



New patient payment process effective October 1, 2015

Effective for dates of service on or after **October 1, 2015**, providers of long-term care services will not have to submit patient pay on claims. Anthem HealthKeepers Medicare-Medicaid Plan (MMP), a Commonwealth Coordinated Care plan, will automatically reduce the final claims payment. The amount of patient pay, using the patient pay amounts directly reported to us by the Department of Medical Assistance Services (DMAS), will be made on a first in (date of claims adjudication) first out basis until fully deducted. [Read more about the impacts of this change. (Link TBD)].

DMAS patient pay process

Effective **October 1, 2015**, DMAS is changing its patient pay process. Anthem HealthKeepers MMP is changing its process to be consistent with DMAS processes.

Patient pay will be tracked monthly as claims are processed and will be deducted from each claim for long-term care services and supports included in the new patient pay processing. Patient pay will not be dedicated to a specific provider. This means that patient pay may be deducted from multiple providers in a given month if there is a transition from one long-term care facility to another long-term care facility, from a home and community based service (HCBS) waiver to a long-term care facility or from a long-term care facility to an HCBS waiver. Patient pay also may be deducted from multiple providers for members on HCBS waivers who receive multiple services included in patient pay processing in the month.

The only exception to the application of these new rules is for those choosing to self-direct (consumer direct) their personal or respite care services. When consumer-directed services are authorized, the Fiscal Employer Agent, Public Partnerships LLC, will be responsible for deducting patient pay from any payments made for consumer-directed services. In this situation, patient pay will not be deducted from other claims paid by Anthem HealthKeepers MMP.

Providers impacted by the change

These patient pay claims processing changes affect all providers of nursing facilities, adult day care for members in the Elderly or Disabled with Consumer Direction (EDCD) waiver and agency-directed personal or respite care for members in the EDCD waiver.

Providers of long-term care services will not have to submit patient pay on claims. Providers must submit claims for all services, even if providers don't expect reimbursement for a claim as a result of patient pay. Providers are responsible for collecting only the amount of patient pay that is deducted from their claim.

If patient pay is updated after claims are processed, those claims will not automatically be reprocessed. Anthem HealthKeepers MMP will receive a quarterly discrepancy report from DMAS, listing the paid claims associated with retroactive patient pay changes made during the prior month. Anthem HealthKeepers MMP will make adjustments for those claims.

For additional information about the new patient pay process, please contact Provider Services at **1-855-817-5788** or visit our website at mediproviders.anthem.com/va.