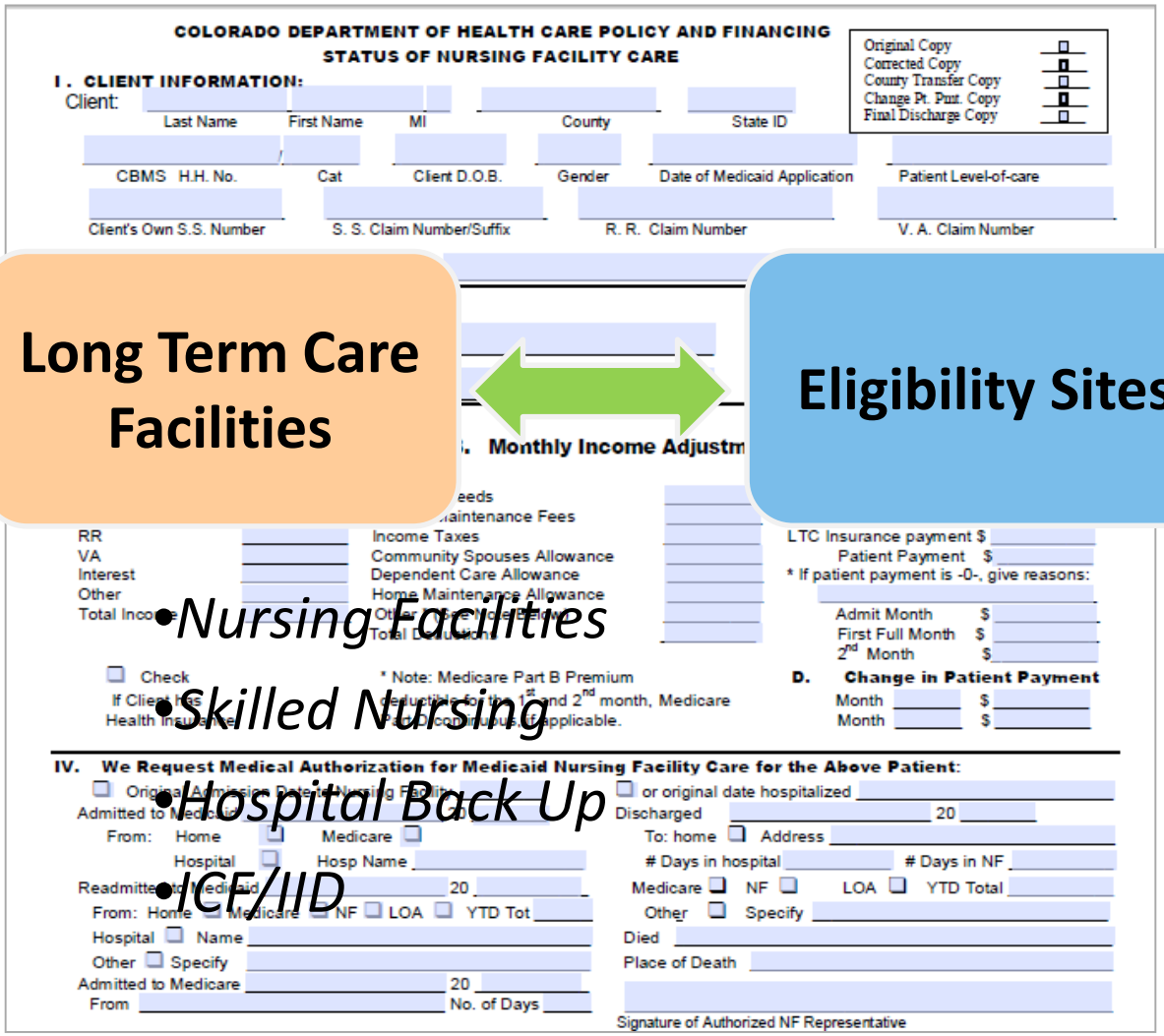
5615
Calculating Patient Payments

What You Will Learn

- → Basics of the 5615 Process
- → Calculating Patient Payment
  - Veterans' (VA) benefits
  - Medicare Part B / Buy-in deductions
  - Calculating Medicare co-pay days
- → Tips and Best Practices
- → When to site specific rules

What is the 5615 ?



COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

STATUS OF NURSING FACILITY CARE

Original Copy
Corrected Copy
County Transfer Copy
Change Pt. Pmt. Copy
Final Discharge Copy

I. CLIENT INFORMATION:

Client: Last Name | First Name | MI | County | State ID

CBMS H.H. No. | Cat | Client D.O.B. | Gender | Date of Medicaid Application | Patient Level-of-care

Client's Own S.S. Number | S. S. Claim Number/Suffix | R. R. Claim Number | V. A. Claim Number

Monthly Income Adjustm

RR
VA
Interest
Other
Total Income

Income Taxes
Community Spouses Allowance
Dependent Care Allowance
Home Maintenance Allowance

LTC Insurance payment $
Patient Payment $
* If patient payment is -0-, give reasons:

Admit Month $
First Full Month $
2nd Month $

Check
If Client Has Health Insurance

* Note: Medicare Part B Premium deductible for the 1st and 2nd month, Medicare Part B continuous if applicable.

D. Change in Patient Payment
Month $
Month $

IV. We Request Medical Authorization for Medicaid Nursing Facility Care for the Above Patient:

Original Admission Date to Nursing Facility or original date hospitalized
Admitted to Medicaid
From: Home Medicare
Hospital Hosp Name
Readmitted to Medicaid 20
From: Home Medicare NF LOA YTD Tot
Hospital Name
Other Specify
Admitted to Medicare 20
From No. of Days

Discharged 20
To: home Address
Days in hospital # Days in NF
Medicare NF LOA YTD Total
Other Specify
Died
Place of Death

