FULTON COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

How to Report Patient Liability

Patient Liability [PL] is defined in section 5160:1-3-04 of the Ohio Administrative Code [OAC] 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.
It is the provider's responsibility to collect the PL from the individual / individual's guardian.

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].

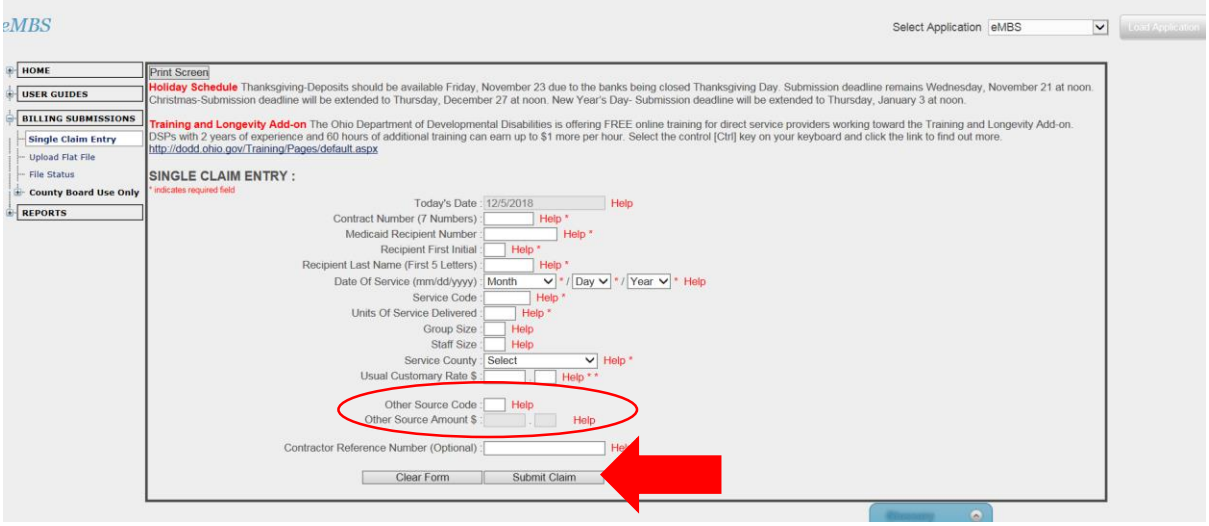
Once on the billing screen-

You must fill out this screen for every claim you are submitting. Claims are submitted one at a time.

PL is claimed by putting a 1 in the Other Source Code box and then the other source amount. The amount of PL being reported on a given day cannot exceed what the provider would have been paid.

PL may be claimed on multiple claims until the PL amount has been satisfied.

On days where no PL is being reported, Other Source Code and Other Source Amount are left blank.



EXAMPLE

An individual on an I/O waiver has a $300.00 per month PL. The provider started providing services on January 1, and provides homemaker/personal care services four hours (16 units) per day. PL would be reported as follows:

Date of Service	Service Code	Units of Service	Usual / Customary Rate	Other Source Code	Other Source Amount
01/01/2021	APC	16	$5.23	1	$83.68
01/02/2021	APC	16	$5.23	1	$83.68
01/03/2021	APC	16	$5.23	1	$83.68
01/04/2021	APC	16	$5.23	1	$48.96

These four claims would then result in a payment from DODD of $34.72 to the provider, as 64 units of service at $5.23 per unit totals $334.72, less the $300.00 that was collected from the individual to satisfy their PL obligation for the month of January.

Note that on the fourth day, only what remains of the PL is reported.