

PES Recipient Cost of Care/Liability Submission Procedures

To supply a recipient cost of care or liability select 'Y' in the Other Insurance indicator on Header 2 of the Waiver claim form

The screenshot shows a software window titled "Waiver" with a blue title bar. The main area is divided into several sections:

- Summary:** Total Charge .00, OI Amount .00, Billed Amount .00, Services 1.
- Header 2:** Hdr 1 | **Hdr 2** | Hdr 3 | OI | OI Adj | Srv 1 | Srv 2
- Diagnosis Codes:** 12 numbered input fields. Field 1 contains "V604".
- Accident:** Related Causes (dropdown), Date (00/00/0000), State (dropdown), Country (dropdown).
- Place Of Service:** (dropdown), Other Insurance Ind (Y), Special Program Code (dropdown).
- EPSTD Referral:** Certification Condition Ind (dropdown), Condition Code (dropdown).
- Table:** Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status

On the right side, there is a vertical column of buttons: Add, Copy, Delete, Undo All, Save, Edit All, Find..., Print, Close.

Once you have selected 'Y' for Other Insurance two additional tabs will be display – OI and OI Adj.

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On the first OI tab - Payer Responsibility is defaulted to 'P', and Benefits Assignment is defaulted to 'Y', leave the defaults in both fields. Select '**LM**' - **Liability Medical** in the Claim filing indicator box. Select '**Y**' for **Release of Medical information**

Then double click in the Carrier Code field under Policy Holder heading

The screenshot shows a software window titled "Waiver" with a blue header bar. Below the header, there are summary fields: "Total Charge" (0.00), "OI Amount" (0.00), "Billed Amount" (0.00), and "Services" (1). A tabbed interface is visible with "OI" selected. The "Policy Holder" section contains several input fields: "Carrier Code", "Subscriber ID", "Last Name", "First Name", and "MI". To the right of these fields are buttons for "Add", "Copy", "Delete", "Undo All", "Save", and "Edit All". Below the "Policy Holder" section is a table with columns: "OI #", "Carrier Code", "Subscriber ID", "Last Name", and "First Name". The first row of the table contains the value "1". To the left of the table are buttons for "Add OI", "Copy OI", and "Delete OI". At the bottom of the window is another table with columns: "Client ID", "Last Name", "First Name", "Billed Amount", "Last Submit Dt", and "Status". On the far right side of the window, there are buttons for "Find...", "Print", and "Close".

The policy Holder Screen will be displayed. Here you will enter the information pertaining to your patient

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On the Policy Holder Screen select the Medicaid ID from the list in the Client ID field. Select or type '450' for Carrier Code, hit the tab key on your keyboard and Patient Responsibility will appear in the Carrier Name field.

Select '18' (Self) in the Relationship to Insured field

If not previously populated Enter Recipient Information in Policy Holder Section

See example below:

The screenshot shows the 'Policy Holder' form with the following data entered:

- Client ID: 937000004
- Carrier Code: 450
- Carrier Name: PATIENT RESPONSIBILI
- Relationship to Insured: 18
- Last Name: SMITH
- First Name: JANE
- MI:
- Subscriber ID: 937000004
- ID Qualifier: MI
- Date Of Birth: 11/26/1980
- Gender: F
- Line 1: 12 ELMWOOD AVENUE
- City: CRANSTON
- State: RI
- Zip: 02910-

Client ID	Carrier Code	Subscriber ID	Last Name	First Name
937000004	450	937000004	SMITH	JANE

Click Save and then Select. The Policy Holder information selected will populate on OI tab. See example below:

The screenshot shows the 'Waiver' form with the following data entered:

- Total Charge: .00
- OI Amount: .00
- Billed Amount: .00
- Services: 1
- Payer Responsibility:
- Claim Filing Ind Code: LM
- Benefits Assignment: Y
- Release of Medical Data: Y
- Carrier Code: 450
- Subscriber ID: 937000004
- Last Name: SMITH
- First Name: JANE
- MI:

OI #	Carrier Code	Subscriber ID	Last Name	First Name
1	450	937000004	SMITH	JANE

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For future claim submissions, you will need only select the Policy Holder information by clicking on the Carrier Code field on the OI screen and selecting the appropriate recipient from the Policy Holder List.

To provide cost of care or liability amounts, provide a **Paid Date** (this can be the date the payment was collected from the recipient) for each billing (**this field is mandatory, informational only, and cannot be a future date**) and **Amount** of payment. Allowed amount and Non-covered amount are not required.

Enter 'PR' (Patient Responsibility) in the Adjustment Group Code field

Enter '3' (Co-Pay Amount) in the Reason Code field

Enter the amount of the cost of care

See example below

The screenshot shows the 'Waiver' software interface. At the top, there are summary fields: Total Charge (.00), OI Amount (100.00), Billed Amount (-100.00), and Services (1). Below this are tabs for Hdr 1, Hdr 2, Hdr 3, OI, OI Adj, Srv 1, and Srv 2. The 'OI Adj' tab is active, showing a 'Paid Date/Amount' of 11/01/2011 and 100.00, and a 'Non-Covered Amount' of .00. A table titled 'Adjustment Group Codes/Reason Codes/Amounts' contains six rows with columns for adjustment group code, reason code, and amount. The first row shows '1' for the adjustment group code, 'PR' for the reason code, and '3' for the amount, with a total of 100.00. Below this is a table with columns for OI #, Carrier Code, Subscriber ID, Last Name, and First Name, with one row showing '1', '450', '937000004', 'SMITH', and 'JANE'. At the bottom, there is a table with columns for Client ID, Last Name, First Name, Billed Amount, Last Submit Dt, and Status. On the right side of the interface, there are buttons for Add, Copy, Delete, Undo All, Save, Edit All, Find..., Print, and Close.

Adjustment Group Code	Reason Code	Amount
1	PR	3
2		
3		
4		
5		
6		

OI #	Carrier Code	Subscriber ID	Last Name	First Name
1	450	937000004	SMITH	JANE

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
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To complete your claim; enter information on the SRV 1 tab, then the SRV 2 tab, if applicable. Click and Save when you have completed your claim information