co-pay covers days 21 – 100 of the Medicare stay.
- ↳ Medicare is **always** the primary payor for individuals with both Medicare and Medicaid.
- ↳ Private long-term care insurance must be billed prior to Vermont Medicaid.

**B. Long-Term Care** (Coverage for stay exceeding Medicare co-insurance – 100 days)

- ↳ Must apply for Choices for Care Long-Term Care Medicaid  
<http://www.greenmountaincare.org/long-term-care-medicaid>
- ↳ Must meet clinical and financial eligibility criteria.

**C. Admission** (Submit completed form within **10 days** of Medicare/Medicaid end date)

Admission date to nursing facility or hospital swing bed: \_\_\_\_\_

Requested Medicaid co-pay start date: \_\_\_\_\_

Estimated length of stay, \_\_\_\_\_ days.

Date discharged or last date Medicaid coverage needed: \_\_\_\_\_

Reason for end of Medicaid coverage:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Discharged                        | <input type="checkbox"/> Deceased     |
| <input type="checkbox"/> No longer meets coverage criteria | <input type="checkbox"/> Other: _____ |

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  ADPC, 280 State Drive Waterbury, VT 05671-1500; Fax (802) 241-0514

## **804D FORM: VT *MEDICAID/MEDICARE STAYS***

This form is used by Skilled Nursing Facilities and Hospitals that have Swing Bed status. This

form is used to report dual Medicare/Medicaid Rehabilitation Stays. Please use this form if the beneficiary currently has an active Medicare/Medicaid eligibility and is in need of short-term coverage. Medicare is always the primary payor for individuals with both Medicare and Medicaid. VT Medicaid co-insurance coverage is day 21 to day 100 of the Medicare stay, following all Medicare standards, including a qualifying 3 – day hospital stay. Other private insurance must be billed prior to VT Medicaid. **If the beneficiary does not have Medicare, use form 804C.**

### **When this form is used:**

- ❖ To report dual Medicaid/Medicare Rehabilitation Stays
- ❖ Beneficiary has Active Medicare/Medicaid eligibility and needs short term coverage

### **Who completes this form:**

1. Nursing Home
2. Hospital Social Worker

### **How to complete the 804D form:**

1. Complete the Individual's name, Address, SS# or MID, Date of Birth
2. Provide the Name of the Nursing Facility/Hospital and Person Completing the form
3. Complete Section C of this form within 10 days of the need for Medicaid to pay the Medicare co-payment and within 10 days after the end of coverage for both Medicare/Medicaid.
  - a. Fill in the Admission Date,
  - b. Requested Start Date of Medicaid co-insurance
  - c. Check the box where the beneficiary was admitted from
  - d. Fill in the last date that Medicaid coverage was needed
  - e. Check the reason for no longer needing Medicaid coverage

### **Where to submit the 804D form:**

#### **ADPC (Application and Document Processing Center):**

Fax (802) 241-0514

280 State Drive Waterbury, VT 05671-1500