

APD / AAA Q&A

Long-Term Services and Supports & ONE

APD/AAA LTC & ONE Q&A Series

Session	Date
Medical Deductions & Liability	05/13/2021
Forms, Notices & Reports	05/20/2021
Medical Related Payments (MRP's)	05/27/2021
Renewals in ONE	06/03/2021
Wrap up: Review & Open Q&A	06/10/2021

APD/AAA LTC & ONE Q&A Series

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APD/AAA Q&A

Patient Liability
&
Medical deductions

May 13, 2021



These are the topics for today's session:

Patient Liability

- Patient Liability Basics
- How to Locate Patient Liability
- How to Locate Patient Liability Amounts in 512, CBC, and SFMU
- Discussion on Cost of Care
- ICP Considerations

Medical Deductions

- Medical Deduction Basics
- Medical Deductions Related to ICP and SNAP
- How to View Current Medical Deductions in ONE

Patient Liability Basics

Patient Liability (PTLB): The LTSS recipient's contribution towards the cost of their care.

Who doesn't have to pay a liability?

- MAGI eligible Oregonians, Assumed Eligible (SSI and 1619B) have no liability.
- Protected Eligibility groups (DAC, PICKLE, Widows/Widowers) only have a liability if in a nursing facility.
- For EPD clients, ONE compares patient liability and participant fee, and they pay the lesser amount as a participant fee.

OAR 461-
160-0610

Patient Liability Basics

OAR 461-160-0620

Liability Calculation Depends on the Setting

In-home

- The Oregonian's countable income minus the SSI standard +\$500, and any other applicable deductions

Community Based Care

- The Oregonian's countable income minus the SSI standard and any other applicable deductions (room and board is separate from the liability amount)

Nursing Facility

- The Oregonian's countable income minus the personal needs allowance and any other applicable deductions

Viewing Patient Liability in ONE

The maximum liability amount is calculated by ONE. To view the amount:

- ▶ Locate the case in ONE and complete a "View Authorization History" search.
- ▶ Find the service TOA for the month that needs the liability amount reviewed
- ▶ Click on "Patient Liability Summary"

LTCSERV	04/01/2021	04/30/2021	N/A N/A	Approved Authorized	03/01/2021	Notice Reason RFI Details-N/A Financial Summary Patient Liability Summary View Disqualification - N/A Other Evaluated TOA's - N/A
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Viewing Patient Liability in ONE

The patient liability amount will now display:

View	Patient Liability Begin Date	Patient Liability End Date	Patient Liability Amount	SELG Begin Date	SELG End Date
<input type="radio"/>	02/01/2021	02/28/2021	\$ 2963.54	05/01/2020	04/30/2021
<input type="radio"/>	03/01/2021	04/30/2021	\$ 2963.54	05/01/2020	04/30/2021

Viewing Patient Liability in the 512 system

The maximum liability amount is determined in the ONE system and sent over to the CBC system. For example:

The ONE system reports this:

View	Patient Liability Begin Date	Patient Liability End Date	Patient Liability Amount	SELG Begin Date	SELG End Date	Service Category
<input checked="" type="radio"/>	04/01/2021	04/30/2021	\$ 289.00	05/01/2020	04/30/2021	Aged and Physically Disabled (CAPS)

The CBC system, on the DISB screen (the final screen when you reviewing the 512) will report this:

(CLIENT)		(PROVIDER)	
RM / BRD	617.00	RM / BRD	617.00
SVC CNTRB	289.00	SERV AMT +	1,792.00
REM SVC CNTRB	0.00	TOT DUE =	2,409.00
		CLNT PAY	906.00
		ST PAY +	1,503.00
		TOT DUE =	2,409.00