Signature of Authorized NF Representative

Long Term Care Facilities

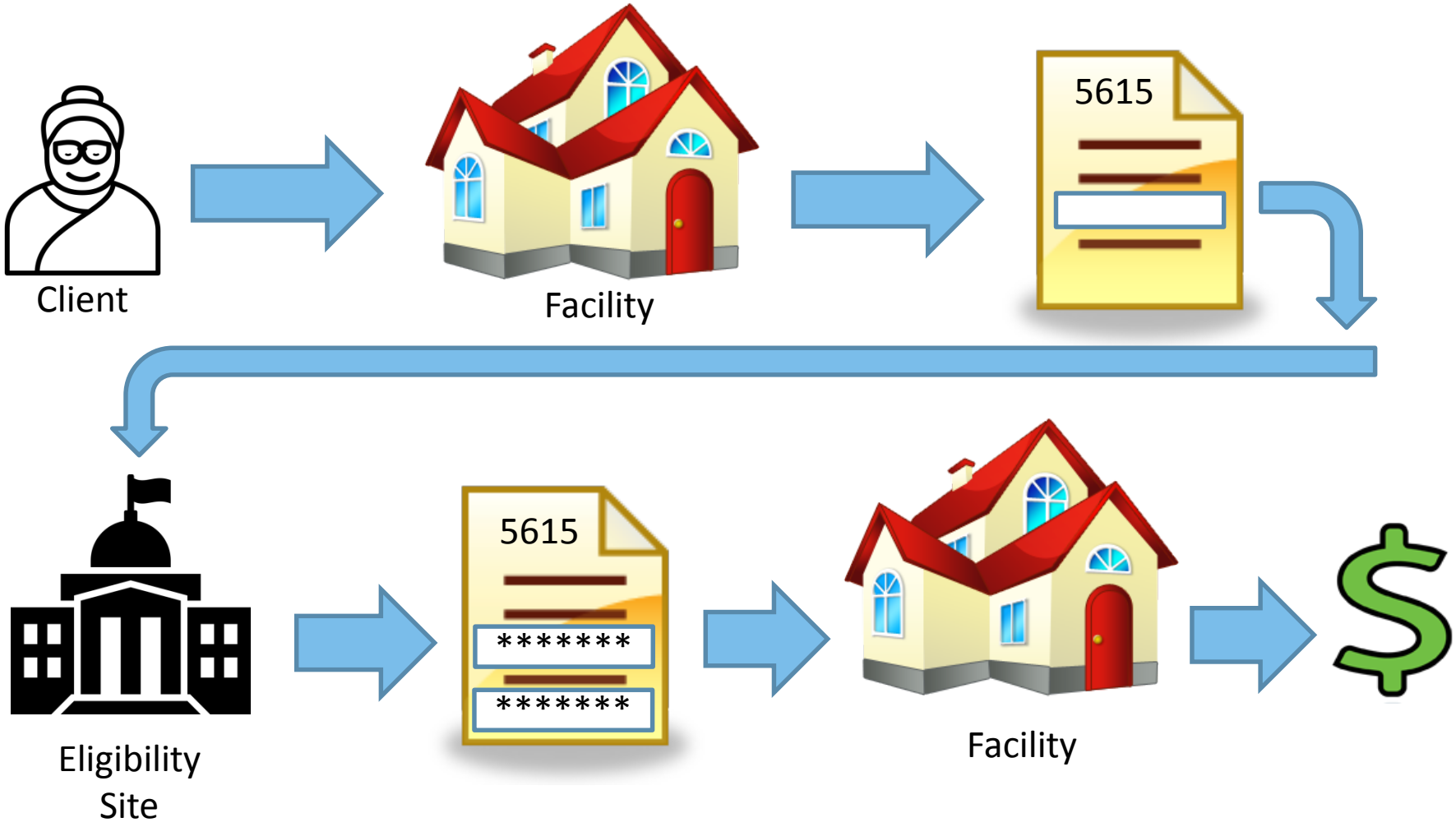
Eligibility Sites

- *Nursing Facilities*
- *Skilled Nursing*
- *Hospital Back Up*
- *ICF/IID*

Patient Payments

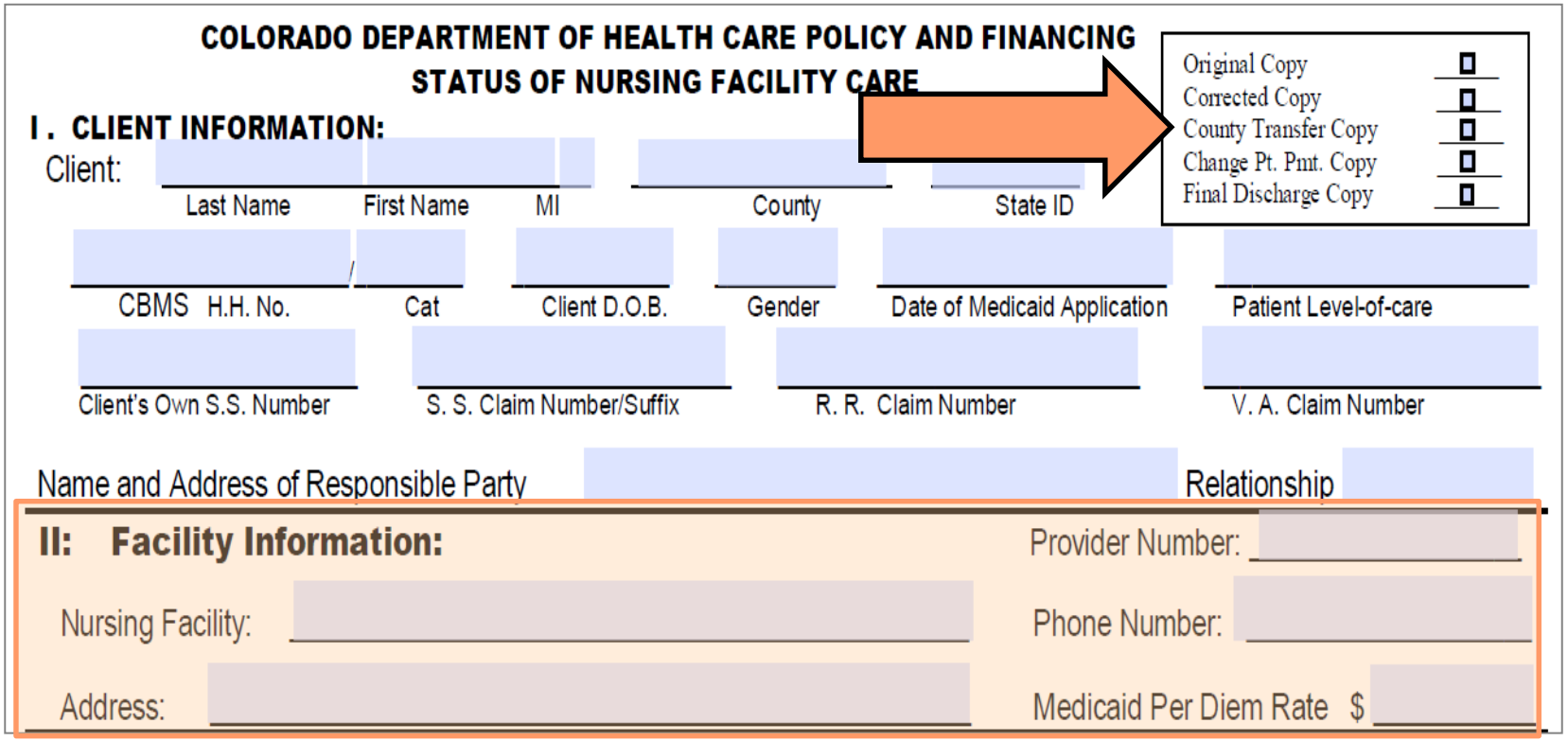
Other Insurance

Process



Grandmother icon by Snehal Patil – NounProject.com

Section I & II
Client/Facility Information



COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
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I . CLIENT INFORMATION:

