# Bureau of Managed Care Managed Care Organizations Policy / Procedures: MCO-023

**General Contract Monitoring** 

Patient Credit File/Patient Liability

#### Patient Credit File – General Health Plan Overview and Instructions

- 1. Per the Managed Care Program Contract, HFS notifies the health plans of any applicable patient liability amounts for Long-Term Care (LTC) and supportive living members via the patient credit file (PCF).
- 2. Health plans currently receive one (1) separate PCF for each program in which they participate.
- 3. This file runs on a weekly basis; this was updated (formerly provided to the health plans on a monthly basis) effective May 2019. Health plans can pick the PCF up on Mondays.
- 4. The PCF holds thirty-six (36) months of patient credit information for a resident. Effective May 2019, HFS shows enrollees on the PCF who have disenrolled from a health plan and then subsequently had a patient credit adjustment.
  - a) Retroactive changes to the patient credit going back thirty-six (36) months are provided on the file even when the MCO coverage has termed and the member has moved to another plan.
    - i Within one (1) year after the Effective Date of the Contract, Contractor shall electronically process patient credit information received by Contractor from the Department.
    - ii. Contractor shall complete retroactive adjustments for up to twenty-four (24) months to Nursing Facilities, and Supportive Living Facilities, and Specialized Mental Health Rehabilitation Facilities to account for patient credit liability amount changes.
    - iii. Contract shall pay claims and retroactive adjustments beyond twenty-four (24) months to Nursing Facilities, Supportive Living Facilities, and Specialized Mental Health Rehabilitation Facilities in cases due to delays in the State's eligibility processing of long-term care admissions and income changes that prevented Contractor from processing a payment or adjustment.
- 5. Effective May 2019, individuals granted Provisional Eligibility will be identified in Column 100 with a value of 'P.' LTC providers with residents listed as Provisionally Eligible must have claims adjudicated by health plans in ten (10) days.

- 6. The PCF layout contains the Level of Care Segment, which includes the begin and end dates if a member is approved for ventilator care (identified as Category of Service 38).
- 7. The health plan assigns collection of the patient credit amount to the nursing facility. The health plan pays the nursing facility/supportive living facility the net of the appropriate rate due the facility less the applicable patient credit amount.
- 8. The health plan determines nursing home enrollment based on the 834 enrollment file. The PCF is <u>not</u> used as a determination for enrollment and is only used as a way to determine patient credit amount.
- 9. Patient credit amounts are subject to change depending on the income reported. Patient credit amounts can be applied retroactively depending on when the income was received by the client, when the receipt of the income was reported to the DHS caseworker, or when the DHS caseworker completes the budgeting component and enters the updated patient credit information into the long-term care system.

#### MEDI vs. Patient Credit File

- The Medical Electronic Data Interchange (MEDI) Authorization System is a tool available to health plans and providers where they can identify eligibility information for Medicaid clients.
- LTC providers have additional rights in MEDI, where they are granted permission to certain LTC information only for their residents in a real time environment. The additional information LTC providers view does not assist MCOs in determining patient credit.
- 3. HFS does not alter the information health plans receive on the patient credit file. It may be a different format, but it is the same information LTC providers can view in MEDI.
- 4. LTC providers can only view the residents in their facility.

### <u>Using MEDI Screenshots as Proof of Patient Liability/Patient Liability Adjustments</u>

- 1. MEDI is real time access to HFS LTC system data. Patient credit amounts can be updated on a daily basis, identified in MEDI.
- 2. For provider PCF disputes, including Provider Resolution Portal complaints, MEDI screenshot examples can be provided by the provider, and shall be accepted by the

MCO, in instances where the health plan cannot locate the information on the PCF, such as:

- a) The member is no longer enrolled with the health plan.
- b) The member is enrolled with the health plan but not found on the PCF file.

Health plans should make sure that the screenshot submitted by the provider is dated after the plan's most recent PCF file. If it is not current information being shared by the provider, the MCO shall request that the provider provide a more current screenshot to complete the dispute review and response process.

If the MCO has concerns that the PCF files from the Department are missing enrollees' information, after reviewing the current PCF file the MCO shall notify the Department and include the supporting enrollee information for investigation.

### Helpful PCF Hints for MCOs:

- If the last day in the facility is not due to death it is not a payable day. Therefore, it will not be on the LTC PCF. Only payable days are on the file.
- Provider Type 029 bills fee for service and will not be on the LTC PCF.
- Provider Type 034, COS 079 will not be on the LTC PCF
- There must be an active admission and the patient credit dates must fall between the begin and end date of the admission. Only patient credit amounts during that time will be reported even if the dates extend after the admission end date.
- If the MCO does not see the correct dates on the file, contact the local office for correction.

# Policy History General Contract Monitoring Patient Credit File/Patient Liability

Date Action Policy Originator
June 2018 Contract Clarification Lauren Tomko

June 2019 Screenshot updates Lauren Tomko

December 2019 Screenshot updates Lauren Tomko

August 2023 MEDI screenshot updates Amy Roberts and

for disputes Michelle Schuster

December 2023/ Payment and Adjustment Account Managers

January 2024 Clarifications

Approvals:

September 2023 Laura Ray January 2024 Laura Ray