Viewing Patient Liability in the 512 system

Waiving or reducing the liability amount for the Oregonian during the month of admission is the same as before. Update the amount as appropriate when this screen is reached:

```
You are creating a 512 for a Client that either:

. is receiving Community Based Care Services for the
  first time;
. changing providers of Community Based Care Services; or
. has had a break in service from a Community Based Care Service
  Provider.

The calculated amount of potential service contribution the client
could pay to the provider for the Community Based Care service for
the month of NOVEMBER is $282.30.
Enter the actual dollar amount in the box
for the service period from NOVEMBER 1, 2010
to NOVEMBER 30, 2010. (REM CNTRB)

MSG SM001 Is the Rem Cntrb entered correct (Y/N)? ANS: Y
```

Patient Liability in MMIS for NF Authorizations

Here is an example of the reported liability amount is sent to MMIS
The ONE system reports this:

View	Patient Liability Begin Date	Patient Liability End Date	Patient Liability Amount	SELG Begin Date	SELG End Date	Service Category
●	04/01/2021	03/31/2022	\$ 1453.46	04/01/2021	03/31/2022	NF care (custod. + skill nursing) (CAPS)

MMIS will report this:

Patient Liability				
Monthly Amount	Type	Effective Date	End Date	▼
\$470.89	PO	04/01/2022	12/31/2299	
\$1,601.96	PO	05/01/2021	03/31/2022	
\$1,453.46	PO	04/01/2021	04/30/2021	
\$1,453.46	PO	03/01/2021	03/31/2021	

Patient Liability in MMIS for NF Authorizations

When waiving the liability amount in MMIS, the following actions are needed:

- For the initial month in the NF, change the end date to the last day of the month.
- Change the type to “NL” (no liability).
- Create a new liability line to begin at the start of the following month and ending on 12/31/2299.
- Use the same liability amount that was originally determined.
- The type is “PO” (patient offset).
- If a “case overlap” error message is received, refer the issue over to the Client Maintenance Unit for resolution.
- If the Oregonian discharged prior to the end of the initial month, simply enter in the correct end date on the NL line.

\$1,453.46	PO	04/01/2021	04/30/2021
\$1,453.46	NL	03/01/2021	03/31/2021

Review [APD-PT-21-016](#) for more information.

Patient Liability/Pay-in for In-home Services

SFMU needs to be manually updated to match the maximum liability amount that is reported in the ONE system.

```
SJFSFMUI  MENU - JF      SDDS Client Pay-in System  05/12/2021 11:51:38
Fast Path:  _____ - JF      Main Menu                    Trans Type: I

Prim ID:       Recip

Sel
-   Yearly Account (YACT)
-   Liabilities (LIAB)
-   Receipt (RCPT)
-   Monthly Accounts (MACT)
-   Payments (PMNT)
-   Provider Services (SERV)
-   Deposit (DPST)

Msg
```


ICP and Liability Payments

Tasks	Bath/P. Hy	Bowel/Bladde	Cognition	Dressing/grooming	Eating	Mobility	Breakfast	Dinner	Housekeeping	Lunch	Med. mgmt.	Shopping	Transport.	Central office approved	Total per period hours	Auth. per period
Hourly*	12.00	9.00	6.00	9.00	9.00	7.00	5.00	6.00	9.00	5.00	5.00	3.00	1.00	<input checked="" type="checkbox"/>	86.00	\$1,259.90
VDQ*														<input type="checkbox"/>	0.00	\$0.00
Total 2-week hours: 86															2-week wages:	1,259.90
Total 2-week mileage															40.00 X \$.49	\$19.60
<div style="border: 1px solid green; padding: 5px; display: inline-block;"> \$3077.32-\$641.00 = \$2436.32 </div>															Total per period:	\$ 1,279.50
															Monthly calculations	
Total monthly hours: 187															Total monthly mileage amount:	\$42.56
															Monthly wages:	\$2,735.78
															Total monthly wages:	\$2,778.34
Employer tax add-ons																
															Additional employer costs:	
FICA/Federal income assessment tax rate is 7.65% of amount authorized:															212.5432285	
FUTA/Federal unemployment tax assessment rate is .6%:															\$ 16.67	
SUTA/ State unemployment tax assessment rate is 2.4%:															\$ 66.68	
WBF:															\$ 3.08	
															Monthly benefit:	\$3,077.32
															Client pay-in:	\$641.00

Cost of Care- In-Home Services

- ▶ The SPAN notice currently has a section for indicating the initial and ongoing liability amount. Most of the time, the liability information is copied from the ONE system.