Client: _____ _____ _____ _____ _____

Last Name | First Name | MI | County | State ID

_____ / _____ _____ _____ _____ _____

CBMS H.H. No. | Cat | Client D.O.B. | Gender | Date of Medicaid Application | Patient Level-of-care

_____ _____ _____ _____

Client's Own S.S. Number | S. S. Claim Number/Suffix | R. R. Claim Number | V. A. Claim Number

Name and Address of Responsible Party _____ Relationship _____

II: Facility Information: Provider Number: _____

Nursing Facility: _____ Phone Number: _____

Address: _____ Medicaid Per Diem Rate $ _____

Section III
Calculating Patient Payment

III: Financial Arrangement:

A. Patient Income Payment Calculations

Soc. Sec.	
SSI	
RR	
VA	
Interest	
Other	
Total Income	

B. Monthly Income Adjustments

Personal Needs	
Trustee/Maintenance Fees	
Income Taxes	
Community Spouses Allowance	
Dependent Care Allowance	
Home Maintenance Allowance	
Other * (See Note Below)	
Total Deductions	

C. Patient

Total Income	$
Total Deductions	$
LTC Insurance payment	$
Patient Payment	$

* If patient payment is -0-, give reasons:

Admit Month	$
First Full Month	$
2nd Month	$

☐ Check If Client has Health Insurance

* Note: Medicare Part B Premium deductible for the 1st and 2nd month, Medicare Part D continuous, if applicable.

D. Change in Patient Payment

Month		$
Month		$

Section IV
Medical Authorization

- Completed by LTC Facility
- Original admission date
  - Important to know when client arrived at facility
  - Initial admission only
- Admit to Medicaid Date
  - Date LTC Facility expects Medicaid to begin paying
  - If blank, Counties must contact LTC Facility
- Why do we need it?
  - Avoid duplicate billing and audit recoveries

Section IV

Other things to look for:

- Re-admitted to Medicaid date
  - If client changed pay sources and is returning to Medicaid
  - If person went to hospital and returned to facility
- Date of Hospitalization
  - Dates person spent in hospital away from facility

Section IV

Other things to look for:

- Date of Death
  - If person passed away while at hospital, then date of death and location
  - Or if passed away at facility, indicate date of death and the facility

Sections V & VI

- County Transfer
- County Transfer (Eligibility Status)
  - Working on name change
  - **Check mark approve, discontinued, denied**
  - **Effective date**
  - Utilize comments section

Questions

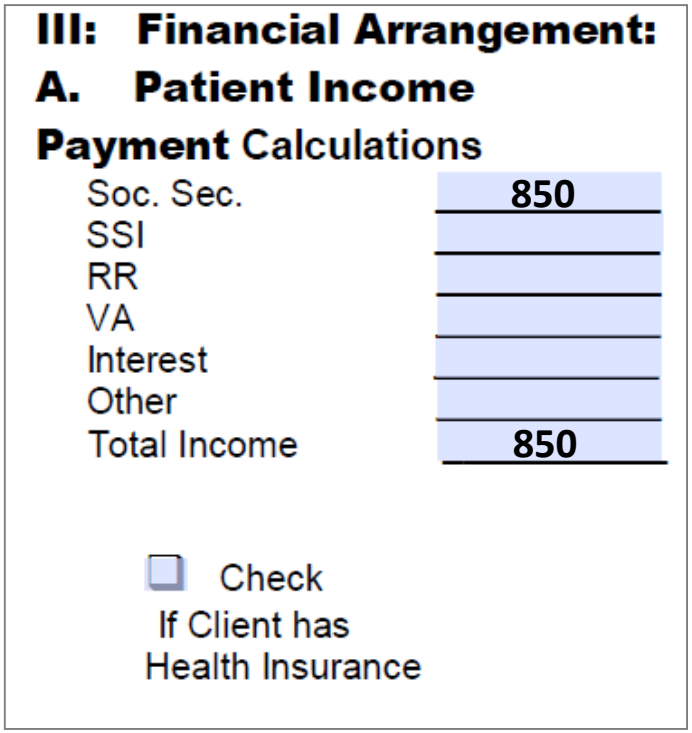
Scenario – Part A
Patient Income

→ **Margaret** is 82 and is entering a long-term care facility with the following income:

