



July 28, 2004

## Home Health Update

Home Health Bulletin  
04-004

### Effective Immediately!!

#### EqualityCare EOMB Exemption Letter

Please be advised that there is a new EqualityCare EOMB Form letter. This letter may be used in place of the Medicare denial for dual eligible clients who no longer meet the Medicare criteria for Home Health, (i.e., chronic state of his/her condition or homebound status), but continues to meet the Medicaid Home Health criteria.



A sample of this form letter is included in this bulletin. Please make copies and distribute as needed for claims submission.

If you have any questions regarding this new form letter or concerns on it's completion, please contact the ACS Provider Relations Unit at 1-800-215-1268 or 307-772-8401.

Trained representatives are available to answer your questions and assist you Monday through Friday from 9 am until 5 pm.





# Wyoming Department of Health

Dave Freudenthal, Governor

Deborah K. Fleming, Ph.D., Director

## Home Health Exemption Letter

\_\_\_\_\_  
(Agency Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State and Zip)

I certify that \_\_\_\_\_ continues to not meet Medicare Home Health  
(Client Name)

Criteria because of the chronic state of his/her condition or because of his/her homebound status.

I also certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, documents or concealment of material fact may be prosecuted under applicable Federal or State laws.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)


**Aging Division** · 6101 Yellowstone Road, Room 259B · Cheyenne WY 82002

E-Mail: [rdavis1@state.wy.us](mailto:rdavis1@state.wy.us) or [wyaging@state.wy.us](mailto:wyaging@state.wy.us) WEB Page: <http://wdhfs.state.wy.us/aging/index.htm>

FAX (307) 777-5340 · Toll Free (800) 442-2766 · **(307) 777-7986**



Wyoming Department of Health  
Public Health Insurance Program



Pharmacy  
Group  
6530

## Important Changes! Please read!



**A C S**<sup>®</sup>

**ACS, Inc.**  
P.O. Box 667  
Cheyenne, WY 82003-  
0667

PHONE:  
(800) 251-1269

IN CHEYENNE:  
(307) 772-8401

FAX:  
(307) 772-8405

We're on the Web!  
<http://wyequalitycare.acs-inc.com>