

Payment limitations for HCBS waiver services

General information

- You can only be paid for waiver services if:¹
 - The service is identified on an approved Individual Service Plan [ISP]
 - The service is recommended for payment through the Payment Authorization of Waiver Services [PAWS] process
 - **You or your agency supplied the service**
 - You submit a claim for the service in a timely manner²
- You will need to identify if your individual(s) have third-party health care coverage [insurance] and file a claim accordingly. This can be done annually and any correspondence with the insurance company kept with your billing records.¹
- Payment for a home and community-based services waiver service constitutes payment in full.¹ You cannot bill any individual except for cases where the individual has Patient Liability [PL] for their cost of care. PL is determined and calculated by the local county Department of Job and Family Services. DODD provides monthly notification to the appropriate County Board identifying individuals determined to have PL, and the monthly PL amount for each individual. DODD determines the provider responsible for the collection and proper reporting of PL, which typically will be the provider who is authorized for most waiver services in the Payment Authorization for Waiver Services (PAWS) system unless otherwise chosen by the county board. The County Board then notifies each individual and provider in writing of this assignment. If changes need to be made to the provider assigned to collect PL, County Boards should contact DODD with the updated information. Contact your local CBDD if you have questions.
- Federal law requires an IRS form **1099-MISC** to be issued to non-corporate providers who make more than \$600 per calendar year, regardless of whether payments are considered excludable from their gross income.³ 1099's are issued by Ohio Shared Services [OSS], a division of the Office of Budget and Management, and not by DODD. If you do not receive your IRS form 1099, need to request a duplicate, or have a question about what is on your 1099, please contact the Office of Shared services directly. They can be reached by phone at (614) 338-4781 or 1877OHIOSS1 (18776446771), or by email at ohiosharedservices@ohio.gov. DODD cannot give tax advice.
- You will need to keep service documentation for a period of six years from the date of receipt of payment, or until an initiated audit is resolved, whichever is longer. This must be available for review by authorized agencies.¹
- You will be paid at the Medicaid maximum rate for each waiver service that is delivered, or at what you enter into eMBS as your usual and customary rate [UCR], whichever is lower.¹ The billing units, service codes, and Medicaid maximum rates are included in service-specific rules available on our website.⁴

¹ OAC Chapter 5123:2-9-06 documentation and payment for services under the I/O and LV1 waivers

² OAC allows you to submit claims up to 350 days past the date of service.¹ Claims must be submitted prior to noon on Wednesday for DODD to process the claims in a given week. Claims submitted past noon on Wednesday may not be processed until the following week. If this causes the claims to go over 350 days, the claims will not be eligible for payment.

³ 26 United States Code Section 6041A Note: DODD has concluded that 26 U.S.C. 6041A obligates us to report payments to the Internal Revenue Service regardless of whether waiver payments are excludable from a provider's gross income.

⁴ For a complete list of rules, please see our website at dodd.ohio.gov.

- All claims must be submitted through the Medicaid Billing System [eMBS]. You may choose to contract with a billing agent rather than do your own billing. Billing agents are not employed or certified by the department, and DODD does not monitor or guarantee the performance of any billing agent and does not recommend or endorse any of the billing agents. DODD shall not be responsible or liable directly or indirectly for any loss or dispute related to the use of a billing agent.

You are still responsible for the accuracy and completeness of all claims, including those submitted by billing agents. You are also responsible for meeting all HIPAA requirements, including a signed Business Associate Agreement with the billing agent. This Agreement is required by federal law, and it explains the billing agent's obligations for confidentiality.

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/contractprov.html>

- **Claims must be received by noon every Wednesday to be included in that week's submissions.** Notification will be provided via the eMBS application if submission dates are to change. There is no guarantee that claims submitted after this time will be processed on that billing cycle.
- Claims submitted that are error-free are then forwarded to the Ohio Department of Medicaid [ODM] for review and approval for payment. If DODD finds claims having errors, an Error Report is generated and can be accessed through eMBS. Claims that error are not sent to ODM for payment approval. You or your billing agent must make the necessary corrections and resubmit the claims.
- If ODM denies a claim for any reason, a denial report will be generated that you can access through eMBS. Denied claims are not paid and you will need to resubmit the claim before payment can be issued.
- Processing time for a claim is 16 to 21 days, beginning with the day the claim is picked up for processing.
- Pursuant to OAC 5123:2-9-06, claims for payment shall be submitted within 350 days after the HCBS waiver service is provided. Claims submitted after this time may not be processed. Adjustments must be submitted within 365 days of the service date or within 180 days of the adjudication date, whichever is greater. Adjustments submitted outside these timelines may not be processed. Providers are encouraged to submit claims in a timely manner.

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