



### **Patient Liability**

After an individual qualifies for Medicaid, he or she will owe a patient liability (sometimes referred to as “share of cost”) toward the cost of his or her care. During the Medicaid application process, the caseworker obtains information about the individual’s gross monthly income and calculates the individual’s patient liability. The individual pays the amount of his or her patient liability to the facility or in-home caregiver under the PASSPORT program. Medicaid pays the remaining cost of care for the month. (Note: the Medicaid reimbursement rate for facilities is usually much lower than the private pay rate for individuals.)

The patient liability is calculated as follows:

Gross monthly income, less each of the following

- Health insurance premiums for the individual and spouse
- Spousal Monthly Income Allowance
- Family Allowance
- Personal Needs Allowance
- Up to \$15 for QIT account fees
- Unpaid Past Medical Expenses

The result is patient liability, which is paid to the facility or caregiver each month the individual receives Medicaid.



## **Typical Questions:**

### **Does client liability for ALW clients in MyCare change often?**

Usually does not change much. Client liability is based on monthly income, so only adjusted if there are changes in the monthly income; pension stops, medical costs change (not supplemental Medicare insurance, as this coverage exempts them from the program), residence sold, etc. The annual SS increase is covered in the increase to SSI and would be remitted as room and board, not impacting liability. In the case of a couple on the program, could change with death of a spouse.

### **If we receive notice that an ALW client's liability has been adjusted, how do we go about getting reimbursement for the difference from Medicaid after the fact? For example, if we receive a letter from CDJFS that an ALW client's liability has been adjusted back a number of months, how would we receive payment?**

You can go back for a traditional ALW client and rebill (based on the new liability) Medicaid. In MyCare Ohio, the Health Plans are the Medicaid payers so any adjustment would have to go through them. There are timeframes for retroactive payments. The resident in this example would need to receive a refund.

### **When a resident has passed away, and was not in our facility for the full month, do we prorate the liability, or are we allowed to keep the full amount?**

You cannot keep the full amount. It must be pro-rated. The refund would have to either be remitted to Ohio Medicaid (or the Health Plan) or to the resident depending on whether they died or moved out