

Molina Dual Options MyCare Ohio Patient Liability Guide

Molina Dual Options MyCare Ohio is Molina Healthcare's Medicare-Medicaid plan in the Central, West Central and Southwest regions.

- **Southwest:** Butler, Warren, Clinton, Clermont and Hamilton
- **West Central:** Greene, Clark and Montgomery
- **Central:** Franklin, Madison, Union, Delaware and Pickaway

Consumers are eligible to join a MyCare Ohio managed care plan if they:

- Receive full benefits from both Medicare and Medicaid
- Are 18 years of age or older
- Reside in a MyCare Ohio service region

What Is Patient Liability?

The amount of money a consumer is required to pay out-of-pocket each month to a specific, assigned provider is called Patient Liability. This amount is determined by the consumer's county caseworker at the County Department of Job and Family Services (CDJFS). Patient Liability is:

- Defined in Ohio Administrative Code (OAC) 5160: 1-3-24
- A post-eligibility treatment of income
- Variable based on the income of the member
- Has the potential to change on a monthly basis
- Cannot be calculated and imposed on a member by providers

When Will Patient Liability Apply?

Patient liability applies to claims for the following services:

- **Nursing facility** claims billed on a UB with Bill Type 0210-0218, 0180-0188, 0221-0228, or 0231-0238
- **Hospice claims** billed with code T2046 (room and board)
- Assisted living T2031
- Certain **Home and Community-Based Waiver services**.
- Personal care aid T1019
- Home care attendant – nursing and personal care S5125
- Nursing services T1002 & T1003
- Adult day services S5100, S5101, S5102

Note: All Patient Liability will apply to the nursing facility claim if the member is a nursing facility resident. The authorization must state to whom provider of record Patient Liability will be applied.

Who is Responsible for Collecting Patient Liability?

It depends on the patient's waiver of origin. The waiver of origin can be identified on the Ohio Department of Medicaid's (ODM) Medicaid Information Technology Service (MITS) portal.

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| Waiver of Origin | Responsible Party |
|---|---|
| PASSPORT/CHOICES | Collected by Area Agencies on Aging (AAAs) |
| Ohio Home Care Waiver/Transitions Care-Out Waiver | Collected by the provider(s) designated on the Person-Centered Service Plan |
| Assisted Living | Collected by the assisted living provider |
| Integrated Care Delivery System (ICDS) Waiver | Collected by the provider(s) designated on the Person-Centered Service Plan |
| Nursing Facility | Collected by the nursing facility provider |

What Happens when there are Changes to the Waiver Service Coordinator (WSC)?

If the AAA is no longer the WSC, the provider of record will collect the Patient Liability, even if the AAA was previously collecting. Molina Healthcare will educate the member and provider about the change in process.

If the waiver of origin was previously an Ohio Home Care Waiver or Traditions Carve Out Waiver, the provider will collect, even if the WSC is changed to the AAA.

If a patient is in an assisted living facility or a nursing facility, then that facility will be responsible for collecting any Patient Liability that is owed, regardless of who is the WSC.

How is Patient Liability Applied to Claims?

It will be deducted from the first eligible claim of the month that is received by Molina Healthcare.

- If multiple claims are submitted in a given month, Patient Liability will be applied until it is exhausted for that month.
- If a member transfers from one facility to another within the same month, the liability amount will be applied to the first claim received. If the Patient Liability amount is not satisfied fully in the first claim, the remaining amount will be applied to the second claim (other facility) as needed.

If Molina Healthcare is secondary, Patient Liability is applied to the lesser of:

- Balance due as secondary carrier
- Medicaid allowable
- Member's Patient Liability amount

Patient Liability does not apply to the following types of Bill:

- 0180-0188, 0221-0228, or 0231-0238

Patient Liability does not apply to the following Waiver services:

- Adult Day Services Transportation codes T2025, T2003, A0080 and A0090

How is Patient Liability Billed Electronically?

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The Patient Liability will be captured on claims as follows:

- Loop 2300: AMT – Patient responsibility – Estimated
- Segment AMT02

What is Ohio Medicaid Act 52?

A provision by Ohio Medicaid to allow Medicaid residents in a health care facility to satisfy outstanding medical expenses incurred prior to Medicaid approval.

How Does Ohio Medicaid Act 52 Work?

Once approved by the local CDJFS, ODM will “zero out” a resident’s Patient Liability until the debt is paid. ODM will pay the entire amount due to the facility except for the base \$660 (room and board), which will cover the Patient Liability. The facility will continue to collect the liability, however, and apply it to the past due amount. In other words, the facility will be “paid back” over time using the resident’s Patient Liability amount.

Molina Healthcare will receive the Patient Liability information in the eligibility files from the state. It is expected this amount will be \$0 until the past debt has been paid. Patient Liability for members with a past balance that fall under Act 52 will be applied in the same way as it was previously under ODM.

What if a Member Receives a Lump Sum?

If a member receives a lump sum of money, it is possible that he or she may pay the nursing facility directly to maintain Medicaid eligibility. As with Patient Liability, Molina Healthcare will reduce amounts to the designated nursing facility if a lump sum payment is received by the nursing facility. Once the code is no longer present on claims submission, Molina Healthcare will resume paying the full amount as appropriate.

Lump sum payments received by nursing facilities will be captured on claims as follows:

- Loop 2300: HI – Value Information
- Segment HI01-01

What if the Incorrect Patient Liability was Applied to the Claim?

Although the Patient Liability received in the eligibility files is correct, it is not always timely. Please use the Patient/ Client Liability Reconciliation spreadsheet to report Patient Liability errors or discrepancies for claims paid by MyCare Ohio health plans.

It should be used in the following circumstances:

- The plan contacts you and requests Patient Liability documentation for specific MyCare Ohio members.
- You identify a situation in which the plan deducted a Patient Liability amount from a payment that is more than the Patient Liability amount specified by the county or AAA caseworker.
- You identify a situation in which the plan deducted no Patient Liability from a claim, but you have documentation that the member does have a Patient Liability amount.

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The spreadsheet may be downloaded in Excel format under the “Forms” tab at www.MolinaHealthcare.com/OhioProviders.

As noted on the spreadsheet, you must submit documentation of the correct Patient Liability amount (for example, a 9401 form, a Cost of Living Adjustment (COLA) report, or report from an Area Agency on Aging (AAA), etc.).

Please Note: You may need to resubmit the spreadsheet for future claims involving the situations listed above if Patient Liability is still deducted incorrectly. *You do not need to resubmit the supporting documentation if you submitted it once and it has not changed.*

Please check the appropriate column on the spreadsheet if you are resubmitting Patient Liability information for a MyCare Ohio member.

Please use the following addresses/fax numbers to submit the spreadsheet. To comply with HIPAA, if you submit via email, you must use secure email.

Molina Healthcare:

Email: MHOClaimsReconsideration@MolinaHealthcare.com

Fax: (800) 499-3406

Subject: Patient Liability

For any questions regarding Patient Liability, call Provider Services at (855) 322-4079.