

PATIENT LIABILITY ADJUSTMENTS

You should have received a copy of the monthly Patient Liability Report forwarded by ODMR/DD. In an effort to assist in reconciling the payments for past months, please follow the procedure below while accessing the Medicaid Billing System (MBS):

1. Go to Form Flat MBS Claim Record - Single Entry to enter your adjustments.
2. Enter the month and year of the adjustment that needs to be made for the Billing Period (MMYY).
3. Enter in the date you complete this adjustment in Invoice Date (MMDDYY).
4. Enter in the recipient's Medicaid Number (12 numbers)
5. Enter in the 1st 5 letters of the Recipient's Last Name
6. Enter in the first letter of the Recipient's First Name
7. Enter in the Provider Contract Number (7 numbers)
8. Day of Service is the first day(s) of the month that waiver services were provided.
NOTE: An adjustment cannot be made on a date that waiver services were not provided.
9. Enter in the Service Code of the waiver service that was provided (i.e. ADR, AHC, etc)
10. Enter in the number of Units of Service Delivered (i.e. if the service code is ADR, then units = 1. If the service code is AHC, then enter the number of hours delivered on that Day of Service, etc.)
11. Other Source - Enter in if there is another source of payment. For reporting Patient Liability you would enter 1 - (Payment received from individual receiving service. This code is used to represent Patient Liability).
12. If there is another source of payment, then enter in the amount in Other Source Amount (use no dollar signs, commas or dismal points). If no amount, don't enter anything.
13. Group Size - only fill this in if the month that the adjustment needs to be made is within a month that the recipient is under the new waiver reimbursement system.
14. Enter in Service County (use the drop down menu). only fill this in if the month that the adjustment needs to be made is within a month that the recipient is under the new waiver reimbursement system.
15. Usual Customary Rate (UCR) - only fill this in if the month that the adjustment needs to be made is within a month that the recipient is under the new waiver reimbursement system.
16. Contractor Reference Number - this is an optional field meant to be used by the Provider to track claims adjustments.
17. Staff Size - only fill this in if the month that the adjustment needs to be made is within a month that the recipient is under the new waiver reimbursement system.
18. Click on Submit Flat Claim

Points to remember:

1. There is a "Help" option next to each field that can assist you in knowing what information to put into that field.
2. If the recipient's patient liability amount is more than the Units of Service Delivered amount for that day's service. You will have to use next day of service in that month until it adds up to the patient liability amount. For example:

If the patient liability = \$150/month and
ADR = \$100

then:

Fill out the first day of service with the full amount of \$100 in the Other Source Amount (because the amount can't be higher than what the provider was paid on that given day). Fill out a next day of service with the remaining amount of \$50 in the Other Source Amount and ODMRDD will pay you the difference of \$50.

3. If the adjustment is for ODMRDD to pay to the Provider (the amount will be indicated with parentheses (\$150.00), then the following applies:

Other Source = 1
Other Amount = Leave Blank

This is the one of the ways ODJFS knows if the patient liability is being met each month by reporting it through your billings with ODMRDD.

4. As recipient's transition to the new waiver reimbursement system and if an adjustment for patient liability is needed for a month that the individual is under the new waiver reimbursement system, then be sure to utilize the new Service Codes and fill in the fields for Group Size, Usual Customary Rate (UCR) and Staff Size.
5. Utilize the above procedure as well for current months when you know what the patient liability amount is. This will prevent the need for a report to be generated for that recipient. Adjustments can be made on the first day of waiver service to be billed.
6. You can also visit ODMRDD website for more provider information at - <http://odmrdd.state.oh.us> Click on the Provider box, then go down to Provider Support Waiver Billing and click on it. There is all kinds of information located there for providers.