



**Certification Statement by Medicaid-Enrolled
Nursing Facilities that are NOT Certified to Provide
Medicare Part A Skilled Nursing Services**

I hereby certify to the Indiana Family and Social Services Administration, Office of Medicaid Policy and Planning (OMPP) the following:

1. I am a duly authorized representative of the nursing facility named below.
2. This nursing facility has been properly enrolled and is currently certified to participate in the Indiana Medicaid program to provide nursing facility services.
3. This nursing facility does not currently maintain certification to provide Skilled Nursing Facility Services under the Medicare Part A insurance program.
4. This nursing facility will not request Medicaid payment for nursing facility services rendered to any resident that is eligible for benefits under both the Medicaid and Medicare Part A insurance programs, during any period when such resident is entitled to Medicare Part A insurance benefits.
5. I will promptly notify OMPP's rate setting contractor, Myers and Stauffer LC at the following address in writing if any of the items certified to herein change in any way.

**Myers and Stauffer LC
9265 Counselors Row, Suite 200
Indianapolis, IN 46240**

Nursing Facility Name

Provider Number

Physical Location Address of Facility

City/State/Zip Code

Name of Authorized Representative

Title

Signature

Date