## Information Memorandum Transmittal Aging and People with Disabilities



Mat Rapoza	<u>Number</u> : APD-IM-22-010
Authorized signature	<b>Issue date</b> : 1/31/2022
<b>Topic</b> : Long Term Care	Due date:
<u>Subject</u> : Liability Update for Some Individuals or Community Based Care Setting  Applies to (check all that apply):	s Receiving Services in a Nursing Facility
Applies to (check all that apply).	
All DHS employees	County Mental Health Directors
Area Agencies on Aging: Type B	☐ Health Services
Aging and People with Disabilities	Office of Developmental
Self Sufficiency Programs	Disabilities Services (ODDS)
County DD program managers	ODDS Children's Intensive In
Support Service Brokerage Directors	Home Services
ODDS Children's Residential Services	Stabilization and Crisis Unit (SACU)
☐ Child Welfare Programs	Other (please specify):

## Message:

The Medicare Part B premium increased as of January 1, 2022. However, for most individuals, the ONE system did not update the Medicare Part B expense amount as part of the COLA process. This means that individuals in Client Buy-in – who pay their Medicare Part B premium but receive a liability deduction in the Part B premium amount -- were not credited with the proper Medicare Part B expense when calculating the patient liability. On Friday, January 28, 2022, the ONE system was updated to properly reflect the premium increase for impacted individuals.

For affected individuals receiving services in a Community Based Care (CBC) setting or Nursing Facility (NF), the January 28, 2022 ONE system update recalculated the patient liability so that it accurately reflects the 2022 Medicare Part B premium deduction. However, since the ONE system update recently occurred, the payments made by individuals impacted by this change may have overpaid their liability amounts.

The 512-payment record for individuals in CBC settings will temporarily suspend due

to the liability change. However, the OIS mainframe team is implementing an automatic update that will touch the 512s that were impacted by this change.

CBC and NF providers will receive the correct payment based upon the updated liability amounts for impacted individuals. If the individual paid a higher liability amount than what should have been paid, the CBC or NF provider should return the difference back to the individual. This information will be provided as a provider alert to CBC and NF facility providers.

If the individual has left the CBC or NF setting and the provider has been paid, the following will need to occur:

- The CBC provider will need an underpayment adjustment to their payment and refund the difference back to the individual.
- The NF provider will need to submit an adjusted claim in MMIS and refund the difference back to the individual.

If you have any questions about this information, contact:

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