Patient Liability

Patient Liability, or PL, is defined in Ohio Administrative Code 5160:1-6-07.1 as a person's "share of cost when the individual is not living in a medical institution." This is the only time a person with disabilities or the person's guardian must pay the provider directly for a portion of the cost of waiver services each month. Most people enrolled in waivers do not owe patient liability payments.

The provider collects patient liability payments from the person or their guardian; it is not paid to DODD, nor to the Ohio Department of Medicaid (ODM).

The provider reports patient liability amounts to DODD through the submission of waiver claims.

Patient Liability Amounts and Calculations

PL is determined and calculated by the local county Department of Job and Family Services. DODD provides a list of people with patient liability, with the amounts, to each local county board of developmental disabilities.

Generally, the provider who is authorized for the majority of waiver services in the Payment Authorization for Waiver Services (PAWS) system is the same provider who collects patient liability payments.

If changes need to be made to the provider assigned to collect PL, county boards of developmental disabilities should contact DODD with the updated information.

Please note that all PL obligations must be met before any Medicaid funds are spent or billed.

Example of Reporting Patient Liability in Waiver Claims

A person enrolled in an Individual Options Waiver has a $250 per month patient liability. The provider started providing services September 2 and provides Homemaker/Personal Care (HPC) services four hours (16 units) per day, Monday through Friday.

The PL amount reported cannot be greater than what the provider normally would have been paid, so the PL has to be reported as spread out over several days. In this example, $69.76 is reported for four days of service, totaling $250. The provider will collect the $250 from the person enrolled in the waiver. As of the September 6, 2019, service date in this example, the patient liability total has been reported, so patient liability does not need to be entered in Other Source or Other Source Amount for this date.

Service Date	Service Code	Units	Usual Customary Rate	Other Source Code	Other Source Amount	PL Collected (total)
9/2/19	APC	16	$4.36	1	$69.76	$69.76
9/3/19	APC	16	$4.36	1	$69.76	$139.52
9/4/19	APC	16	$4.36	1	$69.76	$209.28
9/5/19	APC	16	$4.36	1	$40.72	$250.00
9/6/19	APC	16	$4.36	--	--	--

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

- Service Dates: All the dates the provider delivered service
- Service Code: The code for one staff providing HPC to one person
- Units of Service: The number of 15-minute units delivered on that date
- Usual Customary Rate: The rate the provider is asking to be paid for the services
- Other Source Code: The ‘1’ in the Other Source field in eMBS indicates that the provider is reporting PL for this claim
- Other Source Amount: The dollar amount in the Other Source Amount field indicates the amount of PL that is being reported.

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SINGLE CLAIM ENTRY :

* indicates required field

Field	Value	
Today's Date :	9/18/2019	Help
Contract Number (7 Numbers) :	2500000	Help
Medicaid Recipient Number :	123456789999	Help
Recipient First Initial :	J	Help
Recipient Last Name (First 5 Letters) :	Test	Help
Date Of Service (mm/dd/yyyy) :	September / 2 / 2019	Help
Service Code :	APC	Help
Units Of Service Delivered :	16	Help
Group Size :	01	Help
Staff Size :	01	Help
Service County :	FRANKLIN 25	Help
Usual Customary Rate $:	4 . 36	Help
Other Source Code :	1	Help
Other Source Amount $:	69 . 76	Help
Contractor Reference Number (Optional) :		Help

Clear Form | Submit Claim