- Social Security Income:
  - Gross = $850
  - Net = $720.10

Section III
Patient Income

- Use **gross** income totals
- **All** income must be reported
- **Always** report SSI income
- Other Health Insurance
  - If other total is used, causes
    - Client/LTC Facility recoveries
    - Less Personal Funds for client



III: Financial Arrangement:

A. Patient Income

Payment Calculations

Soc. Sec.	**850**
SSI	
RR	
VA	
Interest	
Other	
Total Income	**850**

☐ Check If Client has Health Insurance

Scenario – Part B Adjustments

- Margaret is **not** a veteran or a widow of a veteran
- Her Medicare Part B premium = **$99.90**
- Her Medicare Part D premium = **$30.00**
- No additional fees or allowances

Section III
Monthly Income Adjustments

- **Personal Needs**
  - Non-Service related disability benefits
- **Don't** deduct Medicare Part B if client is on Medicare Buy-In
- **Call** Sharon Brydon to notify and fix issue

B. Monthly Income Adjustment

Personal Needs		50
Trustee/Maintenance Fees		
Income Taxes		
Community Spouses Allowance		
~~Dependent Care Allowance~~	Part B	99.90
~~Home Maintenance Allowance~~	Part D	30.00
Other * (See Note Below)		
Total Deductions		179.90

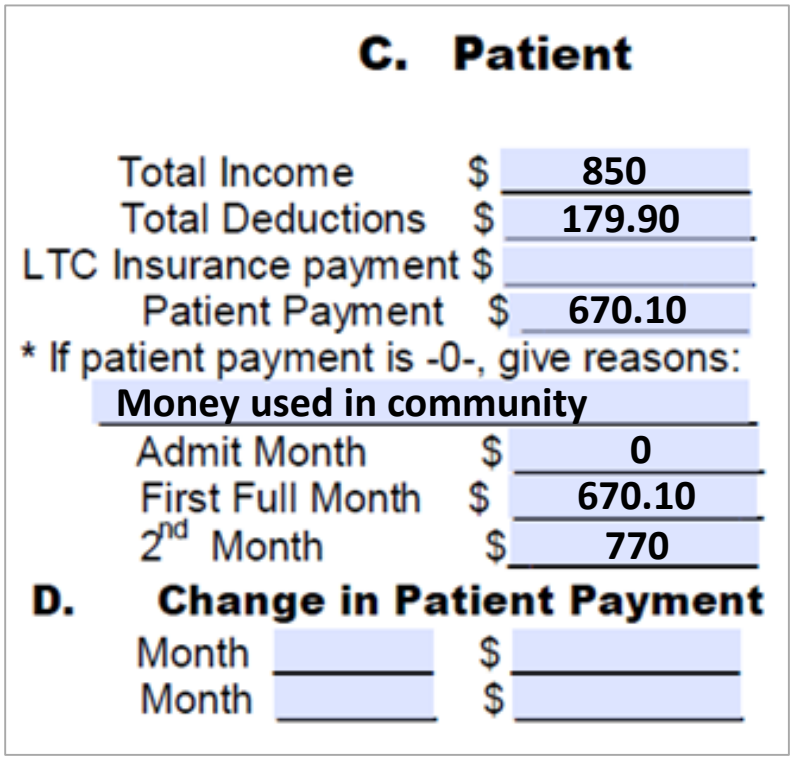
* Note: Medicare Part B Premium deductible for the 1st and 2nd month, Medicare Part D continuous, if applicable.

Scenario – Part C
Patient Payment

- Margaret is entering LTC facility from home on the 27th of the month
- She does not have long-term care insurance
- Based on her first 3 months of eligibility, calculate her payments

Section III
Patient Payment

- Long-Term Care Insurance
- Verify home expenses
- If zero, give reasons
- Changes in Patient Payment
  - Use comment section
  - What did you change or expect to happen later
  - Note change in top right checkbox



C. Patient

Total Income	$	850
Total Deductions	$	179.90
LTC Insurance payment	$	
Patient Payment	$	670.10

* If patient payment is -0-, give reasons:

Money used in community

Admit Month	$	0
First Full Month	$	670.10
2nd Month	$	770

D. Change in Patient Payment

Month	$	
Month	$	

Section III
Patient Income

- Best Practices
  - Eligibility site sends notification to Social Security that client is in LTC facility
  - SSA form 3911 U4

- Rules
  - Reduction of Patient Payment
  - 8.100.7.V.4.d and 8.482.34.D.3

Questions

SSI Only Scenario

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- → Randall entered LTC facility from home on June 26th
- → He receives $698 a month from SSI
  - No additional fees or allowances
- → What will his patient payment be?

