



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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M E M O R A N D U M

TO: Intermediate Care Facility – Individuals with Intellectual Disabilities (PT 11)
Nursing Facility (PT 12)
Hospice (PT 44)

FROM: Lee Guice
Director, Division of Policy and Operations

DATE: July 18, 2018

RE: Patient Liability – Removal of Map 552
Provider Letter #A-352 (PT 11)
Provider Letter #A-256 (PT 12)
Provider Letter #A-206 (PT 44)

The Department for Medicaid Services (DMS) would like to inform you of an upcoming change in the patient liability notification process. This will impact nursing facilities, ICF/IIDs and hospice providers.

Patient liability is the amount a participant is required to contribute to his or her cost of care each month in order to maintain Medicaid eligibility. The amount is identified during the Medicaid eligibility determination.

Medicaid deducts patient liability amounts from the remittance before sending payment to the providers. Facilities must collect the difference directly from the member. In order to complete its financial responsibilities, facilities must know the members' most up-to-date patient liability amount. This information can be found on KYHealthNet.

In order to facilitate a reduction in duplicative information and streamline administrative procedures, the previous paper form (MAP 552) detailing patient liability information is no longer relevant and will be discontinued on August 1, 2018. The patient liability will still be sent to the member and authorized representative. Providers may review the patient liability amount at any time by looking in the patient liability section on KYHealthNet. Additionally, an authorized representative can log into benefind to review all reported income used in the patient liability calculation.

If you have any questions, please contact the Division of Policy and Operations at (502) 564-6890.