



Oregon

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Department of Human Services

Safety, Oversight and Quality

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NF-21-013 – Provider Alert



Date: March 26, 2021

To: All Nursing Facilities

From: Aging and People with Disabilities
ODHS Safety, Oversight and Quality Unit (SOQ)

Subject: Viewing Liability Information in MMIS

When billing for any ICF level of stay for a resident, the monthly liability amount that is owed by the resident is viewable in MMIS. This will now be the primary method for nursing facilities to determine the liability amount for the resident.

To view the liability amount, access the Plan of Care (POC) – Client Liability panel in the Provider Web Portal.

If a resident has a liability, it will show directly under the resident’s POC Detail screen (panel will automatically open when you open the POC panel). If there are no records listed under the Client Liability panel, the resident doesn’t have liability noted in MMIS. Here is an example of what you will see:

POC Search

From Date: To Date:
 Client ID: search clear

Search Results

Client Name	Service	Mod 1	Mod 2	Mod 3	Mod 4	Effective Date	End Date	Balance Units	Balance Dollars	Status
ALL INCL/ROOM & BOARD ANCIL						09/17/2020	08/31/2021	212	(\$46,764.41)	Active

Detail

Service Auth Number	Service Code Type	SRC	Units	1
Referring Provider ID	Service Code	100	Unit Qualifier	SPD RESIDENTIAL STA'
Referring Provider Name	Service Description	ALL INCL/ROOM &	Frequency	DAILY
Rendering Provider ID	Modifier 1		Dollars	\$0.00
Rendering Provider Name	Modifier 2		Payment Method	Pay System Price
Client ID	Modifier 3		Status	ACTIVE
Client Name	Modifier 4		Notice Date	
Benefit Plan	Effective Date	09/17/2020	Appeal Indicator	N
LSI	End Date	08/31/2021	Used Units	137
LOCUS	Close Reason		Used Dollars	\$46,764.41
Misc Info 1			Balance Units	212
Misc Info 2			Balance Dollars	(\$46,764.41)

Client Liability

Monthly Amount	Type	Effective Date	End Date
\$1.00	NL	09/15/2020	10/20/2020
\$1,245.29	PO	11/01/2020	12/31/2020
\$1,111.56	PO	02/01/2021	02/28/2021
\$1,111.56	PO	03/01/2021	12/31/2299
\$1,244.46	PO	01/01/2021	01/31/2021
\$1,245.29	PO	10/21/2020	10/31/2020

When reviewing the amounts, confirm that you are also confirming the dates the liability amounts are for. Please note that sorting the liability lines is not functioning as intended, however the data remains accurate.

Under “Type”, there are typically one of two options that you may see that is related to nursing facility liability amounts. “PO” stands for patient offset, which is the calculated liability amount. “NL” stands for no liability, which means that the liability amount is not being charged for that period of time.

During the initial month that a resident begins receiving ICF level of care, and a liability is determined, there are circumstances where the resident may not have the resources to make that payment. The resident, or their representative, may work with the local office to determine if the initial month liability may be waived or reduced.

Residents or their representatives will continue to receive notices that inform them of the liability amount.

The form “Financial Planning Title XIX – Provider Notice” will no longer be sent out from the local offices.

Please contact Provider Services with any billing questions. Please contact the local office for any general questions or if the liability amount appears to be incorrect.

Oregon Department of Human Services website: www.oregon.gov/DHS/