SSI Only Scenario

- What did you need to take into consideration?
- What deductions did you make?
- Would Randall have a payment in the Admit month?
    - First full month?
    - Second month?
- SSI benefits received by a person who is institutionalized is not considered when calculating patient payment - rule 8.100.7.V.4.d

SSI Only Scenario

III: Financial Arrangement:

A. Patient Income Payment Calculations

Soc. Sec.	
SSI	698
RR	
VA	
Interest	
Other	
Total Income	698

B. Monthly Income Adjustments

Personal Needs	50
Trustee/Maintenance Fees	
Income Taxes	
Community Spouses Allowance	
Dependent Care Allowance	
Home Maintenance Allowance	
Other * (See Note Below)	648
Total Deductions	698

C. Patient

Total Income	$ 698
Total Deductions	$ 698
LTC Insurance payment	$
Patient Payment	$ 0

* If patient payment is -0-, give reasons: **SSI income only**

Admit Month	$ 0
First Full Month	$ 0
2nd Month	$ 0

☐ Check If Client has Health Insurance

* Note: Medicare Part B Premium deductible for the 1st and 2nd month, Medicare Part D continuous, if applicable.

D. Change in Patient Payment

Month	$
Month	$

Medicare Days

- Client can only enter LTC facility under Medicare if
  - Client comes directly from hospital where they had a minimum 3 consecutive night stay
  - Functional level of care met – skilled nursing
- Medicare pays entirely for first 20 days of LTC facility care
- Day 21 client is responsible for daily co-pay through the 100th day

Medicare Days Scenario

- Medicare client admitted to LTC facility on 3/5/12 from hospital after 3 night stay
- Income: Social Security = $1,423.00
- Personal Needs = $50
- Medicare Part B = $99.90
- Medicare Co-Pay = $148/day
- Client moves from skilled nursing to custodial care on 5/5/12

Medicare Days Scenario

- What is patient payment?
  - 1423.00 – 50 – 99.90 = $1273.10
- What is patient payment for March?
  - March 5-24 = 100% covered by Medicare
  - March 25-31 (7 days) 7 x 148 = $1,036
- April?
  - $1,273.10 (Buy-In hasn't happened yet)
- May?
  - $1,373 (Buy-In happened)

Medicare Days Scenario

- Client moves from skilled care to custodial care on May 5th
- Medicare does not pay for custodial care
  - Medicare co-pays for May 1-5 = 5 x 148 = $740
  - Facility per diem May 6-31 = 26 x 176.10 = $4,578.60
  - Patient Payment = $1,373.00
- What do they owe for May?
  - Patient Payment = 1373.00 – 722.50 = **$650.50**
  - $650.50 reported Medicaid claim

Medicare Days Scenario with QMB

- QMB eligible client admitted to LTC facility on 3/5/12 from hospital after 3 night stay
- Income: Social Security = $854.00
- Personal Needs = $50
- Medicare Part B = $99.90
- Medicare Co-Pay = $148/day
- Client moves from skilled nursing to custodial care on 5/5/12

Medicare Days Scenario with QMB

- What is patient payment?
  - 854 – 50 = $804.10
- What is co-payment for March?
  - March 25-31 (7 days) 7 x 148 = $1,036
  - Zero patient payment because of QMB
- April? May?
  - $0

Medicare Days Scenario with QMB

- QMB Client moves from skilled care to custodial care on May 5th
  - Medicare co-pays for May 1-5 = Medicaid pays
  - Facility per diem May 6-31 = 176.10 x 26 = $4,578.60
  - Patient Payment = $804.00
- What do they owe for May?
  - Patient Payment = **$804.00**
  - $804.00 reported Medicaid claim

Questions

Best Practices

- Importance of Admit to Medicaid Date
- How to obtain needed information
- Contact Sharon Brydon for help with Medicare Buy-In
- Calculating Buy-In correctly
- Using comments section and checkbox
  - Record what changes you have made or expect

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