Pay-in

- If checked, you have a pay-in (*liability*) that must be paid to the department by the 10th of each month. OAR 411-015-0015(7), 461-160-0610, 461-160-0620, 461-185-0050. The amount owed each month is as follows:

Initial date	Initial amount	Ongoing months

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DHS 2780N (07/22/19)

- ▶ However, if by rule, the first month is reduced or waived, the lower amount is provided in the "Initial Amount" section.
- ▶ If the ongoing liability is reduced due to the Oregonian paying only the cost of care, as calculated by the pay-in worksheet, this lower amount is provided instead
- ▶ A future SPAN update will eliminate the need to report the Maximum liability amount.

Cost of Care- CBC Services

- ▶ Some Oregonians receiving services in a CBC setting may be paying the cost of care instead of the maximum liability amount. The correct amount will be provided on the 512.
- ▶ The SPAN notice is in process of being updated to reflect current business practices.

Liability

- Community Based Care Facility Payment per OAR 461-160-0610 and 461-160-0620. If checked, you must pay the following payment each month (*see attached 0450*):
- Nursing Facility Payment per OAR 461-160-0610 and 461-160-0620. If checked, you must pay a liability payment each month for nursing facility services (*see attached form 458A*).
- Program of All-Inclusive Care for the Elderly (PACE) Payment per OAR 461-160-0610 and 461-160-0620. If checked, you must pay the following payment each month:

Patient Liability SBI vs. CBI

State Buy-In (SBI)

For consumers with no liability, or ongoing paid liability that is less than the Part B Premium.

Example: Sam receives services in home. His countable income is \$1500 SSB. He has a medical expense of \$100 for an uncovered dental procedure. Sam receives Medicare A/B.

Client Buy-In (CBI)

CBI is for clients who would otherwise be SBI, but have an ongoing paid liability which is larger than their Part B premium. CBI clients are removed from state-paid buy-in and given a like amount deduction.

Example: Sam has now moved into an Assisted Living Facility (ALF). Lets check his buy-in.

*****Note: this needs to be communicated from CM to EW through local process.**

\$1500 total income
- \$1283 (in-home allowance)
<hr/> -\$100 total deductions
\$117 PTLB
\$117 < \$148.50

\$1500 total income
- \$783 (CBF allowance)
<hr/> -\$100 total deductions
\$617 PTLB
\$617 > \$148.50

Medical Deductions

[OAR 461-160-0055](#) provides a detailed explanation of deductions. Here is a summary:

- * Other Health Insurance premiums
- * Medical services received
- * Prescription drugs, dentures, hearing aids, durable medical equipment, prostheses, and prescribed eyeglasses



NF/PIF is auto generated by ONE as an MRP and are no longer listed as a deduction

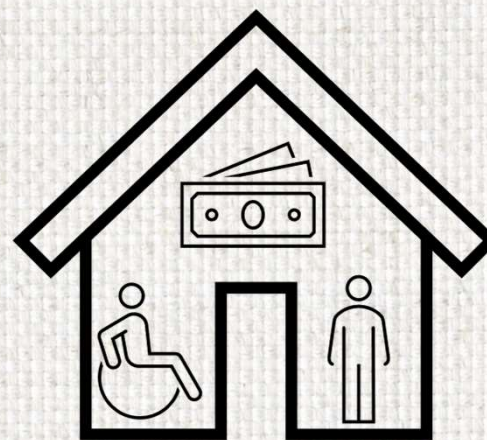
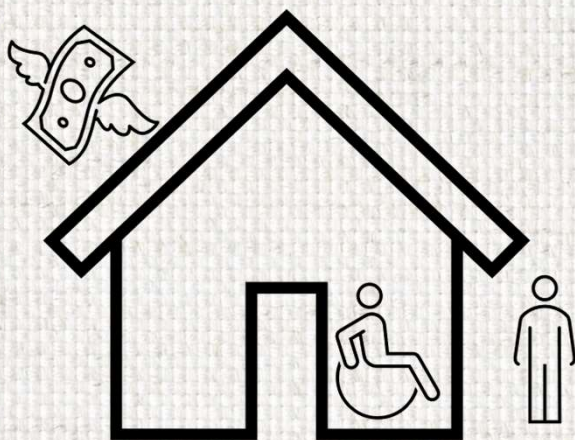
Special needs payments are now Medical Related Payments in ONE and no longer deductions.

