



December 21, 2020

Web Announcement 2376

Claims with Patient Liability Applied Incorrectly Have Been Reprocessed

The Medicaid patient liability amount was being applied to more than one provider for the same recipient within the same service month and when Medicare had covered the service. Effective January 25, 2019, the Medicaid Management Information System (MMIS) was updated to calculate patient liability amounts correctly.

The impacted provider types are:

Provider Type	Description
11	Hospital, Inpatient
19	Nursing Facility
56	Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals
65	Hospice, Long Term Care
75	Critical Access Hospital (CAH), Inpatient

Claims processed and with dates of service on or after December 1, 2018, through January 25, 2019, where the patient liability amount was applied incorrectly have been automatically reprocessed. Results of the reprocessed claims appear on remittance advices dated December 25, 2020.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.