

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:

Discharged

No longer meets coverage criteria

Deceased

Other: _____

Completed by: _____

Email: _____

Agency: _____

Phone: _____

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