Links to what's covered by OHP Plus and what's not:

For staff: [Oregon Medical Assistance Programs Worker Guide](#)

For clients: [Oregon Health Plan Benefits](#)

Medical Deductions: ICP and SNAP



Medical Deductions in ONE

The screenshot shows the ONE system interface. On the left, a sidebar menu is visible with the following items: Data Collection (highlighted with a green circle '2'), Application Details, Individual Information, Household Information, Income, and Expenses. The 'Data Collection' menu is expanded, showing a sub-menu with the following items: Expense Questions (highlighted with a green circle '3'), Shelter Expenses, Utility Expenses, Child Support/Alimony Expenses, and Medical Expenses (highlighted with a green circle '3').

1. Enter case through **View** mode
2. Navigate to the Expenses section of Data Collection
3. From left side toolbar, click Medical Expenses
4. When reviewing summary:
 - a. Check which program(s) the deduction was applied to
 - b. Check start/end dates
5. If edits are needed, collaborate with eligibility worker through local process

The screenshot shows the 'Medical Expense Summary' table in the ONE system. The table has a header row with the following columns: Person Incurring Expense, Expense Type, Applies To, Amount, Start Date, End Date, and Actions. The table contains five rows of data. The first row is highlighted with a blue border, and the second and third rows are highlighted with a green border. The fourth and fifth rows are highlighted with a dark blue border. A checkbox labeled 'View Inactive Records' is located in the top right corner of the table.

Person Incurring Expense	Expense Type	Applies To	Amount	Start Date	End Date	Actions
POPUP POSTIT 81M	CoPay/Coinsurance	SNAP	\$75.25	10/01/2020		
POPUP POSTIT 81M	Medical/Dental Bills	Medical	\$50.00	01/01/2020		
POPUP POSTIT 81M	Medical/Dental Bills	SNAP	\$50.00	01/01/2020		
POPUP POSTIT 81M	Medicare Part B	SNAP	\$148.50	01/01/2000		
POPUP POSTIT 81M	Medicare Part B	Medical	\$148.50	01/01/2000		

Medical Deductions in Patient Liability Calculations

Patient Liability Start Date	01/01/2021	Patient Liability End Date	02/28/2021
▶ Community Spouse Income Allowance Computation			
▶ Dependent Income Allowance Calculation			
Patient Liability Calculation			
▼ L C Recipient Countable Income			
1. Countable unearned income of the client			\$ 1032.60
2. Countable Earned Income (Earned + Self Employment) of the client			\$ 0.00
3. Subtract Personal Needs Allowance Amount			- \$ 794.00
4. Adjusted Income			\$ 238.60
5. Subtract Reasonable administrative costs of the trust			\$ 0.00
6. Subtract actual Community Spouse Income Amount (Enter this amount as 'Spousal Income Amount' for the spouse)			
7. Subtract actual Dependent Income Allowance			\$ 0.00
8. Subtract Private medical insurance premiums and other incurred medical expenses			-\$ 58.71
9. Subtract payments for child support			\$ 0.00
10. Subtract Contributions to reserves or payments for alimony			\$ 0.00
11. Subtract Contributions to reserves or payments for income taxes			\$ 0.00
12. Subtract monthly contributions to reserves or payments for the purchase of an irrevocable burial plan			\$ 0.00
13. Subtract costs for maintaining a home, if applicable			\$ 0.00
14. Client Buy In			No
15. Medicare Part B Premium amount			\$ 0.00
Calculated liability			\$ 177.29

What questions do you have?

Please type your questions into the broadcast text box and our moderator will ask the panel

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