
MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS

DOM-339 - STATEMENT REGARDING PAYMENT OF HEALTH INSURANCE
PREMIUMS & NON-COVERED MEDICAL EXPENSES

PURPOSE & USE

This form is used to verify payment of an allowable health insurance premium and non-covered medical expenses billed to a nursing home client in a given quarter. The form must be completed by the client or designated representative for both health insurance and non-covered medical expenses deductions. In addition, if non-covered medical expenses are claimed, the provider of the service must complete the appropriate section of the form. Refer to Section I, Institutionalization, for policy regarding these deductions.

INSTRUCTIONS

All new nursing home approvals must be provided with a Form DOM-339 to be returned at the end of the assigned quarter. Recipients who participate in claiming non-covered medical expenses will be provided with a new Form DOM-339 whenever a completed form is submitted to the Regional Office. DOM-339 Forms that are not completed by the proper authority (Designated Representative, Physician or Hospital) will not be accepted as sufficient verification and the expense(s) will not be allowed as a deduction.

The worker will complete the top portion of the form to specify the months of the quarter to be reported on the form by placing the name of each of the 3 months in the assigned quarter at the top of each column on page 2.

The worker will complete the bottom portion of the form to specify the date the form is due. The Regional Office name and address must also be stamped in the space provided.

Case Name _____

Medicaid ID # _____

**STATEMENT REGARDING PAYMENT OF HEALTH INSURANCE PREMIUMS
AND NON-COVERED MEDICAL EXPENSES**

Medicaid will allow certain non-covered medical expenses and one health insurance premium to be deducted from the income a nursing home client must pay toward the cost of care (Medicaid Income). Expenses are computed on a quarterly basis. An allowable expense billed in one quarter will not be allowed as a deduction until the next quarter. For example, expenses billed in October will be deducted from Medicaid Income due for January.

Health Insurance Premium Verification

Medicaid can allow an income deduction for one health insurance premium paid by a nursing home client. If the client named above pays for health insurance (other than Medicare), name the policy to be allowed as a deduction.

How often is the premium paid? _____

Is the client's money used to pay for this health insurance premium? YES NO

YOU MUST SEND IN PROOF OF PAYMENT BY THE CLIENT AND THE PREMIUM NOTICE FOR A PREMIUM BILLED IN ORDER FOR THE PREMIUM TO BE ALLOWED. If paid monthly or bi-monthly, submit proof of only one payment.

SIGNATURE OF CLIENT OR DESIGNATED REPRESENTATIVE

DATE

COMPLETED FORM DUE BY _____

Mail to the Regional Office address stamped below:

