



Department of
Developmental Disabilities

Division of Medicaid Development & Administration

John R. Kasich, Governor
John L. Martin, Director

To: County Board Superintendents, SSA Directors, Business Managers and Council of Government Directors

From: Debbie Hoffine, Operations Administrator

Date: October 20, 2014

Subject: Patient Liability

The purpose of this memo is to provide clarification around Patient Liability for individuals enrolled on waivers administered by the Ohio Department of Developmental Disabilities (DODD).

Patient Liability [PL] is defined in section 5160:1-3-24 of the Ohio Administrative Code as “the individual’s financial obligation toward the Medicaid cost of care.” For individuals enrolled on home- and community-based services waivers, this means that the individual receiving waiver services (or the individual’s guardian) must pay the provider directly for a portion of the cost of waiver services each month. This would be the only time an individual pays the provider for waiver services. The provider collects and retains PL; it is not paid to DODD, nor to the Ohio Department of Medicaid (ODM). The provider reports the PL to DODD through the submission of waiver claims.

PL is determined and calculated by the local county Department of Job and Family Services. DODD provides monthly notification to the appropriate County Board identifying individuals determined to have PL, and the monthly PL amount for each individual. DODD determines the provider responsible for the collection and proper reporting of PL; this generally is the provider who is authorized for the majority of waiver services in the Payment Authorization for Waiver Services (PAWS) system. The County Board then notifies each individual and provider in writing of this assignment. If changes need to be made to the provider assigned to collect PL, County Boards should contact DODD with the updated information.

Upon submission of a claim for payment, the designated provider reports the waiver service to which the PL was assigned, and the PL amount on the claim line submitted for reimbursement. This is done through DODD’s Medicaid Billing System [eMBS].

Reporting Patient Liability

EXAMPLE - An individual on an I/O waiver has a \$250.00 per month PL. The provider started providing services on January 1, and provides homemaker/personal care services four hours (16 units) per day, Monday through Friday. PL would be reported as follows:

Date of Service	Service Code	Units of Service	Usual Customary Rate	Other Source Code	Other Source Amount
01/01/2014	APC	16	\$4.15	1	\$66.40
01/02/2014	APC	16	\$4.15	1	\$66.40
01/03/2014	APC	16	\$4.15	1	\$66.40
01/04/2014	APC	16	\$4.15	1	\$50.80
01/05/2014	APC	16	\$4.15		

The '1' in the *Other Source* field in eMBS indicates that the provider is reporting PL. The dollar amount in the *Other Source Amount* field indicates the amount of PL that is being reported. The amount of PL that is being reported on a given day cannot exceed what the provider normally would have been paid. If no PL is being reported, the *Other Source Code* and *Other Source Amount* fields would be left blank. These five claims would then result in a payment from DODD of \$82.00 to the provider, as 80 units of service at \$4.15 per unit totals \$332.00, less the \$250.00 that was collected from the individual to satisfy their PL obligation for the month of January.

If a provider chooses to use the Single Claim entry feature in eMBS, the first entry from the example above would be as follows:

SINGLE CLAIM ENTRY :

* indicates required field

Today's Date : Help

Contract Number (7 Numbers) : Help

Medicaid Recipient Number : Help

Recipient First Initial : Help

Recipient Last Name (First 5 Letters) : Help

Date Of Service (mm/dd/yyyy) : / /

Service Code : Help

Units Of Service Delivered : Help

Group Size : Help

Staff Size : Help

Service County : Help

Usual Customary Rate \$: . Help

Other Source Code : Help

Other Source Amount \$: . Help

Contractor Reference Number (Optional) : Help

If you have questions, please contact the DODD Support Center at 1-800-617-6733.