

County Staff were given training this year on proper 9401 Communication between CDJFS and LTCF:

Following information was from a Double Vision Presentation at the Ohio Director's Workshop 5/2016.

It includes documentation on Form 9401 of the following information:

1. Medicaid Eligibility Begin and/or End Dates
2. Room & Board Begin Date (Vendor – Direct Bill)
3. Patient Liability Amounts & Dates (any partial)
4. State Hearings that resulted in retroactive Medicaid eligibility (Date & Decision Number)
5. Restricted Medicaid Coverage Period Dates
6. Managed Care Enrollment
7. QMB effective date
8. LOC status

Additional note: Make sure the 9401 for patient liability (PL) reductions for Unpaid Medical Expense (UPME) aka Act 52 documents PL to be credited along with the start and end dates. Keep documentation (i.e. expense) of the request with the authorized 9401. Report income and medical expense changes and expect a revised 9401 for the ACT 52 still in process.) (Tip: Watch desk review time)

- Add a page to the 9401 and clearly outline the facts of your request to assist JFS caseworker to accurately authorize the 9401.

Note:

THINK! THINK! ADJUDICATION—TAKING BACK WELL EARNED DOLLARS!!!

Be vigilant about reviewing every 9401 when received and reporting errors. Create a checklist and document requests for corrections to JFS caseworker and management.

- STORE financial information in your electronic system for easy access.

SEND PROVIDER CONCERNS: NFDirectbill@medicaid.ohio.gov

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